Aberdeen City Health & Social Care Partnership

A caring partnership

<u>To</u>:   Members of the Integration Joint Board

Town House,
ABERDEEN 22 November 2022

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on <u>TUESDAY, 29 NOVEMBER 2022 at 10.00 am</u>**.

VIKKI CUTHBERT
INTERIM CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1.1   <u>Welcome from the Chair</u>

DECLARATIONS OF INTEREST

2.1   <u>Declarations of Interest and Transparency Statements</u>

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

DETERMINATION OF EXEMPT BUSINESS

3.1   <u>Exempt Business</u>

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

STANDING ITEMS

4.1   <u>Video Presentation</u>

4.2   <u>Minute of Board Meeting of 11 October 2022</u> (Pages 5 - 12)

GOVERNANCE

PERFORMANCE AND FINANCE

STRATEGY

TRANSFORMATION

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

DATE OF NEXT MEETING

10.1   <u>IJB Meeting - 31 January 2023</u>

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

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, 11 October 2022. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:-	Luan Grugeon, <u>Chair</u>; Councillor Cooke, <u>Vice Chair</u>; and Councillor Christian Allard, June Brown, Kim Cruttenden, Councillor Martin Greig, Councillor Deena Tissera, John Tomlinson, Mike Adams, Alan Chalmers, Jim Currie, Jenny Gibb, Maggie Hepburn, Dr Caroline Howarth, Phil Mackie, Sandra MacLeod, Shona McFarlane, Paul Mitchell, Alison Murray and Graeme Simpson.
Also in attendance:-	Martin Allan, Jess Anderson, Gale Beattie, Fraser Bell, Kimberley Craik, Kevin Dawson, Kay Diack, Stella Evans, Councillor Lee Fairfull, Nadir Freigoun, Michelle Grant, Emma King, Stuart Lamberton, Graham Lawther Alison MacLeod, James Maitland, Fiona Mitchellhill, Lynn Morrison, Jason Nicol, Shona Omand-Smith, Amy Richert, Jenny Rae, Sandy Reid, and Councillor Kairin van Sweeden.
Apologies:-	Steven Close and Angela Scott.

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. She acknowledged that it had been a particularly busy time for colleagues across health and social care services as residents' needs became increasingly complex. The Chair expressed her thanks on behalf of the IJB to all staff who were working incredibly hard to meet the needs of the most vulnerable people in Aberdeen city. She noted that staff across the partnership were offering innovative solutions to help meet demand and that tests of change were being used to seek to put services on a sustainable footing; some of which were already showing promising results.

The Chair noted the demanding environment and remarked that reports on the agenda today would address some of the ways that ACHSCP was planning to meet demand both in the short term and longer term, aiming to create a much more sustainable system for the future.

The Board resolved:-
to note the Chair's remarks.

INTEGRATION JOINT BOARD
11 October 2022

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

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

The Board resolved:-
to note that Alison Murray advised that she had a connection in relation to agenda item 8.1 (Carers' Strategy) as she was a Carer Representative to the IJB, however, having applied the objective test she did not consider that her connection amounted to an interest which would prevent her from participating in the discussion on the item.

EXEMPT BUSINESS

3. **The Board resolved:-**
to note that there was no exempt business.

VIDEO PRESENTATION: DRUG DEATHS - REDUCING STIGMA - WHEN HEROIN TOOK MY DAD

4. The Board received a video presentation entitled When Heroin Took My Dad.

The Board resolved:-
to note the video.

MINUTE OF BOARD MEETING OF 30 AUGUST 2022

5. The Board had before it the minute of its meeting of 30 August 2022.

The Board resolved:-
(i)   to note that the information circulated in respect of the action at Article 6(i) (Minute of Risk, Audit and Performance Committee of 23 June 2022) would be further discussed offline with the Chief Officer and Alison Murray;
(ii)   to note that the action in respect of Article 14(c) (ACHSCP Annual Report) was still to be completed; and
(iii)   to otherwise approve the minute as a correct record.

MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 9 AUGUST 2022

INTEGRATION JOINT BOARD
11 October 2022

6. The Board had before it the minute of the Risk, Audit and Performance Committee of 9 August 2022, for information.

The Board resolved:-
to note the minute.

BUSINESS PLANNER

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

The Board resolved:-
to agree the Planner.

SEMINAR AND WORKSHOPS PLANNER

8. The Board had before it the Seminars and Workshops Planner which was presented by the Chief Operating Officer.

The Board resolved:-
to note the Planner.

CHIEF OFFICER'S REPORT - HSCP.22.088

9. The Board had before it the report from the Chief Officer, ACHSCP, who presented an update on highlighted topics and responded to questions from members.

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

The Board resolved:-
(i)   to note that further information with regard to Primary Care Demand would form part of the Sustainability Report being presented to the Clinical and Care Governance Committee on 4 November 2022; and
(ii)   to otherwise note the details contained in the report.

ACHSCP MEETING DATES 2023/24 - HSCP.22.085

INTEGRATION JOINT BOARD
11 October 2022

10.   The Board had before it a report seeking approval of the Integration Joint Board (IJB), Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC) meeting dates for 2023-24 and the approach to hybrid meetings.

The report recommended:-
that the Board:
(a)   review and approve the Meeting Schedule for 2023-24 as at section 3.6 of the report; and
(b)   note the update regarding the meeting format.

The Board resolved:-
to approve the recommendations.

AUDITED FINAL ACCOUNTS 2021/22 - HSCP.22.081

11.   The Board had before it the Annual Audited Accounts for 2021/22.

The Chief Finance Officer presented the report and responded to questions from members regarding covid reserves and the financial position of the Integration Joint Board.

The report recommended:-
that the Board:
(a)   consider and agree the Integration Joint Board's Audited Accounts for 2021/22, as attached at Appendix A of the report;
(b)   instruct the Chief Finance Officer to submit the approved audited accounts to NHS Grampian and Aberdeen City Council;
(c)   instruct the Chief Finance Officer to sign the representation letter, as attached at Appendix B of the report; and
(d)   note the recommendations and management comments on the Annual Audit Report, as attached at Appendix C of the report.

The Board resolved:-
(i)   to agree that the Chief Finance Officer provide an update report on the IJB's Financial position as soon as was reasonably practicable, either at its next meeting on 29 November 2022, or prior to that, at a special meeting of the IJB;
(ii)   to agree that the Chief Finance Officer provide as part of the update report referred to at (i) above, an update on the covid reserves and written clarification of the legal position of the Scottish Government's position to reclaim such funding; and
(iii)   to otherwise approve the recommendations.

INTEGRATION JOINT BOARD
11 October 2022

STRATEGIC RISK REGISTER AND REVISED RISK APPETITE STATEMENT - HSCP.22.083

12. The Board had before it the Strategic Risk Register (SRR) and revised Risk Appetite Statement (RAS).

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

The report recommended:-
that the Board:
(a) approve the IJB revised Risk Appetite Statement at Appendix A of the report;
(b) approve the IJB revised Strategic Risk Register at Appendix B of the report; and
(c) note that the documents would be reviewed by the IJB as per the Board Assurance and Escalation Framework with an additional review in the first quarter of 2023/24.

The Board resolved:-
(i) to instruct the Business Manager to include a deeper dive on the finance and workforce risks in his report to the Risk, Audit and Performance Committee on 17 November 2022; and
(ii) to otherwise approve the recommendations.

SURGE PLAN - HSCP.22.084

13. The Board had before it the Surge Plan for 2022/23.

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

The report recommended:-
that the Board note the ACHSCP Surge Plan 2022/23 as outlined in the Appendix to the report and that the Plan would be monitored on an ongoing basis by the ACHSCP's Senior Leadership Team (SLT).

The Board resolved:-
(i) to note that the Chief Officer would bring an update regarding the wider whole system approach to the Clinical and Care Governance Committee;
(ii) to note that Sandy Reid would issue a paper in respect of vaccinator recruitment to be circulated to Elected Members and would also arrange to meet with Elected Members in respect of dissemination of vaccination information; and
(iii) to otherwise note the information provided.

INTEGRATION JOINT BOARD
11 October 2022

CARERS' STRATEGY - HSCP.22.080

14. The Board had before it the Draft ACHSCP Carers' Strategy.

Stuart Lamberton – Transformation Programme Manager, introduced the report which provided an update on progress with the development of the Aberdeen City Carers' Strategy in advance of a period of public Consultation on the Strategy.

Amy Richert – Senior Project Manager, spoke in furtherance of the report and responded to questions from members regarding engagement, consultation and access to services.

The report recommended:-
that the Board:
(a) endorse the Draft Strategy included in Appendix A of the report and Action plan in Appendix B of the report;
(b) endorse the engagement overview and consultation timeline included in Appendix D of the report;
(c) note that there would be a period of public consultation on the draft strategy; and
(d) instruct the Chief Officer of the IJB to present the final version of the Aberdeen City Carer Strategy for approval at the next IJB meeting on 29 November 2022.

The Board resolved:-
(i) to agree that the period of consultation would run until 31 December 2022;
(ii) to instruct the Chief Officer to present the final version of the Aberdeen City Carer Strategy for approval at the IJB meeting on 31 January 2023;
(iii) to instruct the Chief Officer to report to the IJB on 31 January 2023 on how ACHSCP worked to identify all Carer groups that required to be consulted, to meet with these groups, including those currently not known to the Partnership, and to evidence engagement and opportunities to participate in the consultation. Furthermore to demonstrate that monitoring of the Year 1 Plan would detail any improvements; and
(iv) to otherwise approve the recommendations.

COMPLEX CARE MARKET POSITION STATEMENT - HSCP.22.082

15. The Board had before it a report presenting the Complex Care Market Position Statement.

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11 October 2022

Kevin Dawson – Lead for Community Mental Health, Learning Disabilities & Substance Misuse Services, introduced the report. Jenny Rae – Programme Manager, then spoke in furtherance of the report and responded to questions from members.

The report recommended:-
that the Board:
(a)   approve the Complex Care Market Position Statement at Appendix B of the report;
(b)   note that progress on delivery of the Complex Care Market Position Statement would be reported to the Integration Joint Board annually;
(c)   note that finance specific updates would be reported annually (at a minimum) to Risk, Audit and Performance Committee;
(d)   instruct the Chief Officer to continue to explore with partners future new building and property redevelopment opportunities to provide facilities for people requiring complex care; and
(e)   instruct the Chief Officer to continue to work jointly with the Chief Officer for Children & Family Services to ensure planning and provision of complex care for young people moving into adulthood.

The Board resolved:-
to approve the recommendations.

RUBISLAW PARK EVALUATION - HSCP.22.087

16.   The Board had before it a report on Rubislaw Park End of Life Care Beds, which provided findings from the evaluation of the Rubislaw Park End of Life Care Beds Test of Change.

The report recommended:-
that the Board:
(a)   note the evaluation presented within Appendix A of the report: and
(b)   instruct the Chief Officer to initiate a Business Case on the End of Life Care beds and report this back to the Integration Joint Board in November 2022.

The Board resolved:
to approve the recommendations.

DATE OF NEXT MEETING - TUESDAY 29 NOVEMBER 2022 AT 10AM

17.   The Board had before it the date of the next meeting:
29 November 2022, at 10am.

INTEGRATION JOINT BOARD
11 October 2022

The Board resolved:-
to note the date of the next meeting.
- LUAN GRUGEON, Chair.

Aberdeen City Health & Social Care Partnership
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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 11 November 2022. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Kim Cruttenden Chairperson; and Councillor Christian Allard, Luan Grugeon and Councillor Deena Tissera.

In attendance: Caroline Howarth, Lynn Morrison, Fiona Mitchellhill, Graeme Simpson, Laura Mcdonald, Val Vertigans, Barbara Dunbar, Campbell Thomson, Stella Evans, Shona Omand-Smith, Stuart Lamberton, Susie Downie and Mark Masson (Clerk).

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WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Claire Wilson and Amy Richert.

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 4.2 (Sustainability of General Practice in Aberdeen City 2022), 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 10 AUGUST 2022, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 10 August 2022, for approval.

The Committee resolved:-
to approve the minute.

CLINICAL AND CARE GOVERNANCE COMMITTEE
11 November 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 (Impact of the Investigations into Deaths in Care Homes);
(ii)   to remove item 6 (Duty of Candour) and item 7 and 12 (Operational Risk Register) from the planner for the reasons outlined therein;
(iii)   that in relation to item 24 (Long Covid Update), to note that Lynn Morrison was now the lead and that a report would be submitted to the next meeting of the Committee; and
(iv)   to otherwise note the planner.

CCG GROUP MONITORING REPORT - UPDATE – HSCP.22.090

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 particularly, making reference to the various workforce challenges and pressures and outlining ongoing mitigations across services.

In response to questions from members, the following was noted:-
- that work was ongoing to find a resolution in terms of the Moray abortion care provision;
- that recruitment, retention and staff wellbeing was a top priority/main area for action and there was a national commitment to recruit internationally;
- that staff wellbeing was a standing item for consideration on the agenda of the City Staff Partnership Forum and staff workshops would be arranged early next year to take forward specific issues in conjunction with NHS Grampian's 'We Care' staff health and wellbeing program;
- that in relation to dentistry, the Child Smile initiative had been remobilised; and
- that in terms of Risk ID 2789/2894, details would be clarified and updated in the next report.

CLINICAL AND CARE GOVERNANCE COMMITTEE
11 November 2022

During discussion on the content of the report, it was clarified that the Committee was a private meeting, and all papers were to be treated as confidential. It was noted that the intent was to move towards having as much of the papers in public as possible and Lynn Morrison would liaise with the Committee/IJB Chairs and work with NHSG Clinical Governance Committee lead to take this forward over the coming months. In the meantime, all reports were to be treated confidentially and from the next Committee meeting, the heading on the front page of the agenda would be amended to reflect this.

The Committee resolved:-
(i)   to note that Lynn Morrison would liaise with colleagues from the Council's Social Care Service to determine whether feedback information could be added to future reports;
(ii)   to note that an update on progress relating to Moray abortion care provision would be included within the report at the next meeting;
(iii)   to note that an update on Dentistry, including the inequalities impact and the Child Smile initiative would be included within the report at the next meeting;
(iv)   to note that Care Opinion information/examples would be included within the report at the next meeting;
(v)   to note that Lynn Morrison would liaise with Fraser Bell/Sandra McLeod to obtain an update on Information Governance work which was being taken forward by the Chief Executive Group, including details on a new system to support the Information Governance Team and to better understand challenges across Grampian, and that details be emailed to members in this regard;
(vi)   to note that Laura Mcdonald would liaise with Sandy Reid to provide a report for the next meeting on the work being done by the City Staff Partnership Forum in relation to staff wellbeing; and
(vii) to otherwise approve the recommendation.

