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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 23 August 2022

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 30 AUGUST 2022 at 10.00 am.**

VIKKI CUTHBERT
INTERIM CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1.1 Welcome from the Chair

DECLARATIONS OF INTEREST

2.1 Declarations of Interest and Transparency Statements

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

DETERMINATION OF EXEMPT BUSINESS

3.1 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: FRESH Community Wellness

4.2 Minute of Board Meeting of 7 June 2022 (Pages 5 - 14)

4.3 Minute of Risk, Audit and Performance Committee of 23 June 2022 (Pages 15 - 22)

4.4 Draft Minute of Clinical and Care Governance Committee of 10 August 2022 (Pages 23 - 30)

4.5 Business Planner (Pages 31 - 34)

4.6 Seminar and Workshops Planner (Pages 35 - 36)

4.7 Chief Officer's Report - late paper to be issued 25 August 2022

4.8 Equalities and Equalities Outcomes - HSCP.22.067 (Pages 37 - 54)

GOVERNANCE

5.1 Appointment of Chairs - Risk, Audit and Performance Committee (RAPC) and Clinical Care Governance (CCG) - HSCP.22.076 (Pages 55 - 60)

PERFORMANCE AND FINANCE

6.1 Revised Strategic Risk Register and revised Risk Appetite Statement - HSCP.22.075 (Pages 61 - 96)

6.2 ACHSCP Annual Report - HSCP.22.070 (Pages 97 - 146)

6.3 Supplementary Report on Social Care - HSCP.22.066 (Pages 147 - 154)

Please note there are exempt appendices contained within the Private Section of this agenda below.

STRATEGY

6.4 Locality Plans - HSCP.22.071 (Pages 155 - 194)

6.5 Workforce Plan - HSCP.22.073 (Pages 195 - 220)

6.6 Fast Track Cities - HSCP.22.078 (Pages 221 - 228)

TRANSFORMATION

7.1 Link Practitioner Service Contract- HSCP.22.062 (Pages 229 - 282)

7.2 Rosewell House - IJB/BAC Joint Evaluation - HSCP.22.074 (Pages 283 - 326)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

8.1 Supplementary Report on Social Care - HSCP.22.066 - Exempt Appendices (Pages 327 - 354)

DATE OF NEXT MEETING

9.1 11 October 2022, at 10am

BREAK

WORKSHOP SESSION

10.1 Call for Views - National Care Service - draft response - to follow

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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Aberdeen City Health & Social Care Partnership
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ABERDEEN, 7 June 2022. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:-	Luan Grugeon, Chair; Councillor Cooke, Vice Chair; and Councillor Christian Allard, Kim Cruttenden, Councillor Martin Greig, Councillor Deena Tissera, John Tomlinson, Mike Adams, Jim Currie, Jenny Gibb, Maggie Hepburn (from Item 4.1), Dr Caroline Howarth, Phil Mackie, Sandra MacLeod, Shona McFarlane, Alison Murray and Graeme Simpson.
Also in attendance:-	Martin Allan, Jess Anderson, Gale Beattie, Freda Burnett, Susie Downie, Stella Evans, Councillor Lee Fairfull, Jane Fletcher, John Forsyth, Debbie Grant, Catherine King (from Item 5.2), Emma King, Stuart Lamberton, Graham Lawther, Alison Macleod, James Maitland, Grace Milne, Fiona Mitchelhill, Lynn Morrison, Jason Nicoll, Ally Palin, Jenny Rae, Simon Rayner, Sandy Reid, Amy Richert, Angela Scott, Neil Stephenson, Councillor Kairin van Sweeden (from Item 6.3) and Claire Wilson.
Apologies:-	June Brown, Alan Chalmers, Dr Malcolm Metcalfe and Alex Stephen.

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 extended a warm welcome to everyone and in particular the new members who were joining for the first time. She explained that the IJB was focussed on taking decisions to create a more sustainable system to achieve the best outcomes for the people of Aberdeen.

The Chair noted that it was a complex agenda and strove for everyone to feel supported in their positions on the IJB. She advised that the Chair, Vice Chair and Leadership Team had an open-door policy, encouraging members to get in touch regarding any issues regarding IJB Business.

The Chair went on to explain that there was a programme of informal seminars arranged where there would be open space time built in to enable opportunities to raise questions. She further noted the introduction of a new IJB Buddy System and encouraged Members to take up the offer as an important way to build relationships.

INTEGRATION JOINT BOARD
7 June 2022

Members were advised to contact the Clerk in order to register their interest in this regard.

Members noted that the Strategic Plan was on the agenda for approval after a year of consultation. The Chair commended the team on the extensive consultation process, expressing particularly contentment that the locality empowerment groups had been closely involved throughout the process.

The Board resolved:-
(i) to note the Chair's remarks;
(ii) to note its thanks to Alex Stephen in his role as CFO/Depute CO and congratulate him on his appointment as Director of Finance at NHS Grampian;
(iii) to record its appreciation of Dr Howard Gemmell, former IJB service user representative who passed away on 24 May 2022 and extend its condolences to his family; and
(iv) to welcome all new Members to the meeting.

IJB MEMBERSHIP POST LOCAL ELECTIONS - HSCP.22.038

2. The Board had before it a report advising 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) following the Local Elections on 5 May 2022 and to also appoint a Chairperson to the Clinical and Care Governance Committee.

In addition, there were two recent NHS Grampian (NHSG) vacancies of one voting member and one non-voting member whose replacements on the Integration Joint Board were to be approved.

The report recommended:
that the 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 of the report.

The Board resolved:-
(i) to agree to remove Luan Grugeon from Risk, Audit and Performance Committee and appoint her to Clinical and Care Governance Committee;
(ii) to agree to appoint June Brown to RAPC; and
(iii) to otherwise approve the recommendations.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

3. There were no declarations of interest or transparency statements.

EXEMPT BUSINESS

4. The Chair indicated that items 6.1 Supplier Uplifts - HSCP.22.041, 6.3 Dual sensory impairment service - HSCP.22.034 - Exempt Appendices and 7.1 Rubislaw Park Nursing Home - Hospital Pathway (End of life beds) - HSCP.22.039, 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, 6.3 and 7.1 on the agenda so as to avoid disclosure of exempt information of the classes described in paragraphs 6 and 9 of Schedule 7(A) of the Act.

VIDEO PRESENTATION - PLAN FOR THE FUTURE

5. The Board received a video presentation entitled Plan for the Future.

The Board resolved:-
to note the video.

MINUTE OF BOARD MEETING OF 10 MARCH 2022

6. The Board had before it the minute of its meeting of 10 March 2022.

The Board resolved:-

to approve the minute as a correct record.

DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 26 APRIL 2022

7. The Board had before it the draft minute of the Risk, Audit and Performance Committee of 26 April 2022, for information.

The Board resolved:-
(i) to note that the Audited Accounts would be ready at the end of September 2022 and would be considered by the appropriate Committee thereafter; and
(ii) to otherwise note the minute.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 19 APRIL 2022

8. The Board had before it for information, the draft minute of the Clinical and Care Governance Committee of 19 April 2022.

The Board resolved:-
to note the minute.

BUSINESS PLANNER

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

The Board resolved:-
(i) to note that the Audited Accounts would be ready at the end of September 2022;
(ii) to note that the Carers' Implementation Group had agreed that the Carers' Strategy would be published in October 2022;
(iii) to note that the Strategic Risk Register would be presented to the IJB in August following the Risk Workshop that was planned for 15 August 2022; and
(iv) to otherwise agree the planner.

INTEGRATION JOINT BOARD
7 June 2022

CHIEF OFFICER'S REPORT - HSCP.22.036

10. 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:-
to note the report.

STRATEGIC PLAN 2022-2025 - HSCP.22.013

11. The Board had before it a report seeking approval of the three versions of the Strategic Plan 2022-2025.

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

The report recommended:-
that the Board:

(a) approve the three versions of the Strategic Plan 2022-2025 – the summary version, the full version including Delivery Plan and the Easy Read version;

(b) instruct the Chief Officer to publish the three versions of the Strategic Plan 2022-2025;

(c) instruct 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 Committee and annually via the Annual Performance Report to the IJB;

(d) instruct 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; and

(e) note that work was underway on a refresh of the local integrated children services plan for the period 2023 to 2026 and request Aberdeen City Council's Director of Commissioning to consult with the IJB on the draft in advance of finalisation.

The Board resolved:-
(i) to note that the Strategy and Transformation Lead would discuss offline in order to agree the appropriate wording with regard to the Health Inequalities Impact Assessment;
(ii) to commend the team and thank colleagues in Strategy and Transformation for their production of the Plan; and
(iii) to otherwise approve the recommendations.

IJB SCHEME OF GOVERNANCE ANNUAL REVIEW - HSCP22.035

12. The Board had before it a report outlining proposed revisions to the Board's Scheme of Governance.

John Forsyth – Solicitor, Aberdeen City Council, explained that the proposed changes were to bring the Board's Code of Conduct in line with the Standards Commission's published Model Codes of Conduct for Devolved Public Bodies.

The report recommended:-
that the Board approve the revised Code of Conduct, as outlined in Appendix A of the report.

The Board resolved:-
to approve the recommendation.

ANNUAL RESILIENCE REPORT - HSCP22.033

13. The Board had before it the first Annual Resilience Report providing information regarding the IJB's resilience arrangements in fulfilment of its duties as a Category 1 responder under the Civil Contingencies Act 2004.

The Business Manager presented the report and responded to questions from Members.

The report recommended:
that the Board note the progress made in embedding the IJB's resilience arrangements during 2021/22.

The Board resolved:-
to approve the recommendation.

INTEGRATION JOINT BOARD
7 June 2022

SUPPLIER UPLIFTS - HSCP.22.041

14. The Board had before it a report on Supplier Uplifts, which had been issued as a late circulation.

The Board resolved:-
to consider the report and appendix in private at Article 21.

ADP INVESTMENT PLANS 2022 - HSCP22.037

15. The Board had before it a report which provided an update 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.

Simon Rayner - Strategic Lead, Alcohol and Drugs, spoke to the report and responded to questions from Members.

The report recommended:-
that the Board:
(a) approve the ADP investments as detailed at 3.13 of the report;
(b) make the directions as attached within Appendix A of the report and instruct 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 as stated at 2.1.1 of the report; and
(c) make the directions as attached within Appendix B of the report and instruct the Chief Officer to issue the direction to Aberdeen City Council (ACC) to deliver the ADP plans outlined in B, C, G, I, L.

The Board resolved:-
(i) to note that a seminar on the topic was to be planned for September 2022;
(ii) to note that Members were welcome to contact the Strategic Lead - Alcohol and Drugs, with any questions or topics for the seminar; and
(iii) to otherwise approve the recommendations.

DUAL SENSORY IMPAIRMENT SERVICE - HSCP.22.034

16. The Board had before it a report on the Dual Sensory Impairment Service, providing information about the proposed additional funding to provide an increased level of sensory services to the community, and the processes that had been put in place to allocate this funding.

Neil Stevenson - Strategic Procurement Manager, introduced the report and responded to questions from members.

The report recommended:-
that the Board –
(a) approve the expenditure for social care services as set out in the Supplementary Work plan at Appendix A of the report;
(b) approve the expenditure as set out in the Procurement Business Case at Appendix B of the report; and
(c) make the Direction, as attached at Appendix C of the report, and instruct the Chief Officer to issue the Direction to Aberdeen City Council (ACC).

The Board resolved:-
to approve the recommendations.

PROJECT SEARCH - HSCP.22.040

17. The Board had before it a report outlining 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.

The Business Manager, spoke to the report and responded to questions from Members.

The report recommended:-
that the 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) make the Direction, as attached at the Appendix to the report and instruct 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 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.

The Board resolved:-
to approve the recommendations subject to clarification on (1) the sustainability of the funding, (2) whether the Aberdeenshire funding was in place; and (3) further information regarding employment and retention of the young people.

INTEGRATION JOINT BOARD
7 June 2022

RUBISLAW PARK NURSING HOME - HOSPITAL PATHWAY (END OF LIFE BEDS) - HSCP.22.039

18. The Board had before it a report providing information about the interim arrangements at Rubislaw Park Nursing Home End of Life Pathway and a request for an extension to the contract for a further five-month period.

James Maitland - Transformation Programme Manager, introduced the report and responded to questions from Members.

The report recommended:
that the Board:-
(a) approve the direct award of the extension of the contract with Rubislaw Care LLP for a further period of five months to 30 November 2022;
(b) approve the expenditure as set out in the Procurement Business Case at Appendix B of the report; and
(c) make the Direction as attached at Appendix C of the report and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

The Board resolved:-
to approve the recommendations.

DUAL SENSORY IMPAIRMENT SERVICE - HSCP.22.034 - EXEMPT APPENDICES

19. The Board had before it the exempt appendices in respect of this item, as approved at Article 16**.**

The Board resolved:-
to note that the recommendations had been approved at Article 16.

RUBISLAW PARK NURSING HOME - HOSPITAL PATHWAY (END OF LIFE BEDS) - EXEMPT APPENDICES

20. The Board had before it the exempt appendices in respect of this item, as approved at Article 18**.**

The Board resolved:-
to note that the recommendations had been approved at Article 18.

In accordance with the decision taken under article 4 above, the following item was considered with the press and public excluded.

INTEGRATION JOINT BOARD
7 June 2022

SOCIAL CARE PROVIDER UPLIFT - HSCP22.041

21. The Board had before it an update on the potential requirements for further uplifts for some social care providers following the recent increases in inflation.

The Strategy and Transformation Lead spoke to the report and responded to questions from members.

The report recommended:
that the Board:-
(a) instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Home Contract using the process and principles indicated in paragraph 3.4 of the report;
(b) instruct the Chief Finance Officer to uplift the direct payments for clients using the same process indicated in paragraph 3.4 of the report and note that further information would be brought back to the IJB on this situation via the quarterly financial monitoring; and
(c) make the direction contained in Appendix 1 of the report and instruct the Chief Finance Officer to issue this direction to Aberdeen City Council.

The Board resolved:-
to approve the recommendations.

DATE OF NEXT MEETING - TUESDAY 30 AUGUST 2022 AT 10.00AM

22. The Board had before it the date of the next meeting and future workshops:

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

The Board resolved:-
to note the meeting and workshop dates.
- LUAN GRUGEON, Chair

Aberdeen City Health & Social Care Partnership
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Risk, Audit and Performance Committee

Minute of Meeting

Thursday, 23 June 2022
10.00 am Virtual - Remote Meeting

ABERDEEN, 23 June 2022. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- John Tomlinson Chairperson; and Luan Grugeon (NHS Grampian)(as a substitute for June Brown), Councillors John Cooke and Martin Greig; Jamie Dale, Alison MacLeod and Alex Stephen.

Also in attendance: Jess Anderson, Stella Evans, Amanda Farquharson, Sarah Gibbon, Debbie Grant, Stuart Lamberton, Grace Milne, Caroline Moir, Simon Rayner, Amy Richert, Lesley Simpson and Kevin Toshney.

Apologies: June Brown

The agenda and reports associated with this minute can be found here.

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WELCOME AND INTRODUCTIONS

1. The Chair welcomed everyone and noted that this would be the last meeting for Alex Stephen as Chief Finance Officer.

The Committee resolved:-
to record its thanks to the Chief Finance Officer for his contributions to the Committee and for the assurance he brought to the role, and to offer him best wishes for his new role.

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.

RISK, AUDIT AND PERFORMANCE COMMITTEE
23 June 2022

MINUTE OF PREVIOUS MEETING OF 26 APRIL 2022

4. The Committee had before it the minute of its previous meeting of 26 April 2022, for approval.

The Committee resolved:-
(i) with regard to Article 4(i) of the Minute (Minute of the previous meeting of 1 March 2022), to instruct the Strategy and Transformation Lead to provide further assurance regarding numbers of carers; 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.

The Committee resolved:-
to note the content of the Planner.

DIRECTIONS PROCESS REPORT - HSCP.22.043

6. The Committee had before it a report proposing a revised reporting process for the Risk, Audit and Performance Committee (RAPC) for Directions instructed to Aberdeen City Council (ACC) and National Health Service – Grampian (NHSG). An update on the status of Directions was presented to the RAPC on 1 March 2022 where the Committee suggested improvements which would support Members to better understand the position of Directions issued, specifically the development of a 'traffic light' system.

Amy Richert - Senior Project Manager, spoke to the report and responded to questions from Members.

The report recommended:
that the Committee agree the process as outlined in section 3.5 and demonstrated in Appendix A of the report.

The Committee resolved:-
to approve the recommendation.

RISK, AUDIT AND PERFORMANCE COMMITTEE
23 June 2022

AUDIT SCOTLAND - DRUG AND ALCOHOL SERVICE BRIEFING - HSCP.22.048

7. The Committee had before it a report on an Audit Scotland Drug and Alcohol Service Briefing.

Simon Rayner – Alcohol and Drug Partnership, explained that Audit Scotland had published a report in March 2022 on national arrangements for responding to alcohol and drug challenges in Scotland. The report presented to Committee described the local response and mitigations that had been put in place. Mr Rayner spoke to the report and responded to questions from Members.

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

The Committee resolved:-
(i) to instruct Simon Rayner to report back to Committee with the completion of the Self Assessment form in order to provide further assurance; and
(ii) to otherwise note the content of the report.

REVIEW OF AUDIT SCOTLAND REPORTS - HSCP.22.050

8. The Committee had before it a report highlighting appropriate reports published by Audit Scotland which had relevance for the ongoing work of the Risk, Audit and Performance Committee, Integration Joint Board and the Health and Social Care Partnership.

The Chair clarified that there was only one recommendation for Committee consideration at 2.1(a) as there were no further papers included as referred to at 2.1(b).

Amy Richert - Senior Project Manager, advised that Audit Scotland produced a range of local and national reports on the performance and financial management of Scotland's public bodies. The report for noting on today's agenda was NHS in Scotland 2021, which had been reviewed and identified as being specifically relevant for Committee Members. Ms Richert spoke to the report and responded to questions from Members.

Members discussed the issues around sharing of data from General Practices and noted that the new National Care Service Bill was going to be looking at this. Members noted the task involved in explaining to the public that it may not always be necessary to see a GP as there were other health professionals who may be better suited in certain circumstances. Members further noted the increasing requirement for joint working and pooling available resources.

The report recommended:-
that the Committee note the recommendations made by Audit Scotland in the 'NHS in Scotland 2021' report.

The Committee resolved:-
(i) to note that the IJB Chair would forward information to the Strategy and Transformation Lead regarding good practice in Forth Valley; and
(ii) to otherwise note the recommendations made by Audit Scotland in the 'NHS in Scotland 2021' report.

INTERNAL AUDIT ANNUAL REPORT - HSCP.22.045

9. The Committee had before it the Internal Audit Annual Report for 2021-22.

Jamie Dale - Chief Internal Auditor, spoke to the report and responded to questions from Members.

Members noted that there would be a joint review of Information Management Governance commencing in July 2022 with NHSG Internal Audit and Moray Council. Mr Dale undertook to feed this back to Committee once the scope of work had been agreed.

The report recommended:-
that the Committee:
(a) note the Internal Audit Annual Report 2021-22;
(b) note that the Chief Internal Auditor had confirmed the organisational independence of Internal Audit;
(c) note that there had been no limitation to the scope of Internal Audit work during 2021-22; and
(d) note the progress that management had made with implementing recommendations agreed in Internal Audit reports.

The Committee resolved:-
to approve the recommendations.

INTERNAL AUDIT REPORT - IJB PERFORMANCE MANAGEMENT REPORTING HSCP.22.046

10. The Committee had before it the Internal Audit Report AC2109: IJB Performance Management Reporting, presenting the outcome from the planned audit of IJB

Performance Management Reporting that was included in the 2020/21 Internal Audit Plan for Aberdeen City Council.

The Chief Internal Auditor spoke to the report and responded to questions from Members.

The report recommended:-
that the Committee review, discuss and comment on the issues raised within the report.

The Committee resolved:-
to note the report.

PRIMARY CARE IMPROVEMENT PLAN UPDATE - HSCP.22.044

11. The Committee had before it an update on progress with implementing the Primary Care Improvement Plan (PCIP).

Sarah Gibbon – Programme Manager, spoke in furtherance of the report, advising that Members had been presented with a copy of the latest Scottish Government Tracker submission, submitted in May 2021, which provided a good overview of the work to date implementing the PCIP. Ms Gibbon explained that the format of the report was set by Scottish Government however a summary was provided in the body of the covering report. She then responded to questions from Members.

The report recommended:-
that the Committee;-
(a) note the update presented on the PCIP, as outlined in the report and its appendices;
(b) note that a workshop on 13 July 2022 was planned for a Primary Care Improvement Plan session for wider IJB members; and
(c) request that a further PCIP performance update was presented to the committee in Spring 2023 (unless required by exception).

The Committee resolved:-
(i) to instruct the Chief Finance Officer to share information with IJB members regarding the Communications strategy from the Aberdeen and Grampian Primary Care Groups and to continue to share regular updates with members;
(ii) to instruct the Chief Officer to include an update on Primary Care Communications as part of the Chief Officer report to IJB; and
(i) to otherwise approve the recommendations.

SIGNPOSTING PROTOCOL TO EXTERNAL SERVICES - HSCP.22.049

12. The Committee had before it a report providing a protocol for guidance prior to 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, advising that an earlier draft of the report had been considered at RAPC on 26 April 2022. She explained that the report had been requested in response to an observation by an IJB member regarding autism services. It was anticipated that the use of the Signposting Protocol would provide clarity for service users encouraging them to shop around and use their own judgement therefore hopefully avoiding negative outcomes being experienced.

The Strategy and Transformation Lead then responded to questions from Members.

The report recommended:-
that the Committee approve the draft Signposting Protocol attached at Appendix A of the report.

The Committee resolved:-
to approve the recommendation.

CAMHS - MENTAL WELFARE COMMISSION - YOUNG PEOPLE - MONITORING REPORT 2020-21 - HSCP.22.047

13. The Committee had before it a report providing an update on the Young People's Monitoring Report 2020-21 and giving assurance regarding progress in relation to the recommendations made by the Mental Welfare Commission.

Amanda Farquharson – Service Manager, Child & Adolescent Mental Health Services (CAMHS) highlighted the three recommendations made by the Mental Welfare Commission:

(1) That work to explore the accessibility and provision of intensive psychiatric care facilities (IPCU) for the under 18s in Scotland was sufficiently prioritised, resourced and supported by Scottish Government;
(2) Health board managers with a duty to fund and provide advocacy services for individuals with mental health difficulties in their area should ensure the availability of dedicated advocacy support for children and young people with mental health difficulties locally and ensure the resourcing and provision of any dedicated

specialist advocacy service was sufficient to be able to meet the needs of young people with mental health problems and to support and protect their rights; and

(3) Hospital managers should ensure that whenever a child or young person was admitted to a non-specialist ward that consideration and exploration of their educational needs and their right to education should be a standard part of care planning for the young person during their hospital admission.

The Service Manager (CAMHS) then responded to questions from members. Members noted concern regarding lack of specific actions and timelines.

The report recommended:-
that the Committee:-

(a) note the recommendations made by the Mental Welfare Commission in the Young People's Monitoring Report 2020-21 (Appendix A) and provide an update on the IJB's progress in relation to these and any previous recommendations; and

(b) instruct the Chief Officer to provide a further update to the Risk, Audit and Performance Committee following the publication of the 2021-22 Mental Welfare Commission Young People's Monitoring Report.

The Committee resolved:-

(i) to instruct the Service Manager, Child & Adolescent Mental Health Services to update Committee further on 1 November 2022 with specifics regarding gaps in services, actions and target timescales; and

(ii) to otherwise approve the recommendations.

JUSTICE SOCIAL WORK - ANNUAL PERFORMANCE REPORT - HSCP.22.042

14. The Committee had before it the Justice Social Work Annual Performance Report and Delivery Plan Update.

The report recommended:
that the Committee:-

(a) note the Annual Performance Report 2021-22; and

(b) note the update provided in respect of the Delivery Plan 2021- 2022.

The Committee resolved:-
to approve the recommendations.

RISK, AUDIT AND PERFORMANCE COMMITTEE
23 June 2022

CONFIRMATION OF ASSURANCE

15. 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 - TUESDAY 9 AUGUST 2022 AT 10AM

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

- 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**

Aberdeen City Health & Social Care Partnership
A caring partnership

CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 10 August 2022. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Councillor Christian Allard Chairperson; and Kim Cruttenden, Councillor Deena Tissera and John Tomlinson (as substitute for Luan Grugeon.

In attendance: Caroline Howarth, Lynn Morrison, Fraser Bell, Fiona Mitchelhill, Laura McDonald, Barbara Dunbar, Val Vertigans, Kevin Dawson, Stella Evans, Shona Omand-Smith, Stuart Lamberton and Mark Masson (Clerk) .

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

WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Luan Grugeon and Claire Wilson.

The Committee resolved:-
to note John Tomlinson was substituting for Luan Grugeon.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. Members were requested to intimate any declarations of interest or transparency statements in respect of the items on today's agenda, thereafter the following was intimated:-

Caroline Howarth advised that she had a connection in relation to item 4.6 (Sustainability of General Practices Interim Update), by virtue of her being an independent GP, however having applied the objective test, she did not consider that she had an interest and would not be withdrawing from the meeting.

MINUTE OF PREVIOUS MEETING OF 19 APRIL 2022, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 19 April 2022, for approval.

The Committee resolved:-
to approve the minute.

CLINICAL AND CARE GOVERNANCE COMMITTEE
10 August 2022

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 (Operational Risk Register) and item 7 (Long Covid Update); and
(ii) to otherwise note the planner.

CCG GROUP MONITORING REPORT - UPDATE - HSCP.22.061

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

The report recommended:-
that the Committee note the contents of this report.

Lynn Morrison provided a comprehensive summary of the report.

In response to a question from Councillor Tissera, Lynn Morrison provided an update in relation to international recruitment and explaining that a draft workforce plan to address recruitment and retention would be submitted to a future meeting of the IJB.

In response to a question regarding vaccination auditing, Lynn Morrison and Fiona Mitchelhill advised that data information, shared learning themes and actions were considered via the CCG Group process including at weekly clinical risk meetings with assurance being provided or any key issues being highlighted to the Committee.

The Committee resolved:-
(i) to note that a detailed update in relation to the Healthy Hoose service provision would be included within the report at the next meeting;
(ii) to note that an update in relation to Pharmacy Information Governance, specifically regarding the remote hub-based team and draft action plan would be included within the report at the next meeting;
(iii) to note that further details relating to NHS dental health provision, particularly around inequity (private treatment) concerns would be provided within the report at the next meeting;
(iv) that further information on the dental equipment delays, including details on the position as it is today compared to last year and whether the gap would likely increase or not would be provided at the next meeting;

(v) to note that a meeting to review the content of the current Group Monitoring Report, specifically to consider whether additional context around assurance was required, would be held to include the IJB Chair, the Chairs of the Risk, Audit and Performance and Clinical and Care Governance Committees, Caroline Howarth and Lynn Morrison; and
(vi) to otherwise approve the recommendation.

CLINICAL RISK ASSURANCE - HSCP.22.056

6. The Committee had before it a report by Professor Nick Fluck which outlined the findings and learnings relating to clinical risk assurance and clarified the current position.

The report indicated that NHS Grampian (NHSG) was following an enterprise model where risk was effectively managed at every level in the organisation using a single established risk protocol.

The report advised (a) that the NHSG CRM Group (Clinical Risk Management Meeting) had oversight of a large portfolio of assurance information including the organisational risk register; (b) that it had input from all parts of the system including the three HSCPs; (c) that it meets weekly and reports to the Chief Executive Team (CET); (d) that it was sponsored jointly by the Medical and Nurse Directors and provided a quarterly report to the Clinical Governance Committee as well as a weekly update to the CET and the new Weekly System Decision Group; and (e) that from a risk specific point of view all new 'operational' and 'corporate services' risks were reviewed at the weekly NHSG System CRM meeting.

The report recommended:-
that the Committee –
(a) note the enterprise model being used to manage risk; and
(b) acknowledge the two example reports in the appendices to articulate clinical risk and assurance.

The Committee resolved:-
to approve the recommendations.

MENTAL HEALTH DELIVERY PLAN - ANNUAL REPORT (DECEMBER 2020 TO MARCH 2022) - HSCP.22.060

7. The Committee had before it an annual report by Kevin Dawson, Lead for Community Mental Health, Learning Disabilities, Drug and Alcohol Services which provided details of the work of Community Mental Health Services and sought to highlight progress on the implementation of the Aberdeen City Mental Health Delivery Plan 2020-2023.

The report recommended:-
that the Committee note the progress against the Implementation of the Mental Health Delivery Plan Actions set out in Appendix 2.

The Committee heard from Kevin Dawson who provided an overview of the key issues from the report, including the progress of the 15 key actions within the Mental Health Delivery Plan. He emphasised that every part of the mental health and wellbeing provision has had an increase in demand with approximately 25% on average since pre-covid.

The Committee resolved:-
to approve the recommendation.

MENTAL WELFARE COMMISSION - ALCOHOL ACQUIRED BRAIN DAMAGE - HSCP.22.058

8. The Committee had before it a report by Kevin Dawson, Lead for Community Mental Health, Learning Disabilities, Drug and Alcohol Services which provided an update on plans and progress to meet recommendations set out in the Mental Welfare Commission (MWC) Report.

The report recommended:-
that the Committee –
(a) note the Action Plan being implemented by the Alcohol Services and partners to meet MWC recommendations; and
(b) note that future progress on the Action Plan will be included in the consolidated annual CCCG report (that will update on a range of similar MWC Reports and local Action Plans).

The Committee heard from Kevin Dawson, who provided a summary of the report and confirmed that it was informed by service visits and contact with (a sample of) 50 people, from across Scotland, with alcohol related brain damage.

The Chair referred to the strategic advocacy plans intimating the importance that the rights of the person are protected.

The Committee resolved:-
to approve the recommendations.

ASP INSPECTION REPORT - HSCP.22.051

9. The Committee had before it a report by Val Vertigans, Lead Strategic Officer Adult Public Protection which outlined the findings of the recent Joint Inspection of Adult Support

and Protection (ASP) in Aberdeen, which was published on 21 June 2022 and the next steps.

The report recommended:-
that the Committee note the findings of the recent Joint Inspection of Adult Support and Protection in Aberdeen and the next steps.

The Committee heard Val Vertigans provide a summary of the report.

In response to a question from the Chairperson regarding priority areas which require improvement, namely 'the need for more adults at risk to access independent advocacy', Val advised that the Adult Protection Committee's Stakeholder Engagement Sub Committee would be scrutinising advocacy services and were to undertake a comprehensive strategic assessment in terms of their use to inform what improvements were required. She intimated that the number of people being referred to advocacy had increased, which was a positive sign.

The Committee resolved:-
to approve the recommendation.

ASP LEARNING REVIEWS - HSCP.22.052

10. The Committee had before it a report by Val Vertigans, Lead Strategic Officer, Adult Public Protection which provided details in relation to the new National Guidance for Adult Protection Committees on Undertaking Learning Reviews, and the steps being taken to embed this revised approach locally.

The report recommended:-
that the Committee note the new National Guidance for Adult Protection Committees on Undertaking Learning Reviews, and the steps being taken to embed this revised approach locally.

The Committee heard Val Vertigans provide a summary of the report, advising that (a) the new guidance was published on 25 May 2022 for the purpose of ensuring knowledge and learning was shared across the adult protection system to enable practice improvements locally and nationally; (b) that staff were involved in the Learning Review process; (c) that DCI Carron McKellar, chair of the Adult Protection Committee (CPC) Case Review Sub Committee (and also the CPC Learning Review Sub Committee), had been progressing work to ensure that local systems and processes align with the move towards learning reviews; and (d) that the governance of Learning Reviews and the whole process was through the Chief Officers Group and the APC.

Following questions from members, Val advised that the APC Sub Committee would evaluate the feedback from all staff and other relevant people involved in Learning

Reviews to inform their direction of travel and to ensure that all processes were being followed.

The Committee resolved:-
to approve the recommendation.

SUSTAINABILITY OF GENERAL PRACTICES INTERIM UPDATE - HSCP.22.053

11. The Committee had before it a report by Teresa Waugh, Primary Care Development Manager, Aberdeen City HSCP which provided an interim update and information to provide assurance that practice sustainability work was in progress across the city, outlining the associated reporting timescales.

The report provided details on the Grampian Wide/National Process, Aberdeen City Updated Process 2022, the expected timeline of the key milestones, Monitoring and Evaluation of Primary Care in Scotland and the consultation process.

The report recommended:-
that the Committee –
(a) note the interim sustainability progress update and reporting timescales; and
(b) agree a further report will be presented on 25 October 2022.

Caroline Howarth highlighted the key information from the report and following a question from Councillor Tissera, outlined the reasons why many GPs were seeking early retirement.

The Committee resolved:-
to approve the recommendations, noting that a further report would be presented to the next meeting on 4 November 2022 (rescheduled date).

ENHANCED SERVICES AND SEXUAL HEALTH - HSCP.22.059 (REPLACEMENT REPORT)

12. The Committee had before it a replacement report by Susie Downie, Interim Primary Care Lead ACHSCP which provided information in relation to new enhanced services which GP practices could sign up to.

The report advised (a) that the new enhanced services were either nationally or locally negotiated and form a part of a contract pack reviewed annually; (b) that they may be introduced at any point, subject to appropriateness and funding availability; and (c) that the enhanced services were optional and considered as additional to the core General Medical Services (GMS) that general practices were required to deliver.

The report recommended:-
that the Committee –
(a) note the update and note the 5 additional practices signing up to long acting methods of contraception (LARC) enhanced services;
(b) note the increase in enhanced services funding, approved by ACHSCP for Primary Care to progress funding approval for the above recommendation; and
(c) note Sexual Health Services and Primary Care will continue to work together to improve patient flow and local practice access to LARC enhanced services.

Caroline Howarth provided an overview of the report.

It was acknowledged that awareness of the availability of sexual health enhanced services was important, particularly in terms of the Ukrainian and other refugees located within the city.

The Committee resolved:-
to approve the recommendations.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

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

The Committee resolved:-
to note that there were no items requiring escalation.
- COUNCILLOR CHRISTIAN ALLARD, Chairperson

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	A	B	C	D	E	F	G	H	I	J
1	INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as 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**
8			**30 August 2022**							
9		Video	ACVO Video: FRESH Community Wellness		Kay Diack	Chief of Staff	ACHSCP			
10	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP22.077	Kay Diack	Chief of Staff	ACHSCP			
11	Standing Item	Equalities and Equalities Outcomes	To note the progress towards evidencing compliance with the Human Rights Act 1998, the Equality Act 2010, the Scottish Specific Public Sector Equality Duties 2012 and the Fairer Scotland Duty 2018, outlining how person-centered equality and human rights culture is being delivered across all services. At IJB on 25 May 2021 Members resolved to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC (starting December 2021 and then IJB - June 2022).	HSCP22.067	Alison Macleod	Lead Strategy and Performance Manager	ACHSCP	Went to RAPC on 01/03/22. Proposed delay to IJB August 2022 agreed on 7 June 2022.		
12	01.08.22	Appointment of Chairs - Risk, Audit and Performance Committee (RAPC) and Clinical Care Governance (CCG)	To seek approval from IJB for appointment of a new Chair to RAPC (due to John Tomlinson's term ending) and therefore also to CCG in order to have equal partner organisations chairing each Committee.	HSCP22.076	Emma Robertson	Governance	ACC			
13	10.11.21	Revised Strategic Risk Register SRR) & revised risk appetite statement (RAS).	To present updated versions of the IJB's Risk Appetite Statement and Strategic Risk Register (SRR), following the Risk Workshop on 15 August 2022.	HSCP22.075	Martin Allan	Business Manager	ACHSCP	Members agreed to defer to August IJB to allow for agreement of Strategic Plan at June IJB and updates from Risk Workshop.		
14		ACHSCP Annual Report	To seek approval to publish the Annual Performance Report (APR) for 2021-22 and to instruct the Chief Officer to present the report to both Aberdeen City Council and NHS Grampian for their information.	HSCP22.070	Alison Macleod / Michelle Grant	Lead Strategy and Performance Manager	ACHSCP	Proposed to defer to August 2022 agreed at IJB on 7 June 2022 - due to volume of business on June Planner.		
15	18 July 2022	Supplementary Work Plan - Social Care	To provide information about the work done to develop social care services for the community, and to seek approval to carry-out the commissioning and procurement work involved.	HSCP22.066	Neil Stephenson	Commissioning Lead	ACHSCP			
16	29.06.2022	Annual Locality Planning Report	To present the draft Annual Report 2021/22 in relation to delivery of the three Locality Plans. This is the first Annual Report since the Locality Plans were published in July 2021.	HSCP22.071	Alison Macleod / Chris Smilie	Strategy and Transformation Team	ACHSCP			
17		Draft ACHSPC Workforce Plan 2022 - 2025	To present the first draft of the ACHSCP Workforce plan for 2022 – 2025 for consultation with the IJB. After further consultation the final version will be presented to IJB on 11 October 2022 for approval.	HSCP22.073	Sandy Reid / Stuart Lamberton	Strategy and Transformation Team	ACHSCP	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.		
18	25.05.2021	Fast Track Cities	To present an annual update on the actions against the Action Plan submitted to the Integration Joint Board on 21st January 2020. At IJB on 25 May 2021 - (ii)to endorse the proposed actions for 2021/22, noting that the action plan is a live document, and to instruct the Chief Officer to provide an update on progress to the IJB on 29 March 2022	HSCP22.078	Sandy Reid / Daniela Brawley	Chief Officer	ACHSCP	Agreed by IJB on 7 June 2022 to further defer to August due to volume of business on June Planner.		
19		Link Practitioner Service Contract	To seek approval of the Link Practitioner Service Business Case and its recommended option to undertake collaborative commissioning to procure a provider to deliver the new Link Practitioner Service contract on behalf of Aberdeen City Health and Social Care Partnership.	HSCP22.062	Iain Robertson	Strategy and Transformation Team	ACHSCP			

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20	24.08.21	Rosewell House - IJB/BAC Joint Evaluation	To note the findings of an evaluation of Rosewell House. At IJB on 24 August 2021, Members instructed the Chief Officer 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; presented to the Integration Joint Board (IJB)	HSCP22.074	Sarah Gibbon	Project Manager		Proposal to defer to August 2022 was agreed due to volume of business on June Planner. Late paper coming to 30 August IJB.		
21	Standing Item	Winter Plan	To present an update on winter planning arrangements.		Martin Allan	Business Lead	ACHSCP		**R**	This is being incorporated into the Chief Officer repoort for 30 August 2022.
22	06.07.2021	Health and Care Experience (HACE) Survey Report	To present for information, the results for Aberdeen City from the Health and Care Experience (HACE) Survey which was undertaken nationally in 2021/22. On 6 July 2021, Members instructed the Chief Officer to bring a report on the 2021/22 HACE Survey in July 2022 comparing these with the 2019/20 results i.e., pre-Covid and post-Covid	HSCP22.072	Alison Macleod / Michelle Grant	Lead Strategy and Performance Manager	ACHSCP		**R**	This is being incorporated into the ACHSCP Annual Report for 30 August 2022.
23	15.06.2021	Hybrid Meetings	A report on how IJB can ensure inclusivity for all attendees by offering physical and/or digital participation at meetings. Due to the Covid guidance from NHSG to continue working from home where possible - to be reviewed for 2022. Key recommendation is test of change to hold hybrid session in Council Chamber before a final decision.	HSCP.21.097	Sandra Macleod	Chief Officer	ACHSCP		**R**	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. June 22 IJB - CO report advised that teams will be used for IJB meetings for rest of the year. **Propose to remove from planner at this time. Further reports to be provided once longer term hybrid option has been identified.**
24	25.05.2021	Community Nursing Digitalisation	On 25 May 2021 IJB agreed - to instruct the Chief Officer, ACHSCP to present an evaluation report on implementation of the project to include outcomes within 1 year		Michelle Grant / Craig Farquhar	Chief Officer	ACHSCP		**D**	Deferred to 7 June due to system and workload pressures. Agreed by IJB on & June 2022 to defer to August 2022 due to volume of business on June Planner. June 2022 - Strategic Plan Delivery Plan outline timeline for development and evaluation of this project to Spring 2023. Report deferred to 28 March 2023.
25	28.04.22	Analogue to Digital telecare	To provide an update report to Members.		Pete McAndrew /Nadir Freigoun / Valerie Taylor	Strategy and Transformation Team	ACHSCP		**D**	Request from Alison Macleod to defer to October IJB to allow more time for project development
26	07.06.2022	Rubislaw Park Evaluation	To present the findings of the service evaluation, following on from the agreement of contract extension at June IJB.		James Maitland / Michelle Grant	Strategy and Transformation Team	ACHSCP		**D**	Request to defer to October will allow further data to be captured from the newer pathways into the EoL beds at Rubislaw.
27	**11 October 2022**									
28	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
29	Standing Item	IJB, RAP and CCG Meeting dates - 2023 - 2024	To seek agreement on meeting dates from 1 April 2022 to 31 March 2023.		Emma Robertson	Clerk	ACC			
30	Standing Item	Audited Accounts	To seek approval of the Audited Accounts.		Paul Mitchell	Chief Finance Officer	ACHSCP	Members noted at IJB on 7 June 2022 that the Audited Accounts would be ready at the end of September 2022 and would be considered by the appropriate Committee thereafter.		
31	07.06.22	Carers' Strategy	To consult with Members on the Carers' Strategy , ahead of the final version being presented on 29 November 2022.		Aliosn MacLeod	Strategy and Transformation Team	ACHSCP			
32	26.04.2021	Workforce Strategy	To seek approval from members following the consultation at IJB in August 2022. This strategy supports the Strategic Plan.	n/a	Sandy Reid / Stuart Lamberton		ACHSCP			
33	26.07.2022	Complex Care Market Position Statement	To seek approval of the Complex Care Market Position Statement - This is a new piece of work to bring together information on needs around Complex Care services and is one of the delivery plan priorities; the development of the Market Position Statement is linked to this.		Jenny Rae / Kevin Dawson	Strategy and Transformation Team	ACHSCP			
34	**29 November 2022**									
35	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
36	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			
37	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			
38	18.07.22	PCIP Update			Susie Downie / Emma King	Primary care Leads	ACHSCP			

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39	12.07.2022	Marywell Service Review	Report requested to be added by Teresa Waugh		Susie Downie / Emma King	Primary Care Leads	ACHSCP			
40	17.08.22	Carers' Strategy	To seek approval of the final version of the Carers' Strategy.							
41	26.07.2022	MHLD Commissioning Review			Jenny Rae / Kevin Dawson	Strategy and Transformation Team	ACHSCP			Provisional date at present. May move to January 2023.
42	**31 January 2023**									
43	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
44	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			
45	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 (MHLD) 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				
46	**28 March 2023**									
47	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
48	24.08.21	Rosewell House - evaluation report	Rosewell House - Options Appraisal and Recommendations - HSCP.21.088 (IJB 24/08/21) instruct the Chief Officer, to bring a full evaluation report of the service being delivered at Rosewell House to the IJB board in March 2023;		Sarah Gibbon	Project Manager	ACHSCP			
49	Standing Item	Annual Procurement Workplan 2023/2024			Neil Stephenson	Procurement Lead	ACC			
50	Standing Item	Medium Term Financial Framework - 2023/24			Alex Stephen	Chief Finance Officer	ACHSCP			
51		Grant Funding to Counselling Servies	Considered at IJB on 10 March 2022 - is this an annual report?			Commissioning Lead	ACHSCP			
52		IJB Scheme of Governance Annual Review	Considered at IJB on 7 June 2022 - this is an annual review so date to be established for approx June 2023 review		John Forsyth	Solicitor ACC	ACHSCP			
53	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			This is an annual report and was last considered at IJB on 7 June 2022.
54	**TBC Future Meetings**									
55	16.08.22	Fast Track Cities								Last presented to IJB on 30 August 2022. This is an annual report.
56	16.08.22	Neuro Rehabilitation Pathway								Outline draft expected end of March 2023, to come to next IJB after that.

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Seminars/Workshops			
	Timescale	**Lead Officer**	**Update**
Planned Sessions			
National Care Service - Call for Views	30-Aug-22	Alison MacLeod	Set for 30 August , on IJB agenda.
Mental Health	20-Sep-22	Jane Fletcher/Kevin Dawson	Workshop set for 20 September 2022, invites sent.
ADP	20-Sep-22	Simon Rayner	Workshop set for 20 September 2022, invites sent.
Culture	20-Sep-22	Jason Nicol	Workshop set for 20 September 2022, invites sent.
Dates to be Identified			
Procurement (Fair and Transparent)]		Neil Stephenson/Shona Omand-Smith	To be taken with Ethical Commissioning
Ethical Approach to Commissioning]		Shona Omand-Smith/Neil Stephenson	To be taken with Procurement
Delivery Plan (including Strategic Objectives)		Alison Macleod	
Strategic Intent		Sandra Macleod	
Sport Aberdeen - how to help further the health and wellbeing agenda through sport and activity		Alison MacLeod	Suggested following meeting with Community Planning
Previous Sessions			
Primary Care – lessons learned/benefits of 2 C Redesign	13-Jul-22	Susie Downie	Completed; virtual workshop 13 July 2022.
Risk	15-Aug-22	Martin Allan	Completed; workshop at Beach Ballroom 15 August 2022.

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGATION JOINT BOARD

Date of Meeting	30 August 2022
Report Title	Equality and Human Rights Annual Performance Report
Report Number	HSCP22.067
Lead Officer	Sandra Macleod Chief Officer
Report Author Details	Alison Macleod Strategy and Transformation Lead
Consultation Checklist Completed	Yes
Appendices	**Appendix A** – Stage 3 Analysis and Findings

1. Purpose of the Report

1.1. To provide the Integration Joint Board (IJB) with an update on progress towards evidencing compliance with the Human Rights Act 1998, the Equality Act 2010, the Scottish Specific Duties contained within the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, and the Fairer Scotland Duty 2018, outlining how person-centred equality and human rights culture is being delivered across all services.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the progress made to date and the future plans in relation to continued assurance of compliance with our legislative duties in relation to Equality, Human Rights and Fairer Scotland duties.
b) Instructs the Chief Officer to submit an annual report on the progress made to make the equality duty integral to the exercise of the IJB functions to the Risk Audit and Performance Committee.
c) Instructs the Chief Officer to submit a progress report on its Equality Outcomes and Mainstreaming Framework every two years, in advance of publication.

d) Instructs the Chief Officer to review the IJB's Equality Outcomes and submit these to the IJB for approval in advance of the next required renewal date of April 2025.

3. Summary of Key Information

3.1. The Public Sector Equality Duty is contained within the Equality Act 2010 (the Act). It describes how a public authority must, in the exercise of its functions, have due regard to the need to—

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3.2. Under the Act there are 9 protected characteristics. These are:

1. Age
2. Disability (e.g., physical, or mental impairment)
3. Gender Reassignment
4. Pregnancy and maternity
5. Race
6. Religion or belief
7. Sex
8. Sexual orientation
9. Marriage and civil partnership

3.3. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th of May 2012 and were amended in 2015 to bring additional listed authorities within their scope. This included Aberdeen City Health and Social Care Partnership.

3.4. The Scottish Specific Public Sector Equality Duties 2012 requires the Partnership as a listed authority to:

1. Report on progress on mainstreaming the equality duty
2. Publish equality outcomes and report on progress
3. Review and assess policies and practices
4. Gather and use employee information

5. Publish gender pay gap information
6. Publish statements on equal pay etc
7. Consider award criteria and conditions in relation to public procurement
8. Publish in an accessible manner
9. Consider matters as prescribed by the Scottish Minister

Mainstreaming the Equality Duty

3.5. The IJB is required to publish Equality Outcomes every 4 years, and to report, at least every 2 years, on the progress made to make the equality duty integral to the exercise of its functions so as to better perform that duty. This is commonly referred to as mainstreaming. The Equality and Human Rights Commission describes mainstreaming as the following:

"Mainstreaming equality simply means integrating the general equality duty into the day-to-day working of an organisation. It is for the organisation themselves to determine how best to mainstream equality in their day-to-day functions". Source Equality and Human Rights Commission. Webpage https://www.equalityhumanrights.com/en/public-sector-equality-duty-scotland/public-sector-equality-duty-faqs

3.6. IJB published Equality Outcomes in 2016 and reported on progress on its mainstreaming duty in 2018, and 2021. All Equality related documentation can be found in the Equality section under Our Governance on the ACHSCP website, found here Our Governance | Aberdeen City HSCP The outcomes were not revised, and there was no report in 2020, due to staff focus on the response to the COVID-19 Pandemic.

3.7. At its meeting of 25th May 2021, the IJB considered the overdue Equalities Progress Report and agreed to its publication. The IJB also approved the Equality Outcomes and Mainstreaming Framework (2021-25) for Aberdeen City, the aim of which was to embed a culture of equality and human rights across all services. Part of this was the adoption of a Health Inequalities Impact Assessment (HIIA) template for use within ACHSCP. The template was created by Public Health Scotland and as well as considering the protected characteristics, the template also considers Human Rights and Health Inequalities which incorporates the IJB's Fairer Scotland Duty. The report and associated appendices can be found as Agenda Item 13, via this link Agenda for Integration Joint Board on Tuesday, 25th May, 2021, 10.00 am (aberdeencity.gov.uk)

3.8. The May 2021 report set out a monitoring framework which included a half yearly report to the Risk Audit and Performance (RAP) Committee and an annual report to the IJB. The half yearly report was considered by RAP on 1st March 2022 (note this was delayed as the January meeting had been cancelled due to the response to the Omicron variant). The report detailed the progress that had been made since IJB approval eight months earlier. The full report and 11 appendices are available as Agenda Item 6b from this link Agenda for Risk, Audit and Performance Committee on Tuesday, 1st March, 2022, 10.00 am (aberdeencity.gov.uk).

Review and assess policies and practices

3.9. The RAP report covered progress made particularly in relation to the development of governance arrangements and guidance documents to support staff deliver the Specific Duties, but in summary the following areas were covered.

- Governance arrangements
- Terms of Reference for the Equality and Human Rights Sub Group
- The role and remit of the DiversCity Officers (Equality Champions)
- Introductory Guidance on the duty to review and assess policies and practice
- "Dispelling the Myths" on undertaking impact assessments
- Guidance on gathering and using evidence
- Stage 1 of the assessment process – considering 'proportionality' and 'relevance' and deciding whether an HIIA is required or not
- Stage 2 of the assessment process – empowering people to contribute, and capturing their views

3.10. The HIIAs undertaken or currently in development between May 2021 and July 2022 can be found in the following table:

Title of Report	Status	Lead Officer
Rosewell House	Completed	Fiona Mitchellhill Lead Nurse
Strategic Plan	Completed	Alison MacLeod Strategy and Transformation Lead
Carer Strategy Review	In development	Alison MacLeod Strategy and Transformation Lead
Mental Health and Learning Disability Accommodation Review	In development	Shona Ormand-Smith Commissioning Lead

INTEGATION JOINT BOARD

Title of Report	Status	Lead Officer
Drugs and Alcohol Partnership – Service Development	In development	Kevin Dawson Lead for Mental Health and Learning Disabilities
Workforce Plan	In development	Sandy Reid People and Organisation Lead
Additional Respite and Additional Interim Beds Service Development	In development	Shona Ormand -Smith Commissioning Lead

3.11. Further HIIAs will be identified and developed as we progress through the programmes and projects related to delivery of the Strategic Plan 2022-25.

3.12. Since March one further guidance document has been created which is Stage 3 of the process and that is in relation to analysing the findings of the reviews and capturing recommendations arising these. This is attached as Appendix A to this report.

