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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 31 May 2022

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 7 JUNE 2022 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

- 1.1 Welcome from the Chair
- 1.2 JB Membership Post Local Elections - HSCP.22.038 (Pages 5 - 24)

DECLARATIONS OF INTEREST

- 2.1 Declarations of Interest and Transparency Statements

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

DETERMINATION OF EXEMPT BUSINESS

- 3.1 Exempt Business

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

STANDING ITEMS

- 4.1 Video Presentation - Plan for the Future

- 4.2 Minute of Board Meeting of 10 March 2022 (Pages 25 - 32)
- 4.3 Draft Minute of Risk, Audit and Performance Committee of 26 April 2022
(Pages 33 - 40)
- 4.4 Draft Minute of Clinical and Care Governance Committee of 19 April 2022
(Pages 41 - 48)
- 4.5 Business Planner (Pages 49 - 52)
- 4.6 Chief Officer's Report - HSCP.22.036 (Pages 53 - 60)
- 4.7 Strategic Plan 2022-2025 - HSCP.22.013 (Pages 61 - 176)

GOVERNANCE

- 5.1 IJB Scheme of Governance Annual Review - HSCP22.035 (Pages 177 - 200)
- 5.2 Annual Resilience report - HSCP22.033 (Pages 201 - 216)

PERFORMANCE AND FINANCE

- 6.1 Supplier Uplifts - HSCP.22.041 - late paper
- 6.2 ADP Investment Plans 2022 - HSCP22.037 (Pages 217 - 234)
- 6.3 Dual sensory impairment service - HSCP.22.034 (Pages 235 - 242)
Please note there are exempt appendices contained within the Private Section of this agenda below.

STRATEGY

- 6.4 Project Search - HSCP.22.040 (Pages 243 - 250)

TRANSFORMATION

- 7.1 Rubislaw Park Nursing Home - Hospital Pathway (End of life beds) - HSCP.22.039 (Pages 251 - 258)
Please note there are exempt appendices contained within the Private Section of this agenda below.

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

8.1 Dual sensory impairment service - HSCP.22.034 - Exempt Appendices
(Pages 259 - 266)

8.2 Rubislaw Park Nursing Home - Hospital Pathway (End of life beds) - Exempt Appendices (Pages 267 - 274)

DATE OF NEXT MEETING

9.1 Date of Next Meeting - Tuesday 30 August 2022 at 10.00am

WORKSHOPS:

- 2C and Primary Care Improvement Plan: 13 July 2022, 1-3pm
- Risk: 15 August 2022, 2-4pm

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

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

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INTEGRATION JOINT BOARD

Date of Meeting	7 June 2022
Report Title	Integration Joint Board Membership - Post Local Elections
Report Number	HSCP.22.038
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Emma Robertson Job Title: Committee Services Officer Email Address: EmmRobertson@aberdeencity.gov.uk Telephone: 01224 522499
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A - Terms of Reference: Risk, Audit and Performance Committee B - Terms of Reference: Clinical and Care Governance Committee C - IJB meeting schedule 2022/23 (included in this report)

1. Purpose of the Report

- 1.1. Following the Local Government elections on 5 May 2022, this report is to advise the Board of the requirement to appoint Aberdeen City Council (ACC) committee members to the Integration Joint Board (IJB), Risk, Audit and Performance Committee (RAP) and Clinical and Care Governance Committee (CCG) and to also appoint a Chairperson to the Clinical and Care Governance Committee.
- 1.2. Furthermore, there are two recent NHS Grampian (NHSG) vacancies of one voting member and one non-voting member whose replacements on the Integration Joint Board are to be approved.



INTEGRATION JOINT BOARD

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- (a) endorse the appointment of four ACC voting members – Councillors Cooke, Allard, Greig and Tissera (with Councillors Fairfull, van Sweeden and Macdonald as substitutes) - to the Integration Joint Board;
 - (b) endorse the appointment of Councillor Cooke as Vice Chair of the Integration Joint Board;
 - (c) endorse the appointment of June Brown as an NHSG voting member and Phil Mackie as a member of the Integration Joint Board;
 - (d) agree the recommendation as described at 3.9 and appoint Councillors Cooke and Greig to the Risk, Audit and Performance Committee;
 - (e) agree the recommendation as described at 3.9 and appoint Councillors Allard and Tissera as voting members to the Clinical and Care Governance Committee;
 - (f) agree the recommendation as described at 3.8 and appoint Councillor Allard as Chairperson of the Clinical and Care Governance Committee; and
 - (g) note the IJB meeting schedule for 2022-23 attached as **Appendix C**.

3. Summary of Key Information

- 3.1. At its meeting on 29 March 2016, the Integration Joint Board (IJB) agreed to establish two committees to support its functions. These were the Audit and Performance Systems (now Risk, Audit and Performance (RAP)) Committee and the Clinical and Care Governance (CCG) Committee.
- 3.2. The terms of reference for both committees have been attached under **Appendices A and B**.
- 3.3. As per IJB standing order 2(1), the composition of IJB committees has been based on the principle of equal representation between Aberdeen City Council (ACC) and NHG Grampian (NHSG) in terms of voting membership – namely four members from each organisation.
- 3.4. Item 2.1 of the RAP Committee's terms of reference and item 3.2 of the CCG Committee's terms of reference note that the power to appoint committee members rests with the IJB.



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- 3.5.** Following the local government elections on 5 May 2022, there are now four vacancies on the IJB and two vacancies on both the RAP and CCG Committees. It is recommended that these vacancies be filled by voting members from Aberdeen City Council.
- 3.6.** At the meeting of the Statutory Council on 18 May 2022 following the local government elections, Council agreed to nominate four Elected Members to the IJB. These are Councillors John Cooke, Christian Allard, Martin Greig and Deena Tissera. Councillor Cooke was also nominated as Vice Chair of the IJB. Furthermore, Councillors Fairfull, van Sweeden and Macdonald have been proposed as substitute members. One further substitute member is still to be nominated and the Board will be advised of this in due course.
- 3.7.** There are currently two NHSG member vacancies on the IJB following the resignation of Alan Gray as a voting member and the departure of Chris Littlejohn as Public Health representative from the IJB. The new incumbent members appointed by NHSG are June Brown and Phil Mackie, respectively.
- 3.8.** The Board has two sub committees and under Standing Order 25(2) is required to appoint a Chairperson to each Committee in order to adhere to the Board's equal representation principles. Following the local elections, there is currently a vacancy for Chairperson of CCG and it is therefore recommended that Councillor Allard be appointed until at least 31 March 2023.
- 3.9.** Members appointed by ACC have proposed that Councillors Cooke and Greig become members of Risk Audit and Performance Committee, and that Councillors Allard and Tissera become members of the Clinical and Care Governance Committee. The IJB is being asked to agree that recommendation and formally appoint those members to those committees.
- 3.10.** The Board has discretion to appoint voting members to a committee based on a member's experience, interests and skills; and whether their appointment would be beneficial to the committee's functions and capacity.
- 3.11.** Members should note that IJB standing orders and committee terms of reference are due to be reviewed by the Board at its June 2022 meeting.



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3.12. The IJB 2022-23 meeting schedule has been attached as Appendix C for members' reference

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

4.1.1. As per the IJB's standing orders, it is recommended that voting members from Aberdeen City Council and NHS Grampian be equally represented on each committee.

4.1.2. From a good governance perspective, the Board should bear in mind that NHSG members are currently the Chairs of the IJB and RAP Committee and it is recommended that the IJB appoint a voting member from Aberdeen City Council as Chairperson of the CCG Committee to support the representativeness principle outlined in standing orders.

4.2. Financial

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

4.4. Workforce

There are no direct implications for the AH&SCP workforce, however having members in place as per the recommendations will provide greater clarity for the organisation in terms of its governance arrangements.

4.5. Legal

The appointment of new voting members to the IJB complies with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. The proposals and recommendations within this report comply with the processes set out in the Aberdeen City Integration Scheme and Aberdeen City Integration Joint Board Standing Orders.



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5. Links to ACHSCP Strategic Plan

5.1. The Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan was launched at a briefing session for current and new IJB members on 27 May 2022. It is on the agenda for today's date of 7 June 2022 for presentation and approval.

6. Management of Risk

6.1. Identified risks(s)



If appointments to IJB committees are not balanced in terms of membership, there is a risk that perspectives from both partners may not be reflected during meetings and this may have an impact on decision making and scrutiny capacity.

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

Strategic Risk Register, item 3: Failure of the IJB to function and make decisions in a timely manner

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

By appointing an equal number of members to each committee the Board would adhere to provisions and principles set out in standing orders. This would mean that both committees would have members in place to capture perspectives and expertise from both partners and strengthen their capacity to hold Partnership officers to account.

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



INTEGRATION JOINT BOARD

Appendix C

IJB Schedule of Meetings 2022/23

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



Aberdeen City Health & Social Care Partnership
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ABERDEEN CITY INTEGRATION JOINT BOARD

TERMS OF REFERENCE

RISK, AUDIT AND PERFORMANCE COMMITTEE

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RISK, AUDIT AND PERFORMANCE COMMITTEE

1. Introduction

- (1) The Risk, Audit & Performance (RAP) Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
- (2) The RAP Committee of the IJB and will be a Standing Committee of the Board.
- (3) The purpose of the Committee is to provide assurance to the IJB on the robustness of the Partnership's risk management, financial management, service performance and governance arrangements, including for the avoidance of doubt, Services hosted by Aberdeen City's IJB on behalf of other integration authorities.
- (4) The Chief Finance Officer shall be the operational lead for the RAP Committee.

2. Constitution

- (1) The IJB shall appoint four members to the RAP Committee all of whom shall have voting rights. These members shall be nominated by each partner. Each partner shall nominate two members.
- (2) The IJB may appoint such additional members to the RAP Committee as it sees fit. These may consist of one Patient Representative and one Carer's Representative, neither of whom shall have voting rights.
- (3) A voting member who is unable to attend a meeting must arrange insofar as possible for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place. This substitute shall have voting rights.
- (4) A non-voting member who is unable to attend a meeting may arrange for a suitable substitute to attend the meeting in their place.

3. Chairperson



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RISK, AUDIT AND PERFORMANCE COMMITTEE

- (1) The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS Grampian and Aberdeen City Council.
- (2) Where the Chair is unable to attend a meeting, any substitute attending in their place shall not preside over the meeting.
- (3) The Chair shall be appointed by the IJB for a period not exceeding three years.

4. Quorum

- (1) Three voting Members of the Committee will constitute a quorum.

5. Attendance at Meetings

- (1) The principal advisers to the Committee who shall be required to attend as a matter of course shall be:
 - (a) Chief Officer;
 - (b) Chief Finance Officer; and
 - (c) Chief Internal Auditor.
- (2) Other professional advisors and senior officers are required as a matter of course and shall attend meetings at the invitation of the Committee. These persons may include, but are not limited to:
 - (a) External Audit;
 - (b) IJB Lead Strategy and Performance Manager;
 - (c) IJB Lead Transformation Manager;
 - (d) IJB Business Manager; and
 - (e) IJB Commissioning Lead.
- (3) The Committee may co-opt additional advisors as required.
- (4) The IJB Chief Finance Officer shall be the Lead Officer for the RAP Committee. Their role is to ensure that committee reports are submitted in a timely manner and monitored prior to the committee date.

6. Meeting Frequency



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RISK, AUDIT AND PERFORMANCE COMMITTEE

- (1) The Committee will meet at least four times each financial year. There should be at least one meeting a year, or part thereof, where the Committee meets the External and Chief Internal Auditor without other Senior Officers present.
- (2) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been issued and open to members of the public seven days before the Committee date or, by reason of special circumstances which shall be recorded in the minute, the Chair is of the opinion that the item should be considered as a matter of urgency and at such stage of the meeting as the Chairperson shall determine.
- (3) In the event that an item of business has to be considered on an urgent basis, a meeting may be called at 48 hours' notice by the Chair following consultation with the Chief Finance Officer. The Urgent Business meeting shall retain all the RAP's functions and powers.
- (4) The Committee shall agree to set specific dates for developmental workshops/activities which will be held each year.

7. Conduct of Meetings

- (1) A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members by the clerk.

8. Authority

- (1) The Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference. It shall report its findings to the IJB when it has done this.

9. Reports by Officers

- (1) Reports must be produced in draft to the following officers for consultation in accordance with the published timetable prior to being accepted onto the RAP Committee final agenda:-
 - a) Chair of the RAP Committee;
 - b) IJB Chief Officer;



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RISK, AUDIT AND PERFORMANCE COMMITTEE

- c) IJB Chief Finance Officer;
 - d) Chief Officer – Finance, ACC;
 - e) Director of Finance, NHSG;
 - f) Chief Officer – Governance, ACC; and
 - g) Clerk to the RAP Committee.
- (2) Aberdeen City Council's Leader(s) and Convener of the City Growth and Resources Committee shall be consulted on draft reports relating to the IJB Budget in line with the requirements of the IJB Budget Protocol.

10. Duties

The Committee shall:-

Audit

- (1) Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.
- (2) Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.
- (3) Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in a timely fashion.
- (4) The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.

Performance

- (5) Review and monitor the strategy for the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other



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local objectives and outcomes and for reporting this appropriately to the Committee and Board.

- (6) Review transformation and service quality initiatives. Monitor the transformation programme considering mainstreaming, where appropriate.
- (7) Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.
- (8) Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.
- (9) Instruct Performance Reviews and related processes.
- (10) Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.

Risk & Governance

- (11) Monitor the risk appetite and/or tolerance established by the Board Assurance Framework to ensure effective oversight and governance of the partnership's activities.
- (12) Ensure the existence of and compliance with an appropriate risk management strategy including: reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with recommendations being brought to the IJB.
- (13) Approve the sources of assurance used in the Annual Governance Statement.
- (14) Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.



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RISK, AUDIT AND PERFORMANCE COMMITTEE

Financial

- (15) Consider and approve annual financial accounts and related matters
- (16) Receive regular financial monitoring reports
- (17) Act as a focus for value for money.
- (18) Approve budget virements.

11. Reporting Arrangements

- (1) The RAP Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent IJB meetings. These minutes will be made publicly available.
- (2) In accordance with the IJB's Standing Order 25 (11), the committee may refer or escalate an item of business to the next IJB meeting for consideration. The Clerk of the RAP committee shall make the necessary arrangements.

12. Review

- (1) As a matter of good practice, the Committee will continuously carry out a periodic review of its performance or business utilising best practice guidelines.
- (2) The Terms of Reference will be reviewed annually to ensure they reflect the aims, outcomes and business of the IJB.

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CLINICAL AND CARE GOVERNANCE COMMITTEE

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CLINICAL AND CARE GOVERNANCE COMMITTEE

1. Introduction

- (1) The Clinical & Care Governance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
- (2) The Committee will be known as the Clinical & Care Governance Committee (CCG) of the IJB and will be a Standing Committee of the Board.
- (3) The purpose of the Committee is to scrutinise reports in order to:
 - a) Provide assurance to the Integration Joint Board (IJB) on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.
 - b) Provide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.
 - c) Escalate any risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership to the IJB.
- (4) The Clinical Director shall be the operational lead for the CCG Committee.

2. Constitution

- (1) The IJB shall appoint four members to the CCG Committee all of whom shall have voting rights. These members shall be nominated by each partner. Each partner shall nominate two members.
- (2) The IJB may appoint such additional members to the CCG Committee as it sees fit. These may consist of one Public Representative, one Patient



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Representative and one Carer's Representative, neither of whom shall have voting rights.

- (3) A voting member who is unable to attend a meeting shall arrange insofar as possible for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place. This substitute shall have voting rights.
- (4) A non-voting member who is unable to attend a meeting may arrange for a suitable substitute to attend the meeting in their place.

3. Chairperson

- (1) The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS Grampian and Aberdeen city Council.
- (2) Where the Chair is unable to attend a meeting, any substitute attending in their place shall not preside over the meeting.
- (3) The Chair shall be appointed by the IJB for a period not exceeding three years.

4. Quorum

- (1) Three voting members of the Committee will constitute a quorum.

5. Attendance at meetings

- (1) The principal advisers to the Committee are required to attend the Committee as a matter of course and shall be:-
 - (a) Chief Officer;
 - (b) Chief Social Work Officer;
 - (c) Chair of the Clinical and Care Governance Group;
 - (d) Clinical Director; and
 - (e) Professional Nursing Lead.
- (2) Other professional advisors and senior officers are required as a matter of course and shall attend meetings at the invitation of the Committee. These persons may include, but are not limited to:
 - (a) Chair of the Health and Safety Committee;



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- (b) Chair of the Joint Staff Forum;
 - (c) Social Work Lead; and
 - (d) Allied Health Professional Lead.
- (3) The Committee may wish to co-opt additional advisers as required. This may include advisers from NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.
- (4) Where a member is unable to attend a meeting, a named representative should attend in their place.
- (5) The Clinical Director shall be the operational lead for the CCG Committee. Their role is to ensure that committee reports are submitted in a timely manner and monitored prior to the committee date.
- (6) The Chief Social Work Officer will provide appropriate professional advice to the CCG Committee in relation to statutory social work duties in terms of the Social Work (Scotland) Act 1968. In their operational management role, the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- (7) The Professional Leads nominated by NHS Grampian will be supported by NHS Grampian's Medical Director and Director of Nursing and Allied Health Professions through formal network arrangements. In their operational management role, the Chief Officer will work with and be supported by these Professional Leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- (8) The Chief Officer has delegated responsibilities from both Chief Executives, for the professional standards of staff working in integrated services. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure appropriate professional standards and leadership particularly during times of transition.



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6. Frequency of Meetings

- (1) The Committee shall meet four times each financial year.
- (2) The Chair may, at any time, convene additional meetings of the Committee.
- (3) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been issued by the Clerk and open to members seven days before the Committee date unless, the Chair determines otherwise.
- (4) In the event that an item of business has to be considered on an urgent basis, a meeting may be called at 48 hours' notice by the Chair following consultation with the Clinical Director. The Urgent Business meeting shall retain all the CCG's functions and powers.
- (5) Two development workshops/activities will be held each year. One of these will be a joint review session with the Clinical and Care governance group.

7. Conduct of Meetings

- (1) A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members by the clerk.

8. Authority

- (1) The Committee is authorised to investigate any matter that falls within its Terms of Reference and obtain professional advice as required. It shall report its findings to the IJB when it has done this.

9. Duties

The Committee shall be responsible for the oversight of clinical and care governance within Aberdeen City Health and Social Care Partnership. Specifically, it will:

- (1) Agree the Partnership's clinical and care governance priorities and give direction to clinical and care governance activities.



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- (2) Oversee the work of the Clinical and Care Governance Group and Staff Governance Groups – receiving a quarterly report for consideration and assurance, as necessary.
- (3) Review unresolved risks that require executive action or that pose significant threat to patient care (including service users, patients and carers), service provision or the reputation of the Partnership.
- (4) Contribute to the regular review of the Partnership's Risk Register from a clinical and care governance/staff governance perspective and escalate any risks to the IJB, NHS Grampian or Aberdeen City Council, as appropriate.

10. Reporting Arrangements

- (1) The CCG Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent IJB meetings. These minutes will be made publicly available.
- (2) In accordance with the IJB's Standing Order 25 (11), the committee may refer or escalate an item of business to the next IJB meeting for consideration. The Clerk of the RAP committee shall make the necessary arrangements.

11. Review

- (1) As a matter of good practice, the Committee will continuously carry out a periodic review of its performance or business utilising best practice guidelines.
- (2) The Terms of Reference will be reviewed annually to ensure they reflect the aims, outcomes and business of the IJB.



ABERDEEN, 10 March 2022. Minute of Meeting of the INTEGRATION JOINT BOARD.

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

Also in attendance:- Martin Allan, Kay Diack, Susie Downie (from Item 5.1), Stella Evans, John Forsyth, Debbie Grant, Alison MacLeod, Fiona Mitchelhill (from Item 5.1), Lynn Morrison (from Item 4.5), Amy Richert, Amanda Reid, Sandy Reid, Angela Scott, Neil Stephenson (from Item 5.1), and Claire Wilson.

Apologies:- Alan Chalmers, Jenny Gibb, Dr Caroline Howarth, Sandra MacLeod and Dr Malcolm Metcalfe.

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

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

WELCOME FROM THE CHAIR

1. The Chair welcomed everyone to the meeting.

The Chair acknowledged that the meeting might be the last IJB for a number of people including Councillors Lesley Dunbar and Bell, and Alan Gray, and wished to thank everyone for being the 'critical friend' to the Executive Team, ensuring they scrutinised and challenged plans and managed to make brave decisions which had helped improve the Aberdeen Health and Social Care Partnership respond to multiple challenges over the last two years. The Chair noted areas where they could look back at what had been achieved. She expressed particular thanks to Councillor Lesley Dunbar for her significant contribution as Vice Chair of the IJB.

The Board resolved:-

to thank Councillors Lesley Dunbar and Bell, and Alan Gray for their contributions and support during their time as Board members.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations or transparency statements.

INTEGRATION JOINT BOARD
10 March 2022

DETERMINATION OF EXEMPT BUSINESS

3. The Chair indicated that items 6.1 Grant Funding to Counselling Services - HSCP.22.007 and 6.2 Annual Procurement Workplan 2022/2023 - Exempt Appendices, contained exempt information and therefore it was recommended that they be considered in private.

The Board resolved:-

in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of items 6.1 and 6.2 on the agenda so as to avoid disclosure of exempt information of the class described in paragraphs 6 and 9 of Schedule 7(A) of the Act.

OPENING DOORS - VIDEO PRESENTATION

4. The Board received a video presentation entitled Opening Doors: Trauma Informed Practice for the Workforce.

The Board resolved:-

- (i) to note that the Chair would investigate training on the topic for members; and
- (ii) to otherwise note the video.

MINUTE OF BOARD MEETING OF 15 DECEMBER 2021

5. The Board had before it the minute of its meeting of 15 December 2021.

The Board resolved:-

to approve the minute as a correct record.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 22 FEBRUARY 2022

6. The Board had before it for information, the draft Minute of the Clinical and Care Governance Committee of 22 February 2022.

The Board resolved:-

to note the minute.

INTEGRATION JOINT BOARD

10 March 2022

BUSINESS PLANNER

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

The Board resolved:-
to approve the planner.

CHIEF OFFICER'S REPORT- HSCP22.015

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

The report recommended:-
that the Board note the detail contained in the report.

The Board resolved:-
(i) to note the details contained in the report; and
(ii) to agree that the National Care Service review should remain as a standing item on the report.

FINANCIAL MONITORING REPORT QUARTER 3 - HSCP.22.014

9. The Board had before it the Quarter 3 (2021/22) Financial Monitoring Update Report. The Chief Finance Officer spoke to the report and responded to questions from Members.

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 were contained therein; and
(b) approve the budget virements indicated in Appendix F of the report.

The Board resolved:-
(i) to approve the recommendations; and
(ii) to instruct the Chief Finance Officer to liaise with Public Health colleagues regarding the impact on health from poverty and cost of living pressures and to provide assurance to the Board on how this was reflected in the new ACHSCP strategy.

INTEGRATION JOINT BOARD

10 March 2022

MEDIUM TERM FINANCIAL FRAMEWORK - 2022/23 - HSCP22.017

10. The Board had before it a report on the Medium Term Financial Framework. The Chief Finance Officer spoke to the report and responded to questions from Members.

The report recommended:-

that the Board -

- (a) note the anticipated financial out-turn for 2021/22 and the impact on the Reserves position of the IJB;
- (b) note the financial allocations proposed to be allocated by the partner organisations;
- (c) to approve the 2022/23 budget and the Aberdeen City IJB Medium Term Financial Framework included as Appendix 1 of the report;
- (d) note that £2.5 million was held in a risk fund;
- (e) to approve the Bon Accord Contract level for 2022/23 of £32,835,266 and budget assumptions noted in sections 3.17 and 3.18 of the report;
- (f) instruct the Chief Finance Officer to uplift the direct payments for clients with a staffing element included in their payment by the amount calculated using the national guidance;
- (g) instruct the Chief Finance Officer to apply the national guidance to calculate the level of increase on non-National Care Home Contract services and pass this increase across to providers, on the proviso that funding was available to cover the costs; and
- (h) make the budget directions contained in Appendix 2 of the report and instruct the Chief Finance Officer to issue these directions to the constituent authorities.

The Board resolved:-

- (i) to approve the recommendations; and
- (ii) to note that in respect of article 3.14 on page 64 of the report (specialist Mental Health and Learning Disabilities (MHL) Services) it was recommended that the transitional period be extended to March 2023 and if anything were to vary with this matter, the Chief Finance Officer would bring a specific report back to the Board.

ANNUAL PROCUREMENT WORKPLAN 2022/2023 - HSCP.21.128

11. The Board had before it the Annual Procurement Plan report and Appendix A1 - Annual Work Plan for 2022/23.

The Board resolved:-

to consider the report and appendix in private in conjunction with the exempt appendices at Item 6.2.

INTEGRATION JOINT BOARD

10 March 2022

GRANT FUNDING TO COUNSELLING SERVICES - HSCP.22.007

12. The Board had before it a report on grant funding requirements for the financial year 2022/2023 to five grant funded organisations – four counselling services and the THInC transport service - and information regarding preliminary and proposed work to review the service activity and ensure it was aligned to the whole system service provision across Aberdeen City.

Neil Stephenson, Strategic Procurement Manager, spoke to the report.

The report recommended:-

that the Board –

- (a) approve the total grant funded expenditure to the five organisations identified at Item 3.1 of the report, of up to £304,509 to provide grant funding to the identified counselling and transport services for the financial year 2022/2023;
- (b) make the Direction as attached at Appendix A of the Report and instruct the Chief Officer to issue the Direction to Aberdeen City Council to procure the services; and
- (c) note the intention to continue to work with providers to review the service activity and ensure that it was aligned to the whole system provision of services across the City.

The Board resolved:-

to approve the recommendations.

ANNUAL PROCUREMENT WORKPLAN 2022/2023 - EXEMPT APPENDICES

13. The Board had before it a report presenting the Annual Procurement Work Plan for 2022/23 for expenditure on social care services, together with the associated Exempt Appendix Procurement Business Cases, for approval.

Neil Stephenson, Strategic Procurement Manager, spoke to the report and responded to questions from Members.

The report recommended:-

that the Board –

- (a) approve the extension for one year, of 24 National Care Home Contracts for residential services for older people, as detailed in Appendices A1 and B of the report;
- (b) approve the extension of 1 contract for residential service for one year as is detailed in Appendices A1 and C of the report;
- (c) approve the extension for two years, of three contracts for suicide prevention services as is detailed in Appendices A1 and D of the report;

INTEGRATION JOINT BOARD

10 March 2022

- (d) approve the Direct Award, for a period of three years of six contracts for learning disability residential services, as is detailed in Appendices A1 and E of the report;
- (e) approve the extension for one year, of a contract for dementia services as is detailed in Appendices A1 and F of the report;
- (f) approve the Direct Award, for a period of three years of one contract for substance misuse services at Wernham House, as detailed in Appendices A1 and G of the report;
- (g) approve the Direct Award, for a period of four years of contracts to seven Training & Skills Development Services, and the extension of two contracts for one-year in relation to registered day care services as detailed in Appendices A1 and H of the report;
- (h) make the Direction, as attached at Appendix I of the report and instruct the Chief Officer to issue the Direction to Aberdeen City Council; and
- (i) note the update to Individual Out of Area Placements at 3.6 of the report.

The Board resolved:-

to approve the recommendations.

IJB MEETINGS -

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

Tuesday 7 June 2022 at 10.00am;

Tuesday 30 August 2022 at 10.00am;

Tuesday 11 October 2022 at 10.00am; and

Tuesday 29 November 2022 at 10.00am

The Board resolved:-

to note the future meeting dates.

MEMBERS' CODE OF CONDUCT TRAINING

15. Members received a presentation from John Forsyth, Solicitor, regarding Key Changes to the Model Code of Conduct for Members of Devolved Public Bodies. The presentation covered:

- 1) Applicability and Key Principles
- 2) General Conduct
- 3) Registration of Interests
- 4) Declarations of Interest
- 5) Lobbying & Access

The Board resolved:-

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- (i) to note the information provided; and
 - (ii) to note that the presentation slides would be circulated to all JB Members.
- **LUAN GRUGEON, Chair**

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RISK, AUDIT AND PERFORMANCE COMMITTEE

ABERDEEN, 26 April 2022. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- John Tomlinson Chairperson; and Luan Grugeon (NHS Grampian), Councillors Philip Bell and John Cooke; Martin Allan, Jamie Dale, Alison MacLeod and Alex Stephen.

Also in attendance: Alex Bertram (for Item 15), Kay Diack, Stella Evans, John Forsyth, Michelle Grant, Stuart Lamberton, Grace Milne, Amy Richert and Michael Wilkie.

Apologies: Jonathan Belford.

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

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

WELCOME AND INTRODUCTIONS

1. The Chair welcomed everyone, and members also welcomed back Michael Wilkie from External Auditors KPMG and Stuart Lamberton, Transformation Programme Manager – AHSCP, to his first meeting of the Committee.

DECLARATIONS OF INTEREST

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

There were no declarations of interest intimated.

EXEMPT BUSINESS

3. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 1 MARCH 2022

4. The Committee had before it the minute of its previous meeting of 1 March 2022, for approval.

The Committee resolved:-

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- (i) with regard to Article 11 of the Minute (Leadership Team Objectives - Update - HSCP.22.012), to note that Quarter 3 Carers' Support figures were still awaited and that the Strategy and Transformation Lead would circulate them along with Quarter 4 figures once they were available; and
- (ii) to otherwise approve the minute as a correct record.

BUSINESS PLANNER

5. The Committee had before it the Committee Business Planner.

Members heard from the Chief Finance Officer who provided context around future reporting. He apologised for the late circulation of reports at Items 5.1 and 6.1 of the agenda.

Michael Wilkie explained that the timetable for presenting the unaudited accounts had been altered during 2022 to take account of local government elections but would now revert to the traditional audit timing and therefore the Audited Accounts would be presented to the RAPC on 9 August 2022 and not June 2022 as stated in the Planner.

The Committee resolved:-

- (i) to agree that Item 19 (Annual / Biennial Report on Adult Social Care) had been presented to the IJB and CCG and could therefore be removed for the RAPC Planner;
- (ii) to agree that Items 31 (Primary Care and Social Care Vacancies) and 32 (Workforce Plan) could be combined into one item on the Planner;
- (iii) to note that the timescale for the Audited Accounts would be August 2022 and the Planner would be updated accordingly;
- (iv) to note the at the Directions Tracker would include a traffic light system; and
- (v) to otherwise note the content of the Planner.

WHISTLEBLOWING UPDATES - VERBAL UPDATE

6. The Committee heard from the Business Manager who stated that there had been no whistleblowing incidents raised during the last quarter either through the IJB Policy or by NHS standards.

The Committee resolved:-

- (i) to agree that a report on Whistleblowing policy and reporting would be added to the Planner and submitted to a future Committee; and
- (ii) to note that there had been no Whistleblowing incidents raised during the last quarter.

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REVIEW OF LOCAL CODE OF GOVERNANCE - HSCP22.022

7. The Committee had before it a report on the Local Code of Corporate Governance which was a review of the governance for the Integration Joint Board (IJB) previously agreed by Audit & Performance Systems Committee (APS). The purpose of the report was to allow the Risk, Audit and Performance Committee (RAPC) to comment on the sources of assurances used to measure the effectiveness of the governance principles contained in the CIPFA/SOLACE 'Delivering Good Governance in Local Government: Framework' document.

The Chief Finance Officer spoke to the report and responded to questions from Members.

The report recommended:-

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

The Committee resolved:-

- (i) to agree that reference to the IJB's development work on Culture would be added to the final version of the document;
- (ii) to instruct the Chief Finance Officer to review climate change duties and take recommendations on the implications back to Committee; and
- (iii) to otherwise approve the recommendation.

REVIEW OF FINANCIAL GOVERNANCE - HSCP22.023

8. The Committee had before it the Review of Financial Governance Arrangements, the purpose of which was to provide the results of the review undertaken by the Aberdeen City Health and Social Care Partnership (ACHSCP) Leadership Team against financial governance requirements contained in the Chartered Institute of Public Finance and Accountancy (CIPFA)'s statement on the 'Role of the Chief Financial Officer in Local Government' (2016).

The Chief Finance Officer spoke in furtherance of the report and explained that this review was an annual requirement.

The report recommended:-

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

The Committee resolved:-

- (i) to agree that the Chief Finance Officer would add further narrative in respect of effective tendering with regard to the Procurement Regulations; and
- (ii) to otherwise note the content of the report.

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26 April 2022

ANNUAL GOVERNANCE STATEMENT - HSCP22.025

9. The Committee had before it the Annual Governance Statement.

The Chief Finance Officer spoke to the report and responded to questions from members.

The report recommended:-

that the Committee -

- (a) comment on and approve in principle the annual governance statement; and
- (b) agree that assurances on the governance framework can be provided to Aberdeen City Council and NHS Grampian.

The Committee resolved:-

- (i) to agree that reference to the IJB development work on Culture would be added to Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law;
- (ii) to agree that the assurance statement would be expanded to include more explanation on procurement;
- (iii) to agree to add a seminar topic on Ethical Approach to Commissioning to the Planner; and
- (iv) to otherwise approve the recommendations.

ANNUAL REVIEW OF RAPC - HSCP22.021

10. The Committee had before it the Review of Duties & Year End Report, the purpose of which was to review the reporting for 2021/22 and the intended schedule of reporting for 2022/23 to ensure that the Committee was fulfilling all the duties as set out in its terms of reference.

The report recommended:-

that the Committee note the contents of the report and Appendix A – Duties and Annual Plan.

The Committee resolved:-

- (i) to thank the Chief Finance Officer and all his Team for their work; and
- (ii) to otherwise note the content of the report.

APPROVAL OF UNAUDITED ACCOUNTS - HSCP22.024

11. The Committee had before it the Unaudited Final Accounts for 2021/22.

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The Chief Finance Officer spoke to the report and began by thanking the Strategy and Transformation Lead, Business Manager and accountants who had been involved in the preparation work. He then responded to questions from Members.

The report recommended:-

that the Committee consider and comment on the Unaudited Final Accounts for 2021/22 at Appendix A (Additional Circulation) of the report.

The Committee resolved:-

- (i) to thank all those involved in the preparation of the accounts; and
- (ii) to otherwise note the information provided.