ADULT PROTECTION COMMITTEE BIENNIAL REPORT - HSCP.22.091

6.   The Committee had before it a report which provided details of the Aberdeen Adult Protection Committee (APC) Convener's Biennial Report for 2020-22, in order to provide assurance about progress made over the period.

The report recommended:-
that the Committee note the Biennial Report 2020-22 which had been prepared as required by the Adult Support and Protection (Scotland) Act 2007.

The Committee heard from Campbell Thomson, Chair of the Adult Protection Committee, who provided a summary of the report and responded to questions from members in relation to independent advocacy services and Adult Social Work's response to Covid, which included information on the restructuring of the Service during the pandemic.

The Committee resolved:-

CLINICAL AND CARE GOVERNANCE COMMITTEE
11 November 2022

to approve the recommendation.

SUSTAINABILITY OF GENERAL PRACTICE IN ABERDEEN CITY 2022 - HSCP.22.053

7.   With reference to article 11 of the minute of the previous meeting of 10 August 2022, the Committee had before it a report which provided an update of current challenges facing practices and assurance that practice sustainability work was in progress across the city with full engagement from City GP Practices, the Local Medical Council (LMC) and GP Area Sub Committee.

The report recommended:-
that the Committee note the contents of ACHSCP City Practice Sustainability Report for 2022.

Susie Downie highlighted the key information from the report and she and Caroline Howarth responded to questions from members in relation to practices becoming Limited Liability Partnership's; the Primary Care Improvement Plan; and communication and engagement work to address public understanding on what is happening and to help support staff.

The Committee resolved:-
(i)   to approve the recommendation; and
(ii)   to note that updates on practice sustainability work would be included within the CCG Group Monitoring report at future meetings.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

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

With reference to article 5 of this minute relating to Information Governance and its effects on the Community Pharmacy Team, the Hubs and the Third Sector, it was noted that the Chair and Luan Grugeon were to receive feedback from Lynn Morrison following her discussion with Fraser Bell and Sandra McLeod.

The Committee resolved:-
to note that in relation to the above, the Committee would await feedback from discussions prior to determining whether there required to be escalation to IJB in this regard.
-   KIM CRUTTENDEN, Chairperson

	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	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
8	29 November 2022									
9	Standing Item	Chief Officer Report	To note the regular update from the Chief Officer	HSCP22.105	Kay Diack	Chief of Staff	ACHSCP			
10	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
11	27.09.22	Public Bodies' Statutory Climate Change Duties	To seek approval to submit the work that has been undertaken in relation to identifying emission reduction targets; and to seek approval for the proposed resource alignment and progress reporting approach. This is in respect of the Scottish Government's expectation for Public Bodies to show leadership on the global climate emergency - new requirements have been included in the mandatory annual reporting.	HSCP22.100	Sophie Beier	Strategy and Transformation Lead	ACHSCP			
12	11.10.2022	Update report on (1) IJB's Financial position; (2) covid reserves; and (3) written clarification of the legal position of the Scottish Government's position to reclaim such funding.	To note the update. At IJB on 11 October 2022, members agreed: (i)to agree that the Chief Financial Officer provide an update report on the IJB's Financial position as soon as was reasonably practicable, either at its next meeting on 29 November 2022, or prior to that, at a special meeting of the IJB; (ii)to agree that the Chief Financial Officer provide as part of the update report referred to at (i) above, an update on the covid reserves and written clarification of the legal position of the Scottish Government's position to reclaim such funding	HSCP22.104	Paul Mitchell	Chief Finance Officer	ACHSCP			
13	26.04.2021	Workforce Plan	To seek approval from members following the consultation at IJB in August 2022. This Plan supports the Strategic Plan.	HSCP22.101	Sandy Reid / Stuart Lamberton		ACHSCP			
14	12.07.2022	Marywell Service Redesign	To note the findings of the review following Marywell Medical Practice not being awarded a contract following the 2c tendering process. A multi-agency review is being conducted. This report will show the outcomes of the review and the options for the service moving forward with a recommendation to seek IJBs approval.	HSCP22.102	Susie Downie / Emma King / Teresa Waugh	Primary Care Leads	ACHSCP			
15	18.07.22	PCIP Update	To provide an update on PCIP.	HSCP22.099	Susie Downie / Emma King	Primary care Leads	ACHSCP			
16	02.11.2021	Rosewell House Travel Plan - update	To note the impact of the travel plan and report back after 12 months on the outcomes and any measures that might be required.	HSCP22.103	Sarah Gibbon	Project Manager	ACHSCP			
17	23.10.2022	Supplementary Work Plan – Social Care	Incorporating: oEnd of Life Beds at Rubislaw oEmergency Discharge Placements oChange of Contract oMHLD Commissioning Review	HSCP22.098						
18	26.07.2022	MHLD Commissioning Review	To seek approval to fund and issue Mental Health Residential Care Home contracts aligned to the development and implementation of the MHLD Residential and Supported Living Accommodation Market Position Statement.	N/A	Jenny Rae / Kevin Dawson	Strategy and Transformation Team	ACHSCP		T	Incorporated within Supplementary Work Plan – Social Care above, going to 29 November meeting.
19	16.09.2022	Change of Contract	To seek approval of a business case for the changing of a contract from existing to another provider from 9 January 2023 for 15 months.	N/A	Shona Omand-Smith / Neil Stephenson	Commissioning Lead	ACHSCP		T	Incorporated within Supplementary Work Plan – Social Care above, going to 29 November meeting.
20	16.09.2022	Emergency Discharge Bed Provision	To seek approval to increase expenditure around the capacity of emergency discharge beds.	N/A	Shona Omand-Smith	Commissioning Lead	ACHSCP		T	Incorporated within Supplementary Work Plan – Social Care above, going to 29 November meeting.

INTEGRATION JOINT BOARD BUSINESS PLANNER -
The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.

Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
12.10.2022	End of Life Beds at Rubislaw	To seek approval for the continuation of the five end of life beds at Rubislaw Park.	N/A	James Maitland	Commissioning Lead	ACHSCP		T	Incorporated within Supplementary Work Plan – Social Care above, going to 29 November meeting.
17.08.22	Carers' Strategy	To seek approval of the final version of the Carers' Strategy.		Alison MacLeod / Amy Richert	Strategy and Transformation Team	ACHSCP		D	IJB in October 2022 delayed to January 2023 to allow for more consultation.
06.07.2021	Local Survey 2022	To note the results of the Local Survey 2022.		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP		R	A Local Survey was comissioned in 2018/19 in advance of the last Strategic Plan. Original intention was to repeat the survey in 2022 and compare the two sets of results providing an indication as to the success of the actions within the Strategic Plan in impacting the lives of the people of Aberdeen. The survey has not been recommissioned as it was felt that the impact of the global pandemic would distort the findings making any direct comparison less meaningful. Alison MacLeod 31.10.22
31 January 2023									
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
Standing Item	Chief Officer Report	To note the regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
23.03.2021	Integration Joint Board Membership	To reconsideranyany changes to arrangements by report to the IJB prior to 31 March 2023.		Clerk	Chief Officer	ACHSCP			
10.03.22	Mental Health and Learning Disabilities	To provide the Board with updates on any variation to the hosting of MHLD services by the city.		Paul Mitchell	Chief Finance Officer		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		
Standing Item	Annual Procurement Workplan 2023/2024	To present the Annual Procurement Work Plan for 2023/24 for expenditure on social care services, together with the associated procurement Business Cases, for approval.		Neil Stephenson	Procurement Lead	ACC			
07.06.22	Carers' Strategy	To approve the final version of the Carers' Strategy.	HSCP22.080	Alison MacLeod / Amy Richert	Strategy and Transformation Team	ACHSCP			
28.04.22	Analogue to Digital telecare	To seek approval from the IJB for funding, and update on the progress of the project	n/a	Pete McAndrew /Nadir Freigoun / Valerie Taylor	Strategy and Transformation Team	ACHSCP	IJB agreed on 11 October 2022 to defer to IJB on 31st January 2023. The purpose of the report was amended to include funding approval. More time is required to confirm funding requirements. For the meantime, update to be provided via Chief Officer report.		
13.10.22	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan	To note the recently published national Suicide Prevention Strategy & Action Plan and to provide assurance on activities locally.		Kevin Dawson	Strategy and Transformation Team	ACHSCP			Date TBC by Kevin Dawson
28 March 2023 (Budget)									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
	Integration Joint Board Budget	To approve the Budget		Paul Mitchell	Chief Finance Officer	ACHSCP			
24.08.21	Rosewell House - evaluation report	Chief Officer to bring a full evaluation report of the service being delivered at Rosewell House to the IJB in March 2023;		Sarah Gibbon	Project Manager	ACHSCP	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;		
Standing Item	Medium Term Financial Framework - 2023/24	To provide an update on the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2023/24 and to seek final approval of the medium-term financial framework.		Paul Mitchell	Chief Finance Officer	ACHSCP			

INTEGRATION JOINT BOARD BUSINESS PLANNER -
The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.

Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
	Grant Funding to Counselling Servies	To advise the Board of grant funding requirements for the financial year 2023/2024 to grant funded organisations - and to inform the Board of preliminary and proposed work to review the service activity and ensure it is aligned to the whole system service provision across Aberdeen City.		Shona Omand-Smith	Commissioning Lead	ACHSCP			
Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004	To provide information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves.		Martin Allan	Business Lead	ACHSCP	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		This is an annual report and was last considered at IJB on 7 June 2022.
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	June 2022 - Strategic Plan Delivery Plan outline timeline for development and evaluation of this project to Spring 2023. Report deferred to 28 March 2023.		
	Neuro Rehab Strategic Review and Implementation Plan	To seek approval of the Strategic Review work and draft Implementation Plan.		Grace Milne/Jason Nicol	Head of Service Specialist Older Adults and Rehabilitation Services				Outline draft expected end of March 2023, to come to next IJB after that.
04.11.22	Scheme of Governance review	To seek approval of the revised Scheme of Governance		Jess Anderson/John Forsyth/Vicki Johnstone	Governance	ACC			
6 June 2023									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
	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			
09.09.2022	Strategic Risk Register & Revised Risk Appetite Statement	IJB agreed on 11 October 2022 to note that the documents would be reviewed by the IJB as per the Board Assurance and Escalation Framework with an additional review in the first quarter of 2023/24	HSCP22.083	Martin Allan	Business Lead	ACHSCP			
22 August 2023									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
	ACHSCP Annual Report	To seek approval of the ACHSCP Annual Report - 22 August 2023 meeting		Aliosn MacLeod	Lead Strategy and Performance Manager				
16.08.22	Fast Track Cities	To provide an annual update on the actions against the action plan submitted to the Integration Joint Board (IJB) on 21 January 2020.		Daniela Brawley / Lisa Allerton					Last presented to IJB on 30 August 2022. This is an annual report.
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).		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP	Went to RAPC on 01/03/22 and to IJB on 30 August 2022.		
10 October 2023									
Standing Item	Audited Accounts	To seek approval of the Audited Final Accounts for 2022/23.		Paul Mitchell	Chief Finance Officer	ACHSCP	Expected September/October 2023		
26.07.2022	Complex Care Market Position Statement	To seek approval of the Complex Care Market Position Statement. IJB agreed on 11 October 2022 to note that progress on delivery of the Complex Care Market Position Statement would be reported to the Integration Joint Board annually.		Jenny Rae / Kevin Dawson	Strategy and Transformation Team	ACHSCP			
5 December 2023									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
6 February 2024									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
2 April 2024 (Budget)									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Kay Diack	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
	IJB Budget	To approve the Budget.		Paul Mitchell	Chief Finance Officer	ACHSCP			
TBC Future Meetings									

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Seminars/Workshops				
	Purpose	**Timescale**	**Lead Officer**	**Update**
Planned Sessions				
Dates to be Identified				
Carers' Strategy Workshop	Briefing following end of consultation period (31.12.22)	Before end Jan. 2023	Stuart Lamberton/Amy Richert	
Mental Health	How to help further the health and wellbeing agenda through mental wellbeing.	to be rescheduled	Jane Fletcher/Kevin Dawson	Postponed from 7 November 2022
Population Health	To introduce IJB members to (i) the Population Health approach; and (ii) the newly created Population Health Committee within NHS Grampian and its relationship with the IJB.	to be rescheduled	Phil Mackie	Postponed from 7 November 2022
Population Health - Sport Aberdeen	How to help further the health and wellbeing agenda through sport and activity.		Alison MacLeod/Sport Aberdeen	
BOOM Board Session	Ongoing: helping to get the 'Best of out me'		Jason Nicol	
Delivery Plan and Key Metrics (including Strategic Objectives)	Review of progress, share data / 'show case' progress areas / conversational and questions		Alison Macleod	Postponed from 7 November 2022
GP Sustainability		Possibly 6 Dec 2022	Emma King/Susie Downie	
Procurement (Fair and Transparent)]		Feb/March 2023	Neil Stephenson/Shona Omand-Smith	To be taken with Ethical Commissioning
Ethical Approach to Commissioning]		Feb/March 2023	Shona Omand-Smith/Neil Stephenson	To be taken with Procurement
Strategic Intent			Sandra Macleod	
Neuro Rehabilitation	To provide information in order to assist Members with the decision on the Neuro Rehabilitation Pathway expected in 2023 as per the IJB Business Planner	Feb/March 2023	Jason Nicol	
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.
National Care Service - Call for Views		30-Aug-22	Alison MacLeod	Completed; virtual workshop following IJB 30 August 2022.
ADP		20-Sep-22	Simon Rayner	Completed; Workshop at Beach Ballroom on 20 September 2022
Culture		20-Sep-22	Jason Nicol	Completed; Workshop at Beach Ballroom on 20 September 2022
Governance		20-Sep-22	Fraser Bell	Completed; Workshop at Beach Ballroom on 20 September 2022
2C Story so far		11 October 2022	Emma King/Susie Downie	Completed; virtual workshop following IJB 11 October 2022.
IJB Induction Recap		07 November 2022	Jason Nicol/Fraser Bell	Completed; Workshop at Beach Ballroom on 7 November 2022
BOOM Board Session		07 November 2022	Jason Nicol	Completed; Workshop at Beach Ballroom on 7 November 2022 but to continue with further participants

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	29 November 2022
Report Title	Chief Officer's Report
Report Number	HSCP22.105
Lead Officer	Sandra MacLeod
Report Author Details	Name: Kay Diack Job Title: Chief of Staff Email Address: kdiack@aberdeencity.gov.uk Phone Number: 07778 872309
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

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

2. Recommendations

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

3. Summary of Key Information

3.1. Local Updates

Staff Wellbeing
In order to continue to support staff and to demonstrate our understanding of the issues, the following has been provided:
- A range of free complimentary therapies with pedicures being most popular
- Free listening service appointments at Aberdeen Health Village

INTEGRATION JOINT BOARD

- Mindfulness sessions at Aberdeen Health Village
- Distribution of teas/coffees to Care Homes, with positive feedback received
- Winter safety support, for example personal alarms, torches and winter driving kits
- Sandwiches and cakes to thank staff, encouraging breaks and support face to face team development sessions

IJB/SLT Culture Working Group

The Culture Working Group continues to meet and resulted in the most recent IJB/SLT seminar being facilitated using tools which encourage trusting relationships to be built leading to more open discussions. This has led to a review of the IJB report template being included in the IJB governance review scheduled for early 2023.