3.13. Planned work going forward includes: -

- Establishment of the DiversCity Officer Group.
- Agreement of the Terms of Reference for the DiversCity Officer Group.
- Delivery of the DiversCity Officer development programme.
- Development, circulation, and quarterly review of the DiversCity Directory.
- Delivery of the and delivery of an awareness raising programme for all staff.
- Design and development of dedicated web pages for publishing equality related documentation.
- Embedding Equality and Human Rights into the Partnership's procurement and commissioning principles incorporating the Scottish Government's Preparing to transition towards a National Care Service for Scotland Preparing to transition towards a National Care Service for Scotland: SPPN 7/2021 - gov.scot (www.gov.scot) .
- Development of the bi-annual report against delivering our Equality Outcomes (as required by SSPSED 2) by April 2023.

Scottish Government Review

3.14. The Scottish Government is currently reviewing the effectiveness of the Scottish Specific Public Sector Equality Duties. In March 2021 they published their Stage 1 report which set out the current issues with the public sector equality duties and areas for improvement. The Partnership's consultation response to Stage 1 was coproduced with a member of the

Equality and Human Rights Subgroup and circulated for commented to the wider group before submission in October 2021.

3.15. Building on that report and using valuable feedback from duty bearers and equality advocacy groups, the Scottish Government published a Stage 2 consultation on their proposals for change on 13 December 2021. Similarly, to Stage 1, the Partnership's response was coproduced and circulated for comment to the Equality and Human Rights Subgroup membership.

3.16. The Equality and Human Rights Commission (the Commission) met with the Chief Officers of health and Social Care Partnerships on 1st July 2022 and offered support to help IJBs advance equality through improved compliance with the legislative obligations. On 22nd September 2022, the Commission will run a workshop on setting SMART equality outcomes that prioritise tackling the most significant inequalities relevant to our work. This will include information about how to measure and report on progress made. Aberdeen City will participate in this workshop after which we may wish to review our current outcomes as part of reviewing the progress made to achieve them. In October/ November 2022, the Commission will run a workshop on assessing the equality impact of policies and practices, with a focus on strategic commissioning plans. Again, Aberdeen City will participate in that and implement any learning.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

This report has been written to demonstrate compliance with the legal duties and other requirements placed on the IJB by the Human Rights Act 1998, Equality Act 2010, the Scottish Specific Public Sector Equality Duties 2012 and the Fairer Scotland Duty 2018.

4.2. Financial

There are no direct financial implications arising from the recommendations of this report. All equality and human rights activities will be undertaken within existing budgets.

4.3. Workforce

There are no additional workforce implications arising from the recommendations in this report. Officers will undertake the roles of DiversCity Officers as part of their ongoing duties.

4.4. Legal

The risks associated with not implementing the recommendations include:

- Non-compliance with legislation
- Legal challenge which could impact on service redesign to deliver financial efficiencies
- Regulatory/enforcement action

The probability of legal risks occurring if people using social care services are not involved in the review and coproduction of services can be evidenced by the following two legal cases:

Birmingham City Council
Council failed to Give "Due Regard" to Equality Duties in Defunding a Community Service | Human Rights Law Centre (hrlc.org.au)

Scottish Council acted "unlawfully" by failing to consult over closure of day centre for disabled adults (Ayrshire Health and Social Care Partnership)
Scottish council acted 'unlawfully' by failing to consult over closure of day centre for disabled adults - Scottish Legal News

In both cases there were financial impacts. The purpose of carrying out a Health Inequality Impact Assessment is to identify the risks as they materialise to enable to service lead to identify mitigating actions to combat any negative impacts on the equality and human rights legal duties and other requirements and actions which combat inequality of outcome.

Relevant Legislation

- Human Rights Act 1998
- Equality Act 2010
- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- Fairer Scotland Duty 2018

5. Links to ACHSCP Strategic Plan

INTEGATION JOINT BOARD

5.1. This report links directly to delivery of the strategic aims and priorities of the IJB and supports achieving the stated approach of services being planned and led locally.

6. Management of Risk

6.1. Identified risks(s)

There is a risk that the IJB fails to maximise opportunities to engage with people with protected characteristics when planning and delivering services which could potentially lead to harm or exclusion of certain groups.

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

This report links to Strategic Risk 8:

Cause: Need to involve lived experience in service delivery and design as per Integration Principles

Event: IJB fails to maximise the opportunities created for engaging with our communities

Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims

This risk is currently sitting at Medium.

INTEGATION JOINT BOARD

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

The process, documentation and approach described in this report will improve the IJB's ability to demonstrate its due regard to the equality duty to the Scottish Parliament's appointed regulator. The quality of life for people who share a protected characteristic, have shared lived experiences and groups experiencing inequality will also improve as services are coproduced and become more accessible.

Approvals	
Sandra Macleod	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

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Health Inequality Impact Assessment

Stage 3

Analysis of findings and recommendations

Report Title

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 (remove those that do not apply)

Protected Characteristic	Equality Duty		What impact and or difference will the proposal have	How will you know - Measures to evaluate
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			
	Fostering good relations by reducing prejudice and promoting understanding			
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			
	Fostering good relations by reducing prejudice and promoting understanding			
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			
	Fostering good relations by reducing prejudice and promoting understanding			
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			

	Fostering good relations by reducing prejudice and promoting understanding			
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			
	Fostering good relations by reducing prejudice and promoting understanding			
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			
	Fostering good relations by reducing prejudice and promoting understanding			
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			
	Fostering good relations by reducing prejudice and promoting understanding			
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			

	Fostering good relations by reducing prejudice and promoting understanding			
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct			
	Advancing equality of opportunity			
	Fostering good relations by reducing prejudice and promoting understanding			

Human Rights – Reference those identified in Stage 1 (remove those that do not apply)

Article	Enhancing or Infringing	Impact and or difference will the proposal have	How will you know - Measures to evaluate
Right to Life			
Right not to be tortured or treated in an inhumane or degrading way			
Right to be free from slavery or forced labour			
Right to Liberty			
Right to a fair trial			

No punishment without law			
Right to respect for private and family life, home and correspondence			
Right to freedom of thought, conscience and religion			
Right to freedom of expression			
Right to freedom of assembly and association			
Right to marry and found a family			
Protection from discrimination in respect of these rights and freedom			

Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts	
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome	

Health Inequality Impact Assessment Recommendations

What recommendations were identified during the HIIA process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
	(Name and job title)		

Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposals affects different groups, including people with protected characteristics?

Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

Signed Off By:

Name Strategic Lead

Date

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	30 August 2022
Report Title	Appointment of Chairs to the Risk, Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC).
Report Number	HSCP.22.076
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	Links to Appendices: A - Terms of Reference: Risk, Audit and Performance Committee B - Terms of Reference: Clinical and Care Governance Committee

1. Purpose of the Report

1.1. To request Members of the Integration Joint Board to approve the appointment of new Chairs to the Risk, Audit and Performance (RAPC) and Clinical and Care Governance Committees (CCGC).

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

(a) agree the recommendation as described at 3.4 and appoint Councillor Martin Greig as Chairperson of the Risk, Audit and Performance Committee for a period not exceeding three years with effect from 1 November 2022; and

(b) agree the recommendation as described at 3.5 and appoint Kim Cruttenden as Chairperson of the Clinical and Care Governance Committee for a period not exceeding three years with effect from 1 November 2022.

3. Summary of Key Information

3.1. At the first meeting of the Integration Joint Board (IJB) on 7 June 2022 following the Local Elections, the Board agreed the appointment of four Elected Members and two NHS Members to the IJB, and two Elected Members and two NHS Members to both RAPC and CCGC. At that time, the Chairs of the Integration Joint Board and Risk, Audit and Performance Committee were to remain unchanged - namely Luan Grugeon and John Tomlinson respectively. Councillor Christian Allard was appointed as Chair to Clinical Care Governance.

3.2. The Integration Joint Board Standing Orders state:
3(1) The Chair shall be appointed by one of the constituent authorities for an appointing period not exceeding two years.

3.3. The Risk, Audit and Performance Committee and Clinical and Care Governance Committee Terms of Reference both state:
3(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; and
3(3) The Chair shall be appointed by the IJB for a period not exceeding three years.

3.4. John Tomlinson first Chaired RAPC on 20 August 2019 meaning that his three-year term would end in August 2022. Committee must therefore seek to appoint a new Chair for the RAPC for the next three years, commencing with the meeting on 1 November 2022. In accordance with the Terms of Reference as stated at 3.3, the position of Chair will now be appointed from Aberdeen City Council.

3.5. The IJB on 25 May 2021 considered a report to modify membership of the IJB and to appoint the Vice-Chair of the Board and the Chair of the Clinical and Care Governance Committee. In terms of the CCGC, the IJB agreed:-

to endorse the appointment of Councillor Sandra Macdonald as the Chair of the Clinical and Care Governance Committee (CCGC) from 28 May 2021 to 31 March 2023. However, in order to maintain the balance between the partners, the position of Chair of Clinical and Care Governance should therefore be appointed from NHS Grampian, notwithstanding the appointment of Councillor Christian Allard made by IJB on 7 June 2022.

3.6. The current members of RAPC are Councillor Martin Greig, John Tomlinson, Councillor John Cooke and June Brown. The current members of CCGC are Kim Cruttenden, Luan Grugeon, Councillor Christian Allard and Councillor Deena Tissera. This membership composition will remain unchanged.

3.7. The terms of reference for both committees have been attached under **Appendices A and B**.

3.8. 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.

3.9. 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.

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.

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 as an ACC member is being appointed as Chair of RAPC, it is recommended that the IJB appoint a voting member from NHS Grampian as Chairperson of the CCG Committee to support the representativeness principle outlined in standing orders.

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4.2. Financial

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

4.3. 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.

4.4. 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.

5. Links to ACHSCP Strategic Plan

5.1. Ensuring robust and effective governance will help the IJB achieve the strategic priorities as outlined it its strategic plan.

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.

INTEGRATION JOINT BOARD

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	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	30 August 2022
Report Title	Strategic Risk Register and Revised Risk Appetite Statement
Report Number	HSCP22.075
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Name: Martin Allan Job Title: Business Manager Email Address: martin.allan3@nhs.net
Consultation Checklist Completed	Yes
Directions required	No
Appendices	Appendix A - Risk Appetite Statement Appendix B - Strategic Risk Register

1. Purpose of the Report

1.1. To update the Integrated Joint Board (IJB) on the next steps to review its Risk Appetite Statement (RAS) and Strategic Risk Register (SRR) following the IJB workshop held on 15th August, 2022.

2. Recommendations

2.1. It is recommended that the IJB:

a) Note the outcomes of the strategic risk workshop on the 15th of August, 2022; and

b) Note that a revised RAS and SRR will be submitted to the IJB at its meeting on the 11th of October, 2022.

3. Summary of Key Information

Revised Risk Appetite Statement

3.1. The IJB's RAS is intended to be helpful to the board in decision-making and to enable members to consider the risks to organisational goals of not taking

decisions as well as of taking them. The ACHSCP's appetite for risk will change over time, reflecting a longer-term aspiration to develop innovation in local service provision.

3.2. The IJB Members, at a workshop on 15 August 2022, considered the Board's RAS, viewing it against the new Strategic Plan. The main discussion on the RAS and wider SRR was that there were a number of significant changes that have happened globally, nationally and locally since the last time these documents were reviewed. General consensus was reached on the next steps to be taken to review both documents (as outlined at paragraph 3.11 to this report). For ease of reference the current RAS is attached as Appendix A to this report.

3.3. The workshop members raised some governance actions to be taken forward, including: that the language and terminology in the RAS be consistent with that in the SRR; and that the IJB report template be amended to include reference to the RAS, allowing IJB members to see how any proposal in reports relate to the RAS.

3.4. The workshop members also looked at the risk dimensions in the RAS and there was broad consensus around amending the reputational risk dimension from moderate to high, to high. Details of the proposed changes to the RAS will be brought back to the IJB as per the timetable in paragraph 3.11 to this report.

Updates on Strategic Risk Register

3.5. The fundamental purpose of the SRR is to provide the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals. This involves setting out those issues or risks which may threaten delivery of objectives and assure the IJB that they are being managed effectively and that opportunity to achieve goals can be taken: it is the lens through which the IJB examines the assurances it requires to discharge its duties. The IJB uses this document to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce risk to integration. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.

3.6. Since the SRR was last submitted to the IJB, the Strategic Plan 2022-2025 has been approved and agreed by the IJB in June, 2022.

3.7. At its meeting on 15th December, 2021, the IJB agreed that the SRR was to be reviewed in full following the approval of the Strategic Plan.

3.8. The IJB members at its workshop on 15th August, 2022 split up into groups to review the 10 strategic risks in the SRR. For ease of reference the current SRR is attached as Appendix B to this report.

3.9. The workshop were circulated with prompts around the possible de-escalation of risks to the operational risk level, the possible amalgamation of risks, as well as emerging risks.

3.10. The main discussions in relation to the strategic risks were:

Risk 1. Impact of long covid; health debt, additional demand versus insufficient capacity to meet integration scheme, risk to general practice.

Risk 2. Cost of living rises, demand outstrips budget, inflation, additional demand. Sense check wording around covid finances, more focus on staff costs; the supply, availability and cost of materials. Buildings – are there any savings on buildings due to hybrid working and does this support climate change. Change 'possible' to 'likely rating.

Risk 3. Ability to deliver the hosted services (given the other strategic risks).

Risk 4. Low risk-can this be removed? Reviewing with risk 6 – feel these are very similar in terms of being historic risks and could be amalgamated or removed? One is around more internal and other is around more external?

Risk 5. Review risk rating versus new strategic plan. Still relevant and at early stages of this journey but have mitigations in place.

Risk 6. Review with risk 4 – feel these are similar and to be removed.

INTEGRATION JOINT BOARD

Risk 7. Need to review wording to reflect the delivery plan-could reference be made to information governance and cyber risks within this risk? Linkages to risks 1 and 2-transformation is a control in addressing financial sustainability. Consider removing word ' transformational' under Cause (demographic/financial) sounds more like a driver, addition could be 'Size and complexity of delivery planning/ challenge, workforce challenges' Could the following be added to the Mitigating actions: Workforce Plan, Organisational Development to support culture change.

Risk 8. Differences in localities eg. cost of living rises/inequalities/Scottish Index of Multiple Deprivation/link to Local Outcome Improvement Plan.

Risk 9. Reference to integrated workforce plan across system? There have been recruitment challenges, need to focus on new ways of working, use of technology. Need to revisit wording, reshape around cost of living, flexibility of working. Maximise hybrid working. Remains at 'very high'. Interesting to merge this with discussions around risk 2.

Risk 10. Move to operational risk register; minimal risk to delivering legal requirements around civil contingencies. Appropriate controls and mitigations are in place.

Emerging/other risks/other views: Discussed the pros and cons of having new risks. Is it better to consider climate and cost of living across all risks rather than a new one.

Risk to 3rd sector – helpful to have longer term certainty around contracts.

Climate change/environmental risk-could elements of risk 10 be added to a new climate change risk?

Cost of Living/inequalities-separate risk or woven into the agreed strategic risks?

Digital exclusion risk?

Information Governance risk to be added to Risk 7?

How live are these risk registers? Should be live and review consistently at Senior Leadership Team level.

Consistency of language across all risk registers.

3.11. In terms of next steps it is proposed that the Senior Leadership Team/Risk Owners review the strategic risks based on the outcomes of the workshop and present a revised RAS and SRR to the IJB at its meeting on the 11th of October, 2022. It is also proposed that given the amount of changes happening in the macro and micro environment that the IJB consider reviewing the strategic risks in April 2023.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality -** While there are no direct implications arising directly as a result of this report, equalities implications will be taken into account when implementing certain mitigations.

4.2. **Financial -** While there are no direct implications arising directly as a result of this report financial implications will be taken into account when implementing certain mitigations.

4.3. **Workforce -** There are no workforce implications arising directly as a result of this report.

4.4. **Legal -** There are no legal implications arising directly as a result of this report.

4.5. **Covid-19 -** There are no Covid-19 implications arising directly from the report, however the strategic risks have been reviewed to reflect the Partnership's response to the pandemic.

4.6. **Unpaid Carers -** There are no unpaid carers implications arising directly from this report.

4.7. **Other -** There are no direct implications arising directly as a result of this report.

INTEGRATION JOINT BOARD

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 it its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2022-2025.

6. Management of Risk

6.1. **Identified risks(s) –** all strategic risks.

6.2. **Link to risks on strategic or operational risk register:** all risks as captured on the strategic risk register.

6.3. **How might the content of this report impact or mitigate these risks:** Ensuring a robust and effective risk management process will help to mitigate all risks.

Approvals	
Sandra Macleod	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

IJB Risk Appetite Statement -December 2021

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

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

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

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

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

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

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Aberdeen City Health & Social Care Partnership
A caring partnership

Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10	March 2020 (RAPC)
11	July 2020 (IJB)
12	October 2020 (IJB Workshop)
13	November 2020 (IJB)
14	January 2021 (RAPC)
15	May 2021 (IJB)
16	June 2021 (RAPC)
17	September 2021 (RAPC)
18	November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec)
19	February 2022 (RAPC)
20	August 2022 (ahead of IJB Workshop)

Introduction & Background

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

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

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

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

Appendices

- Risk Tolerances
- Risk Assessment Tables

Colour – Key

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

Risk Summary:

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

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

-1-

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

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

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

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

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

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

Strategic Aims: Caring Together
Strategic Enablers: Relationships and Infrastructure

Leadership Team Owner: Lead Commissioner

Risk Rating: low/medium/high/very high

HIGH

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					

Risk Movement: increase/decrease/no change

NO CHANGE 01.08.22

Rationale for Risk Rating:

- There continue to be significant gaps in our ability to engage at a strategic level with some parts of the social care sector eg care home owners, and therefore a lack of alignment in our strategic response to the demands placed upon the whole system. Evidence of the impact of this includes a mismatch between the physical capacity we have available to meet the outcomes of people and the suitability and appropriateness of that capacity eg unsuitable accommodation, and a lack of appropriately trained staff
- There are difficulties in recruiting to vacant GP positions within the city which has led to GP practices closing.
- The impact of Covid-19 on independent GP practices, community optometrists and general dental practitioners is not yet fully quantifiable. Should supply of these contracted services reduce due to financial constraints and businesses fail, there may be insufficient capacity to provide services to patients. The responsibility to ensure patients have access to these services rests with the Partnership. Scottish Government via Chief Dental Officer has highlighted an increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions
- The removal of the Covid-19 supplier relief funding will have an impact on providers.

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

Controls:

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

Mitigating Actions:

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

• Strategic Commissioning Programme Board (includes representatives from third and independent sectors) • Local Medical Council • GP Sub Group • Clinical Director and Clinical Leads • Primary Care Contracts Team	• Agreed strategic commissioning approach for ACHSCP. • Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity.
Assurances: • Progress against our strategic commissioning workplan • Market facilitation opportunities and wide distribution of our market position statements • Oversight of both residential and non-residential social care services • Inspection reports from the Care Inspectorate • Monitoring of Primary Care Improvement Plan • Daily report monitoring • Clinical oversight group – daily meetings • Good relationships with GP practices, ensuring communication through agreed governance routes • Links to Dental Practice Advisor who works with independent dentists • Director of Dentistry co-ordinating Grampian contingency planning to • • horizon scan for regional deregistration activity • • proactively work with practices that wish to deregister patients • • plan suitable contingency arrangements in the event patients are deregister • Links to the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead • Roles of Clinical Director and Clinical Leads	**Gaps in assurance:** • Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst. • Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership. • We are currently undertaking service mapping which will help to identify any potential gaps in market provision • Public Dental Services staffing capacity to increase service provision in short term
Current performance: • We now have established a care at home strategic providers group, with agreed terms of reference. Their strategic ambition is to ensure the safe and effective delivery of care at home across Aberdeen. • We have recently published and distributed market position statements for both residential and training and skills development for service users with either mental health or learning disability. Both have been co-produced with providers through a series of workshops which had been advertised locally and through public contracts Scotland.	**Comments:**

-2-

Description of Risk: Cause-IJB financial failure and projection of overspend

Event-Demand outstrips available budget

Consequence-IJB can't deliver on its strategic plan priorities, statutory work, and projects.

Strategic Aims: All
Strategic Enablers: Finance

Leadership Team Owner: Chief Finance Officer

Risk Rating: low/medium/high/very high

HIGH

IMPACT					
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
LIKELIHOOD	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

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

DECREASE 01.08.2022

Rationale for Risk Rating:

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

Rationale for Risk Appetite:

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

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

Controls:

- Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Senior Leadership Team
- Risk, Audit & Performance receives regular updates on transformation programme & spend.
- Approved reserves strategy, including risk fund
- Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders.
- Budgets delegated to cost centre level and being managed by budget holders.

Mitigating Actions:

- The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.

• Medium-Term Financial Strategy. • Medium Term Financial Strategy review.	
Assurances: • Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer. • Board Assurance and Escalation Framework. • Quarterly budget monitoring reports. • Regular budget monitoring meetings between finance and budget holders.	**Gaps in assurance:** • The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated. • Financial failure of hosted services may impact on ability to deliver strategic ambitions. • There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide early cashable savings
Current performance: • Year-end position for 2021/22 • The IJB is currently forecasting an underspend of approximately £4m	**Comments:** • The financial position in future years will be challenging for the IJB as a result of the long-term impacts of Covid on services.

- 3 -

Description of Risk: Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City.

Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.

Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

Strategic Aims: All
Strategic Enablers: Relationships

Leadership Team Owner: Chief Officer

Risk Rating: low/medium/high/very high

HIGH

IMPACT					
Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
LIKELIHOOD	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

Risk Movement: (increase/decrease/no change):

NO CHANGE 01.08.2022

Rationale for Risk Rating:

- Considered high risk due to the projected overspend in hosted services
- Hosted services are a risk of the set-up of Integration Joint Boards.

Rationale for Risk Appetite:

- The IJB has some tolerance of risk in relation to testing change.

Controls:

- Integration scheme agreement on cross-reporting
- North East Partnership Steering Group
- Aberdeen City Strategic Planning Group (ACSPG)
- North East System Wide Transformation Group

Mitigating Actions:

- Development of Service Level Agreements for 9 of the hosted services considered through budget setting process.
- In depth review of the other 3 hosted services.
- Quarterly reporting to ACSPG and annual reporting on budget setting to IJB (once developed).

Assurances:

- These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB.
- North East System Wide Transformation Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services.
- Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums.
- The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.

Gaps in assurance:

- Ongoing review of hosted through development of SLA's.

Current performance:	Comments:
• Once the SLA's are in place, the IJB will be informed on current performance.	

Aberdeen City Health & Social Care Partnership
A caring partnership

- 4 -

Description of Risk:

Cause: Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) in areas such as governance, human resources; and performance

Event: Relationships are not managed in order to maximise the full potential of integrated & collaborative working.

Consequence: Failure to deliver the strategic plan and reputational damage.

Strategic Aims: All
Strategic Enablers: Relationships

Leadership Team Owner: Chief Officer

Risk Rating: low/medium/high/very high

Low

IMPACT					
Almost Certain					
Likely					
Possible					
Unlikely					
Rare			✓		
LIKELIHOOD	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

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

No Change 01.08.2022

Rationale for Risk Rating:

- Considered Low given the experience of nearly three years' operations since 'go-live' in April 2016.
- However, given the wide range and variety of services that support the IJB from NHS Grampian and Aberdeen City Council there is a possibility of services not performing to the required level.

Rationale for Risk Appetite:
There is a zero tolerance in relation to not meeting legal and statutory requirements.

Controls:

- IJB Strategic Plan-linked to NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan (LOIP)
- IJB Integration Scheme
- IJB Governance Scheme including 'Scheme of Governance: Roles & Responsibilities'.
- Agreed risk appetite statement
- Role and remit of the North East Strategic Partnership Group in relation to shared services
- Current governance committees within IJB, NHS and ACC.
- Alignment of Senior Leadership Team objectives to Strategic Plan
- Local and Regional Resilience Governance Arrangements

Mitigating Actions:

- Regular consultation & engagement between bodies.
- Regular and ongoing Chief Officer membership of Aberdeen City Council's Corporate Management Team and NHS Grampian's Senior Leadership Team
- Regular performance meetings between ACHSCP Chief Officer, Aberdeen City Council and NHS Grampian Chief Executives.
- Additional mitigating actions which could be undertaken include the audit programme and bench-marking activity with other IJBs.
- In relation to capital projects, Joint Programme Boards established to co-produce business cases, strategic case approved by IJB and economic, financial, commercial, management case approved by NHSG Board and ACC Committees

Assurances:

- Regular review of governance documents by IJB and where necessary Aberdeen City Council & NHS Grampian.

Gaps in assurance:

- None currently significant.

Current performance: • Most of the major processes and arrangements between the partner organisations have been tested and no major issues have been identified.	**Comments:**

- 5 -

Description of Risk:

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.

Strategic Aims: All
Strategic Enablers: Technology

Leadership Team Owner: Lead Strategy & Performance Manager

Risk Rating: low/medium/high/very high

HIGH

IMPACT					
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
LIKELIHOOD	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

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

NO CHANGE 01.08.2022

Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership. Given current situation with increased demand and staffing pressures there might be times that the likelihood of services not meeting standards is possible.

Rationale for Risk Appetite:
The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.

Controls:

- Clinical and Care Governance Committee and Group
- Risk, Audit and Performance Committee
- Data and Evaluation Group
- Performance Framework
- Linkage with ACC and NHSG performance reporting
- Annual Performance Report
- Chief Social Work Officer's Report
- Ministerial Steering Group (MSG) Scrutiny
- External and Internal Audit Reports
- Links to outcomes of Inspections, Complaints etc.
- Contract Management Framework
- Weekly Senior Leadership Team Meetings
- Daily Operational Leadership Team Huddles

Mitigating Actions:

- Continual review of key performance indicators
- Review of and where and how often performance information is reported and how learning is fed back into processes and procedures.
- On-going work developing a culture of performance management and evaluation throughout the partnership
- Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development
- Recruitment of additional resource to drive performance management process development
- Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams
- Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards.

	• Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support.
Assurances: • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Agreement that full Dashboard with be reported to both Clinical and Care Governance Committee and Risk, Audit & Performance Committee. Lead Strategy and Performance Manager will ensure both committees are updated in relation to the interest and activity of each. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs	**Gaps in assurance:** • Formal performance reporting has not been as well developed as we had hoped. Focus/priorities have changed. Going forward the focus will be on delivering the Leadership Team objectives (agreed every year and linked to delivery of the Strategic Plan). One aspect of the objectives for 2021/22 is the development of dashboards for use as a tool to drive improvement performance. • The LOIP has been refreshed and the Strategic Plan is due to be refreshed during 2021. It is likely the current set of key indicators will change. Performance indicators will be considered at the same time as we set new aims and objectives based on the learning over the last couple of years. • Further work required on linkage to Community Planning Aberdeen reporting.
Current performance: • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Data and Evaluation Group terms of reference and membership revised, and regular meetings are now scheduled and taking place. • Various Steering Groups for strategy implementation established, although meetings were paused during the response to Covid we are beginning to pick this work back up again. • Close links with social care commissioning, procurement and contracts team have been established • IJB Dashboard has been shared widely. • Weekly production of surge and flow dashboard	**Comments:** • **Annual Performance Report** – work on the ACHSCP Annual Performance Report for 2021/22 commenced in March 2022.

- 6 -

Description of Risk:

Cause: Complexity of function, decision making, and delegation within the Integration Scheme.

Event: IJB fails to manage this complexity

Consequence: reputational damage to the IJB and its partner organisations.

Strategic Aims: All
Strategic Enablers: Relationships

Leadership Team Owner: Communications Lead

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

IMPACT					
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
LIKELIHOOD	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

Risk Movement: (*increase/decrease/no change)*
NO CHANGE 01.08.2022

Rationale for Risk Rating:

- Risk rating has increased to acknowledge the complexity of operating in current pandemic environment.

Rationale for Risk Appetite:
Willing to risk certain reputational damage if rationale for decision is sound.

Controls:

- Senior Leadership Team Weekly Meetings
- Operational Leadership Team Daily Huddles
- IJB and its Committees
- Board Assurance and Escalation Framework process
- Standards Officer role
- Locality Governance Structures

Mitigating Actions:

- Staff and customer engagement – recent results from iMatter survey alongside a well-establish Joint Staff Forum indicate high levels of staff engagement.
- Effective performance and risk management
- Clear communication & engagement strategy, and a clear policy for social media use, in order to mitigate the risk of reputational damage.
- Communications staff membership of Leadership Team facilities smooth flow of information from all sections of the organisation
- Robust relationships with all local media are maintained to ensure media coverage is well-informed and accurate and is challenged when inaccurate/imbalanced.
- Locality Empowerment Groups established in each of the three localities, ensuring effective two-way communication between the partnership, partner organisations and a wide range of community representatives in North, South and Central. Consultation and engagement exercises are also

	carried out with service users, staff and partners throughout service change processes to gain detailed feedback and act upon it. • Through the Locality Empowerment Groups help inform plans which will identify priorities to improve health and wellbeing for local communities, seeking the views and input of the public on these Groups.
Assurances: • Role of the Chief Officer, Chief Operating Officer, Chief Finance Officer, Senior Leadership Team Weekly Meetings and Operational Leadership Team Daily Huddles • Performance relationship with NHS and ACC Chief Executives • Communications plan / communications staff	**Gaps in assurance:** None known at this time
Current performance: • Additional communications support recruited (starting in February 2022). • Regular and effective liaison by Communications staff with local and national media during various and current stages of the pandemic to: 1) mitigate potentially harmful media coverage of Partnership and care providers during the emergency; and 2) secure significant positive media coverage of effective activity by the Partnership and its partners during the Covid crisis, highlighting necessary changes to working practices and the work of frontline staff • Partnership comms presence on the NHSG Comms Cell • Close liaison with ACC and NHSG comms teams to ensure consistency of messaging and clarity of roles	**Comments:** • Communications strategy and action plan in place and being led by the HSCP's Communications staff • External and internal websites are regularly updated with fresh news/information; both sites continue to be developed and refined • Regular Chief Officer (CO) and Chief Executives (Ces) meeting supports good communication flow across partners as does CO's membership of the Corporate Management Teams of both ACC and NHSG

-7-

Description of Risk:

Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.

Event: Failure to deliver transformation and sustainable systems change.

Consequence: people not receiving the best health and social care outcomes

Strategic Aims: All
Strategic Enablers: Technology and Infrastructure

Leadership Team Owner: Lead for Strategy and Performance

Risk Rating: low/medium/high/very high

HIGH

IMPACT					
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
LIKELIHOOD	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

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

NO CHANGE 01.08.2022

Rationale for Risk Rating:

- Recognition of the known demographic curve & financial challenges, which mean existing capacity may struggle
- This is the overall risk – each of our transformation programme work streams are also risk assessed with some programmes being a higher risk than others.
- Given current situation with increased demand and staffing pressures there might be times when it is likely that transformational projects delivery may be delayed.

Rationale for Risk Appetite:

- The IJB has some appetite for risk relating to testing change and being innovative.
- The IJB has no to minimal appetite for harm happening to people – however this is balanced with a recognition of the risk of harm happening to people in the future if no action or transformation is taken.
- Although some transformation activity has speeded up due to necessity during the covid period, other planned activity such as plans to increase staff attendance has not been possible as a direct result of Covid implications.

Controls:

- Governance Structure and Process (Leadership Team Daily Huddles/Executive Programme Board and IJB and its Committees)
- Quarterly Reporting of Leadership Team Objectives to Risk, Audit & Performance Committee
- Annual Performance Report
- External and Internal Audit

Mitigating Actions:

- Programme management approach being taken across whole of the Partnership
- Transformation team all trained in Managing Successful Programmes methodology
- Regular reporting of progress on programmes and projects to Executive Programme Board
- Increased frequency of governance processes Executive Programme Board now meeting fortnightly and creation of huddle delivery models.
- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan, Action 15 Plan and Immunisation Blueprint, all of these are being revised in light of Covid and future priorities.
- Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards.

Assurances: • Risk, Audit and Performance Committee Reporting • Robust Programme Management approach supported by an evaluation framework • IJB oversight • Board Assurance and Escalation Framework process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned. • The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings • The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.	**Gaps in assurance:** • Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models.
Current performance: • The agreed Leadership Team objectives are placing a renewed focus on how we structure our resource.	**Comments:**

- 8 –

Description of Risk

Cause: Need to involve lived experience in service delivery and design as per Integration Principles

Event: IJB fails to maximise the opportunities created for engaging with our communities

Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.

Strategic Aims: All
Strategic Enablers: Relationships

Leadership Owner: Chief Officer

Risk Rating: low/medium/high/very high

MEDIUM

IMPACT					
Almost Certain					
Likely					
Possible			✓		
Unlikely					
Rare					
LIKELIHOOD	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

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

NO CHANGE 01.08.2022

Rationale for Risk Rating:

- Now that localities governance and working arrangements are established the impact of not maximising the opportunities is moderate but at the moment, in the early stages of the arrangements, the likelihood remains a possibility.

Rationale for Risk Appetite:
The IJB has some appetite to risk in relation to testing innovation and change. There is zero risk of financial failure or working out with statutory requirements of a public body.

Controls:

- Locality Empowerment Groups (LEGs)
- Leadership Team Huddle
- CPP Community Engagement Group
- Equalities and Human Rights Sub-Group

Mitigating Actions:

- Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG.
- Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning

Assurances:

- Strategic Planning Group (LEGs have representation on this group)
- Executive Programme Board
- IJB/Risk, Audit and Performance Committee
- CPA Board

Gaps in assurance

- Demographic and diversity representation on Locality Empowerment Groups. The Equalities and Human Rights Sub Group has been tasked to address this.

Current performance:

- LEGs representatives attend the SPG on a regular basis and participate in the meetings.

Comments:

- 9 -

Description of Risk: Cause-Impact of Covid19 has accelerated and accentuated long-term workforce challenges

Event: Insufficient staff to provide patients/clients with services required.

Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

Strategic Aims: All

Strategic Enablers: Workforce

Leadership Team Owner: People & Organisation Lead

Risk Rating: low/medium/high/very high

VERY HIGH

IMPACT					
Almost Certain					✓
Likely					
Possible					
Unlikely					
Rare					
LIKELIHOOD -	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

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

NO CHANGE 01.08.2022

Rationale for Risk Rating:

- The current staffing complement profile changes on an incremental basis over time.
- However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50).
- Totally exhausted work force with higher turnover of staff (particularly over 50)
- Current very high vacancy levels and long delays in recruitment across ACHSCP services.
- Little expectations that 'system' will revert to 'normal ' post covid .
- Higher levels of sickness absence
- Increased numbers of early retirement applications and requests for reduced hours

Rationale for Risk Appetite:

- Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention.

Controls:

- Clinical & Care Governance Committee reviews tactical level of risk around staffing numbers
- Clinical & Care Governance Group review the operational level of risk
- Oversight of daily Operational Leadership Team meetings to maximise the use of daily staffing availability
- Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-*replicate wording in risk 1 and include pc risk*
- Establishment of daily staffing situational reports (considered by the Leadership Team)
- NHSG and ACC workforce policies
- Daily Grampian System Connect Meetings and governance structure
- Daily sitreps from all services (includes staffing absences)

Assurances:

ACHSCP Workforce Plan
Weekly Senior Leadership Team Meetings
Daily Operational Leadership Team Meetings
Senior Leadership Team Objectives and appraisal process to help manage Partnership's risks
Staff side and union representation on daily Operational Leadership Team meetings

Mitigating Actions:

- Significantly increased emphasis on health/wellbeing of staff
- ACHSCP Workforce Plan
- Service redesign ongoing
- Engagement with schools to raise ACHSCP profile (eg Developing the Young Workforce, Career Ready)
- Work with training providers and employers to encourage careers in Health and Social Care (eg Foundation Apprenticeships/Modern Apprenticeships through NESCOL, working with Department for Work and Pensions)

	• Greater use of commissioning model to encourage training of staff • Increased emphasis on communication with staff • Greater promotion of flexible working • Testing implementation of hybrid working and its long-term expansion • increased collaboration and integration between professional disciplines, third sector, independent sector and communities through Localities. • Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through daily Operational Leadership Team meetings, identifying trends. • Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines
Current performance: • Maintenance of agreed critical services throughout pandemic, including deployment of staff to services of highest need. • Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures • Managing very high level vacancies in comparison to neighbouring Health Boards	**Gaps in assurance** • Commencement of new Workforce Plan in April, 2022
	Comments: • Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course. • **Covid-19 Update** The emergency has resulted in a requirement for employees to embrace new methods of carrying out their duties, whether this has involved 7-day rostering, remote working or increased flexibility and mobility.

- 10 -

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.

Strategic Aims: Keeping People Safe at Home
Strategic Enablers: Relationships

Leadership Team Owner: Chief Officer

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

IMPACT					
Almost Certain					
Likely					
Possible				✓	
Unlikely					
Rare					
LIKELIHOOD	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**

Risk Movement: (increase/decrease/no change):
NO CHANGE 01.08.2022

Rationale for Risk Rating:

- Considered high risk due to the potential major impact to citizens if the IJB does not manage its responsibilities under the Act.

Rationale for Risk Appetite:

- There is a zero tolerance in relation to not meeting legal and statutory requirements.

Controls:

- 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

Mitigating Actions:

- 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 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. • 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 (eg patient flow and weather events)
Assurances: • 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 (PARD). • The Partnership's Senior Managers On Call have access to the relevant sections of the Council's Resilience Hub so that key messages can be received.	**Gaps in assurance:** • Development of National Persons at Risk Database (PARD) • 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.
Current performance: • Meetings regarding the development of the PARD 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 (starting February 2022) • Recruitment of additional comms support for Partnership (starting February 2022) • Restructuring of post (Resilience Officer) to help support IJB's roles under the Act (started February 2022) • Recruitment of post (Emergency Planning, Resilience and Civic Officer) shared with Aberdeen City Council to further support the IJB's roles under the Act (started August 2022)	**Comments:**

Appendix 1 – Risk Tolerance

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

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

Table 1 - Impact/Consequence Definitions

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

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	• Can't believe this event would happen • Will only happen in exceptional circumstances.	• Not expected to happen, but definite potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

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

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

Table 4 - NHSG Response to Risk

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

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

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	30th August 2022
Report Title	ACHSCP Annual Performance Report
Report Number	HSCP22.070
Lead Officer	Sandra MacLeod Chief Officer
Report Author Details	Alison MacLeod, Lead for Strategy and Transformation. alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Appendices	a. Annual Performance Report 2021-22

1. Purpose of the Report

1.1. The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish the Annual Performance Report (APR) for 2021-22 (attached as Appendix A) and also to instruct the Chief Officer to present this to both Aberdeen City Council and NHS Grampian for their information.

2. Recommendations

2.1. It is recommended that the IJB:

a) Note the performance that has been achieved in 2021/22, the final year of the last Strategic Plan.
b) Approve the publication of the Annual Performance Report 2021-22 (as attached at Appendix A) on the Aberdeen City Health and Social Care Partnership's (ACHSCP) website.
c) Instruct the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian Board.

INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. Under the terms of the Public Bodies (Joint Working) Act 2014, the APR must outline a description of the extent to which the arrangements set out in the Strategic Plan have been achieved, or have contributed to achieving, the national health and wellbeing outcomes.

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

3.3. Last year's report devoted a section to Covid-19 and Aberdeen City Health and Social Care Partnership's response to this. This year, we have resumed our format of detailing our progress under each strategic aim whilst also making reference to the ongoing impact which Covid-19 has had on our staff, our services, and our remobilisation efforts.

3.4. The IJB are asked to note the significant progress made despite the challenging environment staff were working in. The delivery of the Covid Vaccination Programme; progress against our Primary Care Improvement Plan; the ongoing work of our Link Practitioners and our Stay Well Stay Connected Programme; and the significant contribution of the Rosewell House facility supported by Bon Accord Care, our Hospital at Home Team, and the new Care at Home arrangements delivered by the Granite Care Consortium assisted in keeping people safe at home and enabling timely discharges. These all helped to reduce the intense level of pressure on hospitals and the Scottish Ambulance Service, particularly in recent months.

3.5. As in previous years, and in agreement with colleagues nationally, we have produced two appendices (found within the APR) which indicate our performance against the national and Ministerial Steering Group (MSG) indicators. These enable nationwide benchmarking. Whilst performance against many of the indicators, particularly the subjective ones around patient and client experience, has deteriorated this is likely to be as a result of the Covid-19 pandemic conditions and is largely replicated in the Scottish average. The results from the Health and Care Experience Survey will be

reviewed alongside our primary care colleagues and discussed within our Clinical and Care Governance Groups.

3.6. In terms of the national indicators, the following are worthy of note: -

3.6.1. The number of carers who feel supported to continue in their caring role was on a par with the Scottish average last year and although it has dipped this year it has not dipped as far as the Scottish average.

3.6.2. The **percentage of adults who agreed they felt safe at home** fell by nine percent, but the Scottish average only fell 3 percent. This is an area of focus in our new Strategic Plan with significant activity planned around rehabilitation and complex care.

3.6.3. Our **premature mortality rate** increased by double the rate of the Scottish average (6% against 3%). Whilst this needs further investigation in relation to any specific areas of concern, we have committed to a significant programme of work around Prevention in our new Strategic Plan.

3.6.4. Our **Emergency Admission Rate** increased by 1.4% however the Scottish average increased by 4.8% which perhaps demonstrates the intense focus of staff efforts around diverting emergency admissions.

3.6.5. Our **Emergency Bed Day Rate** increased by 3.2% and the Scottish average increased by 4.8%.

3.6.6. Our **readmission rate** reduced from our previous rate which is encouraging as this has been an area of poor performance in the past. Whilst the Scottish average also improved that improvement was at a rate of 14.2% whereas our improvement was 16.5% which makes our performance in this area all the more impressive.

3.6.7. Our **falls rate** reduced slightly whereas the Scottish average stayed the same.

3.6.8. The **proportion of our care services which were graded good or better** by the Care Inspectorate fell significantly by 13%. Whilst the

Scottish average also fell this was only by 6%. It should be remembered that Aberdeen City commission almost 100% of our social care services from external providers. These providers faced significant challenges throughout the Covid-19 pandemic. We have retained the Care Home Oversight Group whose role it is to work with providers to improve the quality of service provided.

3.6.9. The **number of days people spent in hospital when they are ready to be discharged** increased by 17% however the Scottish average increased by 57.2%. This significant differential from the Scottish average performance is a result of the intense focus and effort of our teams to achieve safe and timely discharges and as a result of the IJB's support in transforming services particularly around the implementation of the Granit Care Consortium Care at home Contract, the redesign of Rosewell House and the increased resourcing of Hospital at Home.

3.7. The MSG indicators show a mixed set of results with the number of **emergency admissions** and **A&E Attendances,** both increasing from the 2020/21 figures but both being below the 2019/2020 level. **Delayed Discharge Bed Days** increased on the 2020/21 figure but are 40% lower than the 2019/20 figure**. Unscheduled bed days for Geriatric Long Stay** have reduced significantly with the current figure being 24.7% below the average over the last three years. Again, all of these are testimony to the efforts of staff and the support of the IJB in transforming service delivery.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

The APR demonstrates our performance in general across services delivered to the whole population dependent on need, including those with protected characteristics such as age and disability and people experiencing inequality. It helps us identify areas for improvement.

4.2. Financial

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

4.3. Workforce

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

4.4. Legal

Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, we have a statutory obligation to publish an Annual Performance Report. As in other years, due to governance arrangements, we are unable to publish a final report within the stipulated timescale (4 months after the end of the financial year (i.e. 31st July 2022). This is due to the necessary inclusion of budgetary information and the need to report on national health and wellbeing outcomes which are unavailable in time for the June IJB reporting cycle. This is similar to many Partnerships and there is an acceptance at Scottish Government level that this is the case. Particularly in these last two years, leeway has been given to the publication timescale extending it as far as November 2022. If the APR was not to be approved and published, we would be in breach of our legal obligation which would damage the reputation of the IJB and give rise to uncertainty around its performance.

4.5. Covid-19

There are no direct Covid-19 implications in relation to the APR. The report itself discusses the continued response to Covid and the vaccination programme.

4.6. Unpaid Carers

There are no direct implications for Carers in relation to the APR. The report discusses ongoing work with unpaid carers, and it is anticipated that the impact of the refresh of the Carers Strategy will feature in next year's APR.

4.7. Other

None

5. Links to ACHSCP Strategic Plan

5.1. The APR demonstrates the progress made in the final year of the ACHSCP's Strategic Plan 2019-2022.

6. Management of Risk

6.1. Identified risks(s)

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

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

This report links to Strategic Risk 5

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.

INTEGRATION JOINT BOARD

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.

This risk is currently sitting at High.

6.3. How might the content of this report impact or mitigate these risks:
This report gives the IJB assurance on the areas where we are performing well and highlights areas where performance could be improved allowing remedial activity to be directed where required.

Sandra Macleod	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

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Aberdeen City Health & Social Care Partnership
A caring partnership

Annual Performance Report 2021-2022



ABERDEEN CITY COUNCIL

NHS Grampian

Foreword to the Annual Performance Report

The past year has been another challenging one for Aberdeen City Health and Social Care Partnership (ACHSCP). Much of the work undertaken during 2021/22 has centred around remobilisation following the initial crisis response to the Covid 19 pandemic and into the 'living with Covid' phase. As Aberdeen City begins to get back to normal in the absence of restrictions, we have seen an increase in demand for services. Responding to these needs has not been easy as, in common with other workplaces, we have experienced significant levels of staff absences due to Covid. Despite this, staff have continued to turn up when they could, and they have continued to deliver quality care to people who are often at their most vulnerable. There are no words to express our gratitude to staff for their commitment and dedication during this difficult time. I know some shifts have been hard, I know there hasn't always been the time or resources to provide the level of care we would have wanted, but your efforts have enabled us to continue to provide services in what have been described as some of the most challenging times in the last 30 years. I would draw your attention to the work of the Vaccination programme (pages 7 and 8) and Rosewell House, (page 14), and our Hospital at Home Team (page 17) as just a few examples of this work.

The double whammy of the pandemic and the cost-of-living crisis has had a significant impact on our communities, and in this report, you can learn about some of the work our Link Workers and our Wellbeing Team have been doing to try to help those in the most need.

The forthcoming financial year will continue to be challenging however I have confidence in our workforce and our partners that we will continue to provide the best care we can for the people of Aberdeen. Our new Strategic Plan for 2022-2025 outlines our priorities for the next three years. The focus initially will remain with remobilisation and a review of some services, to enable us to do more. We will also refresh our carers strategy to ensure that the right support is available to this group and to enable them to continue their invaluable work.

Sandra MacLeod
Chief Officer
August 2022

Contents

Introduction

This report finds us in the third and final year of the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2019-2022. The past three years have proved more challenging for our Health and Social Care Services than anyone could have predicted. Our partnership has demonstrated incredible resilience in the face of adversity and our work ethic has been pushed to the limit during the COVID 19 response as we have asked every member of staff to go above and beyond on numerous occasions.

This Performance Report reflects on the 2021-2022 financial year and showcases some of the work which has been carried out in relation to our Strategic Plan within this period. The Report thereafter looks forward to the next three years and our priorities for Strategic Plan 2022-2025.

Identified Priorities for 2021/2022

As part of our 2020/21 Annual Performance Report, we presented our priorities for this financial year. You can find out more about these priorities and the progress made towards achieving these in the identified sections of the report.

- Living with and responding to Covid 19. (see Prevention)
- Staff Health and Wellbeing (see Enablers)
- Reshaping our relationships with Communities
- Inequality, Mental Health and Human Rights (see Connections)
- Whole system and connected remobilisation
- Strategic Plan Refresh
- Local Survey 2022 (planned for 2022-2023)

Strategic Aims for the 2019-2022 ACHSCP Strategic Plan

Prevention	Working with our partners to achieve positive health outcomes for people and address preventable causes of ill health in our population.
Resilience	Supporting people and organisations so that they can cope with, and where possible overcome, the health and wellbeing challenges they may face.
Personalisation	Ensuring that the right care was provided in the right place and at the right time when people were in need.
Connections	Developing meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and to reduce social isolation.
Communities	Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.

Prevention

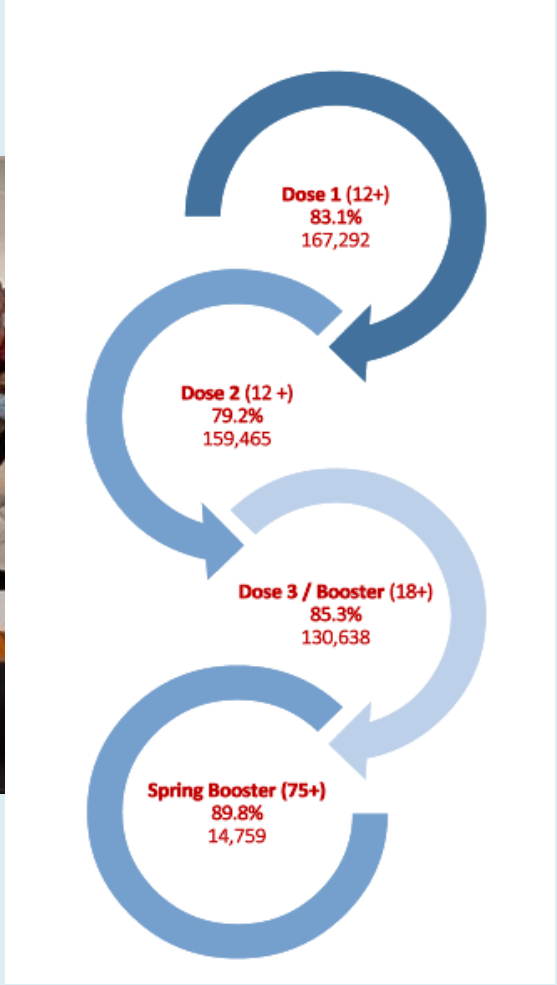
COVID-19 Vaccination Programme

The past year has continued to be dominated by COVID-19, our response to it and trying to manoeuvre our services into responding where the need has been.

Farewell to a Vaccination Team

On the 31st March we said Thank you and Farewell to a group of Vaccinators that joined us at the start of the pandemic to vaccinate and protect the population of Aberdeen against COVID-19.

COVID-19 Vaccinations Delivered over the past year



Prevention

Vaccination Transformation Programme

By April 2022, the full suite of immunisations were transferred from GP Practices over to ACHSCP for delivery. This includes all Pre-School, School and Adult vaccinations.

Pregnancy	Birth	Pre-School	Children & Young People	Adults	Others
• COVID-19 • Flu From Week 16 • Pertussis*	8 Weeks • Six-in-one** • Rotavirus • Meningitis B 12 Weeks • Six-in-one** • Pneumococcal • Rotavirus 16 Weeks • Six-in-one** • Meningitis B **diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, hepatitis B	12-13 Months • Hib/MenC*** • Pneumococcal • Meningitis B • Measles, Mumps & Rubella (MMR) Aged 2-5 • Flu 3 Years 4 Months • Four-in-one**** • MMR ***haemophilus influenzae type b, meninigitis c ****diphtheria, tetanus, pertussis, polio	Primary (5-11) • Flu Secondary (12-17) S1-S6 • COVID-19 • Flu S1 • Human papillomavirus (HPV) S2 • Human papillomavirus (HPV) S3 • Tetanus, Diphtheria & Polio (Td/IPV) • MeningitisACWY • MMR (Status)	18+ • COVID-19 Older Adults • Flu • Pneumococcal • Shingles	Offered to eligible groups: • COVID-19 • Flu • HPV • Pneumococcal • Hepatitis B • BCG***** Including: • people with certain health conditions • people who work in health and social care • people travelling abroad • refugees • men who have sex with men (MSM) *****bacillus calmette–guérin

100% of respondents felt they were well informed

Friendly and great with my little girl. She felt really comfortable

All the staff were VERY kind and helpful to me having a needle phobia and done everything they could to keep me comfortable

Thank you for making this service fast and efficient

94% felt that they did not have to wait long to be seen

Feedback gathered from vaccination clinics in Aberdeen City centre, Airyhall and Bridge of Don

Prevention

"A really good way to start talking about menopause locally. Allowing people to come together to work a way forward in supporting women in Aberdeen and Aberdeenshire"

Meno & Pause Co-Lab Café

ACHSCP have come together with Aberdeen Football Club Community Trust to host Meno & Pause Co-lab Café's at Pittodrie Stadium. The first event was held In March 2022, future events are planned throughout the summer.