QUARTER 4 MONITORING REPORT - HSCP22.032

12. The Committee had before it the Quarter 4 Monitoring Report, which (1) summarised the 2021/2022 revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 9 (end of March 2022); (2) highlighted the current forecast in relation to the additional costs of COVID-19 reclaimed from the Scottish Government (SG); (3) advised on any areas of risk and management action relating to the revenue budget performance of the IJB services; and (4) sought to approve the budget virements so that budgets were more closely aligned to anticipated income and expenditure.

The Chief Finance Officer spoke to the report and responded to questions from Members.

The report recommended:-

that the Committee-

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

The Committee resolved:-

- (i) to note that the Chief Finance Officer would circulate further detail regarding Directorate overspend;
- (ii) to instruct the Chief Officer to ask the Moray IJB for an update regarding G-Med and to subsequently report back to Committee in this regard; and
- (iii) to otherwise approve the recommendations.

EXTERNAL AUDIT PLAN 2022/23 - HSCP22.031

13. The Committee had before it the External Audit Plan for 2021-22.

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Michael Wilkie, External Auditor (KPMG) spoke to the report. Mr Wilkie advised that there would be a new auditor appointed from 2023 and that indications were that the Committee should expect a significant rise in the audit fee.

The report recommended:-

that the Committee note the contents of the report.

The Committee resolved:-

to approve the recommendation.

SIGN POSTING TO EXTERNAL SERVICES - HSCP22.030

14. The Committee had before it a report which sought to create a protocol to be adopted by Aberdeen City Health and Social Care Partnership (ACHSCP) specifically and deliberately signposting patients, clients, carers and service users to organisations that had not gone through the commissioning or grant funding process.

The Strategy and Transformation Lead introduced the report and responded to questions from Members.

The report recommended:-

that the Committee -

- (a) consider the draft Signposting Protocol attached at Appendix A of the report and provide comment; and
- (b) if agreed, present a final version to the RAPC on 23 June 2022.

The Committee resolved:-

- (i) to instruct the Strategy and Transformation Lead to seek further legal advice regarding endorsement and to incorporate this into the final version of the report;
- (ii) to instruct the Strategy and Transformation Lead to share the final draft of the report with Committee members in advance of the agenda papers for RAPC on 23 June 2022 being issued; and
- (iii) to otherwise agree in principle the recommendations.

LEADERSHIP TEAM OBJECTIVES - PERFORMANCE FRAMEWORK - HSCP22.029

15. The Committee had before it a report relating to the Leadership Team Objectives - Reporting Framework.

Alison MacLeod - Strategy and Transformation Lead, explained that, following the approval of the Leadership Team Objectives for 2022/23 at the Integrated Joint Board on 10 March 2022, the report was seeking to inform the Risk, Audit and Performance Committee of the reporting framework surrounding this. Ms MacLeod introduced

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colleagues Michelle Grant and Alex Bertram who presented the Health Care Intelligence Dashboard and responded to questions from members.

The report recommended:-

that the Committee note the Leadership Team Objectives Reporting Framework as appended to the report, noting in particular the reporting timetable.

The Committee resolved:-

- (i) to note that the Performance Framework would be circulated to members;
- (ii) to agree that the Health Care Intelligence Dashboard and covering report would be added to the Planner as an action for the August 2022 meeting and thereafter on a quarterly basis;
- (iii) to agree that a seminar topic of Strategic Intent be added to the Planner; and
- (iv) to otherwise agree the recommendations.

CONFIRMATION OF ASSURANCE

16. The Chair enquired of Members if they were satisfied on matters presented before the Committee or if further examination was required.

The Committee resolved:-

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

DATE OF NEXT MEETING

17. The Committee had before it the dates for future meetings:

- Thursday 23 June 2022 at 10am;
- Tuesday 9 August 2022 at 10am;
- Tuesday 1 November 2022 at 10am; and
- Tuesday 28 February 2023 at 10am

The Board resolved:-

to note the future meeting dates

- **JOHN TOMLINSON, Chair**

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 19 April 2022. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Lesley Dunbar, Chairperson; Kim Cruttenden and Luan Grugeon (as substitute for Councillor Sandra Macdonald).

In attendance: Caroline Howarth, Lynn Morrison, Alex Stephen, Fiona Mitchelhill, Graeme Simpson, Barbara Dunbar, Laura McDonald, Val Vertigans, Stella Evans, Michelle Grant, Stuart Lamberton, Amy Ritchert, Caroline Anderson, Lisa Lawrie, Susie Downie and Daniela Brawley.

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

WELCOME AND APOLOGIES

1. Councillor Lesley Dunbar welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Councillor Sandra Macdonald, Chairperson and Claire Wilson.

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

The Clerk advised that Alan Gray had left his position as a member on the Committee and a replacement for the NHS Grampian vacancy would be intimated in due course.

The Committee resolved:-

to note the information provided.

DECLARATIONS OF INTEREST

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

MINUTE OF PREVIOUS MEETING OF 22 FEBRUARY 2022, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 22 February 2022, for approval.

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With reference to article 3 (One Stop Shop – Socio Economic Grouping Referral Rates), the Clerk advised that information received from Elizabeth Archibald had been circulated to the Committee on 7 March 2022.

The Committee resolved:-

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

BUSINESS PLANNER

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

The Committee resolved:-

- (i) to note the reasons for the reporting delay in relation to item 5 (Implementation of Aberdeen City Community Mental Health Delivery Plan), item 6 (Monitoring and Evaluation of Primary Care in Scotland – Public Health Scotland Report), item 8 (Mental Health) and item 9 (Sustainability of General Practices); and
- (ii) to otherwise note the items transferred from the IJB and a new item added to the planner.

CCG GROUP MONITORING REPORT - UPDATE - HSCP.22.026

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 this 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 adverse events during the period October to December 2021 as well as feedback and complaints; (4) emphasised the achievements and examples of good practice which demonstrate the resilience in services to develop new ways of working; and (5) responded to questions from members.

During discussion, the following points were noted:-

- in relation to the ongoing challenges in relation to Ward 102, an admissions pathway framework had been prepared and was under continuous review;

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- that due to the continuing impact of the COVID-19 Pandemic, dental access remains an area of risk and was being monitored. Access for new dental registrations remained severely limited; and
- that early stage work was being undertaken to plan for Rosewell House moving towards a step-up facility, although no firm timeline had been agreed.

Fiona Mitchelhill provided details in relation to the work of the Healthy Hoose in Manor Avenue, which had been running for 20 years, including the services being provided. She intimated that discussions and engagement with local groups, local Councillors and patients were being held to look at options to ensure that it was fit for purpose and had future sustainability.

The Chairperson made reference to the Poster Abstract accepted for the International Conference on Integrated Care in Denmark on 23-25 May 2022, for Rosewell House integrated intermediate care facility. It was noted that the conference would be attended by Julie Warrander and Sarah Gibbon virtually.

The Committee resolved:-

- (i) to approve the recommendation contained within the report; and
- (ii) to thank Grace Milne for the work she undertook to prepare the reports for Committee, noting that she was moving to a different role.

CHILDHOOD IMMUNISATIONS - HSCP.22.019

6. The Committee had before it a report by Lisa Lawrie, Deputy Lead Nurse and Caroline Anderson, Programme Manager, which provided an update on the position on Childhood Immunisations and HPV uptake.

The report recommended:-

that the Committee –

- (a) note the uptake of childhood immunisations and HPV in Schools;
- (b) note the development of a draft Childhood Immunisations Plan and the Actions set out in Appendix 2.

The Committee heard from Caroline Anderson who provided an overview of the key issues from the report advising (1) that appointments for all Child Immunisations were currently made via the Scottish Immunisation Recall System (SIRS) and that it continued to be outdated and had a clunky way of appointing which limited the flexibility of postcode/locality based appointments; (2) that the impact of COVID-19 has had a significant impact on the delivery and uptake of Childhood Immunisations over the past two years; (3) that a draft Childhood Immunisation Programme Action Plan has been developed to support work around increasing the uptake of childhood immunisations and was set out in Appendix 1 of the report; and (4) that oversight of the action plan sat with

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the Aberdeen City Vaccination Transformation Programme (VTP) Group which met on a monthly basis.

The Action Plan provided the following to support the increase in uptake:-

- Childhood Immunisations - Setting up “Drop In” Clinics for Childhood Immunisations in areas of deprivation;
- HPV Uptake – Introduction of “Mop Up” Clinics every Saturday and during school holidays at the Aberdeen City Immunisation Centre to support children that were unable to attend school on the day of the immunisation clinic; and
- Increased Public Awareness – Increased social media around Childhood Immunisations and promoting drop-in and mop-up clinics.

Caroline and Lisa responded to questions from members in relation to the SIRS; the cultural barriers for people getting children vaccinated; and the promotion of the importance of the MMR vaccination through social media outlets and Mother and Toddler Groups.

The Committee resolved:-

- (i) to note that high level update reporting on childhood immunisations and HPV uptake would be included within the Group Monitoring Report;
- (ii) to note that an annual update report would be submitted to the Committee; and
- (iii) to otherwise approve the recommendations.

GRAMPIAN SEXUAL HEALTH UPDATE - HSCP.22.020

7. The Committee had before it a report by Daniela Brawley, Consultant and Clinical Lead for Grampian Sexual Health which outlined the current demand, activity and challenges in Grampian Sexual Health.

The report recommended:-

that the Committee –

- (a) note the demand, activity, and challenges for Grampian Sexual Health especially in light of Healthcare Improvement Scotland (HIS) standards;
- (b) note specifically the pressure and risk on drugs budget.

The report (1) advised that Grampian Sexual Health had seen a substantial increase in demand and activity during COVID-19 mobilisation due to backlog of care, presumed increased social contact on easing of lockdown and the reduction in service provision of aligned services, in addition to covering abortion care for areas out with our current funding stream (Moray and NHS Shetland +/- Orkney for leave); and (2) indicated that the current staffing model and pharmacy budget was not sufficient to absorb the demand resulting in a risk to patient care including essential and urgent care;

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The Committee heard from Daniela Brawley who provided an overview of the key issues highlighting the pressures on staff due to various factors including a substantial increase in workload, staffing issues and funding levels.

Daniela responded to questions from members in relation to long acting reversible contraception (LARC) work, including the role and capacity issues in primary care, in this regard.

In response to a question regarding LARC, the Committee heard Caroline Howarth advise that this was an optional enhanced service with provision being stopped during the pandemic. She indicated that GP practices required to sign up to this service and receive payments for undertaking the work.

Following further questions in this regard, Alex Stephen suggested that a report be prepared by Peter McLean and Susie Downie in relation to Local Enhanced Services around Sexual Health.

The Committee resolved:-

- (i) to note that a report on Local Enhanced Services around Sexual Health in Grampian would be submitted to the meeting in August 2022; and
- (ii) to otherwise approve the recommendations contained within the report.

SERVICE DEROGATIONS - HSCP.22.027

8. With reference to article 5 of the minute of the previous meeting of 22 February 2022, the Committee had before it a report by Lynn Morrison which provided an update and awareness of the formal NHS Grampian Board derogations related to clinical and care delivery during Operation Iris and the related clinical and care prioritisation guidance in place within social work within the Aberdeen City Health and Social Care Partnership (ACHSCP).

The report recommended:-

that the Committee note the contents of the report.

The report outlined the following five derogations with further detail provided in Appendix 1 of the report:-

- (1) increasing bed capacity within a hospital setting – through identified potential physical bed spacing – derogating from the Infection Prevention and Control guidance;
- (2) increased Flow on pathway of care in the Emergency Department (ED), Acute Medical Initial Assessment (AMIA) and Woodend/Rosewell escalation plans through agreed arrangements for temporary corridor waiting;
- (3) safe staffing levels – agreed derogations from standard ward based nursing staffing levels and standard doctors staffing levels provision;

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- (4) priorities of care for in-patient and community settings linked to safe staffing levels; and
- (5) adverse Event Reviews and Complaints Handling procedures – protocols agreed with Health Improvement Scotland and Scottish Public Services Ombudsman respectively with regard to prioritisation and timescales.

The Committee resolved:-

- (i) to approve the recommendation; and
- (ii) to note that Lynn Morrison would share details of the report (Operation Iris) with members of the IJB Board.

ASP INSPECTION PREPARATION - HSCP.22.018

9. With reference to article 6 of the minute of the previous meeting of 22 February 2022, the Committee had before it a report by Val Vertigans, Lead Strategic Officer, Adult Public Protection which provided a further update on progress regarding the current Joint Inspection of Adult Support and Protection (ASP) in Aberdeen.

The report recommended:-

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

The Committee heard from Val Vertigans who provided an overview of the key issues from the report including the key dates and timelines for the inspection.

The Chairperson wished to express her thanks to all staff involved in the preparation of the joint inspection.

The Committee resolved:-

to approve the recommendation.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

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

Although there were no items requiring escalation, Luan Grugeon wished to highlight the following to the ILB:-

- (1) Childhood Vaccinations and Action Plan – Annual Report to be submitted to the Committee (article 6 of this minute refers); and
- (2) Pressures experienced in the Sexual Health Service (article 7 of this minute refers).

The Committee resolved:-

to note the information provided

CLINICAL AND CARE GOVERNANCE COMMITTEE
19 April 2022

- **COUNCILLOR LESLEY DUNBAR, Chairperson**

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INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/ Status (RAG)	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2022 Meetings									
07 June 2022									
	Integration Joint Board Membership - Post Local Elections	Following local election results on 5 May 2022, ACC will require to nominate its membership of IJB to reflect any new membership and possibly change sub committee chairs depending new elected members. Two new NHSG members to also be approved.	HSCP.22.038	Jess Anderson/John Forsyth/Clerk	Chief Officer - Governance	ACC			
6	Standing Item	Video	Plan for the Future	Kay Diack/ Amy Richert	Business Lead	ACHSCP			
7	Standing Item	Chief Officer Report	A regular update from the Chief Officer	Kay Diack	Business Lead	ACHSCP			
8	26.04.2021	Strategic Plan 2022 -2025	Final version of Strategic Plan.	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
9		IJB Scheme of Governance Annual Review		John Forsyth	Solicitor ACC	ACHSCP			
10	Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004 - HSCP.21.028	On 23.03.21, IJB resolved :- (iii)to instruct the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act	Martin Allan	Business Lead	ACHSCP			Carried forward due to cancellation of January 2022 committee due to system and workload pressures.
11	17.05.2022	Supplier uplifts		Alex Stephen	Chief Finance Officer	ACHSCP			Late circulation paper
12	28.04.2022	ADP Investment Plans 2022		Simon Rayner		ADP			
13		Dual sensory impairment service	Proposed funding of sensory services to the community.	Neil Stephenson	Procurement Lead	ACHSCP			
14	17.05.2022	Project Search	To outline the proposal to fund young people through Project Search, as part of Aberdeen City Health and Social Care Partnership's (ACHSCP) Workforce Plan and commitment to developing the young workforce	Martin Allan	Business Manager	ACHSCP			
15	29.04.2022	Rubislaw Park Nursing Home - Hospital Pathway (End of life beds)	Business Case for Rubislaw Park End of life beds	James Maitland	Chief Officer	ACHSCP			
16	01/12/2021	WORKSHOP: 2C Update	To provide an update on 2C tendering exercise.	Alex Stephen	Chief Finance Officer	ACHSCP		R	Separate seminar arranged for 13 July 2022.
17	10.05.2022	WORKSHOP: RISK	Business Manager to hold June workshop session on Risk for all IJB members. As per Teams message from Stuart Lamberton on 9 May 2022.	Martin Allan	Business Manager	ACHSCP		R	Workshop scheduled for 15 August 2022
18	Standing Item	Equalities and Equalities Outcomes	At IJB on 25 May 2021 - (v)to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC (startingDecember 2021 and then IJB - June 2022).	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP		D	Went to RAPC on 01/03/22. Propose delay to IJB August 2022.
19	Standing Item	Audited Accounts		Alex Stephen	Chief Finance Officer	ACHSCP		D	Possible delay as may go to RAPC instead.
20		ACHSCP Annual Report		Sandra Macleod	Chief Officer	ACHSCP		D	Proposed to defer to August 2022 due to volume of business on June Planner.
21		Financial Monitoring 2021/22		Alex Stephen	Chief Finance Officer	ACHSCP		R	Not required as financial information reported to RAPC in April
22	24.08.21	Rosewell House - IJB/BAC Joint Evaluation	Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 (IJB 24/08/21)to instruct the Chief Officer ACHSCP, to bring a joint evaluation report to the IJB/BAC board in summer 2022, summarising ongoing progress delivering the intended outcomes (identified in the benefits in the business case) and actions for continuous improvement;	Sarah Gibbon	Project Manager			D	Proposed to defer to August 2022 due to volume of business on June Planner.
23	10.11.21	Revised Strategic Risk Register SRR) & revised risk appetite statement (RAS).	Full review of Strategic Risks once Strategic Plan is approved at IJB on 10 March 2022	Martin Allan	Business Manager	ACHSCP		D	Full review of Strategic Risks to be undertaken once the new Strategic Plan approved at 10 March 2022 IJB. Chief Officer to provide a further update on the SRR to the Risk, Audit and Performance Committee on 26 April 2022 / IJB on 7 June 2022 Propose to defer to August IJB to allow for agreement of Strategic Plan at June IJB.

INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
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24	Standing Item	Annual / Biennial Report on Adult Social Care		Claire Wilson	Social Care- Lead	ACHSCP		D	Carried forward due to cancellation of January 2022 committee due to system and workload pressures. Report has already been considered by ACEGPP (COG), PPC, CCGC AND RAPC .
25	2.11.2021	COVID-19 Mental Health Service for patients hospitalised with COVID-19 - update		Emma Davies	Registrar / Lead for Long Covid	NHSG		T	Carried forward due to cancellation of January 2022 committee due to system and workload pressures. Proposed move to Clinical Care Governance Committee 2 August 2022.
26	06.07.2021	Carers Strategy		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP		D	Deferred to 7 June due to system and workload pressures. Proposed delay to August IJB to allow alignment with Scottish Government Document expected June 2022. Carer's Strategy Implementation Group met 16/03/22 to discuss timelines for completion of Strategy work. Agreed that August IJB does not give sufficient time. Project plan in place to present new strategy to October IJB.
27	24.08.21	Rosewell House - progress report		Sarah Gibbon	Project Manager			R	Duplicated. Already on planner as Rosewell House - IJB/BAC Joint Evaluation.
28	15.06.2021	Hybrid Meetings	HSCP.21.097	Sandra Macleod	Chief Officer	ACHSCP		D	Chair asked at August IJB 2021 that this report be deferred to December 2021 IJB due to the advice of partner organisations for staff to work from home where possible until revised instructions at end of 2021 . Given the NHS extension to March 2022 to work from home - deferred but to remain on planner . Deferred to 7 June due to system and workload pressures. Update 02/0222 from Legal - The IJB will continue to hold entirely remote meetings until the report goes and the recommendation to try a hybrid meeting is accepted. Further deferred to August IJB.
29		IJB Membership		Sandra Macleod	Chief Officer	ACHSCP		R	Deferred to 7 June due to system and workload pressures. Propose to remove as duplicated at: Integration Joint Board Membership - Post Local Elections.
30	25.05.2021	Fast Track Cities		Sandra Macleod	Chief Officer	ACHSCP		D	Deferred to 7 June due to system and workload pressures. Proposed to defer to August 2022 due to volume of business on June Planner.
31	25.05.2021	Community Nursing Digitalisation		Sandra Macleod	Chief Officer	ACHSCP		D	Deferred to 7 June due to system and workload pressures. Proposed to defer to August 2022 due to volume of business on June Planner.
32	21.02.2022	Link Worker service Re-tender						T	To be included in CO update report.
33	15.10.2021	Mental Welfare Commission-ARBD report		Kevin Dawson	Chief Officer	ACHSCP		D	To include summary in Chief Officer report this cycle. Discuss future reporting on MWC reports given number received / inclusion in MH Action Plan. Deferred from IJB December 2021, to remain on planner. Proposed to defer to August 2022 due to the volume of business on June Planner. Kevin Dawson advises of aim to pull together a consolidated regular update report on all current MWC Reports to go to Clinical Care & Governance Committee that should remove requirement for specific reports to go to IJB
30 August 2022									
35	Standing Item	Chief Officer Report		Kay Diack	Chief of Staff	ACHSCP			
36	06.07.2021	HACE Survey Report		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
37		Link Worker service Review - request for re-tender		Iain Robertson	Strategy and Transformation Team	ACHSCP			
38	Standing Item	Winter Plan		Martin Allan	Business Lead	ACHSCP			
39	28.04.22	Analogue to Digital telecare		Pete McAndrew / Craig Farquhar / Valerie Taylor	Strategy and Transformation Team	ACHSCP			
11 October 2022									
41	Standing Item	Chief Officer Report		Kay Diack	Chief of Staff	ACHSCP			

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1	INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
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
42	Standing Item	IJB, APS and CCG Meeting dates - 2023 - 2024	To propose Meeting dates from 1 April 2022 to 31 March 2023		Emma Robertson	Clerk	ACC			
43	26.04.2021	Workforce Strategy	Strategy to support the Strategic Plan	n/a	Sandy Reid		ACHSCP	Move to August 2022.		The FINAL Strategic Plan will be presented to March 2022 IJB; the Workforce Plan is a Leadership Objective for completion March 2022. This aligns with NHS Grampian's Workforce Plan (April 2022) which will include the HSCPs plans. In order to support operational pressures, it was agreed at IJB on 15/12/21 this be deferred to 11 October 2022 at the latest, but to be brought sooner where possible. At 02/02/22 CFO advised move to IJB August 2022.
44	29 November 2022									
45	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
46	06.07.2021	Local Survey 2022	On 06.0721 at IJB : (iii)to instruct the Chief Officer to bring a report on the results of the Local Survey 2022 to the December 2022 meeting of the IJB;		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP			
47	02.11.2021	Rosewell House Travel Plan - update	The impact of the travel plan and report back to IJB in 12 months on the outcomes and any measures that might be required.		Sarah Gibbon	Project Manager	ACHSCP			
48	31 January 2023									
49	Standing Item	Chief Officer Report	A regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
50	23.03.2021	Integration Joint Board Membership - HSCP.21.022	(iii)to instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023.		Clerk	Chief Officer	ACHSCP			
51	10.03.22	Mental Health and Learning Disabilities	At Budget on 10 March 2022, Board agreed to note that in respect of article 3.14 on page 64 of the report (specialist Mental Health and Learning Disabilities (MHL) Services) it was recommended that the transitional period be extended to March 2023 and if anything were to vary with this matter, the Chief Finance Officer would bring a specific report back to the Board		Alex Stephen	Chief Finance Officer	ACHSCP			

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INTEGRATION JOINT BOARD

Date of Meeting	7 June 2022
Report Title	Chief Officer's Report
Report Number	HSCP22.036
Lead Officer	Sandra MacLeod
Report Author Details	Name: Kay Diack Job Title: Chief of Staff Email Address: kdiack@aberdeencity.gov.uk Phone Number: 07778 872309
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

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

2. Recommendations

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

3. Summary of Key Information

3.1. Local Updates

Staff and structure changes

Our Lead Commissioner, Anne Mackenzie, retired from ACHSCP on 31 March 2022. Anne's determination to improve outcomes for social care clients was a huge asset to the organisation, as was her great leadership in promotion of, and collaborating across the Social Care sector. This



INTEGRATION JOINT BOARD

culminated in the establishment of Granite City Consortium. Anne's friendly approach and vast experience will be greatly missed by all her colleagues.

We welcome Stella Evans for a period of six months (March-Aug 2022) to provide external and internal communications support to the Leadership Team, the Chair and Vice Chair of the Integration Joint Board and wider IJB. Stella has been a Communications Business Adviser within Aberdeen City Council's Communications and Marketing Team for the past 14 years and will attend daily Leadership Team meetings and meetings of the IJB and its committees to assist with all communications-related requirements. Stella will continue to work closely with communications colleagues in NHS Grampian, Aberdeen City Council and other health and social care organisations.

The recruitment process for a replacement Chief Finance Officer has recently been invoked. In addition, we are currently consulting with the Senior Leadership Team regarding potential changes to the operating structure. An update will be provided in the Chief Officer Report at the next IJB meeting.

Staff Wellbeing

Funding was identified in 2022/23 to continue and expand a range of activities to support staff well-being. These include pedicures, complimentary therapy, and mindfulness. We are also continuing to provide tea/coffee/sandwiches at various locations in order to encourage staff to take breaks and thank them for their huge efforts.

2C progress

Marywell Homeless Medical Practice did not receive a bid during the 2c retendering process and therefore the service is undergoing a joint review with leads from the Substance Misuse Service and Homeless Services. The original date of the review was put on hold whilst the team worked on the closure of Carden Medical Practice and recently allocated resource to proceed.

IJB Culture Development

A Working Group has been formed and met in March 2022. This group finalised a culture mural and developed actionable approaches to further



INTEGRATION JOINT BOARD

developing and sustaining the culture. Initial tangible examples of this will be within our planned content of induction for new IJB members, and some further development sessions planned for both IJB and Leadership Team members, as well as throughout the HSCP. The Working Group will continue to meet, co-chaired by Luan Grugeon, IJB Chair and Jason Nicol from the Leadership Team.

Adult Support and Protection Inspection

The Inspection is now in the final stages with staff questionnaires, file reading and focus groups all complete. The final report will be published on 21 June 2022. Early indications are positive with some areas identified for further improvement. Good joint working and innovation has already been highlighted.

CPA Aberdeen Update

The CPA Board received a report highlighting that five of the multi-agency projects contained within the refreshed Local Outcome Improvement Plan (LOIP) 2021-26 which was approved in July 2021 had achieved their aims.

These were:

- Community Food Pantries (CFine)
- Supporting Growth Sector Industries and increasing access to courses in schools, (Aberdeen City Council)
- Supporting Young People in Conflict with the Law: Improving Outcomes & Reducing Re-offending (Scottish Children's Reporter Administration)
- Reducing reoffending: Providing Support on Release from Prison (Scottish Prison Service)
- Improving Access to Green Spaces: Increasing the number of community run green spaces (Aberdeen City Council)

Meetings Format

Online IJB Board Meetings will continue for the rest of 2022. Where possible, seminars will be in person. Hybrid options are being explored and tested for those who remain uncomfortable meeting in person.



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3.2. Regional Updates

Frailty Pathway Redesign

Following the continuation of the settling of Covid pressures from their recent peaks, there has been the opportunity to review and refocus the work in relation to the Frailty Pathway Redesign. A whole system in-person workshop was undertaken on the 11th May, including testing out some innovative engagement processes to reflect on the journey so far, consider next steps and secure a collaborative approach to owning this ongoing work across the system. This reflects the importance of whole system understanding, involvement and commitment to complex pathway system change.

Portfolio Structure Update

Work is ongoing regards the development of Portfolio Structures. A report will be submitted to IJB in August 2022.

3.3. National Updates

National Care Service

Scottish Government and CoSLA issued a joint Statement of Intent outlining how they will work together to deliver the key foundation pillars set out in the Independent Review of Adult Social Care in Scotland, a proposed programme of work, developed in consultation with SOLACE and the Society of Personnel and Development Scotland (SPDS), which would be jointly shared between Scottish Government and COSLA. The aim of the programme is to provide strategic oversight and cohesion across several areas of related work to address the significant challenges in the adult social care sector in relation to workforce, recruitment and retention, and sector sustainability. The areas of work include Workforce Planning, Learning and Development, Pay and Conditions and Ethical Commissioning. It is recommended that the Chief Officer is instructed to provide progress reports against this national programme of work as they are available.

Whilst no detail is yet available on the preparations for the National Care Service, it is anticipated that the Bill will be introduced in the Scottish Parliament in summer 2022 and within it there will be referenced to transition planning. Once Royal Assent for the Bill has been granted, we will begin preparing our draft Transitions Plan at an appropriate time. It is



INTEGRATION JOINT BOARD

recommended that the Chief Officer shares that plan with the IJB at the earliest opportunity.

Statutory Inquiry on COVID-19

On 17th March 2022, the Scottish Government announced that they had established a public inquiry to examine the handling of the COVID-19 pandemic in Scotland. The Inquiry will provide scrutiny of, and learn lessons from, the handling of the pandemic to ensure Scotland is as prepared as possible for future pandemics. The scope of the Inquiry covers 12 areas including testing; outbreak management and self-isolation; vaccination delivery; the supply, distribution, and use of PPE; assistance arrangements for shielding; and, in relation to Care and Nursing Homes, the transfer of residents to and from Care and Nursing Homes, the treatment and care of residents, restrictions on visiting and infection prevention and control. It is anticipated that the Inquiry will place demands on Health and Social Care Partnerships in terms of collating data and testimonies to inform their deliberations. We will cooperate with any requirements placed on us and keep a watching brief on the Inquiry's progress. At the same time there is also a UK COVID-19 Inquiry covering the four nations. It is anticipated that both Inquiries will provide interim and final reports. It is recommended that the Chief Officer shares these with the IJB as they become available.

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland, and Health Inequality** - There are no implications in relation to the IJB's duty under the Equalities Act 2010 and Fairer Scotland Duty.
- 4.2. **Financial** - There are no immediate financial implications arising from this report.
- 4.3. **Workforce** - There are no immediate workforce implications arising from this report.
- 4.4. **Legal** - There are no immediate legal implications arising from this report.
- 4.5. **Covid-19** - The update on Omicron makes reference to implications.



INTEGRATION JOINT BOARD

- 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 Officer's update is linked to current areas of note relevant to the overall delivery of the Strategic Plan.

6. Management of Risk

6.1. Identified risks(s)

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

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



- 3 There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potential of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.
- 4 There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation, and delivery of services across health and social care



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

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

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

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INTEGRATION JOINT BOARD

Date of Meeting	7 th June 2022
Report Title	Strategic Plan 2022-2025
Report Number	HSCP.22.013
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacleod@aberdeencity.gov.uk Phone Number: 07740 957304
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	<ul style="list-style-type: none"> a. Strategic Plan 2022-2025 Summary Version b. Strategic/Delivery Plan 2022-2025 Full Version c. Strategic Plan 2022-2025 Easy Read Version d. Performance Framework e. Health Inequalities Impact Assessment

1. Purpose of the Report

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

2. Recommendations

2.1. It is recommended that the Integration Joint Board:



INTEGRATION JOINT BOARD

- a) Approves the three versions of the Strategic Plan 2022-2025 – the summary version, the full version including Delivery Plan and the Easy Read version.
- b) Instructs the Chief Officer to publish the three versions of the Strategic Plan 2022-2025.
- c) Instructs the Chief Officer to report progress on the Strategic Plan 2022-2025 quarterly to the Risk Audit and Performance Committee and Clinical and Care Governance Committees and annually via the Annual Performance Report to the IJB.
- d) Instructs the Chief Officer to submit the Strategic Plan 2022-2025 to Aberdeen City Council's Strategic Commissioning Committee, NHS Grampian's Board and Community Planning Aberdeen's Board at the earliest opportunity.
- e) Notes that work is underway on a refresh of the local integrated children services plan for the period 2023 to 2026 and requests Aberdeen City Council's Director of Commissioning to consult with the IJB on the draft in advance of finalisation

3. Summary of Key Information

- 3.1. Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan. Our previous two Strategic Plans have been 3 years in length, 2016 to 2019 and 2019 to 2022. It is proposed that this latest revised Strategic Plan will follow the same pattern. This is in recognition that plans are currently being made for the implementation of a National Care Service and we understand the timeline for the implementation of that is 2025 so this plan will take us up to that point by which time we should be clearer on the requirements under the new governance arrangements
- 3.2. Development work on the revised Strategic Plan for 2022-2025 began with 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. 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. This provided us with the common themes that were important to our communities. In addition, a number of specific consultation exercises were undertaken with staff and partners, with five sessions involving the IJB and Leadership Team. 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.



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- 3.3.** Various local and national strategies, guidance and reports were reviewed to inform the strategic context within which the revised Strategic Plan should be framed. Our data and performance over the last three years was also analysed, in particular, the impact COVID-19 had had, and will continue to have, on our patients, clients, carers, staff, and services. Together with the themes from the consultation, this enabled us to consider our challenges, such as increasing demand and the impact of COVID-19, inequalities, and the wider determinants of health, and also identify the actions we need to take over the next 3 years to design and deliver services to meet these.
- 3.4.** A consultation draft of the Strategic Plan 2022-2025 was approved at the IJB meeting on 15th December 2021 and the plan went out for public consultation in January 2022. The draft was a high-level summary incorporating the output of the work undertaken. A number of responses to the consultation requested more detail and, acknowledging that there are a variety of audiences for the Strategic Plan, and that they each have differing needs and preferences, it was agreed to work up various versions of the plan including a more detailed one with our three-year Delivery Plan incorporated, a summary one along similar lines to the consultation draft, and an Easy Read version similar to that developed for our Learning Disability strategy. These can be found at appendix A, B, and C to this report. In addition, we are currently developing a short animation (one and a half to two minutes) as part of the launch material, the aim of which is to get the key intentions of the strategy across quickly and easily to all audiences.
- 3.5.** In March 2022, as part of the Medium-Term Financial Framework (MTFF) nine Leadership Team Objectives were agreed for delivery 2022-2025 and these were aligned to the four Strategic Plan Aims. These have been incorporated into year one of the Delivery Plan. There is, therefore, already high-level alignment between the MTFF and the Delivery Plan, but going forward, the intention is that the annual budget will be aligned to the relevant year of delivery within the Delivery Plan, and this will form part of the approval of the MTFF.
- 3.6.** Throughout the Strategic Plan we focus on delivery of our services in alignment with the Scottish Government's Guidance on the Principles for Planning and Delivering Integrated Health and Social Care (Integration Principles) with a view to delivering on the National Health and Wellbeing Outcomes. Our performance in this regard is measured by the Health and Social Care Integration Core Suite of Indicators (National Indicators).
- 3.7.** In the Strategic Plan 2022-2025, we have retained the same vision as previously "We are a caring partnership working in and with our communities



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to enable all people to achieve fulfilling, healthy lives”. We have updated our Values in light of consultation, and these are now Honesty, Empathy, Equity, Respect and Transparency. We have retained the five enablers – Workforce, Technology, Finance, Relationships, and Infrastructure - which are required to deliver the Strategic Plan. The Relationships enabler replaces the previous Commissioning Enabler which broadens the scope and recognises that the success of service delivery is dependent on a wide range of relationships not just those we have developed with commissioned providers.