In addition, plans are progressing to introduce an IJB 'observer' role in early 2023 with the intent of ensuring all voices are heard equally.

The opportunity for IJB/SLT buddies is still available for all members to ensure all are supported at the IJB.

The Culture Working Group is open to all IJB/SLT members. For information on future meeting dates or any aspect of the culture work, please contact Jason Nicol or Luan Grugeon.

Healthy Hoose Update

On 16th September the Chair of the IJB and the Lead Nurse visited the Healthy Hoose and met some members of the management committee. This was a helpful discussion to understand what the needs of the local community were and what ACHSCP were planning as a local health service based within the Middlefield Hub. Progress has been slow due to competing demands and staff vacancies within other services. However, in October CTAC services opened at the base. Although uptake has been slow, this is increasing, and monitoring will continue to ensure best use of resources. Sexual health has experienced vacancies which has delayed the service commencing, with the offer now expected from Spring 2023. There had been good discussion with Public Health colleagues for hosting

INTEGRATION JOINT BOARD

Healthpoint colleagues on site. The service is currently paused, and our request will be considered in their service review.

The lead dietician is in contact with the Middlefield management team to consider input for the nursery and parents to explore nutritional advice. A request for the Healthy Hoose to be taken into account as a location for a Link Practitioner, once the contract has been awarded, is in place.

Interviews are currently in progress for Advanced Nurse Practitioner posts which will provide services at the Healthy Hoose and Timmermarket via a peripatetic model of delivery across the city. We aim to support the health inequalities agenda by developing these posts to provide services across the city. The redesign of the Marywell GP Practice will see strong links between the Practice, Healthy Hoose and Timmermarket, building workforce capacity and services for key areas in the city where there is deprivation and lower engagement with health and care services.

Link Practitioner Update
The Evaluation Panel met on 1 November 2022 and have identified a preferred provider. The procurement process is currently ongoing, with the statutory standstill period due to end on 27 November 2022. A full-service update on the outcome of the tender process will be circulated to IJB members on the week commencing Monday 28 November 2022.

Format of IJB Meetings
Consultation has been undertaken with members regarding the format of IJB meetings. Results as are follows:

We have received 18 responses from 22 IJB Members. 67% of IJB members (12) would prefer to meet via Teams. Of those who chose in-person (6), 5 preferred Health Village as a venue, with one preferring the Council Chamber.

From the wider IJB distribution (includes Members), there were 36 responses from 51 recipients. 61% would prefer to meet via Teams (22 people). From the 39% (14 people) who said in-person there were 8 who indicated a preference for the Health Village as a venue, with and six preferring the Council Chamber.

INTEGRATION JOINT BOARD

It can be concluded that whilst the majority have a preference for meeting via Teams, there are still 14 attendees (of which 6 are Members) who would prefer in-person meetings. In light of the outcome of this work, we will aim to offer a hybrid meeting for the January 2023 IJB meeting, with confirmation and details to follow.

Strategic Review of Rehabilitation

The strategic review of rehabilitation steering group has resumed their meetings and has commenced with a review of the previous work undertaken in 2018 in line with the agreed strategic planning framework for hosted services. An initial workshop will take place on 24th November 2022 with members of the steering group to agree the renewed aims, scope, and principles of the review, with a goal to develop the commission for January 2023, followed by submission of the Strategic Pan to the IJB in March 2023.

Neurorehabilitation Review

The review of neurorehabilitation is happening concurrently and is progressing well. The programme delivery team is almost at the conclusion of the "Identify" phase to explore the challenge and opportunities, which has comprised of robust stakeholder engagement, data gathering/analysis and financial/workforce modelling. The findings of this work will be presented to the Neurorehabilitation Project Delivery Group, the Strategic Review of Rehabilitation Steering Group, the ACHSCP Senior Leadership Team, and the Joint Chief Officer's Group in December.

The "Develop" phase will focus on translating the challenges and opportunities into many ideas before refining into the proposed solutions. This will be done by adopting a 'co-production' approach, with a series of open-invitation workshops to develop the solutions, ensuring strong links back to our stakeholders. This will result in a detailed brief and implementation plan being submitted to the IJB in March 2023, alongside the outputs of the strategic review of rehabilitation.

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3.2. Regional Updates

Long Covid Developments

Work continues at an NHSG level to plan the support available for people experiencing Long Covid through the NHSG Long Covid Delivery Board.

At present, support is provided to people depending on their symptoms and needs via existing primary, community and secondary care services depending on their symptoms. For example, this may include general practice, occupational therapy, physiotherapy, psychology or specialist services.

The short-term funding allocated by the Scottish Government over the next three years to NHS Grampian is being used to support the development of a long COVID rehabilitation pathway that will be embedded within existing services. This will include supported self-management, specialist advice for patients and other professionals, onward referral to appropriate services for investigation or treatment, and may include a single point of access for assessment and co-ordinated support, depending on what is most appropriate for a person's needs.

We are in the process of recruiting to Clinical Lead sessions and Long Covid Practitioner posts. We will also be using the funding to identify and respond to the training needs of our wider workforce in health and care in relation to managing Long Covid. Children & Young People (CYP) have been considered throughout the lifecycle and NHSG are the only board to have included a specific CYP strand in our Year 1 proposal.

In addition to the Long Covid Delivery Board we have an established Lived Experience network that helped inform the Grampian plan. We are also establishing a Long Covid Professional network to support shared learning and pathway development. Both of these groups will provide essential input and guidance as we progress through the implementation phase.

National developments to support the development of the local pathway include a national digital self-management tool which is currently being procured, patient information via NHSinform is being updated and National Education Scotland (NES) is developing training resources.

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INTEGRATION JOINT BOARD

Health and Care (Staffing) (Scotland) Act 2019 Update

In June 2022, the remobilisation of the Act implementation was announced with the following key steps in the timeline set out by Scottish Government:

- Production of statutory guidance by August 2023
- Stakeholder engagement by end December 2022
- Pre-implementation testing/pilot Early 2023 – April 2024
- Commencement of all provisions of the Act – April 2024
- First Health Board Reports due – May 2025
- First Ministerial reports to Parliament – before May 2026

Nationally, working groups have been established to review the 14 guidance chapters to be finalised by April 2023, ahead of a 12-week public consultation of these to meet the August 2023 timeline to have the statutory guidance in place. There is expected to be further amendments to this guidance from the testing period prior to full enactment in April 2024. The pre-implementation testing will involve 3 territorial board and 1 special health board. NHS Grampian are not one of the test board areas.

In Grampian, the Effective Workforce Utilisation Programme Board has been established to progress implementation and the HSCP is represented on that group. This Board reports into the NHSG Sustainable Workforce Oversight Group which reports to the NHSG Chief Executive Team.

Background to the legislation

The legislation makes provision about staffing by the NHS and Care service providers and seeks to assure high quality care by ensuring it is provided by the right person in the right place at the right time and supporting staff wellbeing. It applies to all clinical staff working in health care or care services.

The duties under the Act for **health services** are: general duty (duty to ensure appropriate staffing) and guiding principles; the role of clinical leadership; provision of professional advice; high cost agency use; a duty to have real-time staffing assessment and risk escalation processes in place; the use of the Common Staffing Method (with some exemptions to this); and reporting.

Health Improvement Scotland have oversight of the health duties.

The duties under the Act for **care services** are: general duty (duty to ensure appropriate staffing) and guiding principles; commissioning; care services where no workload tools exist; and reporting.

The Care Inspectorate have oversight of the care services duties.

3.3. National Updates

Current State of National Demand

We received a Ministerial letter on 12 October 2022 in connection with "Supporting our Health and Social Care System". Our response included a copy of our current Surge Plan, and details of a range of interventions embedded in order to address these challenges, including: Home First, Discharge without Delay, Criteria Led Discharge, Discharge to Assess, Hospital at Home and Effective End of Life Pathways.   We have also developed and submitted an Action Plan, outlining current gaps and improvement actions, which will be monitored in line with governance procedures.

4. Implications for IJB

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

4.2. **Financial** - There are no immediate financial implications arising from this report.

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

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

4.5. **Covid-19** – There are no immediate Covid-19 implications arising from this report.

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4.6. **Unpaid Carers** - There are no implications relating to unpaid carers in this report.

4.7. **Other** - There are no other immediate implications arising from this report.

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

6.1. Identified risks(s)

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

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

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

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

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

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

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	29th November 2022
Report Title	ACHSCP Climate Change Project & Scottish Government Reporting
Report Number	HSCP22.100
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Name: Sophie Beier Job Title: Senior Project Manager Email Address: SBeier@aberdeencity.gov.uk Phone Number: N/A
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Letter from the Cabinet Secretary b. Scottish Government Climate Change Report_ Aberdeen_IJB

1. Purpose of the Report

The purpose of the report is to advise the Integration Joint Board (IJB) of the requirements to report on net zero and emissions targets and the proposed Climate Change Project for 2022-25, and to seek approval for the submission of the attached climate change report to the Scottish Government by 30th November 2022.

2. Recommendations

2.1.   It is recommended that the Integration Joint Board:

a) Approves the attached Climate Change Report
b) Instructs the Chief Officer to submit the Climate Change Report to the Scottish Government by 30th November 2022
c) Approve the content and governance of the Climate Change Project for 2022-2025
d) Instruct the Chief Officer to bring an annual progress report on the climate change work to future October IJB meetings.

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INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. In May 2022, the Scottish Government Cabinet Secretary for Net Zero Energy and Transport requested all Public Bodies, including all IJBs, to report on the following:

1. Its target date to reach net zero
2. Its targets for reducing indirect emissions
3. How it will align spending plans and use of resources to contribute to reducing emissions
4. How it will publish, or otherwise make available, its progress to achieving its emissions reduction targets
5. What contribution it has made to helping deliver Scotland's Climate Change Adaptation Programme.

The Strategic Plan (2022-2025) commits to "embed[ding] consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target."

Aberdeen City IJB has previously submitted climate change reports annually, however this has been paused due to the pandemic[1]. Previous reports did not include any reference to IJB-specific emissions or adaptive measures and referred to its parent statutory bodies (Aberdeen City Council and NHS Grampian) and their Climate Change Duty Reports for further information. The new reporting requirements have been integrated in the format used for the attached report. Various sections in the attached report to Scottish Government do not apply to IJBs and therefore have been left blank, following consultation with Scottish Government.

3.2. A rapid scoping assessment was undertaken (Aug-Sept 2022) to identify what, if any, responsibilities lie within the remit and scope of the IJB in regard to the reporting duties outlined in the 2022 letter from Scottish Government. The findings are:

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[1] Previous reports can be consulted publicly here: Reports (sustainablescotlandnetwork.org) (last accessed 17th October 2022).

INTEGRATION JOINT BOARD

3.2.1. The majority of climate change duties such as those relating to workforce, buildings, energy use, or transport fleets, remain with statutory partners (Aberdeen City Council and NHS Grampian).

3.2.2. Three areas of work were identified to, at least in part, lie with the IJB. These are:

3.2.2.1. Cultural/Behavioural Change, including climate literacy, staff training, and the integration of climate change considerations within all areas of work (where relevant, and not covered by either ACC or NHSG).

3.2.2.2. Business continuity arrangements, including civil contingency planning and risk management.

3.2.2.3. The identification of indirect emissions (referred to as scope 3 emissions) that are not covered by either ACC or NHSG. Procurement and commissioning of services were identified as an area requiring review and integration of climate change considerations.

3.2.3. It is proposed that, in order to ensure compliance with, and effectively contribute to, the Scottish Government's target to become net-zero by 2045, the Aberdeen City IJB should adopt the target to become net-zero by 2045, within its remit and scope of influence.

3.2.4. It is proposed that impact sections on Environment/ Sustainability and Climate Change are included in all IJB reporting. Appropriate guidance and training will be developed as part of 3.2.2.1.

3.2.5. Further scoping will be required as the climate change project evolves, in particular regarding:

3.2.5.1. the need, if any, for any carbon reporting; and the establishment of a baseline year.

3.2.5.2. an appropriate framework for reporting on climate change adaptation;

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INTEGRATION JOINT BOARD

3.2.5.3. if it is appropriate for the IJB to develop a mid- and long-term climate change strategy.

3.2.6. It is key to collaborate with other IJBs within the Grampian region.
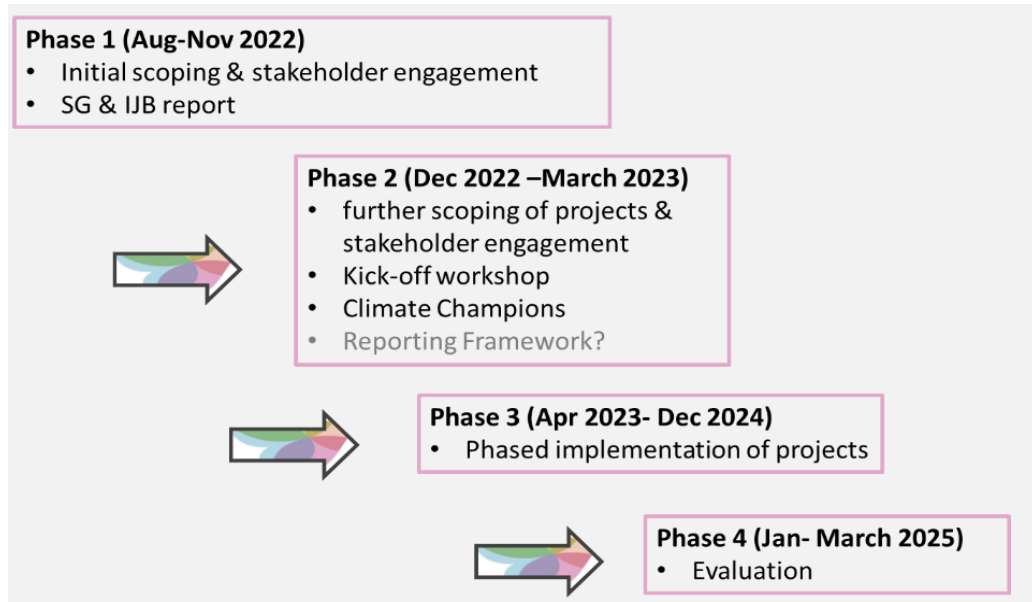
3.3. Concluding the rapid scoping assessment, the ACHSCP Climate Change Strategic Oversight Group was established, and the governance structure summarised in the graph below, agreed.