The feedback so far from the events have been fantastic.

"Very engaging, speakers made everyone feel at ease, the icebreakers worked a treat in getting people speaking. It was also empowering to hear other's stories on how the menopause affects them."

"Very interesting and reassuring in terms of there being many women experiencing the same period of life, even if symptoms varied. Nice to know I am not going daft, and everyone's symptoms/experiences are different and real."

"Really good. Good atmosphere and wasn't too serious, whist covering a range of matters. People treated as important and heard, and a great opportunity to hear about other's experiences."

"It was a great meeting and I felt safe and secure to say exactly how I've been feeling and hearing how others are feeling it made me feel not quite so alone"

Prevention

Parkinson's Classes

Partnership working with Sport Aberdeen, Parkinson's UK and Robert Gordon University piloted a new exercise programme in 2021, for people with Parkinson's Disease. Due to its success a lower impact class was integrated into their Active Lifestyle programme.

The higher intensity class at RGU means that there is a pathway for working age people with Parkinson's disease to progress to an exercise level which is right for them.

Outcomes from the programme included:

- 90% of participants felt their balance & coordination had improved and they reported 100% improvement of a positive impact on stiffness.
- 80% of participants reported an increase in self-confidence & positive mood
- 64% of participants registered the same score or improved on the 12 scale walking scale test.

Exercise After Stroke

The Exercise after Stroke course, piloted and run by Sport Aberdeen in 2021, was a great success. Some participants reporting improvements in several tests including "Time Up & Go, EQ-5D-3L & the Modified Tinetti Assessment".

Participants Next Steps:

- Two participants have started the Steady Steps follow on class and one has taken out a membership
- Two participants are due to start follow on classes and will receive follow on support from the Active Lifestyles team until they begin.

"I now walk every day"

"Enjoyed attending for the social interaction with others"

"Felt instructors & volunteers had good awareness of challenges faced such as balance"

Prevention

Primary Care Improvement Plan (PCIP)

Since the inception of the 2018 General Medical Services (GMS) contract, we have established six new primary care services under our 'Primary Care Improvement Plan' (PCIP) to help support our GP Practices. The PCIP achieves this by expanding and enhancing the multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes.

Implementation of these services has continued despite the impact of the Covid19 pandemic, workforce challenges and we have successfully recruited to the following teams :

Pharmacotherapy — 24 WTE pharmacists and pharmacy technicians

- to provide pharmacotherapy support to GP Practices by providing services such as managing acute and repeat prescriptions and undertaking reviews of patients.

CTAC & Immunisations — 55 WTE nurses and HCSWs

- to support (non-covid) vaccinations such as pre-school, school-age and adult routine vaccinations, as well and the delivery of community treatment and care services (such as getting bloods taken or minor wounds dressed).

Urgent Care — 9 WTE advanced practice clinicians

- Advanced Practice Clinicians visiting patients who need an unscheduled home visit that would have usually been undertaken by a GP. The patient is visited in their home, then the clinician liaises with the GP Practice for any further action.

First Contact Physiotherapy — 6 WTE musculoskeletal physiotherapists

- These highly specialist physiotherapists are based in the GP Practices and have the advanced skills necessary to assess, diagnose and recommend appropriate treatment or refer for musculoskeletal problems on a patient's first contact.

Link Practitioners Service — 23 WTE Links Practitioners

- Commissioned from SAMH, the service provides non-clinical support to people with issues they are experience, to identify and manage barriers that affect their ability to live well and help them to talk about what really matters to them.

Prevention

Primary Care Improvement Plan (PCIP) (Continued)

Key successes in implementing the Memorandum of Understanding (MoU) include:

Aberdeen City Health and Social Care Partnership (ACHSCP) has demonstrated real local innovation early in the implementation of the MoU, which paved the way for wider roll-out (for example with the City Visits and Link Practitioner Services)

- The transfer of practice-employed staff into the Community Treatment and Care (CTAC) service went smoothly, with close working with local practices. The decision to undertake TUPE has been beneficial as other Health and Social Care Partnerships (HSCPs) are now experiencing issues. Additionally, education opportunities for Health Care Support Workers (HCSWs) have greatly increased under NHSG.
- The First Contact Physiotherapy service took collaborative approach with General Practitioner (GP) representatives to ensure robust governance is in place.
- The Vaccinations service was delivered quickly resulting in keeping vaccinations away from General Practitioner (GP) workload during times of high pressure.
- The PCIP Group is receiving positive feedback across the services. There has been huge achievements and change in service delivery achieved by teams working under such unprecedented circumstances and pressures.
- ACHSCP will work to continue implementing and recruiting to these services over the coming year to ensure their scale up to all practices in Aberdeen and to help ensure their future sustainability.
- Memorandum of Understanding GMS Contract Primary Care Improvement Plan

Prevention

Sexual Health Services across Grampian are hosted by ACHSCP on behalf of the Aberdeenshire and Moray Integration Joint Boards.

In the past 12 months , the Grampian Sexual Health Service has provided 44,752 appointments. This is a significant increase from the previous year, as lots of activity shifted from primary care. The service continues to provide clinics in six locations across Grampian and its staff have worked hard to meet unprecedented demand. On a monthly basis, staff have answered an average of 3,054 telephone calls from patients.

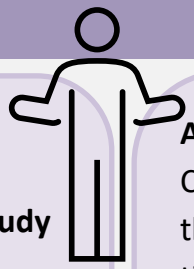
In Aberdeenshire, it was the first service to return to face-to-face appointments during the Covid pandemic, while also maintaining the service at the Health Village.

Resilience

Aberdeen Links
Connecting local communities

Commissioned from SAMH, the service provides non-clinical support to patients with issues that are affecting their health and wellbeing. GP practices refer patients to Link Practitioners who hold meaningful conversations with patients and make person-centred assessments and referrals. Link Practitioners help patients to manage their own health and well-being and strengthen resilience. This helps to improve patient outcomes; reduce health inequalities; lower waiting lists; and enable GPs to fulfil their duties as expert medical generalists.

The Links service received 1977 referrals in 2021/22, an increase of 16.2% from the previous year.



Links Service Case Study

"Gary" is a gentleman that has been struggling with his mental health throughout lockdown. He was referred to Links Service from his GP.

Gary enjoys walking his dog and taking photos once a day. Gary is keen to meet people again and build his confidence in the community with a plan to move closer to the rest of his family for added support.

Aim: – Find meaningful activities, look at mental health support and look at housing options.

Actions:- Through conversations with Gary, he agreed that Computerised Cognitive Behavioural Therapy (CBT) ("Beating the Blues") would be a good option to explore in the mean time, to help prepare for when he starts with the practice psychologist. Gary was also supported to submit applications for a couple of housing applications both with the local council and housing associations. Gary was referred and supported to attend a meet and greet with 'Aberdeen Healthy Minds' to look at supported activities to try.

Results:- Gary reported finding Beating the Blues helpful to work through. Gary has active housing applications and is awaiting a housing placement. Through meeting with Healthy Minds Gary was offered a place on a media and photography course. In addition Gary also signed up for a badminton group, walking group and art group through the organisation.

What's next:- Gary has updated that the support he received helped with his mental wellbeing, and is aware that when he feels ready he can be re-referred to explore further support options.

Resilience

Frailty Pathway and Rosewell House

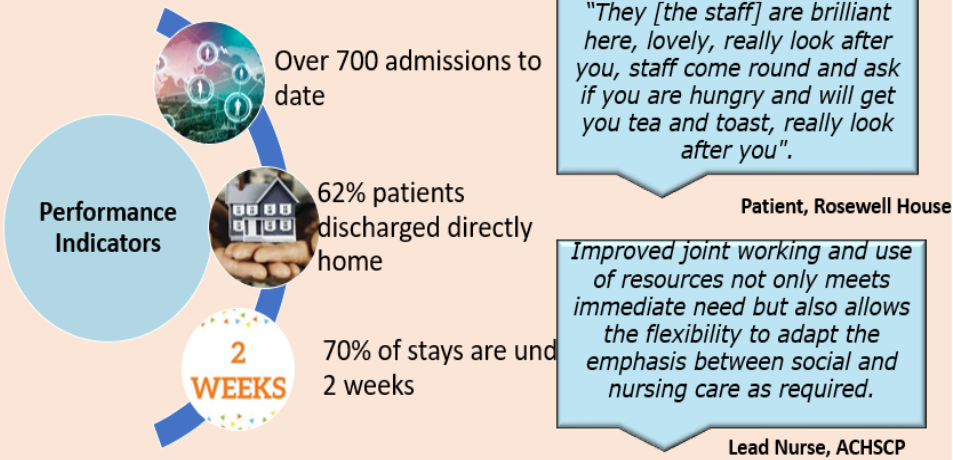
People, especially older populations, remain fitter and healthier the longer they remain at home when safe and appropriate to do so. Outcomes for many people following even a short stay in hospital can be negatively impacted. It makes sense that we try to provide more services in people's homes and communities, when safe and appropriate to do so, which is what people tell us they would prefer to a hospital admission.

Over the past two years, we have been working hard to deliver improvements to our services which provide care for people living with Frailty. This involved major changes to how we deliver our services. In redesigning our Frailty Pathway, we moved staff and resources from the hospital to our community teams.

At Rosewell House, we have developed a 'step down' facility for those patients not quite ready to go home from hospital but who are not in need of acute care.

Find out more about some of them in this short video, or scan the QR Code.
https://youtu.be/2H7d_Pauc7c

Rosewell House



Resilience

Mental Health and Learning Disabilities

Learning Disability Service have been working with in-house services and commissioning providers on the development of Training, Skills and Development Services. In-house services have adopted the ASDAN model which is designed to develop skills for learning, work and life. Commissioned Providers have been focusing on ways to provide a variety of different learning opportunities for individuals to effectively develop their skills and self-confidence.

A new team for Perinatal Mental Health is being established to provide mental health support, assessment and care for pregnant and postnatal women across Grampian and is based in Aberdeen.

The Aberdeen Alcohol and Drugs Partnership ran a series of successful collaborative events to explore service developments aimed at reducing drugs deaths and harms in Aberdeen. Funding bids for a range of local services developed from these events were successfully made and services are to commence in 2022-23.

Personalisation

Rubislaw Park End-of-Life Care Beds

As part of a whole system pathway of care and ACHSCP planning for winter surge, five interim beds within Rubislaw Park Nursing Home were approved for use in December 2021 for End-of-Life Care. Nursing care and management resides with the nursing team within the home, and support is provided where appropriate by the community and out of hours nursing team and Hospital at Home.

The overall ambition for this capacity is that individuals can access this support, wherever they live within Aberdeen ensuring that the right care is provided in the right place and at the right time.

Personalisation

Hospital at Home Team

Hospital at Home (H@H) provides hospital level care by healthcare professionals in a person's own home, for conditions that would otherwise require acute hospital inpatient care. H@H offers patients an alternative to hospital admission and can also support an earlier discharge from hospital when a patient is still receiving medical support.

The service puts patients and their families at the centre of what we do leading to increased patient-centred care, reduced risk of hospital acquired infections and institutionalism. From a service perspective an effective H@H service helps reduce pressure on the hospital system. The current service forms part of the Frailty Pathway and is predominantly applied to older adults and adults living with frailty.

Since the first patient was admitted to the Aberdeen city H@H service in June 2018, the service has continued to expand and evolve.

Key Highlights 2021- 2022

- From 2021 the model of care has moved to a fully consultant led service.
- The capacity of beds the service can support has increased by 33% to 20 beds.
- The service additionally supports five end of life care beds based in Rubislaw Park Care Home.
- The H@H team has developed processes and skills within the workforce to support the out-patient parenteral anti-microbial therapy (OPAT) service in Aberdeen city.
- The number of patients using the service has increased 27% in the last 12 months to a total of 641.
- 79% of patients are discharged from H@H within 7 days and of those 43% are discharged within 3 days.
- Revamped referral pathway, making the referral process smoother.
- In November 2021, the service implemented Morse. A system to support efficient, accurate and secure patient records by healthcare professionals while working in community settings.
- Research paper published "Staff views on a hospital at home model implemented in a Scottish Care Setting" based upon the team. The full paper can be found here

Patient Quotes

"We are really most grateful to you all, for the help received. It has been truly exceptional"

"An amazing and most caring service"

"We have been absolutely amazed by your service. Your care, help and advice have been most helpful and very reassuring"

Connections

ACHSCP and Robert Gordon University (RGU) value partnership working and regularly work together to deliver placements for a number of students across several courses.

"The Aberdeen Health and Social Care Partnership allows RGU School of Health Sciences students access important partnership learning experience as well as the ability to contribute positively to the wider community. The feedback regarding placement and work based learning experiences with ACHSCP is exceptional from colleagues, service users and students. The students recognise the impact these experiences have on their employability and personal development. RGU is delighted to be able to contribute to and support the innovative solutions that the ACHSCP provide for their service users and people of Aberdeen." Donna Wynne, Academic Strategic Lead (School of Health Sciences, RGU)

" Mum was fair chuffed with her tea out and flowers, thanks so much to you all, I feel more relaxed knowing mum is not stuck in with her thoughts. She seemed so happy when I called in past on my way home"

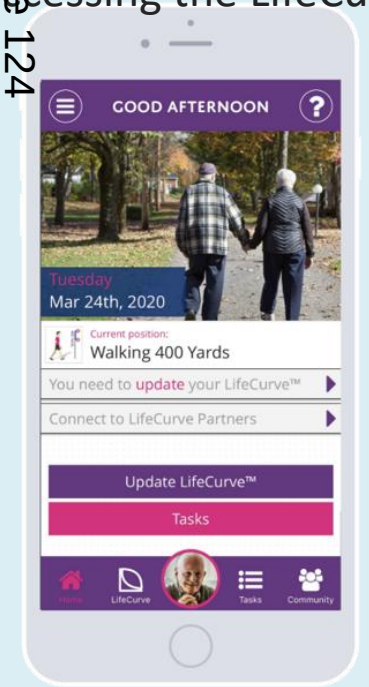
Sport and Exercise Science

We also supported a placement for Sport and Exercise students in partnership with Bon Accord Care, within Kingswood Court Very Sheltered Housing and Day care. Students used the Physical Activity Packs (created within Stay Well Stay Connected) to make a positive impact of regular exercise for older adults and establishing an exercise group.

Connections

Occupational Therapy

Peer Digital Placement with Robert Gordon University (RGU) Occupational Therapy students allowed us to support and digitally connect residents in Dominies, Hilton and Stewart Park Court. With partnership working from ACC Libraries, Community Adult Assessment and Rehabilitation (CAARS), RGU, BAC and ACHSCP, the project covered many themes including accessing the LifeCurve App and its many benefits.



Students were given 'wellbeing sessions' educating AHP students about the benefit of wellbeing from a holistic stance. This can mean looking at some non-traditional interventions and community settings. Example of this include the Boogie in the Bar project (*see Communities for more information about this project*)

Connections

Equalities and Human Rights

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.

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.

The Equality and Human Rights Sub Group of the Strategic Planning Group comprising of representatives of people and communities with protected characteristics provide constructive challenge to officers and monitor progress of delivery of the framework.

A key development during 2021/22 has been putting in place a more robust process for undertaking Health Inequality Impact Assessments (HIIA) for every major change to service provisions. The new 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.

Connections

Aberdeen HSCP, Third sector and Communities come together to support asylum seekers

In November 2021, Aberdeen City welcomed 110 male asylum seekers through the national dispersal scheme. The Cities new residents came from a variety of countries, speaking many different languages between them. Some had been exposed to various traumas including trafficking and torture, all came to the UK seeking better lives as their lives back home were filled with fear, violence and persecution. They came with limited personal belongings, and basic needs such as appropriate clothing for living in the North East climate needed to be met.

This was the first time Aberdeen had experienced asylum seekers arriving in the city and with no resources or extra capacity being provided to support the vulnerable group there were a number of challenges to overcome to support their health and wellbeing. Staff from the partnership worked with MEARS, local churches, community volunteers, GREC, ACVO, Sports Aberdeen, Searchlight, WEA, The Foyer, Street Soccer and NESCOL to coordinate a range of opportunities including Fundraising, ESOL, Clothing and Orientation events. Primary care also provided a nurse drop in at the hotel supported by Marywell.

Activities and support for the dispersal hotel service users included:

- Health and accessing services inputs
- Vaccination awareness and information (with the option to get vaccinated)
- NEEDS assessment sessions (ACVO Adult Mental Health funding application supported events)
- £2K clothing spend (ACVO funding from Baptist church)
- Clothing donations coordinated between organisations
- 4 Desk top computers donated (Reboot Moray)
- Free data for 6 months – sims applied for by GREC
- First Bus : Bus passes (GREC)
- SEARCHlight – activity planning, assessing those involved in trafficking
- Cyrenians gym holdalls and Christmas welfare packs
- ESOL GREC Volunteers / WEA/ NESCOL
- Volunteering opportunities (LID HUB)
- Sport Aberdeen GYM passes
- Library support
- Toothbrushes and tooth paste (PH Dental service)
- Free haircuts NESCOL
- DR Bike : bike maintenance and free bikes

Connections

Breastfeeding Peer Support continues to be provided in the local community, both 1:1 and at breastfeeding groups in Tillydrone and Woodend. 42 hours of breastfeeding support was provided by peer support volunteers who receive training and mentorship from NHS Grampian. Across Aberdeen, there is a network of 22 volunteers who provide friendly, proactive and competent support.

Communities

Support to Unpaid Carers

The pandemic posed particular challenges for Unpaid Carers and this has been acknowledged nationally and locally. ACHSCP staff have continued to work hard to prioritise support for Carers. This includes Social Work developing a new approach to provision of respite within Localities which has had positive outcomes for Carers and those they care for.

Whilst operational challenges meant we were unable to publish a revised Carer Strategy during 2021/22 we continued to progress with identified actions, and development is now underway to publish the revised strategy in Winter 2022.

Our commissioned support service, Quarriers' Aberdeen Carer support service, have continued to work hard to ensure support is available for Adult Carers across the city. As a co-produced service, they work with Unpaid Carers to develop a programme of support activities to meet the needs of those who use them as well as 1:1 support and the opportunity to develop Adult Carer Support Plans.

"I think it is great that carers have been given the opportunity to contribute to further development of services provided by Quarriers. It shows that Quarriers actually do welcome input from the people who use their services."

The whole course was a joy! Every element was an invitation to learn something new and I feel I Have gained hugely from taking part.

The range of support groups being provided by Quarriers to Unpaid Carers (both online and in person) in Aberdeen include;

- Parent Carer Café
- Men's Group
- Connexions (Women's mental health support)
- Health & Wellbeing Book Group
- Carers Catch up
- Adult Carer's mindfulness

During 2021/22 Unpaid Carers in Aberdeen had the opportunity to take part in the 'Creative Paths' programme. Creative Paths was developed in partnership with Findhorn Bay Arts and Quarriers by Artists Dawn Hartley, Nicola Kennell and Quee MacArthur. Delivered online with in person meets for Quarriers Carers in the north east of Scotland, the project was supported by Creative Scotland, Quarriers and Findhorn Bay Arts. It supported Unpaid Carers to explore the Arts through music, mindfulness, artistic techniques and dance.
A video was developed to showcase the project and is available via this link.

Communities

The Wellbeing Team were formed in 2012 in Aberdeen City Council's Social Work directorate and it was one of the first wellbeing teams in Scotland.

Tasked with helping keep the over 65's healthy for longer, with an improved quality of life, their main objectives were to create more community capacity, meaningful activities for the older population, and to promote the concept of wellbeing through a social model of health. Aberdeen's Active Ageing calendar was thus born!

Pre-Covid, the team helped create, fund and influence a huge active ageing programmes in the City : from older adult exercise classes, special event days including Silver Sunday, Older Adults Day, Highland T in the Park, Technogym sessions, reminiscent kits, Functional Fitness MOTs, cinema sessions, arts projects, lunch clubs, meaningful activities network, long term condition activities and the famous Golden Games- to name but a few!

The team has really challenged traditional approaches to health and wellbeing. They work in close partnership with stakeholders such as Sport Aberdeen, Aberdeen Football Club Community Trust, among others to co-produce increased community provision.

Communities

Seaton Soup and Sannies
This is a co-produced project with Aberdeen City Health and Social Care Partnership Wellbeing Coordinators, volunteers from SHMU and Aberdeen Football Club Community Trust. It is hosted and supported by Seaton Community Centre.

This was an extremely popular event prior to the covid19 pandemic, and it was evident when talking to the residents within the sheltered housing complexes in Seaton that there was still a need for this event.

It is held on the last Tuesday of every month from 11.30am-13.30pm. Due to restrictions the first one held in April could only allow 14 residents from Lord Hays Court, however in May the restrictions within the community centre were eased and this allowed for 28 residents from Lord Hays Court, Seaton House, Donview and Seaview House. A minibus with a tail lift is provided to pick all the residents up, if they require transport.

Communities

"It's so good to be back at the Boogie's - my life was not the same without them" Boogie Resident

Boogie in the Bar

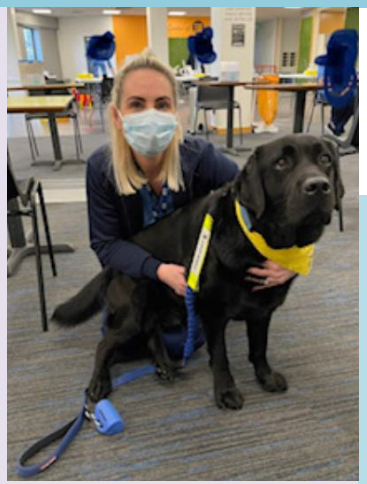
Boogie in the Bar is arguably the most popular event in the active ageing calendar!

It was one of the most missed activities through Covid 19 and the Wellbeing Team were delighted to be able to establish it again.

The Boogies currently run in three local areas, Kincorth (at the Abbot Bar), Northfield (Sunnybank FC) and the original at the Foundry Bar, Holburn Street . Held once a month it's run through partnership working with ACC Communities team, volunteers and the wellbeing team. It is the flagship of the City's Memories programme.

Our Enablers

Empowered Staff



The last 12 months has seen a significant increase in activity to support staff health & well-being, in recognition of the extreme pressures caused by Covid 19.

There has been significant financial investment in a range of free complimentary therapies provided across ACHSCP sites. They have included reflexology; pedicures, head & neck massages .

In order to encourage staff to take a break , we have provided large volumes of free tea/ coffees/ biscuits, soup , sandwiches and cakes!

Over autumn/ winter there was also distribution of personal alarms , torches , winter driving kits , all to increase staff safety as they travel to and from work.

Mindfulness sessions , pet therapy, listening services and team development sessions have also been widely used across city .

Digital Transformation

In 2020, we implemented 'Morse' to our Health Visiting teams. This provided our teams with access to their patients record electronically at the point of contact. Based on the success of this, in May 2021 ACHSCP took the decision to procure further devices and licenses and implemented Morse to several other teams including School Nursing, Hospital at Home, Macmillan Nursing and Community Nursing teams.

"I think Morse has made our roles easier with regard to storing info and sharing info. I think it's a fantastic tool". Health Visitor, ACHSCP

Our Enablers

Sustainable Finance

Financial Year 2021/22 was challenging as our normal expenditure pattern continued to be disrupted by Covid. Spending in some areas decreased as service delivery was postponed or reduced and in other areas it massively increased as we responded to the pandemic. Robust arrangements were put in place to identify and monitor the financial impact and to ensure we were able to access additional funding to mobilise our response.

Our Income and Expenditure for 2021/22 is shown to the right. We were able to add to our reserves above the 2020/21 position. Our Medium-Term Financial Framework for 2022/23 to 2028/29 was approved at IJB on 10th March 2022 and our unaudited Annual Accounts were approved by the Risk, Audit and Performance committee in April 2022.

Comprehensive Income and Expenditure Statement

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

2020/21 Gross Expenditure £	2020/21 Gross Income £	2020/21 Net Expenditure £		2021/22 Gross Expenditure £	2021/22 Gross Income £	2021/22 Net Expenditure £
36,773,002	0	36,773,002	Community Health Services	36,816,513	0	36,816,513
22,694,740	0	22,694,740	Aberdeen City share of Hosted Services (health)	26,329,493	0	26,329,493
34,344,973	0	34,344,973	Learning Disabilities	34,689,647	0	34,689,647
21,098,094	0	21,098,094	Mental Health & Addictions	22,857,455	0	22,857,455
79,024,830	0	79,024,830	Older People & Physical and Sensory Disabilities	84,433,335	0	84,433,335
326,346	0	326,346	Head office/Admin	706,721	0	706,721
17,239,540	0	17,239,540	Covid	11,977,726	0	11,977,726
5,046,774	(4,955,087)	91,687	Criminal Justice	4,931,999	(4,840,312)	91,687
746,121	0	746,121	Housing	1,862,505	0	1,862,505
40,447,093	0	40,447,093	Primary Care Prescribing	40,165,525	0	40,165,525
42,512,697	0	42,512,697	Primary Care	43,058,027	0	43,058,027
2,750,857	0	2,750,857	Out of Area Treatments	2,494,721	0	2,494,721
47,802,300	0	47,802,300	Set Aside Services	49,408,000	0	49,408,000
4,437,062	0	4,437,062	Transformation	7,048,615	0	7,048,615
355,244,429	**(4,739,454)**	**350,289,342**	**Cost of Services**	**366,780,281**	**(4,840,312)**	**361,939,969**
0	(365,923,226)	(365,923,226)	Taxation and Non-Specific Grant Income (Note 5)	0	(395,096,189)	(395,196,089)
355,244,429	**(370,878,313)**	**(15,663,884)**	**Surplus or Deficit on Provision of Services**	**366,780,281**	**(399,936,501)**	**(33,156,221)**
		(15,663,884)	**Total Comprehensive Income and Expenditure**			**(33,156,221)**

Our Enablers

Principled Commissioning

We continue to use our strategic commissioning approach to work with providers and service users to redesign provision of care, with a clear focus on outcomes. To support the transition towards a National Care Service for Scotland, the Partnership has been working to align its commissioning approach with ethical commissioning principles, as recommended in the Independent Review of Adult Social Care. These principles have a person-centred care first/human rights approach at the core, with an emphasis on collaboration and participation between all stakeholders.

The Partnership continues to respond to the need of managing "Supplier Sustainability" to support service providers through the Covid-19 pandemic. The Partnership manages the application process aligned to the Scottish Government's national policy, and this support has enabled service providers to continue delivering high quality services to those people from, and living in, our communities. Up to May 2022, £14m of claims have been received and processed.

We have created Market Position Statements for Training and Skills Development services for people with mental illness and learning disabilities and also Mental Health and Learning Disability Residential and Supported Living Accommodation, based upon outcomes within our strategic documents, and co-designed between providers of services for people with mental illness and learning disabilities within Aberdeen City and colleagues within Aberdeen City Health and Social Care partnership.

Our Enablers

Modern and Adaptable Infrastructure

It is necessary for the Aberdeen City Health and Social Care Partnership to take account of the functional suitability and capacity of existing premises and emerging new settlements in line with local development plans, to determine the priorities across the city by identifying the current service model, the need for change and the required service strategy moving forward.

Aberdeen City Health and Social Care Partnership has invested in dedicated resource and capacity to ensure all actions in the Delivery Plan which supports our Strategic Plan are completed. This includes any capital and infrastructure projects across the city. This means that resource is available to support progression of approved capital projects via the Scottish Capital Investment Manual (SCIM) guidance.

Key infrastructure progress in 2021/22 has included:

- Identifying appropriate space in which CTAC services can be established.
- Agreeing and progressing the purchase of the former police station next to Danestone Medical Centre.
- Agreeing and progressing the purchase of a retail unit in the new Countesswells housing development to deliver a temporary solution to providing primary care services in the area.
- Following the closure of Carden Medical Practice in January 2022, ACHSCP has undertaken a robust and transparent process to utilise the Carden House building to its maximum capacity. By ensuring that the building once again hosts services that will provide patients with a range of health and care services this will be in line with the feedback received through patient consultation that was undertaken during the closure of Carden Medical Practice. This will also deliver a key infrastructure component of the ACHSCP delivery plan for 2022.
- £500,000 of NHS Grampian improvement grants were available in 2021/22 and a wide range of work was undertaken in pharmacies and dental and GP practices. These included installing gas central heating, improving physical access to buildings and repurposing rooms after the removal of medical records.

Governance

Integration Joint Board (IJB) Directions

The IJB is responsible for the planning of delegated Health and Social Care Services provided by both NHS Grampian and Aberdeen City Council. They achieve this through the Strategic Plan. Directions are the legal process used to instruct the parties (Aberdeen City and NHS Grampian) to deliver these services. An example of how these have been used is the development of the Rubislaw Park End-of-Life Care Beds referenced on p13.

The IJB is then responsible for monitoring the performance of the delivery of these services on an on-going basis.

Risk Register

Our Strategic Risk Register is reviewed by the IJB and the Risk, Audit and Performance Committee four times a year. The main movements in the strategic risks during 2021/22 have been the embedding of the risk of the IJB becoming a Category 1 Responder under the Civil Contingencies Act, 2004. The IJB also held a workshop in October 2021 where it reviewed the Board's risk appetite statement as well as undertaking a review of the high and very high risks on the register. The format of the Strategic Risk Register was also reviewed in 21/22 to include a new way of describing the individual risks. The Register now describes the cause, event and consequence of each risk.

Governance

Whistleblowing

Whistleblowing is when a person, usually working within a public service, raises a concern of mismanagement, corruption, illegality, or some other wrongdoing.

There are three main policies relevant to the IJB and ACHSCP;

- the National Whistleblowing Standards,
- Aberdeen City Council's Whistleblowing Policy and
- the IJB's Whistleblowing Policy.

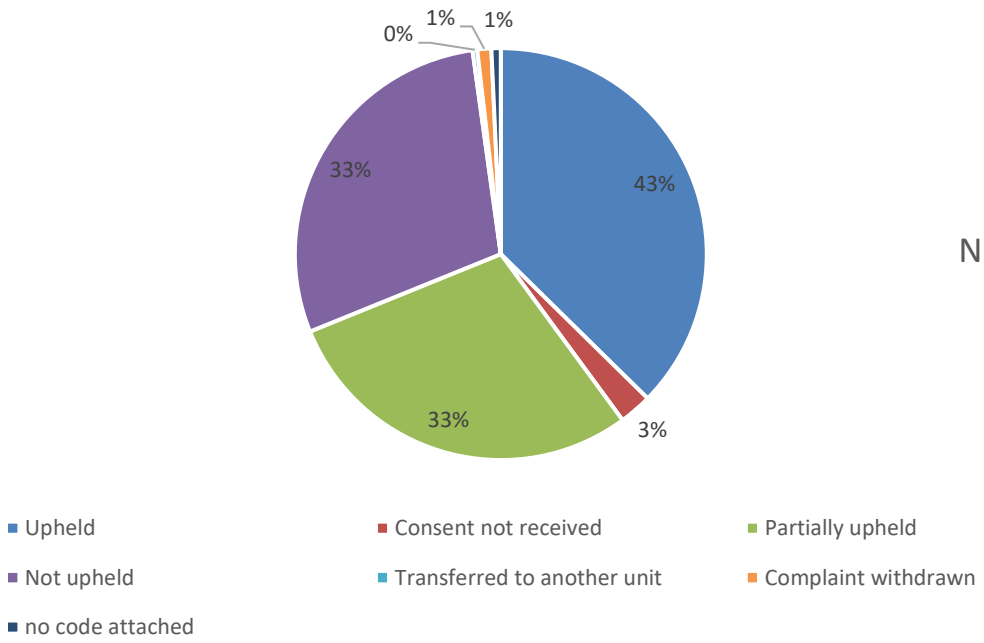
Whistleblowing incidents captured through the process will be reported to both the IJB and NHS Grampian on a quarterly basis. It is proposed that the Risk, Audit and Performance Committee receive the quarterly reports when there are incidents to report.

The IJB are committed to dealing responsibly, openly and professionally with any genuine concerns held by staff of the Aberdeen City Health and Social Care Partnership, Members of the Board or Office Holders, encouraging them to report any concerns about wrongdoing or malpractice within the IJB, which they believe has occurred."

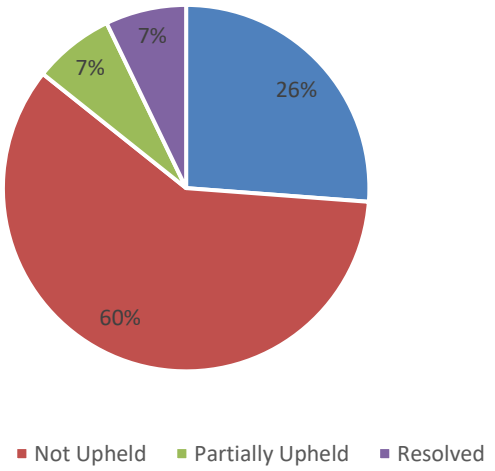
Governance

In 2021/22, there were 281 complaints registered with ACHSCP through either NHS Grampian or Aberdeen City Council. The following displays the outcomes from those received. Forty percent of the total number of complaints registered were upheld.

Number of complaints registered with NHSG and their outcomes. Total =239



Number of complaints registered with ACC and their outcomes. Total=42



Looking Ahead

The Annual Performance Report has focused upon our accomplishments over the past financial year. Our National Integration Indicators and Ministerial Steering Group indicators can be found in Appendix 1 and 2 and help to give context around our achievements compared to the rest of Scotland.

The next financial year will continue to have a theme of remobilisation as we 'get back to normal', however we intend to bring many areas of our learning through the Covid pandemic with us and where possible build upon these successes to provide the population of Aberdeen with a range of services which are robust and can be relied upon when required.

The following pages outline our Strategic Plan for 2022-25 and our priorities for the next financial year.

Strategic Plan 2022-2025

The Strategic Plan for 2022-25 was formally approved by the Integration Joint Board (IJB) in June 2022. It outlines the priorities for the next three years and based upon a delivery plan, it will allow the ACHSCP to display demonstratable progress towards these aims. The following shows the 'Strategic Plan on a Page'.

Strategic Aims

CARING TOGETHER	KEEPING PEOPLE SAFE AT HOME	PREVENTING ILL HEALTH	ACHIEVE FULFILLING, HEALTHY LIVES
Strategic Priorities			
▸ 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	▸ 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	▸ 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	▸ 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
▸ 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	▸ 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	▸ 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	▸ 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	▸ Develop an interim and longer-term solution for Countesswells ▸ Review and update the Primary Care Premises Plan

Priorities for 2022/2023

We have a number of priorities for the next financial year which are outlined below:

- Refresh of the Unpaid Carers Strategy
- The Workforce Plan 2022-2025 is to be implemented.
- Continued Implementation of the Primary Care Improvement Plan
- Increase the Number of beds available within the Hospital at Home Service
- Progress the Mental Health and Learning Disabilities Transformation Programme

Further Information about our Delivery Plan can be found within the ACHSCP Strategic Plan 2022-2025

Appendix 1- National Integration Indicators

This displays the National Integration Indicators for 2021/22 compared with those received in 2019/2020. Indicators 1-9 are based upon the Health and Care Experience (HACE) Survey issued to patients on a biennial basis. The full results of the HACE Survey can be found here [Introduction - Health and Care Experience survey - 2022 - Health and Care Experience survey - Publications - Public Health]

The National Indicators 1-9 show that there has been a reduction in the overall feeling within our communities that they are well supported from the services that they receive. During the past year we have reacted to significant challenges in remobilising services after the effects of COVID19 and the indicators may reflect this. Aberdeen City's results are in line with those received across Scotland.

		Aberdeen City		Scotland	
		Previous	Current	Previous	Current
NI.1	Percentage of adults able to look after their health very well or quite well	94	93	93	91
NI.2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82	78	81	79
NI.3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78	66	75	71
NI.4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	76	71	73	66
NI.5	Total % of adults receiving any care or support who rated it as excellent or good	79	76	80	75
NI.6	Percentage of people with positive experience of the care provided by their GP practice	77	65	79	67
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	84	79	80	78
NI.8	Total combined % carers who feel supported to continue in their caring role	34	32	34	30
NI.9	Percentage of adults supported at home who agreed they felt safe	85	76	83	80
NI.10	Percentage of staff who say they would recommend their workplace as a good place to work				

The ACHSCP Strategic Plan 2022-2025 outlines the intention to improve Primary Care stability by creating capacity for general practice via the delivery of the strategic intent for Primary Care Improvement Plan (PCIP). The implementation of PCIP should positively impact upon the results received within the next HACE survey carried out in 2023/24.

Appendix 1- National Integration Indicators (Continued)

		Aberdeen City		Scotland	
		Previous	Current	Previous	Current
NI.11	Premature mortality rate per 100,000 persons	432	458	457	471
NI.12	Emergency admission rate (per 100,000 population)	9,201	9,329	10,952	11,475
NI.13	Emergency bed day rate (per 100,000 population)	87,331	90,126	101,115	105,957
NI.14	Readmission to hospital within 28 days (per 1,000 population)	139	116	120	103
NI.15	Proportion of last 6 months of life spent at home or in a community setting (%)	91	91	90	90
NI.16	Falls rate per 1,000 population aged 65+	22	21	22	22
NI.17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (%)	91	78	82	76
NI.18	Percentage of adults with intensive care needs receiving care at home	56	56	63	65
NI.19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	276	323	484	761
NI.20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	26	27	24	24

The National Indicators 11-20 show that there a number of elements that ACHSCP are preforming well at, compared with the last reporting period and nationwide. An example of this includes the decrease in the premature mortality per 100,000 people.

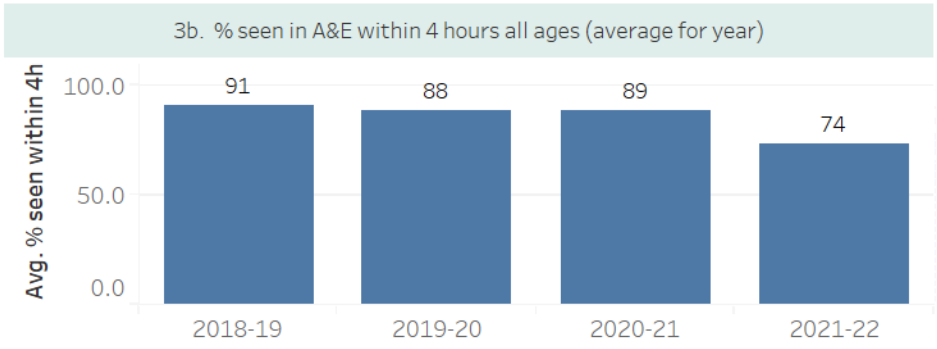
Areas where the ACHSCP do not appear to performing well is the number of days people spend in hospital when they are ready to be discharged, which is reported at sitting at 323 days per 1,000. Over the Covid 19 period, ACHSCP has made significant progress in redesigning the frailty pathway and establishing the Hospital at Home service. The delivery plan within the Strategic Plan 2022-2025 continues to place importance upon its continued delivery and on the services responsiveness to the population's needs.

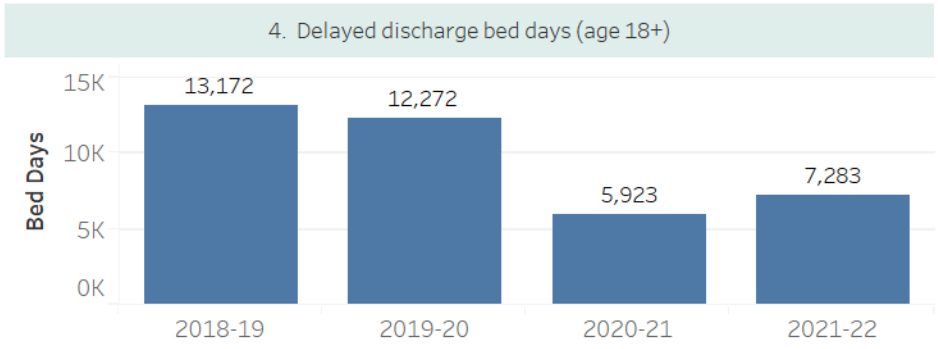
Appendix 2- MSG Indicators

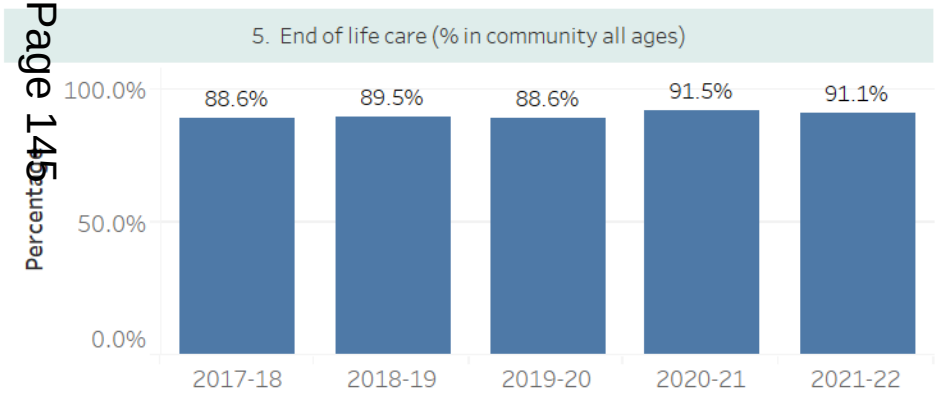
Indicators are reported to the Scottish Government via the Ministerial Strategic Group for Health and Community Care (MSG). These measures are intended to provide a view of how Partnerships are progressing against a range of whole system level measures.

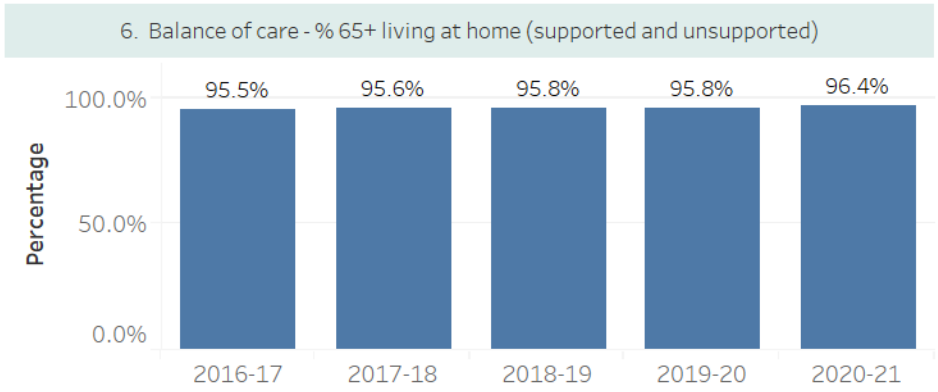
The MSG indicators show a mixed set of results. Most of the indicators display figures which are closer to 2019-20 results. This would indicate that services are remobilising after Covid19. However, indicator 2b shows that unscheduled bed days in geriatric long stay has decreased significantly, this is likely down to the success of the step down facility at Rosewell House.

Appendix 2-MSG Indicators (continued)









There has been a significant drop in the percentage of people seen in A&E within 4 hours. This is likely due to service pressures, and ACHSCP have responded operationally to this pressure. The figures show stability in end of life care and the balance of care (MSG five and six).

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Aberdeen City Health & Social Care Partnership
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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, & Appendices C, D, E, F, & G

Date of Meeting	30th August 2022
Report Title	Supplementary Work Plan – Social Care
Report Number	HSCP22.066
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 2022/2023 • Exempt: Appendix A – Supplementary Work Plan for 2022/2023 • Appendix B – Direction to Aberdeen City Council • Appendices C-G – Procurement Business Cases

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 work done to develop social care services for the community, and to seek approval to carry-out the commissioning and procurement work involved.

2. Recommendations

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

a) Approves the extension for one year, of two contracts for drug and alcohol services, and approves the opportunity to advertise to the market a five-year contract for drug and alcohol services, as is detailed in Appendices A1 and C
b) Approves the direct award of a contract for an outreach support service for three years, as is detailed in Appendices A1 and D
c) Approves the extension for one year, of a contract for mental health services as is detailed in Appendices A1 and E,
d) Approves the extension for one year, of a contract for suicide prevention services as is detailed in Appendices A1 and F,
e) Approves the direct award of a contract for Intensive Housing Support Services for five years, as is detailed in Appendices A1 and G
f) Makes the Direction, as attached at Appendix B and instructs the Chief Officer to issue the Direction to Aberdeen City Council (ACC)

3. Summary of Key Information

3.1. The IJB directs ACC to purchase and enter into contracts with suppliers for the provision of services in relation to functions for which it has responsibility.

ACC procures services through the Commercial and Procurement Shared Service in accordance with ACC's Scheme of Governance.

3.2. ACC Powers Delegated to Officers includes, at Section 9.1, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations.

3.3. These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts to be procured in the coming year with a value of £50,000 or more, to relevant Committees. In the case of adult social care services, this is the IJB. The Regulations also require that procurement business cases to support items on the work plan are brought to the IJB prior to any tender being undertaken or contract awarded directly. Although the intention is that all procurement should be planned, 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. Attached at Appendices C-G are supporting procurement Business Cases, setting out the arrangements for the further development of social care services. Where there are extensions, this is to allow for our ethical commissioning approach ensuring the marketplace is tested once all relevant parties (including those with lived experience) have contributed to the service specifications. For each of the Business Cases, there is a Project Group in place to carry out the work required to ensure that services fit with strategy and in line with the

future of social care services in Scotland. Noted below is some detail on the services:

3.5. Aberdeen Alcohol and Drugs Partnership (ADP) has three Business Cases (C, D & G). Business Case C is for the main alcohol and drugs services in Aberdeen City. The services delivered under these contracts are central to the ADP's work. As well as the extension, approval is also sought to go to full tender for a new service. Business Case D represents a success story following a test-of-change resulting in further funding becoming available. Business Case G follows on from the IJB of 07/06/2022 (HSCP22.037) where the team reported on their investment plan 2022 and is now ready, following workshops with all stakeholders, to progress delivering the services.

3.6. The services included in Business Case E provide a recovery focussed support service for people with mental health problems, mental illness and personality disorders which promote social inclusion and provide an immediate response, advice, support, and signposting service. The extension will allow for agreement around future service direction

3.7. Business Case F requests to further extend both suicide prevention contracts until 31/03/2024 to bring these services into line with the three other Suicide Prevention Services in Aberdeen City; in doing this we will facilitate a more detailed review into the suite of suicide prevention services overall in Aberdeen City and better inform strategic commissioning.

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

3.9. 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. As part of the process the SCPB, on 27th July 2022, considered the items on the procurement plan and determined that the proposed extensions are required to support the delivery of strategic intentions.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland Duty, and Health Inequality** – As noted in the Business Cases, Health Inequalities Impact Assessment (HIIA) are being carried out by the Project Groups. 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 associated financial spend is outlined in the business cases (Appendices C-G)

4.3. **Workforce** - There are no specific workforce implications arising from this report.

4.4. **Legal** - There are no specific legal implications arising from this report.

4.5. **COVID 19** – There are no specific implications linked to Covid 19 arising from the implications of this report.

4.6. Other – None

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

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

This option links directly to strategic risk 1 – market sustainability

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

By implementing the necessary processes, and continuation of partnership working

Approvals	
Sandra Macleod	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

Borganised Reference	Service	Team/Client Group	Description of Requirement	Est Contract/Contract Extension Start Date	Est Contract/Contract Extension End Date	Maximum Extension Period (Months)
000-KEWL9858 & 000-AJKB2765	H&SCP	Alcohol & Drugs Partnership (ADP)	It is proposed to extend the current contracts for one-year to allow time for a tender process to take place resulting in a five-year contract award	01/12/2022	30/11/2028	0
000-UDTN2484	H&SCP	Alcohol & Drugs Partnership (ADP)	Match funding (CORRA Foundation) for an intensive housing support service. This funding will be used to fund and Intensive Housing Support Service which will provide assistance in relation to making / attending appointments, housing support, confidence building, budgeting and developing social networks. The service will work with families where there is problem drug/alcohol use to ensure issues do not escalate to a level where they are causing trauma and family breakdown, resulting in the necessity of removing children from their family home.	01/09/2022	31/08/2027	0
000-QHKY6142	H&SCP	Alcohol & Drugs Partnership (ADP)	The proposal is to make a direct award for three years to the current provider who has been commissioned to provide outreach support to the homeless by the Early Intervention team within Aberdeen City Council	07/12/2022	06/12/2025	0
000-DJLF3254	H&SCP	Mental Health Service	The service provides a recovery focussed Support Service for people with mental health problems, mental illness and personality disorders which promote social inclusion and provide an immediate response, advice, support, and signposting service. The extension will allow for additional work to be carried out for penumbra services mapping within Aberdeen City and to inform future commissioning directions.	01/10/2022	30/09/2023	0
000-MEDR8421 & 000-UHFJ1334	H&SCP	Mental Health Service	The services are commissioned as part of the National Suicide Prevention Leadership Group local prevention action plan. Aberdeen City/Aberdeenshire and Moray H&SC Partnerships are working together to develop future services that will meet the targets set by the National Suicide Prevention Group local action plans. This work is ongoing and future commissioning directions will be issued on completion. The extensions to these contracts will allow for these vital services to be delivered in the meantime.	01/12/2022 & 01/04/2023	31/03/2024	0

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	30 August 2022
Report Title	Annual Report on progress against the Locality Plans
Report Number	HSCP22.071
Lead Officer	Sandra MacLeod Chief Officer - HSCP
Report Author Details	Lauren Mackie Public Health Co-ordinator Lamackie@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Annual Locality Planning Report

1. Purpose of the Report

1.1. This report presents the draft Annual Report 2021/22 in relation to delivery of the three Locality Plans. This is the first Annual Report since the Locality Plans were published in July 2021.

2. Recommendations

It is recommended that the Integration Joint Board:

a. Considers the Annual Locality Planning Report 2021/2022;

b. Endorses the further development of locality working including the continued delivery of Locality Planning and the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan.

c. Instructs the Chief Officer to present the Annual Report on Locality Plans to Community Planning Aberdeen Board on 14th September 2022.

d. Instructs the Chief Officer to report to the Risk, Audit and Performance committee in 12 months with an update on locality planning.

3. Summary of Key Information

3.1. In December 2020, the Community Planning Aberdeen (CPA) Board and the Integration Joint Board (IJB) agreed recommendations for joint locality working between Community Planning Aberdeen and Aberdeen Health and Social Care Partnership. This saw the bringing together of two models for locality planning which had been established in response to separate legislation – the Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015.

3.2. Locality Plans were co-produced with each Locality Empowerment Group (LEG) and Priority Neighbourhood Partnership (PNP) to identify priorities and community ideas. Throughout each Locality Plan, links have been made between community priorities and the work of the wider Community Planning Aberdeen Partnership being delivered through the city-wide Local Outcome Improvement Plan and ACHSCP's Strategic Plan. The aim of the Locality Plans were to promote collaboration on common priorities, supporting each other by sharing knowledge and experience and testing out ideas together to ensure they have the best chance of success, scalability and sustainable results.