3.8. The plan describes four Strategic Aims

- Caring Together
- Keeping People Safe at Home
- Preventing Ill health, and
- Achieving Fulfilling, health lives

Against each of the Strategic Aims and Enablers we have identified a number of priorities. Each of these priorities has programmes of work identified to deliver on them with each programme consisting of a number of projects of varying depth and scope. The programme and projects make up the Delivery Plan which spans the three years of the Strategic plan.

3.9. The Strategic Plan recognises the importance of working collaboratively and innovatively making the best use of new technologies. It confirms that our services will be rights-based, accessible and evidence led. Our focus will be on prevention in order that we can divert future demand, and on addressing inequality and the wider determinants of health. All of this will be delivered in the context of recovering from COVID-19 and preparing for the National Care Service. We aim to create the conditions for partners, staff, clients, patients, and their carers to look after their health and wellbeing and have their say in the way services are designed and delivered whilst also managing expectations in terms of what can be achieved within the resources we have.

3.10. Our key partners are Aberdeen City Council and NHS Grampian. Our joint community planning arrangements delivered the refreshed Local Outcome Improvement Plan and the development of the Locality Plans. Our contribution to these will be reported through the Community Planning Outcomes Framework. Progress against delivery of the Locality Plans will be reported to the IJB and to the Community Planning Board. Integrated Children’s Services will be refreshing their strategic plan and it is proposed that the Director of Commissioning from Aberdeen City Council is instructed



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to bring that refreshed plan to the IJB in 2023. NHS Grampian have recently revised their Plan for the Future which will be submitted to their June Board for approval. We are also aware that the regional economic strategy is currently being refreshed and will ensure that colleagues from the partnership contribute to the development of the strategy ensuring appropriate cross referencing to the work of the partnership to ensure a healthy working age population in the city.

- 3.11.** The AHSCP Delivery Plan will be reviewed annually throughout the life span of the Strategic Plan along with the Medium-Term Financial Framework. The review will consider progress on programmes and projects to date along with any new developments in strategic context which may require the addition, amendment, or deletion of future projects in line with resources available. Progress reports against the Delivery Plan will be made quarterly to the Risk Audit and Performance Committee and Clinical and Care Governance Committees. The IJB will receive the Annual Performance Report which will detail progress against delivery of the Strategic Plan. The Performance Framework in relation to the Strategic and Delivery plan can be found in Appendix D.
- 3.12.** Linked to our Strategic Plan is the Housing Contribution Statement which we are required to produce to set out the arrangements for carrying out the housing functions delegated to the IJB. Although we have confirmed the multiple areas of alignment we have to Housing within our Strategic Plan, once approved, we will also update and re-publish our Housing Contribution Statement to reflect this. The update will be undertaken in conjunction with Housing colleagues from ACC.

4. Implications for IJB

4.1. Equalities, Fairer Scotland, and Health Inequality

A Health Inequalities Impact Assessment (HIIA) has been completed and is attached at Appendix E. The assessment incorporates our Public Sector Equality Duty (as per the Equality Act 2010) and our Fairer Scotland Duty. It 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 each year within the Medium-Term Financial Framework. Specific funding has been set aside to deliver certain aspects of the Delivery Plan, for example investment in community Mental Health and



INTEGRATION JOINT BOARD

Substance Misuse services. These are subject to separate IJB approvals as required.

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.

4.4. Legal

Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan. Approval of the Strategic Plan 2022-2025 for publication will ensure this obligation is met.

4.5. Covid-19

The impact of Covid-19 on delivering our aims has been taken into account when developing the Strategic Plan and there are a number of actions in our Delivery Plan designed to mitigate the impact of COVID-19 going forward.

4.6. Unpaid Carers

One of the priorities in the Strategic Plan 2022-2025 is to deliver better support to unpaid carers and one of the actions in our Delivery plan is to revise our Carers Strategy and present this to the IJB for approval in October 2022. Our IJB Carers representatives are members of the Strategic Planning Group who have been monitoring and contributing to the development process. They are also members of the Carers Strategy Implementation Group which will be shaping the revised Carers Strategy.

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 2022-25 and presents three draft versions for approval.



INTEGRATION JOINT BOARD

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 prepare and publish a revised Strategic Plan for 2022-25, 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 based on current status and strategic context.

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. The Strategic Risk Register is currently being reviewed in light of the revised Strategic Plan. A workshop on Strategic Risks is planned for 15th August with a view to bringing a revised Strategic Risk Register for approval to the 30th August 2022 meeting of the IJB. In the meantime, it has been identified that the following areas could be considered as impacting the existing Risk Register: -



- Increasing demand across the whole system and lack of capacity to meet this demand resulting in unmet need.
- Cost of Living crisis and impact of Climate Change exacerbating existing inequality and increasing demand further.
- Lack of resources/capacity, and resistance from service users, impacting our ability to maximise the benefits of new technology meaning transformation not being achieved to the extent required.
- Robust data not being available, or able to be shared, to inform decision-making, restricting our ability to plan and make appropriate decisions for both current and future service provision
- Increased use of technology solutions increasing cyber related risk impacting the security of data and ongoing service provision.

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

By developing and publishing a revised Strategic Plan we are meeting our legal obligation and providing a strategic basis for the work of the IJB over the next three years.



INTEGRATION JOINT BOARD

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



Aberdeen City Health & Social Care Partnership

A caring partnership

Strategic Plan

(Summary Version)

2022-2025

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Introduction

We are delighted to present this summary version of our Strategic Plan for 2022-25. The full version can be found [here](#) which also contains our detailed Delivery Plan. Our key focus continues to be progressing the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable citizens.

First and foremost, we need to acknowledge the impact the COVID-19 pandemic had on the health and social care system, our staff and our communities. We are grateful to our health and social care workforce and the people of Aberdeen for working with us in responding to such challenging circumstances. We were all in it together, and together, we were stronger than the sum of our parts. Our forecasting indicates that demand for health and social care services will increase over the coming years, and that, potentially, more and more people could be living with multiple, long terms conditions. If we are to achieve our policy ambition of caring for people in more homely settings, we need to increase the availability and accessibility of high-quality community-based services, particularly those for people with higher levels of need, and find more ways to keep people safe at home. Learning from the pandemic experience, we have recognised that we cannot achieve this all on our own and that we need to foster and develop the “caring together” ethos that was so evident certainly in the early stages of COVID-19.

There are four strands of Covid related legacy that will also impact on demand for services. Firstly, the pandemic has left a legacy of health debt, a consequence of deferred care. Waiting times for diagnostic services and cancer treatment have increased. There are also increased referrals to mental health services. Secondly, there is Long Covid which may not always manifest in a way that can be directly linked to Covid and consequently there is very little reliable data to help plan for additional demand. Thirdly, there is the ongoing need for some level of vaccination programme and lastly there is the potential for a resurgence of the virus in either a known or variant form. These impacts require us to work as a whole system to achieve shared goals, to enable agile and flexible responses to be able to plan for the unknown as well as increasing access to community resources which support good health and wellbeing

As well as the direct and indirect impacts of COVID-19, external influences such as climate change, housing and increasing levels of poverty caused by the cost-of-living crisis also exist. These impact on current and future health inequalities and we need to plan to address these and build resilience to prevent ill health and enable people to achieve fulfilling, healthier lives. We need to focus on recovery and renewal, building resilience for the future.

Whilst we have the challenge of this additional demand, we are aware that it is unlikely our resources will increase to match. Finances are already tight, and it continues to be very difficult to recruit and retain staff. Audit Scotland recognised this in a briefing released in January 2022, where they noted that in December 2020, the vacancy rate for social care staff was more than two and a half times the overall vacancy rate across all establishments in Scotland. In 2019, the Scottish Parliament recognised that almost a quarter of GP practices in Scotland were reporting vacancies. We will continue to transform our services to ensure we are able to meet the challenges ahead.

In Aberdeen, to date, we are confident that we have maximised the levers the integration agenda affords us. Our Integration Joint Board (IJB) has made bold and brave decisions resulting in integrated services, positive relationships, and improved outcomes for local communities. It is vital we continue this journey whilst sharing our successes to show what can be achieved when the integration principles are fully embraced.

This plan briefly outlines who we are, the approach we take, our performance to date, what our data is telling us, and our strategic context, before laying out our vision, values, priorities and enablers. Finally, we confirm how we will measure our performance against this plan and how you will know whether we have delivered what we said we would.

Who We Are

Aberdeen City Health and Social Care Partnership (ACHSCP) delivers community health and social care services, some of which are delivered with partners in other sectors. As well as our internal services such as Social Work, Community Nursing and Allied Health Professionals, the partnership “hosts” Grampian wide services such as those for Mental Health and Learning Disabilities (MHL), Sexual Health Services, and Specialist Older Adults and Rehabilitation Services (SOARS). The IJB for Aberdeen City governs and directs the work of the partnership.

Our Approach

Our approach to service delivery follows the national [Integration Principles](#).

Principle – Our services: -	How we will achieve this
1. Are joined up and easy for people to access	Pathway Redesign
2. Take account of people’s individual needs	Follow our Guidance for Public Engagement based on the Scottish Government and COSLA Planning With People Guidance
3. Take account of the particular characteristics and circumstances of different service users in different parts of the city	Deliver our Equality Outcomes and Mainstreaming Framework 2021-25
4. Respect the rights and dignity of service users	Ensure our service delivery takes a Trauma-Informed and Human Rights based approach by training our staff and encouraging more to become equality ambassadors
5. Take account of the participation by service users in the community in which service users live	Continue our joint approach to community engagement and participation along with Community Planning Aberdeen and deliver our Locality Plans
6. Protect and improve the safety of service users	Deliver our legal duty around Adult Support and Protection
7. Improves the quality of the service	Continue to promote the use of Care Opinion , expanding it into social care settings ensuring the feedback informs service improvements made through our transformation activity
8. Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services	Continue to work with our Locality Empowerment Groups (LEGs) and increase community involvement through other existing networks and channels.
9. Anticipate people’s needs and prevent them arising	Continue to deliver our Stay Well Stay Connected initiative, which is a programme of holistic community health interventions and part of our prevention agenda designed to anticipate health issues in certain cohorts of the population
10. Make the best use of facilities, people and resources	Deliver on our enabling priorities in relation to Workforce, Technology, Finance, Relationships and Infrastructure

Review of the last 3 years – key learning points to take forward

Our review of the last 3 years can be summarised under 3 headings: -

Learning from Covid

- Empowering our staff
- Adopting new technology
- Gaining a degree of parity of esteem for Social Care
- Shifting the balance of care to community based homely settings
- Basing our decisions on data

Whole System Collaboration

- Aberdeen Together
- Rosewell House
- Locality Planning Arrangements
- Portfolio Management Approach
- Navigator Project

Doing Things Differently

- Stay Well Stay Connected
- Care at Home
- Granite Care Consortium
- Relationships and Trust
- Vaccination Programme

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Over the last three years we really put into practice our stated strategic intentions to **work together** with our communities and partners and focus on outcomes. The Rosewell House model, the new Care at Home contract delivered by the Granite Care Consortium, the development of the Locality Empowerment Groups and the close working relationships we have with our two statutory partners Aberdeen City Council and NHS Grampian are testament to that. Although the proposed National Care Service may alter our governance arrangements, it is our intention to continue building on these solid foundations and further develop the relationships we have with our key stakeholders to improve our overall service delivery which will ultimately have a positive impact on outcomes for the people we serve.

Our resources, our infrastructure, and the way we do business are other key areas of strength that we will build on over the coming years. Our **staff** have always been critical to our achievements, and they were tested to the limit throughout the pandemic. We will repay their service by ensuring that we develop a Workforce Plan that recognises their professionalism, provides flexible yet robust career opportunities, considers their health and wellbeing and seeks parity of esteem for the social care workforce. We acknowledge the benefits of **new technology**, in service delivery, in supporting our staff to be able to do their job well, and in improving outcomes for the people of Aberdeen. We will maximise the use of technology where appropriate, and where necessary we will plan to support those who, for whatever reason, do not have equity of access. During the pandemic our decision making was strengthened because it was based on **data**. Whilst accessing and sharing accurate and current data remains a challenge we will build on the systems and processes introduced in the last two years and seek to improve the availability of data, ensuring this is used safely and securely, for the benefit of patients, clients, and staff.

Key themes from our Strategic Context

We have undertaken a review of the key, relevant national and local strategies that impact on our service planning and delivery and the themes from these are shown below: -

- ❖ The need to focus on recovering from COVID-19
- ❖ The need to address the wider determinants of health which impact on inequity of access to health and social care services such as housing/homelessness, climate change, and cost of living concerns
- ❖ The need to ensure service delivery takes a rights-based approach for both adults and children
- ❖ The need to focus on shifting the paradigm of social care
- ❖ The need to maximise the use of new technologies and use data to inform our planning.

The [Independent Review of Adult Social Care in Scotland](#) (the Feeley Report), proposed the creation of a National Care Service (NCS) and we expect a Bill to be laid before parliament in the summer of 2022. Whilst the details of these new governance arrangements are being confirmed it is imperative that we are not distracted or diverted from our strategic focus. This is one of the reasons we have developed our Delivery Plan to help ensure we stay on track. We will be mindful of the role that ACHSCP can play in shaping the NCS and will ensure we are fully engaged at a national level, influencing and assisting with the reforms proposed, using every opportunity to bring the voice, view and opinion of our local system to those important conversations. We anticipate a local transition plan being developed with local partners to enable the local implementation of the National Care Service once the Bill has received Royal Assent. This will be presented to the IJB as a separate delivery plan.

Key themes from our consultation

The first step in developing our Strategic Plan was undertaking consultation and listening to what our key stakeholders were telling us. Engagement on the Strategic Plan began with a joint exercise with the Locality Empowerment Groups on the refresh of Community Planning Aberdeen's Local Outcome Improvement Plan at the beginning of 2021. NHS Grampian subsequently undertook engagement sessions on their Plan for the Future and shared with us the overall results of these as well as analysis relating to Aberdeen City residents only. ACHSCP then undertook their own engagement. The outcome of all three engagement activities have informed the development of this plan.

Theme	Source
Prevention/Stay Well Stay Connected	NHSG
Access to Services	ACHSCP & NHSG
Quality of Services	NHSG
Whole System, Collaboration, Partnership Working, Relationships	ACHSCP
Sustainability and Recovery from Covid	ACHSCP
Engagement/Involvement	ACHSCP, NHSG
Action on Poverty	LOIP
Support for Mental Health (all ages)	LOIP
Looking After Staff	ACHSCP
Maximising Digital Technology	NHSG

Our Progress Against National Indicators






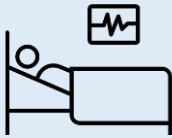





National Indicator	Title	Performance	RAG Status
1	Percentage of adults able to look after their health very well or quite well	Consistent high scoring at 94% which is slightly above Scottish average of 93%	Green
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Consistent at 82%, slightly above Scottish average of 81%	Green
3	Percentage of adults supported at home who agreed they had a say in how their help, care or support was provided	Slight downward trend, down to 78% from 79% the previous year, although above the Scottish average of 75%	Yellow
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Stable performance at 76% and above the Scottish average of 73%	Green
5	Total percentage of adults receiving any care or support who rated it as excellent or good	Downward trend, down to 79% from 83% the previous year, and lower than the Scottish average of 80%	Red
6	Percentage of people with positive experience of the care provided by their GP practice	Downward trend to 77% from 82% and lower than the Scottish average of 79%	Red
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	Improving picture at 84%, up from 79% the previous year and above the Scottish average of 80%	Green
8	Total combined percentage of carers who feel supported to continue in their caring role	Lower than we would like it to be at 34%, and down from 40% the previous year, although 34% is on a par with Scottish average.	Yellow
9	Percentage of adults supported at home who agreed they felt safe	Improving picture at 85%, up from 84% the previous year, and above Scottish average of 83%	Green
11	Premature mortality rate per 100,000	Rate reducing but higher than the Scottish average	Yellow
12	Emergency Admission rate per 100,000	Rate reducing and lower than the Scottish average	Green

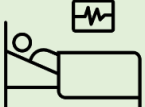


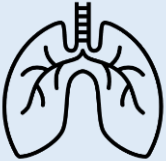


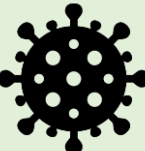
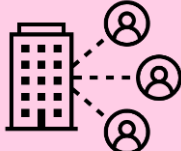
National Indicator	Title	Performance	RAG Status
13	Emergency Bed Day Rate per 100,000 population	Rate reducing and lower than the Scottish average	Green
14	Readmission to hospital within 28 days (per 1,000 population)	Rate increasing and higher than the Scottish average	Red
15	Proportion of last 6 months of life spent at home or in a community setting	Rate increasing and higher than the Scottish average	Green
16	Falls rate per 1,000 population aged 65+	Rate reducing but still slightly higher than the Scottish average	Amber
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	Rate has stayed the same but is higher than the Scottish average	Green
18	Percentage of adults with intensive care needs receiving care at home	Although the rate has increased it is still lower than we would want it to be and 10% lower than the Scottish average	Red
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	Rate has reduced significantly and is also significantly lower than Scottish average	Green
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Rate has decreased but is slightly higher than Scottish average	Amber

The data above is based on the latest published data available, the most recent of which is 2019/20 i.e., pre Covid. NB: there is no data available for National Indicator 10 or 21 – 23. Red, Amber, Green (RAG) status is based on a combination of the trend pattern of the indicator and how Aberdeen City compares to the Scottish average

More detailed information on our progress against National and Ministerial Steering Group Indicators is published in our Annual Performance Reports, available [here](#). Actions in this Strategic Plan will seek to improve our performance on all of these indicators but particularly those that are amber and red i.e., **improving the quality of care and support, enabling people to have their say in how their help, care or support is provided, supporting unpaid carers to continue in their caring role, premature mortality rate, readmission to hospital after 28 days, falls rate, percentage of adults with intensive care needs receiving care at home and percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.**

Our data indicates four key areas that require our focus over the next three years. The data comes from a variety of published sources including Aberdeen City's [Population Needs Assessment](#),. Development of locality level data was interrupted by the COVID-19 pandemic however the [Locality Plans](#) for each of our three localities are based on locality specific information and contain priorities based on what the local community told us.

Demand for services will increase		Outcomes in some areas of service delivery need to be a particular focus		More needs to be done in terms of prevention	
	The number of people aged 75 and over living in Aberdeen City will increase by 28.2% by 2033.		The number of unpaid carers feeling supported in their caring role whilst on par with the Scottish average, at 34%, has decreased for Aberdeen City.		Emergency Attendances at Aberdeen Royal Infirmary increased by 39% between January 2021 and January 2022.
	It is estimated that almost half of people over 80 will experience a fall at least once a year, with most falls happening in people's own homes.		In 2019/20 Alcohol Related Admissions (per 100,00) from the Central locality were 62% higher than the Scottish Average and were 31% higher in 2020/21.		There has been a 14% increase in Unscheduled Bed Days between January 2021 and January 2022.
75%	Unmet need for social care has increased by 75% between April 2021 and April 2022.		Drug related hospital admissions increased by 8.7% between 2018 and 2020 with 'overdose' being the most common presentation of Frequent Attenders at the Emergency Department in ARI in 2021.		Healthy life expectancy is reducing for both males and females in Aberdeen.
	There has been a 25% increase in people living with Long Term Conditions , by 2035 it is estimated that 66% of adults over 65 will be living with multi-morbidity.		In 2019/20 16.6% of Aberdeen's population were prescribed drugs for anxiety, depression, or psychosis.		In the period 2016-19 it was estimated that 23% of the City's adult population was obese . Fruit and vegetable portion intake was consistently around 3 which is below recommended 5.

	<p>There was an average of 3.6% of operations cancelled in NHS Grampian in 2021</p>	<p>43%</p>	<p>Referrals of Aberdeen City residents to Mental Health Services in Grampian increased by 43% from 2019 to 2022.</p>		<p>In the period 2016-19 it was estimated that 70% of adult's physical activity met the recommended guidelines.</p>
	<p>Waiting times for cancer treatment increased from 42 days in July to September 2020, to 49 days for the same period in 2021 which is the latest data available.</p>	<p>30</p>	<p>In 2019 there were 25 probable suicides and in 2020 there were 30 probable suicides.</p>		<p>Referrals to clinical and medical oncology for Lung Cancers have increased. Smoking prevalence in the 16 to 64 age group increased by 9% between 2018 and 2019 and smoking during pregnancy was almost ten times higher for expectant mothers living in the most deprived areas than those in the least deprived between 2018/19 and 2020/21.</p>
	<p>The percentage of people waiting within 6 weeks for diagnostics increased from 39.6% in January 2021 to 51.9% in December 2021.</p>		<p>Significant progress has been made in reducing our Delayed Discharges by 52.8% however we have not made the corresponding improvement to those relating to patients requiring more complex care with an increase of 38% in 2020/21 and another 17.6% increase in 2021/22.</p>	<p>There is a worrying trend of increasing deprivation in Aberdeen City</p>	
	<p>It is estimated that somewhere between 0.7% and 2% of the population are projected to experience Long Covid (symptoms for 12 weeks or more after their first suspected COVID-19 infection). These figures equate to between 1,603 and 4,581 people in Aberdeen City.</p>	<p>40%</p>	<p>Complex care needs are increasing, current residential and supported living providers claim that 12% of services were not currently suitable and that 40% of services would not be suitable in 5 years' time.</p>		<p>It is estimated that 800,000 in Scotland lost employment as a result of the pandemic (as of April 21). Using a rough extrapolation from population estimates this could equate to 2,680 people in Aberdeen</p>



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
Relationships
Infrastructure*

Strategic Aims

**Achieving
Fulfilling,
Healthy lives**

Preventing Ill Health

Aberdeen

**Keeping People
Safe at Home**

**Caring
Together**

Our Vision Values and Strategic Aims

Our **vision** remains unchanged since the inception of ACHSCP in 2016. It is that we are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives

Our **values** indicate what is important to us and set the standard for our behaviour. These have been amended after reflecting on the [Planning With People Guidance and the Independent Review of Adult Social Care in Scotland](#). Above all we will be **honest** in everything we do; we will aim to **empathise** with the citizens of Aberdeen understanding their needs, listening to their views and involving them in decision making. Providing services that have **equity** of access 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.

For 2022-25 we have identified four **strategic aims**. These build on the acceleration of some of the delivery commitments made within the last strategic plan as a result of the two years of the pandemic. We have retained our emphasis on prevention, personalisation and resilience but have refocused our connections and communities aims into a wider encompassing 'Caring Together' aim.

Caring Together – together with our communities, ensure that health and social care services are high quality, 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.

Keeping People 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. This includes a continued focus on improving the circumstances of adults at risk of harm.

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.

Achieving Fulfilling, Healthy Lives- support people to help overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from COVID-19, and the impact of an unpaid caring role, enabling them to live the life they want, at every stage.

We have identified five **enablers** to help support the delivery of our strategic plan. These are: -

Workforce – our staff, and those of our partners are our biggest asset without whom we could not deliver. We need to overcome our recruitment and retention challenges, nurture skills and expertise and maintain staff health and wellbeing.

Infrastructure – the physical assets we use for service delivery need to be fit for purpose and not unnecessarily increase our carbon footprint. The built environment impacts on our service delivery with new housing developments increasing demand for services within the communities where they are situated. Transport is also a key enabler for patients and clients to access services.

Relationships – developing and maintaining positive relationships with our partners and our communities is crucial to the successful delivery of this Strategic Plan. One of the key ways we utilise positive relationships to transform community health and social care services is through our approach to Commissioning. Commissioning is the process used to understand, plan, and deliver services. We will also continue to collaborate with people with lived

experience, hearing their voices, and designing, delivering, and improving services around their needs and personal goals (known as outcomes) based on what they say.

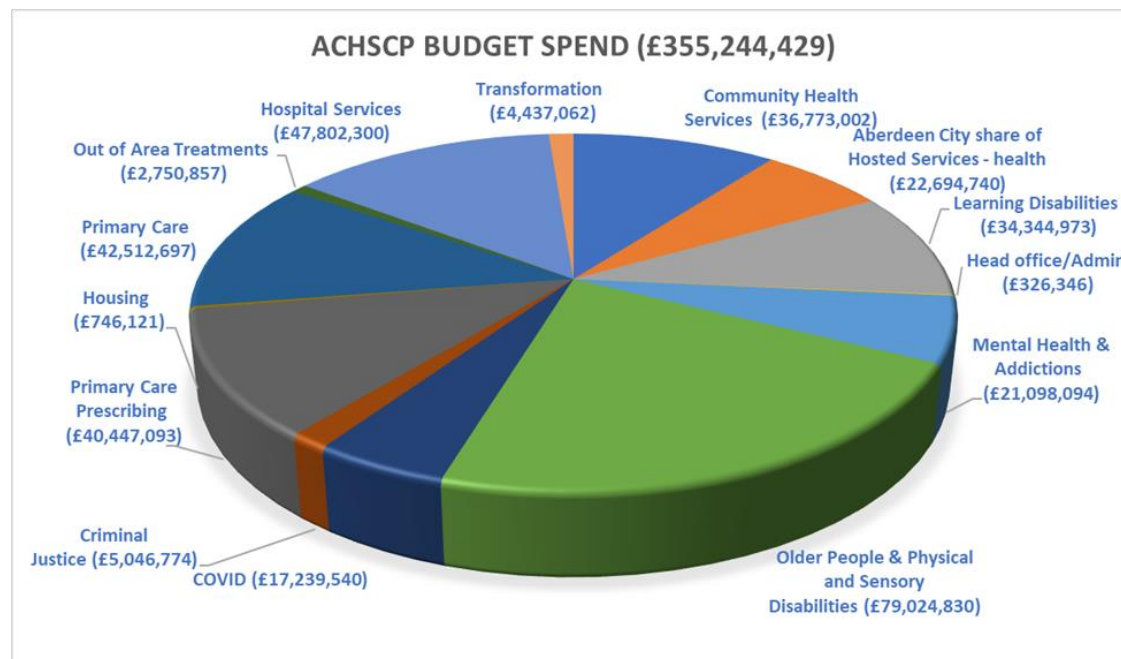
Our Commissioning Principles: -

- 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

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.

Finance – service delivery requires funding. With the breadth of services provided and increasing demand we need to ensure service delivery is as efficient as possible to make the best use of the funding we have. How we use our current annual funding is shown below: -

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Strategic Plan on a Page

Strategic Aims				
Caring Together	Keeping People safe at home	Preventing Ill Health	Achieve fulfilling, healthy lives	
Strategic Priorities				
<ul style="list-style-type: none"> ❖ Undertake whole pathway reviews ensuring services are more accessible and coordinated ❖ Empower our communities to be involved in planning and leading services locally ❖ Create capacity for General Practice improving patient experience ❖ Deliver better support to unpaid carers 	<ul style="list-style-type: none"> ❖ Maximise independence through rehabilitation ❖ Reduce the impact of unscheduled care on the hospital ❖ Expand the choice of housing options for people requiring care ❖ Deliver intensive family support to keep children with their families 	<ul style="list-style-type: none"> ❖ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ❖ Enable people to look after their own health in a way which is manageable for them 	<ul style="list-style-type: none"> ❖ Help people access support to overcome the impact of the wider determinants of health ❖ Ensure services do not stigmatise people ❖ Improve public mental health and wellbeing ❖ Improve opportunities for those requiring complex care ❖ Remobilise services and develop plans to work towards addressing the consequences of deferred care 	
Strategic Enablers				
Workforce	Technology	Finance	Relationships	Infrastructure
<ul style="list-style-type: none"> ❖ Develop a Workforce Plan ❖ Develop and implement a volunteer protocol and pathway ❖ Continue to support initiatives supporting staff health and wellbeing ❖ Train our workforce to be Trauma informed 	<ul style="list-style-type: none"> ❖ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ❖ Expand the use of Technology Enabled Care throughout Aberdeen. ❖ Explore ways to assist access to digital systems ❖ Develop and deliver Analogue to Digital Implementation Plan 	<ul style="list-style-type: none"> ❖ Refresh our Medium-Term Financial Framework annually ❖ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee. ❖ Monitor costings and benefits of Delivery Plan projects ❖ Continually seek to achieve best value in our service delivery 	<ul style="list-style-type: none"> ❖ Transform our commissioning approach focusing on social care market stability ❖ Design, deliver and improve services with people around their needs ❖ Develop proactive communications to keep communities informed 	<ul style="list-style-type: none"> ❖ Develop an interim and longer-term solution for Countesswells ❖ Review and update the Primary Care Premises Plan

Our Delivery Plan and Measuring Success

Our Delivery Plan which can be found [here](#) which lists the actions we plan to take over the three years to deliver on the priorities within this Strategic Plan. The Delivery Plan provides detail on the programmes of work and individual projects to be undertaken in relation to each priority, who will be responsible for delivery, the timescale within which it will be delivered and the measures which will tell us how we will measure our success. These measures are a mixture of local and national indicators, qualitative and quantitative data.

The Delivery Plan is based on what we know now. It will be reviewed annually with any additional actions which are subsequently deemed to be essential to the delivery of the Strategic Plan added in years two and three following agreement from the IJB. This review will be undertaken at the time we undertake the annual updating of the Medium-Term Financial Framework to ensure the actions can be resourced appropriately.

Progress on this Strategic Plan will be monitored on an ongoing basis using our existing programme and project management and governance arrangements. A member of the Leadership Team is allocated to each priority and will be responsible for reporting to the Leadership Team Meetings on a monthly basis. Additional quarterly reporting will be undertaken via the Executive Programme Board to the Risk, Audit and Performance and clinical and Care Governance Committees. Our Annual Performance Report will be approved and published annually by the IJB as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

The nine National Wellbeing Outcomes noted in Our Strategic context above are measured using an agreed core suite of 23 National Indicators. It is accepted that a degree of development is required in relation to the core suite however these are what we are measured on at the moment. In our Annual Performance Report, we are required to demonstrate how we are improving the National Health and Wellbeing Outcomes and across Scotland we have agreed that including an Appendix to the APR showing latest performance against the national indicators is currently the best and only way to do this that also allows for benchmarking across the country.



Strategic/Delivery Plan
2022 – 2025



Aberdeen City
Health & Social Care
Partnership
A caring partnership



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Strategic Plan on a Page

Strategic Aims				
CARING TOGETHER	KEEPING PEOPLE SAFE AT HOME	PREVENTING ILL HEALTH	ACHIEVE FULFILLING, HEALTHY LIVES	
Strategic Priorities				
<ul style="list-style-type: none"> ▶ Undertake whole pathway reviews ensuring services are more accessible and coordinated ▶ Empower our communities to be involved in planning and leading services locally ▶ Create capacity for General Practice improving patient experience ▶ Deliver better support to unpaid carers 	<ul style="list-style-type: none"> ▶ Maximise independence through rehabilitation ▶ Reduce the impact of unscheduled care on the hospital ▶ Expand the choice of housing options for people requiring care ▶ Deliver intensive family support to keep children with their families 	<ul style="list-style-type: none"> ▶ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ▶ Enable people to look after their own health in a way which is manageable for them 	<ul style="list-style-type: none"> ▶ Help people access support to overcome the impact of the wider determinants of health ▶ Ensure services do not stigmatise people ▶ Improve public mental health and wellbeing ▶ Improve opportunities for those requiring complex care ▶ Remobilise services and develop plans to work towards addressing the consequences of deferred care 	
Enabling Priorities				
WORKFORCE	TECHNOLOGY	FINANCE	RELATIONSHIPS	INFRASTRUCTURE
<ul style="list-style-type: none"> ▶ Develop a Workforce Plan ▶ Develop and implement a volunteer protocol and pathway ▶ Continue to support initiatives supporting staff health and wellbeing ▶ Train our workforce to be Trauma informed 	<ul style="list-style-type: none"> ▶ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ▶ Expand the use of Technology Enabled Care throughout Aberdeen ▶ Explore ways to assist access to digital systems ▶ Develop and deliver Analogue to Digital Implementation Plan 	<ul style="list-style-type: none"> ▶ Refresh our Medium-Term Financial Framework annually ▶ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee ▶ Monitor costings and benefits of Delivery Plan projects ▶ Continually seek to achieve best value in our service delivery 	<ul style="list-style-type: none"> ▶ Transform our commissioning approach focusing on social care market stability ▶ Design, deliver and improve services with people around their needs ▶ Develop proactive communications to keep communities informed 	<ul style="list-style-type: none"> ▶ Develop an interim and longer-term solution for Countesswells ▶ Review and update the Primary Care Premises Plan

Introduction



We are delighted to present our Strategic Plan for 2022-25 which this year comes with a detailed Delivery Plan in Appendix A.

Our key focus continues to be progressing the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable residents.

First and foremost, we need to acknowledge the impact the COVID-19 pandemic had on the health and social care system, our staff and our communities. We are grateful to our health and social care workforce and the people of Aberdeen for working with us in responding to such challenging circumstances. We were all in it together, and together, we were stronger than the sum of our parts. Our forecasting indicates that demand for health and social care services will increase over the coming years, and that, potentially, more and more people could be living with multiple, long terms conditions. If we are to achieve our policy ambition of caring for people in more homely settings, we need to increase the availability and accessibility of high-quality community-based services, particularly those for people with higher levels of need, and find more ways to keep people safe at home. Learning from the pandemic experience, we have recognised that we cannot achieve this all on our own and that we need to foster and develop the “caring together” ethos that was so evident certainly in the early stages of COVID-19.

There are four strands of Covid related legacy that will also impact on demand for services. Firstly, the pandemic has left a legacy of health debt, a consequence of deferred care. Waiting times for all diagnostic services and for cancer treatment have increased.

There are also increased referrals to mental health services. Secondly, there is Long Covid which may not always manifest in a way that can be directly linked to Covid and consequently there is very little reliable data to help plan for additional demand. Thirdly, there is the ongoing need for some level of vaccination programme and lastly there is the potential for a resurgence of the virus in either a known or variant form. These impacts require us to work as a whole system to achieve shared goals, to enable agile and flexible responses to be able to plan for the unknown as well as increasing access to community resources which support good health and wellbeing.

As well as the direct and indirect impacts of COVID-19, external influences such as climate change, housing and increasing levels of poverty caused by the cost-of-living crisis also exist. These impact on current and future health inequalities and we need to plan to address these and build resilience to prevent ill health and enable people to achieve fulfilling, healthier lives. We need to focus on recovery and renewal, building resilience for the future.

Whilst we have the challenge of this additional demand, we are aware that it is unlikely our resources will increase to match. Finances are already tight, and it continues to be very difficult to recruit and retain staff.