3.4. To implement the project summarised under sections 3.2.2. to 3.2.5., a phased implementation is summarised in the below graphic.

3.5. During the rapid scoping assessment, the following decision-makers were consulted:
- Martin Allan, Business and Resilience Lead, ACHSCP
- Alison MacLeod, Strategy and Transformation Lead, ACHSCP
- Shona Omand-Smith, Commissioning Lead, ACHSCP
- Sinclair Laing, Climate and Environment Policy Manager, ACC
- Robert Hobkirk, Head of Sustainability, Compliance and Risk, NHSG
- Alison Leslie, Sustainability Manager, ACC

Further, key staff within the following organisations were informally consulted:
- Aberdeen Council of Voluntary Organisations (ACVO)
- Integration Governance Support team at Scottish Government
- Moray Council and HSCP
- Aberdeenshire Council and HSCP

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INTEGRATION JOINT BOARD

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality** - There are no implications regarding health inequalities from this report. It is worth noting, that the proposed project, in particular the workstreams relating to integrating climate change adaptation and mitigation considerations into the IJBs business continuity (including civil contingency arrangements) and commissioning processes will have positive implications in the long-term, in particular regarding the reduction of the inequalities of outcome which result from socio-economic disadvantage. A full Health Inequalities Impact Assessment will be undertaken for all individual workstreams within the project.

4.2. **Financial -** There are no direct financial implications arising from the recommendations of this report.

4.3. **Workforce -** There are no direct workforce implications arising from the recommendations of this report.

4.4. **Legal -** There are no direct legal implications arising from the recommendations of this report. Depending on the form of engagement work for this project, there may be data protection implications if data collected is identifiable. Guidance will be sought from the relevant DPO (ACC or NHSG) as required.

4.5. **Covid-19 –** There are no direct COVID-19 implications arising from the recommendations of this report.

4.6. **Unpaid Carers -** There are no direct Unpaid Carers implications arising from the recommendations of this report.

4.7. **Environment & Sustainability -** There are no direct Environmental or Sustainability implications arising from the recommendations of this report. There may be indirect positive implications that arise through the further scoping and implementation of the project.

4.8. **Climate Change Mitigation (Net Zero Targets) & Adaptation** - There are positive implications regarding Net Zero targets arising from the recommendations of this report, as it is recommended to establish a 2045 net zero target for the Aberdeen City IJB, and the project presented, which will ensure effective change towards compliance with this target.

5. Links to ACHSCP Strategic Plan

This report links to the strategic aim Achieving Fulfilling, Healthy Lives under the 2022-2025 ACHSCP strategic plan and specifically the priority to "Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target".

6. Management of Risk

6.1. Identified risk(s)

6.1.1. The IJB may not achieve becoming Net Zero by 2045.

6.1.1.1. The risk is not unique to the Aberdeen City IJB and affects many organisations. It is important to understand that this target is ambitious. This risk is heightened due to the fact that the target for the IJB is likely to solely apply to indirect emissions, which are more difficult to effectively account for and control, as it relies on actions from third parties we commission to and procure from.

6.1.1.2. Controls: Early supply-chain engagement with service providers; close collaboration with other IJBs across Grampian and with other key stakeholders; introduction of effective controls within the commissioning and procurement processes, regular monitoring of risks.

6.1.1.3. Risk-level: Medium to high

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6.1.2. The IJB does not commit to the net Zero target.

    6.1.2.1. Risk: There is a risk that compliance will be more difficult once it may become a requirement by Scottish Government at a later stage. If addressed later, there will be less time to meet the target.

    6.1.2.2. Mitigation: Adoption of the 2045 target outlined in this report.

    6.1.2.3. Risk-level: High

6.1.3. The IJB does not carry out the project outlined.

    6.1.3.1. Risk of long-term impacts across service provisions, impacting most vulnerable, as well as for staff providing these services. Those would be put at higher risk of the impacts of climate change, e.g., the impacts of extreme weather events.

    6.1.3.2. Mitigation: Ensure senior sponsorship across the organisation and sufficient staff allocation to carry out the proposed work, including those pertaining to climate change adaptation.

6.2. **Link to risks on strategic or operational risk register:** This report links to Risk 5 on the Strategic Risk Register

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.

6.3. **How might the content of this report impact or mitigate these risks:** Adopting the project should mitigate the risk of non-compliance with national, regulatory, and local standards.

Scottish Government
Riaghaltas na h-Alba
gov.scot

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Council Leaders and Chief Executives

Chairs and Chief Executives of Public Bodies

University and College Chairs and Principals

Regional Transport Partnerships Chairs and Leads

May 2022

PUBLIC BODIES' LEADERSHIP ON THE GLOBAL CLIMATE EMERGENCY

2022 is a crucial year for Scotland's unique system of mandatory annual reporting by public bodies on their statutory climate change duties. This year the reporting duties that were strengthened in 2020 come into effect, which means that for the first time, in your annual climate change reports to be submitted by the end of November, public bodies are required to provide:

- where applicable, the body's target date for achieving zero direct emissions of greenhouse gases, or such other targets that demonstrate how the body is contributing to Scotland achieving its emissions reduction targets
- where applicable, targets for reducing indirect emissions of greenhouse gases
- how the body will align its spending plans and use of resources to contribute to reducing emissions and delivering its emissions reduction targets
- how the body will publish, or otherwise make available, its progress to achieving its emissions reduction targets
- where applicable, what contribution the body has made to helping deliver Scotland's Climate Change Adaptation Programme.

I am delighted that many parts of the public sector in Scotland have already set ambitious climate change targets. Many local authorities have particularly ambitious targets, NHS Scotland, Scottish Water and Colleges Scotland all aim for net zero by 2040, the Environment and Economy Leaders Group has committed to a decade of deep decarbonisation, and Creative Scotland has set a target to become a net zero organisation by 2030.

I am also delighted that last year's response rate among public bodies required to report was excellent. It is important that we continue to have the highest possible compliance with the new reporting duties this year - we need to ensure that the entire carbon footprint of the

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public sector is covered by targets that are consistent with public bodies' leadership role and that public services are resilient to the impacts of climate change.

In ensuring that public bodies report suitably ambitious targets by end of November, Leaders, Chairs and Chief Executives will need to bear in mind the policy context that sits alongside the strengthened legislation, as set out in the Scottish Government's new guidance co-developed with Sustainable Scotland Network (SSN): *Public Sector Leadership on the Global Climate Emergency*, published on 29 October 2021.

The *Scottish Government and Scottish Green Party Shared Policy Programme* commits to developing and agreeing through consultation a series of phased targets for the decarbonisation of public sector buildings starting in 2024, with the most difficult buildings like hospitals being decarbonised by 2038, and for all publicly-owned buildings to meet zero emission heating requirements, with a backstop of 2038.
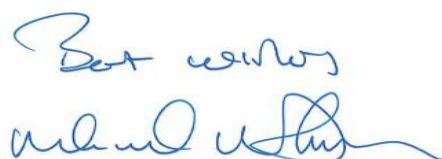
Programme for Government commitments include phasing out the need for fossil fuel cars and vans in the public sector fleet by 2025 and larger vehicles no later than 2030.

Public sector leaders must also take strong action to implement Programme for Government commitments to tackle the significant new challenge of decarbonising the £13.3bn of annual public sector procurement.

In terms of available support, the Scottish Green Public Sector Estate Decarbonisation Scheme provides a number of support mechanisms for heat decarbonisation and improving energy efficiency across buildings owned by the public sector in Scotland. The Scheme will distribute the £200 million of capital support pledged over the next 5-year period to aid the decarbonisation of Scotland's public sector estates. Transport Scotland is also assisting the decarbonisation of the public sector fleet.

The latest analysis shows that reported Scope 1 and Scope 2 emissions from Scotland's public bodies have reduced by almost a third in the six years since mandatory reporting began in 2015-16. NHS Scotland has reduced emissions from its buildings by 64% since 1990. I am convinced if we continue to work together to address the challenges of pace, skills and finance that we undoubtedly face in the crucial decade ahead, Scotland's public sector will continue to show strong leadership in tackling the global climate emergency.

I will be addressing the Sustainable Scotland Network Spring Conference on 25 May to emphasise the importance of public sector leadership, and public bodies' climate change reporting, to Scotland's national endeavour on climate action.

Michael Matheson

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Public Bodies Climate Change Duties Compliance Reporting Template 2021/22

1.Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Late submissions may not be accepted for analysis and may be classed as non-compliant with Public Bodies Duties legislative reporting requirements.

2. Guidance

1. Please save-as this workbook with your organisation's name in the title before completing
2. Question 1f must be completed to ensure the correct emission factors are applied in Q3b,
3. If you need to add more rows please email the file to ccreporting@ed.ac.uk
4. Hybrid/homeworking emissions - please include an estimate of FTEs working remotely - hybrid/home in the designated row provided in table 3b
   In order for this to be calculated correctly the total no. of FTEs must be entered in Q1c
5. Local Authorities completeing the recommended tab should select their local authority region at the top of the sheet
   and their emissions will be provided automatically from BEIS datasets

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 1 Profile of Reporting Body

1a **Name of reporting body**
Provide the name of the listed body (the "body") which prepared this report.

Aberdeen City IJB

1b **Type of body**
Select from the options below

Integration Joint Boards

1c **Highest number of full-time equivalent staff in the body during the report year**

2 **THIS MUST BE COMPLETED**

1d **Metrics used by the body**
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box		0.00	
Please select from drop down box			
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Other (please specify in comments)			
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Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			

1e **Overall budget of the body**
Specify approximate £/annum for the report year.

Budget	Budget Comments
£395,096,189	

1f **Report type**
Specify the report year type

Report type	Report year comments	
Financial	FY 2021/22	**THIS MUST BE COMPLETED**

1g **Context**
Provide a summary of the body's nature and functions that are relevant to climate change reporting.

In line with the Public Bodies (Joint Working) (Scotland) Act 2014, Aberdeen City Council & NHS Grampian have integrated the planning & delivery of community health * social care services for adults and older people, along with criminal justice services. THe strategic planning and monitoring of these have been delegated by the Council and the Health Board to the Aberdeen City IJB, which then directs the Council and Health Board to deliver these services in line with its strategic plan and defined level of financial resources. Most services are delivered for Aberdeen City, however some services are hosted by Aberdeen City on a pan-Grampian basis, on behalf of Aberdeenshire & Moray IJBs (for example sexual health services). Further details can be found in the Aberdeen City Integration Scheme, which can be found here https://www.aberdeencityhscp.scot/globalassets/governance/aberdeen-city--integration-scheme-april-2018.pdf

PART 2 Governance, Management and Strategy

Governance and management

2a **How is climate change governed in the body?**

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements. Provide a diagram / chart to outline the governance structure within the body.

While largely the accountability and responsibility for climate change governance in relation to the delivery of Council and Health Board services (including community health & social care) lies with the Aberdeen City IJB's partner statutory bodies - Aberdeen City Council & NHS Grampian (Please refer to their Climate Change Duty Reports for further information) we recognise the importance of climate change adaptation and mitigation and the responsibility of the IJB to contribute to the Scottish Government's net zero and adaptation goals, within its remit and scope of influence. We are committed to becoming a Net Zero organisation by 2045, and are commencing a project that aims to identify areas of influence within the IJB's remit, in particular in regards to Scope 3 emissions, behavioural change, and adaptation measures, as well as the reporting framework going forward. In October 2022, an ACHSCP Climate Change Strategic Oversight Group was established, consisting of three ACHSCP senior responsible officers (SRO), covering the area of (1) Strategy & Transformation (2) Business & Resilience (3) Commissioning; the Head of Sustainability, Compliance and Risk from NHS Grampian, and the Sustainability Manager and Climate and Environment Policy Manager from Aberdeen City Council. The oversight group will oversee the project of work and sponsor individual projects. The governance and management structure is outlined below. A key focus of the project is to collaborate closely with other IJBs across the Grampian region (Moray IJB and Aberdeenshire IJB).

<Insert Diagram Here or Attach File>
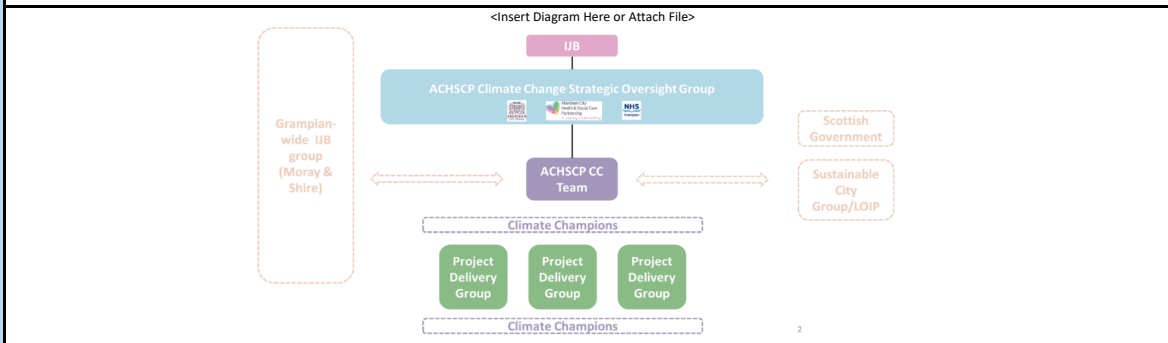
2b **How is climate change action managed and embedded in the body?**