3.3. In July 2021, shared Locality Plans were approved by the CPA Board and IJB for the North, South and Central Localities of the City. The plans incorporated improvement activity for the whole locality and/or targeted at specific neighbourhoods - in most cases 'Priority Neighbourhoods'.

3.4. Delivery of Locality Planning is the responsibility of the LEGs and PNPs, supported jointly and equally by Public Health Co-ordinators and Locality Inclusion Managers.

3.5. The draft Annual Report on the Locality Plans, contained at Appendix A, is the first progress report against each of the shared Locality Plans. It provides an overview of progress made during 2021/22 towards the achievement of priorities within the North, South and Central Locality Plans.

3.6. The draft Annual Report is currently out for consultation with the Locality Inclusion Managers and Community Development Officers to address any gaps in information and data. The consultation concluded on 5th August 2022, with the report updated thereafter in advance of submission to the CPA Board on 14 September 2022.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

This report will have a neutral to positive impact on people with protected characteristics as defined in the Equality Act (2010), and those affected by socio-economic disadvantage.

4.2. Financial

There is no specific financial implication as a result of this report.

4.3. Workforce

There are no specific workforce implications related to this report.

4.4. Legal

There are no legal implications in relation to this report.

4.5. Covid

Hybrid meetings will be optional for LEGs, PNPs and other community engagement to allow full participation. Any changes to guidance will be fully implemented.

4.6. Carers

There are no specific implications for Unpaid Carers in relation to this report.

4.7. Other

None.

INTEGRATION JOINT BOARD

5. Links to ACHSCP Strategic Plan

5.1. This report links directly to the priority 'Deliver our Locality Plans and report on progress' under the Caring Together aim of the Strategic Delivery Plan.

5.2. As LEGs are jointly responsible for delivery of Locality Planning alongside Priority Neighbourhood Partnerships, this report also links to 'Develop the membership and diversity of our Locality Empowerment Groups' under the same aim.

6. Management of Risk

6.1. Identified risks(s) –

Engagement - there has been a decline in engagement/ participation of LEG and PNP members across localities. Generally, current LEG members do not view delivery of locality planning as part of their role.

Resources – for some time now there is has only been one ACC Locality Inclusion Manager (whereas there should be three) to jointly lead locality planning with ACHSCP's three Public Health Co-ordinators.

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

This links to Risk 8 on the Strategic Risk Register:

Cause: Need to involve lived experience in service delivery and design as per Integration Principles

Event: IJB fails to maximise the opportunities created for engaging with our communities

Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims

This risk is currently sitting at Medium.

INTEGRATION JOINT BOARD

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

The preparation of the Annual Report and the lifting of COVID restrictions has been an ideal opportunity to take stock and look to improve communication and engagement within our communities. The 'Locality Planning Refresh Road Map' which will be presented to the Strategic Planning Group, sets out next steps to refresh and review LEG membership and promote more involvement from community members and partners in Locality Planning.

We continue to monitor the resource allocation for locality planning along with our colleagues in Community Planning and will further escalate this risk should it remain unresolved.

Approvals	
	Sandra Macleod (Chief Officer)
	Paul Mitchell (Chief Finance Officer)

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Annual Report against the North, South and Central Locality Plans

2021-22

Community Planning Aberdeen

CONTENTS

BACKGROUND

In December 2020 two locality planning models for Community Planning Aberdeen and Aberdeen City Health and Social Care Partnership (HSCP) were integrated. Both models were established in response to legislation, namely the Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015. Following a review of locality planning conducted by staff from Aberdeen City Council and Aberdeen City HSCP, it was proposed that there would be significant benefits to be gained from a more integrated approach to locality planning for communities, partners and staff across the Community Planning Partnership.

This integration of locality planning models resulted in shared:

- localities and priority neighbourhoods
- locality plans
- Locality Empowerment Groups (LEGs)
- Priority Neighbourhood Partnerships (PNPs)

The development of Aberdeen Cities – North, South and Central Locality Plans (2021-26) took place during a global pandemic which meant many of the traditional ways of engaging with communities and staff, including meeting face to face and canvasing opinions in neighbourhoods was not possible. Instead, most engagement had to take place on-line. To ensure community members and staff living and working in each locality were involved in the process the following engagement opportunities took place:

- Online community and staff workshops.
- Online staff survey for those that could not attend the workshops.
- Online survey for children and young people.
- Online simulator to enable communities to express what was important to them and their community. The top five priorities identified in the simulator were shared with members of the LEGs and incorporated in discussions to identify the six overarching priorities for each locality plan.
- Health and Social Care Alliance Scotland (the ALLIANCE) facilitated workshops including: a visioning session and workshops for each of the three localities.
- LEG and PNP meetings.

Throughout each locality plan, links have been made between community priorities and the work of the wider Community Planning Aberdeen Partnership being delivered through the city-wide Local Outcome Improvement Plan (LOIP). This is essential to ensure collaboration on common priorities, supporting each other by sharing knowledge and experience and testing out ideas together to ensure they have the best chance of success, scalability and sustainable results.

Most importantly, locality plans allow us to tackle the issues which are important to local communities. It is by doing this, that we will ensure no community is left behind in realising our vision of Aberdeen as a place where all people can prosper.

This report highlights continued engagement and activity within our communities despite the challenging circumstances brought by COVID-19.

COVID-19

The past year has continued to be dominated by COVID-19. Restrictions and lockdown measures are still affecting how people are participating and engaging in community groups and activities. Many groups and activities have yet to restart or have reduced numbers attending. It will take time for many to feel confident to re-engage and fully participate in their community as they did pre-COVID.

Locality Empowerment Groups (LEGs) and Priority Neighbourhood Partnerships (PNPs) continued throughout the pandemic to meet through online meetings. This digital connection made it easier for some community members to connect however for others, this has been a barrier to engaging.

Between December 2021 and March 2022, the Omicron variant required an elevated response to COVID-19. The priority for many staff within Aberdeen City HSCP and Aberdeen City Council during this time was to support vaccination uptake and Lateral Flow Device (LFD) testing and recording, particularly in vulnerable communities. Members of both the LEGs and PNPs participated in meetings that helped shape this response. Hundreds of LFD testing kits were distributed via community venues, COVID -19 key messages were shared across local social media pages and networks, and the mobile vaccination bus visited communities across the city. Community Planning partners worked together to protect and support communities.

The success of delivering Locality Plans since their publication in June 2021 has been challenging during the pandemic. Despite this, there has been lots of activity which has contributed towards the priorities identified by communities within each of the Locality Plans.

VISION FOR NORTH

The Vision for Aberdeen City is a **'Place where all people can prosper'**.

We asked communities in the North Locality to break this down into what this means for them.

During one of the workshops participants were then asked to vote on what was most important to them and this is what they said (the words in largest font were voted for the most with the words in smaller font receiving the least votes):

Using a combination of data as well as insight from community members and front-line staff, six priorities were identified to ensure that all people living in North locality, including those people living in our most disadvantaged communities, have an equal chance to prosper. These include:

Locality Priorities	Link with city wide LOIP Priority Themes
Reduce the number of people living in poverty through the creation of local employment, training and apprenticeship opportunities, and create solutions to tackle food poverty	**Economy**
Increase digital access and skills across the locality	
Improve the physical health and wellbeing of people	**People**
Support local volunteering opportunities beyond the pandemic	
Early intervention approach targeted at those who are involved in, or at risk in offending behaviour (domestic abuse, substance misuse, anti-social behaviour	
Maximise use of disused outdoor space to increase food growing opportunities	**Place**

Above and throughout this document we have made the links between our priorities and the work of the wider Community Planning Aberdeen Partnership being delivered through the city wide LOIP. This is essential to ensure we are working collaboratively on common priorities, supporting each other by sharing knowledge and experience and testing out our ideas together to ensure they have the best chance of success, scalability and sustainable results.

THE NORTH ECONOMY

1. Reduce the number of people living in poverty through the creation of local employment, training, and apprenticeship opportunities, and create solutions to tackle food poverty

The Cubby was developed in response to the high levels of food poverty in the Cummings Park area. Based in Cummings Park Centre it supports up to 30 families who are experiencing food hardship and supplies occasional emergency food supplies to those in need throughout the city. Currently funded by the Trades Widows Fund and support from Cfine, Fair Trade and Tesco, residents can pick up fresh vegetables, frozen and dried goods, tins and baked goods plus cleaning and hygiene products.

During the pandemic Aberdeen City Council staff ensured the Cubby continued to support vulnerable families. As restrictions have relaxed 6 volunteers from Cummings Park Community Association are being trained to take over the running of the Cubby reducing the need for staff assistance . Once current funding has expired the Association have agreed to fund the Cubby ensuring continuing support for vulnerable families.

The Association have also started "Coffee at the Cubby" and are presently surveying those who attend to identify their wellbeing and learning needs. Once these are established, they plan to invite appropriate support organisations to advise Cubby participants and set up groups/sessions in response. It was also recognised by staff, volunteers, and participants that the Cubby provides a safe, positive social setting for many, helping with mental wellbeing.

Staff and volunteers have recently noted an increase in demand from those experiencing food hardship from the wider area, partly due to the increase in fuel bills and have been signposting to other support including Middlefield Hub, Northfield and Mastrick Community Centres. So far, in 2022, support has been provided through the Cubby and emergency bags to almost 300 individuals. There has been a total of 375 volunteer hours given to support the Cubby. Feedback from people who have been supported by the Cubby (below) has been positive;

"It's good that we get frozen stuff too, to make it last"

"I only come out of the house to go to the Cubby"

"It really helps me out when I'm short of cash"

"It's a great help"

FareShare is the UK's longest running food distribution charity, with a belief that no good food should go to waste, especially when people are going hungry. FareShare redistributes surplus food to charities and community groups and have pantries in Mastrick, Northfield, and Cummings Park.

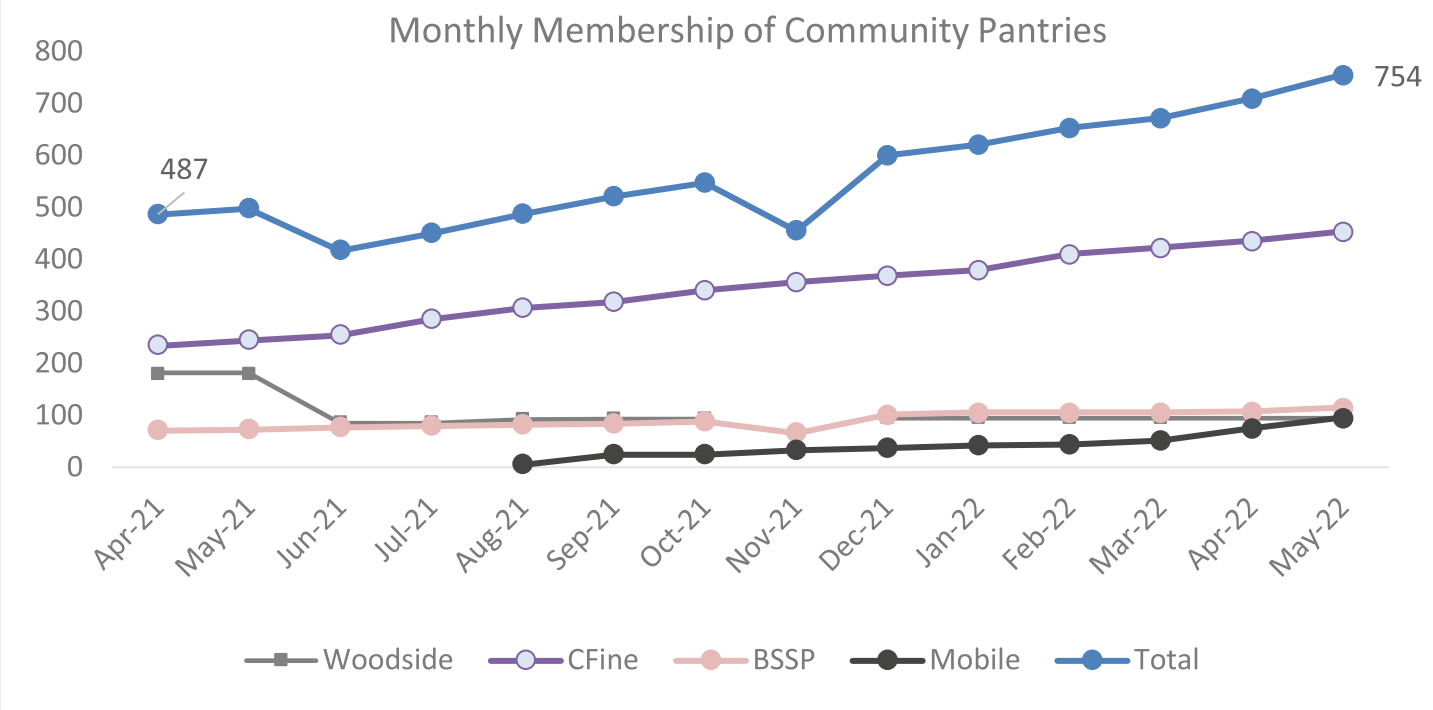
Pathways Sessions have been regularly held in the Danestone and Bridge of Don areas to help and support people living in the North with finding employment and to reduce barriers to finding work.

LOIP 1.1: Increase the number of people using community pantries by 20% by 2023

Prior to and during the pandemic Aberdeen had experienced increasing use of food banks by people experiencing poverty, with an extensive network of these operating in the city. A key outcome of our improvement work is to increase the number of people using community food pantries to increase access to affordable, fresh healthy food for those who are suffering food insecurity.

This project has achieved its aim with the number of people using community pantries having grown by 38% between April 2021 and March 2022. The increase has been supported by the launch of a mobile pantry in September 2021 which prioritises our most disadvantaged and vulnerable communities, by offering flexibility to those not in a position to travel.

As of May 2022, the mobile pantry had 94 members and is available in 8 neighbourhoods, including Middlefield, Sheddocksley, Bucksburn, and with Northfield having been recently added. The number of members has increased monthly since it launched in August 2021



LOIP 10.2: Total number of individuals supported through my way to employment

The pathways to employment projects has successfully made connections within the North Locality which has led to unpaid work placements being offered at Auchmill Golf Course at the woodlands; to build benches at Heathryfold Park and to get involved in landscaping once the new community paths are built at Auchmill. This placement will be offered to individuals who are referred through My way to Employment (MWTE).

2. Increase digital access and skills across the locality

Digital Health
The Stay Well Stay Connected Digital (SWSC) Divide workstream, worked in collaboration with Connecting Scotland, Robert Gordons University, Aberdeen Library Services and Bon Accord Care to:

- Promote digital inclusion and build confidence, through the introduction of a digital activity App with residents within two Bon Accord Care supported accommodation sites
- Reduce the impact of deconditioning seen in older adults through COVID
- Support the development of Occupational Therapy student's practical interpersonal skills through practice-based education.

Eleven iPad devices, supplied through the Connecting Scotland programme, supported participants digital access. Aberdeen Library Services recruited a "Kick Start" Intern who provided basic digital skills training to participants and SWSC staff provided dedicated student placement support throughout the project.

This collaboration resulted in a dynamic inter-agency project with enormous scope to support digital inclusion, promote physical activity and support reciprocal learning between older people and students.

Adult Learning team
During the COVID-19 pandemic tutors continued to teach learners on a one-to-one basis when restrictions allowed. Home Schooling support - Digital support was given to individual parents who were unable to log on and use the chrome books provided by the education department to allow their children to access the required platform to complete their online schoolwork.

ICT Tutors and community teams took on the role of Digital Champions and supported individuals who were provided with I-Pads or Chromebooks via the connecting Scotland Scheme. The support was for a period of 6 months, by telephone. Learners were supported in how to set up and use the devises and MiFi equipment and given instruction and tuition on how to use various applications such as video calling, online shopping and navigation of websites and facilities that would help them to remain connected.

Classes have since resumed at Mastrick Library from April 2022.

LOIP 2.1: Increase employer sign up to the Real Living Wage by 5% year on year to 2023 to achieve Real Living Wage City Status by 2026

Sixty-nine employers headquartered in the city are now Real Living Wage accredited, a 56% increase since the project started and a 41% increase since January 2021, 13 of these employers are based in the North locality.

LOIP 3.2: By December 2022, increase by 10% the number of people in Aberdeen who; have digital access; and feel comfortable using digital tools.

A promotional campaign across localities has been undertaken to raise awareness of access to PCs in libraries. This has seen an overall increase of 6266 users on PCs in libraries post COVID-19. In North locality the increase was 1537 users, showing targeted promotion within localities was successful. The project team are now looking to use this method for raising awareness in other areas where devices can be accessed.

3. Improve the physical health and wellbeing of people

Recipe for Life
HomeStart Aberdeen have been undertaking their Recipe for Life 12-week programme which supports low-income families to shop, cook and eat healthier. Families are referred into the programme via self-referral or a referral from health visitors, social workers, or local voluntary organisations. Each family is assigned a Family Volunteer who delivers one-to-one fortnightly cooking sessions in the family's own home. The project is flexible and adaptable to the needs of families and takes into consideration, the age of children, knowledge and skills of parents, dietary requirements, cultural diet, and food preferences. Towards the end of the programme, families can attend two group sessions where they cook and eat together, this provides a great way to make friends and share any tips learned in previous weeks!

The project successfully received Health Improvement Funding at the beginning of this year which will ensure participants receive a fortnightly recipe pack made up of meat, fish, fresh fruit and vegetables and store cupboard ingredients. Alongside the recipe pack, participants will also receive a year's membership to the CFine Food Pantry.

The feedback from participants has been positive;

"We have been trying different ingredients and trying different meals that are very healthy. We've been adding more fruit and veg to meals and the whole family is much healthier."

"It has helped with food bill, helped with our budget as money had been tight. We always menu plan now – it's so easy and we're saving money."

"Knowing there is help and support had been great, so helpful to be able to interact with others in different ways. It's been so lovely, thank you for the time spent with us - I really appreciate it and it's made me more confident."

Health Improvement Fund – Awarded Feb 2021
Get Active Chair Based Exercise Classes at Danestone Community Centre. Danestone Community Centre have been running weekly Chair Based Exercise classes after successfully receiving Health Improvement Fund monies. The classes are 1 hour long and will run for 40 weeks throughout the year. The classes support individuals in the community that may have mobility and/or health problems such as older adults, individuals with disabilities or those with underlying health conditions.

The group has strong links with the local GP Practices and the exercise instructor is qualified in Exercise Referral. Following on from the Chair Based Exercise class, refreshments are offered to the group to support those who may be feeling socially isolated. This is a great way to increase physical activity and make new friends!

Boogie in the Bar
Sunnybank Social Club has restarted the ever-popular BITB, a dementia friendly disco aiming to have fun, tackle social isolation and promote positive mental health and wellbeing. The Sunnybank Social Club are again to host the disco on a Friday afternoon, once a month. It is free of charge and is supported by staff and volunteers who have been through their dementia awareness training or understand what it means to be dementia friendly. Those who attend will be able to dance, have a drink, a light lunch and a blether in a safe and friendly environment!

Step out September
The Stay Well Stay Connected team ran a health through walking promotion aimed at supporting people experiencing social isolation to re-engage into community life through a series of safe social distancing local walk and talk events.

A total of 64 people attended the walks, 16 people completed walk leader training and the Step out September website received a total of 1,026 views during September to October 2021. Connecting people through community walks was well received and had a positive impact on both walk leaders and walk participants.

"The majority of participants at all the walks I attended were so glad that the walks were back on and that they could socialise again"

"Highlights the importance for activities such as Step Out September to connect the dots and get people out there again"

"Heard about these walks … and wanted to get out and about again"

"Had barely been out of the house since the start of lockdown, delighted to be part of a walking group"

Physical Activity Packs
A project taken forward by Stay Well Stay Connected and Sport Aberdeen provided physical activity packs, designed by Sport Aberdeen and endorsed by NHS Grampian, to residents within supported accommodation facilities in Aberdeen. Each physical activity pack contained a Theraband™ and exercise sheets at 3 different levels.

The aim was to test the acceptability of the packs to promote activity in older people who were shielding during the COVID-19 Pandemic. Participant survey responses were positive with 91% reporting the packs as 'good or very good' with 86% saying that they would recommend to their friends or family and 55% of those who used the packs said they had been more active with the packs.

GetActive@Northfield
The refurbishment of the Northfield swimming pool is nearing completion. Community engagement involving local community groups within the North locality have been taking place to collate locals wants and needs around the re-opening of Northfield Pool. This will also, hopefully have, integrated partnership community services serving the area in a more "locality" way.

Techno Gym Dyce
Technogym equipment is accessible to all fitness levels and all ages. It uses hydraulic resistance, therefore there is no need to adjust weight stacks, due to this it is easier on joints and can help with rehabilitation.

Technogym classes have always been popular throughout the city, therefore ensuring these were back up and running after COVID-19 was extremely important. The Techno gym at Dyce has retrained volunteers giving them a master class and circuit card created by physios showing "how to" use equipment to kick start sessions as local demand was high for the return of this activity.

Middlefield Hub Cycling Project
COVID-19 increased anxiety around using public transport for many. With monies received from the COVID-19 hardship fund and Cycle UK shift grant, 11 bikes were purchased and a community bike repair shed was built.

The cycling project provide bikes on loan. The terms of the loan are that a bike can be kept for as long as needed, only returned if another bike is bought. Throughout the term of the loan, the bike repair shed offers support to fix and maintain the bike. After the launch day many people donated unused bikes to the project. With the support of Adventure Aberdeen all donated bikes were checked to ensure they were safe to use. Basic bike maintenance and repair training has also been provided by Adventure Aberdeen funded by Shift, and so far has been completed by four volunteers.

To date 41 bikes, including children's bikes have gone out on loan. The Middlefield cycling project also supplies helmets, locks, lights and hi viz accessories and currently have six bikes that are ready to be loaned out.

LOIP 5.4: 100% of children and young people have free access to physical activity which improves mental health and wellbeing by 2022

All active school's activities are now free, providing accessible physical activity to children and young people in all school settings across city.

LOIP 5.3: 100% of schools offer sustainable and equitable access to counselling for those children aged 10 and above who require it by 2022

All schools across the city now offer sustainable and equitable counselling services for any child aged 10 and above who requires this type of support.

LOIP 12.3: Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022

Naloxone is a medication that can reverse opioids overdose. Distribution of Naloxone Kits in the North Locality has reduced over the last 2 years. During 2021/22, 87 Naloxone kits were distrobuted to 'Persons at Risk' in the North Locality.

4. Support local volunteering opportunities beyond the pandemic

Streetsport

Streetsport is Denis Law Legacy Trust's flagship programme, delivering free sports and creative activity sessions for young people across Aberdeen City in areas of high youth annoyance, as identified by Police Scotland and the Scottish Fire and Rescue Service.

Streetsport have 12 volunteers from the area currently volunteering, all aged between 14 and 21. Jenna Greig, from Northfield, is up for Young Volunteer of the Year at Aberdeen's Sports Awards, attending sessions in both Northfield and Mastrick. Streetsport coach Nor-Dean Elouissi has completed 1000 hours volunteering in Northfield over 8 years.

5. Early intervention approach targeted at those who are involved in, or at risk in offending behaviour (domestic abuse, substance misuse, anti-social behaviour

Streetsport

Streetsport Diversionary Sessions programme delivers activities in Northfield, twice weekly for 50 weeks of the year. The Allan Douglas Park, multi-sport session, utilises the MUGA, skate park and play park attracting a wide range of ages.

	Boys	Girls	Total Participations	Hours Volunteered
2021	972	785	1757	327
2022 Q1	132	90	222	170

At the Bill Burr Astro, sessions continue to be a success with upwards of 100 young people regularly attending.

	Boys	Girls	Total Participations	Hours Volunteered
2021	2315	1249	3564	526
2022 Q1	601	222	823	122.5

Streetsport
Streetsport's Youth Forum, Granite City Speaks, was initially founded in 2021. The forum now includes 11 active participants with representation from Northfield, Mastrick, Torry, Garthdee, Kincorth and the City Centre.

Hannah Clews, Streetsport Development Manager at Denis Law Legacy Trust who leads Granite City Speaks (GCS), said:

"The formation of GCS was born out us wanting to ensure the young people who attend our Streetsport programmes are listened to more in the city they grow up in. Many of them come to us with problems or concerns and we want them to have the ability to amplify their voices so that they themselves are heard, rather than having to rely on others to represent them indirectly".

Tesco Youth Hub
As part of the Tesco Outdoor Youth Hub partnership Aberdeen City Council Youth Work staff have supported 5 young people to take part in art sessions using spray can painting techniques. Beginning with school-based engagement, targeted at young people at risk of becoming involved in low level crime and anti-social behaviour, an art specialist and youth work partners gathered young people's ideas for a mural to personalise their space at the Tesco store. These ideas were worked up and presented back to them resulting in a cartoon-based theme being decided upon. The mural that the young people produced is of a high quality, has attracted positive attention from the local community and store users and enabled 5 young people to gain their first Saltire Volunteering Award for their contribution to improving the local area to the benefit of themselves and their friends.

Reported anti-social behaviour has plummeted in the area with five calls involving youths since 27/05. Compared to a peak of 93 calls in the month of December 2020, prior to this intervention. The area feels safer now for those working, living and visiting.

This project has provided an opportunity for Youth Workers to engage with a small group of young women, observed to be demonstrating risk taking behaviours, with a view to establishing a Girls' Group to support them.

Further funding from Cashback for Communities has now been secured which will enable the diversionary activities to continue for another 12-months, in addition to two trips, and cookery classes for young people. Funding from Acciona Community Fund will also allow part of the hub to be blocked in to provide better shelter during inclement weather.

This work has been nominated for a ACC STAR Award and an Excellence in Scottish Policing Award, although awards in themselves are meaningless with regard to impact, these nominations indicate and highlight the innovative approaches used to combat anti-social behaviour with diversionary activities and youth work interventions.

Northfield Youth Hub
The project aims to provide a safe place for young people causing anti-social behaviour in the area, at risk of criminalisation and exposure to controlled substances. A seating area and Wi-Fi has been provided and a bespoke mural was designed and painted by five young people who received a Saltire Award for their volunteering. Youth Workers, Street Sports, AFCCT and the Foyer's Wellbeing Coaches have all engaged positively with the young people when activities are provided on a Monday and Thursday evenings.

The Northfield Hub, although still in the planning process, has already secured two 20ft containers, £30k in funding, the services of an Architect and Quantity Surveyor and developed a multiagency team including community representatives to support this project.

THE NORTH PLACE

6. Maximise use of disused outdoor space to increase food growing opportunities

Springhill community garden
Community allotments have been developed on old Sport Aberdeen bowling green in Mastrick, Sheddocksley and Northfield

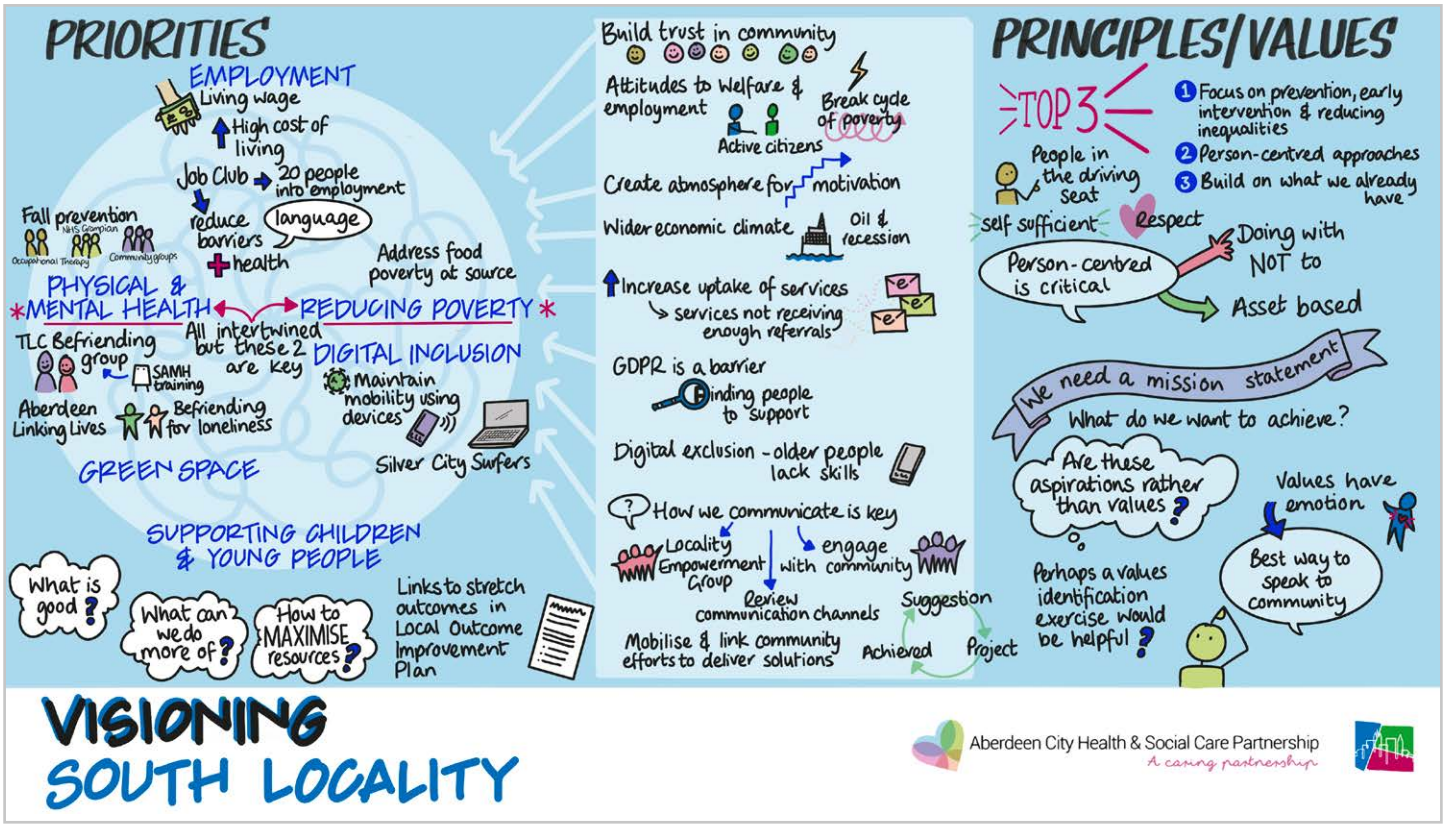
LOIP 15.1: Increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023

This project achieved its aim with 36 new community run green spaces established as at June 2022, an increase of 31 since Feb 2021, 11 of these community run green spaces were in the North locality.

VISION FOR SOUTH

The Vision for Aberdeen City is a **'Place where all people can prosper'**.

Communities in the South Locality were asked to break this down into what this means for them:



The South Locality identified six locality priorities which will ensure all people living in the locality, including those in our most disadvantaged communities, have an equal chance to prosper. These include:

Locality Priorities	Link with city wide LOIP Priority Themes
Improve and create employment; employability opportunities. Develop Skills, training and support for young people and business.	**Economy**
Reduce number of people living in poverty. Address food poverty; fuel poverty by identifying and using local assets (for example community cafés; Community Kitchens).	
Identify and embed opportunities to mitigate digital exclusion; improve access to online assessments and referrals.	
Support children and young people to achieve their maximum potential.	**People**
Focus on early intervention, prevention and re-enablement actions to reduce inequalities and improve physical and mental wellbeing outcomes.	
Identify and maximise use of green space; Community food growing and community garden access (inter-generational community gardens).	**Place**

THE SOUTH ECONOMY

1. Improve and create employment; employability opportunities. Develop skills, training and support for young people and business.

Torry Skills Centre
The Torry Skills Centre is a pilot project, borne from a partnership approach to address the adverse impacts of COVID-19. Opening in March this year, its focus is on increasing and enhancing the delivery of training and employability support for the community of Torry.

A range of organisations were brought together, facilitated by the Communities team. They agreed that a shop front was the best way to bring these opportunities and services to local people on their doorstep in a welcoming and inclusive way.

'Pathways' who offer employability and other support took the lead on the hire of a shop unit on Victoria Road. A reduced rent lease for a year enabled the pilot to become established and suitable funding secured.

Other partners include Aberdeen Foyer, Station House Media Unit, Adult and Family Learning and ABZ Works. Elevator (small business support), Barnardo's and Enable will be offering targeted support to young people 16-25 and those with special needs.

A programme of delivery is being built up – ranging from drop in, one to one, small group and accredited training programmes. Outcomes will include increased numbers gaining suitable support into learning, training, employment, and volunteering or simply gaining confidence to move forward in their employment journey.

Health Improvement Fund - Playground Captains Leadership Programme Lochside ASG
The Playground Captains Leadership programme, run by Active Schools, is a project in which all Primary 6 & 7 aged children in the Lochside Associated Schools Group (ASG) can participate in 5 weeks of practical training. The aim of the training is to equip the Young People with skills to become a Playground Captain in which they will then facilitate playground games for lower stages of the school. Following on from the training sessions, the Playground Captains will host playground games at 1 lunchbreak each week during the school year. The project will benefit approximately up to 488 children. The aim of the project is to empower Young People to take an active role in developing younger members of their community, while also developing key qualities in themselves such as leadership, communication, and teamwork. The project was successfully awarded Health Improvement Funding for the purchase of play equipment, which will ensure as many Young People can take part as possible.

2. Reduce number of people living in poverty. Address food poverty; fuel poverty by identifying and using local assets (for example community cafés; community kitchens).

Best Start and Smile Pantry
The Pantry reopened its doors in March 2021 following the December lockdown with continuation of strict COVID-19 protocols put in place in 2019. There was still a tangible fear of COVID-19 and during this period several members did not return. The non-returners continued to receive food deliveries including fresh fruit and veg, toothpaste packs, oral health information cards and vitamins.

Since January this year membership has increased and although the Best Start and Smile Pantry funding finished in March 2022, CFINE will continue to provide an oral health element to members offering support from Childsmile as required and providing oral health messages, healthy eating ideas and recipes, toothpaste and toothbrushes.

Food in Focus – Practical Food Skills
St Fitticks Church have volunteers involved in the Aberdeen City Food Network, Food Champions Programme who have been funded by Food in Focus to train in The Royal Environmental Health Institute of Scotland (REHIS) Elementary Food Hygiene and REHIS Food and Health to deliver practical food skills to the community. There are also early plans to refurbish the community kitchen so that it is accessible to Food Champions trained across the city to deliver practical food skills.

CFINE at Poynernook Road have received Food in Focus funding to deliver their practical food skills programme 'Won't Cook, Want to Cook'. They are currently in the process of recruiting participants.

LOIP 13.2: Reduce the generation of waste in Aberdeen by 8% by 2023

Sixteen reusable period product libraries have been established in the South Locality, providing free reusable period products to the community:

- Cults Medical Group
- neoGym
- Culter Library
- Kaimhill Library
- Torry Library
- Torry Neighbourhood Centre
- Cults Library
- Kincorth Library
- Inchgarth Community Centre
- Whinhill Medical Practice
- Get Active@Peterculter
- Tullos Swimming Pool
- Cove Library
- Ferryhill Library
- Tillydrone Library
- Old Torry Community Centre

3. Identify and embed opportunities to mitigate digital exclusion; improve access to online assessments and referrals

A promotional campaign across localities has been undertaken to raise awareness of access to PCs in libraries. In the South Locality there has been an increase in 2845 users, showing targeted promotion within localities was successful. The project team are now looking to use this method for raising awareness in other areas where devices can be accessed.

Adult Learning Team
During the COVID-19 pandemic tutors continued to teach learners on a one-to-one basis when restrictions allowed. ICT Tutors also took on the role of Digital Champions and supported individuals who were provided with I-Pads or Chromebooks via the Connecting Scotland Scheme. The support was for a period of 6 months, by telephone. Learners were supported in how to set up and use the devises and MiFi equipment and given instruction and tuition on how to use various applications such as video calling, online shopping and navigation of websites and facilities that would help them to remain connected.

Digital support was given to individual parents who were unable to log on and use the chrome books provided by the education department to allow their children to access the required platform to complete their online schoolwork.

LOIP 3.2: By December 2022, increase by 10% the number of people in Aberdeen who;have digital access; and feel comfortable using digital tools

Case Study -
Elderly couple with kinship care of grandchildren were unable to access their chrome books, therefore the children aged 6 and 8 were not doing any schoolwork. The school tried to assist over the telephone unsuccessfully. Once we had spoken to the grandmother it was agreed that a home visit was necessary.

Due to COVID-19 restrictions a risk assessment was completed. It was then agreed that a Tutor would meet the grandmother outdoors in the garden, both would wear masks and a two-meter distance would be maintained throughout the visit.

The visit was successful and after establishing that a third party may have password protection on the equipment, the tutor was able to establish the passwords, facilitate access to the chrome books and show them how to use the learning platform. Both grandparents were extremely grateful, and the children were excited to be able to have access to their teachers and classmates, who they had not seen since the beginning of lock down.

THE SOUTH PEOPLE

4. Support children and young people to achieve their maximum potential.

Torry Pump Track
A pump track is designed to be ridden completely by riders 'pumping,' generating momentum by up and down body movements instead of peddling. An initial consultation was completed by 229 respondents, all but 4 in favour of having a Pump Track in Torry. Two of those not in favour was because they thought it would be overtaken by the proposed Energy Transition Zone (ETZ) project. The project team are continuing to source funding before moving forward.

LOIP 9.1: Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023

A new youth group for P6 and P7 pupils who attend Kirkhill and Abbotswell primary schools started on 9th March 2022. The group was set up in response to the lack of things to do for children and young people in Kincorth and to grow back community-based youth work after the impact of COVID-19. The first aim of the Kincorth group was to provide a place where young people want to come and enjoy themselves, and since the first session in March, the numbers have increased to 19. Next steps are to continue an offer for P7's as they move up to S1. It's encouraging that so many want to return next term!

Exploring the Gramps with Youth Workers Fay and Graeme

During an evaluation session this lad let us know what he thought of his community! (it says "we are the best community in the world EVER")

LOIP 5.3: 100% of schools offer sustainable and equitable access to counselling for those children aged 10 and above who require it by 2022

All schools across the city now offer sustainable and equitable counselling services for any child aged 10 and above who requires this type of support.

LOIP 5.4: 100% of children and young people have free access to physical activity which improves mental health and wellbeing by 2022

All active schools activities are now free, providing accessible physical activity to children and young people in all school settings across the city.

5. Focus on early intervention, prevention and re-enablement actions to reduce inequalities and improve physical and mental wellbeing outcomes

Boogie in the Bar

Boogie in the Bar sadly had to move to Kincorth from Torry as the bar was taken over. Diane the manager of The Abbott in Kincorth is a very community-led person so it is a wonderful new place to host the Boogies.

Each Boogie has a different theme, the first was 28th April - Mexican, 26th May - The Jubilee and 30th June - The Movies, these have all been a great hit with the people who come. These include people from Care Homes and Sheltered Housing in the area and has been going from strength to strength.

The Boogies are a way for people to combat loneliness and social isolation, to get together during the day and enjoy themselves in a warm, people friendly environment where everyone is made to feel welcome and included regardless of their age, disabilities, etc.

Technogym

Technogym equipment is accessible to all fitness levels and ages. It uses hydraulic resistance, therefore there is no need to adjust weight stacks, due to this it is easier on joints and can help with rehabilitation.

Technogym classes have always been popular throughout the city, therefore ensuring these were back up and running after COVID-19 was extremely important. We did an audit of all the equipment throughout the city and ensured it had all been serviced. Some of the classes were quick to start up again as they still had instructors or volunteers to deliver the classes.

The equipment at Kincorth Community Centre was no longer being used, this set was split between the Sheltered Housing Complexes - Margaret Clyne Court and Mark Bush Court in Kincorth and Brimmond Court in Torry. Training sessions are delivered to interested individuals, and the equipment is set up in common rooms for tenants to use as and when they wish.

There is also a set of equipment at Coronation Court in Peterculter and staff have been trained to support residents to use the equipment here. Increasing capacity throughout the city and ensuring those who may not usually have access to physical activity is extremely important and Technogym allows this.

Wellbeing Group at the Albury Community Sports Hub

Restarting with an Open day on Friday the 10th June from 1.00-3.00pm, The Wellbeing Group provides a range of multi activity sessions for older people including putting and lawn bowls.

These activities can be tailored to suit all abilities and assistance can be offered to people coming along with their carers. The group runs every Friday from 1-3pm.

Health Improvement Fund - Potting Shed for Patter
The Potting Shed for Patter project aims to build upon the excellent work that is currently being carried out at St Fitticks Community Garden by connecting communities through conversation and growing. The project will utilise existing intergenerational relationships to offer accessible workshops focusing on loneliness, isolation and the promotion of positive mental health and wellbeing. These aspects will be tackled through 64 bi-weekly workshops. The sessions will be hosted by a team of volunteers at the community garden and free to access for participants. Health Improvement Funding was awarded to Cultivate Aberdeen to purchase the Potting Shed and the resources required to facilitate the 64 sessions, alongside a number of home-growing kits for participants. The Potting Shed will have a multi-purpose as community members will also be able to utilise the space to sit, read and relax while overlooking the garden.

LOIP 10.3: Reduce the number of wilful fires by 10% by 2022

Torry and Ferryhill were identified as areas where there were most incidents of deliberate fires during the period 2015-19. During the length of the project, fires were reduced from 57 (5-year average) to 37 which is a 36% reduction. Secondary fires were reduced from the 5-year average of 54 to 28 which is a 49% reduction.

Some of the interventions that were implemented:

- Fire setters' intervention and re-education scheme was utilised to educate 7 offenders and to date there has been no reoffending after receiving this input.
- In 2021 video presentations were delivered at schools to spread the fire safety message.

As well as the engagement and intervention processes put in place it must be recognised that societal changes brought around by lockdown will have contributed to the reduction of incidents throughout 2021.

LOIP 12.3: Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022

Naloxone is a medication that can reverse opioids overdose. Distribution of Naloxone Kits in the South Locality has remained stable over the last 2 years. During 2021/22, 100 Naloxone Kits were distributed to 'Persons at Risk' in the South Locality.

LOIP 14.1: Increase % of people who walk as one mode of travel by 10% by 2023

A pilot project was developed to deliver Health Walks at RGU and encourage staff and students to undertake Walk Leader training and volunteer on health walks. The project actively encouraged and signposted people to existing resources such as walking routes and health walks available. The project successfully showed an improvement in participants physical activity levels. Next steps for the project will be to promote and encourage staff and students to actively commute to and from Campus.

6. Identify and maximise use of green space; Community food growing and community garden access (inter-generational community gardens)

Food in Focus – Food Growing
Three organisations in the South Locality have been funded up to £500 through the Aberdeen City Food Network (ACFN), Food in Focus Funding to increase community food growing:

- Cultivate Aberdeen – Edible Garden
- Tigh a'Chomainn Camphill – Practical Skills and Micro Gardening
- COMPASS – Fruit Growing

Torry Community Hub
The Torry Community Hub development has been a community desire for a number of years.

The hub will bring a range of services and facilities together, including:

- Primary School
- Early Learning Centre
- Community Library
- Community Café
- Training Kitchen and Community Garden
- Facilities for Big Noise and SHMU
- A 'one stop shop' to access services such as Housing, Health and Social Care etc.

The pandemic has put a hold to progress over the past 2 years. Construction has recently started with community engagement at the heart of planning and decision making. The Community Hub is due to open at the end of 2023.

Big Lunch Torry
St Fittick's Community Park, Greyhope Bay and The St Fittick's Edible Garden, three of Aberdeen's most scenic locations, were the host venues for the first Big Lunch Torry (BLT). The Big Lunch is a simple idea to connect people by sharing food with a neighbour or friends and is supported by Eden Project Communities.

The sun shone and the visitors were treated to a full program starting off with Elevenses at the Edible Garden on St Fittick's Road. Then it was off across the road to St Fittick's Park for one of 100 free packed lunches on offer, a nature treasure hunt, stencilling and a display of bunting kindly decorated by pupils at Tullos School (the theme was Torry) and Scoop the Dog. The last stop for a coffee and a cake was at the Greyhope Bay centre for one of their fantastic tours followed by dolphin spotting, the fabulous Walker Road Dancers and a piper as a finale to the most wonderful day.

The ACC Communities Team was delighted to work with local volunteers, ACVO, the Eden Project Communities, Clean Aberdeen and SHMU on such a fantastic day. Tesco donated lots of juice, water and fruit. It was wonderful to see their manager and a fellow staff member come along to help on the day. Leftover fruit and water went to the Ukrainian refugee project. The Friends of St Fittick's Park part of the event was generously funded by Aberdeen City Fairer Aberdeen Fund which made possible the free packed lunches and the art activities at the park.

Greyhope Bay
Greyhope Bay visitor centre opened at Easter to massive interest from the public. The café as well as the funded workshops have been extremely popular. Links with the schools have been made and there is to be a special project day with Tullos school in September. Every second Sunday they run beach cleans for up to 60 volunteers. The University of Aberdeen is involved in these and they carry out valuable research at the same time.

Community coffee morning, whereby locals can get a cup of coffee for £1 plus engage in interesting discussions on all things Torry and marine life, will relaunch in August. In addition, Aberdeen College and Greyhope have teamed up and the college's apprenticeship scheme has found it very useful working with the project. There are further exciting plans in store but meantime it is great to see such a project valuing the natural environment of Torry and affording the local community an excellent resource for relaxation, volunteering and learning.



Health Improvement Funding - Community Garden Development
Queens Cross Church received Health Improvement Funding to support the development of their community garden. The project set out to create an urban green space where individuals from nursey age upwards would be able to contribute to the planting and maintenance of the garden. The purchase of raised beds and seating supported individuals with mobility needs to participate in the planting of flowers, vegetables, and herbs. The garden has had a large input from the Monday group which has several adults with additional support needs attending, thus providing the group an invaluable opportunity to build social relations and learn new skills. A tree has also been planted to mark the Queens Platinum Jubilee – a great way for the legacy of everyone involved in creating the space to continue! The garden now provides a place of serenity for the local community to visit and relax.

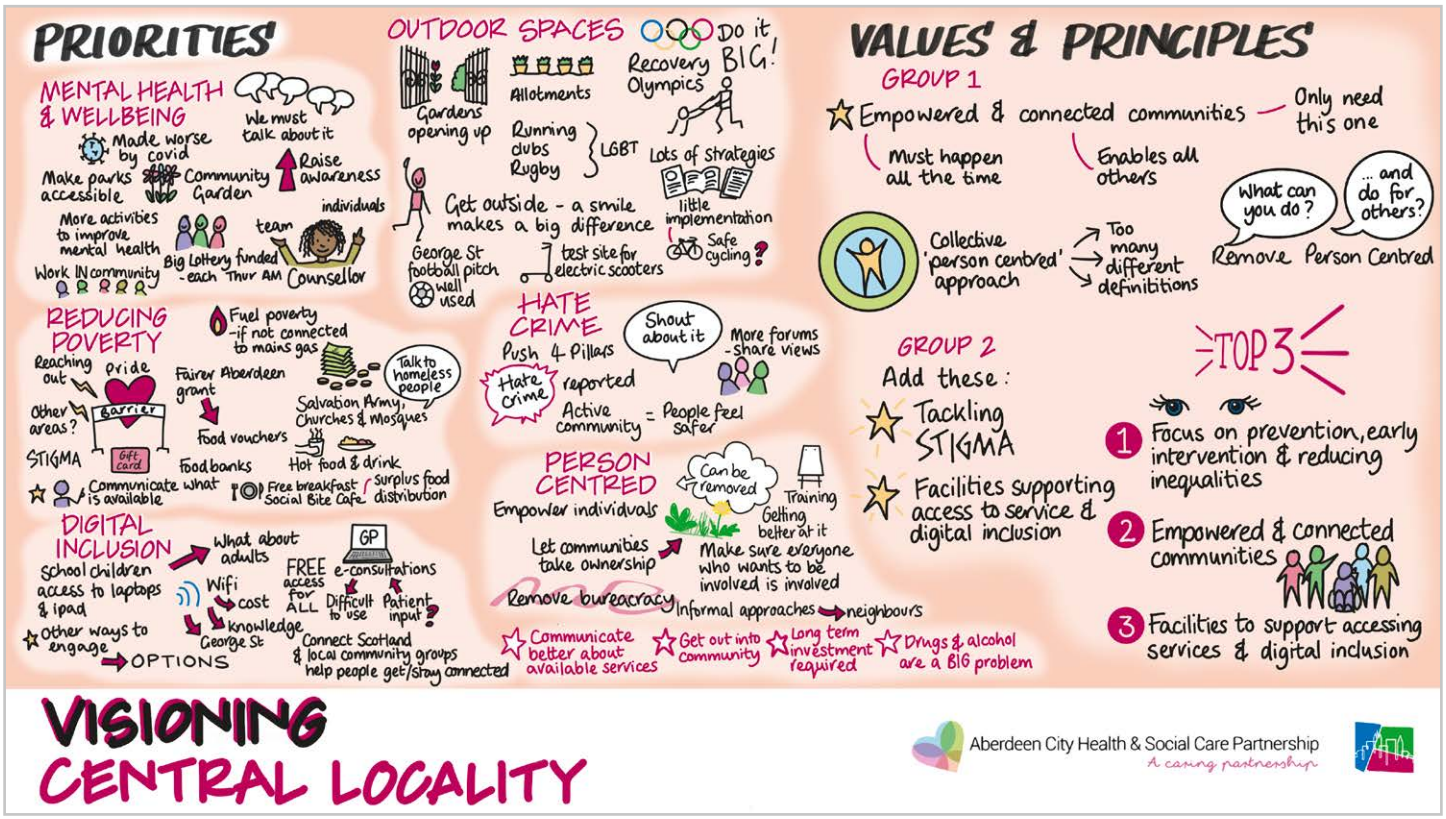
LOIP 15.1: Increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023

There are 6 new community run green spaces in the South Locality.

VISION FOR CENTRAL

The Vision for Aberdeen City is a **'Place where all people can prosper'**.

We asked communities in the Central Locality to break this down into what this means for them.



Using a combination of data, community and front-line staff identified six priorities which will ensure all people living in Central locality, including those people living in our most disadvantaged communities, have an equal chance to prosper. These include:

Locality Priorities	Link with city wide LOIP Priority Themes
Reduce the number of people living in poverty through creation of opportunities for employment and development of skills, and create solutions to tackle food and fuel poverty	**Economy**
Ensure people have the digital means to ensure they don't miss out on opportunities	
Improve mental health & wellbeing of the population	**People**
Ensure people can access services timely through a person centred approach where the needs of the whole population are considered	
Create safe and resilient communities where hate crime will not be tolerated and develop initiatives which reduce the impact of substance misuse and anti-social behaviour	
Maximise use of spaces in communities to create opportunities for people to connect and increase physical activity	**Place**

Above and throughout this document we have made the links between our priorities and the work of the wider Community Planning Aberdeen Partnership being delivered through the city wide Local Outcome Improvement Plan. This is essential to ensure we are working collaboratively on common priorities, supporting each other by sharing knowledge and experience and testing out our ideas together to ensure they have the best chance of success, scalability and sustainable results.

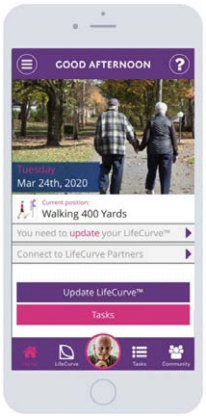
CENTRAL ECONOMY

1. Ensure people have the digital means to ensure they don't miss out on opportunities

Digital Literacy

Occupational Therapy: Peer Digital Placement with Robert Gordon University Occupational Therapy students supported residents in Hilton and Dominies Court to get digitally connected and test the LifeCurve App.