Audit Scotland recognised this in a briefing released in January 2022, where they noted that in December 2020, the vacancy rate for social care staff was more than two and a half times the overall vacancy rate across all establishments in Scotland. In 2019, the Scottish Parliament recognised that almost a quarter of GP practices in Scotland were reporting vacancies. We will continue to transform our services to ensure we are able to meet the challenges ahead.

The **Independent Review of Adult Social Care in Scotland** (the Feeley Report), proposed the creation of a National Care Service (NCS) and we expect a Bill to be laid before parliament in the summer. Whilst the details of these new governance arrangements are being confirmed it is imperative that we are not distracted or diverted from our strategic focus. This is one of the reasons we have developed our Delivery Plan to help ensure we stay on track. We will be mindful of the role that Aberdeen City Health and Social Care Partnership (ACHSCP) can play in shaping the NCS and will ensure we are fully engaged at a national level, influencing and assisting with the reforms proposed, using every opportunity to bring the voice, view and opinion of our local system to those important conversations. We anticipate a local transition plan being developed with local partners to enable the local implementation of the National Care Service once the Bill has received Royal Assent. This will be presented to the IJB as a separate delivery plan.

In Aberdeen, to date, we are confident that we have maximised the levers the integration agenda affords us. Our Integration Joint Board (IJB) has made bold and brave decisions resulting in integrated services, positive relationships, and improved outcomes for local communities. It is vital we continue this journey whilst sharing our successes to show what can be achieved when the integration principles are fully embraced.

This Strategic Plan outlines where we have got to so far in realising the overall integration aims, living with and recovering from the impact of the COVID-19 pandemic, and our ambitious approach to transformation and development over the next 3 years. We plan to build on the strong foundations we have already established in terms of partnership working and strong links to both statutory and other partners.

Locally we are an engaged partner in Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP) and NHS Grampian's Plan for the Future, our ambitions are completely aligned, and we will use all opportunities to work together to meet shared outcomes. Through these linkages the people of Aberdeen can be assured that we are collaborating and working together for shared objectives to make best use of the limited available resources.

“I feel a considerable push towards prevention would benefit the population and ensure they can fulfil a healthier lifestyle.”

The first step in developing our Strategic Plan was undertaking consultation and listening to what our key stakeholders were telling us. Engagement on the Strategic Plan began with a joint exercise with the Locality Empowerment Groups on the refresh of Community Planning Aberdeen's Local Outcome Improvement Plan at the beginning of 2021. NHS Grampian subsequently undertook engagement sessions on their Plan for the Future and shared with us the overall results of these as well as analysis relating to Aberdeen City residents only. ACHSCP then undertook their own engagement. The outcome of all three engagement activities have informed the development of this plan.

THEME	SOURCE
Prevention/Stay Well Stay Connected	NHSG
Access to Services	ACHSCP & NHSG
Quality of Services	NHSG
Whole System, Collaboration, Partnership Working, Relationships	ACHSCP
Sustainability and Recovery from Covid	ACHSCP
Engagement/Involvement	ACHSCP, NHSG
Action on Poverty	LOIP
Support for Mental Health (all ages)	LOIP
Looking After Staff	ACHSCP
Maximising Digital Technology	NHSG

Who We Are

Aberdeen City Health and Social Care Partnership (ACHSCP) delivers community health and social care services, some of which are delivered with partners in other sectors. As well as our internal services such as Social Work, Community Nursing and Allied Health Professionals, the partnership “hosts” Grampian wide services such as those for Mental Health and Learning Disabilities (MHL), Sexual Health Services, and Specialist Older Adults and Rehabilitation Services (SOARS). The IJB for Aberdeen City governs and directs the work of the partnership.

Our Approach

Our approach to service delivery follows the national [Integration Principles](#). We aim that our services: -

- **Are joined up and easy for people to access**

We have already redesigned our Older People’s Frailty Pathway, integrating service delivery across Grampian. We will continue to deliver on this principle by reviewing further whole pathways of service delivery and creating a single point of contact (SPOC).

- **Take account of people’s individual needs**

Our services will be person-centred and data led. We have developed Our Guidance for Public Engagement, based on the Scottish Government and COSLA [Planning With People Guidance](#) to inform how we engage with our communities and enable people to have their say. We will ensure this approach continues to be embedded across the whole partnership whilst also making best use of data sources to target activity.

- **Take account of the particular characteristics and circumstances of different service users in different parts of the city**

We have developed our [Equality Outcomes and Mainstreaming Framework 2021-25](#) which aims to make access to services more equitable, respecting and valuing the diversity of our service users in Aberdeen and ensuring they are free from discrimination.

Part of these arrangements is undertaking a Health Inequality Impact Assessment in conjunction with people with the relevant protected characteristics when we are planning significant changes to service provision. We will ensure the framework is delivered and that planning to revise the framework by 2025 is undertaken timeously.

- **Respect the rights and dignity of service users**

The Equality Outcomes and Mainstreaming Framework considers the rights and dignity of service users. We will ensure our service delivery takes a [Trauma-Informed](#) and [Human Rights](#) based approach by training our staff and encouraging more to become equality ambassadors, i.e. DiversCity Officers.

- **Take account of the participation by service users in the community in which service users live**

We have developed a joint approach to community engagement and participation along with Community Planning Aberdeen. Each of our three localities has a Locality Empowerment Group and each Priority Neighbourhood has a Priority Neighbourhood Partnership. Each locality has developed a Locality Plan informed by, and delivered with, people living in these communities. We will report on the progress of these plans by August 2022 and will ensure our focus is on continued delivery.

- **Protect and improve the safety of service users**

Over the last few years, we have developed robust arrangements to deliver our legal duty around **Adult Support and Protection** including a new structure for the team within Adult Social Work. We will continue to develop and enhance these arrangements ensuring vulnerable residents of Aberdeen are protected and kept safe. In most instances, the source of a child's vulnerability lies in the family circumstances or the needs or past trauma of their parents. To effect change we need to consider how services delivered to adults, children and families can come together to better consider the needs of the whole family in an early and preventative manner.

- **Improves the quality of the service**

In 2021 we took out a partnership wide subscription to **Care Opinion** which is an online tool for patients, clients, and their carers to leave comments on the services they receive. The system is already well established in health settings. We will continue to promote the use of this tool, as an additional feedback mechanism, expanding it into social care settings ensuring the feedback informs service improvements made through our transformation activity detailed in our Delivery Plan.

- **Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services**

The aim of our Locality Empowerment Groups is to ensure our services are planned and led locally. One of the aims of our Carers Strategy is that unpaid carers are listened to and involved in planning the services and support which the person they care for receives.

Our Providers Network ensures third sector and independent providers delivering care commissioned by ACHSCP are involved in service planning and our in-house staff have opportunities through regular team meetings to influence the way services are delivered. We will ensure these approaches are further developed to enable our service planning and delivery to continue to be led by our communities.

- **Anticipate people's needs and prevent them arising**

We are aware of the conditions that can impact on people's long-term health. Our **Stay Well Stay Connected** initiative is a programme of holistic community health interventions which is part of our prevention agenda and is designed to anticipate health issues in certain cohorts of the population. The programme puts in place support and intervention that either prevents conditions developing in the first place or minimises the impact of conditions already present.

- **Make the best use of facilities, people and resources**

We have identified a number of enablers to this Strategic Plan – Workforce, Technology, Finance, Relationships and Infrastructure – along with a set of priorities for each of these. We will ensure we deliver on these priorities, making the best use of facilities, people and resources.

Review of the last 3 years

Our previous Strategic Plan covered the three-year period from April 2019 to March 2022. The COVID-19 pandemic was a major focus of service delivery for two of these years however, as well as distracting us from some of our planned work, the pandemic also brought opportunities to accelerate some planned innovations and also to identify other new ways of working that will improve our service delivery and our efficiency in the future. In line with our statutory obligations, we publish an Annual Performance Report (APR). Previous reports relevant to our last Strategic Plan can be found [here](#). These will provide enhanced detail in relation to our performance and our APR for 2021/22 will be published in the same location following approval by the IJB at the end of August 2022. In this section we report on just some of the key initiatives that we have implemented in the previous three years.

Learning from Covid

During the pandemic we were able to break the normal rules and avoid the usual bureaucracy, **empowering our staff** to just get on and do the job in hand. In addition, many staff whose normal roles were paused, undertook training, and supported our care homes and other areas who were struggling to maintain service delivery due to staff shortages.

The dedication and flexibility of our staff was invaluable and going forward we plan to have a pool of fully trained volunteers to be able to step in during times of high demand to support and assist the existing workforce.

Pandemic restrictions also accelerated the city-wide adoption of **new technology** such as Near Me, an online consulting tool, and eConsult, an electronic triage system. These technologies assisted GPs and clinicians to continue to see patients during lockdown, and to manage increased demand once restrictions lifted. Not all of our patients are able or want to use new technology, however others welcome it as a flexible option that fits well with busy lives. We will work with our communities and our services to ensure people are supported to be able to use digital technology making options available that mean no-one is disadvantaged.

Public perception of social care began to change during the COVID-19 pandemic. Initially only the NHS was the focus of respect and gratitude for the work they were doing. Gradually, however, the public became more and more aware of the part that social care and carers were playing and social care staff received similar respect and gratitude with the weekly clap for carers and positive articles in the press and media. The momentum created needs to be built on, to ensure social care staff gain **parity of esteem** with their NHS colleagues.

Similarly, the public's perception of residential care was altered potentially as a result of the media reports on the impact of the COVID-19 pandemic on care homes. We have seen a reduction in demand for care home places and a resultant reduction in occupancy rates. This may return to normal in future but either way it supports one of our key policies i.e. **shifting the balance of care** more towards a person's own home or a homely setting. Whilst Care Homes are deemed to be homely settings, and there will always be individuals who either need or choose the care and support these can offer, there is no substitute for a person's own home if that is where they would prefer to be.

The importance of real time **data** influencing decision making was key throughout the pandemic response. Particularly with the pressure of high demand in the hospital and many care homes being closed due to outbreaks, it became imperative that there was an accurate picture of both demand and capacity across the whole system. A dataset was established which was utilised at the Daily System Connect meetings. Within the partnership we developed a "Surge and Flow" dashboard which captured information in relation to occupancy levels of our various care services as well as the anticipated demand. In addition, a daily Situation Report on staffing availability was made available in order that decisions could be made around equalising staff across the system and prioritising areas for support.

Whole System Collaboration

The whole system approach that was already established pre-pandemic across Grampian really gained traction during the pandemic. The challenges COVID-19 brought impacted on every part of the health and social care system in Grampian. We were all dealing with the same issues and managers and staff regularly came together to discuss these and develop common solutions ensuring that one action in one part of the system did not have a negative unintended consequence on another.

We worked with our colleagues in Aberdeen City Council (ACC) and wider community partners to identify and provide relevant support for those who were shielding or isolating during the pandemic. Food and medical supplies were delivered to their doors with often some much needed social contact by means of even just a brief, physically distanced chat. The approach was termed '**Aberdeen Together**' and the learning from that was also used in the delivery model for the mass COVID-19 vaccinations with colleagues with relevant expertise from the Council helping to arrange appointments and clinics and delivering the local contact centre. We will use learning from this to help deliver our wider immunisation agenda going forward.

A good example of a collaborative approach which began prior to the pandemic is the development of **Rosewell House** into an integrated intermediate care facility providing much needed step-up and step-down care in a more homely setting, for patients with higher levels of acuity. The facility offers an alternative to hospital admission and helps to accelerate discharge where relevant. The 60 beds which were previously run solely by Bon Accord Care (BAC) (an Arm's Length External Organisation wholly owned by Aberdeen City Council) for residential care, are now managed by the NHS but care is delivered in partnership with BAC staff.

In December 2020, Aberdeen City IJB and Community Planning Aberdeen agreed to integrate their **locality planning arrangements**, broadening the scope of the Locality Empowerment Groups (LEGs) to focus not only on health outcomes but also on the full set of stretch outcomes in the Local Outcome Improvement Plan (LOIP) encompassing community planning's Priority Neighbourhoods. Following significant engagement with the community using a "simulator" approach, teams from ACHSCP and Aberdeen City Council worked together with the LEGs to develop the Locality Plans. Progress against these is due to be reported annually to both the Community Planning Board and the IJB.

In April 2021, NHS Grampian adopted an interim **Portfolio Management Approach** which was designed to facilitate further integration between the community, primary and secondary health and social care system across defined patient pathways. The Chief Officer of ACHSCP assumed responsibility for the Medicine and Unscheduled Care departments of Aberdeen Royal Infirmary. The approach affords the Chief Officer of ACHSCP far greater influence over the whole system of health and social care enabling greater impact not only in terms of delivering services but also on the quality of that service provision. The arrangement also ensures greater involvement with the strategic planning for hospital services as delegated to the Chief Officer under the Integration Scheme. One impact of these new arrangements was the adoption of the **Navigator Project** in Grampian in August 2021. This support service, embedded within the Emergency Department aims to help reduce the underlying causes of potential admission / re-admission of people with complex needs (such as those who self-harm, those who experience emotional distress, domestic abuse, use alcohol or drugs to excess, are violent or are rough sleepers) by following up with them in the community and linking them into appropriate services. Many people presenting in this way will have underpinning stressors of social isolation, housing issues, deprivation, financial issues, and relationships. For many, deep rooted trauma will be a key underlying factor. The Navigator model of using professionals and people with Lived Experience creates a potential pathway for people in recovery into volunteering and employment. It sees recovery as an asset rather than a deficit. The project also links to the LOIP around enhanced early intervention and preventions for those at greatest risk of harm from drugs and alcohol.

The things we've done differently

In December 2020 the partnership published a Market Position Statement which confirmed the strategic ambition for Day Care and Day Activities as “to work with you, your carers and our partners to ensure that there is sufficient choice of activity, local to your community (people or place) to support you and your carer to realise your outcomes.” The **Stay Well Stay Connected** model adopts a whole population approach, with a strong focus on outcomes, whilst at the same time, embracing early intervention and prevention. The scope of the model is our adult population, but there is an enhanced focus on achieving outcomes for people living with disabilities and long-term conditions, people who, for one reason or another have started to “lose their connection” to their community, and adult carers. The detailed implementation plan outlined several key markers - the provision of planned respite, including residential respite; the testing of alternative models of support for individuals, reflecting personal choice and the achievement of outcomes; and strengthening the opportunity for the early identification of people at the cusp of losing their physical and emotional resilience and making a shift to early intervention and prevention by growing community connection within our localities. ACHSCP continues to work with providers to develop solutions for this vital service provision.

Throughout 2019 and 2020 extensive review and consultation was undertaken in relation to the delivery of care at home and supported living. This led to a commitment to move towards a **commissioning for outcomes** model with the establishment of clear outcomes to be achieved through the commissioning process. The four outcomes were – market stability, efficient and effective delivery, financial sustainability, and social value and cohesion with communities.

Following an options appraisal, the IJB agreed to progress with moving towards a three-locality primary provider contract for care at home and a transition to the same arrangements for supported living providers using a block funded contract that gave the provider freedom to manage the total budget in a way that delivered the specified outcomes. Although promoted for some time as the preferred future of commissioning, this move away from the traditional time and task model of payment for services delivered was ground-breaking and relatively unique across Scotland. The collaborative co-design and co-production approach taken in relation to care at home led to another innovative solution in the form of the **Granite Care Consortium**. Rather than compete against each other for contracts to provide care at home services, eleven third and independent social care providers came together in a consortium arrangement to bid collectively for the city-wide service.

The award of this contract and the challenging transition from the previous arrangements represented significant transformational change and the successful implementation of the new contract is testament to the positive relationships, collaborative working, and innovative vision of everyone involved. One of the keys to success of the new care at home arrangements arose from the considerable work undertaken since the inception of ACHSCP to build relationships and trust with third and independent sector care providers. We have worked with umbrella organisations such as Scottish Care and Aberdeen Council for Voluntary Organisations (ACVO) to develop strong relationships with providers organisations. The Aberdeen City Provider Network has been in operation since early 2020 and this proved to be a strong foundation that continued throughout the COVID-19 pandemic. From this we developed our **Care Home Support Team** which is a multi-disciplinary team including nursing and care management staff.

The team work in collaboration with the Health Protection Team to ensure standards are adhered to. The team supported Care Homes throughout the pandemic and is now a permanent feature providing advice and guidance, sharing best practice and helping to find solutions to common problems. This collaborative approach raises the standards of care and improves outcomes for residents. In August 2021 the IJB approved a new service delivery model for **Vaccination Services**. The model was designed using learning from the mass COVID-19 vaccination programme. Whilst a central venue helped deliver vaccinations to a large volume of people, it also highlighted the need to deliver services locally and engage with local communities to ensure easier access for diverse and seldom reached groups. The new model uses a combination of a central hub and fixed clinics delivered by locality-based teams as well as more dynamic options such as pop-up clinics and a mobile vaccination unit.

The modernisation of our services which we have achieved

The adoption of various **digital solutions** over the last few years is helping to modernise service delivery within ACHSCP. Our social care case management system which also manages payments for commissioned services and statutory reporting requirements is being replaced by a system called Dynamics 365 (D365). **D365** is a set of intelligent business applications used to deliver greater results through predictive, Artificial Intelligence (AI) driven insights, across services. For staff, it will transform the way we record, access and share information across the business and with our service users. For service users, it will give them more involvement, more interaction and greater transparency in the service they receive, and for managers it will mean they can better use data to make decisions, allocate resources and deliver services to best meet the needs of the most vulnerable, moving towards predictive rather than reactive care.

The system has been in development since early 2020 and we eagerly await its implementation in July 2022. In September 2019, the IJB approved the procurement and implementation of the **Morse** System for the Health Visiting Service. This enabled the digitisation of the way Health Visitors worked allowing them to access and update records whilst being mobile. A project evaluation was completed in May 2021 which indicated substantial efficiencies have been achieved as a direct result due to a reduction in duplication and an increase in face-to-face contact time. Based on the positive experience of the Health Visiting Service, the Hospital at Home team received funding from Healthcare Improvement Scotland to implement Morse in their service for one year. In May 2021, further approval was given to enter into a three-year enterprise license agreement which allows for the whole of community nursing to benefit from this digitisation. In advance of the expiry of the license agreement an evaluation will be undertaken of the D365 system to understand whether it could offer the same benefits. If not, further market analysis will be undertaken, and the system will either be recommissioned, or the licence renewed.

Throughout 2021 and into the early part of 2022, we were making preparations for and implementing our redesign of **2C GP practices**. 2C practices are those managed by the NHS and the redesign now means all GP practices in the city are independent contractors. The objectives of the 2C redesign were to develop the city-wide model of Primary Care delivery, ensuring the continued delivery of local services, improving sustainability, and ensuring that primary care can continue to deliver safe, effective, person-centred care considering the increasing demands on the service.

The model also better aligns with the General Medical Services (GMS) Contract and increases our ability to deliver on our Primary Care Improvement Plan (PCIP). The redesign involved putting a tender out for the delivery of general medical services from six currently “in-house” practices and the arrangements to transfer these over to independent models will be complete by June 2022.



Key learning points to take forward from our review of the last 3 years

- Take account of the participation by service users in the community in which service users live.
- Over the last three years we really put into practice our stated strategic intentions to work together with our communities and partners and focus on outcomes. The Rosewell House model, the new Care at Home contract delivered by the Granite Care Consortium, the development of the Locality Empowerment Groups and the close working relationships we have with our two statutory partners Aberdeen City Council and NHS Grampian are testament to that.
- Although the proposed National Care Service may alter our governance arrangements, it is our intention to continue building on these solid foundations and further develop the relationships we have with our key stakeholders to improve our overall service delivery which will ultimately have a positive impact on outcomes for the people we serve.
- Our resources, our infrastructure, and the way we do business are other key areas of strength that we will build on over the coming years.
- Our staff have always been critical to our achievements, and they were tested to the limit throughout the pandemic. We will repay their service by ensuring that we develop a Workforce Plan that recognises their professionalism, provides flexible yet robust career opportunities, considers their health and wellbeing and seeks parity of esteem for the social care workforce.
- We acknowledge the benefits of new technology, in service delivery, in supporting our staff to be able to do their job well, and in improving outcomes for the people of Aberdeen. We will maximise the use of technology where appropriate, and where necessary we will plan to support those who, for whatever reason, do not have equity of access.
- During the pandemic our decision making was strengthened because it was based on data. Whilst accessing and sharing accurate and current data remains a challenge we will build on the systems and processes introduced in the last two years and seek to improve the availability of data, ensuring this is used safely and securely, for the benefit of patients, clients, and staff.

Our Progress Against National Indicators

National Indicator	Title	Performance	RAG Status
1	Percentage of adults able to look after their health very well or quite well	Consistent high scoring at 94% which is slightly above Scottish average of 93%	Green
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Consistent at 82%, slightly above Scottish average of 81%	Green
3	Percentage of adults supported at home who agreed they had a say in how their help, care or support was provided	Slight downward trend, down to 78% from 79% the previous year, although above the Scottish average of 75%	Yellow
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Stable performance at 76% and above the Scottish average of 73%	Green
5	Total percentage of adults receiving any care or support who rated it as excellent or good	Downward trend, down to 79% from 83% the previous year, and lower than the Scottish average of 80%	Red
6	Percentage of people with positive experience of the care provided by their GP practice	Downward trend to 77% from 82% and lower than the Scottish average of 79%	Red
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	Improving picture at 84%, up from 79% the previous year and above the Scottish average of 80%	Green
8	Total combined percentage of carers who feel supported to continue in their caring role	Lower than we would like it to be at 34%, and down from 40% the previous year, although 34% is on a par with Scottish average.	Yellow
9	Percentage of adults supported at home who agreed they felt safe	Improving picture at 85%, up from 84% the previous year, and above Scottish average of 83%	Green
11	Premature mortality rate per 100,000	Rate reducing but higher than the Scottish average	Yellow
12	Emergency Admission rate per 100,000	Rate reducing and lower than the Scottish average	Green
13	Emergency Bed Day Rate per 100,000 population	Rate reducing and lower than the Scottish average	Green
14	Readmission to hospital within 28 days (per 1,000 population)	Rate increasing and higher than the Scottish average	Red

National Indicator	Title	Performance	RAG Status
15	Proportion of last 6 months of life spent at home or in a community setting	Rate increasing and higher than the Scottish average	Green
16	Falls rate per 1,000 population aged 65+	Rate reducing but higher than the Scottish average	Amber
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	Rate has stayed the same but is higher than the Scottish average	Green
18	Percentage of adults with intensive care needs receiving care at home	Although the rate has increased it is still lower than we would want it to be and 10% lower than the Scottish average	Red
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	Rate has reduced significantly and is also significantly lower than Scottish average	Green
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Rate has decreased but is slightly higher than Scottish average	Amber

The data above is based on the latest published data available, the most recent of which is 2019/20 i.e., pre Covid. NB: there is no data available for National Indicator 10 or 21 – 23. Red, Amber, Green (RAG) status is based on a combination of the trend pattern of the indicator and how Aberdeen City compares to the Scottish average.

More detailed information on our progress against National and Ministerial Steering Group Indicators is published in our Annual Performance Reports, available [here](#). Actions in this Strategic Plan will seek to improve our performance on all of these indicators but particularly those that are amber and red i.e., *improving the quality of care and support, enabling people to have their say in how their help, care or support is provided, supporting unpaid carers to continue in their caring role, premature mortality rate, readmission to hospital after 28 days, falls rate, percentage of adults with intensive care needs receiving care at home and percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.*

Our Strategic Context

Key Themes from our Strategic Context

Key themes from our strategic context to take into our Strategic Plan are: -

- **The need to focus on recovering from COVID-19**
- **The need to address the wider determinants of health which impact on inequity of access to health and social care services such as housing / homelessness, climate change, and cost of living concerns**
- **The need to ensure service delivery takes a rights-based approach for both adults and children**
- **The need to focus on shifting the paradigm of social care**
- **The need to maximise the use of new technologies and use data to inform our planning**

When integration of health and social care was first legislated for under the Public Bodies (Joint Working) (Scotland) Act 2014, the aim was to improve the quality and consistency of outcomes whilst allowing for local approaches to service delivery. Another aim was for health and social care services to focus on the needs of the individual, to promote health and wellbeing, and to enable people to live healthier lives in their community. Key to achieving this aim is that people’s experiences of health and social care are positive and that they are able to shape the care and support they receive.

There are nine National Health and Wellbeing Outcomes which apply to integrated health and social care. These are shown below and everything in this Strategic Plan is aimed at achieving these.

- 1. People are able to look after and improve their own health and wellbeing and live in good health for longer.**
- 2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**
- 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.**
- 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.**
- 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.**

As part of striving to achieve these outcomes, we link our development work to current national and local strategies, plans and policies.

Scotland’s **Public Health** Priorities, which inform our areas of focus are –

- 1. COVID-19 Response, Recovery and Renewal**
- 2. Mental Health**
- 3. Communities and Place**
- 4. Poverty and Children**

Good quality, affordable homes which are inexpensive to keep warm and are at the heart of communities is the aim of the **Housing to 2040** strategy. There are commitments that all new homes delivered by Registered Social Landlords and Local Authorities will be zero emissions by 2026. This will involve fitting zero emission heating systems ahead of new regulations coming into force in 2024. There is also a stated aim to work with social housing providers to deliver digital connections in new social homes. New building standards will be introduced from 2025/26 to underpin the new Scottish Accessible Homes Standards to future proof new homes for lifelong accessibility. These measures will help our most vulnerable residents mitigate the impact of inequality, ensuring they can afford to heat their homes, maximise the use of new technologies and be

able to continue living in their own home despite physical disability or mobility challenges. We will work alongside colleagues in ACC Housing to monitor the delivery of these aims and ensure they benefit those who need them most. Aberdeen City Council has its own **Local Housing Strategy**, chapter 5 of which is dedicated to independent living and specialist provision. The local strategy recognises that housing is at the heart of independent living and that good quality housing and support services can significantly improve people’s lives, particularly older people and those with complex needs.

ACHSCP continues to work alongside colleagues in ACC Housing to ensure the housing needs of those most vulnerable are met. Our Disabled Adaptations Group (DAG) takes a cross sector view of adaptations in the city, planning for people to have housing that best suits their needs and allows them to have independence. The group is currently considering a response to the consultation on Providing Community Equipment and Housing Adaptations.

The Scottish Government is currently consulting on proposals to introduce a statutory duty to prevent homelessness through a housing bill expected in 2023. The proposals include changing existing homelessness legislation to ensure homelessness is prevented at an earlier stage.

If the proposals are implemented as they stand, all public sector staff including ACHSCP staff would have a duty to prevent homelessness, particularly by asking and acting on a risk of homelessness. There would also be responsibilities relating to strategic and joint planning. Homelessness can have a negative impact on both physical and mental health and wellbeing and can cause inequity of access to health and social care services. By being alert to the potential of homelessness and taking early action it is hoped that these impacts would be avoided.

The update to the **Climate Change Plan 2018-2032** acknowledges that the challenge of meeting statutory targets for Net Zero emissions has become more difficult following the COVID-19 pandemic. This has had an impact on every aspect of life, with job losses, businesses struggling, and a fundamental shift in how people live and work in local communities. The plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities. ACHSCP must do all that it can to support, particularly vulnerable people through these challenges as well as making every effort to reduce its own carbon footprint and meet its statutory targets on Net Zero emissions.



The principles of **Scotland's Digital Strategy** include being collaborative, inclusive, ethical and user focused, data driven, and technology enabled. One of the aims is that no one is left behind by ensuring we tackle digital exclusion and reduce inequality. As part of this ACHSCP will use digital technology to transform people's lives where possible. A major barrier to the effective use of data is the inability to share information easily between the various agencies. We appreciate the importance of data security and building trust with our patients and clients, but we will continue to lobby to make data sharing easier.

The Promise, Scotland's independent care review for children, outlines that wherever safe to do so, Scotland will make sure children stay with their families and families will be actively supported to stay together. The wider structural and social inequalities that impact families' abilities to stay together and to thrive will be tackled so that no child or family in Scotland is left behind. It will be essential for ACHSCP to continue to work together with partners on these key areas of reform. This is reflected in our whole-system approach to working with partners for the benefit of all people living and working in Aberdeen and ACC's Family Support Model that we are working alongside colleagues to deliver.

The Scottish Government is planning to incorporate the **United Nations Convention on the Rights of the Child (UNCRC)** into law, having published a Bill. The UNCRC is the 'gold standard' across the world for children's rights. It covers all aspects of a child's life and sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. Incorporation will mean that ACHSCP must take steps to respect children's rights in their decisions and actions. It will also mean that children, young people and their representatives will be able to use courts in Scotland to enforce their rights.

In February 2021, Derek Feeley delivered a report on an **Independent Review of Adult Social Care in Scotland**. The report describes a need to shift the paradigm in relation to social care towards it being seen as an investment rather than a burden, to it being consistent and fair, enabling rights and capabilities, a vehicle for supporting independent living, being preventative and anticipatory, and as a result of collaboration and relationships.

ACHSCP have already begun making some progress on some of these areas particularly supporting independent living, having a focus on prevention, building relationships and working collaboratively, but there is still more to do. The key themes of the report are around access and design of services, planning and commissioning services, workforce, unpaid carers, and equality, as well as key recommendations around a human rights-based approach and redesigning models of care. Again, ACHSCP have made some progress on these. This Strategic Plan details the actions we will take to continue with our delivery of Feeley's vision for social care services.

Last year, the Scottish Government and CoSLA published a statement of intent to progress aspects of the Feeley report which don't require legislative solutions. The statement covers charging for social care services, ethical commissioning ensuring an approach to social care support that is based on human rights and needs; ensuring the voices of those with lived experience are at the heart of policy development, service design and service delivery; and ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.

Another consideration for the delivery of health and social care services is the level of funding available. Currently there is no clarity on the distribution of funding as a result of the recent increase in National Insurance or whether adult social care is to be provided free at the point of delivery in the same way as health. Due to restricted funding, Eligibility Criteria for social care is set very high which means meaningful support is only available when people are acutely unwell or in crisis.


This is against a backdrop of the increasing cost of living because of fuel and food price increases, which will have a greater impact on the most vulnerable and deprived in our society who are most likely in need of social care services.



Our Data

Our data indicates four key areas that require our focus over the next three years. The data comes from a variety of published sources including Aberdeen City’s **Population Needs Assessment**. Development of locality level data was interrupted by the COVID-19 pandemic however the **Locality Plans** for each of our three localities are based on locality specific information and contain priorities based on what the local community told us.