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

While largely the accountability and responsibility for climate change governance in relation to the delivery of Council and Health Board services (including community health & social care) lies with the Aberdeen City IJB's partner statutory bodies - Aberdeen City Council & NHS Grampian (Please refer to their Climate Change Duty Reports for further information) we recognise the importance of climate change adaptation and mitigation and the responsibility of the IJB to contribute to the Scottish Government's net zero and adaptation goals, within its remit and scope of influence. We are committed to becoming a Net Zero organisation by 2045, and are commencing a project that aims to identify areas of influence within the IJB's remit, in particular in regards to Scope 3 emissions, behavioural change, and adaptation measures, as well as the reporting framework going forward. In October 2022, an ACHSCP Climate Change Strategic Oversight Group was established, consisting of three ACHSCP senior responsible officers (SRO), covering the area of (1) Strategy and Transformation (2) Business & Resilience (3) Commissioning; the Head of Sustainability, Compliance and Risk from NHS Grampian, and the Sustainability Manager and Climate and Environment Policy Manager from Aberdeen City Council. The oversight group will oversee the project and sponsor individual projects. The governance and management structure is outlined in the in the graphic above (under 2a). A key focus of the project is to collaborate closely with other IJBs across the Grampian region (Moray IJB and Aberdeenshire IJB). The workstreams of the project (2022-2025) are outlined in the graph below which reflect the workstreams that, as part of an initial rapid scoping assessment (Aug-Sept 2022) have been identified to be within the ACHSCP's remit and scope of influence. Further scoping may identify additional workstreams.
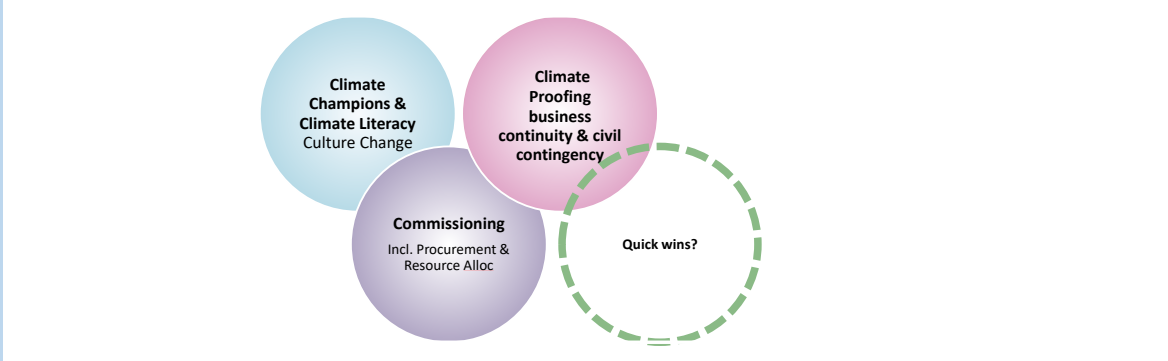
Strategy

2c **Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?**

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	...ment
Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions	ACHSCP Strategic Plan 2022-2025	/gove
Help people access support to overcome the impact of the wider determinants of health	ACHSCP Strategic Plan 2022-2025	/gove

2d   Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

If deemed appropriate, a climate change strategy will be developed as part of the proposed climate change project (2022-2025) to cover activities from 2025 going forward.

2e   Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation	NA			
Business travel	NA			
Staff Travel	NA			
Energy efficiency	NA			
Fleet transport	NA			
ICT	NA			
Renewable energy	NA			
Sustainable/renewable heat	NA			
Waste management	NA			
Water and sewerage	NA			
Land Use	NA			
Other (please specify in comments)	NA			
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2f **What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?**
Provide a brief summary of the body's areas and activities of focus for the year ahead.

The priorities for the coming year (2023-24) will be to (1) kick-start the ACHSCP's climate change project (2022-2025) (2) include climate change mitigation (net zero) and adaptation impact statements into IJB reports (3) initiate awareness- raising efforts on climate change mitigation (net zero) and adaptation (4) identification of climate change champions across individual teams (5) initiate efforts to integrate climate change mitigation (net zero) and adaptation into the ACHSCP's risk register. A key aspect

2g **Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?**
If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

Suitability of employing a Climat Change Assessment tool will be assessed under the ACHSP's proposed climate change project going forward.

Further information

2h **Supporting information and best practice**
Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

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Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a   Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting.
Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b). If data is not available for any year from the start of the baseline year to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

ENSURE QUESTION 1f IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT APPROPRIATE BASELINE YEAR

Reference year	Year	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	Please select from drop down box	Financial				-	tCO₂e	
Year 1 carbon footprint	0	Financial				-	tCO₂e	
Year 2 carbon footprint	0	Financial				-	tCO₂e	
Year 3 carbon footprint	0	Financial				-	tCO₂e	
Year 4 carbon footprint	0	Financial				-	tCO₂e	
Year 5 carbon footprint	0	Financial				-	tCO₂e	
Year 6 carbon footprint	0	Financial				-	tCO₂e	
Year 7 carbon footprint	0	Financial				-	tCO₂e	
Year 8 carbon footprint	0	Financial				-	tCO₂e	
Year 9 carbon footprint	0	Financial				-	tCO₂e	
Year 10 carbon footprint	0	Financial				-	tCO₂e	
Year 11 carbon footprint	0	Financial				-	tCO₂e	
Year 12 carbon footprint	0	Financial				-	tCO₂e	
Year 13 carbon footprint	0	Financial				-	tCO₂e	
Year 14 carbon footprint	0	Financial				-	tCO₂e	
Year 15 carbon footprint	0	Financial				-	tCO₂e	

3b   Breakdown of emissions sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If there is no data consumption available for an emission source enter the emissions in kgCO2e in the 'Consumption' column of one of the "Other" rows and assign the scope and an emission factor of 1.

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission Factor Year	2021		The emission factor year is auto-assigned based on your answer to Q1f, if it is incorrect please contact SSN.

You can now filter emission sources by "type" in column C to enable quicker selection of emission source in column D.
User defined emission sources can be entered below remote/homeworking emissions - rows 101 to 129. If you require extra rows in the table please send the template to ccreporting@ed.ac.uk.

Emission	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO₂e)	Comments
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	Hybrid/Homeworking emissions	Scope 3	100.00%	percentage of total FTEs	0.30000	tCO2e/FTE/annum	0.6	
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No Scope 1 emissions reported, please check and/or state why in comments above
No Scope 2 emissions reported, please check and/or state why in comments above

3c Generation, consumption and export of renewable energy
Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

	Renewable Electricity		Renewable Heat		
Technology	Total consumed by the body (kWh)	Total exported (kWh)	Total consumed by the body (kWh)	Total exported (kWh)	Comments
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Targets

3d Organisational targets
List all of the body's targets of relevance to its climate change duties. Where applicable, targets for reducing indirect emissions of greenhouse gases, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included. Where applicable, you should also provide the body's target date for achieving zero direct emissions of greenhouse gases, or such other targets that demonstrate how the body is contributing to Scotland achieving its emissions reduction targets.

Name of target	Type of target	Target	Units	Boundary/scope of target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Progress against target	Comments
	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	2044/45		
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3da How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?
Provide any relevant supporting information

As part of the ACHSCP's climate change project (2022-2025) spending plans and resource allocation will be reviewed in line with climate change targets for net zero and adaptation.

3db How will the body publish, or otherwise make available, it's progress towards achieving its emissions reduction targets?
Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be accessed.

The IJB will continue to report annually to Scottish Government (published on the Sustainable Scotland Network website) in November each year. The team will also report to the Aberdeen IJB annually on progress against the ACHSCP's climate change project (2022-2025) in October each year, starting October 2023. All Aberdeen City IJB reports are published here
https://committees.aberdeencity.gov.uk/mgCommitteeDetails.aspx?ID=516

Projects and changes

3e Estimated total annual carbon savings from all projects implemented by the body in the report year
If no projects were implemented against an emissions source, enter "0".
If the body does not have any information for an emissions source, enter "Unknown".
If the body does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO$_2$e)	Comments
Electricity	-	N/A
Natural gas	-	N/A
Other heating fuels	-	N/A
Waste	-	N/A
Water and sewerage	-	N/A
Travel	-	N/A
Fleet transport	-	N/A
Other (please specify in comments)	-	N/A
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Total

3f   Detail the top 10 carbon reduction projects to be carried out by the body in the report year
Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO₂e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO₂e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments
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3g   Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction

Emissions source	Total estimated annual emissions (tCO₂e)	Increase or decrease in emissions	Comments
Estate changes	-	Please select from drop down box	
Service provision	-	Please select from drop down box	
Staff numbers	-	Please select from drop down box	
Other (please specify in comments)	-	Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total	-		

3h   Anticipated annual carbon savings from all projects implemented by the body in the year ahead
If no projects are expected to be implemented against an emissions source, enter "0".
If the organisation does not have any information for an emissions source, enter "Unknown".
If the organisation does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO₂e)	Comments
Electricity	-	N/A
Natural gas	-	N/A
Other heating fuels	-	N/A
Waste	-	N/A
Water and sewerage	-	N/A
Travel	-	N/A
Fleet Transport	-	N/A
Other (please specify in comments)	-	N/A
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Total	-	

3i   Estimated decrease or increase in emissions from other sources in the year ahead
If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO₂e)	Increase or decrease in emissions	Comments
Estate changes	-	Please select from drop down box	N/A
Service provision	-	Please select from drop down box	N/A
Staff numbers	-	Please select from drop down box	N/A
Other (please specify in comments)		Please select from drop down box	N/A
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Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total	-		

3j   Total carbon reduction project savings since the start of the year which the body used as a baseline for its carbon footprint
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	Total estimated emissions savings (tCO₂e)	Comments
Total project savings since baseline year		

Further information
3k   Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

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Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 4	Adaptation

Assessing and managing risk

4a **Has the body assessed current and future climate-related risks?**
If yes, provide a reference or link to any such risk assessment(s).

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. The ACHSCP is currently considering including climate change as a stand-alone risk as well as integrating climate change into all other risk categories.

4b **What arrangements does the body have in place to manage climate-related risks?**
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. The ACHSCP is currently considering including climate change as a stand-alone risk as well as integrating climate change into all other risk categories.

Taking action

4c **What action has the body taken to adapt to climate change?**
Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme ("the Programme").

The ACHSCP's strategic plan (2022-2025) outlines "The need to address the wider determinants of health which impact on inequity of access to health and social care services such as housing / homelessness, climate change, and cost of living concerns" and that the impacts of these determinants on current and future health inequalities requires the ACHSCP to plan to "address these and build resilience to prevent ill health and enable people to achieve fulfilling, healthier lives. We need to focus on recovery and renewal, building resilience for the future." Through the ACHSCP's climate change project (2022-2025), climate adaptation considerations will be comprehensively integrated into everything the ACHSCP does, including considerations of resource allocation/spending, commissioning of services, business continuity and civil contingency. This will be supported by a cluster of cultural/behavioural change activities that will raise the understanding of the need for climate change adaptation, as well as equipping all staff with the analytical and actioning tools required to address climate change adaptation within their remit and sphere of influence. This will be enabled through awareness raising, provision on trainings and the appointment of climate change champions in individual teams.

4d   **Where applicable, what contribution has the body made to helping deliver the Programme?**
Provide any other relevant supporting information

The ACHSCP's strategic plan (2022-2025) outlines "The need to address the wider determinants of health which impact on inequity of access to health and social care services such as housing / homelessness, climate change, and cost of living concerns" and that the impacts of these determinants on current and future health inequalities requires the ACHSCP to plan to "address these and build resilience to prevent ill health and enable people to achieve fulfilling, healthier lives. We need to focus on recovery and renewal, building resilience for the future." Through the ACHSCP's climate change project (2022-2025), climate adaptation considerations will be comprehensively integrated into everything the ACHSCP does, including considerations of resource allocation/spending, commissioning of services, business continuity and civil contingency. This will be supported by a cluster of cultural/behavioural change activities that will raise the understanding of the need for climate change adaptation, as well as equipping all staff with the analytical and actioning tools required to address climate change adaptation within their remit and sphere of influence. This will be enabled through awareness raising, provision on trainings and the appointment of climate change champions in individual teams.

Review, monitoring and evaluation

4e   **What arrangements does the body have in place to review current and future climate risks?**
Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. The ACHSCP is currently considering including climate change as a stand-alone risk as well as integrating climate change into all other risk categories.

4f   **What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?**
Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Climate change adaptation and mitigation impact statements will be included in Aberdeen City IJB reports from 2023 onwards. These will be voluntary and run as pre-alpha versions until comprehensive impact assessment tools are developed and staff are educated and trained on how to apply them within the remit of their work. It is expected that these will become an obligatory feature of all IJB reports from April 2025 onwards, or once the aforementioned efforts are completed, whichever is earlier.

Future priorities for adaptation

4g   **What are the body's top 5 climate change adaptation priorities for the year ahead?**
Provide a summary of the areas and activities of focus for the year ahead.

The priorities for the coming year (2023-24) will be to (1) kick-start the ACHSCP's climate change project (2022-2025) (2) include climate change adaptation impact statements into IJB reports (3) initiate awareness- raising efforts on climate change adaptation (4) identification of climate change champions across individual teams (5) initiate efforts to integrate climate change adaptation into the ACHSCP's risk register.

Further information

4h   **Supporting information and best practice**
Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 5 Procurement

5a   How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

There is currently no climate change specific policies within the ACHSCP's commissioning and procurement framework, however the commissioning framework will be reviewed as part of the ACHSCP's 2022-2025 strategic plan, and supply-chain engagement is planned with external service providers to identify the counting and management of carbon emissions across commissioned services, enabling to achieve effective carbon counting as well as ensuring our Scope 3 emissions are net zero 2045.

5b   How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

There is currently no climate change specific policies within the ACHSCP's commissioning and procurement framework, however the commissioning framework will be reviewed as part of the ACHSCP's 2022-2025 strategic plan, and supply-chain engagement is planned with external service providers to identify the counting and management of carbon emissions across commissioned services, enabling to achieve effective carbon counting as well as ensuring our Scope 3 emissions are net zero 2045.

Further information

5c   Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

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Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

This report was approved by the Aberdeen City IJB on 29th November and was approved by the Chief Finance Officer of the Aberdeen City Health & Social Care Partnership, prior to submission to the Sustainable Scotland Network.

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

This report was approved by the Chief Operating Officer of the Aberdeen City Health & Social Care Partnership, prior to submission to the Sustainable Scotland Network.

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

N/A

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

N/A

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Sandra MacLeod
Role in the body:	Chief Officer
Date:	29/11/2022

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD COMMITTEE

Date of Meeting	29 November 2022
Report Title	Quarter 2 (2022/23) Financial Monitoring Update
Report Number	HSCP.22.104
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Paul Mitchell, Chief Finance Officer PauMitchell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A -Finance Update as at end September 2022 Appendix B - Variance Analysis Appendix C - Mobilisation Plan Costings Update Appendix D - Progress in implementation of agreed savings – September 2022 Appendix E - Budget Reconciliation Appendix F - Budget Virements Appendix G - Summary of risks and mitigating action

1. **Purpose of the Report**

   a) To summarise the 2022/2023 revenue budget performance for the services within the remit of the Integration Joint Board (IJB) for quarter 2 (*period ended of 30 September 2022*).

   b) To advise on any areas of risk and management action relating to the revenue budget performance of the IJB services.

1

INTEGRATION JOINT BOARD COMMITTEE

c)   To approve the budget virements so that budgets are more closely aligned to anticipated income and expenditure

2.   Recommendations

2.1.   It is recommended that the IJB:

a) Note this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein.

b) Approve the budget virements indicated in Appendix F

3.   Summary of Key Information

Background

3.1.   This financial year (2022/23) the IJB has found itself in the same position as last year with additional costs being incurred due to the implications of COVID-19 on the delegated services.