Part of this project is educating student Allied Health Professionals in wellbeing in a holistic fashion. This can mean looking at some non-traditional interventions and community settings. Example of this include the Boogie in the Bar project.



LOIP 3.2: By December 2022, increase by 10% the number of people in Aberdeen who; have digital access; and feel comfortable using digital tools.

The project focused on a promotional campaign across all localities to raise awareness of the access to PCs in libraries. It has seen an increase of 6266 PC users within libraries post COVID-19, an increase of 1884 users within the Central Locality, showing that targeted promotion within localities was successful. The Digital Group will now look to use this method for raising awareness in other areas where devices can be accessed.

The communities team distributed laptops and the means to accessing the internet, providing ongoing support to individuals and families to get started. The Adult Learning team continued to provide tutors, on a one-to-one basis, as restrictions allowed. ICT Tutors took on the role of Digital Champions to support individuals who were provided with iPads or Chromebooks through the connecting Scotland Scheme. The support, by telephone, was for a period of 6 months. Support was provided to learners on how to set up and use the devises and MiFi equipment. In addition, tuition was provided on how to navigate websites, use various applications such as video calling, online shopping and facilities that would help them to remain connected.

Digital support was also provided to parents who had received chrome books via the education department to ensure that their children could access to the required platforms to complete their online schoolwork.

Case Study - Digital Support

Online 1-1 computing skills was provided by a tutor, via the team's platform, to one learner who had to isolate during COVID due to their health condition and disability. The learner said that this really helped as it gave them contact with the outside world as well as being able to continue to improve their computer skills. During this period, they completed core skills Level 2 Information and Communication Technology and began working on her Level 3. Once this is completed, we are encouraging her to do her ECDL qualification via Northeast Scotland College.

Since April 2022 8 classes have resumed at Tillydrone and Central Library.

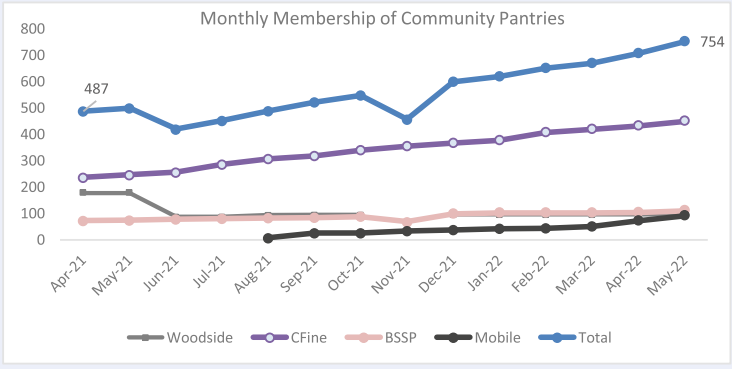
2. Reduce the number of people living in poverty through creation of opportunities for employment and development of skills, and create solutions to tackle food and fuel poverty

SVQ Level 2 Award in Health and Social Care for Carers
Aberdeen City Health and Social Care Partnership are delighted to be working in partnership with Bon Accord Care, Barnardo's, and Aberdeen Carer's support services (Quarriers) to offer people with caring responsibilities, the opportunity to undertake a nationally recognised qualification. The opportunity is open to 20 candidates, over a 12-month period, and delivered by Bon Accord Support Services. The qualification is free to complete and full support will be given throughout the award.

LOIP 1.1: Membership of Community Pantries

Prior to and during the pandemic, Aberdeen had experienced increasing use of food banks by people experiencing poverty, with an extensive network of these operating in the city. A key outcome of the improvement project is to increase the number of people accessing community food pantries, to increase access to affordable, fresh healthy food for those who are suffering food insecurity.

This project achieved its aim with the number of people using community pantries having grown by 38% between April 2021 and March 2022. The increase has been supported by the launch of a mobile pantry in September 2021 which prioritises our most disadvantaged and vulnerable communities, by offering flexibility to those not in a position to travel. As of March 2022, the mobile pantry had 51 members and was available in 6 neighbourhoods across Aberdeen which includes Tillydrone and Seaton.



LOIP 2.1: Number of Employers Paying the Real Living Wage

This projects aim is to alleviate in-work poverty by increasing employer sign up to the Real Living Wage, meaning that low-income employees will benefit from a pay rise. This helps tackle pockets of in-work poverty within the city, with the added effect of increasing average earnings, productivity and boosting the wider economy. Based on data from Living Wage Scotland, 69 employers in the City are Real Living Wage accredited, a 47% increase since this project started and a 32% increase since January 2021. Forty-five of those employers are located within the Central Locality.

Latest data available at the end of 2021 showed that 86.6% of employees in the city were in living wage employment, a 4.6% increase since 2016. 80% of all Living Wage employers believe it has enhanced the quality of the work of their staff.

LOIP 2.2: Number of individuals starting a business within the city who are coming off or significantly reducing their universal credits

This project aims to support 50 people to come off benefits or significantly reducing their benefits through starting a business in Aberdeen by 2023. The project tested how dedicated Business Gateway Advisers could increase the number of direct referrals being passed over to the service. A Community Business Adviser is now present, twice a month, in each locality. The Department of Work and Pensions have offered space for an advisor within their building to connect with Work Coaches. Within the Central Locality 5 individuals have been supported to reduce their reliance on benefits and start a business.

A Community Business Gateway Adviser has engaged with four community projects in the Central Locality with a view of supporting them to become a Social Enterprise. The communities team, using their networks and local knowledge supported this project by linking Buisness Gateway with 3 of the groups.

CENTRAL PEOPLE

3. Improve mental health & wellbeing of the population

Food in Focus – Practical Food Skills
George Street Baptist Church have volunteers involved in the Aberdeen City Food Network, Food Champions Programme. They have been funded by Food in Focus to train in REHIS Elementary Food Hygiene and REHIS Food and Health to deliver practical food skills to the community. There are also early plans to refurbish the community kitchen so that it is accessible to Food Champions trained across the city to deliver practical food skills.

Health Improvement Fund - New Futures - Station House Media Unit (SHMU)
Station House Media Unit (SHMU) were awarded Health Improvement Funding to run a "New Futures" project, in partnership with St Machar Academy; The Aberdeen City Council Refugee Team, ABZ Works and Skills Development Scotland. The programme aims to offer support, training, activities, and opportunities (both in school and in the community) to young people aged 16-25 years old who have recently arrived in Aberdeen following their emergency evacuation from Afghanistan.

The young people will engage in a variety of media and employability-based activities with the aim of developing their skills, building confidence, and supporting them to have a plan in place for leaving school. This may include moving on to SHMU's post-school employability services if identified as the most appropriate route.

Health Improvement Fund - Bonnymuir Community Trust

The Bonnymuir Green Community Trust was set up by the community to transform a derelict former bowling green into a thriving community green space and community hub. The Trust received money from the Health Improvement Fund to develop an area with native wildflowers, including bee and butterfly attracting plants. Alongside the wildflower meadow, a team of volunteers were given the opportunity to undertake a beekeeping course, as well as receiving monies to set up and maintain beehives – including the bee nucleus!

Bonnymuir Community Garden now has an established wildflower meadow and an enclosed apiary in a quiet area of the garden, as well as 2 beehives which are maintained by an enthusiastic team of volunteers, staff and trustees. Visitors can view the apiary from a safe distance and there is ongoing interest in joining the bee team! Bonnymuir Garden had over 19,500 visitors last year and has become a popular and cherished community space.

The project received 2 yields of honey last year which were available for the community to purchase via a donation.

"The other members of the bee team were not people I knew already, and it's been lovely to meet new people. We've really learned from each other, and it's been fun being part of a project that the community is so interested in."

"Volunteering with the Bonnymuir bee team has been brilliant as I've got to learn more about bees and biology as a result and I feel like a proper part of the community when I'm helping out with the hives."

"Volunteering at the Bonnymuir bee team is brilliant and has helped me out with my university application, but also with my job and with my communication skills which in turn help set me up for the rest of my life".

Seaton Soup and Sannies
Seaton Soup and Sannies has been re-established since COVID-19, working in partnership with Aberdeen City Health and Social Care partnership, SHMU, Aberdeen Football Club Community Trust and Aberdeen City Council. The funding was provided by ACVO and will help towards putting the volunteers from SHMU and AFCCT through the Royal Environmental Health Institute of Scotland (REHIS) qualifications as well as ensuring the sustainability of Seaton Soup and Sannies. Residents are welcome to attend from Seaton Sheltered Housing complexes (Lord Hays Court, Donview, Seaview and Seaton House). Transport is provided upon request to ensure those who might not normally be able to attend have an option. Homemade soup, sandwiches and home bakes are provided as well as juice, tea, coffee and entertainment. Food from CFINE is offered to anyone who would like to take any. This event provides nutritious food and reduces social isolation. It also allows the opportunity to advertise other activities which the residents can attend within the local area.

Sheltered Housing Activities in Lord Hays Court
Lord Hays Court have arranged film nights and Age Scotland activity days which have included wellbeing conversations, quizzes, body boosting bingo and gentle exercises. The next step is an exercise class within the common room and to encourage people to use Technogym classes at Pittodrie with Aberdeen Football Club Community Trust.

Improving Exclusive Breastfeeding in Tillydrone
Local peer support volunteers have been recruited and trained to become Breastfeeding Peer Supporters. Although the initial plan of group sessions in the community campus did not happen due to COVID-19 restrictions, virtual support sessions were provided to mothers in Tillydrone via Facebook and MS Teams.

Exclusive breastfeeding status at 6-8 weeks: There was an increase in exclusive breastfeeding in two test areas from baseline. Old Aberdeen- 37% - 42%; Tillydrone 32.14%- 35.11%.

Meno & Pause Co-lab Cafes
Partners are working together to try and diminish the stigma around menopause, to empower women with relevant information, support and relatable role models who understand the rollercoaster of emotions you can find yourself on. Aberdeen City Health and Social Care Partnership and Aberdeen Football Club Community Trust have developed a series of Meno & Pause Co-lab Café events. The first event, held in March, was a facilitation session to ascertain what people wanted to know more about, then the next five events were structured. These events have been open to anyone who is interested and delivered in a very relaxed environment.

LOIP 5.4: 100% of children and young people have free access to physical activity which improves mental health and wellbeing by 2022

All active schools activities are now free, providing accessible physical activity to children and young people in all school settings across the city.

4. Ensure people can access services timely through a person centred approach where the needs of the whole population are considered

Carer Information Resource Pack
The ACSHCP Wellbeing team working in collaboration with Barnardo's and Quarriers have created a carer information pack for both young and adult carers within Aberdeen City. This is to ensure carers have access to the support and opportunities. Plans for this to be launched in March 2023.

LOIP 5.3: 100% of schools offer sustainable and equitable access to counselling for those children aged 10 and above who require it by 2022

All schools across the city now offer sustainable and equitable counselling services for any child aged 10 and above who requires this type of support.

Primary Care
Since the inception of the 2018 GMS contract, there have been 6 new primary care services developed under the ACHSCP 'Primary Care Improvement Plan' (PCIP) to help support GP Practices. The PCIP achieves this by expanding and enhancing the multi-disciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes.

Implementation of these services has continued despite the impact of the COVID-19 pandemic and other workforce challenges. The following teams have been successfully recruited:

Community Treatment and Care Service (CTAC) & Immunisations: delivers a range of 'treatment room' interventions such as getting your blood taken or minor wounds dressed.

Pharmacotherapy Service: to provide pharmacotherapy service to GP practices, included medicines reconciliation, actioning hospital discharge letters, medication review, actioning acute or repeat requests as appropriate, dealing with pharmaceutical queries from patients and colleagues.

Links Practitioner Service: Commissioned from SAMH, the service provides non-clinical support to people with issues they are experiencing, to identify and manage barriers that affect their ability to live well and help them to talk about what really matters to them. In the Central Locality there were 625 referrals to a Link Practitioner from GP Practices. The three main referral reasons were mental health, benefits/finance and money and housing and homelessness. The Link Practitioner has made 626 onward referrals to 149 different organisations who are best placed to provide the individualised support.

"I had never heard of this service before I was in deep crisis and found my Link Practitioner to be a diamond on the industry and her help plus service to be invaluable!!! I would not have managed to get through a touch period or adversity without her. Thankyou. I would have no hesitation in recommending myself or anyone else to this service again: first class!!!"

"My Link Practitioner was so good thanks to her I can sleep at night. wonderful service"

First Contact Physiotherapists: These highly specialist physiotherapists are based in Calsayseat, Elmbank, Hamilton, Newburn and Rubislaw GP Practices and have the advanced skills necessary to assess, diagnose and recommend appropriate treatment or referral for musculoskeletal problems on a patient's first contact.

Urgent Care: Advanced Practice Clinicians visiting patients who need an unscheduled home visit that would have usually been undertaken by a GP. The patient is visited in their home then the clinician liaises with the GP Practice for any further action.

5. Create safe and resilient communities where hate crime will not be tolerated and develop initiatives which reduce the impact of substance misuse and anti-social behaviour

George Street Community
A Community Development Officer (CDO) was tasked with carrying out a community audit of the area to identify which groups, organisations and partners operate in the area. This resulted in many hours of door knocking, meeting, attending and supporting a range of community groups and organisations. To date contact has been made with over 20 organisations who are based in the area or operate in the area.

These connections have resulted in the CDO supporting individual groups in a number of different ways; connecting them to partners, source of advice and information, identifying and supporting them to maximise their offer and identify wider issues.

In discussion with George St Community Council, it was identified that groups and organisations in the area did not necessarily know each other. It was decided to organise and host an opportunity for them to meet through a consultation exercise. This led to an engagement event where 20 individuals attended representing 7 organisations. The report from the engagement event has been shared with George St Community Council with a view to create a plan of action thereafter.

Shut the Chutes
In a number of properties across Tillydrone it had become apparent that bin rooms and bin chutes no longer met the needs of the residents and are becoming costly to maintain. This is largely reported to be due to vandalism and general upkeep of the areas. To address the issue, Aberdeen City Council's Housing and Waste and Recycling services are working together to improve recycling and reduce flytipping within the Tillydrone. Phase 1 of the project has involved closing the bin rooms and bin chutes in Tillydrone and replacing them with new external bins. The first phase covered blocks in Harris Drive, Wingate Place, Wingate Road and Tillydrone Avenue and the new bins seem to be working well and there has been no flytipping to date in the areas and an early increase in recycling too.

LOIP 12.3: Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022

Naloxone is a medication that can reverse opioids overdose. During 2021/22, 161 Naloxone Kits were distributed to 'Persons at Risk' in the Central Locality. Distribution of Naloxone Kits in the Central Locality has remained stable over the last 2 years.

LOIP 9.4: Citywide Public Space Youth Antisocial Behaviour

The introduction of the Safer City Unit within the City Centre has resulted in a spike in figures. It is accepted that this spike is a direct result of increased Police presence and proactive engagement with youths within the area. Work is ongoing to identify solutions to the youth problem. Through the Community Safety Hub all youth calls are reviewed and documented. Following this, youth details are collated and compared against previous incidents. Anti-social behaviour letters are thereafter sent to the home address of these youths, either from Police or Early Intervention, depending on age. As a result of this improved process, there has been a rise in letters being sent from 78 in 2021, to 128 in 2022 so far. Of the youths originally sent letters, less than 20 have had to be sent further letters.

CENTRAL PLACE

6. Maximise use of spaces in communities to create opportunities for people to connect and increase physical activity

Health Improvement Fund - Women only well-being and activity club - Alhikmah Foundation SCIO
Following on from a successful women's only taster session of yoga, the Alhikmah Foundation applied to the Health Improvement Fund and secured funding for a Yoga Instructor to provide women only sessions at the mosque in which the Alhikmah Foundation is based. The idea for a women's only session arose as several women highlighted, they would be hesitant to attend mixed gender gyms or exercise groups. Additionally, this setting provides an environment for women to meet others and combat social isolation after the COVID-19 pandemic lockdowns.

LOIP 14.2 Number of people who cycled in either rest of city or city centre in past year as percentage

Through the 'Light for Dark Nights initiative' Police Scotland distributed bike lights to cyclists whilst on patrol. The "Be Bright at Night" Road Safety Campaign was promoted on radio, social media, billboards, and bus shelters. Police Scotland teams distributed 8 sets of lights to people in living in Tillydrone.

Food in Focus – Food Growing
Denburn Court Tenants and Residents and STAR Flat have been supported through the Aberdeen City Food Network, Food in Focus Funding to develop communal gardens which will increase community food growing.

LOIP 15.1: Number of Community run green spaces (City Wide and Priority Localities) Hubs

This project was established to build a green spaces network of communities and partnerships that empowers communities to establish, take responsibility and run their local green spaces. This can facilitate local engagement and increase volunteering and local community pride. The project achieved its aim, with 36 new community run green spaces established as of June 2022, an increase of 31 since Feb 2021, 16 of those are within the Central Locality.

The Central Locality has 6 Community Champions which aim to raise awareness and change thinking about wider sustainability issues in communities. These champions have produced films which they have promoted throughout the locality.

Tillydrone Campus Management Group
An Operational Group of local representatives and Aberdeen City Council (ACC) Officers was set up to coordinate the buildings design, layout, and future aims. The aim is to compile a community led survey of needs into a report for public viewing to help develop the campus programme, reopen the café through a social enterprise, ensure that the campus doors are open to residents and increase committee membership and volunteers. Currently membership of the Management group has increased by 50%.

The Tillydrone Cruyff Court
Cruyff Court projects are small, free to access, unbookable, fully floodlit 4G Astro pitches that aim to promote sports and values such as social responsibility, integration, team play and personal improvement. The Tillydrone Cruyff Court, to be located near Formatine Road, will be a floodlit 3G/4G pitch with a multi-sport hard surface and a running track. Planning permission for the Cruyff Court at Tillydrone has now been granted and construction is estimated to start before the end of 2022.

Feedback from residents and volunteers has been positive;

"I think Cruyff Court will benefit the community for there is nothing for kids in area to do... it will keep them off the streets."

"I've lived in the Tillydrone community for 10 years. The Cruyff court will have a massive impact on the area. It's what it's been missing and kids of all ages in the area will be kept off the street with an opportunity to kick a football around and enjoy themselves with their pals."

Tillydrone Underpass
The revamp of the underpass follows concerns to address walking and wheeling accessibility, safety concerns and the connection between Tillydrone and Woodside. Residents and community groups were invited to contribute to the overall design to help shape the future of the area.

The agreed design for the underpass redevelopment uses an array of colourful anti-slip paint to brighten the area, along with reflective panels and lighting to increase visibility and become more pedestrian friendly. So far, an observed footfall by children and families using the underpass has increased by 20%.

The redevelopment was resourced by the Scottish Government Town Centre Regeneration fund and Aberdeen City Council's Place Based Improvement fund. This forms part of a wider Street Design Project led by Sustrans and Aberdeen City Council, known as the Tilly-Wood Street Design Project.

The Tilly-Wood Street Design Project aims to make Tillydrone and Woodside a more attractive place to live, work and move around independently by improving Hayton Road and Don Street. The project team have worked closely with residents in a co-design approach to understand the aspirations, needs and ideas of the local community.

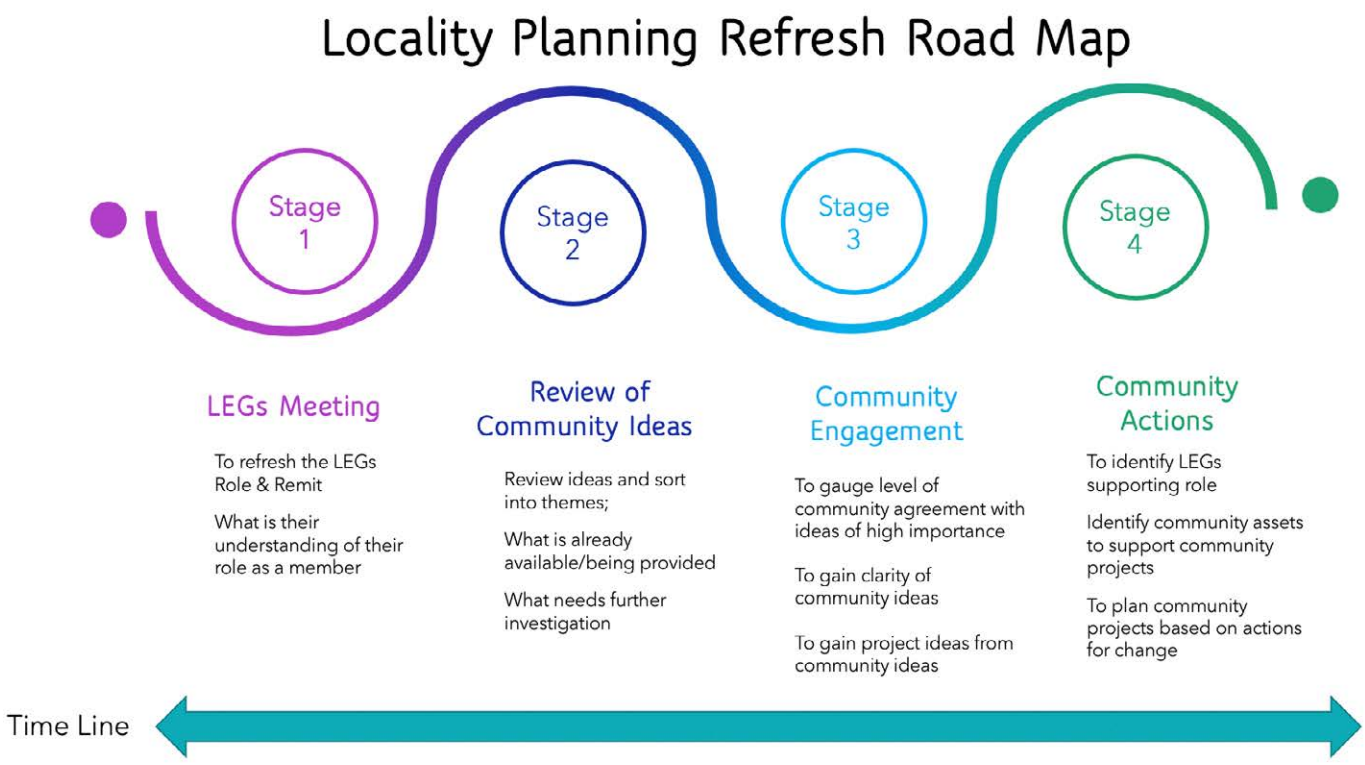
NEXT STEPS

COVID-19 has had a negative impact on everyone's lives. As individuals we have all had to change the way we did many things, to adapt to living in lockdown, such as working from home. Many businesses and organisations, who work within community settings, had to adapt to ensure service delivery. Many new partnerships, collaborative approaches and ways of working have become common practice, for example remote home working via digitally based models.

One of the many challenges throughout COVID has been community engagement. There has been a noticeable decline, with a significant reduction in engagement within the three locality engagement groups and priority neighborhood partnerships.

As restrictions are lifted, this is an ideal opportunity to take stock and look to improving communication and engagement within our communities.

A Locality Planning Refresh Roadmap has been developed to give a systematic approach to next steps in the delivery of locality plans. The intension of the Roadmap is to refresh the role and remit of the LEGs and PNPs, review and prioritise community ideas, identify community assets and plan community projects based on action for change.



Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	30 August 2022
Report Title	Draft ACHSCP Workforce Plan 2022 - 2025
Report Number	HSCP22.073
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Stuart Lamberton Transformation Programme Manager SLamberton@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. *Draft ACHSCP Workforce Plan 2022 - 2025*

1. Purpose of the Report

1.1. This report presents the first draft of the Aberdeen City Health and Social Care Partnership (ACHSCP) Workforce Plan for 2022 – 2025. After further consultation the final version will be presented to the Integrated Joint Board (IJB) on 11 October 2022.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Considers the initial draft ACHSCP Workforce Plan 2022 – 2025 (at Appendix A) and instructs the Chief Officer to bring the final version of the ACHSCP Workforce Plan 2022 – 2025 to the IJB on 11 October 2022
b) Endorses the continued work of the short life working group with the ongoing wider staff consultation and incorporation of the feedback from Scottish Government

INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. On 11 March 2022 the Scottish Government published the National Workforce Strategy for Health and Social Care. This strategy contains 3 key objectives; *Recovery, Transformation, and Growth* and sets out the five pillars of the workforce journey which should be core within the three year workforce plan:

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3.2. On 1 April 2022 the Scottish Government provided a supporting guidance document to be used when developing the plan and it came with key deadlines:

31 July 2022 - Three Year Workforce Plans should be submitted in draft to the National Health and Social Care Workforce Plan Programme Office

31 August 2022 - Draft Three Year Workforce Plans will be reviewed and feedback provided by Scottish Government

31 October 2022 - Three Year Workforce Plans to be published on organisations' websites

3.3. A short life working group was established comprising of leads from the various staffing groups across ACHSCP and supported by the Transformation Programme Manager for Strategy to develop the ACHSCP Workforce Plan 2022 - 2025. This group initially met every 3 weeks and

then weekly in the lead up to the end of July 2022 when the initial draft was submitted as per the deadline.

3.4. The draft ACHSCP Workforce Plan 2022 – 2025 is the result of the previous two months of collation, engagement, and development. The core themes in the plan are *recruitment and retention, health & wellbeing, and growth & opportunities*. It is not finished as it now needs to go out for wider staff consultation where the feedback will be collated along with the feedback from Scottish Government to help inform the final version which will be ready for the IJB in October 2022.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

The ACHSCP Workforce Plan 2022 - 2025 aims to have a positive impact on all staff across the workforce including those with protected characteristics as defined in the Equality Act (2010). A Health Inequalities Impact Assessment (HIIA) is in development in advance of the final submission of the ACHSCP Workforce Plan 2022 - 2025 to the IJB in October 2022.

4.2. Financial

There are no specific financial implications related to this report.

4.3. Workforce

The ACHSCP Workforce Plan 2022 – 2025 will focus on three key themes for the ACHSCP workforce over the next three years; *recruitment and retention, health & wellbeing, and growth & opportunities*. The ACHSCP Workforce Plan 2022 - 2025 clearly sets out how changes & improvements will be made and how the progress & impact of the plan will be measured.

4.4. Legal

There are no specific legal implications related to this report.

4.5. Covid-19

There are no specific Covid-19 implications related to this report.

4.6. Unpaid Carers

There are no specific Unpaid Carer implications related to this report.

5. Links to ACHSCP Strategic Plan

5.1. The ACHSCP Workforce Plan 2022 – 2025 aligns directly with the ACHSCP strategic plan 2022 – 2025, specifically in relation to our enabler for workforce. The strategic plan sets out the context for our workforce and, directly linked to the delivery plan, our ACHSCP Workforce Plan 2022 - 2025 sets out the measures and how we will achieve our goals.

6. Management of Risk

6.1. Identified risks(s)

The COVID-19 pandemic has had a significant impact on the workforce and as we adapted to meet the demand from and beyond the pandemic. ACHSCP has a higher turnover of staff compared to partner organisations. There is a shortage of clinical staff & social care staff which is a risk for sustainable service delivery, where staff are already dealing with a lot of pressure.

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

Risk 4 - Cause: Relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) in areas such as governance, human resources; and performance

Event: Relationships are not managed in order to maximise the full potential of integrated & collaborative working.

Consequence: Failure to deliver the strategic plan and reputational damage

Risk 9 – Cause: Impact of Covid-19 has accelerated and accentuated long-term workforce challenges

INTEGRATION JOINT BOARD

Event: Insufficient staff to provide patients/clients with services required.

Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

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

The ACHSCP workforce plan 2022 – 2025 will focus on three key themes for the ACHSCP workforce over the next three years; *recruitment and retention, health & wellbeing, and growth & opportunities.* The plan clearly sets out how changes & improvements will be made and how the progress & impact of the plan will be measured. These actions directly contribute to the controls and mitigations required in relation to the risks identified above.

Approvals	
Sandra Macleod	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

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Workforce Plan
2022 – 2025

Aberdeen City
Health & Social Care
Partnership
A caring partnership

Who are we?

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

Introduction to ACHSCP

Aberdeen City Health and Social Care Partnership (ACHSCP) delivers community health and social care services. We formally came into existence on 6 February 2016 with the approval of our Integration Scheme by Scottish Ministers.

Since then our vision has remained core to our integration and progress in 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 to help us achieve our strategic aims set out in our strategic plan 2022 – 2025.

The partner organisations of the ACHSCP are Aberdeen City Council (ACC) and the Grampian Health Board (NHSG). The purpose of the partnership is to deliver positive and improved outcomes for the residents of Aberdeen, so that people live healthier, longer lives, are supported to be independent, and have choice and control – no matter who they are or where they live.

We deliver these outcomes by working closely together with our independent and third sector colleagues.

Staffing groups across ACHSCP including;

- **Community Nursing**
- **Allied Health Professionals**
- **Community Mental Health service**
- **Public Health services**
- **Substance Misuse and Alcohol services**
- **Sexual Health services**
- **Public Dental services**
- **Primary Care** (General Medical; General Dental, General Ophthalmic, Community Pharmacy)
- **Social Work services for adults and older people** (including Criminal Justice services and physical disabilities)
- **Support for people with learning disabilities and mental health conditions** (specialist older adults & rehabilitations services)
- **Granite Care Consortium**

Data summary & overview

Aberdeen is the third largest city in Scotland and provide Scotland with 15% of its Gross Added Value. However, Aberdeen's affluence is not uniformly distributed across the city – where you live has an impact on your health and wellbeing. 22 of Aberdeen City's 283 data zones are in the most deprived 20%. Collectively this means a population of 18,055 accounting for 7.9% of the City's total population.

Aberdeen City and Aberdeenshire is the most economically productive region in the UK, outside Inner London. It is, however, heavily reliant on the oil and gas sector, and as such the current downturn is having a significant impact. Aberdeen tends to score well for the social and economic factors that underpin good health, when compared to the Scottish national average. However, its rurality is a known issue that can cause people difficulty in accessing services, and despite high average employment and low overall income.

We know the population of Aberdeen City is changing, and we require to have a workforce that can mobilise to respond to this. Our population in 2020 was just under 300,000. By 2028, the make up of our population is expected to change, with expected increases in those aged 16-24 and substantial increases in those aged 65 and over. It is expected that by 2033, those aged over 75 will have increased by 28.2% compared to today's figures. This will have a direct impact upon our services, how they are delivered and our members of staff who provide care and support.

Aberdeen is a significant regional and national business centre and is a popular place for people to live, work and socialise. The city's geography, cultural activities, two universities and regional college combine to form a proud identity and a mostly positive and enduring quality of life.

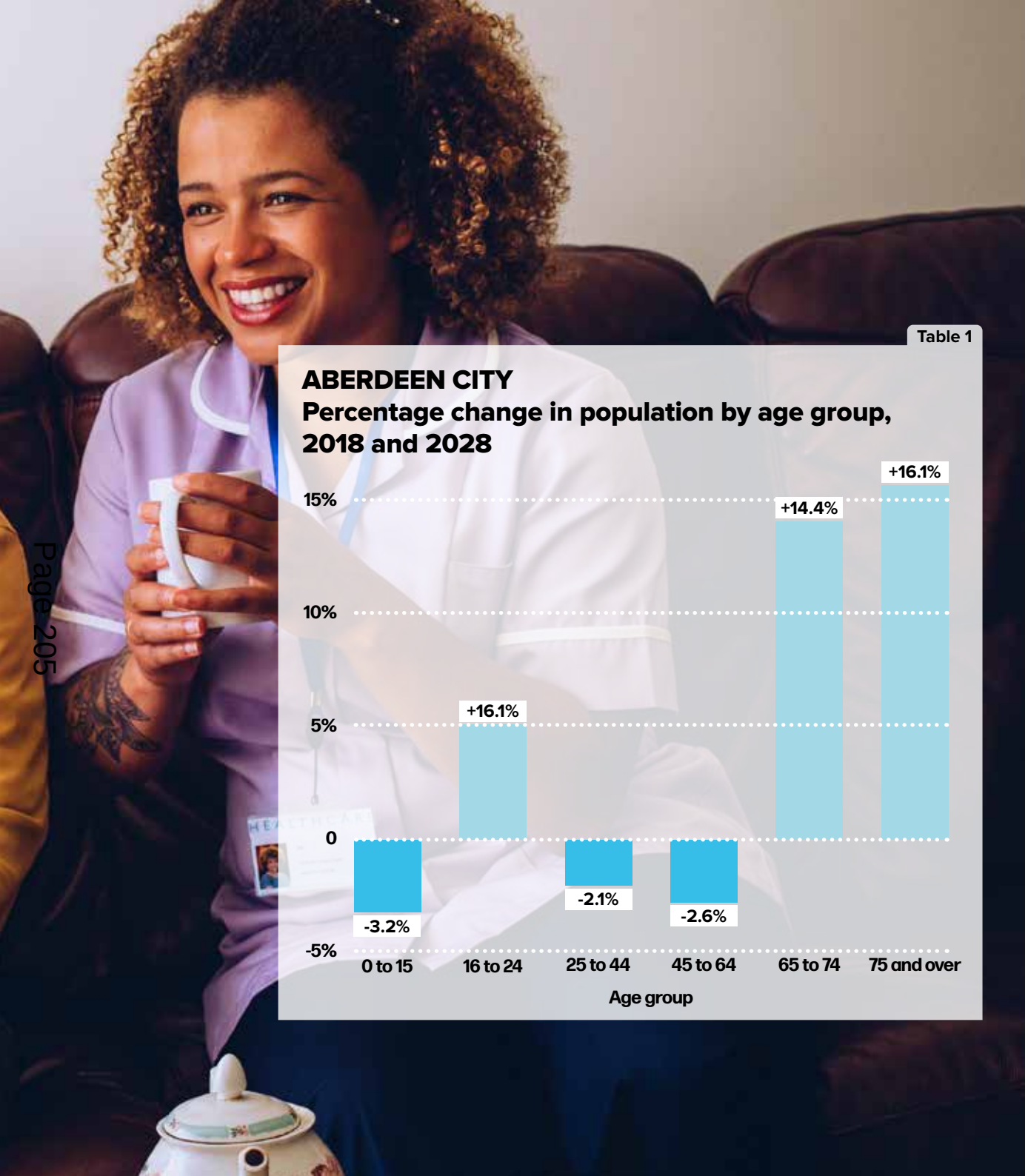


Table 1

ABERDEEN CITY
Percentage change in population by age group, 2018 and 2028

The life expectancy for those born as males within Aberdeen City is 76.9 with a health life expectancy of 58.3. Those born as females have a life expectancy of 81.3 with a healthy life expectancy of 61.3. This means that we are potentially looking at an average of 18-20 years of someone's life where they may need additional health and social care support. There has been a 25% increase in people with long term conditions, and by 2035 it is estimated that 66% of adults over 65 will be living with multi-morbidity.

The leading causes of death within Aberdeen City in 2020 include Heart Disease, Lung Cancer, Dementia and Alzheimer's, Cerebrovascular Disease and Chronic Respiratory Diseases. Many of these conditions exist alongside other conditions and can deteriorate over a period of time and require careful management.

Employment within Aberdeen City has suffered as a result of the COVID-19 pandemic with an estimated 2,680 individuals having lost employment over the past 2 years. Coupled with the cost-of-living crisis, the lifestyles of many residents in Aberdeen is changing drastically. Unmet need for social care has increased by 75% between April 2021 and April 2022, with population increases and a decrease in lifestyle and wellbeing across many of the sectors of the population, this is likely to continue to rise.

Table 1: **Aberdeen percentage change in projected population.** ***Source, NRS Scotland***

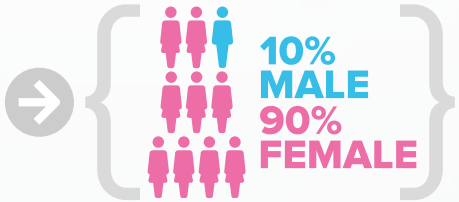
The following table shows the make up of the ACHSCP workforce*

	2020		2021		2022	
	Actual WTE	Head Count	Actual WTE	Head Count	Actual WTE	Head Count
Total	**1744.212**	**2164**	**1741.31**	**2122**	**1830.54**	**2197**

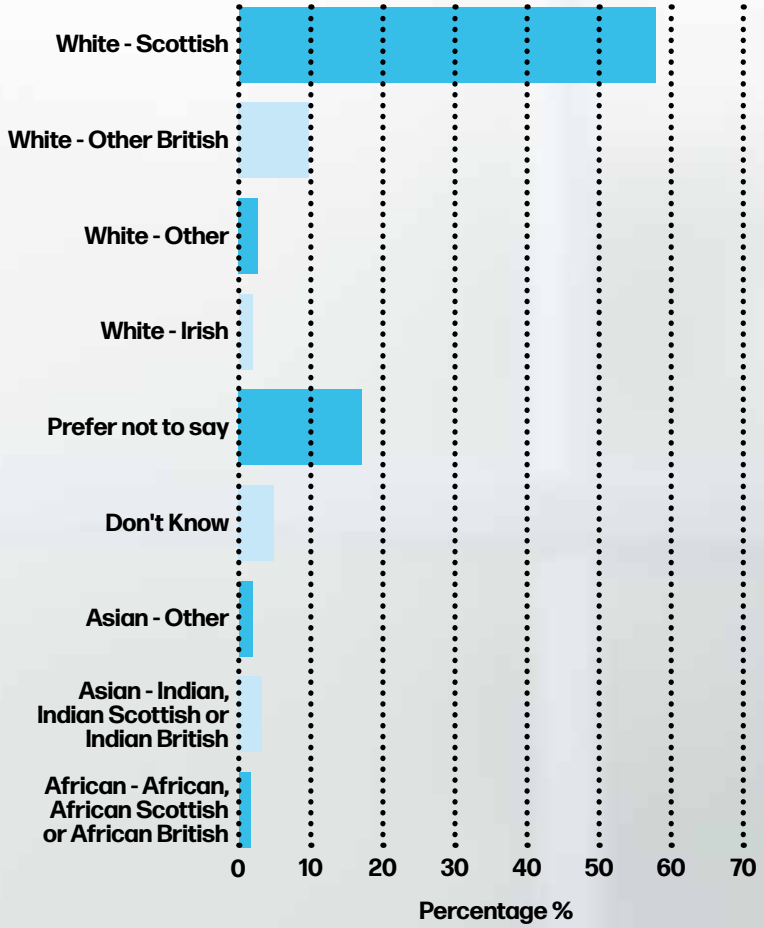
** measures used in this section are as accurate as possible, however the HR systems used to calculate staffing figures reside in the originating organisation. These figures are calculated dependent upon each organisations needs e.g. NHSG calculates on a yearly basis while ACC calculate using the financial year. Therefore, some discrepancies may exist.*

It is estimated that NHSG employs three quarters of the workforce for ACHSCP

	2020	2021	2022
NHSG	75.4%	73.7%	78.9%
ACC	24.60%	26.3%	21.1%



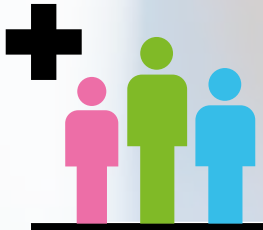
Aberdeen City Health & Social Care Partnership **Headcount by Ethnicity** (as at 31st March 2022)



Aberdeen City Health & Social Care Partnership
Age Profile (substantive posts)

Staff turnover

The following shows the leavers from ACHSCP employed from both partner organisations and the turnover levels. The turnover levels for NHSG and ACC have also been displayed in order to provide comparison. As can be seen the turnover levels for ACHSCP are higher in both 2020/21 and 2021/22 than their partner organisations.



	2020 / 2021	2021 / 2022
	Turnover	Turnover
ACHSCP (NHSG)	11.63%	15.12%
NHSG	11.42%	13.26%
ACHSCP (ACC)	7.60%	10.50%
ACC	7.19%	8.80%

2020/2021		2021/2022	
Medical and Dental	21.53	Medical Support	52.63
Senior Managers	20.24	Healthcare Sciences	37.8
Medical Support	16.24	Personal and Social Care	26.84
Personal and Social Care	16.22	Administrative Services	24.19
Nursing and Midwifery	14.64	Medical and Dental	21.24

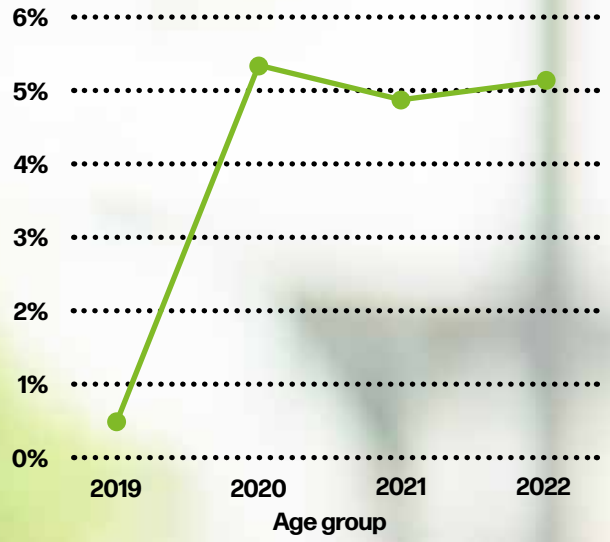
While there is a steady increase in staff aged 20 - 29, a large proportion of staff are in the 50+ age bracket.

	2020/21			2021/22		
	ACC	NHSG	Average	ACC	NHSG	Average
under 20	0.00%	0.00%	0.00%	10.20%	36.45%	23.33%
20 - 29	16.67%	33.08%	24.88%	14.29%	9.72%	12.01%
30 - 39	20.56%	13.17%	16.87%	20.41%	10.63%	15.52%
40 - 49	16.67%	9.86%	13.27%	26.53%	7.82%	17.18%
50 - 59	13.89%	14.44%	14.17%	16.33%	10.86%	13.60%
60+	22.22%	29.45%	25.84%	12.24%	24.53%	18.39%

Looking at the age profile of those leaving across NHSG and ACC who were employed by the ACHSCP, that in 2021/22, half of those leaving the partnership were under 40 years old.

Absences

SICKNESS ABSENCE RATES
(as at 31st March 2019 - 2022)



A day in the life of the ACHSCP

During the pandemic, the ACHSCP produced a Situation Report (Sit Rep) of staffing levels across the Partnership. The table below gives an average daily representation of the staffing across ACHSCP:

Measure	Estimated average
Total Team established WTE	**1830**
Total head count	**2197**
Average number of meetings per day	**6**

** Available staff figure based on those who are not on maternity, special leave or annual leave on that day. The number of meetings per day is an average across many staffing groups from different organisations, for some this figure will be much higher and for others it will be much lower.*

Measure	Estimated average
Total number of vacancies	**240**
Total number of vacancies, as a %	**8%**
Number of staff on Maternity or Special Leave	**101**
Total number of staff on Annual Leave	**160**
Total number of staff on annual leave, as a %*	**6%**
Total number of staff absent (non covid related)	**115**
Total number of staff absent as a %*	**4%**
Total number of staff absent due to Covid 19	**95**
Total number of staff absent due to Covid 19, as a % *	**3%**

** percentages based on available staff i.e. after the number of vacancies and those on annual leave and special or maternity leave.*

Service demands and the impact of COVID-19

The number of people **aged 75 and over** living in Aberdeen City will increase by **28.2%** by **2033**.	**Emergency Attendances** at Aberdeen Royal Infirmary increased by **39%** between **January 2021** and **January 2022.**
Unmet need for social care has increased by **75%** between **April 2021** and **April 2022**.	**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 the period **2016-19** it was estimated that **70%** of adult's **physical activity** met the **recommended guidelines.**
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.	**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 2**018/19** and **2020/21.**
In 2019/20 **16.6%** of Aberdeen's population were prescribed drugs for **anxiety**, **depression**, or **psychosis**.	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%.**
Referrals of Aberdeen City residents to **Mental Health Services** in Grampian increased by **43%** from **2019** to **2022**.	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.**
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.	

Covid has left a legacy of impacts on all services. Firstly, the pandemic has left health debt due to treatment or care requiring to be paused or significantly adapted. The new demand coming into some services is also increasing both in volume but also acuity and/or complexity which puts additional pressure on constrained service capacity. The combination of both older and new demand for some services creates an overall increase of demand that will take some time to work through. While we continue to see urgent and priority cases, waiting times for many of our services have increased including; community clinics, mental health services, diagnostic services and cancer treatments. This has an overall impact on the services we are able to deliver to people. There is also a potential impact on workforce wellbeing and moral injury within an already tired and stretched workforce who are also having to manage public expectations around access and waiting times.

Secondly, Long Covid poses new challenges with the impact of this on patients not always manifesting in a way that can be directly linked. Our understanding of this continues to develop however there is currently 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. Living with Covid will have an ongoing impact on our workforce with continuing unplanned absences related to this which have an impact on services already dealing with workforce shortages and gaps created through maternity leave and other absences. These impacts require us to work as a whole system to achieve shared goals, to enable agile and flexible responses and plan for the unknown as well as increasing access to community resources which support good health and wellbeing.

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.

Progress since 2019 and the challenges we face

Our workforce is our biggest asset. During the COVID-19 pandemic we asked a lot of ourselves and everyone 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. Social Care is a priority and 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 make social work and community health and social care a more rewarding career.

We also recognise that members of our workforce are unpaid carers themselves and the support and advice required should form part of our working culture. 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.

Some of our priorities remain from our previous workforce plan but this was understandably impacted by COVID-19. Moving forward, and considering what we have learned, we have re-shaped our priorities into three key areas of **staff mental health & wellbeing**, **recruitment and retention**, and **growth & development opportunities**. These are explored in more detail in the outcome section of this plan.

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. Digital technologies provided both positives and negatives with ability to meet digitally and quickly without the need for travel but this also has a tendency to increase the number of meetings staff attend consuming more time and increasing expectation. 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.

Public perception of social care began to change during the pandemic. Initially only the NHS was the focus of respect and gratitude for the work they were doing during the pandemic.

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 our social care staff gain ***parity of esteem*** with NHS colleagues. Pandemic restrictions also accelerated the citywide adoption of ***new technology*** which helped us adapt and change the way we work. Many staff have reflected how different the working pattern and routine is now compared to pre-pandemic working. This is something ACHSCP have embraced and we will continue to engage in opportunities to help staff achieve the work/life balance which suits them. It is important that this both allows the improved delivery of our services across the City and also allows staff the opportunity to grow and develop.

How this plan was developed

Our workforce plan has been developed against the backdrop of the Scottish Government and CoSLA statement of Intent in relation to the Independent Review of Adult Social Care (Feeley report). Taking cognisance of the National Workforce Strategy for Health and Social Care we have focussed on the key elements within *recovery, transformation, and growth* that the national strategy sets out. Together with robust quality assurance measures our aims and outcomes are aligned under the five pillars of the workforce journey.

PLAN | **ATTRACT** | **EMPLOY** | **TRAIN** | **NURTURE**

This workforce plan is aligned to our recently approved medium term financial framework and our Strategic Plan 2022 – 2025 which is now published. We continue to engage and support our ACC and NHSG colleagues on the development of their workforce plans to ensure these work in parallel and compliment each other avoiding duplication where possible. An important part of the development of our workforce plan was workforce engagement and this will continue. We have engaged using various methods including:

- **ACHCP staff survey**
- **Strategic Plan engagement and feedback sessions**
- **1 to 1 sessions with specific staffing groups across the workforce**
- **iMatter** (Staff Experience continuous improvement tool)
- **Consultation on draft workforce plan**

A short life working group comprised of the leads for the staffing groups across ACHSCP was set up to analyse the information gathered and support the development of our workforce pan. This group initially met monthly then weekly as our final version was pulled together. Staff feedback on improvements and suggested changes moving forward is summarised, as follows.

Staff felt supported during the pandemic and want to continue to explore flexible working patterns moving forward.

Collaboration with Schools and Universities to create more pathways into Health & Social Care.

Rotation around services so we get exposure to other areas and have a good understanding of all our collective roles & responsibilities.

Keep us informed.

Exhaustion - Unmanageable workload at times.

Technology barriers between NHSG & ACC continue to frustrate.

Competency training frameworks.

Access to international recruits.

1 to 1 structures for support & wellbeing.

Hard to achieve a good work life balance.

Feedback highlighted that staff felt involved in decision making and are treated fairly, with respect, and are confident in the workplace where diversity is valued.

Support for higher education & further training (without having to fight for the time off to do it).

Flexible working patterns.

Realistic workloads with the resources we have.

The majority of staff who provided feedback indicated that they would recommend ACHSCP as a good place to work.

Limit the number of meetings required across the week.

Lack of frontline staff.

Paperwork should be simplified with the use of technology.

Ensuring fair rotas and that annual leave is taken.

Aims and measuring the impact of our plan

Our workforce plan will be delivered in accordance with our strategic plan. This plan sets out our aims over the next few years and crucially, how we are going to measure the impact of what we develop and deliver. We are confident about the remobilisation of our services as we all learn to live with COVID-19 and we recognise our plan is ambitious for the years ahead but it will equip our workforce with the support, knowledge, and confidence to tackle the challenges that lay ahead.

Recruitment and Retention				
Aim	**What we want to achieve**	**How will we know**	**Lead & Timescale**	**Link to the Five Pillars**
Develop a recruitment schedule which includes: Specific ACHSCP recruitment days which are delivered twice a year at suitable locations in the City. This will be supported and aligned with an increased social media presence to support the recruitment of staff. A programme is developed to regularly attend recruitment days within Education settings and continue to support & develop projects such as Career Ready and Project Search.	Raise awareness of the employment and progression opportunities within ACHSCP to support the recruitment of staff. This will be achieved working alongside our partner organisations. Raise awareness and engage with the next generation of the workforce and explore the opportunities available within ACHSCP.	Number of staff recruited where the initial point of contact was from a recruitment day or through social media.	People and Organisation. From 2023 onward.	Plan, Attract, Employ.
Support the development of the 'grow our own' approach and ensure future career pathways are available within ACHSCP.	Investment in training & development for staff to ensure opportunities for development and progression are available and equally that sufficient time is given for staff to gain experience following any training & development opportunities. Develop a 'mentoring passport' that is available for staff in ACHSCP to allow opportunity to explore & engage with different areas of services and have access to shadow/mentor colleagues when available.	% of staff staying with ACHSCP who received training and development for their future development. % of staff increase in accessing and completing Further Education and training opportunities to aide future professional development. Feedback from staff on these opportunities being available and evidence of greater understanding of the wider service roles & responsibilities.	Senior Leadership Team. 2022 - 2025.	Plan, Train, Nurture.
Develop and introduce an induction for all new ACHSPC staff.	Staff feel welcomed into the organisation, are able to ask any questions, and key messages are shared from senior leaders about our direction, values, principles, and trauma informed practice.	Induction evaluations and summary feedback from staff who attended.	People and Organisation. From 2022 onward.	Plan, Train, Nurture.