DEMAND FOR SERVICES WILL INCREASE		
	<p>The number of people aged 75 and over living in Aberdeen City will increase by 28.2% by 2033.</p>	<p>Demand for health and social care services is increasing. People are living longer, and over the next decade there will be a significant increase in the population aged over 75.</p> <p>This will result in an increased requirement for support from services such as rehabilitation (from an expected increase in falls, periods of immobility etc) and dementia management. Current capacity in these areas is already stretched and we will need to continue our transformation of these services to meet this need.</p> <p>The projected 25% increase in the prevalence of long-term conditions and rise in multi morbidity will lead to our services supporting patients and clients with more complex needs. This will require the review of current arrangements and planning to ensure future service delivery and staff skill sets are in place to match this demand.</p>
	<p>It is estimated that almost half of people over 80 will experience a fall at least once a year, with most falls happening in people’s own homes.</p>	
	<p>Unmet need for social care has increased by 75% between April 2021 and April 2022.</p>	
	<p>There has been a 25% increase in people living with Long Term Conditions, by 2035 it is estimated that 66% of adults over 65 will be living with multi-morbidity.</p>	<p>The pandemic caused the deferment of care. Operations were cancelled, cancer treatment delayed, and there was reduced access to diagnostic services. The consequence of this is a ‘health debt’ which adds to the pressure on the health and social care system and this will need to be factored into our capacity planning.</p> <p>We will have a particular focus on Lung Cancer due to the significant increase in referral rates (see below). In addition, we will provide additional support for those diagnosed with Chronic, Obstructive, Pulmonary Disease (COPD) by developing a COPD hotline to enable people to receive support in their own homes.</p>
	<p>There was an average of 3.6% of operations cancelled in NHS Grampian in 2021</p>	
	<p>Waiting times for cancer treatment increased from 42 days in July to September 2020, to 49 days for the same period in 2021 which is the latest data available.</p>	
	<p>The percentage of people waiting within 6 weeks for diagnostics increased from 39.6% in January 2021 to 51.9% in December 2021.</p>	
<p>It is estimated that somewhere between 0.7% and 2% of the population are projected to experience Long Covid (symptoms for 12 weeks or more after their first suspected COVID-19 infection). These figures equate to between 1,603 and 4,581 people in Aberdeen City.</p>	<p>Although the long-term impact of COVID-19 on health and social care services is unknown, even the lower projections of the incidence of Long Covid represents a potential significant additional demand. In addition, we need to be prepared for the resurgence of Covid whether in a known form or a variant. We will take this into account when considering transformation to improve capacity.</p>	

PARTICULAR FOCUS		
	<p>The number of unpaid carers feeling supported in their caring role whilst on par with the Scottish average, at 34%, has decreased for Aberdeen City.</p>	<p>Our data also indicates that we need to have a particular focus on outcomes in certain service areas, particularly support for unpaid carers, substance misuse and mental health.</p> <p>Providing support for unpaid carers was recognised as vital to the health and social care system with the introduction of the Carers (Scotland) Act 2016. Aberdeen City developed their Carers Strategy – A Life Alongside Caring in April 2018 just as the Act was implemented. The COVID-19 pandemic has impacted unpaid carers in Aberdeen City and the full delivery of the strategy and the revision of this were also delayed as a result of the response to the pandemic however this will now be taken forward as part of this strategy.</p> <p>The incidence of drug misuse is on the increase, and colleagues in Aberdeen City Alcohol and Drugs Partnership are working to reduce the use and harm from alcohol and other drugs through their Delivery Framework.</p> <p>Whilst demand for Mental Health services was already on the increase, the impact of the COVID-19 pandemic appears to have exacerbated the rate of this increase over the last two years. We are undertaking a Grampian wide transformation programme in relation to Mental Health and Learning Disability Services which will encompass transformation activity to address these areas.</p> <p>Complex care needs are increasing and although we have made significant progress in reducing delayed discharges overall, those with complex care needs are more likely to experience delays in hospital. Plans have been put in place in conjunction with our care providers set out within the Market Position Statement 2021 – 2026, to adapt and change to the increase demand across the city for Mental Health and Learning Disability Residential services.</p>
	<p>In 2019/20 Alcohol Related Admissions (per 100,000) from the Central locality were 62% higher than the Scottish Average and were 31% higher in 2020/21.</p>	
	<p>Drug related hospital admissions increased by 8.7% between 2018 and 2020 with ‘overdose’ being the most common presentation of Frequent Attenders at the Emergency Department in ARI in 2021.</p>	
	<p>In 2019/20 16.6% of Aberdeen’s population were prescribed drugs for anxiety, depression, or psychosis.</p>	
	<p>Referrals of Aberdeen City residents to Mental Health Services in Grampian increased by 43% from 2019 to 2022.</p>	
	<p>In 2019 there were 25 probable suicides and in 2020 there were 30 probable suicides.</p>	
	<p>Significant progress has been made in reducing our Delayed Discharges by 52.8% however we have not made the corresponding improvement to those relating to patients requiring more complex care with an increase of 38% in 2020/21 and another 17.6% increase in 2021/22.</p>	
<p>Complex care needs are increasing, current residential and supported living providers claim that 12% of services were not currently suitable and that 40% of services would not be suitable in 5 years’ time.</p>		

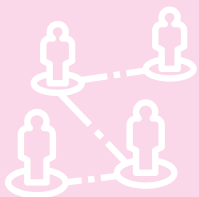
MORE NEEDS TO BE DONE IN TERMS OF PREVENTION		
	<p>Emergency Attendances at Aberdeen Royal Infirmary increased by 39% between January 2021 and January 2022.</p>	<p>One of the key ambitions of the integration of community health and social care services is to enable people to keep as well as possible, which has the positive consequence of avoiding unnecessary admissions to hospital.</p>
	<p>There has been a 14% increase in Unscheduled Bed Days between January 2021 and January 2022.</p>	<p>Having sufficient and appropriate health and social care services in the community also means those who are ready to be discharged from hospital can be so promptly, to the most appropriate care setting for them, whether that be an intermediate care facility or straight home with the necessary adaptations, rehabilitation, care, or support in place.</p> <p>We need to understand future demand for each of the different types of services to help us plan to better manage our capacity going forward. We already know that Rosewell House is working well as an integrated, intermediate care facility, and we will assess what other services and support may be required in addition to this. Our Hospital at Home service has also been hugely successful both in keeping people at home and allowing them to return home from hospital sooner and we will look to increase that capacity.</p>
	<p>Healthy life expectancy is reducing for both males and females in Aberdeen.</p>	<p>The reduction in healthy life expectancy in both male and females in Aberdeen is potentially due to the increase in incidence of multi morbidity. Whilst some people are genetically predisposed to a health condition, there are many diseases and long-term conditions that are either preventable or, if they already exist, their impact can be reduced or reversed, by adopting self-care or self-management techniques. An example is Type 2 Diabetes, a major cause of which is obesity combined with a sedentary lifestyle. Without preventative interventions such diseases will create additional demands on the health and social care system in future, so it is important that we do everything we can to help inform people of the risks they may be taking with their health and support them to make healthy life choices. We will do this in a person-centred way taking into account individual and social determinants of health.</p>
	<p>In the period 2016-19 it was estimated that 23% of the City's adult population was obese. Fruit and vegetable portion intake was consistently around 3 which is below recommended 5.</p>	
	<p>In the period 2016-19 it was estimated that 70% of adult's physical activity met the recommended guidelines.</p>	
<p>Referrals to clinical and medical oncology for Lung Cancers have increased by 171% and 81% respectively between 2019 to present. Smoking prevalence in the 16 to 64 age group increased by 9% between 2018 and 2019 and smoking during pregnancy was almost ten times higher for expectant mothers living in the most deprived areas than those in the least deprived between 2018/19 and 2020/21.</p>	<p>The top four causes of death in Aberdeen in 2020 were heart disease, lung cancer, Alzheimer's/ Dementia, and respiratory conditions. Whilst the incidence of most of these has remained stable from 2019, the incidence of lung cancer has significantly increased. The primary cause of Lung Cancer is cigarette smoking. We will continue to contribute to the NHS Grampian Tobacco Strategic Plan for the North East of Scotland particularly in relation to encouraging the uptake of Smoking Cessation services.</p>	



THERE IS A WORRYING TREND OF INCREASING DEPRIVATION IN ABERDEEN CITY



In 2016 Aberdeen City's local share of data zones in the 20% most deprived was 8%. In 2020 that had risen to 10.25%



It is estimated that 800,000 people in Scotland lost employment as a result of the pandemic (as of April 21). Using a rough extrapolation from population estimates this could equate to 2,680 people in Aberdeen

The upward trend of deprivation within the City is a cause for concern, particularly as the latest statistics available are for 2020 which means this is prior to any impact of the pandemic or the recent cost of living crisis.

A loss of employment tends to mean reduced income which may lead to a deterioration of living conditions (possibly even homelessness), an inability to heat the home, having to make a choice between heating or eating, reduced nutrition, reduced opportunity to maintain a healthy active lifestyle and potential impact on education of children and young people within the family. All of this can impact negatively on both mental and physical wellbeing. We are already aware that the Alcohol Admission Rate (per 100,000) differs across the City, with the Central Locality in 2019/20 and 2020/21 having admissions double that of the South locality, these differences, likely due to inequalities and lifestyle, will continue to become more marked without effective intervention.

Although ACHSCP cannot resolve an individual's financial situation, we can be alert to it, particularly the risk of homelessness as a result of the forthcoming new duty and help them find ways to mitigate the impact.

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
Relationships
Infrastructure**



Our Vision Values and Strategic Aims

Our vision remains unchanged since the inception of ACHSCP in 2016. It is that we are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives.

Our **values** indicate what is important to us and set the standard for our behaviour. These have been amended after reflecting on the [Planning With People Guidance](#) and the [Independent Review of Adult Social Care in Scotland](#). Above all we will be **honest** in everything we do; we will aim to **empathise** with the residents of Aberdeen understanding their needs, listening to their views and involving them in decision making. Providing services that have **equity** of access 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.

For 2022-25 we have identified four **strategic aims**. These build on the acceleration of some of the delivery commitments made within the last strategic plan as a result of the two years of the pandemic. We have retained our emphasis on prevention, personalisation and resilience but have refocused our connections and communities aims into a wider encompassing ‘Caring Together’ aim.

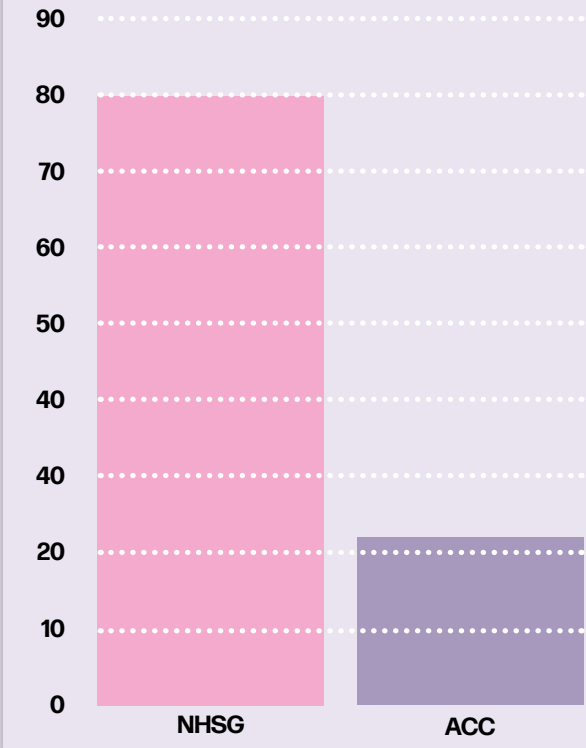
<p>CARING TOGETHER</p> <p>Together with our communities, ensure that health and social care services are high quality, accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a say in how services are designed and delivered both for themselves and for the people they care for, ensuring they can access the right care, at the right time, in a way that suits them.</p>	<p>KEEPING PEOPLE SAFE AT HOME</p> <p>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. This includes a continued focus on improving the circumstances of adults at risk of harm.</p>	<p>PREVENTING ILL HEALTH</p> <p>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.</p>	<p>ACHIEVING FULFILLING, HEALTHY LIVES</p> <p>Support people to help overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from COVID-19, and the impact of an unpaid caring role, enabling them to live the life they want, at every stage.</p>
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We have identified five enablers to help support the delivery of our strategic plan. These are: -

- WORKFORCE**
- FINANCE**
- RELATIONSHIPS**
- TECHNOLOGY**
- INFRASTRUCTURE**

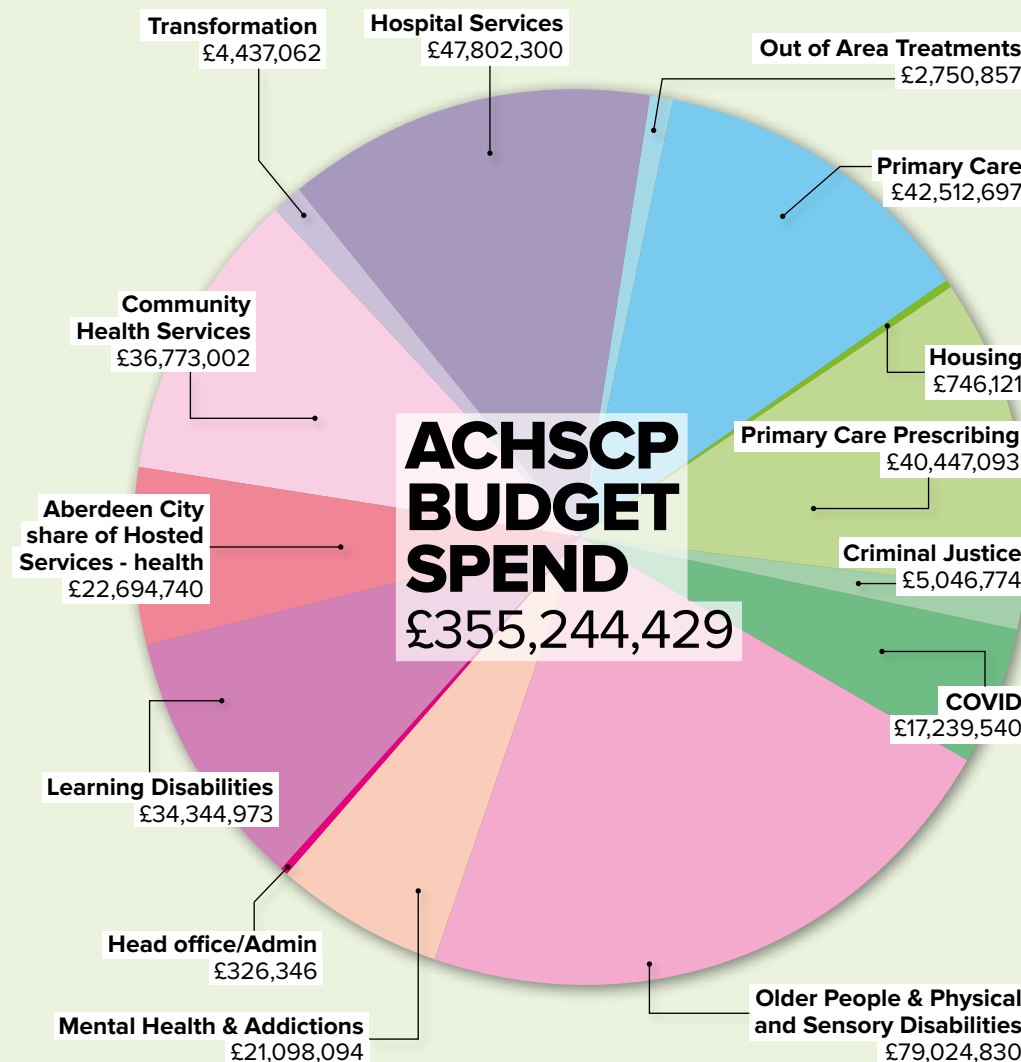
WORKFORCE – our staff, and those of our partners are our biggest asset without whom we could not deliver. We need to overcome our recruitment and retention challenges, nurture skills and expertise and maintain staff health and wellbeing.

Workforce Budget (£m)



FINANCE – service delivery requires funding. With the breadth of services provided and increasing demand we need to ensure service delivery is as efficient as possible to make the best use of the funding we have. How we use our current annual funding is shown right: -

RELATIONSHIPS – developing and maintaining positive relationships with our partners and our communities is crucial to the successful delivery of this Strategic Plan. One of the key ways we utilise positive relationships to transform community health and social care services is through our approach to Commissioning. Commissioning is the process used to understand, plan, and deliver services. We will also continue to collaborate with people with lived experience, hearing their voices, and designing, delivering, and improving services around their needs and personal goals (known as outcomes) based on what they say.



RELATIONSHIPS 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

TECHNOLOGY – Data and digital technologies are transforming every element of our lives. They are radically redefining relationships between all organisations and their clients and customers. To most effectively improve outcomes, and to prevent and reduce demand, services and data need to be integrated and have the individual person and their unique circumstances at their core. Delivering our strategic aims relies on the effective use of data and digital technologies to connect people; to understand and meet their needs; to build on the strengths of individuals and communities; and support their independence and resilience. Data and digital services can empower residents and ensure limited resources are targeted to support and protect the most vulnerable in our city. They can also transform how services are designed, broadening and deepening client, patient, and community engagement; and improving outcomes with proactive and preventative decision making.

INFRASTRUCTURE – the physical assets we use for service delivery need to be fit for purpose and not unnecessarily increase our carbon footprint. The built environment impacts on our service delivery with new housing developments increasing demand for services within the communities where they are situated. Transport is also a key enabler for patients and clients to access services.



Our Strategic Priorities for 2022-25

Against each of the Strategic Aims and Enablers we have identified a number of priorities which we will deliver over the three-year lifecycle of the Strategic Plan. Ultimately these are the means by which we aim to deliver on our Strategic Plan, and on the National Health and Wellbeing Outcomes.

Caring Together

Undertake whole pathway reviews ensuring services are more accessible and coordinated

During the consultation process for this Strategic Plan, people told us that access to services needs to be as easy as possible and where people need support from more than one health and social care professional, that should be as co-ordinated and as seamless as possible. In line with the shift to a rights-based service delivery model we need to ensure that those who need it have access to independent advocacy. People also told us that transitioning between services, particularly for children moving into adult services should be managed in a planned way, well in advance of the date of transition. Collaboration and partnership working was also a theme from consultation, so coordination should extend to working jointly with other services that impact on the holistic needs of an individual including housing, education, employment, transport, and place planning. This should include improved data sharing and early identification of preventative interventions. We will undertake a series of pathway reviews to ensure our services are as accessible and as joined up as possible.

Empower our communities to be involved in planning and leading services locally

In order for people to be able to make informed choices about their care they need to have detailed information of the services available to them, what support these services can offer, and how to access these. When we refer to services this includes those available from both statutory and non-statutory providers including community groups. For funded service provision, the information provided should include the promotion of the four Self-directed Support (SDS) options and the flexibility available within these, offering our residents choice and control over the way they receive their care. We are committed to creating a culture of doing with our service users, rather than doing to them. The Locality Empowerment Groups (LEGs) are our key links to our communities, and we intend to build on the work undertaken to create these, growing the membership and particularly developing the diversity of the make-up. The LEGs are not our only link with our communities, however, and we will seek ways to increase our reach into communities through both existing and potential users of our services utilising existing networks and channels.

People told us they want to be involved in decisions about the care that both they and their loved ones receive. We are therefore committed to co-designing and co-producing services with our communities, particularly those people within the community with lived experience of the services we deliver.



We want to ensure that people's voices are heard and that they are able to have their say in the types of services made available, and how, where, and when these are delivered. We believe this will not only improve our service delivery, but it will also enhance the experience of our service users and their carers.

Create Capacity for General Practice improving patient experience

A key 'frontline' service in health and social care is General Medical Services (GMS) provided by General Practitioners (GPs) and the range of multi-disciplinary teams that surround them to deliver effective care to the communities they serve. In recent years the service has experienced the combined challenges of increasing workload and issues with recruitment and retention. A number of GP practices have closed, and future sustainability is a concern. An important transformational tool for creating capacity and improving patient experience of GP services is the Primary Care Improvement Plan (PCIP) which seeks to add additional capacity in the form of alternative professional roles to support GPs as well as delivering some services in a different way, improving access for patients and improving outcomes.

Deliver better support to unpaid carers

Unpaid carers have told us that they feel undervalued and that the Covid-19 pandemic impacted them significantly. We will listen to the voices of unpaid carers and make sure that all unpaid carers (whether they recognise themselves as such or not) are made aware of their rights, are consulted on the type of support they need, and help co-design it and that they are made aware of the support available to them and how to access it. We will ensure that unpaid carers are able to identify any barriers they may encounter in accessing the services they need and are supported to overcome these. This feedback will be used to inform the development and implementation of our revised Carers Strategy.

Keeping People Safe at Home

The strategic responsibility of the IJB is to shift the balance of care from hospital to be delivered in primary, community, and social care settings so that a patient is seen closer to home. We aim to enable people to remain living independently at home by choice thereby improving outcomes. This means expanding our community health and social care services including those provided in community hubs, Intermediate Care facilities and Hospital at Home services. In line with this agenda, we need to consider whether it remains appropriate for people to receive short periods of rehabilitation within a hospital setting or whether that can be safely delivered along with other support in their own home, reducing the need for bed-based services.

Maximise Independence through Rehabilitation

It is estimated that half of people over 80 will experience a fall at least once a year, with most falls happening in people's own homes. Many experiencing a fall may fracture a bone and require hospitalisation. This can have a life altering affect and most need specialist support to help them recover the strength, mobility, and confidence to return home and look after themselves. Any lengthy stay in hospital for whatever reason, and indeed any period of inactivity can lead to deconditioning which in turn has a range of negative health impacts, including falls, depression, Type 2 diabetes, cardiovascular disease, and musculoskeletal problems.

We will seek to find innovative ways to increase strength and balance activity among those who have been most affected by deconditioning, maximising their independence and reducing their risk of falls. We will focus particularly on those living with multi-morbidity or dementia, those living in social care settings, and people from more deprived backgrounds.

Reduce the impact of Unscheduled Care on the Hospital

Shifting the balance of care is also important for unplanned or unscheduled care, reducing the burden on acute hospital-based services. On a daily basis, colleagues in the Grampian health and care system identify patients who are receiving care in a setting that is not necessarily the best place for their particular condition or circumstance. The COVID-19 pandemic saw reduced services for screening/diagnostic services, outpatient follow up appointments and planned surgery. We have accrued a health debt as a result of that deferred care that will require maximum usage and efficiency of the hospital bed base for planned interventions such as surgery and oncology. We need to do all that we can in the community to minimise the impact on the remobilisation of these services of unplanned and emergency attendances and admissions. We will build on the work undertaken prior to, and during, the pandemic, working at pace, to upscale the tests of change and agility that COVID-19 brought us. There is a strong need to work across organisational and professional boundaries to bring about the necessary transformation and modernisation. Delivery models in both primary and secondary care will be blended to share knowledge and expertise to meet identified needs in the most appropriate way.

Expand the choice of housing options for people requiring care

A person's own home is a crucial part of the health and social care system and contributes positively or negatively to their health. We need to do all that we can to ensure people requiring care can, if appropriate, continue to live in their own home safely and independently, whilst receiving the care that they need. We will work with ACC as a planning authority to help shape the housing market, working with the city's social landlords and developers in terms of matching need with supply. A person's home includes a residential care, or nursing home, very sheltered or sheltered housing, extra care housing, supported living accommodation or their own home, specially built or adapted to suit their needs.

Adaptations to make properties suitable for people with care needs to live in, can range from widening doors to enable wheelchair access and providing level access showers to installing grab rails, ramps, and handrails. The use of Telecare can also enable people to live in their own homes for longer.

Deliver intensive family support to keep children with their families

Aberdeen City Integrated Children's Services are driving forward the development of a multi-agency Family Support Model that will ensure a data led approach to commissioning services to deliver more effective early and preventative support to families. There are four groups for whom this approach will apply - Children with a disability; Children in conflict with the law; Children who are exposed to the risk of Trauma; and Children on the edge of care. In most instances the reasons for escalating vulnerability/need relates to a child's family circumstances or the needs and past trauma of their parents.

Consequently, to truly effect change we need to consider how services delivered to adults, children and families can come together to better consider the needs of the whole family in an early and preventative manner. This has strong alignment to Scottish Government policy in relation to Whole Family Support for those with addictions and mental health needs.

Preventing Ill Health

Tackle the top preventable risk factors for poor physical and mental health including obesity, smoking and use of alcohol and drugs

Whilst some people are genetically predisposed to a health condition, there are many diseases and long-term conditions that are either preventable or, if they already exist, their impact can be reduced or reversed, by adopting self-care or self-management techniques. An example is Type 2 Diabetes, a major cause of which is obesity combined with a sedentary lifestyle. Encouraging people to increase their activity levels and maintain a healthy weight can, not only reduce the incidence of Type 2 Diabetes, but also reduce the health impacts on those already with the condition. Investment in addiction services and smoking cessation programmes can have similar impacts on levels of alcohol, drugs, and tobacco use. Our aim is to give people the knowledge, support and tools, they need to make choices to stay as well as they are able for as long as possible. In this way we hope to support our residents to make informed choices and overcome barriers to prevent the preventable.

Enable people to look after their own health in a way which is manageable for them

Immunisation is one of the most effective public health interventions in the world for saving lives and promoting good health. Immunisation helps protect against serious diseases and once we have been immunised, our bodies are better able to fight these diseases if we encounter them. We have experienced the benefits of immunisations (or vaccinations) during the COVID-19 pandemic. Most vaccinations are normally given in childhood and help protect our health throughout our lives. It is important, however that parents bring their children forward for vaccinations when they are eligible.

In August 2021 Aberdeen City Integration Joint Board approved an Immunisation Blueprint which details a hub and spoke model for the delivery of immunisations in the city ensuring easy, local access for those who need them.

ACHSCP host Grampian-wide Sexual Health Services. An individual's sexual health can impact on their physical and mental health and wellbeing. In January 2022 Healthcare Improvement Scotland (HIS) published Sexual Health Standards covering leadership and governance; shared and supported decision-making; education and training; access to sexual health care; sexual wellbeing; prevention detection and management of sexually transmitted diseases and bloodborne viruses; services for young people; reducing sexual health inequalities; reducing unintended pregnancies; and abortion care. We will develop an action plan to deliver on these standards.

Achieve Fulfilling Healthy Lives

Help people access support to overcome the impact of the wider determinants of health

Health and wellbeing are impacted by so much more than physical conditions. Where people are born, their childhood experiences, the quality of home they live in, the standard of education they receive, their family income, their employment status etc. can all impact.

ACHSCP cannot address all of these wider determinants of health on our own, but we can work with partners to try to influence positive changes. We can also ensure our staff have an awareness of these factors, and deliver services in a person-centred way, targeted to the specific needs of patients and clients, depending on their individual circumstances. Collaborative working with partners can help ensure people are supported to get the help they need.

Access to open spaces helps to encourage activity and improve health and we will work with partners to promote the inclusion of such spaces in new developments. How people get around the city also has an impact on both their health and the environment. Transport needs to be available and accessible in order for people to be able to get to health-related appointments, but we would also encourage active travel as far as possible to provide opportunities for people to improve their health as they move around the city. We will work with ACC and NESTRANS as the transport authority for the city to achieve these ambitions. Infrastructure has an impact on the environment. Considering the impact of climate change, we need to aim to reduce our carbon footprint in every decision we make.

Ensure services do not stigmatise people

Some of our residents, including our staff, experience inequality, stigma or discrimination due to their age, sex, disability, sexual orientation, gender reassignment, marital status, pregnancy or maternity status, race, religion, or belief. We will ensure service design, delivery and development takes account of the needs of those who are inappropriately stigmatised by ensuring these are considered in the planning process with mitigating adjustments put in place. In May 2021, Aberdeen City IJB updated their Equality Outcomes and Mainstreaming Framework (EOMF) with seven equality related outcomes covering all patients, clients, service users and their carers having access to, and confidence in the services we deliver as well as those delivering services having compassion and respecting the dignity of individuals and involving people in the way those services are delivered. A group of DiversCity officers is being created to champion our equality agenda and drive the delivery of the EOMF. The Equality and Human Rights Sub Group of the Strategic Planning Group comprising of representatives of people and communities with protected characteristics will provide constructive challenge to the DiversCity Officers and monitor progress of delivery of the framework.

Part of the arrangements we put in place for our approach to inequality was to adopt a robust process for undertaking Health Inequality Impact Assessments (HIIA) for every major change to service provisions. The process includes an initial assessment checklist to determine whether an HIIA is required and, if one is, a recording proforma to capture who was involved, what feedback they gave and what impact this had on the decision-making process.

Improve public mental health and wellbeing

The pandemic had an additional negative impact on people's mental health and wellbeing. There was widespread concern over the impact of COVID-19 on people's health, or that of their loved ones, coupled with lockdown restrictions removing the opportunities for social interaction and activities that, under normal circumstances, help support positive mental health and wellbeing. In addition, many people experienced life events such as bereavement or loss of employment. Bereavement will normally impact negatively on mental health and wellbeing, but, during the heights of the pandemic, there was the added impact of people not being able to hold the usual funeral arrangements, or to seek comfort from friends and family in the normal way. Losing a job at any time can be stressful, but the pandemic brought greater uncertainty about the future of entire industries bringing additional concern over the prospects of returning to certain professions in the future. All of this continues to bring additional demand to our mental health services, in particular those community-based ones aimed at initial intervention. Providing support at an early stage is key to avoiding lengthy or more intense episodes of poor mental health.

Improve opportunities for those requiring complex care

We know the reason for people being delayed the longest in hospital is the lack of facilities in the community, not only locally, but nationally, for those requiring complex care. Complex care is often required for people with chronic or long-term health conditions for example, learning disabilities, physical disabilities or those experiencing significant concerns with their mental health, who require extra assistance to manage their symptoms and daily activities to enable the best possible quality of life.

Within Aberdeen City we have limited complex care facilities meaning people often have to be looked after out-of-area, which is not only detrimental to their wellbeing, but it is also a loss to the local economy and can come at significant cost, not only for ACHSCP but for friends and family visiting.

To date we do not have the volume of demand for complex care services to create a robust service or pathway that is viable from a provider perspective. Building on the commissioning model we used which saw the birth of the Granite City Consortium (which delivers our Care at Home in Aberdeen City), we will seek to work with providers to consider a new build or adaptation which could become a complex care village offering local support for not only Aberdeen City residents but also those living in the wider north east. Our vision would be for the village to create a positive environment where people are supported to have quality lives, within a local community, supported and engaged with their families as they choose.

Remobilise services and develop plans to work towards addressing the consequences of deferred care.

During the pandemic all but critical services were paused. In terms of acute services, non-urgent operations were cancelled and waiting times for diagnostic services and cancer treatment increased. In addition, it is estimated that somewhere between 0.7% and 2% of the population are projected to experience symptoms for 12 weeks or more after their first suspected COVID-19 infection.

This is known as Long Covid and although the long-term impact on health and social care services is unknown, these figures are equivalent to between 1,603 and 4,581 people in Aberdeen City which represents a potential significant additional demand. Not only do we need to do all that we can to ensure all health and social care services are remobilised as soon as they safely can be, to mitigate any ongoing health debt, but we also need to plan to provide support to the existing health debt and those experiencing ongoing health issues as a result of Long Covid. COVID-19 is here to stay, and we need to learn to live with it and any variant that comes along. Our services need to be able to continue to work as normally as possible without the significant pauses seen in the past.



Our Enabling Priorities

Workforce

Our workforce is our biggest asset. During the COVID-19 pandemic we asked a lot of them, and they delivered. A priority for us is to continue to support all staff's health and wellbeing, whether they are working directly for the partnership or in one of our commissioned services or partner organisations. Recruitment and retention of staff is challenging across all sectors. We need to support training to improve skillsets (particularly in the areas of Trauma Informed Care, Complex Care and Self-directed Support) and improve the career structure, ensuring there are clear development opportunities. There is a shortage of clinical staff which is a significant risk for sustainable service delivery. We need to attract more clinicians to work locally through innovative new roles, developing a new workforce, working with NHS Grampian and nationally to improve the pipeline of trainees coming to Grampian. In Social Care we need to ensure training is standardised and that training with one organisation is portable to another. We want to see carers being paid an appropriate wage for the jobs that they do and their terms and conditions being equivalent to employees in the public sector. Not only should this reduce turnover, improve the consistency of care, and reduce absence rates but also achieve parity of esteem with health and make social work and community health and social care a more rewarding career. The National Care Workforce Strategy seeks a workforce that is well-trained and developed, healthy and supported, and sustainable and recognised. During the Pandemic we recognised the contribution of unpaid volunteers to the health and social care system, and this is something we would seek to embed as an integral part of the overall workforce. Our workforce plan will be developed taking cognisance of all of these aspects as well as against the backdrop of the Scottish Government and CoSLA Statement of Intent in relation to the Feeley Report.

Technology

Digital Consulting software such as Near Me and eConsult have enabled GPs and clinicians to manage their capacity to cope with the increase in demand for services. These systems, however, have also brought challenges and we will continue to work with our partners in NHS Grampian to ensure they are used in a way that supports patients.

Technology Enabled Care (TEC) can help people live independently at home and, where appropriate, we would like to extend its use throughout Aberdeen being mindful of the additional associated electricity costs this may bring. Digital devices can help detect a fall, sense movement and even prompt times for medications or meals. This can reduce the need for, potentially intrusive, in-home care provision whilst providing both the individual and their families or carers confidence and peace of mind. A major development is the switchover from analogue to digital telephone systems in 2025. This will impact those who use monitored telecare systems such as Community Alarms, and we are planning now to ensure equipment can continue to be used in a way that supports and benefits clients beyond the change.

Technology can also assist staff to improve the quality of service delivered. The digitisation of patient or client records can help multi-disciplinary teams share information and provide the details required to ensure swift and appropriate care is provided. The necessary security and data sharing protocols need to be in place. Electronic Medication Administration Record (EMAR) used mainly in Care Homes can improve the efficiency of medication administration and reduce the opportunity for errors however this is a costly system for providers to implement.

We are also building technologies that collate and analyse of system wide datasets, not only to help manage the care and support people receive but also to help plan future service transformation. Our use of personal data must be ethical and transparent. People should have greater access to and control over their health and social care information and have a say in how their data is used and shared. This is part of encouraging them to play an active role in looking after their own health and wellbeing. We will work with partners to continue to build standards, policies, systems, and a culture which supports data driven and evidence-based decision making. When gathering data we will ensure, where relevant and proportionate that we capture information on protected characteristics to help us design and deliver services that bring equity across our population.

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 through the redesign of services and doing things differently. 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. A key priority in managing our finances is that the costing implications and benefits of the actions in our Delivery Plan are monitored in order that our service delivery achieves best value.

Relationships

Developing and maintaining positive relationships is central to achieving the priorities we have set out in this strategic plan. These relationships occur at a strategic level with our partners in the wider Grampian Area,

NHS Grampian and Aberdeen City Council as well as on an individual level through the relationships we build with our workforce, independent and third sector partners and the people of Aberdeen. Since the redesign of our GP services all the GP practices in the city are now independent contractors which brings a new dynamic as to how these relationships are managed.

One of the key ways we are aiming to utilise positive relationships to transform community health and social care services is through our approach to the planning, commissioning, and procurement of these services. All of our commissioning work will be done taking cognisance of our commissioning principles and our focus will be on shaping the delivery of high-quality, person-centred care and support recognising the variety of needs and therefore the differing skill levels and associated costs for some areas of care such as very acute dementia, and stroke and neurological care and rehabilitation.

Aberdeen City IJB outsources almost all of its social care services, so the sustainability of our market and our providers is critical. Longer term contracts that do not require frequent re-commissioning should provide stability. This will help providers recruit and retain staff, providing greater opportunity for social care as an attractive career prospect and giving parity of esteem. We are committed to delivering on Unison's Ethical Care Charter.

Underpinning our relationship with the people of Aberdeen is the need to help them understand the challenges that we face, why we need to transform services, and what this means for them. We will develop proactive, repeated, and consistent communications to keep, particularly those who only occasionally access community health and social care, informed of our strategic direction, our service delivery and any specific changes that may impact them.

Infrastructure

Infrastructure includes physical buildings, places and spaces. Aberdeen City IJB does not in itself own any buildings. Services are delivered from premises owned by one of our statutory partners - Aberdeen City Council or NHS Grampian – or by independent providers or landlords for commissioned services. We need to ensure that assets used to deliver health and social care services are fit for purpose, modernised where appropriate, and managed sustainably. In light of changes to the way we deliver services, we also need to determine our future requirement for building based space and maximise our use of the space available to us, particularly for as long as social distancing measures continue to be in place as a result of the COVID-19 pandemic. We need to determine what, if any, level of investment may be required to achieve aims with regards to infrastructure and identify where that may come from. 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.



Our Delivery Plan and Measuring Success

Appendix A contains our Delivery Plan which lists the actions we plan to take over the three years to deliver on the priorities within this Strategic Plan. The Delivery Plan provides detail on the programmes of work and individual projects to be undertaken in relation to each priority, who will be responsible for delivery, the timescale within which it will be delivered and the measure which will tell us how we will measure our success. These measures are a mixture of local and national indicators, qualitative and quantitative data.

The Delivery Plan is based on what we know now. It will be reviewed annually with any additional actions which are subsequently deemed to be essential to the delivery of the Strategic Plan added in years two and three following agreement from the IJB. This review will be undertaken at the time we undertake the annual updating of the Medium-Term Financial Framework to ensure the actions can be resourced appropriately.

Progress on this Strategic Plan will be monitored on an ongoing basis using our existing programme and project management and governance arrangements. A member of the Leadership Team is allocated to each priority and will be responsible for reporting to the Leadership Team Meetings on a monthly basis. Additional quarterly reporting will be undertaken via the Executive Programme Board to the Risk Audit and Performance and Clinical and Care Governance Committees. Our Annual Performance Report (APR) will be approved and published annually by the IJB as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

The nine National Wellbeing Outcomes noted in Our Strategic context above are measured using an agreed core suite of 23 National Indicators. It is accepted that a degree of development is required in relation to the core suite however these are what we are measured on at the moment. In our Annual Performance Report, we are required to demonstrate how we are improving the National Health and Wellbeing Outcomes and across Scotland we have agreed that including an Appendix to the APR showing latest performance against the national indicators is currently the best and only way to do this that also allows for benchmarking across the country.