3.2.   From the current monitoring statement, the forecast Covid-19 specific costs for the year to 31 March 2023 are £10,057,000. As at 31 March 2022, the IJB held a Covid Reserve of £19,740,496 to fund these additional costs, leaving a forecast balance on the Reserve of £9,683,496.

3.3.   The Scottish Government letter dated 25 February 2022 stated that the funding allocation was to support the continuation of Covid specific costs that were already being funded in 2021/22, with no new additions. The specific funding allocation ends on 31 March 2023. As a result, staff have been working to ensure that there will be no additional cost pressure for the IJB from 2023/24 onwards.

3.4.   In a letter from the Scottish Government, dated 12 September 2022, it stated that "the Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid pressures", with the "process and timetable will follow through further communications"

INTEGRATION JOINT BOARD COMMITTEE

3.5. At the IJB Committee on 11 October 2022, it was recommended that the Chief Finance Officer report back to Committee on the Quarter 2 forecast position and an update in respect of the Scottish Government reclaiming any under committed Covid Reserve.

3.6. The terms of the grant letter state that the Covid funding provided under that grant is non-repayable. At this stage, it is not clear upon which basis the monies would be repaid. We are seeking clarification from the Scottish Government, through the Chief Finance Officers Executive group.

3.7. On 2 November 2022, the Scottish Government produced the 2022-23 Emergency Budget Review. For the remainder of the financial year, the review sets out the reprioritisation of budgets within the Health and Social Care Portfolio to support the Agenda for Change pay and wider pressures in the sector. Specific to the IJBs, we are required to utilise current funds and claim on actual expenditure incurred. Previously we received an allocation, and any underspend was carried forward on our Balance Sheet as a Reserve. This new approach reduces our ability to increase Reserves.

Aberdeen City IJB Financial Information

3.8. To maintain a consistent approach with the financial position reported in previous financial years, a prudent methodology continues to be taken in respect of forecasting. The financial position of the IJB as at 30 September 2022 is as follows:

	As at 30 Sept 2022
	£'000
Overspend\(Underspend) *as at (Appendices A and B)*	0
Represented by: Overspend\(Underspend) on Mainstream Budgets (Appendix B)	0

3.9. The mainstream position is showing a balanced budget and information on the variances to date are contained in Appendix B.

3.10. Budget Holders have regular review meetings with dedicated finance staff and the Senior Leadership Team receive regular financial reports and continually monitor the overall forecast position.

4. Implications for IJB

4.1. Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and the Risk Audit & Performance Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

Key underlying assumptions and risks are set out within the Appendices to this report.

4.2. **Equalities, Fairer Scotland and Health Inequality** – there are no implications arising from this report.

4.3. **Financial** – the financial implications are contained throughout the report.

4.4. **Workforce** – there are no workforce implications arising from this report.

4.5. **Legal** – there are no legal implications arising from this report.

4.6. **Other** – there are no other implications arising from this report.

5. Links to ACHSCP Strategic Plan

5.1. A balanced budget and the medium financial strategy are a key component of delivery of the strategic plan and the ambitions included in this document.

INTEGRATION JOINT BOARD COMMITTEE

6.   Management of Risk

6.1.   Identified risk(s)

See directly below.

6.2.   Link to risks on strategic or operational risk register: Strategic Risk #2

There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.

6.3.   How might the content of this report impact or mitigate these risks:
Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.

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Appendix A: Finance Update as at end September 2022

Period 6	Full Year Revised Budget £'000	Period Budget £'000	Period Actual £'000	Period Variance £'000	Variance Percent %	Forecast £'000	Full Year Variance £'000	App B
Mainstream:								
Community Health Services	37,461	18,741	18,885	144	0.8%	37,948	487	a
Aberdeen City share of Hosted Services (health)	28,437	14,125	13,836	(289)	(2.0)%	27,957	(480)	b
Learning Disabilities	37,905	18,952	19,546	594	3.1%	37,599	(306)	c
Mental Health and Addictions	24,046	12,023	12,044	21	0.2%	24,155	109	d
Older People & Physical and Sensory Disabilities	100,711	50,356	50,451	95	0.2%	100,475	(236)	e
Directorate	1,623	812	935	123	15.1%	1,720	97	f
Criminal Justice	153	77	80	3	3.9%	162	9	
Housing	1,848	924	924	0	-	1,848	-	
Primary Care Prescribing	39,992	19,806	20,978	1,172	5.9%	41,165	1,173	g
Primary Care	42,382	21,243	19,629	(1,614)	(7.6)%	41,072	(1,310)	h
Out of Area Treatments	2,000	1,053	1,100	47	4.5%	2,457	457	i
Set Aside Budget	47,802	23,901	23,901	0	-	47,802	-	
Direct COVID Costs	10,057	4,868	4,868	0	-	10,057	-	j
Transforming Health and Wellbeing	2,570	1,279	1,304	25	2.0%	2,570	-	k
	376,987	**188,160**	**188,481**	**321**	**0.2%**	**376,987**	**-**	
Funds:								-
Integration and Change	142	88	88	0	-	142	-	
Uplift Funding	6,195	0	0	0	-	6,195	-	
Winter Funding	0	0	0	0	-	0	-	
Primary Care Improvement Fund	306	156	156	0	-	306	-	l
Action 15 Mental Health	0	206	206	0	-	0	-	
Alcohol Drugs Partnership	0	50	50	0	-	0	-	
	6,643	**500**	**500**	**0**	**-**	**6,643**	**-**	
	383,630	**188,660**	**188,981**	**321**	**0.2%**	**383,630**	**-**	

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

a **Community Health Services (Forecast Position - £487,000 overspend)**

Major Variances:

1,033,000	Across non-pay budgets
(276,000)	Over receipt on income
(270,000)	Staff Costs

Staffing costs projected underspend due to recruitment to vacancies particularly in Nursing and AHPs.

b **Hosted Services (Forecast Position £480,000 underspend)**

The Hosted Services position is now reporting an underspend mainly due to the allocation of cost pressure funding from the Integrated Joint Board.
All services are reporting an underspend excluding GMED which still has a significant overspend despite additional funding.

Intermediate Care: Has an underspent position in city due to allocation of additional funding. The Grampian Wide service has an underspend position due to reduction on medical supplies spend and no longer accruing for an invoice, along with a reduction in locums usage.
Grampian Medical Emergency Department (GMED): Currently overspent despite additional IJB funding. Relates mainly to pay costs and the move to provide a safer more reliable service which has been a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, increased costs on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs.

Hosted services are led by one IJB, however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring this budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

c **Learning Disabilities (Forecast Position - £306,000 underspend)**

Council: £1,567,000 underspent on commissioned services. Offset by £718,000 overspend on direct payments, £180,000 on staff (as 5% pay award now expected) and £287,000 underrecovery of client income.
NHS: A pressure has arisen due to a high cost care package estimated at £230,000, partially offset by underspends of £154,000 on staffing due to vacancies

d **Mental Health & Addictions (Forecast Position - £109,000 overspend)**

£150,000 overspent on staffing mostly due to 5% pay award, partly offset by various savings, including commmissioned services

e **Older People & Physical and Sensory Disabilities (Position £236,000 underspend)**

£484,000 underspent on staff costs due to vacancies. Offset by £248,000 underrecovery of client income.

f **Directorate (Position – £97,000 overspend)**

Various small overspends, including £34,000 on grants to vountary organisations, £17,000 on carers support and sheltered housing support income underrecovered by £46,000.

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

---

g | **Primary Care Prescribing (Forecast Position – £1,173,000 overspent)**

Agreement has been reached between the Scottish Government and Community Pharmacy Scotland for 22/23 and a tariff price reduction has been implemented from April 2022.   This resulted in a reduced actual average price per item of £10.62 in April which increased to £10.67 in May. Part of the agreement with Community Pharmacy Scotland includes a transfer to Pharmacy Global Sum from prescribing which will be achieved by a reverse allocation yet to be actioned. This is as similar arrangement to prior years.

The estimated position to M5 included a 3-month accrual for June July and August due to problems at a national level with data loading and verification within PSD. Actual data has now been received for June and July. The actual data indicates item price increased significantly in June and increased again in July to £10.99 /item from £10.67/item in May. The price increase has been attributed to the impact of short supply causing a spike in prices. This is spread across a range of products and is being analysed to identify any mitigation measures. This has also impacted on tariff reduction achievement, and this is also being reassessed by the Scottish Government. A price of £10.83 has been used for the September estimate in anticipation of some mitigation and recovery in price.

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h | **Primary Care Services (Forecast Position - £1,310,000 underspend)**

The GP contract for 22/23 uplift is still to be determined and is not included in the above noted position. A break-even position has been assumed to M6 for this element.

The main overspend on enhanced services remains consistent as services are still protected in part. From July Enhanced Services resumed with 75% protection for those with lower recorded activity for July and being phased out thereafter. The activity being recorded and submitted is still lower than expected and practices have been reminded to complete recording as future earnings will be dependent upon this as protection ceases.

Premises remain favourable mainly in Aberdeen City and Aberdeenshire where one-off benefits from prior year rates refunds received in 22/23 alongside reduced business rates & water charges for 22/23 which will be recurring.

Other smaller minor underspending areas, including Training Grant contribute to the overall underspend.

The underspend on Board administered funds including Seniority payments and locum payments has increased slightly but remains broadly consistent with expectation.

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i | **Out of Area Treatments (Forecast Position - £457,000 overspend)**

The current forecast position for the year is an overspend of £457,000 (slight reduction from 21/22 overspend of £494,000)

The makeup of the change is:-

Reductions in spend	
Impact of discharges during 21/22	(145,000)
Impact of move within a placement	(43,000)
Expected reduction in additional nursing	(113,000)
Increases in spend	
Full year effect 21/22 placement	147,000
Estimated pay and prices	117,000
Net change in spend and in overspend	(37,000)

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

---

j **COVID -19 Costs (Forecast Position - balanced).**

Direct Costs to be funded from Covid Reserve:-

Staff overtime and additional hours	328,000
Care Homes Sustainability	9,493,000
PPE Partnership	212,000
Chief Social Work Officer	24,000
	10,057,000

---

k **Transforming Health and Wellbeing (Forecast Position - balanced).**

Council: £125,000 overspent on staffing as new team members have been recruited.
NHS: Underspends on pay due to vacancies, held to match the Council's position to give an overall breakeven forecast

---

l **Funds (Forecast Position - balanced)**

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

Appendix C: Mobilisation Plan Costings

	Forecast 2022/23 £'000	
Direct Costs Agreed Locally		
Staff overtime and additional hours	328	Required to support residential settings and for weekend working. Also agency staff taken on to process sustainability claims.
Care Homes Sustainability	9,493	Support to care homes financially due to a reduction in number of residents.
PPE Partnership	212	Additional cost to social care and partnership.
Chief Social Work Officer	24	As per agreement
	10,057	

Appendix D: Progress in implementation of savings – September 2022

Programme for Transformation:	Agreed Target £'000	Status	Forecast £'000
Prescribing	(350)	Description - To seek alternatives to medicines (social prescribing), ensuring our prescribing processes and management of patients using medicines is as efficient as it can be and also stopping the prescription of drugs where there is evidence of little clinical value Status - The budget is regularly reviewed and the saving is expected to materialise.	(350)
Whole system and connected remobilisation	(825)	Description - undertake a strategic review of the data, demographic and demand picture to understand the "bed base" for unscheduled care. Status - The budget is regularly reviewed and the saving is expected to materialise.	(825)
	(1,175)		**(1,175)**

Undeliverable due to COVID19   **0**

Appendix E: Budget Reconciliation

	NHSG £	ACC £	IJB £
ACC per full council:	0	118,486,677	
NHS per letter from Director of Finance:	243,488,986		
Budget NHS per letter		0	
	243,488,986	118,486,677	
Reserves Drawdown			
Quarter 1	14,410,228		
Quarter 2	7,245,194		
Quarter 3			
Quarter 4			
	265,144,408	**118,486,677**	**383,631,085**

Appendix F: Budget Virements (balancing)

Health 1-3		£
WOUND CARE MANAGEMENT PRODUCT	CITY H&SCP CORE	60,000
WOUND CARE MANAGEMENT PRODUCT	PRESCRIBING CITY	(60,000)
NUNUSED BUDGET	CITY COMMUNITY MENTAL HEALT	2,018
NUNUSED BUDGET	CITY H&SCP CORE	13,800
NUNUSED BUDGET	CITY LEARNING DISABILITIES	(3)
NUNUSED BUDGET	RING FENCED FUNDING	7
NUNUSED BUDGET	UNUSED COST CENTRES	(15,822)
RECODE N35054	CITY H&SCP CORE	234,318
RECODE N35054	UNUSED COST CENTRES	(234,318)
WARD 16 SAVINGS ALLOCATION	CITY COMMUNITY MENTAL HEALT	653,193
WARD 16 SAVINGS ALLOCATION	CITY HOSTED SERVICES	98,734
WARD 16 SAVINGS ALLOCATION	CITY H&SCP CORE	(751,927)
MEDICAL PAY UPLIFT	CITY COMMUNITY MENTAL HEALT	109,422
MEDICAL PAY UPLIFT	CITY H&SCP CORE	91,255
MEDICAL PAY UPLIFT	UPLIFT ADJUSTMENTS	(200,677)
Total Virements		-

Social Care 4-6		£
IJB budget v2 - move Scottish Care grant to Directorate	Directorate	119,506
IJB budget v2 - move Scottish Care grant to Directorate	Strategy & Transformation	(119,506)
IJB budget v3 - adjust covid budgets to match FPR	Directorate	3,176,000
IJB budget v3 - adjust covid budgets to match FPR	Learning Disabilities	50,000
IJB budget v3 - adjust covid budgets to match FPR	Mental Health/Substance Misuse	(70,000)
IJB budget v3 - adjust covid budgets to match FPR	Resource Transfer	(3,156,000)
Total Virements		-

Appendix G: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	The current financial position is dependent on vacancy levels.	Monitor levels of staffing in post compared to full budget establishment. A vacancy management process has been created which will highlight recurring staffing issues to senior staff.
Hosted Services	There is the potential of increased activity in the activity-led Forensic Service. There is the risk of high levels of use of expensive locums for intermediate care, which can put pressure on hosted service budgets.	Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. The movement of staff from elsewhere in the organisation may help to reduce locum services.
Learning Disabilities	There is a risk of fluctuations in the learning disabilities budget because of: Staff vacancy levels Expensive support packages Increase in provider rates	Monitor levels of staffing in post compared to full budget establishment. Review packages to consider whether they are still meeting the needs of the clients. All learning disability packages are going for peer review at the fortnightly resource allocation panel.
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	Work has been undertaken to review levels through using CareFirst. Review potential delayed discharge complex needs and develop tailored services. A group has been established in the city to look at supplementary staffing on a regular basis.
Older people services incl. physical disability	There is a risk that staffing levels change which would have an impact on the current financial position. There is the risk of an increase in activity in needs led service, which would also impact the financial position.	Monitor levels of staffing in post compared to full budget establishment. Regular review packages to consider whether they are still meeting the needs of the clients.
Prescribing	There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. As both of which are forecast on basis of available date and evidence at start of each year by the Grampian Medicines Management Group	Monitoring of price and volume variances from forecast. Review of prescribing patterns across General Practices and follow up on outliers. Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian Area, which would impact this budget.	Groups to be re-established reviewing placements and considering if these patients can be cared for in a community setting.