Mental Health & Wellbeing				
Aim	**What we want to achieve**	**How will we know**	**Lead & Timescale**	**Link to the Five Pillars**
Support staff to achieve a healthy work/ life balance by exploring what works best in relation to flexible working whilst meeting the needs of services.	Staff feel comfortable with their working pattern and expectations from managers. Staff are involved in decision making and are aware of service demands. Staff are encouraged to self-manage where appropriate.	Feedback from staff directly.	Operational Leads. 2022 - 2025.	Nurture.
Build on our 'We Care' approach to develop & implement a framework for our values which contains a programme of mental health & wellbeing and a range of QI approaches/ Champions to support the mental health & wellbeing of staff.	Staff are supported to embed our values & have a dedicated opportunity on a regular basis to engage their line manager and colleagues in relation to mental health & wellbeing. Consider development of individual staff wellbeing days. This will form part of monthly/routine 1 to 1 engagement with line managers. Staff have access to support outside of their workplace, to seek advice discuss mental health & wellbeing matters. Champions will facilitate regular sessions with staff groups to help maximise health & wellbeing.	This will become a cultural norm within ACHSCP & the programme forms part of 1 to 1/supervision/ team meeting structures. The 'We Care' approach is embedded and the evaluation of our health & wellbeing approaches.	People and Organisation. From 2023 onward.	Nurture.
Develop & implement a 'keeping us informed' forum for all staff within ACHSCP and recognise & celebrate the achievements of staff.	Staff will be kept up to date on the recent developments within ACHSCP, receive regular updates from senior leaders, engage in discussion/ support with colleagues. Introduce annual staff recognition & achievement functions and include quarterly updates as part of the 'keeping us informed' forum.	Feedback from staff directly. Quarterly updates on the 'keeping us informed' forum and feedback from the annual recognition and achievement functions.	Senior Leadership Team. From 2023 onward.	Nurture
Reduce the number of meetings that staff are required to attend by 20%.	Staff are given more authority and time to focus on core responsibilities and less time is focussed on attending meetings that may not be required	Feedback from staff directly. % of average meetings reduced by 20%.	Senior Leadership Team. 2022 - 2025.	Nurture

Transformation & Opportunities				
Aim	**What we want to achieve**	**How will we know**	**Lead & Timescale**	**Link to the Five Pillars**
Embrace the use of digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff.	To break down the barriers which cause staff frustration in information sharing and collaborative working between ACC, NHSG, and all ACHSCP partners.	Joint systems developed and introduced which are easy to use.	Senior Leadership Team. 2022 - 2025.	Attract, Train, Nurture.
Reduce the volume of administrative documentation required.	To help reduce the burden of paperwork that comes with busy workloads allowing staff to have more time to focus on core roles & responsibilities.	Staffing groups feedback via evaluations & team meetings.	Operational Leads 2022 - 2025.	Attract, Nurture.
Staff are supported in the roll out of the National Care Service and any new working practices that this may bring.	To reduce staff anxiety regarding the introduction of the National Care Service and that all staff are supported through this transition.	Evaluation and feedback from staff.	Senior Leadership Team. From 2023 onward.	Plan, Nurture.
Develop & implement smarter working policies which support staff to adjust and adapt as required.	Staff feel supported & confident to adapt and adjust working practices as & when required.	Implementation and review of the policies.	Operational Leads. 2022 - 2025.	Plan, Attract, Nurture.
Overhaul the current ACHSCP recruitment process and introduce a new streamlined, collaborative, and combined process which is easy to understand and navigate.	One streamlined recruitment process for all partners within ACHSCP to use which will reduce the bureaucracy and paperwork of the previous system for staff.	Implementation & feedback on the use of the new process.	Senior Leadership Team. From 2024 onward.	Plan, Employ, Train.
Re-design and adapt services where required.	Services are designed to deliver the best possible outcomes and support frontline staff to carry out roles & responsibilities effectively.	Service re-design and feedback from staff as part of the process.	Senior Leadership Team. 2022 - 2025.	Plan, Nurture.

Aberdeen City Health & Social Care Partnership
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If you require further information about any aspect of this document, please contact:

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ABERDEEN CITY COUNCIL

NHS Grampian

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	30/08/2022
Report Title	Fast Track Cities - Aberdeen
Report Number	HSCP22.078
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Lisa Allerton Lead Public Health Manager, NHS Grampian lisa.allerton@nhs.scot Daniela Brawley, Clinical Lead for HIV, NHS Grampian/Service Lead for Sexual Health Services, NHS Grampian.
Consultation Checklist Completed	No
Directions Required	No
Appendices	None

1. Purpose of the Report

1.1. This report brings forward an annual update on the actions against the action plan submitted to the Integration Joint Board (IJB) on 21January 2020.

1.2. In February 2020, on behalf of Aberdeen City, The Lord Provost, Councillor Barney Crockett signed the Paris Declaration (2014) [amended November 2019] which pledges support to the Fast Track Cities initiative as part of the global focus on Human Immunodeficiency Virus (HIV), prevention, diagnosis and treatment. The signing of this declaration indicates the commitment of Aberdeen City in zero stigma, zero new HIV infections and zero AIDS-related deaths by 2030.

INTEGRATION JOINT BOARD

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Note the progress on the action plan.

b) Endorse the proposed actions for 2022/23, noting that the action plan is a live document, and instruct the Chief Officer to provide an update on progress in January 2023.

3. Summary of Key Information

3.1. Background Fast Track Cities

3.1.1. Fast Track Cities is a global partnership and initiative, focussing on developing a network of cities pledged to achieve the commitments in the Declaration of Paris on HIV prevention, diagnosis and treatment. Aberdeen was the second City in Scotland to sign the Paris Declaration; it is hoped that all Cities in Scotland will eventually be a part of Fast Track Cities.
In brief, the Paris Declaration has three 90-90-90 United Nations AIDS (UNAIDS) targets which are:

To ensure that 90% of people living with HIV know their status
To improve access to antiretroviral treatment for people living with HIV to 90%
To increase the proportion of people living with HIV on antiretroviral therapy (ART) with an undetectable viral load to at least 90% and to

Reduce stigma and discrimination related to HIV to zero and by 2030 achieving:

- Zero new transmissions
- Zero related HIV-deaths
- Zero HIV-related stigma

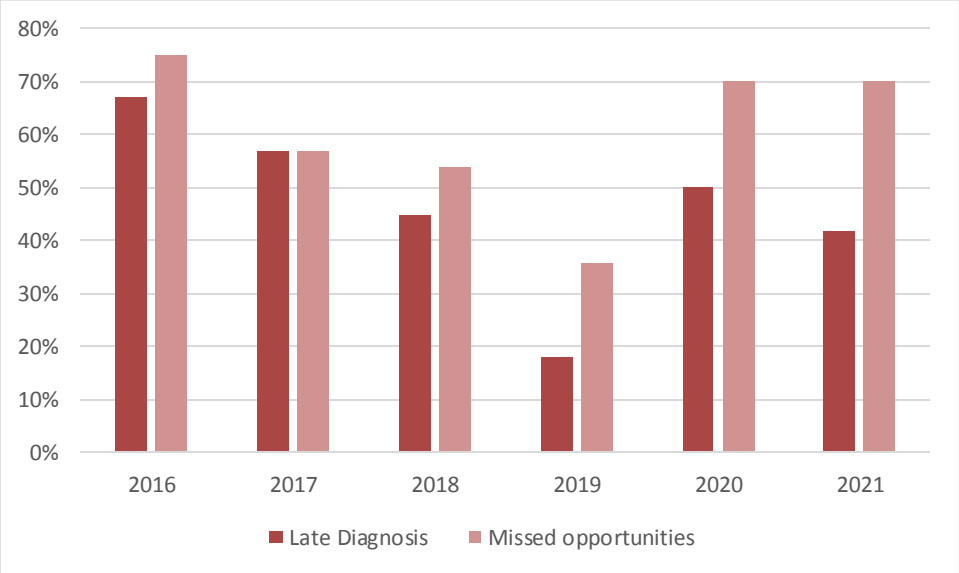
3.2. Progress against the action plan (2021/2)

3.2.1. It should be noted that in 2018 overall Scotland had already achieved the 90-90-90 (UNAIDS) targets. However, there is still progress to be made in

reducing late diagnosis, stigma and ensuring engagement with treatment and support.

3.2.2. While undoubtedly COVID-19 has impacted people living with HIV in many ways, there has been an enthusiasm locally to maintain every effort possible to progress Fast Track Cities. The Fast Track Cities Group in Aberdeen are the only group to have continually met throughout the pandemic and have been commended for this; seeing each other via Microsoft Teams and sharing thoughts, comments, plans and action via Basecamp (online sharing platform).

3.2.3. The first 90 is based on Public Health Scotland (PHS) data and is still to be confirmed post COVID-19. However throughout 2020 and 2021 Grampian (Aberdeen) maintained the last two 90-90 targets with 99% on treatment and 98% undetectable. This should be noted by the IJB as a real achievement given all the challenges that 2020 and beyond presented. Nevertheless, there continues to be a high proportion of late diagnoses and missed opportunities (where a patient presented to services with symptoms of HIV but were not tested, or who were eligible for HIV Pre-Exposure Prophylaxis (PrEP) but did not access or were not offered).

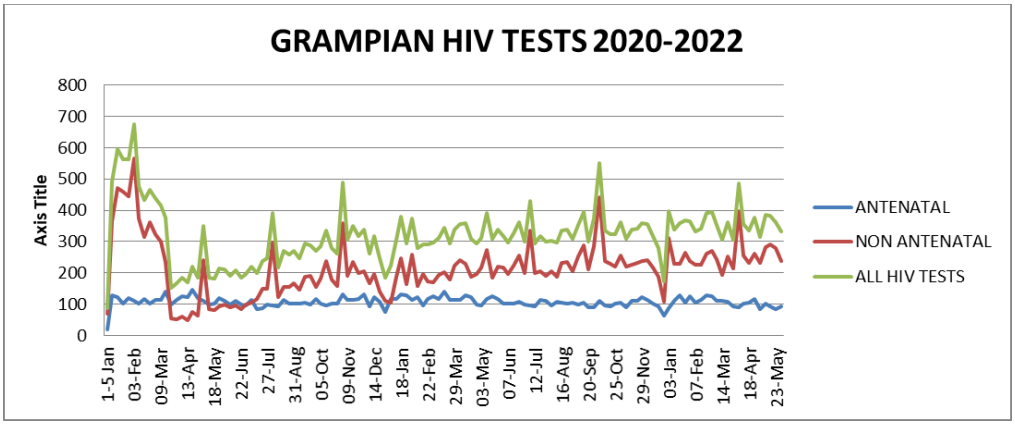


3.2.4. Grampian Sexual Health Services (hosted by the Aberdeen Health and Social Care Partnership) and colleagues in the Infection Unit for NHS

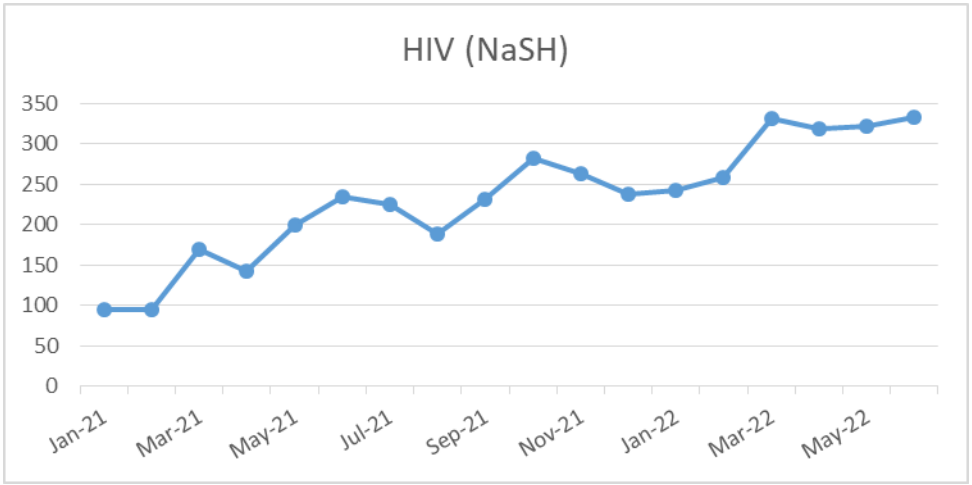
INTEGRATION JOINT BOARD

Grampian should be commended for the HIV care they have continued deliver; Our Positive Voice Grampian (OPVG) have also been instrumental in supporting those who are newly diagnosed or living with HIV.

3.2.5. The last two years have brought unprecedented times, it also brought with it a decrease in people seeking and being able to access testing for HIV. While laboratories up and down the country diverted testing capacity to COVID-19 and face-to-face clinical services have been replaced with digital services; data clearly indicates a severe drop testing.



There has however been recovery, especially in Grampian Sexual Health testing.



3.2.6. It has been challenging to work towards zero new transmissions with the apparent drop in the number of people seeking an HIV test, yet services

and partner organisations have shown real innovation in adversity. In partnership with NHS Boards, HIV Scotland piloted self-testing during the (April-September 2020). Although the uptake of tests in Grampian (N=198) is a fraction of tests Grampian would have normally seen during the same period in any given year, the importance of offering self-testing was the opportunity for people to seek a test, removed barriers to testing and was seen to engage some people in testing who would otherwise not have. This type of approach should be recognised by the IJB as a small step towards increasing testing and a continuation of improving the availability of testing (Short-Term Outcome). A full copy of the evaluation published by HIV Scotland can be accessed here: https://www.hiv.scot/Handlers/Download.ashx?IDMF=811ba817-0db2-4f1c-9c58-7743a2d10923

3.2.7. The importance of recognising prevention, particularly in the lead up to World AIDS day is an important calendar event. The IJB should recognise that there was a significant amount of work completed by the Fast Tracks group to keep a profile and awareness of HIV in the public domain, via respective organisations (Aberdeen Health and Social Care Partnership and NHS) and other partner organisations (OPVG, Alcohol and Drugs Action, Alcohol and Drug Partnerships etc). Several social media posts outlined the importance of awareness of:

- the clinical indicators of HIV
- knowing your HIV status
- how to access Pre and Post-Exposure Prophylaxis
- the anti-stigma message U=U (Undetectable=Untransmittable).

3.2.8. The aspirations of Fast Track Cities meets the aims of the Partnership's Strategic Plan in addition to the outcomes in the Sexual Health and Blood Borne Virus Managed Care Network Strategic Plan, NHS Grampian, The Grampian Sexual Health Services Plan and the National Framework for Sexual Health and Blood Borne Virus Framework for Scotland.

4. Implications for IJB

4.1. Equalities

It is anticipated that the continued implementation of this action plan will have a neutral to positive impact on the protected characteristics as defined in the Equality Act (2010). Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.

4.2. Duty Scotland

It is anticipated that the continued implementation of this action plan will have a neutral to positive impact on people affected by socio-economic disadvantage. Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.

4.3. Financial

There is no specific financial implications as a result of this report. Actions within the plan will be delivered within existing budgets held jointly across Aberdeen Health and Social Care Partnership (Grampian Sexual Health Services) and NHS Grampian (Managed Care Network for Sexual Health and Blood Borne Viruses).

4.4. Workforce

There is no specific workforce implications; support to deliver the plan will be from existing resources.

4.5. Legal

At this time, there is no anticipated legal implications in relation to this report.

4.6. Other

None.

INTEGRATION JOINT BOARD

5. Links to ACHSCP Strategic Plan

This report is closely aligned to the strategic plan and the Resilient, Included and Supported aims under Community Planning Aberdeen's Local Outcome Improvement Plans.

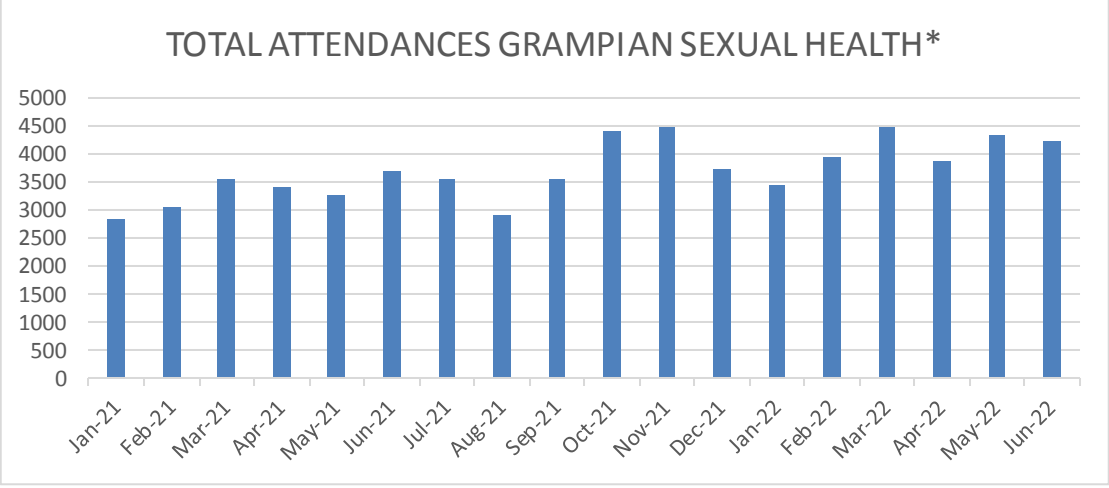
6. Management of Risk

6.1. Since local approval in September 2019 the strategic group have worked to establish a strategic plan and wider partnership. The initial high level summary was completed in 2019 with asset mapping, consultation and short term outcomes planned for 2020. The main risk/challenge at this time was limited resources for the work of the group, partner services and organisations time, with contribution on voluntary basis or within existing job plans and funding streams. Since the COVID-19 Pandemic further challenges have been recognised, including but not limited to:

- Reduction in workforce capacity due to competing pressure linked to the ongoing impact of the pandemic especially from public health/data perspective and front line service capacity,
- Limited availability of partners and competing priorities.

Clinically there has also been an impact including:

- Reduction in HIV testing during the pandemic due to a reduction in face to face care and without a high volume postal alternative currently in place in addition post pandemic to significant competing service demands across the system. Grampian Sexual Health attendances shown below.



6.2. HIV care was delayed in stable patients with the increasing use of telemedicine. The impact of this on cohort viral load appears minimal but viral load monitoring still delaying in some patients.

6.3. Risk relating to the delivery of this programme will be managed within existing processes. The executive programme board and portfolios programme boards have a key role to ensure that risks are identified and appropriately managed.

6.4. **Link to risks on strategic and operational risk register:** The main risk relates to not achieving the transformation that is aspired to.

6.5. **How might the content of this report impact or mitigate these risks:** This report seeks to provide assurance of working towards the short-team actions outlined in the action plan.

Approvals	
Sandra Macleod	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

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INTEGRATION JOINT BOARD

Date of Meeting	30 August 2022
Report Title	Link Practitioner Service
Report Number	HSCP22.062
Lead Officer	*Alison Macleod, Strategy and Transformation Lead*
Report Author Details	*Iain Robertson* *Senior Project Manager* *iairobertson@aberdeencity.gov.uk* 01224 522869
Consultation Checklist Completed	*Yes*
Directions Required	*Yes*
Appendices	a. Link Practitioner Service Business Case b. Directions to NHS Grampian

1. Purpose of the Report

1.1. To seek IJB approval of the Link Practitioner Service Business Case (**Appendix A**) and its recommended option to undertake collaborative commissioning to procure a provider to deliver the new Link Practitioner Service contract on behalf of Aberdeen City Health and Social Care Partnership.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Approve the Business Case, attached at **Appendix A**, and the recommended option to issue a tender for a provider to deliver the Link Practitioner Service for four years from 1 April 2023, with an option to extend the contract for an additional three years;

b) Delegate authority to the Chief Officer to extend the Link Practitioners contract to the contract holder in the event of a satisfactory Year 3 contract review for a further three years up to 31 March 2030;
c) Request an update within the Chief Officer's Report on the outcome of the tender process at the IJB's meeting on 29 November 2022;
d) Makes the Direction attached at **Appendix B**, and instructs the Chief Officer to issue the Direction to NHS Grampian.

3. Summary of Key Information

Background of Aberdeen Link Practitioner Service

3.1. The Aberdeen Link Practitioner Service was established in 2018 and was one of the first Link Practitioner services in Scotland. Following a procurement exercise in 2017, SAMH (Scottish Association Mental Health) were awarded the contract and will continue to deliver the service until the contract expires on 31 March 2023.

3.2. Link Practitioners are attached to GP practices and help address socio-economic inequalities and social determinants of health through adoption of a person-centred human rights approach. GPs and Primary Care staff refer patients to Link Practitioners when they assess a social issue is having a bearing on a patient's medical condition.

3.3. A key purpose of Link Practitioners is to strengthen the Primary Care sector in Aberdeen City by reducing patient waiting lists and supporting patients to manage non-clinical issues which are impacting on their health and wellbeing. Primary Care referrals to the Link Practitioner Service increase GP capacity and enable them to fulfil their duties as expert medical generalists, a key part of the 2018 GMS Contract which the Partnership is required to implement.

3.4. There is high and growing demand for services provided by Link Practitioners in Aberdeen City, with 1747 referrals in 2021-22 up 16.2% from 1503 referrals in 2020-21. It is anticipated that an ageing population with multiple morbidities, coupled with the impact of the Covid-19 pandemic and rising cost of living will drive demand for health, social care, and wellbeing services.

3.5. The most common referrals made by primary care colleagues are set out in **figure 1.** below:

Referral Reasons **Referral Reason**	**Percentage of referrals**
Mental Health	26%
Benefits	11%
Finance & Money	10%
Isolation	13%
Housing and Homelessness	9%
Meaningful activity	3%
Employment	3%
Care	3%
Dementia	2%
Bereavement	2%
Carers	2%
Addiction - Alcohol	1%
Post Diagnostic Support (PDS)	1%
Other	1%
Conditions	1%
Shielding and/or crisis line	1%
Abuse	1%
Physical Health	1%
Addiction - Illegal Drugs	1%
Families	1%
Weight management	1%
Parenting	1%
Relationships	1%

Figure 1.

3.6. A 2019 evaluation of the Aberdeen Link Practitioner Service found that Link Practitioners reduced GP contacts by a projected 254,048 over a one-year period. 83% of GPs reported they were open to adopting the Links approach and 86% valued the Link Practitioner Service. Patients also reported that six months after using the Link Practitioner Service, they were significantly happier; less lonely; and had a better quality of life.

3.7. The current Link Practitioner Service contract expires on 31 March 2023 and the Business Case attached at **Appendix A** recommends that the Partnership undertake a tendering exercise, supported by NHS Grampian Procurement Service to identify a provider to deliver the new Link Practitioner Service contract.

Collaborative Commissioning Part One

3.8. The Project Team has undertaken part one of our Collaborative Commissioning process in line with findings of the Feeley Report on Ethical Commissioning. The Collaborative Commissioning process adopted a human-rights approach putting patient voice and those with lived experience at the centre of our planning. The sessions enabled collaboration, rather than competition between providers to strengthen the local health and care market; and placed an emphasis on fair working practices for Link Practitioners to enable delivery of person- centred, quality services which improve patient outcomes.

3.9. The Project Team delivered four facilitated public workshops between May-July 2022. The sessions were attended by patients; Locality Empowerment Group members; partners; stakeholders; Link Practitioner staff; and prospective providers from the third sector. The workshops included briefings on project objectives; expectations; and timescales and also provided an opportunity for attendees to co-design the new service outcomes and service specification document for tender. At the workshop sessions, attendees discussed and agreed: contract length and its review period; the need for a citywide procurement, rather than locality lots; the role, responsibilities and skills of a Link Practitioner; growing and changing patient needs and priority areas for the new contract period; the importance of relationship building and partnership working; and opportunities for innovation.

3.10. Workshop attendees agreed that the contract should be for a period of four years commencing on 1 April 2023. During Year 3, a review will take place to evaluate provider performance; achievement of outcomes; and to consider strategic priorities and the financial position. The Partnership will then have the option to extend the contract for a further three years by direct award to the contract holder. If the Partnership is not satisfied with provider performance following Year 3 review, the contract will terminate on 31 March

2027 and before then, officers will report back to the IJB with an options paper on future delivery of the Link Practitioner Service.

3.11. The new Link Practitioner Service contract will be funded through Primary Care Improvement Funding. Funding was approved by the Primary Care Improvement Plan Delivery Group on 12 July 2022. It is proposed that the service is awarded a 3% annual uplift to cover all staffing; ICT; insurance; fees; administrative; and project management costs. This approach strikes a reasonable balance between fulfilling the Partnership's commitments to fair working practices for commissioned staff whilst delivering significant savings in comparison to an in-house Link Practitioner Service with staff transferred to NHS Grampian contracts. Savings are likely to be achieved as it is expected that annual NHS pay awards will be higher than 3%; and on-costs, such as pensions and National Insurance contributions are significantly higher for NHS staff than third sector staff.

3.12. The following service outcomes were co-designed at the Collaborative Commissioning workshops. They provide the basis for the tender documents and new contract. The Partnership's expectations on what the provider should achieve over the course of the new contract are clearly set out:

1. Reduce pressure on Primary Care services to enable GPs to fulfil their roles as expert medical generalists as per 2018 GMS Contract.

2. Deliver an integrated service which complements Primary Care services through use of non-clinical interventions to meet unmet patient need.

3. Reduce health inequalities through adoption of a human rights approach to enable people to live healthier lives by providing the right support, in the right place, at the right time.

4. Work collaboratively to deliver an accessible and responsive service which meets growing and changing patient demand.

5. Build personal and community resilience by promoting empowerment; enablement; and self-management of health and wellbeing.

6. Through evidence-led approaches, make best use of community assets through collaboration and innovation.

7. Ensure Link Practitioners are able to improve patient outcomes by fulfilling their roles as expert social prescribers and respected community leaders.

Collaborative Commissioning Part Two

3.13. If the Board approves the report recommendations, Figure 2 sets out the key stages in the commissioning process up to the new contract coming into effect on 1 April 2023.

3.14. The intention is to issue the tender on the Public Contract Scotland portal on 1 September for 30 days. Thereafter the Evaluation Panel comprising of senior officers from the Partnership and ACVO will score the tenders and providers will be invited to deliver clarification presentations on their submissions. In line with procurement legislation, a 10-day standstill period will be observed before the contract is awarded to the successful provider on 25 October.

3.15. The Project Team will form an Implementation Group to manage the transition process from contract award to the new contract coming into effect on 1 April 2023. Key tasks during this period will be to agree the new contract with the successful provider; ensure financial, assurance and performance frameworks are in place; and if required, TUPE staff over from the current contract holder to the new provider.

3.16. The Project Team have prepared a Communication Plan which is monitored on at least a weekly basis. Monthly briefings will be prepared for Link Practitioner staff to ensure they are kept up to date with new developments; to provide assurance on the process; and offer them the opportunity to contact the Project Team if they have any queries or concerns. The Project Team will provide an update to IJB members on our communication with key stakeholders such as staff within the Chief Officer's Report on 29 November 2022.

INTEGRATION JOINT BOARD

Figure 2.

4. Implications for IJB

4.1. Equalities

It is expected that this proposal will have a positive or neutral impact on those people who share characteristics protected by the Equality Act as its main aim is to provide access to support services. Link Practitioners are trained on how to have meaningful conversations with patients and make appropriate assessments and referrals. A Health Inequalities Impact Assessment has been completed and can be accessed by clicking on the link within section 9 of the Business Case in **Appendix A.**

4.2. Fairer Scotland Duty

The business case has been informed by Collaborative Commissioning and consultation processes. Feedback has been received from a wide range of stakeholders, including representatives from our Locality Empowerment Groups. A key rationale of the Link Practitioner Service is to adopt a social prescribing approach to address determinants of health and wellbeing with an underlying cause relating to socio-economic disadvantage. The Link Practitioner Service has a key outcome to reduce health inequalities and adopt a human rights approach to ensure patients receive the right support,

in the right place, at the right time. A Health Inequalities Impact Assessment has been completed and can be accessed by clicking on the link within section 9 of the Business Case in **Appendix A**.

4.3. Financial

The funding for the service is funded through recurring Primary Care Improvement Funding. The proposed budget for the Link Practitioner Service is outlined below and would be the maximum budget. Tenders would be asked to prepare their own budgets for delivering the Link Practitioner Service and value for money will be taken into account by the evaluation panel as part of the scoring criteria.

Project Revenue Expenditure & Income								
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Total**
Staffing Resource	711,956	733,315	755,315	777,975	801,315	825,355	850,116	5,455,347
ICT Equipment, Admin Costs, Insurance and Fees	88,044	90,685	93,405	96,207	99,093	102,066	105,127	674,627
Sub-Total	800,000	824,000	848,720	874,182	900,408	927,421	955,243	6,129,974

4.4. Workforce

4.4.1 One of the key technical criteria providers will be asked to provide assurance on will be how they will ensure fair working practices for Link Practitioner staff. Tenders will be scored by the Evaluation Panel on their responses.

4.4.2 If the current contract holder of the Link Practitioner Service do not take on the new contact, TUPE regulations will protect their rights as an employee as they transfer to the new provider. Link Practitioner staff have taken an active

part in engagement exercises, beginning at the Programme Review stage in March 2022 and they were well represented at the three collaborative commissioning workshops.

4.4.3 Link Practitioner staff have been advised that TUPE transfer is a possibility, depending on the outcome of the tender process. As set out within the Communication Plan, the Project Manager will provide at least monthly updates to staff to keep them informed of any updates and to provide them access to advice and support from NHS Grampian HR colleagues. Link Practitioner staff have been provided with contact details of the Senior Project Manager and Project Manager if they have any questions or concerns regarding the project or the commissioning process.

4.4.4 Following the award of the contract to the successful provider in October 2022, an Implementation Group will be formed to manage the transition from the current contract to the new contract commencing on 1 April 2023.

4.5. Legal

The report seeks approval to issue the Link Practitioner contract for tender and thereafter agree a new contract with the successful provider. The Project Team will receive advice and support from NHS Grampian's Procurement Service; Information Governance Team; Central Legal Office; and HR. Other services will be co-opted to advise the Project Team where required.

It is expected that compliance with the following legislation and regulations may be required:

- Procurement Reform (Scotland) Act 2014;
- Data Protection Act 2018;
- *Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI 2006/246) ("TUPE")

*in the event that the current contract holder does not take on the new contract

Legal risks are captured in the project risk register which is monitored on a weekly basis. Legal risks are currently assessed as medium risk. The Project

Team will mitigate these risks through regular engagement with NHS Grampian support services as listed above. The Project Team's terms of reference also provide it with oversight of the project's risk management and assurance arrangements. The Senior Project Manager reports on a monthly basis to the PCIP Delivery Group and an update to the IJB will be provided within the Chief Officer's Report on 29 November 2022.

4.6. Covid-19

Link Practitioners help free up capacity for GPs and primary care colleagues by working with patients who have unmet socio-economic needs which is having an impact of their health and wellbeing. This reduces demand on primary care services, which increased significantly during the Covid-19 pandemic and frees up capacity to enable GPs to fulfil their duties as expert medical generalists as per the 2018 GMS Contract.

4.7. Unpaid Carers

Link Practitioners support non-clinical needs of unpaid carers and help them access support and resources they need to undertake their caring responsibilities. The importance of identifying and meeting the needs of unpaid carers was highlighted during collaborative commissioning workshop sessions and will be a key priority during delivery of the new Link Practitioner Service contract.

4.8. Other

N/A.

5. Links to ACHSCP Strategic Plan

a) Preventing Ill Health:

Link Practitioners focus on alternative resources for patients in the community and provide an opportunity to undertake preventative health interventions. Link Practitioners tackle preventative risk factors such as poor mental and physical health; and promote positive lifestyle choices to reduce obesity; smoking; and alcohol and substance abuse. Link Practitioners also fulfil a role as independent advocates, particularly for disadvantaged patients

to help them navigate health and public systems. This helps to ensure equity across the system and reduce health inequalities. Link Practitioners work closely with the Partnership's Mental Health team and will contribute towards delivery of outcomes within the Mental Health and Learning Disabilities Transformation Plan.

b) Caring Together:

Link Practitioners help to build resilience within local communities by promoting self-management of care; joined up services; and community empowerment in line with the Primary Care Improvement Plan. A key outcome of the Link Practitioner Service is to reduce pressure on primary care services to enable GPs to exercise their roles as expert medical generalists as per the 2018 GMS Contract.

c) Keeping People Safe at Home:

Through preventative intervention, Link Practitioners help reduce the impact of unscheduled care by shifting the balance of care from acute settings to support in the community. Link Practitioners have established a close working relationship with the Council's Housing Service to expand the choice of housing options to patients and help them with adaptations and other housing needs.

d) Achieving Fulfilling Healthy Lives:

Link Practitioners help people access support to overcome the impact of social determinants of health. Link Practitioners add to the number of multi-disciplinary teams around GPs and adopt innovative social prescribing approaches to improve patient mental health and wellbeing which can complement or be an alternative to clinical intervention. The service provides an opportunity to connect people to appropriate community services and raise awareness within GP practices of key services and organisations across the city. Link Practitioners specialise in networking and key aims of the service are to adopt an integrated approach; set up effective communication channels with public and third sector organisations to share learning and resources; and ensure patients receive the best possible service.

INTEGRATION JOINT BOARD

6. Management of Risk

6.1. Identified risks(s)

The following risks have been identified and are included within the project risk register:

- Project Management and Governance
- Financial
- Legal
- Procurement
- HR, particularly TUPE and staff wellbeing
- Communication and reputational risk to the Partnership/IJB
- Impact of commissioning process on Link Practitioner Service operational delivery
- Information Governance
- Capacity of successful provider to undertake the new contract

Additional detail on risk management can be found in section 10 of the Business Case attached at **Appendix A**.

6.2. Link to risks on strategic risk register:

Risk 1. There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.
Risk 2. There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.

Risk 5. There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

Risk 8. There is a risk that the IJB does not maximise the opportunities offered by locality working

Risk 9. There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.

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

Strategic Risk 1 – The collaborative commissioning process and public workshop sessions have informed the Project Team that there is firm interest from third sector organisations to submit tenders for this contract to manage the Link Practitioner Service. **Low Risk, Low Likelihood.**

Strategic Risk 2 – The contract will be funded through PCIP funding. Contract funding will be fixed for four years until the mid-point review has taken place. It is expected that by procuring a third sector provider to deliver the Link Practitioner Service, the Partnership will make savings as the cost of operational management and transferring Link Practitioner staff to NHS Grampian contracts, with higher on- costs would be significant. **Low Risk, Low Likelihood.**

Strategic Risk 5 – It will be a requirement of the tender process to ensure providers comply with all industry standards and legal requirements. The tender process has been designed to assess the technical capacity; expertise and experience of prospective providers. An experienced five-person Evaluation Panel has been selected to score the tenders. The Project Team will liaise with colleagues from NHS Grampian HR; Central Legal Office; Contract Management; Procurement; and Information Governance to ensure the contract with the successful provider is robust. When the contract comes into effect on 1 April 2023, the Partnership will identify a dedicated Contract Manager to monitor contractual performance and delivery. The Contract Manager shall hold quarterly monitoring meetings with the providers and be provided with quarterly accounts and performance reports to hold the provider to account on contract delivery. It is expected that the Link Practitioner Service will have to manage significant demand from patients during the next contract period due to the impact of factors such as covid-19 recovery; a growing demand for mental health services; and a local

population which is ageing and managing multiple morbidities. **Medium Risk, Low Likelihood.**

Strategic Risk 8 – Link Practitioners are aligned to local GP practices; community settings; and our locality areas. Link Practitioners link up community assets and resources and support delivery Locality Plans. **Low Risk, Low Likelihood.**

Strategic Risk 9 – The Link Practitioner Service is a new innovative social prescribing service which aims to strengthen the local marketplace. A key element of the commissioning process is to ensure Link Practitioners are entitled to fair working practices to strengthen service sustainability, which in turn support primary care services. **Low Risk, Low Likelihood.**

Approvals	
Sandra Macleod	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

	SCPB **Business Case**	Project Stage **Define**

Project Name	Link Service Contract Retender	**Date**	29.07.2022
Author	Iain Robertson, Senior Project Manager, ACHSCP	**Version**	1.5

Contents

1. Business Need & Background

Link Practitioners are attached to GP practices and help address socio-economic inequalities and social determinants of health through adoption of a person-centred human rights approach. GPs and Primary Care staff refer patients to Link Practitioners when they assess a social issue is having a bearing on a patient's medical condition.

There is high and growing demand for Link Practitioner services, with 1747 referrals in 2021-22 up 16.2% from 1503 referrals in 2020-21. It is anticipated that an ageing population, with increasing number of multiple morbidities, coupled with the impact of the Covid-19 pandemic will drive demand for health; social care; and wellbeing services.

Implementing the GMS Contract: Primary Care Improvement Plan (PCIP)

The Partnership is required to deliver the Primary Care Improvement Plan and implement the GMS contract to enable GPs to better undertake the roles as expert medical generalists and to improve patient outcomes. Link Practitioners have been found to reduce pressure on primary and community care services by promoting preventative care and strength-based approaches. Link Practitioners provide a complementary service by focusing on the nine social determinants of health, listed below:

Abuse; Addiction; Bereavement; Depression and Anxiety; Benefits and Finance; Housing and Homelessness; Weight Management and Physical Activity; Relationships; and Social Isolation.

Data taken from the Partnership's Strategic Plan outlines areas of challenge and where Link Practitioners can support the Partnership to improve public health and wellbeing:

- Healthy life expectancy has fallen in Aberdeen since 2019
- The number of people aged 75 and over will increase by 28.2% by 2033
- It is estimated that 66% of adults over 65 will be living with multiple morbidity
- There was a 43% increase in mental health referrals between 2019-22
- 23% of the city's population is obese
- Smoking prevalence of those aged between 16-64 increased by 9% between 2018-19
- Only 34% of unpaid carers felt supported in their caring role

The Link Practitioner contract will expire on 31 March 2023 and a full procurement process is recommended to identify a commissioned provider to deliver the new contract. SAMH currently hold the Link Practitioner contract and have done so since the service was established in 2018.

As part of project, stakeholder mapping and analysis have been completed and a series of collaborative commissioning workshops have been delivered to ensure a system-wide approach is adopted. Feedback during these sessions, along with Link Practitioner; stakeholder; and service user survey data have informed the preparation of this business case and development of the draft Service Specification document.

Strategic Alignment

The Link Practitioner Service fully aligns with the Partnership's Strategic Plan and meets all four strategic aims (listed below). The objective of the commissioning activity is to source a provider who can meet these outcomes for patients, whilst providing best value to Aberdeen City Health and Social Care Partnership (ACHSCP):

(a) Preventing Ill Health:
Link Practitioners focus on alternative resources for first contact in the community and provide an opportunity to undertake preventative health interventions. Link Practitioners tackle preventative risk factors such as poor mental and physical health; and promote positive lifestyle choices to reduce obesity; smoking; and alcohol and substance abuse. Link Practitioners also fulfil a role as independent advocates, particularly for disadvantaged patients to help them navigate health and public systems. This helps to ensure equity across the system and reduce health inequalities. Link Practitioners work closely with the Partnership's Mental Health team and will contribute towards delivery of outcomes within the Mental Health and Learning Disabilities Transformation Plan.

(b) Caring Together:
Link Practitioners help to build resilience within local communities by promoting self-management of care; joined up services; and community empowerment in line with the Primary Care Improvement Plan. A key outcome of the Link Practitioner Service is to reduce pressure on Primary Care services to enable GPs to exercise their roles as expert medical generalists as per the 2018 GMS Contract.

(c) Keeping People Safe at Home:
Through preventative intervention, Link Practitioners help to reduce the impact of unscheduled care by shifting the balance of care from acute settings to support in the community. Link Practitioners have established a close working relationship with the Council's Housing Service to expand the choice of housing options to patients and help them with adaptations and other housing needs.

(d) Achieving Fulfilling Healthy Lives:
Link Practitioners help people access support to overcome the impact of social determinants of health. Link Practitioners add to the number of multi-disciplinary teams around GPs and adopt innovative social prescribing approaches to improve patient mental health and wellbeing which can complement or be an alternative to clinical intervention. The service provides an opportunity to connect people to appropriate community services and raise awareness within GP practices of key services and organisations across the city. Link Practitioners specialise in networking and key aims of the service are to adopt an integrated approach; set up effective communication channels with public and third sector

organisations; to share learning and resources; and ensure patients receive the best possible service.

The Link Practitioner Service also helps Community Planning Aberdeen to meet the following Stretch Outcomes of its Local Outcome Improvement Plan (LOIP):

Stretch Outcome 1. No one will suffer due to poverty by 2026.
Stretch Outcome 11. Healthy life expectancy (time lived in good health) is five years longer by 2026.
Stretch Outcome 12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.

The Link Practitioner Service helps to meet the following LOIP Improvement Project Aims:

- Mitigate immediate and acute poverty
- Decrease the number of households in fuel poverty
- Increase Community Pantry uptake
- Help people into sustained and fair work
- Address health inequalities and those disadvantaged by Covid-19 pandemic
- Widen digital access and opportunities for upskilling
- Support unpaid carers
- Reduce suicides
- Increase confidence, wellbeing and good health choices
- Increase opportunities for volunteering
- Improve eating behaviours, adopt positive lifestyle choices
- Reduce tobacco smoking
- Refer people living with COPD/respiratory conditions into physical activity community programmes
- Tackle alcohol and drug abuse and support recovery, including Alcohol Brief Interventions
- Promote walking and cycling

The Link Practitioner Service will support the Partnership to meet all nine National Health and Wellbeing Outcomes which are listed below:

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. Cross-sector resources are used effectively and efficiently in the provision of health and social care services.

2. Outcomes
1. Reduce pressure on Primary Care services to enable GPs to fulfil their roles as expert medical generalists as per 2018 GMS Contract.
2. Deliver an integrated service which complements Primary Care services through use of non-clinical interventions to meet unmet patient need.
3. Reduce health inequalities through adoption of a human rights approach to enable people to live healthier lives by providing the right support, in the right place, at the right time.
4. Work collaboratively to deliver an accessible and responsive service which meets growing and changing patient demand.
5. Build personal and community resilience by promoting empowerment; enablement; and self-management of health and wellbeing.
6. Through evidence-led approaches, make best use of community assets through collaboration and innovation.
7. Ensure Link Practitioners are able to improve patient outcomes by fulfilling their roles as expert social prescribers and respected community leaders.

3. Options Appraisal

3.1 Option 1 – Do Nothing / Do Minimum	
Description	Funding will cease on 31 March 2023 and the Partnership will no longer provide a Link Practitioner Service in Aberdeen City. 26 Link Service posts will no longer be funded.
Expected Costs	Whilst there are no direct financial costs related to this option there are a number of indirect but measurable systems costs: • Patients with unmet need are less able to secure or sustain employment; have sound finances able to support themselves and their families; undertake caring or community roles; and are at higher risk of ill health; reduced wellbeing; and harm; • Unmet patient need will likely lead to increased demand on GPs and primary care colleagues; • An increase in inappropriate referrals to secondary care services • 26 Link Service staff would lose their jobs
Risks Specific to this Option	• Less likely that the Partnership will be able to meet the outcomes within its new Strategic Plan • Less likely that Community Planning Aberdeen will be able to achieve three of its Stretch Outcomes 1. (No one will suffer due to poverty by 2026); 11. (Healthy life expectancy (time lived in good health) is five years longer by 2026); and 12. (Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026) • Does not help the Partnership and GP practices deliver the 2018 GMS Contract • Will result in the Partnership not delivering it's priorities as set out in PCIP plan which may result in loss of funding to the Partnership. • Will increase pressure on Primary Care services and reduce GPs capacity to undertake their duties as expert medical generalists role. This may impact on the Partnership's strategic risk around Market Fragility in GP practices. • Unmet patient need likely resulting in sustained increase in demand for Primary Care services.

	• Delivery of the Link Practitioner Service would become increasingly challenging up to 31 March 2023 if funding were to cease. Staff absence and turnover would likely increase leading to a diminished service and poorer outcomes for existing patients. • There is a high risk the Integration Joint Board would not approve this option. • Reputational damage in consideration of the above to ACHSCP and IJB
Advantages & Disadvantages	**Advantages:** • Recurring PCIP funding allocated to the Link Practitioner Service will be saved annually which can be re-invested into other PCIP projects • ACHSCP will not be required to deliver an in-house service or contract manage a commissioned provider thereby freeing staff up to deliver other priorities and projects **Disadvantages:** • Patients will have unmet need • GPs have less capacity to undertake their roles as expert medical generalists as set out in 2018 GMS Contract • Increase in demand for Primary Care services • Increase in inappropriate referrals to secondary care services • Less likely the Partnership will meet outcomes within its Strategic Plan; and less likely LOIP Outcomes 1, 11 and 12 are achieved • 26 Link Service staff would lose their jobs • Reputational damage to the Partnership across the third and independent sectors; as well as amongst patients and Link Practitioner Service staff • Delivery of the Link Practitioner Service would likely become increasingly challenging up to 31 March 2023 if funding were to cease from 1 April 2023. Staff absence and turnover would likely increase leading to a diminished service and poorer outcomes for patients • Aberdeen City will not contribute towards meeting the Scottish Government's target of having 250 community link practitioners operating throughout Scotland

Other Points	None.

3.2 Option 2 – ACHSCP In-House Delivery of the Link Service	
Description	SAMH will deliver the existing contract until expiry on 31 March 2023. Thereafter the Link Practitioner Service will be delivered in-house by ACHSCP from 1 April 2023. Link Practitioners will transfer from SAMH to NHS contracts.
Expected Costs	£800,000 in year one and recurring annually with salary uplifts based on NHS pay awards. This must include all staffing resource, including on-costs and all other expenses such as management; training and development; ICT costs; project management; travel expenses etc. Funding for the new contract will be funded through the Primary Care Improvement Programme.
Risks Specific to this Option	• Due to on costs of moving the service in-house, the number of Link Practitioners may be reduced and there is a risk that levels of existing service provision may have to be scaled back • There may be reputational damage to the Partnership amongst local third sector providers if the decision was taken to move the service in-house. This decision would not align with our market facilitation and commissioning strategies • There may be workforce risks as Aberdeenshire in-house Link Practitioners are currently on salary band 4 NHS contracts, whereas Aberdeen City Link Practitioners are on the equivalent of band 5 NHS contracts. • There may be greater financial risk as the Partnership would be responsible for managing the service and its staff; in addition to recruitment; retention; training; staff wellbeing and absence; as well as significantly higher ongoing costs compared to third sector provision. • A TUPE process would be required to transfer Link Practitioner Service staff to NHS contracts. In line with TUPE regulations, there would be a recruitment freeze during the transition period.

Advantages & Disadvantages	**Advantages:** • Information sharing arrangements will be less complex if Link Practitioners are NHS employees and may have greater permissions and access to patient management systems • An in-house service may be closer aligned with ACHSCP service plans. Greater alignment of workload and priorities to ACHSCP priorities • Increased security for staff as aligned to NHS Grampian terms and conditions and pay awards • Opportunity to grow our talent and provide opportunities for them across ACHSCP as they develop and gain more capacity • Greater flexibility with in-house staff as they can be reassigned for other business use if required i.e. pandemic response **Disadvantages:** • Costs to manage the team and deliver the service expected to be higher than a commissioning model due to alignment to NHS Grampian terms and conditions • Due to on costs of moving the service in-house the number of Link Practitioners may be reduced and there is a risk that levels of existing service provision may have to be scaled back • There is a risk that costs may increase due to rising cost of living and salary inflation over the contract period • ACHSCP will be responsible for operational delivery of a the Link Practitioner Service and management of complex caseloads and patients • ACHSCP will be responsible for recruitment and managing staff workload; absenteeism; and turnover rates • Due to employment with ACHSCP/NHS Grampian, staff would be at risk of immediate redeployment if required i.e. pandemic response, with possible impact on capacity and service provision of Link Practitioner Service • Staff time and resource will be allocated to establish and embed the new in-house service. This will likely impact on delivery of other projects across the Partnership

	• Does not align with the Partnership's strategic objective to promote market facilitation. The Partnership may suffer reputational damage amongst third and independent providers • Link Practitioners in Aberdeen City are currently paid at the equivalent of NHS Band 5, whereas Link Practitioners at Aberdeenshire HSCP in-house service are paid at Band 4. Moving Aberdeen City Link Practitioners in-house may cause an issue with Link Practitioners on NHS Grampian contracts being paid at different rates
Other Points	Aberdeenshire Health and Social Care Partnership runs an in-house Link Service.

3.3 Option 3 – Collaborative Commissioning, followed by full procurement process to commission a third sector/independent provider to deliver the Link Practitioner Service	
Description	Prospective commissioning providers and service stakeholders will be invited to take part in a collaborative commissioning process to co-design the Service Specification document for tender. The aim is to develop a robust and inclusive service specification that will enable a variety of commissioning partners to submit tenders for the new contract. Throughout the commissioning and procurement process, the Partnership will comply with relevant legislation and regulations set out below: • Procurement Reform (Scotland) Act 2014 • Public Contracts (Scotland) Regulations 2015 • Procurement (Scotland) Regulations 2016 The Collaborative Commissioning sessions will adhere to the Scottish Government's procurement principles of Non-Discrimination, Equal Treatment, Transparency and Proportionality. Our approach will align with the Partnership's commissioning principles as set out in the Strategic Plan: • 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 The length of the contract would be for four years, with the Partnership having the option to extend the contract for a further three years through direct award. A review would be conducted during year three to review strategic priorities; supplier performance; and finance. Following feedback from collaborative commissioning workshops and discussions with the PCIP Delivery Group, a longer contract period was preferred as this provided stability and space for innovation and relationship building. Stakeholders also supported a review period during the contract to review supplier performance; assess strategic priorities; and to review the financial position.
Expected Costs	£800,000 on year one with a 3% inflationary uplift recurring annually for the duration of the contract. This must include all staffing resource, including on-costs and all other expenses such as training and development; ICT costs; project management; travel expenses etc Funding for the new contract will be funded through Primary Care Improvement Funding. The collaborative commissioning workshops will be designed and facilitated by the Project Group with support from Organisational Development so there will be no costs other than staff time. The procurement process will be supported by the NHS Grampian Procurement Service. Staff time will be dedicated to developing the Service Specification document and upload of tender documents onto the Public Contracts Scotland portal. Five staff members will be selected to form the Evaluation Panel. This will involve (1) consideration of clarification presentations; (2) individually scoring each tender based on technical criteria and cost respectfully; (3) taking part in a consensus meeting to identify a preferred supplier; and (4) informing providers on the outcome of the procurement process and providing feedback upon request.

Risks Specific to this Option	• Collaborative Commissioning process is not seen as meaningful by commissioning partners and stakeholders, nor is it as robust or inclusive as it could be • IJB does not approve the recommended option to issue the tender • There is little or no demand from commissioning partners to submit a tender for the new contract • The Partnership is unable to award the contract to a commissioning partner • Possibility of a challenging transition period if existing provider is not awarded the new contract. • Possible Service Provision Change to transfer Link Practitioners to new provider • The commissioning partner is unable to deliver the contract from 1 April 2023 • The Partnership is subject to legal challenge resulting from the procurement process or contract award • There is a risk that costs may rise due to rising cost of living and salary inflation over the contract period impacting on level of service provision
Advantages & Disadvantages	**Advantages:** • Aligns with the Partnership's strategic objective to promote greater market facilitation in Aberdeen and support third and independent organisations • Aligns with the Feeley Report on ethical commissioning by listening to voices of patients with lived experience and putting them at the heart of policy development; service design and service delivery • Aberdeen City is seen by third sector providers as a pioneer in collaborative commissioning and is better prepared for the wider roll out of ethical commissioning as set out in the Feeley Report. This may strengthen local market forces and better enable local providers to position themselves and respond to future plans and innovations within health and social care • Undertaking Collaborative Commissioning and a full procurement process is the most open, fair and transparent option available to the Partnership. The aim is to build trust with the third sector and strengthen AHSCP's reputation as a partnership that is good to

work alongside; and co-produce and co-deliver with. This ensures a resilient market place for the future (future-proofing)

- Collaborative Commissioning will provide an opportunity to promote the Link Service and the new contract. It is hoped that an open and inclusive process will encourage and enable more commissioning partners to submit tenders
- Collaborative Commissioning will provide an opportunity for prospective providers and stakeholders to shape the Service Specification document. It is hoped the tender document and new contract will be more robust and representative as a result
- Collaborative Commissioning aims to strengthen relationships between the Partnership and the Third Sector, and promote an ethos of collaboration rather than competition amongst third sector providers
- The tender process will ensure the continuation of Fair Working Practices for Link Practitioners
- A competitive commissioning process will better enable the Partnership to identify a technically proficient partner with appropriate resources to deliver the new contract, whilst providing best value to the Partnership
- The commissioning option is likely to be more cost effective than delivering the service in-house
- Will help the Partnership to meet outcomes within its Strategic Plan; three Stretch LOIP Outcomes; and all nine of the National Health and Wellbeing Outcomes
- A robust contract and good relational practice should ensure contractor performance and delivery are aligned to ACHSCP service plans
- Third Sector providers have valuable community knowledge and connections. The current contract holder has linked patients into over 500 community organisations and services across Aberdeen during the first contract period
- Learning from programme review of the first Link Practitioner contract has found that the service can be successfully delivered by a commissioned provider even during a global pandemic
- Will provide an opportunity to re-engage with commissioning providers; partners; and wider

	stakeholders following the covid-19 pandemic where engagement activity was disrupted • Will help to meet the Scottish Government's national target to have 250 community Link Practitioners operating across Scotland **Disadvantages:** • Greater complexity and more challenging from an information governance perspective than if Link Practitioners were NHS Grampian employees. This relates to permissions and access to GP practice patient management systems and referral process • A service provision change may be required to transfer staff from the existing provider to new contract provider. This may cause anxiety and uncertainty for Link Practitioner staff • A greater amount of staff time will be dedicated towards facilitating the collaborative commissioning workshops; issuing the tender; scoring the tenders; and informing commissioning partners of the tender outcome, in addition to providing feedback upon request
Other Points	None.