Strategic Delivery Plan – Appendix A

Caring Together	Strategic Measures NI 3 - Percentage of adults supported at home who agreed they had a say in how their help, care or support was provided NI 4 - Percentage of adults supported at home who agreed that their health and social care services seem to be well coordinated NI 5 - Total percentage of adults receiving any care or support who rated it as excellent or good NI 6 - % of people with positive experience of care at their GP practice NI 8 - total combined percentage of carers who feel supported to continue in their caring role Social Care Unmet Need
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Programme/Projects	Lead	Y1	Y2	Y3	Measures
Undertake Pathway Reviews					
Redesign Adult Social Work enhancing the role of Care Managers in playing a guiding role in the promotion of personalised options for care	Social Work	Sep-22			Redesign implemented
Undertake a strategic review of specific social care pathways and develop an implementation plan for improving accessibility and coordination	Social Work	Nov-22			Implementation Plan
Map existing universal and social support and work with partners and the community to develop services to meet any identified gaps	Strategy & Transformation		Sep-23		Map developed
Implement the recommendations from the current Adult Support and Protection inspection	Social Work	Mar-23			Action Plan complete
Deliver the Justice Social Work Delivery Plan	Social Work	Mar-23	Mar-24	Dec-24	Percentage of actions complete
Develop and implement a Transition Plan for those transitioning between children and adult social care services	MHLD	Mar-23			Plan developed
Develop cross sector, easily accessible, community hubs where a range of services coalesce, all responding to local need	Primary Care/Social Work/ AHPs/Nursing	Mar-23			Hubs operational

Community Empowerment					
Develop the membership and diversity of our Locality Empowerment Groups	Strategy & Transformation	Mar-23			Membership
Increase community involvement through existing networks and channels	Strategy & Transformation		Mar-24	Mar-25	Number of cohorts/groups involved
Deliver our Locality Plans and report on progress	Strategy & Transformation	Aug-22			Progress Report
Train our staff and embed the use of Our Guidance for Public Engagement	Strategy & Transformation	Mar-23			Percentage of Staff Trained
Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	Strategy & Transformation	Mar-23			Number of posts on Care Opinion
Primary Care					
Finalise the arrangements for the closure of Carden Medical Practice and identify an alternative use of the building	Primary Care	Jun-22			Report to IJB
Improve primary care stability by creating capacity for general practice	Primary Care	Mar-23			Report to IJB
Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	Primary Care	Mar-23	Mar-24	Mar-25	Plan report
Unpaid Carers					
Develop and deliver a revised Carers Strategy with unpaid carers and providers of carers support services in Aberdeen, considering the impact of Covid 19	Strategy & Transformation	Oct-22			Strategy Approved at IJB
Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision	Strategy & Transformation		Oct-23	Oct-24	Reports to Risk Audit and Performance Committee (RAPC)

Keeping People Safe at Home	<p>Strategic Measures</p> <ul style="list-style-type: none"> NI 2 – Percentage of adults supported at home who agree that they are supported to live as independently as possible NI 9 – Percentage of adults supported at home who agree they felt safe NI 12 – Emergency admission rate NI 13 – Emergency bed day rate NI 14 – Readmission to hospital within 28 days NI 15 – Proportion of last 6 months of life spent at home or in a community setting NI 16 – Falls rate per 1,000 population aged 65+ NI 18 – Percentage of adults with intensive care needs receiving care at home NI 19 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population NI 20 – percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency Numbers of specialist housing new build Adaptation statistics Telecare usage statistics
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Programme/Projects	Lead	Y1	Y2	Y3	Measures
Rehabilitation					
Commence strategic review of rehabilitation services across ACHSCP\SOARS\ Portfolio and have an implementation plan in place to commence by April 2023	AHP/Rehabilitation	Apr-23			Implementation plan in place
Implementation of outcome of review of rehabilitation	AHP/Rehabilitation		Apr-24	Apr-25	
Explore how other partners in sports and leisure, can assist in delivering rehabilitation across multiple areas	AHP/Rehabilitation	Sep-22			Community First
Work with local authority partners to look at how we can coalesce rehabilitation and housing support with social care support, perhaps looking at sheltered housing accommodation as rehabilitation community hubs	AHP/Rehabilitation		Sep-23		Hubs developed
Increase community capacity to reduce impact on secondary care and increase support for chronic heart failure	AHP/Rehabilitation		Mar-24		Secondary Care Chronic Heart Failure admissions

Grow and embed the COPD hotline to support people in their own home	AHP/Rehabilitation	Mar-23			COPD Hotline embedded
Undertake a strategic review of the Neuro Rehabilitation Pathway	AHP/Rehabilitation	Oct-22			Report to IJB
Implement findings of the Neuro Rehabilitation Pathway review	AHP/Rehabilitation		Oct-23	Oct-24	Evaluation
Review bed-based services for rehabilitation and consider a delivery model that meets the needs and aspirations of our communities	AHP/Rehabilitation		Mar-24		Model developed
Implement recommendations from bed-based review	AHP/Rehabilitation			Mar-25	Model Implemented

Unscheduled Care					
Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access	Nursing	Sep-22			20 beds created
Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for unscheduled, older people, respiratory and cardiac pathways	Nursing	Sep-22	Mar-24	Mar-25	Number of Beds available
Deliver the second phase of the Frailty pathway	SOARS	Sep-22			Pathway delivered
Review Frailty Pathway and implement any enhancements identified	SOARS		Sep-23	Sep-24	Evaluation
Develop clear access routes for unscheduled care pathways so that people receive prompt care, from the right person, in the right place, at the right time	Social Work/Nursing		Sep-23		Pathways developed
Develop a flexible bed base within the community that can respond, through secondary and primary care support, to surges in pressure particularly in winter, whilst ensuring that our fixed, unscheduled bed base, is protected for those where hospital treatment is the best option	Social Work/ Nursing/ Commissioning		Sep-23		Flexible Bed Base Developed
Undertake a strategic review of the data, demographic and demand picture to understand the 'bed base' for unscheduled care across MUSC, SOARS and ACHSCP between 2023- 2030	Strategy and Transformation	Sep-22			Review the demand profile produced

Expand Housing Options					
Working with ACC as a planning authority, create incentives for investment in specialist housing influencing new builds and enabling people to have lifetime homes.	Strategy and Transformation	Mar-23			Numbers of specialist housing new build
Help people to ensure their current homes meet their needs including enabling adaptations and encouraging the use of Telecare where appropriate	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Adaptation statistics, Telecare usage statistics
Respond to the national consultation on equipment and adaptations helping to shape future guidance in this area.	Strategy and Transformation	Jun-22			Consultation submitted by deadline
Work with ACC Housing and RSLs to ensure energy efficient, affordable housing is made available to those who need it most	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Housing satisfaction results

Deliver Intensive Family Support					
Work with Integrated Children’s Services to support the delivery of the Family Support Model particularly in relation to children with a disability and those who are exposed to the risk of trauma	Nursing	Mar-23	Mar-24	Mar-25	Family Support Model milestones delivered

Preventing Ill Health	Strategic Measures NI 11 - Premature mortality rate Healthy Life Expectancy % Physical activity meeting national guidelines % of Adult population considered obese Smoking/Smoking Cessation statistics Drug and Alcohol related admissions Drug and Alcohol related deaths Social Isolation/Connectedness Immunisation Statistics Sexual Health Statistics
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Programme/Projects	Lead	Y1	Y2	Y3	Measures
Prevention					
Reduce the use and harm from alcohol and other drugs	Aberdeen City Alcohol and Drugs Partnership	Mar-23	Mar-24	Mar-25	Drug and Alcohol related admissions and deaths, Delivery Framework Milestones
Deliver actions to meet the HIS Sexual Health Standards	Sexual Health	Mar-23	Mar-24	Mar-25	Progress towards meeting standards
Deliver our Immunisations Blueprint.	Nursing	Mar-23	Mar-24	Mar-25	Immunisations Statistics
Continue the promotion of active lives initiatives including encouraging active travel.	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Percentage of population meeting Physical activity national guidelines
Continue to contribute to the NHS Grampian Tobacco Strategic Plan for the North East of Scotland particularly in relation to encouraging the uptake of Smoking Cessation Services	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Smoking/Smoking Cessation statistics
Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on the prevention agenda around achieving a healthy weight through providing advice and support for positive nutrition and an active lifestyle.	Strategy and Transformation	Mar-23	Mar-24	Mar-25	
Continue to contribute to the Grampian Patient Transport Plan (GPTP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	Strategy and Transformation	Mar-23	Mar-24	Mar-25	ACHSCP requirements reflected GPTP and ALTS

Achieving fulfilling, healthy lives	<p>Strategic Measures</p> <p>NI 1 – Percentage of adults able to look after their health very well or quite well</p> <p>NI 7 – Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life</p> <p>Percentage of Equality Outcomes and Mainstream Framework delivered</p> <p>Number of Health Inequality Impact Assessments published</p> <p>Complex Care Statistics</p>
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Programme/Projects	Lead	Y1	Y2	Y3	Measures
Address Inequality/Wider Determinants of Health					
Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline	Strategy and Transformation	Mar-23	Mar-24	Mar-25	IJB and Committee Reports
Undertake and publish Health Inequality Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Number of Health Inequality Impact Assessments published
Make Every Opportunity Count by identifying any wider determinant issue and ensuring patients, clients and their carers are signposted to relevant services for help	Strategy and Transformation				Service Directory developed
Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target	Business/Strategy & Transformation	Mar-23	Mar-24	Mar-25	Climate Change impacts included in Business Cases, IJB Reports and Business Continuity Plans

Mental Health and Learning Disabilities					
Continue to progress Mental Health and Learning Disabilities (MHLD) transformation to evidence increased community delivery across secondary and primary care with a clear plan for 2022 and 2023 in place by June 2022	MHLD	Jun-22	Jun-23	Jun-24	Plan developed, Progress Reports
Implement the actions in the MHLD Transformation Plan	MHLD	Jun-22	Jun-23	Jun-24	Progress Reports

Complex Care					
Link in with local authority and third and independent sector providers to bring the Complex Care conversation to the fore and bring a degree of pace to achieving a solution for this area of need	MHLD	Sep-22	Mar-24		Discussion instigated
Work with neighbouring areas to understand the scale of current service needs for complex care across Grampian	MHLD	Sep-22	Mar-24		Demand identified
Work with Children's Social Work and health services, to predict future demand for complex care	MHLD	Sep-22			Future predicted demand identified
Work with providers to understand the core skills required to support complex behaviours and seek to work with them and training providers to create a bespoke workforce that will achieve positive outcomes for this group of clients	MHLD		Jun-23		Core Skills and training matrix developed

Remobilisation					
Explore opportunities for working with those on waiting lists to help support them while they wait, or divert them from the list	Leadership Team	Mar-23	Mar-24	Mar-25	Numbers supported/diverted
Plan service capacity to include the impact of the consequences of deferred care and Long Covid	Leadership Team	Mar-23	Mar-24	Mar-25	Unmet Need
Remobilise services in line with the Grampian Remobilisation Plan as soon as it is safe to do so	Leadership Team	Mar-23	Mar-24	Mar-25	Percentage Remobilisation
Develop a plan ready to respond to increased demand due to covid variants or vaccinations	Business/ Strategy and Transformation	Sep-22			Plan developed

Strategic Enablers

Programme/Projects	Lead	Y1	Y2	Y3	Measures
Workforce					
Develop a Workforce Plan taking cognisance of national and regional agendas	People and Organisation	Jul-22			Plan developed
Develop and implement a volunteer protocol and pathway with a view to growing and valuing volunteering within the health and social care system	People and Organisation		Sep-23		Protocol developed
Continue to support initiatives supporting staff health and wellbeing	People and Organisation	Mar-23	Mar-24	Mar-25	Initiatives delivered
Train our workforce to be Trauma Informed	People and Organisation	Mar-23			Percentage of workforce trained

Technology					
Support the implementation of digital records where possible	Strategy & Transformation	Mar-23	Mar-24	Mar-25	Percentage of records digitised
Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes	Strategy & Transformation		Dec-23		Percentage of homes where EMAR is used
Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen	Social Work/Commissioning	Mar-23	Mar-24	Mar-25	TEC usage statistics
Support the implementation of the new D365 system which enables the recording, access and sharing of adult and children's social work information	Social Work/Strategy & Transformation	Jul-22			Successful implementation and use
Deliver a Single Point of Contact for individuals and professionals including a repository of information on health and social care services available, eligibility criteria and how to access	Strategy & Transformation	Sep-22			Community First Programme Milestones
Review the future use of Morse in Community Nursing and Allied Health Professionals	Strategy & Transformation/Nursing		May-23		Proposal to IJB
Explore ways we can help people access and use digital systems	Strategy & Transformation	Mar-23	Mar-24	Mar-25	Number of people supported
Develop and deliver Analogue to Digital Implementation Plan	Strategy & Transformation			Mar-25	Plan developed and delivered

Finance					
Monitor costing implications and benefits of Delivery Plan actions ensuring Best Value is delivered	Chief Finance Officer	Mar-23	Mar-24	Mar-25	Medium Term Financial Framework (MTFF)

Relationships					
Review availability of the range of independent advocacy and implement any recommendations from the review	Commissioning		Jun-23	Jun-24	Report to Integrated Joint Board (IJB) /Implement
Develop proactive, repeated and consistent communications to keep communities informed	Business	Mar-23	Mar-24	Mar-25	Number of proactive communications
Continue to deliver on our commissioning principle that commissioning practice includes solutions co-designed and co-produced with partners and communities	Commissioning				Number of codesigned/ coproduced commissioning
Continue to transform our commissioning approach, building on the work we undertook with our Care at Home contract, developing positive relationships with providers, encouraging collaborative approaches and commissioning for outcomes	Commissioning	Mar-23	Mar-24	Mar-25	Number of commissioning for outcomes arrangements
Focus on long term contracts and more creative commissioning approaches such as direct awards and alliance contracts which will provide greater stability for the social care market	Commissioning	Mar-23	Mar-24	Mar-25	Number of long term and creative contracts
Continue to deliver ethical commissioning in relation to financial transparency and fair working conditions for social care staff as well as progressing implementation of Unisons Ethical Care Charter	Commissioning	Mar-23	Mar-24	Mar-25	Number of ethical commissioning arrangements and % of Unison's Ethical Care Charter implemented

Infrastructure					
Identify interim and long term solutions for the provision of health and social care services in Countesswells	Primary Care/Strategy and Transformation	Mar-23			Report to AMG/IJB
Continue to review and update the Primary Care Premises Plan (PCPP) on an annual basis	Primary Care/Strategy and Transformation	Mar-23	Mar-24	Mar-25	PCPP revised every year



Aberdeen City Health & Social Care Partnership
A caring partnership

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Aberdeen City Health and Social Care Services

Strategic Plan

April 2022 - 2025

Easy Read

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Introduction

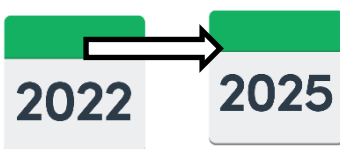


This is a plan for the Health and Social Care Services in Aberdeen City.

This plan is about:



- What we will change in our services
 - How we will support people
 - How we will make our services better to suit people's needs.
-



Our plan will be for the next 3 years, 2022 – 2025.

Who are we?



Aberdeen City Health and Social Care Partnership.



We deliver community health and social care services to the people in Aberdeen City.

Why do we need this plan?



The number of people that will need care and support will carry on growing over the next years.

This means more people will need our services.

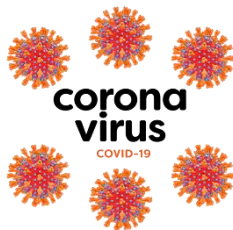


There are longer waiting times for cancer treatment and other health services.



More people have:

- Mental health problems
 - Drugs and alcohol problems.
-



Some people have health problems because of Covid.



We still have to do Covid vaccines for some people.

We still do flu and childhood vaccines.



We need to make sure that people get the right support and service.



We need to change our services to care for and support more people in home settings.

What do we want to do?



We want people to have easy access to our services.



We want people to get the right care and support at the right time in the right place.



We want to respect the rights and dignity of our service users.



We want to make sure people are safe and healthy.



We want to make the best use of our facilities, people and resources.

How will we do this?



We have 4 important things that we will work on to help people in Aberdeen city.

What are the 4 important things?

1. Caring Together



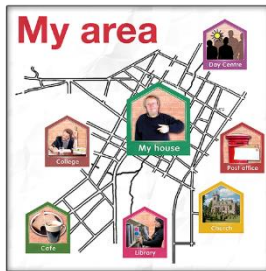
We will work together with others to give the best care and support at the right time.

We will work with:

- Other organisations
- Families
- Carers.



We will make it easier for people to access services.



We will involve people in planning and delivering services.



We want it to be easier and better to go to the GP practice.



We will give better support to unpaid carers.

2. Keeping people safe at home



We will support people to have their care at home or in friendly and comfortable settings.



We want to make sure people do not go into hospital unless they need to.



We will support people to live in their own home or community for as long as they are able to.



We will have more housing that meet's people's individual needs and help them to stay part of their community.



We will give intensive family support to keep children with their families.

3. Preventing ill health

We will support people to be healthier and support people with:



- Mental health
 - Physical health and wellbeing
 - Obesity
 - Smoking
 - Alcohol and drugs.
-

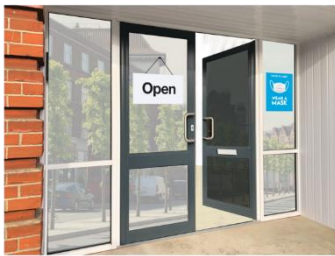
4. Achieving fulfilling, healthy lives



We will support people to live happy, healthy independent lives.



We will support people to maintain or improve their health and well-being.



We will start services again and find ways to catch up on things that we have not been able to do.



We will make services better for people that need complex care.



We will make sure our services do not make people feel embarrassed or shamed.

What will help us to do this?



We will have the right staff with the right skills.

We will help staff with their health and wellbeing.



We will offer more care using computers, tablets and mobile phones.



We will use our money in the best way that we can.



We will change the way our services work to suit your needs.



We will work to be more environmentally friendly.



We will support everyone with the changes we need to make in our services.

What next?



We will work to make our services better for people in Aberdeen City.



There will be lots more work going on over the next few years.



We will let you know how this is going.



You can look at the full version of the strategy at:

Put in address



Strategic Plan Reporting Framework 2022-2025

This framework will give an overview on how we intend to report upon the strategic aims of the Aberdeen City Health and Social Care (ACHSCP) Strategic Plan 2022-2025 and assess its success.

The strategic aims are broken down into performance indicators which the ACHSCP will report on annually to the Integration Joint Board as part of the Annual Performance Report. The Annual Performance Report will take the format of a report incorporating information from the Strategic Plan Performance Dashboard whilst also demonstrating some of the qualitative measures and context and noting highlights or areas of particular interest.

The performance indicators will be reported on qualitatively or quantitatively dependent upon their nature, and these are outlined below alongside the expectation of where and how these measures are to be displayed.

Caring Together		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.5. Percentage adults receiving any care or support who rate it as good or excellent	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.6. Percentage of people with positive experience of the care provided by their GP practice	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.8. Total combined percentage carers who feel supported to continue in their caring role	Quantitative	ACHSCP Strategic Plan Performance Dashboard



Social Care Unmet Need	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Additional information provided through targeted surveys and patient and service user feedback for example, surveys and Care opinion.	Qualitative	Results to be reported through the ACHSCP Annual Report or relevant Committee

Safe at Home		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI 2 -Percentage of adults supported at home who agree that they are supported to live as independently as possible.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 9 - Percentage of adults supported at home who agree they felt safe.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.12. Number of emergency hospital admissions (over 18s)	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 13 - Emergency bed day rate	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.14. Readmission to hospital after 28 days	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.15. Percentage of last 6 months spent in community setting (all ages)	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 16 - Falls rate per 1,000 population aged 65+	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 18 – Percentage of adults with intensive care needs receiving care at home	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.19. Delayed Discharge Bed Days (all reasons)	Quantitative	ACHSCP Strategic Plan Performance Dashboard



NI.20. Percentage of health and care resource spent on hospital stays when the patient was admitted in an emergency	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Numbers of specialist housing new build	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Adaptation statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Telecare usage statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Admission and Discharge trend information	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Care Inspectorate Gradings	Quantitative	ACHSCP Strategic Plan Performance Dashboard

Prevent Ill Health		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.11. Premature Mortality Rate	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Improve Healthy Life Expectancy	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage Physical activity meeting national guidelines	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage of Adult population considered obese	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Smoking/Smoking Cessation statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Drug and Alcohol related admissions	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Drug and Alcohol related deaths	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Social Isolation/Connectedness	Qualitative	ACHSCP Strategic Plan Performance Dashboard
Sexual Health Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard



Immunisations Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
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Achieving Healthy, Fulfilling Lives		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.1. Percentage of adults able to look after their health very well or quite well	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 7 – Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage of Equality Outcomes and Mainstream Framework delivered	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Number of Health Inequality Impact Assessments published	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Complex Care Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Improve Healthy Life Expectancy	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Suicide Rates	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Scottish Index of Multiple Deprivation (SIMD) Indicators	Quantitative	ACHSCP Strategic Plan Performance Dashboard



Strategic Plan Annual Report

The measures outlined above will form the basis of the ACHSCP Strategic Plan Annual Performance Report. These are high level measures directed by the Scottish Government, on the basis of which the success of our Health and Social Care Integration is measured. The data relating to these indicators are usually published annually and we rely on this publication to be able to use this information within the ACHSCP Strategic Plan Annual Report particularly in relation to benchmarking against the Scottish average. The ACHSCP Strategic Plan Dashboard will allow for most of these measures to be collated in one place. Once the ACHSCP Annual Performance Report has been presented to the IJB, it will be available publicly on the ACHSCP website for review by the public and other stakeholders.

Strategic & Delivery Plan Monitoring

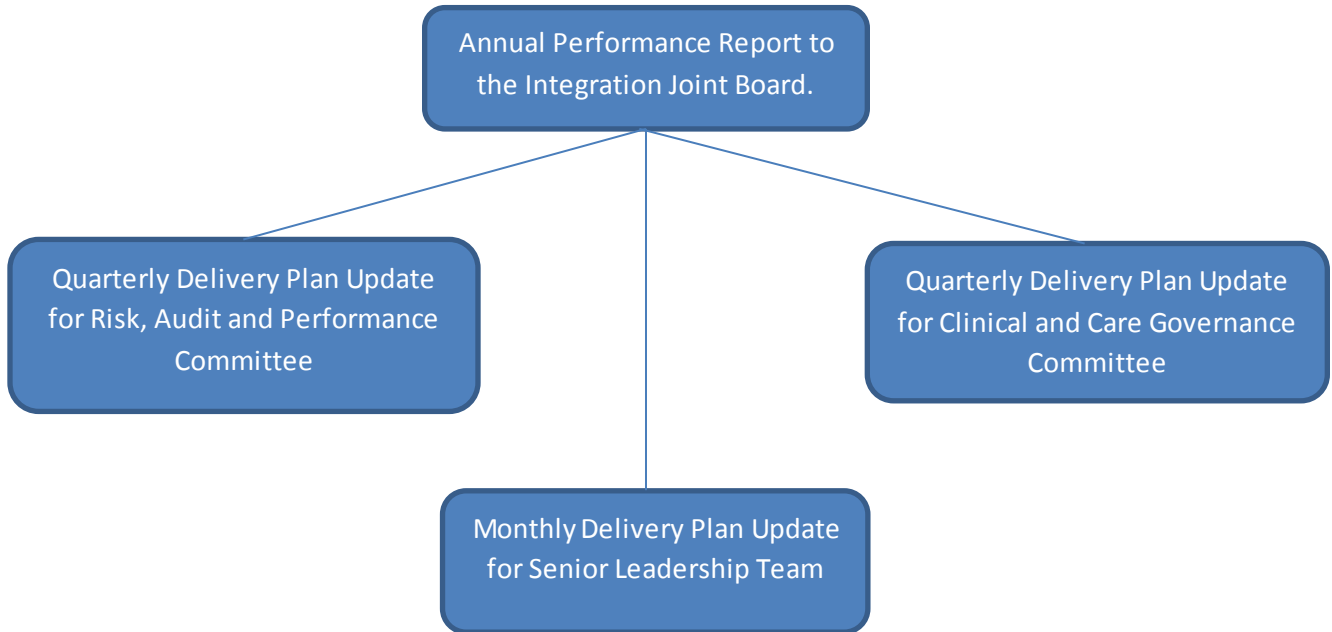
The Strategic Plan provides direction to the ACHSCP. The Delivery Plan details how the Partnership's Strategic Objectives are to be achieved over the next 3 years. The progress and outcomes of the Delivery Plan will be reported on a monthly basis to the Senior Leadership Team and on a quarterly basis to the Risk, Audit and Performance Committee as well as being reflected annually within the Annual Performance Report. An annual review will take place alongside the Medium-Term Financial Framework to ensure our direction and progression aligns.

Progress reports will be based upon a Dashboard created within Tableau (Illuminate) which will provide baselined progress indicators.

As well as the strategic measures we will continue to review our operational risks and performance through our governance routes to Clinical and Care Governance Committee. The Annual Performance Report will also include an annual review of operational measures.



The diagram below displays the reporting and governance routes for the Strategic Plan Performance Indicators and the associated Delivery Plan.



The reporting timeline below demonstrates our obligation to provide a reporting mechanism for the ACHSCP Strategic measurements.

Reporting Timeline		
Description	When	Where
Strategic Measures Baseline to be taken	31 st March 2022	N/A.
Delivery Plan Update for Senior Leadership Team	Monthly	Senior Leadership Team Business Meeting
Delivery Plan Quarter 1 Performance Report	Yearly between 2022-2025	August meeting of Risk, Audit and Performance (RAP) and Clinical and Care Governance (CCG) Committees



Delivery Plan Quarter 2 Performance Report	Yearly between 2022-2025	November meeting of Risk, Audit and Performance (RAP) Committee and the Clinical and Care Governance (CCG) Committee
Delivery Plan Quarter 3 Performance Report	Yearly between 2022-2025	January meeting of Risk, Audit and Performance (RAP) Committee and the Clinical and Care Governance (CCG) Committee
Delivery Plan Quarter 4 Performance Report	Yearly between 2022-2025	April meeting of Risk, Audit and Performance (RAP) Committee and the Clinical and Care Governance (CCG) Committee
Delivery Plan Annual Review	Yearly between 2022-2025	Integrated Joint Board alongside Medium-Term Financial Framework
Strategic Plan Annual Performance Report	Yearly between 2022-2025	Integration Joint Board

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Health Inequalities Impact Assessment (HIA)

Question 1: Who will be affected by this policy?

All adults in Aberdeen City who either currently use, or care for someone who uses, health and social care services, or may potentially do so in future and children and their families who are supported by school nurses, health visitors, and community nursing including the delivery of routine immunisations.

The Integration Joint Board's (IJB) Strategic Plan 2022-2025 details the strategic direction, over the next three years of the services delivered on its behalf by Aberdeen City Health and Social Care Partnership (ACHSCP). The direction has been proposed following a comprehensive assessment of what has been achieved over the last three years, what our data is telling us, and an analysis of the strategic context within which ACHSCP operates including planned changes that we are aware of, the most significant of which is the proposed introduction of a National Care Service (NCS). We are aware that the implementation of an NCS has the potential to divert attention from the delivery of front-line services and, as such, we have developed a detailed Delivery Plan with specific commitments to ensure we are not distracted from our focus. The overall aim of our Strategic Plan is to set the high-level direction. Within the Strategic Plan we have identified Strategic Aims and Enablers with priorities against each. These will be delivered using a programme/project management approach. A lot of the actions are to undertake reviews of current service delivery so their specific impact cannot be measured at this time. Any significant change as a result of these will be brought to the IJB with an associated, detailed impact assessment. Key aspects of the approach ACHSCP is taking to service delivery are committed to in the Strategic Plan i.e., working collaboratively with patients, clients, service users and carers, making services more accessible and addressing inequality, and ensuring services are rights based and evidence led, however we have also confirmed that we need to manage the expectations of our residents in terms of what can be achieved within the resources that we have.

Question 2: How will the policy impact on people?

Population groups and factors contributing to poorer health	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
<p>Age: older people; middle years; early years; children and young people.</p>	<p>The Strategic Plan aims to improve the health and wellbeing of all age groups within Aberdeen City</p>	<p>We will continue to deliver services in response to assessed need regardless of age.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of people of all ages. We understand that older people may have mobility issues or even be housebound and we will ensure they can still access services. An example of this would be delivering the Covid Vaccinations to the over 80s in their own homes. Similarly younger age groups may require appointments out with school hours and again, where possible we will ensure there is a range of appointment times to suit needs.</p>
<p>Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.</p>	<p>The Strategic Plan aims to improve the health and wellbeing of all adults within Aberdeen City including those with physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.</p>	<p>We will continue to deliver services in response to assessed need regardless of disability.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of people with all types of disability, offering appropriate adjustments where possible. Again, an example of this is the quiet rooms set up at the mass vaccination centre to accommodate the needs of people with autism and Learning disabilities. Improving access to</p>

		services is one of the priorities within the Strategic Plan.
Gender Reassignment: people undergoing gender reassignment	The Strategic Plan aims to improve the health and wellbeing of all adults within Aberdeen City including those undergoing gender reassignment	<p>We will continue to deliver services in response to assessed need regardless of gender reassignment status.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of people undergoing gender reassignment recognising that they may require particular service adjustments sensitive to these. We will link with Gender Reassignment groups to understand what particular adjustments may be required and we will train our staff to be aware of these.</p>
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.	The Strategic Plan aims to improve the health and wellbeing of all adults within Aberdeen City regardless of marital status	<p>We will continue to deliver services in response to assessed need regardless of marital status.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of people regardless of their marital status.</p>
Pregnancy and Maternity: women before and after childbirth; breastfeeding.	The Strategic Plan aims to improve the health and wellbeing of all women in Aberdeen City before and after childbirth and when breastfeeding	<p>We will continue to deliver services in response to assessed need to women in all stages of pregnancy and maternity support.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the differing needs of</p>

		women at all stages of pregnancy and maternity support. This may include accommodating the needs of women who are breastfeeding.
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.	The Strategic Plan aims to improve the health and wellbeing of all races and ethnicity within Aberdeen City	<p>We will continue to deliver services in response to assessed need regardless of race and ethnicity.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of people from all races and ethnic backgrounds recognising that some diseases have a higher incidence amongst certain ethnicities. Representatives of the relevant race and ethnic communities in Aberdeen will be invited to sit on the Equality and Human Rights sub group to educate and inform our thinking in this respect.</p>
Religion and belief: people with different religions or beliefs, or none.	The Strategic Plan aims to improve the health and wellbeing of people of all religions and beliefs within Aberdeen City	<p>We will continue to deliver services in response to assessed need regardless of religion and belief.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of people regardless of religion and belief. Representatives of religious and faith communities in Aberdeen will be invited to sit on the Equality and Human Rights sub group to educate and inform our thinking in this respect..</p>

<p>Sex: men; women; experience of gender-based violence.</p>	<p>The Strategic Plan aims to improve the health and wellbeing of all men and women within Aberdeen City</p>	<p>We will continue to deliver services in response to assessed need regardless of the sex of those in receipt of these services.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of both sexes. We will increase awareness of gender-based violence and ensure all victims are treated sensitively with due regard to their particular needs.</p>
<p>Sexual orientation: lesbian; gay; bisexual; heterosexual.</p>	<p>The Strategic Plan aims to improve the health and wellbeing of everyone in Aberdeen City regardless of their sexual orientation.</p>	<p>We will continue to deliver services in response to assessed need regardless of sexual orientation.</p> <p>We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of heterosexuals and the LGBTQ community. Representatives of the LGBTQ communities in Aberdeen will be invited to sit on the Equality and Human Rights sub group to educate and inform our thinking in this respect.</p>
<p>Looked after (incl. accommodated) children and young people</p>	<p>Aberdeen City Health and Social Care Partnership provide some services to children and young people. The Strategic Plan aims to improve the health and wellbeing of all children and young people including those who have been looked after and/or accommodated.</p>	<p>Staff in areas delivering services to children and young people will liaise closely with staff from Children's Services to ensure the needs of those who are looked after and/or accommodated are met.</p>
<p>Carers: paid/unpaid, family members.</p>	<p>The Strategic Plan aims to improve the health and wellbeing of everyone in Aberdeen City including paid and unpaid carers and family members.</p>	<p>ACHSCP will seek to ensure the health and wellbeing of its own paid carers through its staff welfare approaches and of the paid carers of its commissioned</p>

		<p>providers through its principled commissioning approach.</p> <p>The implementation of the revised Carers Strategy developed in conjunction with carers and their representatives will help promote the health and wellbeing of unpaid carers and family members and take their particular needs into account.</p>
<p>Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.</p>	<p>The Strategic Plan aims to improve the health and wellbeing of all everyone within Aberdeen City including those experiencing homelessness.</p>	<p>We will continue to deliver services in response to assessed need regardless of whether they have a fixed home or are homeless.</p> <p>An example of this is the Marywell GP practice providing services to the homeless and the pop-up vaccination clinics aimed at homeless people.</p> <p>The Scottish Government is currently consulting on proposals to introduce a statutory duty to prevent homelessness through a housing bill expected in 2023. The proposals include changing existing homelessness legislation to ensure homelessness is prevented at an earlier stage. If the proposals are implemented as they stand, all public sector staff including ACHSCP staff would have a duty to prevent homelessness, particularly by asking and acting on a risk of homelessness. There would also be responsibilities relating to strategic and joint planning. Homelessness can have a negative impact on both physical and mental</p>

		health and wellbeing and can cause inequity of access to health and social care services. By being alert to the potential of homelessness and taking early action it is hoped that these impacts would be avoided.
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.	The Strategic Plan aims to improve the health and wellbeing of everyone within Aberdeen City including those who have involvement with the criminal justice system.	<p>We will continue to deliver services in response to assessed need regardless of involvement with the criminal justice system.</p> <p>Justice Social Work provides specific support for offenders in prison/on probation and ex-offenders. Following the recent inspection of Justice social work by the Care Inspectorate one of the actions in our Delivery Plan 2022-25 is to deliver the Justice Social Work Delivery Plan which contains improvement activity for these services. This will be delivered in conjunction with service users.</p>
Addictions and substance misuse	The Strategic Plan aims to improve the health and wellbeing of all everyone within Aberdeen City including those with addictions and issues with substance misuse.	<p>We will continue to deliver services in response to assessed need regardless of an individual's addiction or substance misuse.</p> <p>The Alcohol and Drugs Partnership provides bespoke services and support for those with addictions or issues with substance misuse. Their framework for delivery reflects the needs of their service users as identified by them.</p>
Staff: full/part time; voluntary; delivering/accessing services.	The Strategic Plan aims to improve the health and wellbeing of everyone in Aberdeen including all staff delivering or accessing services.	Workforce is one of the Enablers in the Strategic Plan where we have committed to revising the Workforce Plan, enabling and support staff