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	29 November 2022
Report Title	ACHSCP Workforce Plan 2022 - 2025
Report Number	HSCP22.101
Lead Officer	Alison Macleod
Report Author Details	Stuart Lamberton Transformation Programme Manager SLamberton@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. ACHSCP Workforce Plan 2022 – 2025 b. Health Inequalities Impact Assessment

1. Purpose of the Report

1.1. This report presents to the Integration Join Board (IJB) the final version of the Aberdeen City Health and Social Care Partnership Workforce Plan 2022 – 2025.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) approves the final version of the ACHSCP Workforce Plan 2022 – 2025 as attached at Appendix A

b) instructs the Chief Officer to report progress annually to the Risk, Audit, and Performance Committee

3. Summary of Key Information

3.1. On 30 August 2022 the IJB were presented with the first draft of the ACHSCP Workforce Plan 2022 – 2025. This was accompanied by a summary of

1

development and an overview of key timescales, agenda item 6.5 refers. The final plan was originally due back to IJB on 11 October 2022, but Scottish Government were delayed in providing feedback which in-turn pushed our timescales back for presenting this final version to the IJB.

3.2.   As required by Scottish Government and the IJB the plan contains detailed information on; a summary of population health statistics, an overview of ACHSCP workforce, our progress since 2019, alignment with the development of NHS plan for the future, ACC workforce plan, ACHSCP strategic plan, and our financial planning, feedback from the most recent workforce survey, shared learning from the impact of COVID-19 and the challenges we face, clear aims and key actions required over the next three years together with the improvement measures and expected impact.

3.3.   The IJB gave feedback on the first draft of the ACHSCP Workforce Plan 2022 – 2025 and over the course of September and October 2022 further feedback has been gathered from the wider staff consultation along with commissioned and independent services. Positive feedback and suggestions were also received from the Scottish Government and our third sector colleagues.

3.4.   In response to the Independent Review of Adult Social Care in Scotland. the joint statement of intent published by Scottish Government and the Convention of Scottish Local Authorities (COSLA) on 24 March 2021 outlined key areas to be addressed across the Social Care workforce in particular. The ACHSCP Workforce Plan 2022 – 2025 acknowledges the challenges faced by Aberdeen City and across the North East. Specific actions are included in the plan to focus on recruitment and retention in this area as well as the development of sustainable career pathways.

3.5.   The final version of the ACHSCP Workforce Plan 2022 – 2025 is attached at Appendix A. Updates to the plan include, but are not limited to:

- The inclusion of data and supporting information from commissioned and independent services to ensure the plan is as reflective as possible across services in ACHSCP
- Review of the actions refined under the key priorities of *recruitment & retention, mental health & wellbeing, and growth & development opportunities*

- Better linkage between what the data and information tell us and how this relates to the aims and actions identified in the plan
- Alignment across the revised ACC Workforce Plan, the NHSG plan for the future, and our ACHSCP strategic plan and our risk register

3.6. The purpose of the ACHSCP Workforce Plan 2022 -2025 is to set out our intentions with clear aims over the next few years. Delivering on the aims and key actions identified in the plan together with the support required will be progressed by the delivery group. The delivery group membership and terms of reference are being pulled together led by the current short life working group. A delivery plan for progress reporting, with identified leads and associated timescales, will be developed and implemented by the delivery group. The ACHSCP Workforce Plan 2022 -2025 is a live document and will be kept updated by the delivery group.

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 stage 3 Health Inequalities Impact Assessment (HIIA) has been completed and is attached at Appendix B.

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 & development 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 via the delivery group.

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

It is expected that the key themes identified in the ACHSCP Workforce Plan 2022 – 2025 will have a positive impact on unpaid carers as part of our workforce and the priorities set out in our ACHSCP Strategic Plan 2022 - 2025. The importance of the advice and guidance required to support unpaid carers as part of our workforce forms part of our working culture. This plan has been developed alongside the development of our new Carer's strategy which has specific actions to support unpaid carers as part of our wider workforce and to value their role within the health and social care system.

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.

INTEGRATION JOINT BOARD

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: The ongoing recruitment and retention of staff
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.

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WORKFORCE PLAN

Aberdeen City
Health & Social Care
Partnership
A caring partnership

Workforce Plan 2022-2025

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

Strategic Aims

Prevent ill Health

Achieving Fulfilling, Healthy lives

ABERDEEN

Caring Together

Keeping People Safe at Home

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, commissioned, and third sector colleagues.

Staffing groups and services across ACHSCP include;

▶ **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**

▶ **Bon Accord Care**

▶ **Strategy & Transformation Team**

3

Data summary & overview

Aberdeen is the third largest city in Scotland and provides 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. There is high average employment but low overall income and its rurality is a known issue that can cause people difficulty in accessing services.

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.

The following data and information is provided from a range of workforces within ACHSCP. Where possible this data and information is presented as averages due to the variation of services involved.
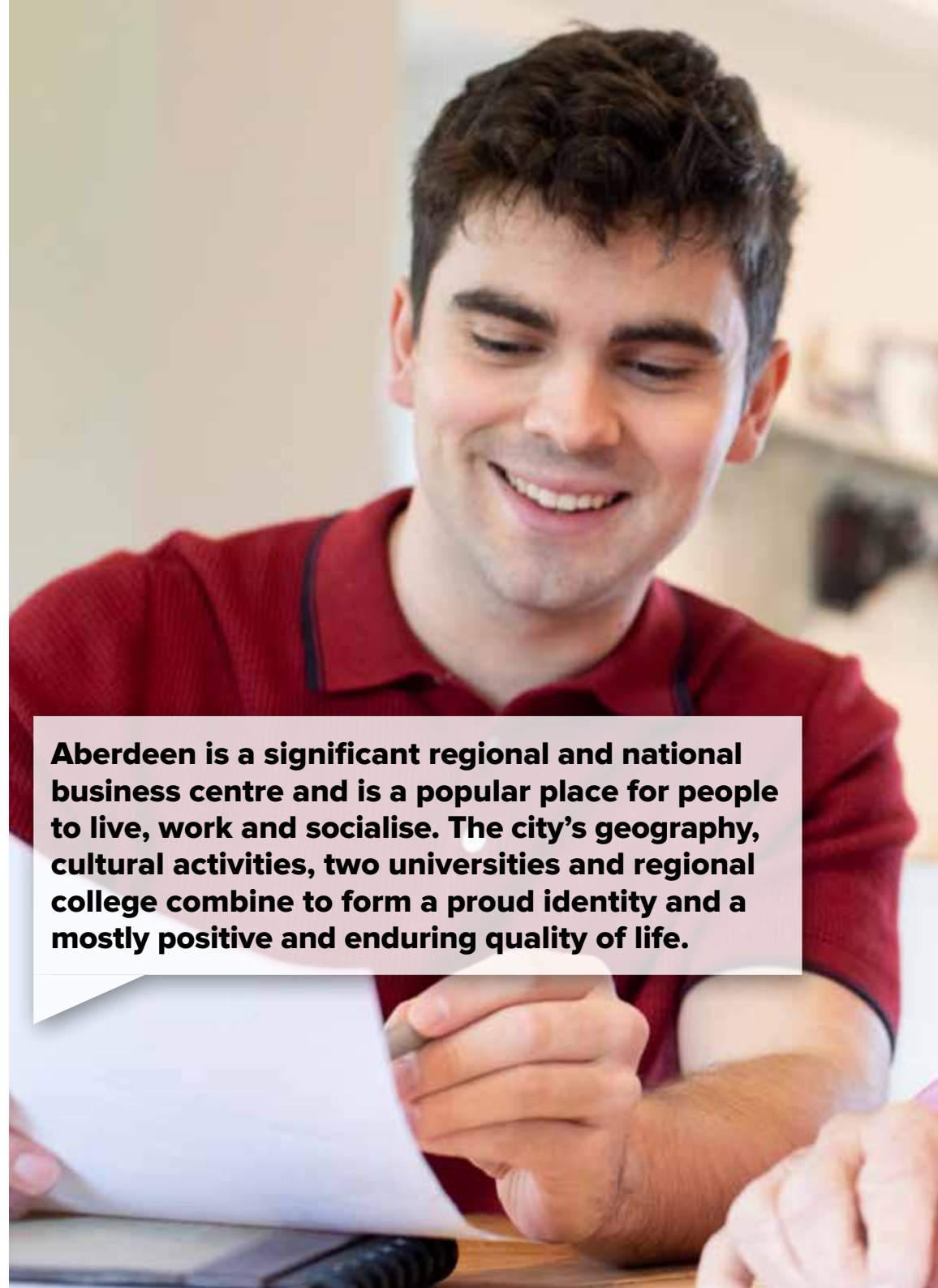
Aberdeen is a significant regional and national business centre and is a popular place for people to live, work and socialise. The city's geography, cultural activities, two universities and regional college combine to form a proud identity and a mostly positive and enduring quality of life.

Table 1

ABERDEEN CITY
Percentage change in population by age group, 2018 and 2028

Table 1 data labels:
- 0 to 15: -3.2%
- 16 to 24: +16.1%
- 25 to 44: -2.1%
- 45 to 64: -2.6%
- 65 to 74: +14.4%
- 75 and over: +16.1%

Y-axis: -5%, 0, 5%, 10%, 15%
X-axis label: Age group
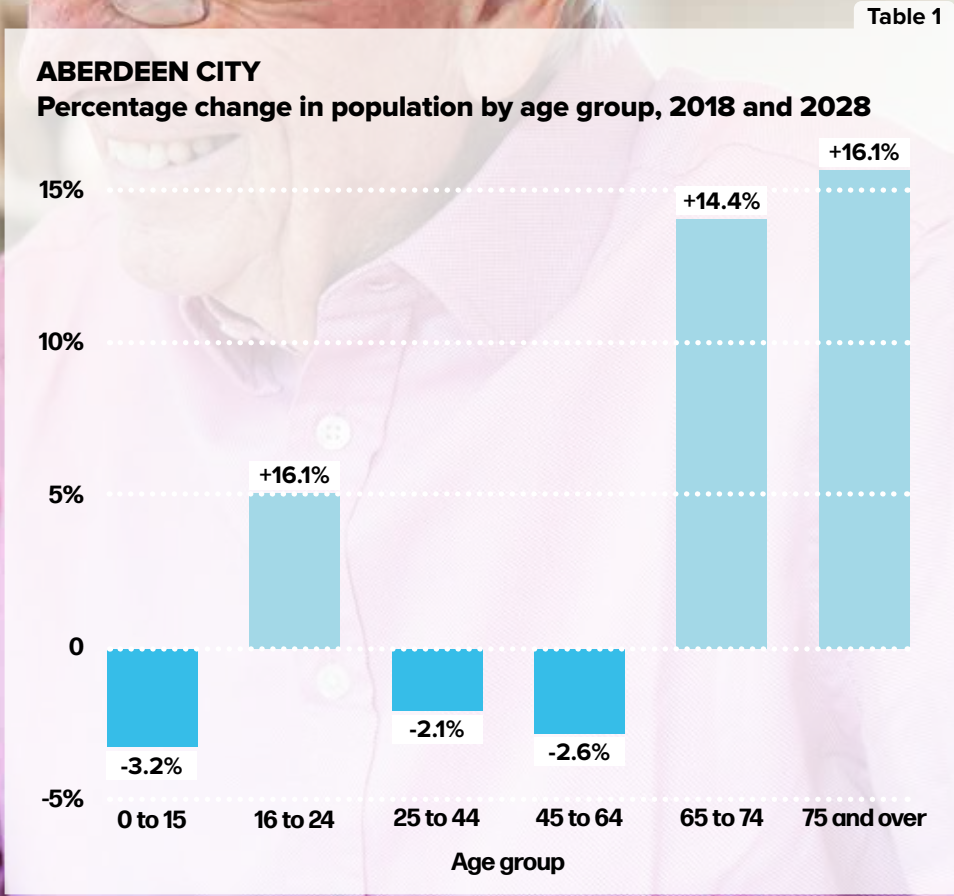
The life expectancy for those born as males within Aberdeen City is 76.9 with a healthy life expectancy of 58.3. Those born as females have a life expectancy of 81.3 with a healthy life expectancy of 61.3. This means that we are potentially looking at an average of 18-20 years of someone's life where 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 are 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

Our Workforce: Overview

Our workforce is incredibly important to how we deliver services and their effectiveness at helping people fulfil their healthy lives potential and caring for them during periods of ill health.

Table 2 demonstrates that our workforce over the 2020-2022 period has grown by 1.5%. While Table 3 shows that over the past three years, approximately three quarters of our workforce have been employed by NHSG Grampian and that our workforce is predominantly female.

The following tables shows the make up of the ACHSCP workforce

Table 2

Whole Time Equivalent (WTE) and Headcount 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**

Table 3

Make up of Workforce by Employing Organisation and Gender

It is estimated that NHSG employs approximately three quarters of the workforce for ACHSCP

	2020	2021	2022
NHSG	75.4%	73.7%	78.9%
ACC	24.60%	26.3%	21.1%

→ 10% **MALE** 90% **FEMALE**

Make up of our Workforce

Table 4 demonstrates the age profile of our staff. This shows that around half of our staff are over the age of 50 and therefore likely to retire within the next 15 years.