3.4 Scoring of Options Against Outcomes

Outcomes	Options Scoring Against Outcomes							
	1	2	3	4	5	6	7	8
	Do Nothing	In-House Provision	Collaborative Commissioning					
Reduce pressure on Primary Care services to enable GPs to fulfil their roles as expert medical generalists as per 2018 GMS Contract.	-1	2	3					
Deliver an integrated service which complements Primary Care services through use of non-clinical interventions to meet unmet patient need.	-1	3	3					
Reduce health inequalities through adoption of a human rights approach to enable people to live healthier lives by providing the right support, in the right place, at the right time.	0	3	3					
Work collaboratively to deliver an accessible and responsive service which meets growing and changing patient demand.	-1	2	3					
Build personal and community resilience by promoting empowerment; enablement;	0	2	3					

and self-management of health and wellbeing.								
Through evidence-led approaches, make best use of community assets through collaboration and innovation.	0	2	3					
Ensure Link Practitioners are able to improve patient outcomes by fulfilling their roles as expert social prescribers and respected community leaders.	-1	3	3					
Total	-4	17	21					
Ranking	3	2	**1**					

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

3.5 Recommendation
Based on the options appraisal above, it is recommended that **option 3 (Collaborative Commissioning)** be approved.

4. Scope

Outcomes

1. Reduce pressure on Primary Care services to enable GPs to fulfil their roles as expert medical generalists as per 2018 GMS Contract.
2. Deliver an integrated service which complements Primary Care services through use of non-clinical interventions to meet unmet patient need.
3. Reduce health inequalities through adoption of a human rights approach to enable people to live healthier lives by providing the right support, in the right place, at the right time.
4. Work collaboratively to deliver an accessible and responsive service which meets growing and changing patient demand.
5. Build personal and community resilience by promoting empowerment; enablement; and self-management of health and wellbeing.
6. Through evidence-led approaches, make best use of community assets through collaboration and innovation.
7. Ensure Link Practitioners are able to improve patient outcomes by fulfilling their roles as expert social prescribers and respected community leaders.

Outputs

1. Adopt a human rights approach to ensure equity for all patients across Aberdeen City.
2. Work closely with GPs and primary care staff to raise awareness of the Link Practitioner Service and its remit to address social determinants of health through social prescribing which are having an impact on patient health and wellbeing.
3. Support Primary Care staff with community mapping; joint training; integrate into local practice teams; and be a trusted source of advice, guidance and support for practice staff.
4. Provide short-term, personalised support to patients referred to the Link Practitioner Service.
5. Effectively manage waiting lists and patient expectations.
6. Be a source of information about wellbeing and prevention approaches. Help patients identify the wider issues that impact on their health and wellbeing, such as

debt, poor housing, unemployment, loneliness, alcohol use, physical inactivity and caring responsibilities.

7. Have meaningful conversations with patients; assess patient need; and co-produce a personalised support plan to improve health and wellbeing;
8. Introduce or reconnect patients to community groups and statutory services. Recognise these may be virtual services in the initial period and support should be tailored to individual needs to enable them to access these services (e.g. physical activity opportunities and peer support).
9. Support patients to access groups/services identified by providing a 'warm handover/soft transition' and if required, accompany them or provide virtual support to access an initial session.
10. Refer individuals to other health professionals/agencies, when their needs are beyond the scope of the Link Practitioners role – e.g. when there is a mental health need requiring a qualified practitioner.
11. Develop a broad understanding and awareness of the range of community services, resources and opportunities available locally to support mental health and wellbeing. Keep GPs and primary care staff updated on community assets.
12. Make connections and build relationships with local community services/groups to ensure the opportunities available are safe and accessible to all who would benefit.
13. Prioritise innovation and ensure continuous improvement to update and modernise the service in line with patient and service need.

Evaluation measurements:

The following metrics will be used:

- Number of Link Practitioners
- Referrals by GP Practice
- Referrals by Route i.e. by GP, Advanced Nurse Practitioner, Health Visitor
- Referrals by Reason
- Breakdown of Patient Demographic Data
- Link Practitioner Intervention by type i.e. signposting, onward referral, counselling
- Onward referrals by Service/Organisation
- Number of patients requiring enhanced support
- Average length of Link Practitioner intervention
- Repeat Referrals
- Number of inappropriate referrals
- Number of patient complaints
- Impact on primary care workload
- Number of positive outcomes/destinations for patients

- Patient satisfaction data
- Staff satisfaction
- Staff retention rates
- Training and development

*Further KPIs will be discussed with the successful provider during the transition phase based on the content of their tender submission.

The scope of the project is to undertake collaborative commissioning; prepare a service specification document for tender; and run an open, fair and compliant procurement process from which a preferred provider can be identified.

Thereafter the Project Group will facilitate a transition to the new contract beginning on 1 April 2023. Delivery of the new contract will be the responsibility of the commissioned provider and a designated ACHSCP officer will be responsible for ongoing contract management arrangements. The project will close following submission of the Project Close Report and disbanding of the Project Group in April 2023.

4.1 Out of Scope

Management of the existing contract remains the responsibility of SAMH. Oversight arrangements by ACHSCP of SAMH and the existing contract are separate from the commissioning process.

The Project Group will not be responsible for delivering the new contract. The Project Group will set up contract management arrangements with the commissioned provider during the transition period and will hand over responsibility for operational oversight to the designated ACHSCP/Primary Care Contract Manager.

5. Benefits

5.1 Service User/ Citizen/Unpaid Carer Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Improved wellbeing for patients following referral to Link Practitioner	Patients with a positive outcome	KPI data	Current	Higher % of patients reporting positive outcome	14.07.23	Quarterly
Patients live in better health for longer	Patients living in better health	KPI data	Scored on initial assessment	Increasing % of patients living in better health	14.07.23	Quarterly
	Repeat GP practice appointments	Vision/Emis	Current	Reduction in repeat GP practice appointments	14.07.23	Quarterly
	Patients with a positive outcome	KPI data	Current	Higher % of patients with positive outcome	14.07.23	Quarterly
Patients receive the right service in the right place at the right time	Satisfaction with Link Practitioner	KPI data	Current	Higher Patient Satisfaction	14.07.23	Quarterly
	Referrals to Link Practitioner	KPI data	Current	Higher Number of Referrals	14.07.23	Quarterly
	Inappropriate referrals	KPI data	Current	Lower number of inappropriate referrals	14.07.23	Quarterly

	Patients Disengaged from Service	KPI data	Current	Lower number of patients disengaging	14.07.23	Quarterly
	Patient Complaints	KPI data	Current	Lower Number of Complaints	14.07.23	Quarterly
	Shorter Waiting Times for Patients Accessing Link Service	KPI data	Current	Shorter waiting times	14.07.23	Quarterly

5.2 Staff Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Expected Date	Measure Frequency
Link Practitioners Professional Development	Training/CPD sessions undertaken by staff	CPD log	Current	Link Practitioners attending more CPD sessions, increasing capacity and skillset	14.07.23	Quarterly
Link Practitioners Wellbeing	Job Satisfaction	Staff survey	Current	Higher % of staff reporting job satisfaction	14.04.24	Annual
Reduced pressure on GPs/Primary Care services	Repeat GP practice appointments	Vision/Emis	Current	Reduction in repeat GP practice appointments	14.07.23	Quarterly

5.3 Resources Benefits							
Benefit	**Measures**	**Source**	**Capital or Revenue?**	**Baseline (£'000)**	**Saving (£'000)**	**Expected Date**	**Measure Frequency**
Reduced health and social care contacts	Repeat GP practice appointments	KPI data	Revenue	TBC	TBC	14.07.23	Quarterly
Unpaid carers are supported	Referrals for unpaid carers	KPI data	Revenue	TBC	TBC	14.07.23	Quarterly
Uptake in community assets	Referrals to community groups and activities	KPI data	Revenue	TBC	TBC	14.07.23	Quarterly

6. Costs

6.1 Project Capital Expenditure & Income											
(£)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Total**
Sub-Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**				

6.2 Project Revenue Expenditure & Income											
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Total**
Staffing Resource	711,956	733,315	755,315	777,975	801,315	825,355	850,116				5,455,347
ICT Equipment, Admin Costs, Insurance and Fees	88,044	90,685	93,405	96,207	99,093	102,066	105,127				674,627
Sub-Total	800,000	824,000	848,720	874,182	900,408	927,421	955,243				6,129,974

7. Procurement Approach

May-July 2022 – Collaborative Commissioning process. This will involve a series of workshops with Locality Empowerment Groups; prospective tenderers; stakeholders; service users; and Link Practitioner staff. The purpose of the sessions was to collaborate on the development of service outcomes and the Service Specification document for tender.

June 2022 – Evaluation Panel identified (four officers to score the technical criteria of the tenders and Project Manager to score the cost of the tenders). A consensus meeting is scheduled to identify a preferred provider.

June- July 2022 – Business Case presented to PCIP Delivery Group; Strategic Commissioning and Procurement Board; and ACHSCP's Executive Programme Board for consideration and approval

30 August 2022 – Business Case presented to IJB. The report will request approval to issue the tender on 1 September 2022

1 September 2022 – Invitation to Tender published on Public Contracts Scotland portal

30 September 2022 – Closing Date for invitation to tender on Public Contracts Scotland portal

13 October 2022 – Clarification Presentations from bidders

14 October 2022 – Consensus Meeting to complete scoring and identify a preferred provider

15-24 October 2022 – 10 Day Standstill Period

25 October 2022 – Contract Awarded to preferred provider. Other bidders informed they had been unsuccessful. Feedback to be prepared upon request

29 November 2022 – Report to IJB on tender outcome

1 April 2023 – New Contract takes effect

8. State Aid Implications

Not applicable.

9. Equalities Impact Assessment / Human Rights
Health Inequalities Impact Assessment (Stage 2) attached. The impact on equalities groups and human rights will be monitored through agreed KPIs with the successful provider. Stg 2 - HIIA Empowering People

10. Key Risks	
Description	**Mitigation**
Fully explain any significant risks to the project, especially those which could affect the decision on whether and in what form the project goes ahead.	**Details of any mitigating action already taken or suggested**
IJB does not approve business case for Link Service Re-Tender	Consultation with key IJB stakeholders and reporting to Strategic Commissioning and Procurement Board, Executive Programme Board and IJB Pre-Agenda meeting; IJB statutory consultation; Programme Review and Collaborative Commissioning undertaken with broad range of stakeholders leading to co-design of Service Specification document for tender
Strategic threats such as Covid-19 pandemic disrupt project delivery	Project Team have oversight as per Terms of Reference; Project Manager to monitor daily NHSG Global Briefings on local/national Covid impact. Monthly Strategy and Performance Service Meetings to be briefed on pandemic and service priorities; Reporting to Primary Care Delivery Group, Strategic Commissioning and Procurement Board, Executive Programme Board and IJB

Delays and tight timescales to deliver project	Detailed Project Plan with flexibility built in to ensure minor delays do not impact on overall project delivery; Regular meetings with stakeholders; Risk Register prepared and reviewed weekly; Project Team have oversight as per Terms of Reference
Lack of Resource to deliver the project -	ACHSCP recruitment ongoing for vacant positions; Project Resource is protected; Senior Project Manager and Project Manager attached to project so there will be cover during leave and absence
Staff absence impacts on project delivery	Project Group established to support project delivery and mitigate this risk; Regular financial and service meetings scheduled with SAMH to mitigate impact of staff absence
Failure to comply with Information Governance and Data Protection regulations	Project Team have oversight as per Terms of Reference; NHSG and ACC Information Governance colleagues are represented on Project Group DPIA prepared E-Health consulted Tenders will be requested to complete DPIAs as part of tender submission DPO to attend Clarification Presentations to assess tenders and advise Evaluation Panel

Ineffective communication leads to stakeholder disengagement and reputational damage	Communication Plan prepared, including engagement with SAMH, Link Practitioners , service users and stakeholders; Collaborative Commissioning to be undertaken; Organisational Development Team providing support on engaging with stakeholders and collaborative commissioning; Project Group have oversight as per Terms of Reference
Press and social media attention	Communication Plan prepared; ACHSCP dedicated Communication Adviser seconded from ACC for support and guidance; ACHSCP Social Media Officers to provide support
Collaborative Commissioning process is not meaningful	Communication Plan prepared; OD providing support to ensure the process is meaningful; Reporting to the Strategic Commissioning and Procurement Board; Key Stakeholder Mapping and Analysis; Project Team have oversight as per Terms of Reference
Lack of engagement with GP and Primary Care staff	Communication Plan prepared, GP Sub Committee (Quality Cluster Leads and Clinical Leads), LMC and Primary Care staff identified as key stakeholders; Primary Care represented on Project Group;

	Senior Project Manager reports monthly to PCIP Delivery Group; GPs and Primary Care colleagues involvement in Collaborative Commissioning process; Project Team have oversight as per Terms of Reference
Governance Failure	A Programme Management approach will be followed to mitigate this risk. Appointment of Project Sponsor, Senior Project Manager and Project Manager. Project Team have oversight as per Terms of Reference; Reporting to PCIP Delivery Group, Strategic Commissioning and Procurement Board, Executive Programme Board and IJB
Project costs exceed budget	Business Case prepared and submitted to Strategic Commissioning and Procurement Board; Clear and robust Service Specification document; Evaluation panel to take account of both technical and cost criteria to secure best value to ACHSCP; Oversight by Executive Programme Board, PCIP Delivery Group and IJB; Monitoring inflation rate and NHS pay/funding awards; Monitoring PCIP Funding Allocation; Project Team have oversight as per Terms of Reference
Failure to comply with procurement regulations	NHSG Procurement Services to support the delivery of a full, fair and transparent

	procurement process which complies with procurement regulations; Compliance with procurement legislation and processes. Use of Public Contracts Scotland; Reporting to Strategic Commissioning and Procurement Board; Project Team have oversight as per Terms of Reference
The procurement process fails to appoint a provider to undertake the new contract	Pre-tender communication and engagement to be undertaken including five dedicated workshops to promote the contract; Reporting to Strategic Commissioning and Procurement Board; Collaborative Commissioning approach undertaken. Good attendance and interest from third sector organisations; Full, fair and transparent Procurement process supported by NHSG Procurement Services to identify provider best placed to deliver new contract; Existing provider has expressed a firm interest in submitting a tender for new contract
Successful provider is unable to deliver the new contract on 1 April 2023	Full Procurement process supported by NHSG Procurement Services to identify provider best placed to deliver new contract; Robust service specification document to ensure provider's financial sustainability; Implementation Group set up; Regular meetings established with preferred provider to identify and address issues at an early stage;

	Transition process or exit plan agreed with current provider; Reporting to Strategic Commissioning and Procurement Board; Project Team have oversight as per Terms of Reference
ACHSCP is subject to legal challenge arising from the project	Project Group to advise where increased risk lies; CLO to advise the Project Group; NHSG Procurement to provide support to deliver compliant tender process; NHSG and ACC Information Governance colleagues to provide support to ensure compliance with Data Protection Act; NHSG HR to provide support to deliver compliant Service Provision Change process (if required)
Link Practitioner Service turnover increases during commissioning process	Regular service performance and monitoring meetings to be held during commissioning process with SAMH; OD and Comms colleagues to support communication approach; Dedicated workshops with Link Practitioners to review existing contract and working practices; Meaningful engagement during collaborative commissioning
Link Practitioner service delivery is disrupted during commissioning process	Regular service performance and monitoring meetings to be held during commissioning process with SAMH; Meaningful engagement with current Link Practitioners during engagement and collaborative commissioning stage

	ACHSCP supported SAMH through cyber attack/data breach. Daily Data Protection and Operational Contingency Groups created. Email accounts protected and reset. Project plan delayed by two weeks to enable SAMH to recover and focus on urgent business need
Low morale and uncertainty of Link Practitioners during commissioning process	Regular service performance and monitoring meetings to be held during commissioning process with SAMH; Clear communication with staff throughout the process. Monthly briefings from September 2022-April 2023. Engagement workshops from December 2022; Meaningful engagement with staff during engagement and collaborative commissioning stages Project Managers to attend OD training on Staff Communication and Engagement
Failure to comply with requirements of the Service Provision Change process (if required)	HR Lead to advise Project Managers and Project Group on compliance

11. Time

11.1 Time Constraints & Aspirations

1. The existing contract will expire on 31 March 2023
2. Collaborative Commissioning completed by 20 July 2022
3. Business Case approved by PCIP Delivery Group; SCPB; and Executive Programme Board by 31 July 2022
4. Business Case approved by IJB by 30 August 2022
5. Tender process to begin on 1 September and close on 30 September 2022
6. Contract Award by 25 October 2022
7. Possible service provision change may be required for Link Practitioner staff between 1 November 2022 -31 March 2023
8. Report to IJB on outcome of procurement process on 29 November

11.2 Key Milestones

Description	Target Date
Project Initiation	14 February 2022
First Meeting of Project Group	23 March 2022
Key Stakeholder Consultation Commences	30 March 2022
Collaborative Commissioning Part 1 Commences	9 May 2022
Report to PCIP Delivery Group	12 July 2022
Report to Strategic Commissioning and Procurement Board	27 July 2022
Report to ACHSCP Executive Programme Board	27 July 2022
Report to IJB for approval on commissioning approach	30 August 2022
Invitation to Tender Opens	1 September 2022
Invitation to Tender Closes	30 September 2022
Tender Presentations (Clarification Purposes)	13 October 2022
Consensus Meeting: Evaluation of Tenders	14 October 2022
10 Day Standstill Period	15 – 24 October 2022
Contract Award	25 October 2022
Service Provision Change Consultation begins (Dependent on tender outcome)	1 November 2022
Report to IJB on tender outcome	29 November 2022
New Contract comes into effect. Contract Management processes begin. Link Practitioner staff transfer to new provider (Dependent on tender outcome)	1 April 2023
Project Close Report presented to Project Group	28 April 2023
Project Evaluation	1 April 2024

12. Governance

A Project Group has been set up which meets regularly to monitor project delivery. The Project Group is chaired by the Senior Project Manager and includes representatives from key stakeholders across ACHSCP, ACC and NHS Grampian; in addition to corporate

colleagues who will support and scrutinise project delivery. The terms of reference for the Project Group and its membership are attached below.

The Business Case will be submitted for scrutiny and approval to the Primary Care Improvement Plan Delivery Group; the Strategic Commissioning and Procurement Board; the ACHSCP Executive Programme Board; and Integration Joint Board.

The Project Manager also provides monthly updates to the PCIP Delivery Group and regular updates to the Executive Programme Board on project management and delivery.

LS Project Group Terms of Reference (

Project Group Membership.docx

Role	Name
Project Sponsor	Susie Downie, acting Primary Care Lead, ACHSCP
Project Manager	Iain Robertson, Senior Project Manager, ACHSCP
Other Project Roles	Grace Milne, Project Manager, ACHSCP Evaluation Panel (4 technical officers and 1 finance officer)

13. Resources

Task	Responsible Service/Team	Start Date	End Date
Project Management	Strategy and Transformation	01/03/2022	30/04/2023
Collaborative Commissioning and Procurement	NHS Grampian Procurement	01/05/2022	25/10/2022
Evaluation Panel	ACHSCP	01/10/2022	25/10/2022
Service Provision Change (if required)	NHS Grampian HR	01/11/2022	31/03/2023

14. Environmental Management

Environmental impact is assessed to be neutral. Link Practitioners will share office space with Primary Care colleagues and may have the option to work from home. Car use may be needed if Link Practitioners need to travel to meet with patients as part of their duties.

15. Stakeholders Consultation

Consultation Stage 1: Programme Review

13 April 2022 – SAMH Workshop 1
14 April 2022 – Link Practitioners Workshop 1
14 April 2022 – Service User and Stakeholder Surveys published and circulated
20 April 2022 – SAMH Workshop 2
21 April 2022 – Primary Care Workshop
28 April 2022 – Link Practitioners Workshop 2

Consultation Stage 2: Collaborative Commissioning

12 May 2022 – Collaborative Commissioning Workshop 1
26 May 2022 - Collaborative Commissioning Workshop 2
23 June 2022 - Collaborative Commissioning Workshop 3
20 July 2022 – Locality Empowerment Group Workshop

Consultation Stage 3: Business Case Consultation

12 July 2022 – Primary Care Improvement Plan Delivery Group
27 July 2022 – Strategic Commissioning and Procurement Board
27 July 2022 – Executive Programme Board
2 August 2022 – Draft IJB report circulated for consultation
16 August- IJB Pre-Agenda Meeting

Communication Plan attached

0 - LP Retender - Communications Pla

Communication Schedule attached

OD Comms and Engagement.xlsx

16. Assumptions

Document the high level assumptions that have been made during the development of the business case and any other unanswered questions that may be significant.

a) The project is not significantly impacted by staff or stakeholder absence resulting from Covid-19 or imposition of new legal restrictions or cessation of services or non-urgent projects;
b) Data sharing arrangements with Link Practitioners for the new contract are in line with at least current arrangements;
c) The Project Group and oversight boards provide constructive feedback to strengthen the Business Case and project plan/delivery. Necessary approvals are granted within project timescales
d) Review of current contract and working practices identify strengths and lessons learned to inform the Service Specification document;
e) Review of Link Practitioner Service identify gaps and issues that can be discussed and solutions considered during collaborative commissioning process;
f) The existing contract holder supports and fully participates in the Collaborative Commissioning process;
g) The existing contract holder will submit a tender application for the new contract;
h) Following the procurement process, a suitable provider is awarded the contract;
i) The new contract is signed within required timescales;
j) The preferred provider is able to fulfil contractual obligations and deliver the service
k) The existing contract holder will help the Partnership to manage the transition process; and if they are not delivering the new contract, to work closely with the Partnership and new provider to manage the handover and exit process; and
l) All relevant legislation and statutory requirements are followed throughout the project.

17. Dependencies

Internal Dependencies

PCIP Delivery Group Approval – 12 July 2022
SCPB Approval – 27 July 2022
EPB Approval – 27 July 2022
IJB Approval – 30 August 2022

External Dependencies

- The project is not significantly impacted by staff or stakeholder absence resulting from Covid-19; or imposition of new legal restrictions; or cessation of non-urgent services/ projects;
- Data sharing arrangements with Link Practitioners for the new contract in line with at least current arrangements;
- SAMH; prospective providers; and wider stakeholders participate in Collaborative Commissioning process leading to co-design of Service Specification Document for tender
- Providers come forward to tender for Contract
- Continuation of existing service and contractual obligations by SAMH during procurement process and transition period
- Preferred provider is ready to undertake contractual obligations from 1 April 2023

18. Constraints

(a) Time is the main constraint of this project to retender the Link Practitioner Service. Reporting deadlines for the Strategic Commissioning and Procurement Board will slightly overlap with engagement during the Collaborative Commissioning stage.

(b) Staffing resource will be a constraint to this project, particularly around engagement, collaborative commissioning and the formal procurement process. This may be exacerbated by ongoing Covid-19 pandemic and if legal restrictions are re-imposed leading to reassignment of staff from project delivery to critical services.

(c) Costs are a key consideration, particularly the impact of rising inflation which makes multi-year financial projections challenging. The proposal to introduce a contract review during year three will provide an opportunity to take stock of the financial environment; as well as emerging strategic priorities and contractual performance and delivery.

(d) Information Governance is a key consideration as GP practices are data controllers. Agreement will be needed to provide Link Practitioners with at least the same levels of access to patient information that they currently have, or possibly greater access if this is an outcome of the Collaborative Commissioning process. Data Sharing Agreements will differ from the previous contract to take account of GDPR and the Data Protection Act 2018. DPIA prepared.

19. ICT Hardware, Software or Network infrastructure		
Description of change to Hardware, Software or Network Infrastructure	**Approval Required?**	**Date Approval Received**
None at this stage.		

20. Support Services Consulted				
Service	**Name**	**Sections Checked / Contributed**	**Their Comments**	**Date**
Finance	James Boulton, Gillian Parkin	All	Content with Finance element	10.06.22
CLO	Adam Watson	All	No comments at this stage.	10.06.22
Procurement	John Pitman	All	Guidance on procurement process; tender documents; and use of Public Contracts Scotland portal	20.07.22
HR	Karen Innes	All	Guidance on service provision change and TUPE requirements	20.07.22
Information Governance	Alan Bell, Roohi Bains and Helen Cannings	All	Recommended to ask tenderers to complete a brief DPIA and for Information Governance colleagues to attend Clarification Presentations in October	15.07.22
Data and Evaluation	Grace Milne	All	Feedback on Outcomes, Objectives, Outputs and Benefits. Advice on KPIs and SMART indicators.	07.06.22
Primary Care Lead	Susie Downie	All	Feedback on business need, human rights, outcomes, outputs, options appraisal, costs, risks and governance	15.06.22
ACHSCP Diversity	Amy Richert	All	Feedback on equalities and human rights. General comments on options appraisal.	15.06.22

Project Group	Project Group Members	All	Comments on risks, budget uplifts, staffing cover	10.06.22

21. Document Revision History			
Version	**Reason**	**By**	**Date**
1.0	Initial draft	I Robertson	05/04/2022
1.1	Following feedback from collaborative commissioning workshop 1 and publication of new Strategic Plan	I Robertson	20/05/2022
1.2	Following feedback from collaborative commissioning workshop 2	I Robertson	02/06/2022
1.3	Feedback following consultation with support services as per s20	I Robertson	15/06/2022
1.4	Costs updated following consultation with Finance colleagues	I Robertson	04/07/2022
	Following feedback from Strategic Commissioning and Procurement Board and Executive Programme Board on 27 July.	I Robertson	29/07/2022

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INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Related Report Number:- *HSCP22.062*

Approval from IJB received on:- 30 August 2022

Description of services/functions:-

To approve the Link Practitioner Service Business Case and agree to undertake a tender exercise to procure a provider to deliver the new Link Practitioner Service contract on behalf of Aberdeen City Health and Social Care Partnership.

Reference to the integration scheme: - Annex 2, Part 1- General Social Welfare Services

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

The proposals contained within the report align with ACHSCP's strategic aims to prevent ill health; keeping people safe at home; achieving fulfilling healthy lives; and caring together.

- There are strong links to delivering the commitments of both the strategic plan and ensuring services are prevention focused and delivered locally within the community.
- Support implementation of the GMS Contract and enable GPs to perform duties as expert medical generalists
- Increase capacity of Primary Care services through a complementary social prescribing approach to meet non-clinical needs of patients which are having an impact on their health and wellbeing
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Make best use of community assets and resources

Timescales involved:-
Start date:- 01.04.23

End date:- 31.03.30

Associated Budget:-

Indicative projected spend: (Full year costs)

2023-24: £800,000
2024-25: £824,000
2025-26: £848,720
2026-27: £874,182
2027-28: £900,408
2028-29: £927,421
2029-30: £955,243

Total contract value: £6,129,974

Details of funding source:- Primary Care Improvement Fund

Availability:- Confirmed

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	30 August 2022
Report Title	Rosewell House – Evaluation
Report Number	HSCP22.074
Lead Officer	Fiona Mitchelhill, Lead Nurse, ACHSCP
Report Author Details	Sarah Gibbon, Programme Manager, ACHSCP
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A) Rosewell House Evaluation

1. Purpose of the Report

1.1. This report is presented to the Integration Joint Board (IJB) to present the findings of an evaluation of Rosewell House.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Note the content of the report.

3. Summary of Key Information

3.1. Rosewell House is a 60-bedded integrated, intermediate care facility where Bon Accord Care (BAC) and Aberdeen City Health & Social Care Partnership aspire to deliver person-centred care and rehabilitation with a reablement focus. This care can be provided as a step-up from the community as an alternative to hospital admission or as a step-down from Aberdeen Royal Infirmary to help recovery. The main admission routes for Rosewell House are from the Frailty pathway (40 beds) or from the Rehabilitation pathway (20 beds).

3.2. In August 2021, the IJB agreed that all 60 beds at Rosewell House would be the responsibility of NHS Grampian, with Healthcare Improvement Scotland (HIS) functioning as regulator, for a period of two years running from the end of the interim arrangements until 23 October 2023.

3.3. At the same meeting, the IJB instructed the Chief Officer to bring the following reports:

3.3.1. A report to the March 2022 IJB meeting which outlines the progress against developing the step-up elements of care at Rosewell House.

3.3.2. To bring a joint evaluation report to the IJB/BAC Board in summer 2022, summarising ongoing progress delivering the intended outcomes and actions for continuous improvement.

3.4. The above reports have been combined and are presented within this report, as the March report was deferred.

3.5. The evaluation report, presented in the appendix to this report, provides an overview of the methodology of the evaluation; a review of the data presented in the original business case; a qualitative thematic analysis of the strengths and weaknesses of Rosewell House; and makes recommendations for improvement.

3.6. The recommendations will be reviewed by the joint leadership of Rosewell House (BAC's Integrated Care Lead and NHSG's Service Manager) and incorporated into the existing implementation plan for the delivery and continued improvement of the service model at Rosewell House.

3.7. Rosewell House was also recently listed as a finalist for the Scottish Social Services Award under the "*Showcasing an Integrated Workforce"* category. The winner will be announced at an awards ceremony in September, which will be attended by both BAC and ACHSCP colleagues.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality:** A Health Inequalities Impact Assessment (HIIA) was completed for the original submission of the Rosewell House business case and is monitored by the project team. Following consideration of this evaluation, and the recommendations contained within it, the HIIA will be reviewed to incorporate the learnings from the evaluation.

4.2. **Financial:** There are no financial implications arising directly from the recommendation of this report.

4.3. **Workforce:** There are no workforce implications arising directly from the recommendation of this report.

4.4. **Legal:** There are no legal implications arising directly from the recommendation of this report.

4.5. **Covid-19:** The evaluation report highlights how the continued prevalence of Covid-19 and associated staff absence has impacted on delivery of the model.

4.6. **Unpaid Carers:** There are no implications for unpaid carers arising directly from the recommendation of this report.

4.7. **Other:** NA

5. Links to ACHSCP Strategic Plan

5.1. **Caring Together:** Rosewell House is a central part of the Frailty Pathway, which was recently redesigned in a whole pathway review to ensure services are more accessible and co-ordinated. Rosewell House is also an integrated facility, delivered in partnership by Bon Accord Care and ACHSCP.

5.2. **Keeping People Safe at Home:** Rosewell House aims to maximise independence through rehabilitation and a focused, enablement approach. It aims to reduce the impact of unscheduled care on the hospital by

providing step-up care in a homely environment to prevent people escalating to an acute level of need.

5.3. Preventing Ill Health: By providing intermediate care in a more homely setting, Rosewell House aims to reduce the risk of patients deconditioning in hospital when faced with lengthy stay.

6. Management of Risk

6.1. Identified risks(s) and link to risks on strategic or operational risk register:

- Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.
- Event: Failure to deliver transformation and sustainable systems change.
- Consequence: people not receiving the best health and social care outcomes

6.2. How might the content of this report impact or mitigate these risks: Rosewell House is an innovative service model that will help the IJB to continue to give people the right care, in the right place, at the right time.

Approvals	
Sandra Macleod	Sandra Macleod (Chief Officer)
P Mitchell	Paul Mitchell (Chief Finance Officer)

30 AUGUST 1, 2022

ROSEWELL HOUSE - EVALUATION

JANUARY 2022 – JULY 2022

Rosewell Evaluation

This paper provides an interim evaluation of Rosewell House, to review the implementation of the service to date and identify improvement areas to target for the next year. This marks a halfway milestone of the 2-year life of the project, as approved by the Integration Joint Board & Bon Accord Care Board in August 2021. A full evaluation will also be required in Summer 2023, to inform a recommendation to both Boards in Winter 2023.

Contents

1. Executive Summary

Background

Rosewell House is a 60-bedded integrated, intermediate care facility where Bon Accord Care and Aberdeen City Health & Social Care Partnership are delivering person-centred care and therapy, with a reablement and rehabilitation focus. The Integration Joint Board and Bon Accord Care Board approved a transition of the whole facility to Healthcare Improvement Scotland in August 2020, implemented in January 2021. This report provides an evaluation of the service to drive continuous improvement.

Methods

- Quantitative data review including TRAK Care and Datix.
- Multi-model qualitative methods of 1-1s, focus groups and surveys.
- Thematic analysis applied; responses coded then grouped into themes.

Themes and Recommendations

Vision	1. renewed, comprehensive communications and engagement plan 2. consider renaming the service
Patients	3. promote activities co-ordinator across whole facility 4. review the escalation pathways
Staffing	5. review of the workforce model from an integrated perspective. 6. review of the medical rotas to increase consistency 7. empower all staff to communicate with families about care 8. implement and embed Criteria-led Discharge Planning
Service Model	9. continue to develop the step-up pathway 10. consistently apply criteria-based admissions to step-down beds 11. align processes in Frailty and Rehab beds where possible 12. undertake test of change with H@H support for rehab beds
Environment	13. explore opportunities for improved staff amenities 14. review the responsibilities matrix
Logistics	15. explore portable x-ray machine for diagnostics support 16. promote Rosewell as 'in-patient' for access to diagnostics 17. further develop test of change with support from NERVs for logistics 18. priority protocol for portering services where supporting discharge 19. new transport solution to be developed
IT & Systems	20. review alarm systems with current contractor/new contract 21. prioritised implementation of electronic patient record 22. IT and systems access audit for BAC staff

2. Background

Rosewell House is a 60-bedded integrated, intermediate care facility where Bon Accord Care (BAC) and Aberdeen City Health & Social Care Partnership (ACHSCP) are delivering person-centred care and therapy, with a reablement and rehabilitation focus. Care and therapy can be provided as a step-up from the community as an alternative to hospital admission or as a step-down from Aberdeen Royal Infirmary to help recovery. The main admission routes for Rosewell House are from the Frailty pathway (40 beds) or from the Rehabilitation pathway (20 beds).

This evaluation has been produced given the following agreements from the IJB and BAC boards, when approval to transition all 60 beds within Rosewell House under the scrutiny of Healthcare Improvement Scotland (HIS):

a) To instruct the Chief Officer ACHSCP / BAC Managing Director to bring a report to the March 2022 IJB meeting which outlines the progress against developing the step-up elements of care at Rosewell House; (*deferred to August meeting)* and

b) To instruct the Chief Officer ACHSCP / BAC Managing Director, to bring a joint evaluation report to the IJB / BAC board in summer 2022, summarising ongoing progress delivering the intended outcomes and actions for continuous improvement.

The original objectives for the service are as follows:

Person-Centred

- **The service-model is person-centred and enabling:**
  - 1: To provide high-quality, compassionate, person-led care, support and treatment that meets each individual's health, wellbeing and social needs and desired outcomes as best as possible, focusing on a pro-active enablement approach to service delivery
  - 2: Experience of a stay at Rosewell to be as positive and compassionate as possible, ensuring expressed choices in respect of their clothes, personal needs, routines and activities is respected and facilitated as far as is reasonably practicable.

Connecting

- **The service model is situated in the centre of the Frailty Pathway and has excellent lines of communication with stakeholders:**
  - 3: To promote and facilitate working in a whole-system approach across the broader Frailty Pathway
  - 4: To liaise and communicate effectively with an individual's carers and other family members as appropriate

Effective

- **To use pathways as appropriate to ensure that the individual is best placed considering their needs, health and wellbeing:**
  - 5: Provides sufficient capacity to promote step-up care and avoid unnecessary admissions to acute hospitals.
  - 6: Aims to provide sufficient capacity to ensure step-down care from Ward 102 in a timely manner, reducing length of stay in and the number boarders within the wider acute setting.
  - 7:Ensures access to the capacity where possible i.e. in event of Covid19 surge

Flexible

- **The service model is responsive and adaptable given known and unknown circumstances:**
  - 8: The service model is able adapt to cope with different levels of demand i.e. during winter pressures
  - 9: The service model is able to adapt to cope with different type of demand i.e. increases in acuity

Empowering

- **The service model is empowering and enabling to staff that work there:**
  - 10: Provide clear lines of accountability and professional management
  - 11: Enables staff to make best use of their skills and personal development, regardless of professional background
  - 12: Enables a "one-team" ethos and reduces barriers to working as an integrated team

3. Research Questions

The overall research question for this evaluation is:

Is Rosewell House attaining its goals and objectives?

To understand this, we are going to explore three separate elements (described below) in more detail:

How is Rosewell House performing against the outcomes in the business case?	What's working well?	What could be improved?

Research Question	Description of Question	Data Collection Approach	Capacity Required
How is Rosewell House performing against the outcomes in the business case?	The original business case submitted to the IJB, and BAC Boards had high-level performance indicators to demonstrate the anticipated benefits for patients, staff, and the system	Quantitative data - Tableau / Health Intelligence analysis	½ day data analysist 22.08.2022
What's working well?	This research question will focus on identifying the areas in which Rosewell House is performing well, from the perspectives of all stakeholders for Rosewell House.	Semi-structured interview Focus group Survey	1 hour per attendee 1-2 hours per focus group
What could be improved?	This research question will focus on identifying the areas in which Rosewell House is not performing well, from the perspectives of all stakeholders for Rosewell House.	Semi-structured interview Focus group Survey	1 hour per attendee 1-2 hours per focus group

4. Methodology

A mixed method, multi-modal approach was applied to generate an understanding of the above research questions, to ensure that appropriate context is provided when attempting to understand the *why* behind the data.

The following stakeholders were consulted in the development of the approach for the evaluation: Rosewell House Transitional Lead; BAC Integrated Care Lead; Lead Nurse; Organisational Development facilitator; Senior Project Manager for Data and Evaluation; Evaluation Lead (stakeholders as consultants); Public Health Researchers; Rosewell House Project Board.

Further details on all methods outlined below, including the number of participants, can be found in appendix 1.

4.1. Pre-Existing Work

A previous evaluation identified the development of the step-up model as a priority. As a result, an extensive programme of engagement was undertaken to develop an action plan – this evaluation will draw on the learnings from this engagement, as well as the outputs of a cross-system workshop on the wider Frailty Pathway which took place on the 11th of May 2022.

4.2. Data Collection

4.2.1. Interviews & Focus Groups

The qualitative data informing this evaluation was be gathered through a series of interviews and focus groups, using a purposeful sampling approach to allow a 'systems perspective' to be generated through the findings. These took a semi-structured format, with guided yet open questions to allow participants to talk freely about their perspective and opinions, with prompts to help facilitate the discussion. For the 1-1 interviews, these were captured on a standard recording template. To increase the likelihood of truthful opinions being captured, sessions were anonymous not recorded, however detailed notes were taken during the discussions and sense-checked with participants to ensure the data captured were reflective of their thoughts and experiences. Fieldnotes taken during discussions were subsequently coded and organised into themes and sub-themes to provide a systematic presentation of the data.

4.2.2. Patient Survey

A patient survey was run from the 19th of July to the 2nd of August and consisted of several both qualitative and quantitative questions, focusing on what they valued about the support provided; the communication; involvement in care planning and how the service could be improved. The survey was distributed in hard copy at Rosewell House, as well as via posters displaying a QR code and a social media campaign. Given the recommendation of the previous evaluation, families and carers were the primary targets for the survey, however a small sample size was return (n=12). A summary of the patient survey and approach can be found at appendix 2.

4.2.3. Review of Other Qualitative Data Sources

A review of available qualitative data (complaints; compliments, letters; and Care Opinion stories) was also completed to identify themes within these sources.

4.2.4. Quantitative Data

Source of existing quantitative data were also reviewed. Rosewell House has a performance dashboard established on Tableau which provides easily accessible data relating to the service, including admission sources, length of stay, and discharge destinations. Additional data was gathered with support from the Health Intelligence team, utilising sources such as Trak and Datix.

A key activity was to review the original data that was included in the benefits section of the original business case, to provide a comparison. The Frailty Pathway dashboard on Tableau was also reviewed. A review of available data relating to incidents and feedback on the NHS Feedback system Datix also took place.

5. How is Rosewell performing against the outcomes in the business case?

This section looks at quantitative data to provide contextual information, which will be further explored in the qualitative discussions later in this paper.

Service User / Citizen / Unpaid Carer Benefits

The following indicators were included in the original business case, aiming to demonstrate the benefits for the people we look after in Rosewell and their families/friends. 100% of the patients admitted to Rosewell have been over 65 (61% are over 85). This reflects the prevalence of Frailty within the community. Further data is provided in table 1 below.

Staff Benefits

Along with many services across Grampian, Rosewell House is experiencing staffing pressures, which is similar across the health board, and these issues are explored further in the paper. Due to the timing of this evaluation, over the summer holiday period and currently high Covid19 levels, these figures and impacts will be higher than at other times of the year.

Table 1 Rosewell House Staffing Statistics

	Bon Accord Care	**NHS Grampian** *Nursing and HCSW*
Vacancy Factor	6% July 2022	22% July 2022
Absence Factor	17% May, 15% June, 30% July *(Annual leave + sickness)*	29% May, 27% June, 18% July *(annual leave + sickness)*

Understanding the current Covid19 situation is important context when considering the staffing information above, and the staffing challenges described in detail further in this paper. The initial data was gathered in early 2021, when Covid19 positivity rates were estimated to be much less than when the comparison data was gathered for the same period in 2022. This means that the current data will be more impacted by the associated staff absences across the system – whilst Covid19 restrictions are lifted for the public, Rosewell staff are still testing twice per week, and if positive must be off for 6-10 days depending on attaining a negative result. This also impacts the wider system, impacting on flow through Rosewell from both directions.

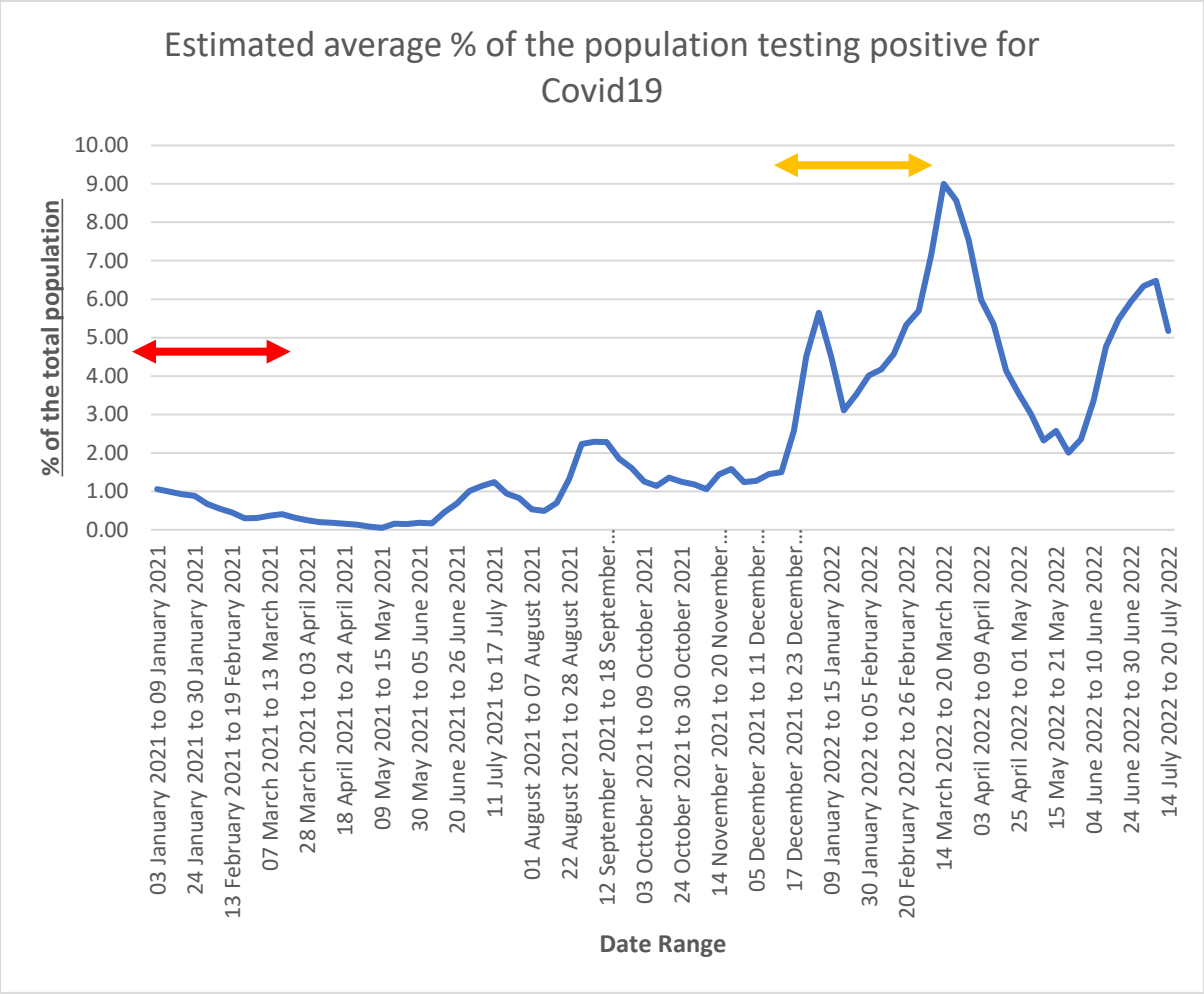


Figure 1 Covid19 Estimate Positivity Rates[1]

Baseline data
Comparison data

System Benefits

The original business case identified several potential benefits for the wider system, as outlined in table 2 below. Many of the benefits assumed successful increase of the step-up care provision within Rosewell House. Additionally, it is difficult to directly attribute causality for any improvement/decline in these figures to Rosewell House as they are influenced by several factors. However, they do demonstrate an important benefit for the system: Rosewell House has not needed to be closed in its entirety since transitioning to HIS, ensuring access to the critical capacity for step-down admissions.

Table 3 describes the potential loss of bed-days, which were avoided by transitioning the entire facility to Healthcare Improvement Scotland. This resulted in an 80% reduction in

1 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/29july2022

possible bed days experienced if guidance for care homes had remained the same – however guidance for care homes is more in line with the guidance for hospital settings now compared to winter 20/21, and where possible closures are limited to a unit.

Table 2 System Benefits from Original Business Case

Benefit	Measure	Baseline	Current	Difference	Notes
Increased access to capacity at Rosewell House	Days whole facility closed	107	0	Decreased	Transitioning to a HIS-model has enabled Rosewell House to continue to accept admissions during incidents of Covid19+ patients
	Number of potential "bed days lost" avoided by avoiding total closure	3,630	870	Decreased	
Increased access to the right care, at the right time, in the right place	Reduction in over 65s emergency admission	226.5 per 1,000 12-month trend	208.8 per 1,0000 12-month trend	Decreased	
	Reduction in ED/AMIA attendances from care home	3 per day	Not available	NA	Revisions to the unscheduled care dashboard meant these figures were unavailable
	Reduction in W102 Boarders	Average daily boarders = 8	Average daily boarders = 14	Increased	W102 borders are influenced by a range of factors beyond Rosewell

Table 3 Detailed Rosewell Bed Closure Statistics

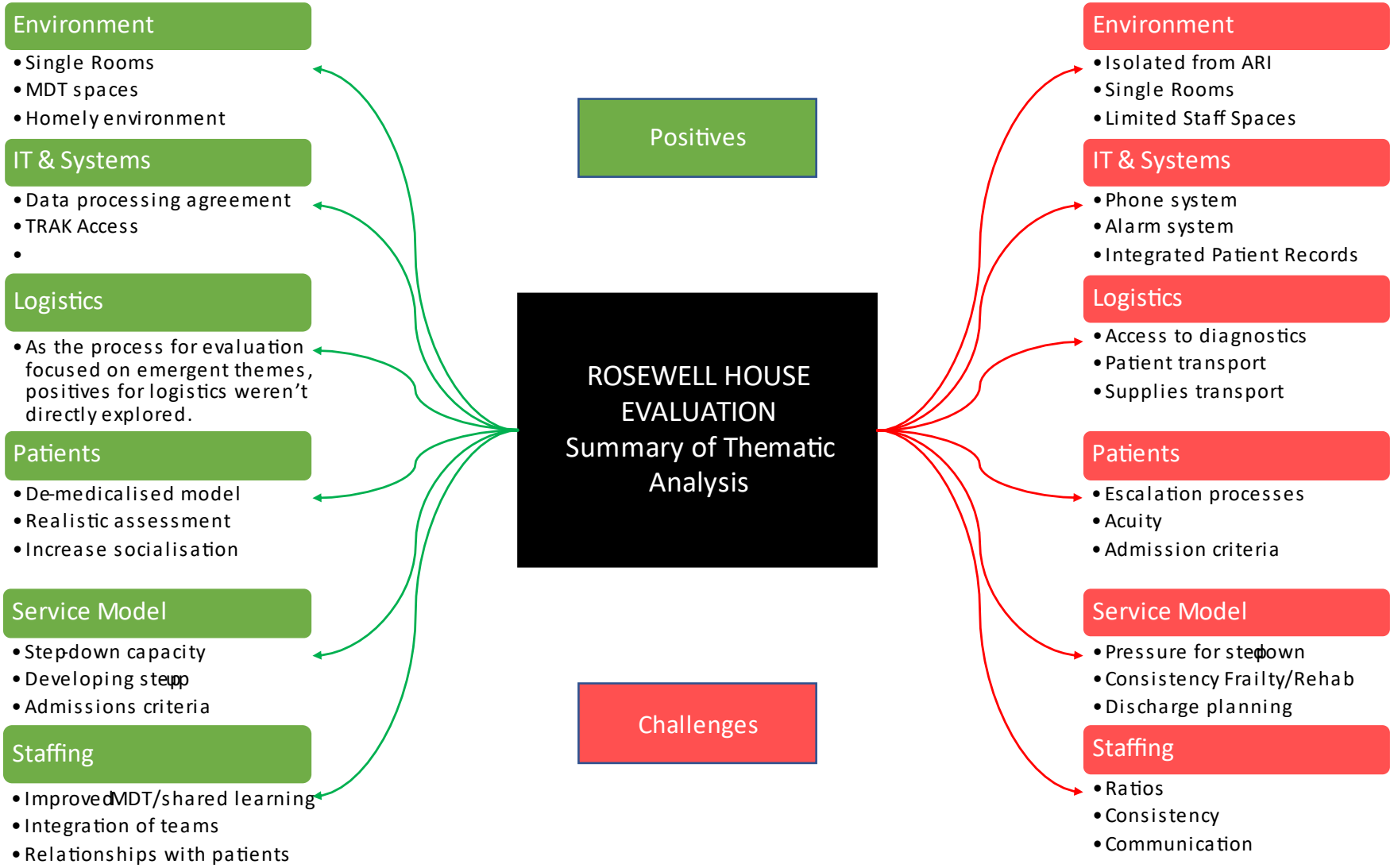
	Start Date	End Date	Days Closed	Bed Days' Lost
Fern	07/01/2022	09/02/2022	33	330
Poppy	06/02/2022	16/02/2022	10	100
	05/07/2022	15/07/2022	10	100
Daffodil	04/02/2022	14/02/2022	10	100
	21/03/2022	02/04/2022	12	120
Bluebell	21/03/2022	02/04/2022	12	120
			87	870
If RW as a whole had closed over same period			4500	
Potential bed-loss days avoided by HIS model			**3630**	

Table 4 Rosewell House - Patient Benefit Measures

Benefit	Measure	Care Type	18-01-21 to 01-03-21	18-01-22 to 01-03-22	Difference	Notes
Reduced admissions to hospital, prevention, and early intervention	Proportion Step-Up Care	Frailty	1%	3%	Increased	Explored further later in the paper (6.4) There has been a slight improvement in the proportion of admissions, and there is an action plan to increase this further.
		Rehab	NA[2]	20%		
Reduce hospital length of stay, support early discharge home	Number of admissions	Frailty	86	70	Decreased	Admissions to Rosewell for continuing care reduces the overall time spent in an acute setting.
		Rehab	NA [1]	24		
	Step-Down Care	Frailty	99%	97%	Decreased	Explored further later in the paper (6.4) There has been a slight improvement in the proportion of admissions. There is an action plan to increase this
		Rehab	NA	80%		
Reduction in admissions to care home, increased independence, reduced need for care package	Proportion of discharges to home	Frailty	65%	60%	Decreased	There has been a slight decrease in the proportion of discharges to home. This may be related to the increased pressures across the system and reduced availability of care home / care at home support.
		Rehab				
Less time in an acute / intermediate setting, reducing risk of becoming dependent during stay	Average length of stay	Frailty	12.4 days	19.81 days	Increased	The data from 2021 is slightly skewed as the timeframe was only 3 months since transitioning to HIS. There is a long-stay patient in the rehab beds which impacts these figures. As a further comparison, the average length of stay for Ward 16 / 17 in 2018 was 33, and for Ward 17 in 2019 was 48, though it is important to note these compare a different service model.
		Rehab	NA	24.43 days		
	Maximum length of stay	Frailty	36 days	107 days	Increased	
		Rehab	NA	75 days		
Increased patient satisfaction	Qualitative	This indicator was explored via a patient survey and collation of existing feedback methods.				