		<p>health and wellbeing and improving recruitment and retention.</p> <p>We will continue to deliver services in response to assessed need including the needs of staff who require support.</p>
Low income	The Strategic Plan aims to improve the health and wellbeing of everyone in Aberdeen City particularly those on low incomes.	<p>We will continue to deliver services in response to assessed need regardless of income status.</p> <p>The Strategic Plan recognises the impact of low income on health and wellbeing and includes a commitment to work with partners to mitigate the impact of the wider determinants of health including poverty. We are mindful of the impact of Covid-19 and the Cost-of-Living crisis and will consider how we can reduce travel costs for people on low incomes delivering services close to their homes and in hubs where multiple services can be accessed in one visit.</p>
Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.	The Strategic Plan aims to improve the health and wellbeing of everyone in Aberdeen City including those with low levels of literacy.	In the 'Our Approach' section of the Strategic Plan we confirm our commitment to deliver our Equality Outcomes which include improving the accessibility of information in relation to service delivery and self-care.
Living in deprived areas	The Strategic Plan aims to improve the health and wellbeing of everyone in Aberdeen City including those living in areas of deprivation.	<p>We will continue to deliver services in response to assessed need regardless of where someone lives.</p> <p>We are aware of the health impacts deprivation can bring and have committed to address key aspects of these within the Strategic Plan. We are also aware that deprivation is increasing</p>

		in the city. Our joint community planning arrangements now mean that we are working with the Priority Neighbourhood Partnerships and are much closer to understanding their particular needs and enabling these to inform service design and delivery.
Living in remote, rural and island locations	Not applicable	Not applicable
Discrimination/stigma	The Strategic Plan aims to improve the health and wellbeing of everyone in Aberdeen City without discrimination.	<p>We will continue to deliver services in response to assessed need without discrimination and taking cognisance of the stigma certain clients and patients can face.</p> <p>We will train our staff in relation to discrimination and completely eliminating it from practice.</p>
Refugees and asylum seekers	The Strategic Plan aims to improve the health and wellbeing of everyone in Aberdeen City including refugees and Asylum Seekers	<p>We will continue to deliver services in response to assessed need regardless of refugee or asylum status.</p> <p>We will continue to provide bespoke services to refugees and asylum seekers taking service delivery to them and utilising translators to ensure they understand the services that are available and how to access them.</p>
Any other groups and risk factors relevant to this policy	Not applicable	Not applicable

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

Will the policy impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
<p>Income, employment and work</p> <ul style="list-style-type: none"> • Availability and accessibility of work, paid/unpaid employment, wage levels, job security. • Tax and benefits structures. • Cost/price controls: housing, fuel, energy, food, clothes, alcohol, tobacco. • Working conditions. 	<p>Positive impact on staff both within ACHSCP and partner organisations as well as unpaid carers.</p>	<p>One of the priorities in the Delivery Plan is the development of a Workforce Plan which aims to improve recruitment, retention and working conditions for staff.</p> <p>Another priority is to improve support for unpaid carers. A specific action against this is to revise our Carers Strategy which should enable unpaid carers to have a life alongside caring, contributing to the paid workforce if they choose to do so.</p>
<p>The physical environment and local opportunities</p> <ul style="list-style-type: none"> • Availability and accessibility of housing, transport, healthy food, leisure activities, green spaces. • Air quality and housing/living conditions, exposure to pollutants. • Safety of neighbourhoods, exposure to crime. • Transmission of infection. • Tobacco, alcohol and substance use. 	<p>Positive impact particularly on those requiring specialist or adapted housing and those who would benefit from advice and support in relation to nutrition, activity, and substance misuse.</p>	<p>One of the priorities in the Strategic Plan is to expand housing options particularly in relation to specialist and affordable housing.</p> <p>Under the Prevention priority we aim to promote healthy weight through providing advice and support for positive nutrition and an active lifestyle; reduce the use and harm from alcohol and other drugs; and deliver our Immunisations Blueprint which aims to increase the rate and uptake of vaccinations delivered thus reducing the transmission of infection.</p>
<p>Education and learning</p> <ul style="list-style-type: none"> • Availability and accessibility to quality education, affordability of further education. • Early years development, readiness for school, literacy and numeracy levels, 	<p>Positive impact.</p>	<p>Our Health Visitors and School Nurses work with young people and their families to improve the health of babies, pre-school and school age children to ensure they are as prepared as they can be for learning. One of the priorities in the</p>

<p>qualifications.</p>		<p>Strategic Plan is to deliver intensive family support particularly in relation to children with a disability and those who are exposed to the risk of trauma to keep children with their families.</p>
<p>Access to services</p> <ul style="list-style-type: none"> • Availability of health and social care services, transport, housing, education, cultural and leisure services. • Ability to afford, access and navigate these services. • Quality of services provided and received. 	<p>Positive impact particularly in relation to quality and accessibility of health and social care services.</p>	<p>The Caring Together aim within our Strategic Plan seeks to improve the quality and accessibility of social care services. This includes pathway redesign, the development of a Transitions Plan and the creation of community hubs where multiple services are available.</p>
<p>Social, cultural and interpersonal</p> <ul style="list-style-type: none"> • Social status. • Social norms and attitudes. • Tackling discrimination. • Community environment. • Fostering good relations. • Democratic engagement and representation. • Resilience and coping mechanisms. 	<p>Positive impact particularly in relation to tackling discrimination and fostering community engagement and participation.</p>	<p>The “Achieving fulfilling, healthy lives” aim seeks to address inequality and the wider determinants of health ensuring services do not stigmatise people. Under our “Caring Together” aim we have a priority to “empower our communities to be involved in planning and leading services locally”.</p>

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

Articles	Potential areas for consideration	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
<p>The right to life (absolute right)</p>	<ul style="list-style-type: none"> • Access to basic necessities such as adequate nutrition, clean and safe drinking water. • Suicide. • Risk to life of/from others. • Duties to protect life from risks by self/others. • End of life questions. • Duties of prevention, protection and remedy, including investigation of unexpected death. 	<p>Our strategy should have a positive impact on the right to life particularly the most vulnerable in Aberdeen City including older adults at risk of harm and those at risk of suicide.</p>	<p>Our Adult Support and Protection services have just been inspected and an action in our Delivery Plan is to implement the recommendations for improvement from that. Our services support those at the end of their life.</p>
<p>The right not to be tortured or treated in an inhuman or degrading way (absolute right)</p>	<ul style="list-style-type: none"> • Should not cause: fear; humiliation; intense physical or mental suffering; or anguish. • Prevention of ill-treatment, protection and rehabilitation of survivors of ill-treatment. • Duties of prevention, protection and remedy, including investigation of reasonably substantiated allegations of serious ill-treatment. • Dignified living conditions. 	<p>Our strategy should have a positive impact on those suffering trauma or at risk of discrimination</p>	<p>Our approach detailed in the Strategic Plan confirms our services will be trauma informed and that we will train our staff to acknowledge potential trauma and offer appropriate support. Our “Achieving fulfilling, healthy lives” aim has a priority around ensuring our services do not stigmatise people.</p>
<p>The right to liberty (limited right)</p>	<ul style="list-style-type: none"> • Right not to be deprived of liberty in an arbitrary fashion. • Detention under mental health law. • Review of continued justification of detention. • Informing reasons for detention. 	<p>Our strategy should have a positive impact on people requiring support from our Mental Health Services.</p>	<p>Our “Achieving fulfilling, healthy lives” aim has a priority around improving mental health and wellbeing and an action in the Delivery Plan to continue to progress Mental health and Learning Disabilities transformation to evidence increased community delivery across secondary and primary care.</p>

<p>The right to a fair trial (limited right)</p>	<ul style="list-style-type: none"> • When a person’s civil rights, obligations or a criminal charge against a person comes to be decided upon. • Staff disciplinary proceedings. • Malpractice. • Right to be heard. • Procedural fairness. • Effective participation in proceedings that determine rights such as employment, damages/ compensation. 	<p>Our strategy should have a positive impact on people going through the Criminal Justice system.</p>	<p>Our Caring Together aim includes an action in the Delivery Plan around delivering the Justice Social Work Delivery Plan.</p>
<p>The right to respect for private and family life, home and correspondence (qualified right)</p>	<ul style="list-style-type: none"> • Family life, including outwith blood and formalised relationships. • Privacy. • Personal choices, relationships. • Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse). • Participation in community life. • Participation in decision-making. • Access to personal information. • Respect for someone’s home. • Clean and healthy environment. • Legal capacity in decision-making. • Accessible information and communication e.g. phone calls, letters, faxes, emails. 	<p>Our strategy should have a positive impact on the right to respect for private and family life particularly in relation to personal choices, participation in community life and participation in decision making as well as accessible information.</p>	<p>Our “Caring Together” aim includes a priority around empowering our communities to be involved in planning and leading services locally through participation in our Locality Empowerment Groups or other networks. This includes an individual’s right to have their say as to how their social care services are delivered under the Self-directed Support (SDS) legislation.</p> <p>Our “Achieving fulfilling, healthy lives” aim has a priority around ensuring our services do not stigmatise people which includes the implementation of our Equality outcomes and Mainstreaming Framework. Outcome 1 is Improved accessibility (to information) and confidence in using health and social care services</p>
<p>The right to freedom of thought, belief and religion (qualified right)</p>	<ul style="list-style-type: none"> • Conduct central to beliefs (such as worship, appropriate diet, dress). 	<p>Our strategy should have a positive impact on the right to freedom of thought, belief, and religion.</p>	<p>Our “Achieving fulfilling, healthy lives” aim has a priority around ensuring our services do not stigmatise people which includes the implementation of our Equality Outcomes and Mainstreaming Framework. Part of this is undertaking Health Inequality Impact</p>

			Assessments which considers the impact of service delivery or design on people with protected characteristics in terms of the Equality Act 2010 including Religion and Belief.
The right to freedom of expression (qualified right)	<ul style="list-style-type: none"> To hold opinions. To express opinions, receive/impart information and ideas without interference by a public authority. 	Our strategy should have a positive impact on the right to freedom of expression.	Our “Caring Together” aim includes a priority around empowering our communities to be involved in planning and leading services locally through participation in our Locality Empowerment Groups or other networks.
The right not to be discriminated against	<ul style="list-style-type: none"> All of the rights and freedoms contained in the Human Rights Act must be protected and applied without discrimination. Discrimination takes place when someone is treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person’s different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified. 	Our strategy should have a positive impact on the right not to be discriminated against.	Our “Achieving fulfilling, healthy lives” aim has a priority around ensuring our services do not stigmatise people which includes the implementation of our Equality Outcomes and Mainstreaming Framework. Part of this is undertaking Health Inequality Impact Assessments which considers the impact of service delivery or design on people with protected characteristics in terms of the Equality Act 2010
Any other rights relevant to this policy e.g.	<ul style="list-style-type: none"> Convention on the Rights of the Child Convention on the Elimination of All Forms of Discrimination against Women Convention on the Rights of Persons with Disabilities 	United Nations Convention on the Rights of the Child (UNCRC) is also relevant to our strategy.	Incorporation of UNCRC will mean that ACHSCP must take steps to respect children's rights in their decisions and actions. By adopting a rights-based approach to service delivery for both adults and children and listening to the voices of our service users we should meet this requirement.

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

ACHSCP's Strategic Plan links with Community Planning Aberdeen's Local Outcome Improvement Plan, the Aberdeen City Council Delivery Plan and NHS Grampian's Plan for the Future. Development of the strategy was undertaken with reference to all of these to ensure there was alignment and no unintended negative impacts. Our Approach confirms our commitment to collaborative working and we continue to link closely with our strategic partners through joint planning meetings and strategic groups. In addition, our Programme and Project Management approach includes engagement and consultation with a wide range of stakeholders prior to any changes being implemented. We are confident these approaches combined will reduce the potential of a build-up of negative impacts.

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

Evidence type	Evidence available	Gaps in evidence
<p>Population data e.g. demographic profile, service uptake.</p>	<p>Data on Demographics from National Records of Scotland Data on Health Debt from NHS Performs Data on Long Covid from the Office National Statistics Data on Long Term Health Conditions from the Scottish Health Survey Data on multi-morbidity from the National Institute of Health Research Data on Healthy Life Expectancy, Drugs and Alcohol use, obesity, activity, smoking and mental health from the Population Needs Assessment Emergency Attendances/Admissions, and Social Care Unmet Needs from local systems Poverty data from Scottish Index of Multiple Deprivation National Indicator performance from Public Health Scotland All the above quoted in Strategic Plan</p>	<p>Data tends to be at an Aberdeen City level at best and some is historical. Going forward we will investigate obtaining more up to date data by locality and/or neighbourhood and also by protected characteristics where available.</p>
<p>Consultation and involvement findings e.g., any engagement with service users, local community, particular groups.</p>	<p>Themes from consultation noted in Strategic Plan. Consultation began with a Simulator event in relation to the refresh of the LOIP and the development of the Locality Plans. It continued with engagement linked to the development of NHS Grampian's Plan for the Future. Finally, ACHSCP undertook a series of consultation and engagement events with staff, partners, and our communities.</p>	<p>We have identified that community engagement tends to be with a restricted cohort of people and existing service users. Our challenge is to engage with the wider population and potential future patients and clients.</p>

<p>Research e.g. good practice guidelines, service evaluations, literature reviews.</p>	<p>An assessment was made of the strategic context within which ACHSCP operates. Some good practice was used for the strategy e.g., the Sexual Health Standards but these and evaluations tend to be used more for business as usual.</p>	
<p>Participant knowledge e.g., experiences of working with different population groups, experiences of different policies.</p>	<p>Communities, staff and partners have contributed their expertise.</p>	



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Date of Meeting	07 June 2022
Report Title	IJB Scheme of Governance – Annual Review
Report Number	HSCP22.035
Lead Officer	Sandra MacLeod
Report Author Details	Name: John Forsyth Job Title: Solicitor Email Address: jforsyth@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A – Revised Code of Conduct

1. Purpose of the Report

- 1.1. To allow the Integration Joint Board to comment on and approve the proposed revisions to the Board’s Scheme of Governance.

2. Recommendations

- 2.1. It is recommended that the IJB:

- 2.1.1. Approves the revised Code of Conduct, as outlined in Appendix A

3. Summary of Key Information

- 3.1. The IJB’s Scheme of Governance has been reviewed as part of the annual review of the governance documents of the IJB. The Scheme of Governance documents were last reviewed in 2021.



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- 3.2. Due to the ongoing COVID-19 pandemic, this year's review was conducted virtually. The IJB Chief Officer, IJB Chief Finance Officer, along with key officers from the Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeen City Council (ACC) and NHS Grampian (NHSG); as well as the Chair and Vice Chairs of the IJB and its sub-committees were consulted as part of the review.
- 3.3. The consultees noted that the IJB's Code of Conduct required updating. Aside from this change, no other changes were identified as being required.

Code of Conduct

- 3.4. The IJB has a Code of Conduct which all IJB Members are required to follow when acting as a Board member. The IJB is required to have a Code of Conduct in place. The Scottish Government, through the Standards Commission, published Model Codes of Conduct for Devolved Public Bodies. Devolved public bodies, including the IJB, are expected to use the Model Code as the basis for their own codes of Conduct. The IJB's Code is based on the Model Code published in 2014.
- 3.5. The Scottish Government published an updated Model Code of Conduct in December 2021. This updated Model Code of Conduct substantially changed the style and wording from that used previously, while retaining the same core principles. A training seminar on the new Model Code was run for Board members earlier in 2022.
- 3.6. The substantial changes to the Model Code of Conduct are reflected in the revised IJB Code of Conduct at Appendix A. The revised IJB Code of Conduct matches the Model Code of Conduct, with the addition of an opening paragraph explaining the IJB's ethos of close and effective partnership working.

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - There are no direct implications in relation to the IJB's duty under the Equalities Act 2010 and Fairer Scotland Duty.



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- 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** - There are no immediate implications arising from this report.
- 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. Annual reviews of the IJB's Scheme of Governance help ensure that the Board and its Committees are functioning effectively, which in turn feeds into the achievement of the ACHSCP Strategic Plan.

6. Management of Risk

6.1. Identified risk(s)

The Scheme of Governance directly impacts on IJB Governance, which in turn directly impacts on a wide array of identified risks. Good governance is an effective control against many of the risks identified on the risk register.



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

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

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 regular review of the Scheme of Governance aims to maintain the integrity of the IJB's governance system and as such will help to mitigate these risks.

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



Aberdeen City Health & Social Care Partnership
A caring partnership

Code of Conduct

for

Members

of

**Aberdeen City Health and Social Care
Partnership**

Integration Joint Board

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 This Code is substantially based on the Model code of Conduct issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the Aberdeen IJB.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

IJB Ethos and Values

1.4 The IJB is built on a foundation of trust and respect amongst all its Members and between Aberdeen City Council and NHS Grampian. The IJB is a caring partnership, which works with communities to enable the people of Aberdeen to achieve fulfilling and healthier lives. The IJB has core values of being caring, person-centred and enabling. The IJB works to maintain and uphold these values through collaboration, effective communication, and strong local relationships.

1.5 The IJB’s values and vision are supported by the Code of Conduct. The Key Principles of the Code of Conduct align with the behaviours evidenced by and expected of all IJB members. By adhering to the Code of Conduct, IJB members not only uphold public confidence in the Board and its decisions, but also help to further the aims, vision, value and strategic intent of the IJB.

My Responsibilities

1.5 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of the IJB, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.7 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.8 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and the IJB’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and the IJB, and endeavour to take part in any training offered on the Code.

1.9 I will not, at any time, advocate or encourage any action contrary to this Code.

1.10 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of the IJB, failing whom the Chief Officer. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

1.11 I will engage with all IJB development and training which upholds the code of conduct and supports the IJB ethos and values.

Enforcement

1.12 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the IJB and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of the IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to

consider issues on their merits, taking account of the views of others and I must ensure that the IJB uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the IJB and its members in conducting public business.

Respect

I must respect all other board members and all employees of the IJB and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, the IJB's, Aberdeen City Council's or NHS Grampian's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Officer, I will not become involved in operational management of the IJB. I acknowledge and understand that operational management is the responsibility of the Chief Officer.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of the IJB or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) the IJB, its committees; and
- b) any outside organisations that I have been appointed or nominated to by the IJB or on which I represent the IJB.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of the IJB, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to the IJB;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by the IJB.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the IJB.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the IJB at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise the IJB’s Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that the IJB can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit the IJB (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of IJB Resources

3.26 I will only use the IJB's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the IJB, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, the IJB's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with the IJB and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by the IJB, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the IJB.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by the IJB to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of the IJB does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of the IJB in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with the IJB:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to the IJB, then I will register a description of, and statement of, any assistance towards election expenses relating to election to the IJB.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the IJB.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to the IJB and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in the IJB (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by the IJB).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with the IJB or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by the IJB as a representative of the IJB, unless:

- a) The matter being considered by the IJB is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with the IJB (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the IJB's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the IJB or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the IJB.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of the IJB.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

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Date of Meeting	7 th June, 2022
Report Title	Annual Resilience Report 2021/22
Report Number	HSCP22.033
Lead Officer	Sandra MacLeod
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.scot Phone Number: 07870 998345
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A – Strategic Risk register Appendix B – Further details on Storm, Arwen, Malik, and Corrie

1. Purpose of the Report

- 1.1. To provide the first annual assurance report on the Integration Joint Board's (IJB's) resilience arrangements in fulfilment of its duties as a Category 1 responder under the Civil Contingencies Act 2004.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
 - a) notes the progress made in embedding the IJB's resilience arrangements during 2021/22.

3. Summary of Key Information

- 3.1. The IJB has emergency planning responsibilities to fulfil as a Category 1 responder, as defined by the Civil Contingencies Act 2004. These responsibilities were confirmed in April 2021. This report provides an annual position statement on our activity and preparedness in the areas set out in



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the Act, including details of further planned improvements to ensure that the IJB and the Aberdeen City Health and Social Care Partnership are in as strong a position as possible to respond to emergencies and incidents affecting the public.

- 3.2.** As a Category 1 responder, the IJB has managed a number of concurrent risks this year. During 2021/22, this management of concurrency continued as the pandemic transitioned into longer term management and our system of organisational resilience responded to new and emerging risks. This past year has allowed us to strike a balance between the demands of an on-going pandemic and preparing for/responding to other emergencies concurrently. In this way, the IJB's organisational resilience arrangements have become further embedded.
- 3.3.** To recap, our responsibilities under the 2004 Act are as follows:
- To assess the risk of emergencies occurring and using this to inform contingency planning.
 - To maintain emergency plans and business continuity plans.
 - To inform the public about civil protection matters and to maintain arrangements to warn, inform and advise the public in the event of an emergency.
 - To share information with other local responders to enhance coordination, and to co-operate with other local responders to enhance co-ordination and efficiency.
- 3.4.** Management of risk relating to COVID-19 continued to feature as part of the IJB's duties as a Category 1 responder during 2021/22. These risks are now embedded in the Strategic risk register. These Strategic risks are monitored by the IJB and the Risk, Audit and Performance Committee, whilst the Leadership Team continue to monitor the impact of COVID and EU Exit on the delivery of critical services and to reflect this in their risk registers.
- 3.5.** The IJB continues to maintain situational awareness of EU Exit related matters through engagement with external networks and local partners



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including CoSLA, and Grampian Local Resilience Partnership (GLRP). The potential risks that were identified have either been closed or integrated into “business as usual” risk management.

- 3.6.** In terms of governance arrangements, the IJB have included a strategic risk on its Strategic Risk Register on its duties under the Civil Contingencies Act and the Partnership have revised the Terms of Reference of its Civil Contingencies Group to reflect the duties under the Act and have developed an action plan on progress against the duties. A copy of the Strategic Risk forms Appendix A to this report.
- 3.7.** The Partnership is represented on a variety of governance groups established by NHSG and Aberdeen City Council, as well as the GLRP.
- 3.8.** The Partnership’s Senior Managers on Call (SMOCs) remain on call 24/7 throughout the year and are responsible for assessing and managing risks during emergency response. The resilience around the SMOC arrangements have been enhanced by supplementing the SMOC’s with Managers on Call (MOC’s) started in January 2022. The MOC’s have been chosen due to their experience of managing flow or because they have a skillset to pull information together at short notice should the requirement arise. In most cases either the SMOC or MOC will have experience of frailty flow. This additional support will allow the SMOC to manage concurrent events (e.g., flow management and weather events). A review of the MOC arrangements will take place at the end of June 2022.
- 3.9.** In 2021/22, the Partnership have also looked at the resources that are required to meet the duties under the Act. In addition to the introduction of MOC’s, plans have been implemented to amend the relevant post in the Leadership Team to include “Resilience Lead” within the job role, as well as increasing the communications support available to the IJB and the Partnership. Future plans include securing additional resilience support in partnership with Aberdeen City Council and participating in training and exercising at a local (Aberdeen City), Grampian-wide and national level. These training and exercises events will have financial implications due to staff requiring to attend the events and cover arrangements being put in place.



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- 3.10.** Other additional costs (both direct and indirect) in 2021/22 resulting from the IJB becoming a Category 1 Responder related to the Partnership's response to the storms (bringing in additional Social Work staff out of hours at the weekend to help check on vulnerable clients as well as the impact the response had on the Leadership Team members involved in response who were taken off other duties to help with the response and then given time off in lieu to compensate during the week). Details of the budgetary implications arising from the IJB becoming a Category 1 Responder are outlined at section 4.2 of this report. As detailed in Appendix B to the report, the engagement with the 3rd Sector/Voluntary Sector in the City has been invaluable to enable the wider response to incidents, allowing volunteers to assist in the checking of vulnerable people. The use of volunteers will play a key role as part of a wider response to incidents in the City.
- 3.11.** Participation in the COVID-19 strategic Grampian Local Resilience Partnership (GLRP) has continued throughout this year, where the Partnership has been represented by the Business Manager (on behalf of the Chief Officer). This "all risks" group has been working to a strategy to protect and preserve life, support the ongoing work of all agencies in relation to COVID-19 and the return to new normality and create and maintain a shared situational understanding. The Partnership have also been attending the regular meetings of the GLRP throughout 2020/21.
- 3.12.** Since April 2021, the Partnership have been assisting in the management of flow of patients through the frailty pathway. The SMOC's have taken an active role in a cross-system approach, attending daily connect meetings as well as weekend huddles.
- 3.13.** The Partnership has also responded to a number of concurrent incidents and effectively managed these through the Partnership's emergency response structures. A summary of the incidents and resulting improvements is below:



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3.14.

Incident	Improvements identified	Status
<p>Scottish Gas Network outage at Great Northern Road</p> <p>21/8/2021</p>	<p>Need to improve access to vulnerable persons information to assist with Care for People obligations.</p> <p>Requirement for improved data sharing arrangements ACC and SGN.</p> <p>Incident comms with Scottish Water and ACC require improvement.</p>	<p>In progress - Person at Risk Database (PARDS) is a tool to allow access to information on vulnerable people using Geographic Information System (GIS). This requires development learning from examples of good practice (Falkirk Council example).</p> <p>In progress - in an emergency the Civil Contingencies Act allows for a level of information sharing across agencies and Category 1 and 2 responders but a proactive solution to allow for planning and preparation is needed and linked to PARD above.</p> <p>In progress - discussion required with Scottish Water to look at improved comms for future</p>
<p>NHSG Mutual Aid Request – vehicles and drivers</p> <p>October 2021</p>	<p>None.</p>	<p>Wider voluntary/3rd Sector engagement around mutual aid requests to assist with volunteering and other actions has been undertaken. This engagement was increased around the time of the Omicron variant of COVID-19, although the need to activate any specific mutual aid requests was not required. Further details on the use of volunteers to assist the response to</p>



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Incident	Improvements identified	Status
		incidents is contained in Appendix B to this report.
<p>Storm Arwen November 2021 (more details on Storms Arwen, Malik and Corrie are contained in Appendix B to this report)</p>	<p>Continue to progress and expedite plans for the introduction of PARD in Grampian and ensure inclusion of Utility Companies in these plans.</p> <p>The establishment of a Multi-Agency Coordination Centre (MACC) would have been beneficial in the overall coordination of operational activity and actions coming from the RP meetings. This could be either virtual or in person depending on circumstances.</p> <p>Further work required in respect of promoting personal/household and community resilience in preparation for disruptive events</p>	<p>In progress-Grampian LRP have agreed criteria of vulnerabilities, each local authority area is progressing PARD solution.</p> <p>A virtual MACC was established for response to storms Malik and Corrie.</p> <p>Aberdeen City Care For People Group are tasked with this action.</p>
<p>Storms Malik and Corrie-January 2022 (more details on Storms Arwen, Malik and Corrie are contained in Appendix B to this report)</p>	<p>In addition to the points above relating to Storm Arwen.</p> <p>Further development of the MACC as a virtual platform</p> <p>All responders to consider their own Business Continuity Plans – in particular availability of back- up Generators.</p> <p>Ongoing discussions with power companies to map out the LA areas to improve Situation reports / situational awareness information in the future.</p>	<p>Police Scotland will lead on this.</p> <p>Part of review of BCP's within Partnership.</p> <p>Part of wider PARD work.</p>



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- 3.15.** Exercising and training continues to be a priority for the organisation. The following have been completed this year:
- Unannounced activation of GLRP – October 21 (multi agency)
 - Emergency Planning introduction & winter preparedness / training and presentation across Multi Agency partners – October 21
 - ACC Emergency Response Teams, Winter preparedness exercise December 21
- 3.16.** Training and development will continue throughout 2022, to ensure that the Partnership’s emergency response teams, partners and community groups are clear on their roles and how to execute these in the event of risks manifesting, individually or concurrently.
- 3.17.** Risks are also assessed and monitored regularly through the GLRP which manages a risk register and resulting workplan. The Partnership’s Business Manager represents the Partnership on the GLRP Working Group which meets every six weeks.
- 3.18.** Care For People, as discussed earlier in the report, the inclusion of IJB’s as Category 1 Responders under the Civil Contingencies Act helped to formalise arrangements and improve existing partnership working, for instance on the review of the Aberdeen City Care for People Plan. The Care for People Group is co-chaired between the Partnership and the Council. The review of the Plan was recommended in an internal audit of civil contingency arrangements in the Council. The Care for People Group reviewed the Plan, building on work undertaken in the Council on resilience matters and streamlining the Plan to make it more user friendly. The Plan was approved by the Care for People Group in May 2021. In terms of governance, representatives from the Partnership are members of various Council groups and boards which helps to further enhance the working arrangements. The Scottish Government’s “Preparing Scotland” guidance sets out the requirements for caring for people in Scotland and the review of the Aberdeen City Care for People Plan has followed the guidance.
- 3.19.** NHS Scotland Standards for Organisational Resilience- NHS Grampian have asked all sectors to sense check their resilience arrangements against the response that NHS Grampian sent to NHS Scotland in June 2020. Since last



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June, the IJB has become a Category 1 responder, so the Partnership have reviewed and submitted the response to NHS Grampian.

3.20. The Partnership are now signed up to Page One which is the method of activating the GLRP and run by Police Scotland. This activation process was utilised during the recent storms. The Partnership has the responsibility of ensuring that Page One is totally up to date should there be a requirement to activate the LRP.

3.21. As the IJB's are now Category 1 responders, the local arrangements for the management and administration of the Scottish Government's "Resilience Direct" portal has been passed to the three HSCPs, rather than under the umbrella of NHSG.

4. Implications for IJB

4.1. Equalities, Fairer Scotland, and Health Inequality

While there are no direct implications arising as a result of this report, equalities implications are considered when operating a response to an incident via the current checking of Care First for vulnerable clients and in the future through the use of the PARD.

4.2. Financial

Liaising with Deputy CO/CFO on this section.

4.3. Workforce

Minor changes have been made to the job descriptions of posts to help support the IJB becoming a Category 1 Responder. Additional communications support has been arranged (details contained in section 4.1 above).



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4.4. Legal

This report outlines the duties that IJB's have under the Civil Contingencies Act 2004 and explains how the IJB has been meeting its duties.

4.5. COVID-19

This report details how the Partnership has engaged the wider 3rd Sector/Voluntary Sector in the City to enable volunteers to assist the wider health and social care system respond to the pandemic in year 2021/22.

4.6. Unpaid Carers

There are no direct implications relating to unpaid carers in this report.

4.7. Other

There are no other implications that require detailing.

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 well as the IJB's duties under the Civil Contingencies Act, as it will monitor, control, and mitigate the potential risks to achieving these. The Strategic Risk relating to the IJB becoming a Category 1 Responder has been aligned to the Strategic Plan 2019-2022. A copy of the Strategic Risk forms Appendix A to this report.

6. Management of Risk

6.1. Identified risks(s)

Appendix A to this report outlines the strategic risk relating to the IJB being a Category 1 Responder under the Civil Contingencies Act.



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

The risk relating to the IJB being a Category 1 Responder under the Civil Contingencies Act forms Strategic Risk 10 on the IJB's Strategic Risk Register.

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

Appendix A to this report outlines the strategic risk relating to the IJB being a Category 1 Responder under the Civil Contingencies Act.

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

Appendix A

- 10 -

<p>Description of Risk: Cause: IJB's becoming Category 1 Responders under the Civil Contingencies Act 2004. Event: Potential major impact to the citizens of Aberdeen if IJB does not manage its responsibilities under the Act Consequence: Potential risk to life, loss of buildings, reputational damage.</p>					
<p>Strategic Priority: Resilience and Connections.</p>			<p>Leadership Team Owner: Chief Officer</p>		
<p>Risk Rating: low/medium/high/very high HIGH</p>					
<p>IMPACT</p>					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
<p>Risk Movement: (increase/decrease/no change): NO CHANGE 21.02.2022</p>					
<p>Controls:</p> <ul style="list-style-type: none"> • Grampian Local Resilience Partnership Membership • Aberdeen City Care For People Plan • Aberdeen City Council's City Resilience Group Membership • NHS Grampian's Civil Contingencies Group Membership • Aberdeen City Health and Social Care Partnership's Civil Contingencies Group (integrated Group to monitor Action Plan of Duties under the Act). • Aberdeen City Care For People Group • Integration scheme agreement on cross-reporting • Partnership's overarching Business Continuity Plan • Partnership access to Resilience Direct • Senior Manager On Call Teams site 			<p>Mitigating Actions:</p> <ul style="list-style-type: none"> • The Grampian Local Resilience Partnership (GLRP) identifies risks which are likely to manifest. The Partnership require to have controls in place to manage these risks, particularly the ability to respond to these in an emergency situation. • Aberdeen City Council are currently reviewing the risks in the City within its risk registers to ensure that the control actions listed are sufficient to mitigate risks. During this process, the additional risks may well be identified, based on risk assessment within operational areas, which may impact on the ability to respond. The result will be a risk register incorporating all risks relating to organisational resilience for the City. The City Resilience Group will be responsible for managing these risks through its membership and liaison with other services not represented on the Group. • Senior Manager On Call governance documents and arrangements within the Aberdeen City Health and Social Care Partnership (stored on Teams and hard copy), and links into the equivalent structures in ACC and NHSG. • The Partnership's Civil Contingencies Group has a requirement to monitor Business Continuity Plans across the Partnership, including an overarching Partnership Business Continuity Plan (BCP). • The Partnership's Communications staff are 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. IJB members, senior elected members of Aberdeen City Council, and 		

Appendix A

	<p>appropriate senior management members at the city council and NHS Grampian would be kept informed in advance of information which was due to be released by ACHSCP into the public domain. A log would be kept of all information released internally and externally in order that an audit trail is maintained of all communications activity.</p> <ul style="list-style-type: none"> • Data taken off Care First system to identify vulnerable people to help emergency response. • Recruitment of volunteers to the position of “Managers on Call” who will support the Senior Managers on Call specifically in concurrent risks (e.g., patient flow and weather events)
<p>Assurances:</p> <ul style="list-style-type: none"> • Internal Audit undertaken in 2020 on Civil Contingency arrangements in Aberdeen City Council, including Care For People Plan. • 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 regional and national discussions on Persons at Risk Database (PARC). 	<p>Gaps in assurance:</p> <ul style="list-style-type: none"> • Development of National Persons at Risk Database (PARC) • Training for Senior Managers On Call – Partnership’s Civil Contingencies Group to address. Liaise with GLRP, Council and NHS Grampian on training and testing planned (include tabletop exercising) as well as look at running “local” training and testing in the Partnership.
<p>Current performance:</p> <ul style="list-style-type: none"> • The 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. • Meetings regarding the development of the PARC have been set up. The Partnership will be attending these meetings. These meetings are at both a Grampian and Aberdeen level. • Recruitment of Managers on Call to support Senior Managers on Call • Recruitment of additional comms support for Partnership • Restructuring of post (Resilience Officer) to help support IJB’s roles under the Act (started February 2022) 	<p>Comments:</p> <ul style="list-style-type: none"> • The recent storms (Arwen, Malik and Corrie) have tested the resilience arrangements. The Partnership have taken part in local and Grampian wide debriefs. Any lessons learned will be considered at the Partnership’s Civil Contingencies Group.

Appendix B

Further Details on Storms Arwen, Malik and Corrie

November 2021/January 2022

On Friday 26 November 2021, the Met Office issued a series of Yellow, Amber and Red Warnings across the United Kingdom, Scotland, Aberdeen City and Aberdeenshire respectively for significant high winds. The red warning forecast winds of 90 mph. Storm Arwen was a powerful extratropical cyclone that was part of the 2021-2022 European windstorm season. It affected the UK, Ireland and France, bringing strong winds and snow. The IJB/Partnership, under its statutory duty to manage emergencies as set out in the Civil Contingencies Act 2004, worked together with other category 1 and 2 responders in the Grampian Local Resilience Partnership (GLRP) to coordinate the response, collaborate and share information with each other and the public. As a result of Storm Arwen, there was significant, extensive, and widespread power loss across Grampian with approximately 65,000 customers left without power. Many communities were without electrical power until Friday 3rd December 2021, although these were mainly in Aberdeenshire.

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

Scottish and Southern Energy (SSEN) provided each local authority with details of customers without power, including SSEN priority customers, and this was used to check up on and support our vulnerable citizens. This is a challenging process during incidents of this scale, as partners are reliant on SSEN data which is changing constantly as engineers resolve faults and as part of that process, reveal new ones.

Currently the City only has two official community resilience groups (Cults and Peterculter). During Storm Arwen they worked with their communities and assisted the overall emergency response directed by partners. The Red Cross assisted, particularly in the Shire, offering staff if required for door knocking and leaflet drops. Working with the third sector and communities is key to the response as the blue light services and other category one responders are occupied and drawing on limited resources.

Some of the debriefing processes and indeed some of the elements of recovery

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

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

Persons at Risk Database (PARD) – this describes accessing databases which include data on pre-determined categories of vulnerable persons, for instance, those with carers, social care needs, those in areas of likely flooding. During an emergency the identified data can be extracted from one or more database from one or more partner organisation, integrated and laid over geographical information systems to allow our most vulnerable citizens to be quickly identified and supported. During all three storms, SSEN were unable to give consistently clear data. This meant that the IMT, reporting into the Care for People cell of the GLRP, was reliant on heavily manualised checks to gather relevant data, which is inefficient and labour intensive. The Council has established a Task and Finish Group to oversee the development of a city PARD to completion, before next winter. The Partnership are represented on this group.

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

The Partnership have engaged with the wider voluntary sector in the City to encourage volunteers and support for the response to incidents (storms and covid related). Any future planned response will require this "city" approach and the Partnership will continue to work with agencies and 3rd Sector/voluntary organisations to achieve this.

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

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

3. Creation of a Persons at Risk Database for the City.

The Partnership have participated in the Council's debrief to Storms Malik and Corrie, with a debrief held on 9th February. Across the Grampian area over 40,000 homes lost power, with associated mobile phone coverage and private water supply issues. The City had approximately 2000 properties off power at the peak of the storms for a number of days. The priority throughout was the vulnerable in our communities and once again we worked closely with SSEN and the Council to identify and support these individuals. Whilst each of these storms had a lesser overall impact on infrastructure than Arwen, the impact of a double storm tested our resilience once more.

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

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INTEGRATION JOINT BOARD

Date of Meeting	7 th June 2022
Report Title	ADP Investment Programme
Report Number	HSCP22.037
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Simon Rayner, Strategic Lead Alcohol and Drugs; Simon.rayner@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Included at the end of this report: Appendix A – Directions to NHS Grampian Appendix B – Directions to Aberdeen City Council

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 related harm.

2. Recommendations

- 2.1. It is recommended that the IJB:

1. Approves the ADP investments as detailed at 3.18:
 - A) To carry forward funding and continue to purchase residential rehabilitation as required



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- B) To allocate Child and Family Social Work funding to undertake staff training and tests of change in line with Whole Family approaches
 - C) To create additional capacity with Alcohol and Drugs action to help meet national Medication Assisted Treatment Standards
 - D) Create an additional nursing posts to help meet national Medication Assisted Treatment Standards
 - E) To run a communications plan to increase distribution and uptake of naloxone
 - F) To procure an independent research to undertake studies into drug deaths to help inform prevention strategy
 - G) To establish a support hub for parents and professionals affected by foetal alcohol spectrum disorder
 - H) To establish a development officer post in Criminal Justice Social Work to help support operational service developments
 - I) To fund additional support for the ADP and help support improvement work through transfer of funds to Community Planning management team
 - J) To match fund 50% of cost of additional support for young people in the Fit Like Hubs as part of an application to CORRA Scotland
 - K) To support feasibility work and establishment of a drug checking service
 - L) To establish advocacy support for people using our drug treatment services
 - M) To contribute funding to a service redesign, in partnership with primary care management to deliver Medication Assisted Treatment Standards
2. Makes the directions as attached within Appendix A and instructs the Chief Officer to issue the direction to NHS Grampian (NHSG) to deliver the ADP plans outlined in A, B, D, E, F, G, H, I, J, L, M
3. Makes the directions as attached within Appendix B and instructs the Chief Officer to issue the direction to Aberdeen City Council (ACC) to deliver the ADP plans outlined in B, C, G, I, L

3. Summary of Key Information



INTEGRATION JOINT BOARD

- 3.1. This paper presents a number of investments that the ADP are taking forward and seek to have the overall investment plan. The proposals have been developed in conjunction with ADP members and other topic experts / leads.
- 3.2. This report follows on from investment plans ratified by the IJB on the 24th August 2021 and 15th December 2021.
- 3.3. There is an intention to hold a seminar for IJB members on the ADP and its work later in the year.
- 3.4. 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.
- 3.5. The ADP membership has representatives of:
 - Police Scotland
 - Scottish Prison Service
 - Aberdeen City Council
 - NHS Grampian Public Health
 - Aberdeen City Health and Social Care Partnership
 - Scottish Fire and Rescue Service
 - Aberdeen's 3rd 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
 - Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses
 - Aberdeen City Health and Social Care Partnership staff.
- 3.6. 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.



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- 3.7.** 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.
- 3.8.** 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”.
- 3.9.** 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

- 3.10.** In January 2021, the Scottish Government launched a national mission to reduce drug related deaths and harms. The national [Mission](#) includes priorities of:
- Improving access to treatment services
 - Increasing the uptake of residential rehabilitation
 - Whole family approaches to treatment
 - Implementation of new [Medication Assisted Treatment Standards](#) .
- 3.11.** 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:
- Direct allocation to local budgets



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- 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.

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

3.13. The table below summarises the funding that has been made available to the ADP from the Scottish Government.

ADP Funding Tracker					
Ref		SG Allocation / Budget	Date allocated / confirmed	Status	Frequency
ADP 1	Reserves	1,320,957	Ongoing	Received	Non-recurring
ADP 2	Baseline Funding ¹	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	Confirmed	Advised by SG to assume recurring
ADP 8	MAT Standards	462,000	Awaiting	Awaiting	Recurring
ADP 9	Buvidal	120,000	Aug 21	Received	Non-recurring
ADP 10	Outreach	114,375	Aug 21	Confirmed	Advised by SG to assume recurring
ADP 11	Near-fatal overdose pathways	114,375	Aug 21	Confirmed	Advised by SG to assume recurring
ADP 12	Lived and Living Experience	19,062	Aug 21	Confirmed	Advised by SG to assume recurring
Sub Total		8,092,027			
ADP 13	CORRA Application - Improving access	100,000	Feb 22	Confirmed	Recurring 5 years



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ADP 14	CORRA Application – Increase Support	100,000	Feb 22	Confirmed	Recurring 5 years
ADP 15	CORRA Application – Whole Family Psychological Wellbeing	100,000	Feb 22	Confirmed	Recurring 5 years
Total		8,392,027			

Notes: 1 The baseline funding is the historic amount of funding that has been allocated and is invested in our specialist alcohol and drug services

3.14. 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.

3.15. 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.

3.16. 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.

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



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- 3.18.** 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.
- 3.19.** 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.
- 3.20.** Final confirmation of funding has now been received and a number of directions need to be made to progress delivery. The ADP has been awarded £462,000 recurring as per ADP 8 MAT Standards Funding for the delivery of [Medication Assisted Treatment \(MAT\) standards](#). To receive this funding the ADP had to submit proposals which the Scottish Government have now approved.
- 3.21.** These investments will help more vulnerable people directly access services and create additional service capacity to deliver MAT standards.
- 3.22.** Of the total funding amount of £8,392,027 at paragraph 3.10 this report updates on investment plans for £1,647,803.00 of additional new funds and reserves. The full list of ADP projects is listed below:

Ref	Theme	Improvement	Timescale	Total / Amount	Source
A	3	ADP 4 Residential Rehabilitation: To carry forward funding allocated in 2021/2022 into 2022 – 2025 for residential rehabilitation places and continue to utilise to “spot purchase” placements as required.	na	£190,000	ADP 4
B	1	ADP 5 Whole Family Approach: To allocate £133,437 funding awarded in 2021/2022 for ADP 5 Whole Family Approach to support a test of change in family support and to support staff training in trauma informed practice to support families affected by alcohol and drugs and support outcomes identified through Improvement Charter 12.1	na	£133,437	ADP 5
C	3	ADP 8 MAT Standards: Alcohol and Drugs Action (our third sector commissioned provider of specialist drug support) creating six additional support workers for a sum of £240,000 MAT Standards 1-5	Recurring	£240,000	ADP 8



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D	3	ADP 8 MAT Standards: Funding The establishment of three Band 6 outreach nursing posts at £160,000 MAT Standards 1 - 5	Recurring	£160,000	ADP
E	2	To fund a communications programme including social media, radio and bus advertising to raise awareness on overdose prevention and naloxone as part of Improvement Charter 12.6	2 years	£50,000	ADP reserve
F	5	To fund an independent researcher to undertake studies into local drug and alcohol deaths to as part of Improvement Charter 12.6 to improve our prevention strategy	2 years	£65,000	ADP reserve
G	1	To fund FASD Scotland to develop a hub to support parents and professionals cope with and manage the impact of Foetal Alcohol Spectrum Disorder in line with Improvement Charter 4.1	2 years	£135,000	ADP reserve
H	3	As part of Improvement Charter 10.8 to fund a development officer to work between Criminal Justice Social Work and Drug/Alcohol Services to improve joint working and pathways	2 years	£90,000	ADP reserve
I	5	To support the APD and to expedite improvement work in line with the National Mission to fund specialist improvement support from the Community Planning team	2 years	£180,000	ADP reserve
J	1	To support Improvement Charter 12.1 the development of services for young people affected by drug and alcohol related issue the ADP will match fund an application to CORRA Young People's Fund to create additional support through the Fit Like Hubs	3 years	£75,000	ADP reserve
K	2	To support Improvement Charter 12.6 and to pilot along with Stirling University, Dundee and Glasgow the feasibility of providing drug checking facility with 3 rd sector provider	na	£200,000	ADP reserve
L	3	To support implementation of MAT Standard 8 to procure Advocacy services to support service users into and through services	3 years	£45,000	ADP reserve
M	3	Contribute to service redesign and equalities development to facilitate Direct Access support in line with Scottish Government MAT Standards 1-5	2 years	£480,000	ADP reserve
Total				£2,043,437.00	

3.23. There are also a number of projects below the £50,000 threshold that the ADP are taking forward that cover topics of stigma, increasing naloxone distribution and increasing visibility of recovery.

3.24. Where non-recurring funds are being used, we have sought to minimise the impact to staff and potential service users by utilising these funds and for improvements and tests of change. Where test of change are able to



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demonstrate an improvement through joint working and practice the change will become “business as usual.” If required we will manage the end of the funding period through redesign, prioritising and stopping other work, natural staff turnover, or if the improvement isn’t evident we will cease the project.

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.

- 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



INTEGRATION JOINT BOARD

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.

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. Where clinical staff are required, we have sought ensure that they are deployed in a way that is innovative and meets needs of the most vulnerable who struggle to engage in our services.

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



INTEGRATION JOINT BOARD

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



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APPENDIX A

INTEGRATION JOINT BOARD

DIRECTION

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

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

- a) To carry forward £190,000 of funding allocated from the Scottish Government in 20/21 into 2022-2025 and continue to spot purchase placements as required as detailed in paragraph 3.18 A of this report
- b) To allocate £133,437 funding awarded in 2021/2022 for ADP 5 Whole Family Approach to Aberdeen City Council as detailed in as detailed in paragraph 3.18 B of this report
- c) To fund £240,000 annually of MAT Standards Funding to Alcohol and Drugs Action as detailed at Paragraph 3.18 C
- d) To recruit 3 Band 6 Nurses as detailed in paragraph 3.18 D of this report up to the value of £160,000 per year.
- e) To fund a communication programme as detailed in paragraph 3.18 E this report up to the value of £50,000 over 2 years
- f) To procure and fund an independent researcher as detailed in paragraph 3.18 D up to the value of £65,000 over two years



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- g) To grant fund FASD Scotland £135,000 over 2 years to develop a hub as detailed in paragraph 3.18 G
- h) To transfer funding to Aberdeen City Council to fund a development officer for Criminal Justice Social Work up to the value of £90,000 for 2 years as detailed in paragraph 3.18 H
- i) To transfer funding to Aberdeen City Council to provide the ADP with improvement support up the value of £180,000 for two years as detailed in paragraph 3.18 I
- j) To fund, on condition of a successful award from CORRA, £75,000 as 50% match funding to Alcohol & Drugs Action, for additional support through the Fit like Hubs as detailed in para 3.18
- k) To fund the development of a drug checking service as detailed in Paragraph 3.18 K up to the value of £200,000
- l) To fund Advocacy Services up to the value of £45,000 over 3 years as detailed in paragraph 3.18 L
- m) To contribute funding of up to £400,000, in conjunction with the Health and Social Care Partnership, to support service redesign and equalities over 2 years as detailed in paragraph 3.18 M

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: - HSCP22.037

Approval from IJB received on: - 7th June 2022

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.



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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.

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.



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- 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: - 7th June 2022 End date: 7th June 2027

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



INTEGRATION JOINT BOARD

APPENDIX B

INTEGRATION JOINT BOARD

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DIRECTION

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

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:

- a) To deliver training and support for Whole Family approached as specified by the ADP up to the value of £133,437 as detailed in paragraph 3.18 of this report.
- b) To append contract with Alcohol and Drugs Action with £240,000 with a specification for 6 whole time equivalent workers as detailed in para 3.18 C
- c) To recruit a development officer for Criminal Justice Social Work as detailed in paragraph 3.18 H, for up to two years up to the value of £90,000
- d) To provide the ADP with improvement support for up to two years up to the value of £180,000
- e) To procure on behalf of adult drug treatment services 3 years of advocacy support up to the value of £45,000 as detailed in paragraph 3.18 L

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



INTEGRATION JOINT BOARD

Related Report Number: - HSCP22.037

Approval from IJB received on: - 7th June 2022

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.

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



INTEGRATION JOINT BOARD

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: - 7th June 2022 End date: - 7th June 2027

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



INTEGRATION JOINT BOARD

NOT FOR PUBLICATION – This report contains exempt information as described in paragraph 6 (Information relating to the financial or business affairs of any particular person (other than the authority)) and paragraph 9 (Any terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services) of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, enacted by the Local Government (Access to Information) Act 1985. This is applied in this case because, in view of the nature of the business to be transacted or in the nature of the proceedings, if members of the public were present, there would be disclosure to them of exempt information as defined in the Schedule.

Not exempt: Covering report, Appendix A1

Exempt: Appendix A, Appendix B, & Appendix C

Date of Meeting	7 th June 2022
Report Title	Dual Sensory Impairment Service (NESS)
Report Number	HSCP22.034
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Neil Stephenson Job Title: Strategic Procurement Manager Email Address: NeStephenson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Non-Exempt: A1: Supplementary Work Plan for 2021/22 Exempt: Appendix A - Supplementary Work Plan for 2022/2023 Appendix B – Procurement Business Case Appendix C – Direction to Aberdeen City Council



INTEGRATION JOINT BOARD

1. Purpose of the Report

- 1.1. The purpose of this report is to provide the Integrated Joint Board with information about the proposed additional funding to provide an increased level of sensory services to the community, and the processes that have been put in place to allocate this funding.

2. Recommendations

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

- 2.1. Approves the expenditure for social care services as set out in the Supplementary Work plan at Appendix A,
- 2.2. Approves the expenditure as set out in the Procurement Business Case, at Appendix B,
- 2.3. Makes the Direction, as attached at Appendix C, and instructs the Chief Officer to issue the Direction to Aberdeen City Council (ACC).

3. Summary of Key Information

- 3.1. The IJB directs ACC to purchase and enter into contracts with suppliers for the provision of services in relation to functions for which it has responsibility. ACC procures services through the Commercial and Procurement Shared Service in accordance with ACC's Scheme of Governance.
- 3.2. ACC Powers Delegated to Officers includes, at Section 9.1, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations.
- 3.3. These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts to be procured in the coming year with a value of £50,000 or more, to relevant Committees. In the case of adult social care services, this is the IJB. The Regulations also require that procurement business cases to support items



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on the work plan are brought to the IJB prior to any tender being undertaken or contract awarded directly. Although the intention is that all procurement should be planned in advance, there may be occasions where this is not possible and supplementary work plans and/or business cases may be required.

- 3.4.** This report presents a Supplementary Work Plan 2022/2023. A supporting Procurement Business Case is attached at Appendix B, setting out the arrangements for the increased funding provided for the dual sensory impairment services. The original request for funding for the provision of the Dual Sensory Impairment Service was approved by the IJB on 23rd February 2021, Report Number HSCP.21.008
- 3.5.** The service was tendered in line with the procurement legislation and one bid was received which was from North East Sensory Services (NESS), who were providing the service in the outgoing contract. An evaluation was conducted by the Project Group and the contract awarded to NESS. NESS provides a fully accessible dual sensory (sight/hearing impairment) service across Aberdeen City. The service extends to the families and/or Carers of the supported people. The service ensures that people with significant sensory impairment live as independently as possible within their community, reducing long term care requirement, self-managing, rehabilitation, hearing impairment (aids and adaptations, developing new skills), rehabilitation (lip reading), sight impairment (aids and adaptations, developing new skills), rehabilitation (mobility). The Service Provider will also maintain a register of visually impaired people on behalf of the Council. The service operates Monday to Friday, 52 weeks of the year.
- 3.6.** It is now seven months into the new arrangements with NESS and there has been a significant amount of progress made with the dual sensory impairment services. It is proposed that additional funding is awarded to NESS, as part of the current contract, to enable the employment of an additional Social Worker and Rehabilitation Worker. This would help reduce waiting times for those who have been referred to the service, enable early intervention and prevention and make the caseloads more manageable for the current Social Workers and part-time Rehabilitation Worker. Ness already have a part-time Rehabilitation worker in post but by increasing this to a full-



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time equivalent would allow more rehab work to be undertaken with an aim to reduce the need social care and keep people independent for longer.

- 3.7. Whilst this additional expenditure signifies an additional investment to be made, the risks of not making this investment reduce the ACHSCP's opportunity to develop sensory impairment services and, subsequently, the achievement of outcomes for individuals.

3.8. Links with Strategic Commissioning

The procurement of works, goods and services is driven by strategic commissioning intentions. The ACHSCP has established the SCPB to create a clearer link between the programmes of work, the associated budgets, and the procurement work plan, in line with the Commissioning Cycle. The SCPB, on 26th April 2022, considered the item on the procurement plan and determined that the proposed additional funding is required to support the delivery of strategic intentions.

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland Duty, and Health Inequality** - A Health Inequalities Impact Assessment (HIIA) was carried out by the Lead Commissioner at the time of the tender. There are no specific equality or health implications from this report. Nor is there any direct implication for our Fairer Scotland Duty.
- 4.2. **Financial** - The financial spend associated with this is outlined in the business case (Appendix B)
- 4.3. **Workforce** - There are no specific workforce implications arising from this report.
- 4.4. **Legal** - There are no specific legal implications arising from this report. Grants will be awarded using the current grant process
- 4.5. **COVID 19** – There are no specific implications linked to Covid 19 arising from the implications of this report.



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4.6. **Other** – None

5. Links to ACHSCP Strategic Plan

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



6. Management of Risk

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

This option links directly to strategic risk 1 – market sustainability

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

By implementing the necessary processes, and continuation of partnership working

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

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Borganised Reference	Service	Team/Client Group	Description of Requirement	Est Contract/Contract Extension Start Date	Est Contract/Contract Extension End Date	Maximum Extension Period (Months)
000-BLAR4633	H&SCP	Sensory Services	It is proposed that additional funding is awarded to Grampian Society For The Blind operating as North East Sensory Services (NESS), as an additional to the current contract, to enable the employment of an additional Social Worker and Rehabilitation Worker. The additional funding, if approved, would cover the remaining two years and three months of the contract but NOT the 24 month extension period	01/07/2022	30/09/2024	24

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INTEGRATION JOINT BOARD

Date of Meeting	7 th June, 2022
Report Title	Project Search
Report Number	HSCP22.040
Lead Officer	Sandra MacLeod
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.scot Phone Number: 07870 998345
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	A-Direction to Aberdeen City Council

1. Purpose of the Report

- 1.1. To outline the proposal to fund young people through Project Search, as part of Aberdeen City Health and Social Care Partnership's (ACHSCP) Workforce Plan and commitment to developing the young workforce.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Instruct the Chief Officer to liaise with colleagues in Aberdeen City Council to progress a joint contract to fund young people through Project Search at a cost of £6,500 per young person (up to a maximum of 6 young people);
 - b) Makes the Direction, as attached at the Appendix to this report and instructs the Chief Officer to issue the Direction to Aberdeen City Council (ACC); and
 - c) Instruct the Chief Officer to explore ACHSCP becoming a host organisation under Project Search and to liaise with both Aberdeen City



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Council and NHS Grampian on the promotion of Project Search as one of the employability options to develop the young workforce in health and social care.

3. Summary of Key Information

- 3.1. Project Search is a licensed programme of support for young people with additional needs to gain skills for employment. Project Search follows a licensed model and has set criteria in place, for instance the age range is between 16 and 24, the project typically is for young people with learning difficulties, disabilities or autistic spectrum conditions, the project has to deliver classroom-based qualifications, job coaching and placement within different job settings to support the development of skills. The project typically runs for 9 months with 3 placements in that time, follows the academic year and is often located in a 'host business' which has a flow of and variety of job roles at entry level such as a hospital setting.
- 3.2. The project started in 2013. In Aberdeen City the project is funded via the Economic Development Section of Aberdeen City Council and is made up of a partnership arrangement with: North of Scotland College providing the academic tutor; Values into Action Scotland providing job coaching; University of Aberdeen being the host business/site for the project; and placements being funded by Aberdeen City and Aberdeenshire Councils which also fund the job coaching support.
- 3.3. Previously, funding was provided for 6 spaces (half of project costs) however prior to 2020, the target group (as per Project Search license/stated requirements) was becoming harder to find. Part of the issue was that the criteria remained tight as per the license and that meant local changes were difficult (e.g., extending the age range).
- 3.4. Given that the Partnership is working on a new Workforce Plan and that part of the Plan will include the importance of working with and developing the young workforce to attract them into a career in health and social care, as well as acknowledging that the Project has a preventative element which would mean that the young people would be provided with life skills which will mean that they are less reliant on ACHSCP services in the future, further



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discussions have been held at a Senior Leadership Team level around the Project.

- 3.5.** It is proposed that ACHSCP fund young people through the Project and that the IJB instruct the Chief Officer to liaise with colleagues in the Council to explore whether a joint contract can be arranged for this purpose.
- 3.6.** The cost of funding 6 young people through the Project is £40,000 (roughly £6,500 per young person) and as explained above, further discussions with the Council could be held to determine the exact amount of funding that the ACHSCP would spend based on how many young people could be placed in ACHSCP services (up to a maximum of 6 young people).
- 3.7.** Given the strategic risk related to the Partnership's workforce (it is currently sitting a Very High on the Strategic Risk Register) it is proposed that Project Search be one of a number of employability opportunities available to young people as well as helping the Partnership attract the next generation of health and social care workers. This would be reflected in the revised Workforce Plan.
- 3.8.** It is further proposed that the ACHSCP explore becoming a host organisation under Project Search and work with NHS Grampian, Bon Accord Care and the Council to further promote the opportunities for young people to work in health and social care.
- 3.9.** ACC Powers Delegated to Officers includes, at Section 9.1, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations. The Direction is outlined at the Appendix to this report.



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4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

In terms of equalities, the report promotes the development of young people with learning difficulties, disabilities or autistic spectrum conditions, giving them employment opportunities.

4.2. Financial

As detailed above at Section 3.6, the cost of funding a young person through Project Search is £6,500. Depending on the number of young people that the Partnership could fund (up to a maximum of 6 young people), the maximum total cost in 2022/23 would be £40,000. This funding will come from the Directorate budget. In terms of indirect costs, the young people will require supervision from Partnership staff who will liaise with job coaches in Values into Action Scotland to help progress the individual placements.

4.3. Workforce

It is proposed that Project Search would be one of a number of employability opportunities available to young people to work in the Partnership as well as helping the Partnership attract the next generation of health and social care workers. This would be reflected in the revised Workforce Plan.

4.4. Legal

There are no direct legal implications arising from this report.

4.5. Covid-19

There are no direct Covid 19 implications arising from this report.

4.6. Unpaid Carers

There are no direct implications relating to unpaid carers in this report. However, the preventative nature of the Project will equip the young people



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with life skills which may mean that they will not require as much care at home or in the community which would have a positive impact on unpaid carers.

4.7. Other

There are no other implications that require detailing.

5. Links to ACHSCP Strategic Plan

- 5.1. Developing the young workforce and identifying the next generation of health and social care workers will be reflected in the revised Workforce Plan. The Plan will form part of a number of key documents that underpin the Partnership's overall Strategic Plan.

6. Management of Risk

6.1. Identified risks(s)

The proportion of over 50's working in the Partnership is increasing, therefore there is a risk if initiatives to attract the next generation of health and social care workers are not promoted and explored.

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



The risk relating to workforce challenges forms Strategic Risk 9 on the IJB's Strategic Risk Register.



INTEGRATION JOINT BOARD

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

The funding of young people through Project Search will help to attract younger health and social care workers into the system, therefore helping to mitigating the workforce risk.

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



INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Related Report Number: HSCP22.040

Approval from IJB received on 07/06/2022

Description of services/functions:

- a) Approve a Direct Award for funding up to a maximum of £40,000 to enable the recruitment of young people through Project Search in academic year 2022/23; as is detailed in the covering report to the Board.

Reference to the integration scheme: Annex 2, Part 2.

Link to strategic priorities (with reference to strategic plan and commissioning plan): This report links to the workforce principles outlined as one of the enablers within our strategic plan

Timescales involved:

Start date: 01/08/2022

End date: 30/07/2023



Associated Budget:

Description of Requirement	Estimated Annual Contract Value £	Total Contract Value (including all options & extensions) £	Value to be approved by IJB £
It is proposed that funding up to a maximum of £40,000 be approved to enable the recruitment of young people through Project Search in academic year 2022/23; as is detailed in the covering report to the Board.	40,000 (max based on £6,500 per young person)	40,000	40,000
		Total	<u>£40,000</u>

Details of funding source: This is money from the ACHSCP budget

Availability: Confirmed



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NOT FOR PUBLICATION – This report contains exempt information as described in paragraph 6 (Information relating to the financial or business affairs of any particular person (other than the authority)) and paragraph 9 (Any terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services) of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, enacted by the Local Government (Access to Information) Act 1985. This is applied in this case because, in view of the nature of the business to be transacted or in the nature of the proceedings, if members of the public were present, there would be disclosure to them of exempt information as defined in the Schedule.

Not Exempt: Covering report, Appendix A

Exempt: Appendix A, Appendix B & Appendix C

Date of Meeting	7 th June 2022
Report Title	Rubislaw Park Nursing Home – Hospital Pathway (End of Life beds)
Report Number	HSCP22.039
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: James Maitland Job Title: Transformation Programme Manager Email Address: JaMaitland@aberdeencity.gov.uk Phone Number: 01224522280
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Non-Exempt: A1: Supplementary Work Plan for 2021/22 Exempt: Appendix A - Supplementary Work Plan for 2022/2023 Appendix B – Procurement Business Case Appendix C – Direction to Aberdeen City Council



INTEGRATION JOINT BOARD

1. Purpose of the Report

- 1.1. The purpose of this report is to provide the Integrated Joint Board with information about the interim arrangements at Rubislaw Park Nursing Home End of Life Pathway and requests an extension for a further five-month period.

2. Recommendations

It is recommended that the Integration Joint Board (IJB)

- 2.1. Approves the direct award of the extension of the contract with Rubislaw Care LLP for a further period of five months to 30 November 2022,
- 2.2. Approves the expenditure as set out in the Procurement Business Case, at Appendix B,
- 2.3. Makes the Direction, as attached at Appendix C and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

3. Summary of Key Information

- 3.1. The IJB directs ACC to purchase and enter into contracts with suppliers for the provision of services in relation to functions for which it has responsibility. ACC procures services through the Commercial and Procurement Shared Service in accordance with ACC's Scheme of Governance.
- 3.2. ACC Powers Delegated to Officers includes, at Section 9.1, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations.
- 3.3. These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts to be procured in the coming year with a value of £50,000 or more, to relevant Committees. In the case of adult social care services, this is the IJB. The Regulations also require that procurement business cases to support items on the work plan are brought to the IJB prior to any tender being undertaken or contract awarded directly. Although the intention is that all procurement



INTEGRATION JOINT BOARD

should be planned in advance, there may be occasions where this is not possible and supplementary work plans and/or business cases may be required.

- 3.4. This report presents a supporting Procurement Business Case attached at Appendix B, setting out the arrangements for interim End of Life beds within Rubislaw Park Nursing Home.
- 3.5. The following arrangements outlined within the original report have been put in place: five interim beds within Rubislaw Park Nursing home have been secured for the sole use of the End-of-Life pathway test of change.
- 3.6. As part of a whole system pathway of care and ACHSCP planning for winter surge, initial approval was given for five interim beds within Rubislaw Park Nursing Home in December 2021 for End-of-Life Care with the majority of the nursing care and management residing with the nursing team within the home. Support is provided where appropriate by the community and out of hours nursing team and hospital at home.

Originally focussed on Community referrals through district nursing and general practice via Hospital @ Home, this has now opened to referrals from Acute Medical Initial Assessment and the Emergency Department (AMIA/ED) within Aberdeen Royal Infirmary (ARI), Rosewell House, MacMillan and recently ward 102 - Frailty Unit, Aberdeen Royal Infirmary (ARI). There has also been a significant amount of learning from the start of the pathway, and this will continue to inform the way in which future care and support will be delivered.

Hospital @ Home are proposing to align their Community Advanced Practitioner as lead clinician for Rubislaw Park, where she will work with community nursing teams to promote this test for change and identify key patients who would benefit from the Rubislaw Park Nursing Home End of Life Pathway. The aim is to identify patients slightly earlier to allow for smooth transition and avoid carer crisis and delayed admissions. This will also develop key networks with teams who are currently delivering palliative care within the community.



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The rationale for the extension is to allow for a full evaluation to be undertaken which will include feedback from relatives, Hospital @ Home, and staff at Rubislaw Park. This evaluation is being undertaken by the Lead for Research and Evaluation for ACHSCP and will be available for the November IJB.

The November date for the presentation of the evaluation is to ensure we capture as much meaningful information as we can to inform future commissioning arrangements. Changes to the service specification can be made at anytime during the contract period by way of a variation to contract and so any recommendations highlighted in the evaluation can be implemented this way, with no delays.

Funding post November has yet to be approved therefore we are unable to propose any further extension beyond 30th November 2022. Any decision on future funding will be driven by the outcome of the evaluation. We will look to extend the contract once funding has been confirmed at the next available IJB which is anticipated to be August at the earliest.

- 3.7. Whilst this additional expenditure signifies an additional investment to be made, the risks of not making this investment reduce the ACHSCP's opportunity to modernise care at home and supported living delivery, and subsequently achievement of outcomes for individuals.

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** - The financial spend associated with this is outlined in the business case (Appendix B)
- 4.3. **Workforce** - There are no specific workforce implications arising from this report.
- 4.4. **Legal** - There are no specific legal implications arising from this report.



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4.5. COVID 19 – There are no specific implications linked to Covid 19 arising from the implications of this report.

4.6. Other – None

5. Links to ACHSCP Strategic Plan

5.1. The Contract clearly links to priorities set out in Aberdeen City’s Health & Social Care Partnership’s Strategic Plan (2019-2022): Personalisation: Ensuring that the right care is provided in the right place and at the right time.



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)

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Borganised Reference	Service	Team/Client Group	Description of Requirement	Est Contract/Contract Extension Start Date	Est Contract/Contract Extension End Date	Maximum Extension Period (Months)
	H&SCP	Hospital Pathway (End of Life)	It is proposed that additional funding is awarded to Rubislaw Park Nursing Home for the End of Life Pathway to increase end of life care capacity in the community and to allow for a full evaluation on efficacy of these beds to inform future 'person-centred' commissioning. The additional funding, if approved, would allow commissioners to have 12 months of data/information for a proper evaluation.	01/07/2022	30/11/2022	5

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Exempt information as described in paragraph(s) 6, 9 of Schedule 7A of the Local Government (Scotland) Act 1973.

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