[2] Please note that as the baseline measures were taken before the rehabilitation beds transitioned to HIS (and therefore data was recorded on TRAK), there is no available comparison data for these measures.

6. What's working well, and what could be improved?



The following section, exploring the key themes uncovered during the evaluation engagement, will draw on all qualitative research methods to provide a singular, holistic view.

6.1. Vision

The vision for Rosewell House is innovative and both the staff working within Rosewell, and the teams that surround Rosewell, need to reframe how they interact with the service compared to other 'traditional' services to ensure it is successful.

6.1.1. Positive

There was a lot of positivity amongst staff members (across all roles and employing organisations) for the model and the opportunities that it offers, and there was an increased ownership of this model by the staff members at Rosewell House, compared with the early stages of implementation. Colleagues are excited by the prospect of the model, describing it as a "*good philosophy",* the "*right thing to do"* and "*so different from what went before".* However, it was recognised that it is an early stage of the journey and that "*we are just a little bit away*

Leadership has been challenging with a high turnover of senior charge nurses in a short period of time. The leadership around the vision has strengthened over the past months, with increased visibility from senior leaders in ACHSCP and BAC and is expected to increase further with the appointment of a Bon Accord Care Lead for Intermediate Care and an NHS Service Manager for Rosewell House.

6.1.2. Challenges

Many participants commented that it there remains a lack of understanding of the service, "*who we are and what we can do"*, both from ARI and primary/community care. There is a feeling that other services are not clear on what Rosewell House can offer and that "*not many people realise that it is different from a care home"*. This was reinforced in in the patient evaluation, where respondents sometimes referred to Rosewell House as a nursing home or care home. Additionally, there is a need to embed the vision of Rosewell as a single, 60-bedded unit moving from the view of two units of "20 beds and 40 beds" (explored further in section 6.4)

6.1.3. Opportunities and Future Recommendations

a. *Communication & Engagement:* Rosewell House should create and deliver a renewed, comprehensive communications and engagement plan to promote the service across the wider system. This could include hosting open days at Rosewell House and inviting acute and primary care colleagues to visit the service.

b. *Rebranding:* Rosewell House may wish to consider renaming the service to mark a transition away from the care-home model to the intermediate care facility – to show *"a clear change in the direction of the place"*.

6.2. Patient Experience

There are many positive aspects to the patients' experience at Rosewell House, and points relating to the environment are explored later in the report.

6.2.1. Positive

<u>De-Medicalised Model</u>

One of the main perceived benefits of Rosewell House is that it is de-medicalised, taking patients out of a hospital setting once they're not acutely unwell. This supports the individual, reducing the risk of deteriorating independence and functionality whilst in hospital.

<u>Realistic Assessment</u>

Staff, particularly AHPs, felt that Rosewell House provides a more realistic, homely environment to assess a patient, recognising that previously "*the clinical environment is constraining".* Rosewell House was felt to offer much more scope for the multi-disciplinary team (MDT) to understand a patient's capabilities and challenges before returning home, by *"having the ability to adapt [the environment] to replace a person's life"*. This, coupled with an increased focus on enablement approach, is felt to result in improved patient outcomes and a reduced need for support.

<u>Social</u>

Colleagues commented that Rosewell House provides more activities for patients, particularly with the access to the activities co-ordinator in the rehabilitation beds. The increased access to shared spaces provides more opportunities to socialise with other patients, for example to share meals, and the open visiting is a benefit for families.

6.2.2. Challenges

<u>Patient Acuity</u>

There were comments made that Rosewell House cannot provide for patients with high levels of medical acuity, resulting in escalation back to ARI (see below). For example, Rosewell House does not provide piped oxygen therapy, and the inability to accommodate patients on high oxygen requirements or provide better monitoring can mean that if

individuals escalate and require oxygen, they cannot stay in Rosewell, disrupting flow. This also would provide a poor patient experience, if their care needs are not being met, resulting in an additional move within the pathway.

Escalation

Whilst staff feel supported with the acuity of patients and are *"comfortable knowing that [they] can escalate to ARI if required",* there can be delays in escalating patients to ARI. It was felt that there is a lack of a clear pathway for escalation back to ARI, with difficulty making suitable arrangements with the Emergency Department if required. Colleagues described how this can be particularly difficult in the rehabilitation beds, which are not covered by the medical staff, as they must call through to the GP Out of Hours service (GMEDs). This can be further exacerbated by transport issues (explored in section 6.6.2 below).

Patient's journey through the pathway

Some staff highlighted that Rosewell House creates an additional stage in a patient's journey, which can be unsettling particularly when patients' may also be experiencing delirium and confusion. The focus group highlighted that patients can be moved multiple times before being transferred to Rosewell House and are sometimes transferred 24 hours or less before discharge.

6.2.3. Opportunities and Future Recommendations

a) *Activities Co-Ordinator:* To maximise the benefits from increasing social opportunities, all staff should be encouraged to approach the Activities Co-Ordinator for support within their wings. Rosewell House leadership should ensure that all staff are aware that the remit of the activities co-ordinator includes the whole facility.

b) *Escalation:* Review the escalation pathways to avoid the rehabilitation beds requiring to call GMED Out of Hours to escalate to ARI. This may be mitigated by existing plans to utilise Hospital @ Home to provide enhanced medical cover for the rehabilitation beds (see below)

6.3. Staffing

6.3.1. Positive

Multi-Disciplinary Teams

Many team members spoke highly of the good multi-disciplinary approach within Rosewell House, with comments arising frequently around the quality of the MDT. People described how "*having a diverse team under one roof, including care, means that you're seeing…the person from lots of different angles [with] enriched information and much more*

personalised. Additionally, it was described how all the different disciplines have come together to work collaboratively to "*share the patient journey from referral to discharge*". It is felt that the MDT based at Rosewell makes access to the services provided by Allied Health Professionals easier than in ARI and that communication between members of the MDT is strong within Rosewell. Nursing colleagues commented that the level of support from the AHPs is excellent.

Creating Integrated Teams

Recognising the speed with which teams were brought together during the early stages of the projects, many colleagues were positive about how the teams came together. Having the split between Healthcare Improvement Scotland and Care Inspectorate registrations made integration difficult initially "*the processes that were in place were initially for the 4 wings, and there was a difficult time downstairs with a Covid19 outbreak – this didn't help how the teams integrated together as the first thing we did was divide into the two units".*

However, since the transition in January this year, it was felt that day-to-day the teams work well together, and colleagues enjoy how the two organisations have come together to problem solve and "*formulate a plan together*". Developing shared spaces, such as the MDT spaces and shared office space for leaders, has helped to reinforce the relationships.

There is recognition that the integration of the teams still growing and developing. There is an opportunity for further work to ensuring that everyone within Rosewell really understands the different roles and responsibilities of the teams, and how the team interplays with the system. Opportunities to design a more integrated team structure was identified during the evaluation, for example with the administrative and domestics services.

Shared Learning

Shared learning was a common theme throughout the engagement and was identified as a key benefit of Rosewell House. This was multifaceted as respondents commented on the shared learning between BAC and NHSG staff members, as well as between members of the MDT, and across the Frailty Pathway, including a deeper understanding of the community teams and care management: "*there is shared learning, shared experience and this is beneficial for the staff not just in Rosewell, but in the wider health and social care system".*

Colleagues spoke of the benefits of being able to have conversations about patients in different ways, drawing on the perspectives of the different disciplines – "*This is what I see as one of the main benefits, to learn from other services, professionals, from BAC*". BAC have benefited from being up skilled in clinical care and NHSG have benefited from BAC's expertise in enablement.

Bon Accord Care staff described how initially aspects of their roles were removed during the transition, but how this turned around when all beds were brought under HIS: "*basically once the final two [wings] changed, this change – we can do medications, can do observations, can do blood glucose monitoring – [we] have gained skills".*

There was a desire to ensure that all staff members are trained equally and to the same standard across the range of activities which Rosewell House delivered – to truly integrate the training for health care support workers / support workers and to ensure that processes/procedures are understood commonly across colleagues whether employed by BAC or NHSG. Staff in the focus groups also highlighted the possibility of job-role sharing or shadowing to increase flow by improving the knowledge and relationships between 102 and Rosewell.

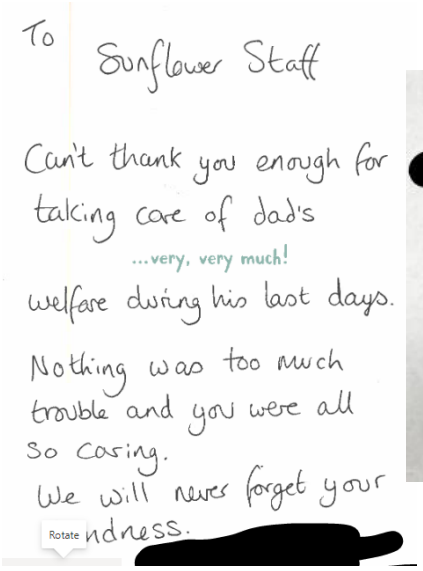
Leadership

Over the course of the year to date, and learning from the experience, the leadership structure at Rosewell House has been revised. The previous iteration saw a 'triumvirate' of Band 7 leadership within Rosewell House (AHP, nurse, BAC), reporting through their professional lines. It was recognised that to have the strength of leadership displayed during the transitional period and to drive the service forward to continually improve, that a permanent NHS Service Manager role was required, to work in close partnership with the BAC Intermediate Care Lead, as well as the AHP, Nursing and Medical leadership within the unit. This role has been successfully appointed to and the new candidate will join Rosewell House shortly. This is a promising development for the leadership of Rosewell House and will help to work through embedding the vision and the recommendations from this report.

Relationships with Patients

Patients at Rosewell House, and their families/friends/carers are incredibly positive about the staff at Rosewell House, commonly praising their friendliness, compassion, and motivated care. Rosewell House frequently received thank you letters, cards and collections which express the gratitude towards staff members, whilst recognising the pressures that they work under. This was recognised explicitly in 100% of survey responses where additional comments were provided:

- *"The manner in which they dealt with the patient. There were friendly and it felt like they care"*
- *"Very patient and considerate of patient needs"*
- *"She was never left alone when the family couldn't be there, and they were so supportive of all the family. They made a terrible time bearable and treated my mum with respect at all times, I can't praise the carers enough for all that they did"*

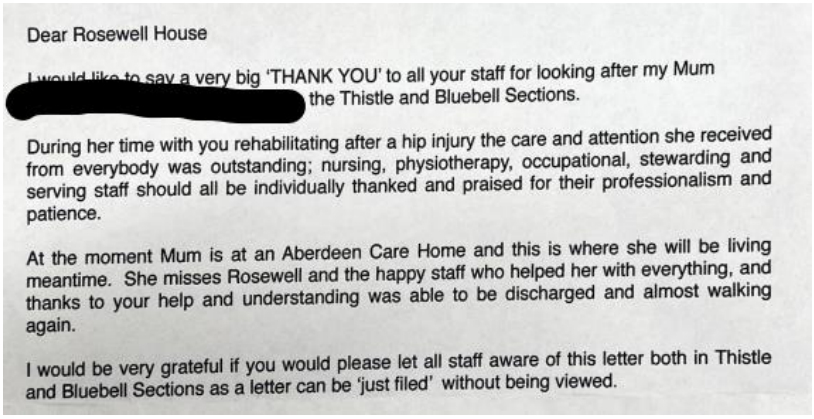

To Sunflower Staff

Can't thank you enough for taking care of dad's ...very, very much! welfare during his last days.

Nothing was too much trouble and you were all so caring.

We will never forget your [redacted]ndness.

Rotate


Dear Rosewell House

I would like to say a very big 'THANK YOU' to all your staff for looking after my Mum [redacted] the Thistle and Bluebell Sections.

During her time with you rehabilitating after a hip injury the care and attention she received from everybody was outstanding; nursing, physiotherapy, occupational, stewarding and serving staff should all be individually thanked and praised for their professionalism and patience.

At the moment Mum is at an Aberdeen Care Home and this is where she will be living meantime. She misses Rosewell and the happy staff who helped her with everything, and thanks to your help and understanding was able to be discharged and almost walking again.

I would be very grateful if you would please let all staff aware of this letter both in Thistle and Bluebell Sections as a letter can be 'just filed' without being viewed.

6.3.2. Challenges

Staffing Ratios

From feedback during the evaluation, it was apparent that Rosewell House was facing reduced staffing, particularly for nursing, occupational therapy, senior service supervisors and healthcare support workers. At the time of writing this evaluation, the NHS nursing staffing at Rosewell House had 7.8 wte vacancies, mainly nursing and healthcare support worker vacancies (21%). The BAC OT service has been unable to recruit occupational therapists to the rehabilitation unit, so NHS Grampian have been providing supplementary staffing.

This is not unusual to the system now, where a combination of increased Covid19 cases and the summer holiday season has created staffing shortages across the system. Again, at the time of writing this evaluation, there was an 18% absence rate for Rosewell nursing staff (sickness + annual leave) which adds additional pressure with the current vacancy factor.

Whilst not a problem for Rosewell alone, it was felt that with the separated wings, private rooms, and isolation from the wider ARI campus, that the impacts of staffing shortages are more intense for Rosewell House:

"Staffing is tight across a lot of disciplines; when someone doesn't turn up it really has an impact as running with the minimum amounts. Thinks that the staffing pressures are the same as elsewhere, but causes more stress when it happens, due to isolated nature of Rosewell"

This was reflected in the patient evaluation, where respondents often spoke highly of the staff's care and commitment yet found that communication was difficult.

- "*Very difficult to find nurses or GP – moved the patient to another floor and family not advised"*
- *"During the first 7 weeks of the stay there was little communication from the medical staff even when asked to see someone"*

Several respondents explicitly commented that improvements in the staffing ratios were required and gave examples of when patient care had been impacted, for example by taking too long to respond to patient requests or help delays with help for toileting.

Current recruitment efforts will reduce the vacancy factor to 2% by October, which will greatly improve the staffing ratios.

Consistency of Staffing - Agency

Given the current level of vacancy and absence, there are high levels of agency use in Rosewell House currently, both for registered nurses and for BAC support workers. Combined, this creates challenges, particularly around ensuring routines and processes are followed, and increases the workload for substantive members of staff. This impacts flow, continuity of care and the experience of substantive staff who can find it stressful supporting unfamiliar staff in addition to their usual workload. Some staff commented that certain staff groups are moved to cover absences more often, whilst others have a *"designated area to work".*

The impact of agency staff affects the patient/family/carer experience, as it highlighted by several respondents, one of whom described *"when we do approach [a staff member] to ask for an update they do not seem aware of the current situation – they are just at Rosewell for a day"*

Consistency of Staffing - Medical Staffing

Some colleagues commented that there can be "*inconsistent medical over, especially senior wise'.* It was felt that this could be due to the way the rota is currently designed which does not contribute towards consistency and results in many different medical colleagues who work within Rosewell for a shorter period, and the implications when consultants are on call in the Acute Frailty Unit (Ward 102). Positively though, for the junior doctors' training and development, it was felt that they had "*autonomy and independence between consultant-led days".*

Communication

In the patient/family/carer evaluation, whilst being incredibly praising of the attitude and care from staff at Rosewell House, there was a strong theme of people being dissatisfied with the level of communication they received, with an average rating of 3.10 out of 5:

- *"Difficult to find nurses or doctor. Moved the patient to another floor and family was not advised"*
- *"When we do approach a nurse or doctor for a specific update, they do not seem aware of the current situation, they are just at Rosewell for the day"*

- *"During the first 7 weeks of the stay there was little communication from the medical staff even when asked to see someone"*

Communication was also raised by staff members highlighting that they're "*still not getting in the information that's important"* and can have "*difficulties knowing who to escalate to".*

6.3.3. Opportunities and Future Recommendations

Rosewell House is continually recruiting, and it is anticipated that the registered nursing vacancies will be filled by mid-October, drawing on both international recruitment and New Graduate Nurses.

a) *Workforce model:* Review of the workforce model within Rosewell House from an integrated, whole-facility perspective to reduce duplication between NHSG and BAC teams, for example within the administrative and domestic services. Working within the existing resource envelope, this could allow for funds from both BAC and ACHSCP to be re-invested in different ways at Rosewell House. This could include, for example, additional care management support, additional discharge co-ordinator support, or additional domestic support to facilitate quick turnover of beds, which were identified as opportunities during the evaluation.

b) *Medical rotas:* Consideration should be given to the existing medical rotas to explore whether a reduced number of clinician (headcount) could deliver the same number of clinical hours. This may increase the consistency of medical staffing for Rosewell House. A review of on-call arrangements should also take place.

c) *Family communication:* Both NHSG and BAC staff should be empowered to communicate with families /carers of patients without having to defer to a registered nurse or a medic. This may improve the flow of information and increase families' participation in care planning.

d) *Criteria-led Discharge Planning:* Consistent leadership should be identified to reinvigorate efforts to implement criteria-led discharge planning by the multi-disciplinary team, which will reduce demand on the consultant geriatrician team and facilitate timely discharges.

6.4. Service Model

6.4.1. Positive

Step Down

Rosewell House has provided a much-needed resource for the step-down model of care over continued periods of pressures within the wider system.

Previously, under the guidance for care homes as directed by the Health Protection Team, Rosewell House was closed to admissions in its entirety for 107 days, an effective loss of 6,420 bed days. Under the new model, where wings can be closed due to Covid19 outbreaks rather than the whole facility, individual wings were closed for a total of 87 days to date in 2022, resulting in a loss of 870 bed days. However, it should be noted that the guidance for care homes has evolved and a reduction in the bed days lost would have been possible without transitioning to HIS, though it would have likely been fewer.

Admissions Criteria

The admissions criteria have been continually monitored and reviewed for effectiveness since the transition to HIS. Staff focus groups indicated that they felt the admissions process was working well. Although there are no specific criteria for the intermediate care beds, there does have to be a discussion with the Geriatricians prior to admission as there is requirements for a Comprehensive Geriatric Assessment prior to admission. Most of the work has been in relation to the rehabilitation beds to ensure our processes for admission are seamless and offers a timely response to the referring area. Pathways have also been developed to allow for step up from the community and ensuring we have a seamless process for timely response and admission.

Developing the Step-Up Model

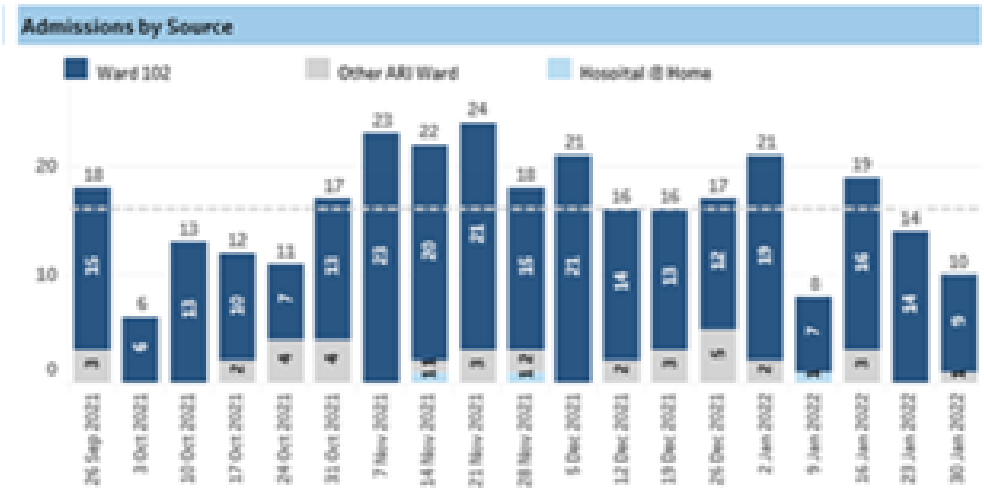
Sustained pressured for the step-down model, particularly over Winter 21/22 and Summer 22 have delayed focus on developing the step-up pathway, however recently with dedicated project management support, work is underway to promote this care.

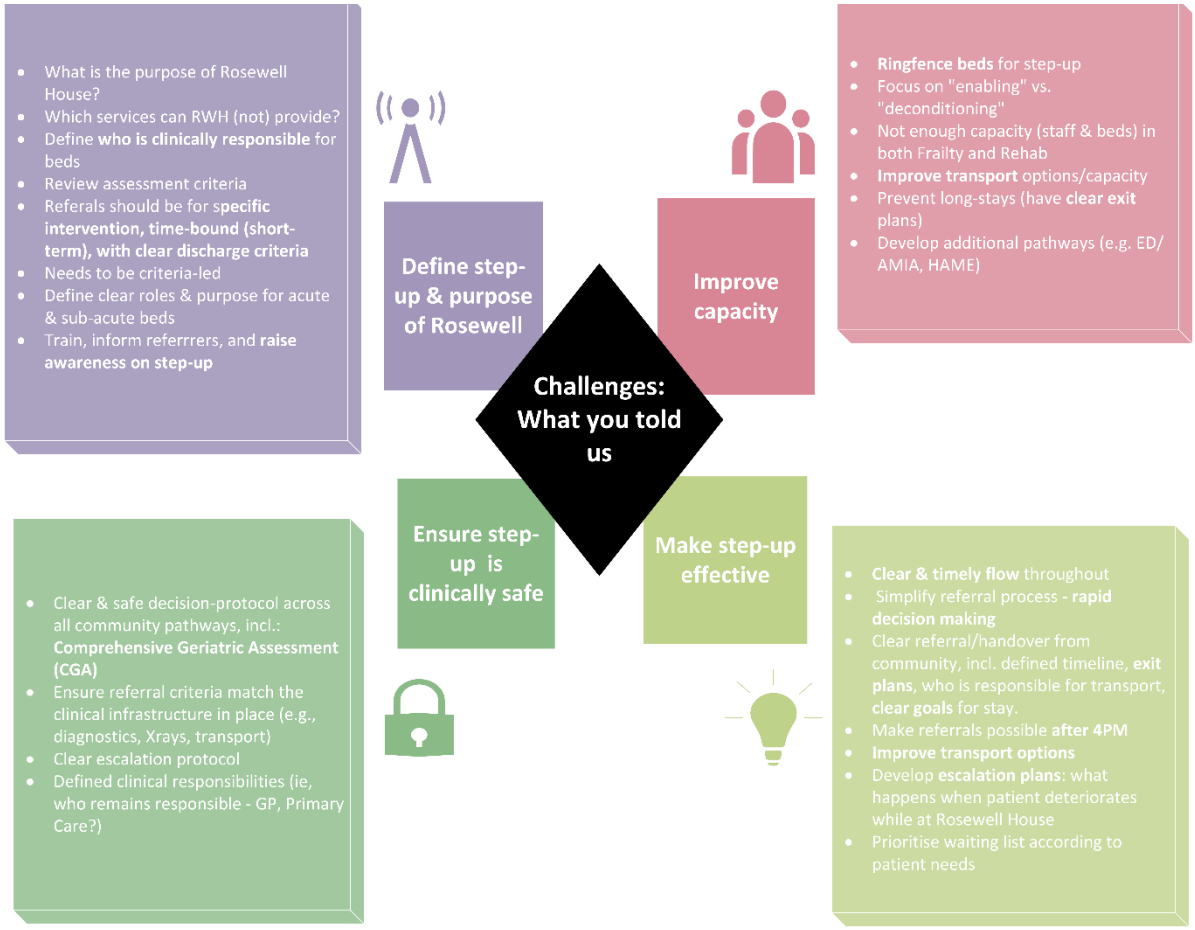
One of the key components of Rosewell House as an intermediate care facility is to provide “step-up” care where patients are temporarily moved from their homely settings to intermediate care to address possible deterioration early. For both rehab and frailty beds, those patients are typically medically stable, therefore not requiring to be treated in an acute setting. This in turn leads to the provision of better and more autonomous care experiences to the community and avoids a potentially unnecessary hospital admission.

While “step-up” has been a fundamental part of the intermediate care concept at Rosewell House, admissions since the launch of the facility in early 2021 have been primarily “step-down” (97.8% of admissions between August 2021 and January 2022). The graph below shows the split between step-up and step-down care, as well as the source of admissions (being exclusively Hospital@Home for the observed period).

With the decrease in pandemic-related pressures, it was decided it was the appropriate time to review the existing provisions with a view to increase the provision of step-up care.

The desired end-result is a system that 1) ensures an adequate split between step-up and step-down care, and 2) is adequately used by referrers 3) has adaptive capacity to respond adequately to system





pressures. An initial survey was issued to key staff in April 2022 to map challenges and opportunities around step-up care at Rosewell, the results of which are mapped out below.

The survey highlighted a wide array of challenges. It was agreed to focus on 1) reviewing admission criteria and pathways for both rehab and frailty 2) develop new pathways 3) communicate any changes through easily accessible communication products

Progress to date

Rehab beds

1) Admission criteria and pathways for step-up into rehab have been reviewed and updated incl. ensuring that any patients referred are medically stable.
2) A leaflet with flowchart designed to mobilise more referrals – final comments and currently being incorporated and the leaflet will be disseminated in late August
3) 1 bed will be ringfenced for step-up rehab care once long-term resident is relocated

→ Outlook: Progress on the above is dependent on the long-term resident being relocated to allow for ringfencing. This has been escalated and timescales are predicted to become clearer in due course.

Frailty beds

1) Agreement was reached that step-up referrals to frailty beds will require a Comprehensive Geriatric Assessment (CGA).
2) Admission and referral criteria are currently being reviewed.
3) Therefore, previously considered pathways (e.g., direct admission from GP) were discarded, and emphasis on strengthening the admission pathway via Hospital @ Home (who provide CGAs) and exploring an ED/AMIA pathway (pre-admission triage).
4) An ED/AMIA triage test-of-change was undertaken for a week in early July. During that week, 3 patients were stepped-up to Rosewell House rather than being admitted to Ward 102. This initial test of change was successful, and it is envisaged to repeat this test-of-change before rolling out, depending on competing demands and change processes.
5) Some preliminary explorations around how to flexibly ringfence step-up beds, e.g., ringfencing beds for step-up until 1PM, if not used, made available for step-down.

→Outlook: The project delivery group meets bi-weekly to drive and monitor progress. Timelines regarding a follow-on test-of-change (ED/AMIA triage) are expected to be confirmed soon and enhancing the H@H pathway will be explored over the coming weeks.

6.4.2. Challenges

Step Down

Given the increased pressure that the entire system is facing, there has been pressure on Rosewell House to be flexible in broadening the admission criteria for the step-down model to enable flow throughout the wider system. This has sometimes resulted in delays within Rosewell House, reducing the number of beds available, whilst also creating tension

between trying to support others in the system whilst developing the step-up pathway. Some colleagues reported that the pressure to discharge people quickly can be demotivating, stating that the "*pressure doesn't make it any easier to do – and doesn't acknowledge that you're already doing all you can".*

The medical staff also reporting difficulties in communication between 102 and Rosewell, sometimes resulting in poorer handovers – which was felt to be similar as with the step-down wards in ARI, however the isolated nature of Rosewell House removes the ability to physically go to the ward.

Medical staff from 102 also reported how it is more difficult to identify patients suitable for Rosewell House: "*we have to now select people as appropriate for Rosewell – whereas previously the step-down wards would just be for all people – this adds time and complexity, and we sometimes get this wrong"*

Consistency across Frailty / Rehabilitation Beds

A critical success factor for the vision at Rosewell House is to ensure that the separate care pathways (Frailty and Rehabilitation) still allow the building to function as an integrated whole. Examples given through the evaluation include:

- Patient escalation to ARI has different processes between rehab (GMED) and frailty beds (consultant).
- Support from psychiatry differs, with support for the frailty beds coming from the liaison psychiatry service, and for rehab from the community psychiatry teams.
- Medical model including processes for pharmacy and discharge letters (see below for further details)

Medical Cover in the Rehabilitation Beds

There remains inconsistency in processes between the Frailty beds and the Rehabilitation beds. This is largely due to the medical cover model: whilst the Frailty beds are covered by the geriatrician team, the rehabilitation beds are covered by a service level agreement with Garthdee Medical Practice and a supporting Advanced Nurse Practitioner (ANP). The ANP allows the medical model to function well when they are available, however during periods of leave or re-deployment this can result in delays to patient care and an increased demand on the GP Practice. To mitigate this short term, the service has put in place an arrangement with the Northeast Rider Volunteers (NERVs) to support the transport of prescriptions (which must be original copies) between Rosewell and the practice. Longer term, the service is exploring support from Hospital at Home to allow for a more consistent cover from an advanced practitioner.

Discharge Planning

Rosewell House has been experiencing difficulties in delays, like the rest of the system given the current high pressures facing the care home and care at home sectors. An example given during the evaluation was on that day there were a total of "*19 delays awaiting care*

or care at home, and 9 patients waiting for a Shire bed – almost half the building". Some voiced the opinion that the increased pressure to accept step-down admissions can contribute to delays and poor flow in Rosewell by "*accepting patients that are not the ideal patient type for Rosewell… and if that person sticks and hasn't moved… slows the stream of rehab beds in the city".*

There can be delays in discharge planning due to delays in medication coming from the pharmacy at ARI, as deliveries are only undertaken twice a day.

Some colleagues voiced the opinion that there are currently sometimes delays in discharges as there is a reliance on medical staff (often consultants) to approve the discharges. Whilst the vision is for an MDT-led discharge team, it was felt many staff members will not do this without the consultant taking responsibility. Empowering the multi-disciplinary team to support discharge planning with criteria-led discharges will reduce these delays and allow for more effective planning of the discharges. There has been ongoing effort to implement criteria-led discharges though this has lacked the leadership

6.4.3. Opportunities and Future Recommendations

a) *Step-Up:* Progression with the step-up action plan should be prioritised and endorsed by leadership, linking clearly with colleagues in Ward 102 during their on-going test of change. Dedicated communication and engagement with wide primary and community care colleagues should be undertaken to ensure a clear understanding of the patient cohort suitable for step-up and the benefits it can bring.

b) *Step-down:* Ensure that criteria-based admissions policies are applied to admission decisions where possible, and empower staff to make these decisions, recognising the pressure faced by the system

c) *Frailty / Rehab:* review the processes within the Frailty/Rehab to identify areas where these differ and where appropriate, continue to develop plans to streamline these.

d) *Medical Cover:* Implement a test of change with Hospital @ Home providing cover for the rehabilitation beds, as outlined above, for an extended period.

e) *Criteria-led Discharge Planning:* Like the previous recommendation in section 6.3. Consistent leadership should be identified to reinvigorate efforts to implement criteria-led discharge planning by the multi-disciplinary team, which will reduce demand on the consultant geriatrician team and facilitate timely discharges.

6.5. Environment

6.5.1. Positive

There was a strong theme of the positivity of the environment for the patients, with respondents often citing the following benefits:

- A more relaxed, sociable environment which is easy to replicate a routine which is more like at home.
- Increased privacy for patients and for conversations with families.
- Greater access to outdoors with the gardens, which allows for increased socialising.
- Modern environment with improved access to modern, equipped facilities for rehabilitation.
- Shared dining spaces for patients to share meals.

The interim evaluation recommended that the internal configuration of Roswell was reviewed to address challenges, which resulted in some changes such as implementing some lounges into MDT spaces, a new break room and reviewing the storage arrangements, including clearing out unnecessary equipment. Staff focus groups also identified the additional of the bike shed at Rosewell as a "*great bonus"* and liked the availability of showers in the changing rooms.

6.5.2. Challenges

<u>Single Rooms</u>

Whilst the single rooms provide the benefits outlined above, staff also feel that they can sometimes cause difficulties when it comes to monitoring patients within the wings, as it is hard to observe fall risks patients or those with higher monitoring requirements.

<u>Staff Spaces</u>

Whilst improvements have been made, the staff spaces within Rosewell House are still felt to be limited (for example office space for visiting staff members) and there are no on-site or easily accessible local amenities (such as a café). There has been a reduction in the lounges available to patients as some lounges have been converted into MDT spaces, however this has been welcomed by staff. Colleagues also reported that storage space remains limited within Rosewell House – though the staff focus groups queried whether limitations of storage is due to existing storage space being poorly utilised.

<u>Separated Buildings</u>

However, the isolated nature of Rosewell House also causes some challenges as Rosewell House is detached from the rest of the centralised services at Aberdeen Royal infirmary. This causes challenges relating to the transfer of patients, access to diagnostics and provision of supplies (such as pharmacy supplies). It was also felt to reduce access for the

geriatrician team to services such as a quick specialist opinion. This also increases the pressure of staffing shortages, as described above, as it is felt there is not the informal support available as readily as in other parts of ARI.

Parking

Despite efforts to improve the parking at Rosewell House, parking was still felt to be a pressure for both resident and visiting staff.

Responsibilities

During the initial phases of the project, a responsibility matrix was drawn up which outlines the responsibilities of Aberdeen City Council, ACHSCP, Bon Accord Care and NHS Grampian in delivering the integrated model. However, it has become apparent during the operationalisation of the model that there remain some areas which lack clarity, for example the maintenance of beds removal and replacement of large pieces of equipment such as washing machines and baths.

6.5.3. Opportunities and Future Recommendations

a) *Staff amenities:* Explore options, such as endowments or the wellbeing fund, to provide improved staff amenities within Rosewell House, such as healthy vending machines or a visiting cafe service.

b) *Review Responsibilities Matrix:* The responsibility matrix should be reviewed with senior managers and financial representative to ensure that the learning of the 1st year of implementation is incorporated into a revised document, with clear lines of escalation should there be future unclarity or disagreement.

6.6. Logistics

6.6.1. Challenges

Access to diagnostics

As Rosewell House is off the main Foresterhill Campus, there is a need to transfer patients from Rosewell back to ARI for diagnostics such as scans or x-rays. This can be time-consuming, but also requires a member of staff to accompany the patient for their investigation. Additionally, these requests can be treated as an outpatient appointment, resulting in long waits, particularly for the 20 rehabilitation beds as the request is often coming from a GP. Combined, this can result in a delay to investigation, which impacts on patient care.

Patient Transport

Patient transport was highlighted by many as a key pressure within Rosewell House, again exacerbated by its location away from the Foresterhill site, with impacts felt especially keenly at the weekend. The staff focus groups also highlighted difficulty in sourcing transport after 3pm for outpatient appointments. The current arrangements, with dedicated travel provided by ABC, have been reduced from two vehicles to one which will put further pressure on transport – both to a patient's discharge destination, and between Rosewell and ARI. It was felt in the staff focus groups that the patient transport services ideally need to be 24 hours.

Supplies Transport

Colleagues described difficulties with getting supplies, such as medication from the ARI pharmacy, in a timely manner, which can cause delays. At times, it is felt that the portering service does not prioritise medications for Rosewell, given its isolated nature – for other wards in ARI, a staff member could pop down to the central pharmacy, however this is not as feasible for Rosewell. This can result in delays to discharge which has an impact on the wider system.

The challenge with logistics has a knock-on effect on timely discharge: "*if we decide someone is a discharge at 9am in the morning, it can take almost 48 hours to get drugs and transport organised".* This was also echoed in the staff focus groups, where staff felt the discharge process can be delayed due to transport / pharmacy / discharge letters.

N.B. As the process for evaluation focused on emergent themes, positives specifically associated with logistics weren't directly explored.

6.6.2. Opportunities and Future Recommendations

a) *Access to diagnostics:* Rosewell House should work with colleagues within ARI to raise awareness of the 'in-patient' status of Rosewell House patients to expedite timely access to diagnostics.

b) *Access to diagnostics:* Whilst there is limited opportunity for in-house diagnostics at Rosewell House, a portable x-ray machine would reduce the proportion of patients who would require transfer to ARI. This should be explored.

c) *Logistics:* Rosewell House has begun a test of change with the Northeast Volunteer riders to support the transport of prescriptions between Rosewell, ARI, and the supporting GP Practice. Learning from this should be expanded and applied to other areas where NERVs could support the logistics between Rosewell House, ARI, and the supporting GP Practice.

d) *Portering:* Rosewell House should work with colleagues within ARI to allow Rosewell to be prioritised for portering services, particularly when this may help facilitate a timely discharge.

e) *Patient Transport:* Rosewell House will require a new solution to patient transport to compensate for the removal of one of the ABC transport vehicles.

6.7. IT & Systems

6.7.1. Positive

The interim evaluation highlighted that there was a barrier to systems as BAC staff could not access Trak Care for service user notes. Rosewell House has successfully completed the appropriate Data Protection Impact Assessments and associated Data Processing Agreements to allow Bon Accord Care employed colleagues access to TRAK Care. Whilst this took some time to embed and learn, this is a big achievement in working in an integrated way. An audit of IT access and future requirements would be beneficial at this stage to identify any further systems that it would be beneficial for BAC staff to have access to.

6.7.2. Challenges

Phones

Medical staff reported that the phone system is not currently adequate for the needs of Rosewell. It was felt there are too few phones, and signal can be an issue. This results in delays when colleagues are trying to get hold of the doctors within the building, particularly when compounded with the alarm system issues (below). A 'bleep system' would be preferable

Alarm Systems

Many staff reported that the alarm system is poorly designed, resulting in patients often incorrectly pressing the 'emergency' button on their handset, rather than the 'call' button. This results in very frequent emergency calls, which must be responded to. This causes stress for the members of the team responding, as they must treat every alarm as if it is an emergency. This was also highlighted in the patient/family/friend service, with one respondent highlighting: "*responding to the buzzers – if the patient requires the bathroom, they need prompt assistance*"

Integrated Patient Records

Aberdeen Royal Infirmary is currently transitioning to an Electronic Patient Record (EPR), which Rosewell has not been prioritised for. This means that parts of the Frailty Pathway are on the EPR but when patients transfer to Rosewell, records need to revert to paper. This does not facilitate continuity, smooth patient transition and common goal setting.

6.7.3. Opportunities and Future Recommendations

a) *Alarm systems:* BAC to work with the current contractor deliver improvements to the alarm systems to allow clearer distinction between the call or emergency buttons, or by considering a new contract

b) *Patient records:* NHSG to liaise with colleagues directing the electronic patient record to allow Rosewell House to be prioritised for transfer due to the unique nature of the facility and the increased impact, as outlined above.

c) *IT & Systems:* With support from E-Health and Information Governance, undertake an audit of the IT systems and structure in place to identify any further access requirements to facilitate BAC in their roles to ensure as supportive as possible.

7. Conclusions

Rosewell House has come a long way since the initial review in 2021. We are beginning to see the benefits of the new model, but there is still some way to go towards fully achieving the vision for the integrated, intermediate care facility. The recommendations contained within this report should be reviewed by the Rosewell House Project Board, and an action plan developed, for joint ownership by the BAC Intermediate Care Lead and NHSG Service Manager, to continue to build on the progress to date. These should be prioritised in agreement with the operational teams and the project board.

Developing as an intermediate facility: As outlined in the report so far, there is great opportunity surrounding the vision for Rosewell House. With the leadership arrangements finalised, and the initial changes beginning to embed, the project team should focus on developing the elements of a successful intermediate care facility for the next year. The Social Care Institute for Excellent highlight the key elements of an effective system, which have been used by the project management team to date to develop plans for Rosewell House. A revised implementation plan should be developed, incorporating both the recommendations contained throughout this report, as well as actions to further develop each of these elements.

Key elements of an effective system[3]:

- A single point of access for all types of local intermediate care services, including a referral process that is widely understood across the whole system and a single assessment process.
- Shared access to health and social care records – ideally single patient record.

[3] https://www.scie.org.uk/prevention/independence/intermediate-care/highlights

- A single management structure for the service as a whole and individual elements within it.
- An agreed multidisciplinary team composition in which staff can work flexibly across services and undertake transdisciplinary roles.
- Joint training and induction programme for health and social care staff.
- Weekly multidisciplinary team meetings attended by health and social care staff.
- A mental health specialist included in the establishment of the service.
- A joint or integrated commissioning function for the service in which health and social care resources are aligned, if not pooled.
- A single performance management framework.

8. Acknowledgements

Sincere thanks are given to all staff, service users, families and friends who participated in this evaluation. Special thanks are given to the team based at Rosewell House, without who's hard work, dedication, and passion for caring for their patients, it could not have come this far.

Thank you to a host of colleagues for their time, input, and advice throughout the process including Sophie Beier, Fiona Nairn, Calum Leask, Jacqueline Bell, Fiona Murray, Michelle Grant, and Alex Bertram.

Appendix 1 – Engagement Summary

Session Type	#	Participants	Completed When	Led By	Business Case Objectives
Semi-Structured Interviews	8	NHS Lead Nurse; BAC Managing Director; RW Transitional Lead; Integrated Care Lead; Senior Charge Nurse; BAC Assistant Manager; Senior AHP; Frailty Nurse Manager; Lead AHP; Lead OT; Lead SOARS		Programme Manager	1-12
Focus Group (Geriatricians)[4]	1	Consultant Geriatrician Team	02.08.2022	Programme Manager	1-12
Focus Group (Rosewell Staff) 1	5	4 NHS Nurses 1 NHS HCSW	19.07.2022	Organisational Development	1-12
Focus Group (Rosewell Staff) 2	24	AHP/GA/Cook/BAC/NHS/Reception	10.08.2022	Organisational Development	1-12
Survey (Rosewell Staff)	TBC	For those unable to attend the in-person sessions.			
Focus Group (Frailty Pathway Huddle)	5		25.07.2022	Programme Manager	1-12
Patient Survey	12	Patients; Families; Carers; Other	19.07.22 02.08.22	P. Manager SPM Evaluation	1-12
Survey (Geriatricians	3	Geriatrician Consultants	22.07.2022 02.08.2022	Programme Manager	1-12
Survey (Junior Doctors)	3	Junior Doctors	26.07.2022 02.08.2022	Programme Manager	1-12
Review of Feedback	NA	Patients; Families; Carers; Other	NA	Programme Manager	1-12

[4] Attendance at Geriatrician's existing meeting 02.08.2022 and supported by a survey for those who were unable to attend.

Appendix 2 – Patient Survey Summary

Promotion – Digital

A social media campaign, targeting families and carers, took place for 13 days from Wednesday 20th of July to Tuesday 2nd of August. There was a total of 10 posts across Twitter and Facebook over the period, with 36 reshares by other users and organisations (18 Facebook and 18 Twitter). The total reach of the posts with 9,100 people (5,500 Facebook and 3,600 twitter).

Promotion – Physical

Posters were also displayed in Rosewell House, alongside paper copies and QR Code Posters to link to the survey online. Staff, particularly the receptionist, encouraged the completion of the surveys by those visiting.

Recommendation **-** Despite this, the return rate was low (n=12). To have a more substantial sample size for future evaluation, Rosewell House should embed the evaluation process throughout the year.

1. Who is completing this questionnaire?

More Details Insights

Patient	0
Friend / Family Member / Infor...	11
Staff Member	1

2. How did you/the patient come to Rosewell House?

More Details

Admitted from home	1
Admitted from a hospital (i.e. A...	11

3. Do you feel that your / the patient's needs were fully met during their stay?

More Details Insights

Yes	5
No	1
Partially	6

4. Please add any further comments: N = 6

Positive Themes	**Negative Themes**
Happy as can be with the service	*Staff extremely busy*
All so kind and caring and Mum received excellent care	*Not cared for mentally*
Well fed	*I feel my family member didn't get the care*
	I would have liked
	Help with toileting
	Items out of reach

5. What did you / they value most about the support at Rosewell House? N = 79

Positive Themes	**Negative Themes**
Friendliness	
Patience	
Attention to detail	
Consideration to needs	
Never left alone	
Caring motivated staff	
Round the clock care	
Help with all personal needs	
Safe environment	

6. How would you rate the communication from staff throughout the stay at Rosewell House?

More Details Insights

12
Responses

3.25 Average Rating

7. Please add any comments on communication N = 8

Positive Themes	Negative Themes
Everyone is friendly	*Difficult to find staff*
We were updated about everything	*Staff not consistent*
Staff updates on family members progress	*Chase up*
	Communication not great with nurses/care team

8. Were you involved in care planning as much as you would like to be?

More Details

Yes	3
No	6
Not applicable	3

9. Please add any further comments: N = 7

Positive Themes	Negative Themes
Someone there at all times	*Not involved/aware of care plan*
As comfortable as possible	*No planning for getting home*
	Anytime I called, any time of day, I never got to speak to anyone

10. How do you think the service could be improved? N = 8

Positive Themes	Negative Themes
No improvement, first class service	*Communication with family members*
	System for entry after 5pm
	Weekly update

11. For those who find themselves in a similar situation, would you recommend this service?

More Details Insights

Yes	7
No	1
Unsure	4

Appendix 3 – Summary Improvement Plan

The following action plan has been developed by the Rosewell House team in response to the recommendations of this survey. Much work was already underway and is highlighted below. This improvement plan will be owned by the NHSG Rosewell House Service Manager and the BAC Integrated Care Lead, who have presented this to the Rosewell House Clinical and Professional Oversight Group (Local Assurance Meeting). I twill

Recommendation	Action	Expected Completion Date
VISION		
Renewed, comprehensive communications and engagement plan	Work with staff to understand what this looks like from their perspective. Have tried several ways to communicate – email and newsletters. Agreement to develop action plan with focus on external stakeholders (primary and acute care). First step will be to meet with Rosewell staff to generate ideas.	31st August 2022 (initial meeting)
Consider renaming the service	In the process of creating Rosewell leaflets to better inform the public of the changes within Rosewell. Review and decide whether this requires further rebranding or if renaming is the preferred route, to be agreed by Rosewell House Project Board if required.	30 September 2022
PATIENTS		
Promote activities co-ordinator across whole facility	Is starting to involve patients across the whole building in activities and producing an activities timetable, which will be shared with all teams within Rosewell House. Will require ongoing work and support.	30 August 2022.
Review Escalation Pathways	Meet with all disciplines staff to understand what needs to happen. Initial scoping meeting to take place by 31 August 2022. Further actions TBD	31 August 2022
STAFFING		
Review of the workforce model from an integrated perspective	Have completed workload tools for the whole building so in process of reviewing to understand what is required and level of acuity. This will be subject to ongoing review.	30 September 2022
Review of the medical rotas to increase consistency	New medical clinical lead in post who is in the process of reviewing this.	31 August 2022

Recommendation	Action	Expected Completion Date
Empower all staff to communicate with families about care	Work with Health Care Support workers to allow them to build confidence to speak to families about the care of their relative and involve the family in the care provision. Support from Senior and Staff Nurses to do this. Seek organisational development support as appropriate.	30 September 2022
Implement and embed Criteria-led Discharge Planning	Senior Staff Nurse leading on this work with the Therapists. Meetings and discussions began w/c 15th August	Complete roll out across building 31 October 2022
SERVICE MODEL		
Continue to develop the step-up pathway	This work is ongoing and supported by a dedicated step-up project group, and project management support. Pathway flow chart developed and ready to be shared with primary care colleagues. Work in progress to ensure we have capacity to enable step up. Linking with Redesign of Urgent Care pathways programme to identify further opportunities.	Improvement in step up data by 30 September 2022
Consistently apply criteria-based admissions to step-down bed	Pathways are developed but often due to surge pressures this can deviate from the norm to create acute capacity. Improvement in step up availability may help with this.	30 September 2022.
Align processes in Frailty and Rehab beds where possible	Have met with Acute colleagues to inform of changes within Rosewell to ensure all aware rehab and frailty are same building and require same processes. Still meet with other specialist services.	31 August 2022
Undertake test of change with H@H support for rehab beds.	This has been successfully completed. Ongoing work to understand how we can make this a sustainable change going forward.	30 September 2022.
ENVIRONMENT		
Explore opportunities for improved staff amenities	Have discussed the option of a vending machine with NHSG Head of Catering, currently this is out to tender and will be in touch when completed. Looked at option of a small Aroma but not enough footfall to make it viable.	30 September 2022
Review the responsibilities matrix	Arrange meeting with finance team from both ACHSCP and BAC to discuss and clarify grey areas.	30 September 2022
LOGISTICS		
Explore portable x-ray machine for diagnostics support	Discuss options with Radiology team	30 September 2022
Promote Rosewell as 'in-patient' for access to diagnostics	Have met with Radiology management team and GP and robust process in place.	Completed.

Recommendation	Action	Expected Completion Date
Further develop test of change with support from NERVs for logistics	Working with Pharmacy and Information Governance to look at how we make this viable. SBAR being developed.	31 August for completion and escalation of SBAR.
Priority protocol for portering services where supporting discharge	Discuss with Portering Manager but staff availability often a barrier.	31 August 2022
New transport solution to be developed	Identify ways to progress (i.e. business case) and link with wider NHS Grampian Transport Programme Board. Paper to Rosewell House Project Board with proposed solutions.	31 October 2022
IT & SYSTEMS		
Review alarm systems with current contractor/new contract	Current buzzer system will remain in place, but some adaptions and other buzzer accessories have been ordered to improve use.	31 October 2022
Prioritised implementation of electronic patient record	Confirmation this week that this will commence September 2022	30 September 2022
IT and systems access audit for BAC staff	Received further mobile equipment to enable better access for staff. Audit to ensure all staff have appropriate access and know how to use it.	31 August 2022.

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