Table 4
ACHSCP Age Profile of Workforce 2018-2022 (substantive posts)

Legend: 2018, 2019, 2020, 2021, 2022

Y-axis: 0% – 25%

X-axis (Age bracket during 2018 - 2022): 20 - 24, 25 - 29, 30 - 34, 35 - 39, 40 - 44, 45 - 49, 50 - 54, 55 - 59, 60+
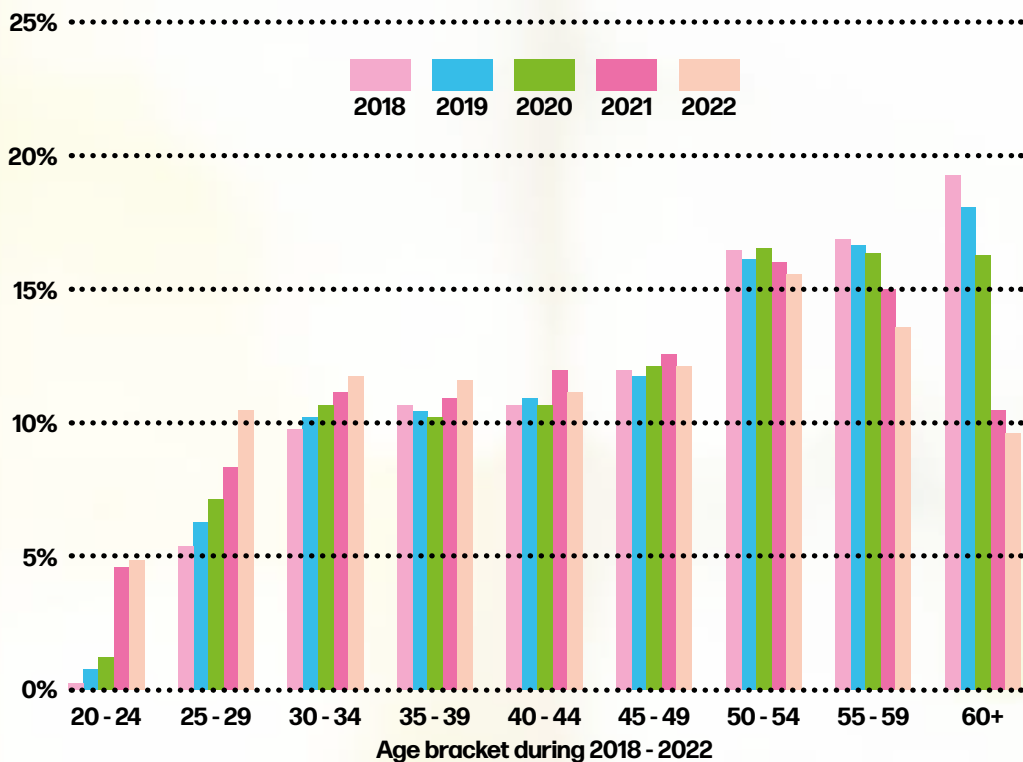
Table 5
Headcount by Ethnicity of ACHSCP Workforce
(as at 31st March 2022)

Categories: White - Scottish, White - Other British, White - Other, White - Irish, Prefer not to say, Don't Know, Asian - Other, Asian - Indian, Indian Scottish or Indian British, African - African, African Scottish or African British

X-axis (Percentage %): 0, 10, 20, 30, 40, 50, 60, 70
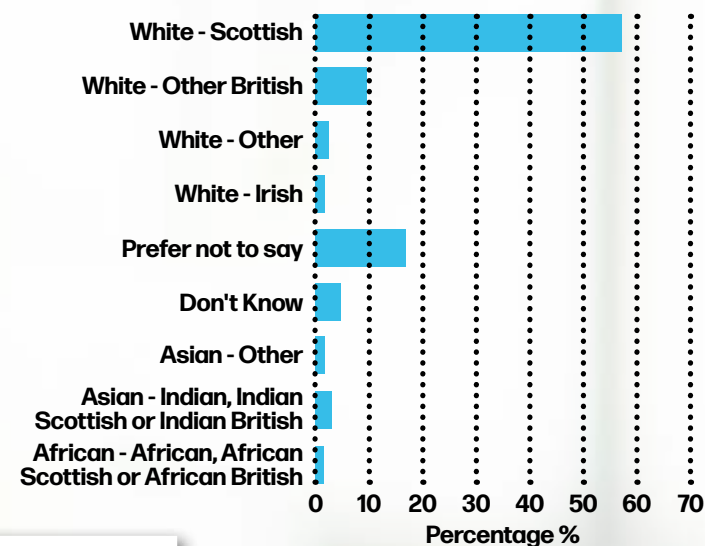
11% of the **ACHSCP workforce** are due to **retire** between **2023** and **2027**

Click on this link to see how this data has informed our aims and key actions

WORKFORCE PRIORITIES — RECRUITMENT and RETENTION

7
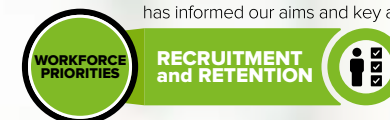
Staff Turnover and Staff Absence

Table 6
Overall percentage of ACHSCP leavers compared with employing organisation

	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%

Table 7
Percentage age profile of ACHSCP leavers by employing organisations

	2020/21			2021/22		
	ACC Employed	NHSG Employed	Average	ACC Employed	NHSG Employed	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%

Staff turnover

Tables 6 and 7 show the leavers from ACHSCP employed from both partner organisations and the turnover levels over 2020-2022. The turnover levels for NHSG and ACC have also been displayed in order to provide comparison.

The turnover levels for ACHSCP are higher in both 2020/21 and 2021/22 than in the employing organisations. Looking at the age profile in Table 7 of those leaving the ACHSCP across NHSG and ACC, in 2021/22, half of those leaving the partnership were under 40 years old.

Table 8 displays the absence levels from ACC and NHSG employed staff members. NHSG aims for a 4% target for staff absences which ACHSCP staff have been frequently been above over the past financial year.

ACHSCP have higher staff turnover compared to their partner organisations

Table 8
Recorded Sickness Absences from NHSG and ACC Employed ACHSCP Partnership Staff.

*Please note, no data available April 2021 from ACC and therefore data point appears disproportionately low.)
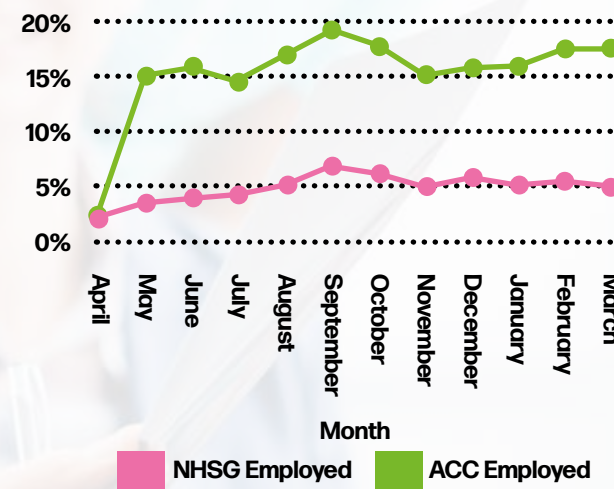
NHSG Employed ACC Employed

Month

Click on this link to see how this data has informed our aims and key actions

WORKFORCE PRIORITIES RECRUITMENT and RETENTION

Click on this link to see how this data has informed our aims and key actions

WORKFORCE PRIORITIES STAFF MENTAL HEALTH and WELLBEING

Health and Social Care Services

ACHSCP recognises that many of our services are provided by commissioned, independent, or Third Sector organisations. We value these relationships and continue to develop our approach to ensure we deliver high quality services. As the Scottish Social Care Services report published on 30 August 2022 highlights, we have just over 78% of the Social Care workforce coming from commissioned, independent or Third Sector organisations. The Social Work Workforce is largely held within ACC and It is very important these staffing groups are represented and reflected in this plan. Whilst organisations gather and analyse data using various methods and at different levels this plan has tried to bring as much of this together as possible under the wider umbrella of ACHSCP. Our approach to gathering and analysing data together across our services will continue to develop.

GRANITE CITY CONSORTIUM

employs more than 600 staff. The average sickness levels over the consortium are 9.1%, however some providers have levels of 20-30%. Staff turnover is approximately 1.7 posts per month and there are on average 4 vacant posts per month demonstrating that not all posts are being successfully recruited to.

BON ACCORD CARE

The following displays the staffing levels in Bon Accord Care from 2020-2022. Over this period, the staffing headcount has risen.

Table 11
Staffing Numbers in Bon Accord Care, Whole time equivalent and Headcount 2020-2022

	2020	2021	2022
Actual WTE	589	604	595
Headcount	1128	1092	1154

The **gender ratio** has remained **stable** through the **2020-2022 period** at approximately **86% Female**, **14% Male**. In 2018, **47% of staff** were over **50 years** of age. This has **fallen** to **40%** in **2022**. With a corresponding **increase** of those **employees** aged **under 30** increasing from **10%** in **2018** to **16%** in **2022**.

CARE HOME STAFF
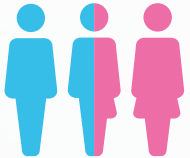
There are 1153 STAFF currently employed by care homes in Aberdeen. In the majority of care homes, there is a high ratio of FEMALE WORKERS, generally between 1 in 7 and 1 in 8, while MALES account for 20-30% of the workforce with a small percentage identifying as NON-BINARY.

Click on this link to see how this data has informed our aims and key actions
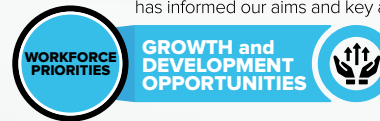
WORKFORCE PRIORITIES — GROWTH and DEVELOPMENT OPPORTUNITIES

Click on this link to see how this data has informed our aims and key actions

WORKFORCE PRIORITIES — RECRUITMENT and RETENTION

Click on this link to see how this data has informed our aims and key actions

WORKFORCE PRIORITIES — STAFF MENTAL HEALTH and WELLBEING

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Page 92
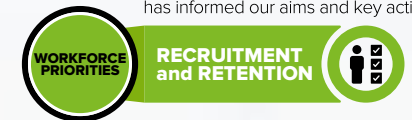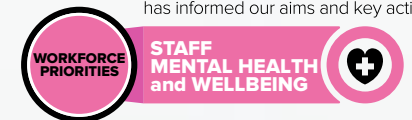
A day in the life of the ACHSCP

During the pandemic, 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

*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 (8%)
Number of staff on Maternity or Special Leave	101
Total number of staff on Annual Leave*	160 (6%)
Total number of staff absent (non covid related)	115 (4%)
Total number of staff absent due to Covid 19	95 (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**.

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**.

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.

In 2019/20 **16.6%** of Aberdeen's population were prescribed drugs for **anxiety**, **depression**, or **psychosis**.

Referrals of Aberdeen City residents to **Mental Health Services** in Grampian increased by **43%** from **2019** to **2022**.

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.

Emergency Attendances at Aberdeen Royal Infirmary increased by **39%** between **January 2021** and **January 2022.**

Healthy life expectancy is **reducing** for both **males** and **females** in Aberdeen.

In the period **2016-19** it was estimated that **70%** of adult's **physical activity** met the **recommended guidelines.**

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

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

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.

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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 complement 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 including Trade Unions and Staff Side representation, 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 Feedback 2022

Flexible working patterns.

Hard to achieve a good work life balance.

Ensuring fair rotas and that annual leave is taken.

Realistic workloads with the resources we have.

Collaboration with Schools, Colleges, Universities to create more pathways into Health & Social Care.

Access to international recruits.

Paperwork should be simplified with the use of technology.

Keep us informed.

Exhaustion - Unmanageable workload at times.

Rotation around services so we get exposure to other areas and have a good understanding of all our collective roles & responsibilities.

Technology barriers between NHSG & ACC continue to frustrate.

More frontline staff.

1 to 1 structures for support & wellbeing.

Competency training frameworks.

Limit the number of meetings required across the week.

Support for higher education & further training (without having to fight for the time off to do it).

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.

Staff felt supported during the pandemic and want to continue to explore flexible working patterns moving forward.

The majority of staff who provided feedback indicated that they would recommend ACHSCP as a good place to work.

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

WORKFORCE
FINANCE
RELATIONSHIPS
TECHNOLOGY
INFRASTRUCTURE

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

Workforce Budget (£m)
2022 - 2025

	NHSG	ACC
90		
80		
70		
60		
50		
40		
30		
20		
10		
0		
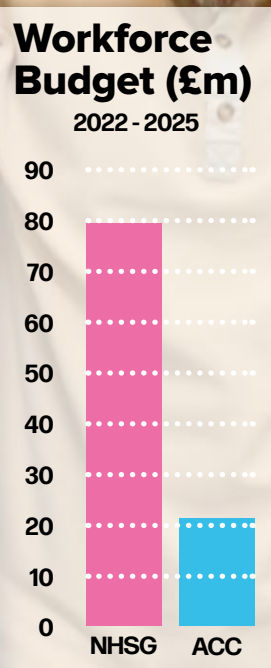
Progress since 2019 and the challenges we face

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 for Self-directed Support, Complex Care, and align with the vision for Scotland to, **"have trauma-informed services and workforces that are capable of recognising where people are affected by trauma and adversity, that are able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances."**

General Practice (GP) in Aberdeen City remains under extreme pressure. The GP workload has increased in size and complexity due to an ageing and increasing population. In addition, Primary Care has been supporting the overall health debt as a result of the COVID-19 pandemic by looking after patients who have had treatment or operations delayed. Although GP Practices have been able to do some limited recruitment to a wider pool of staff and professions, the overall reduction in whole time equivalent GPs means there is decreasing capacity. Practices have noted a natural movement of the GP workforce toward more part time working to support work and life balance which has in-turn resulted in partners picking up the additionality of tasks as well as overall accountability. In Aberdeen City the GP headcount has reduced by 9% in the last decade despite national policy to increase this figure and this shows the difficulty experienced in the North East to recruit to clinical positions.

Work to address these areas is ongoing and is highlighted in our **'aims and measuring the impact of our plan'** section as 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 the North East.

Social Care is a priority and challenges include the unfairly poor perception of the role, the relatively low wages compared to the NHS, strong competition from other areas in the North East economy, and a perceived lack of career pathway. Work is ongoing to address these issues and is highlighted in our **'aims and measuring the impact of our plan'** section. As highlighted, this 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 and the support and advice required to support them in this important role should form part of our working culture. The National Workforce Strategy for Health & Social Care seeks a workforce that is well-trained and developed, healthy and supported, and sustainable and recognised. We recognised the contribution of unpaid carers pre-pandemic and continue to take steps to value their role as part of the wider health and social care system. The pandemic, and the absence of the usual supports of the people they care for, shone a brighter light on the challenges they face on a daily basis, and we are absolutely committed to delivering better support for them.

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 benefits and some challenges 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 this time.

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 the information we have connects to our workforce priorities

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:

WORKFORCE PRIORITIES — RECRUITMENT and RETENTION

WORKFORCE PRIORITIES — STAFF MENTAL HEALTH and WELLBEING

WORKFORCE PRIORITIES — GROWTH and DEVELOPMENT OPPORTUNITIES

We are informed by many sources and a crucial part of this process is our data gathering and analysis. We have reviewed our Risk Register alongside the development of this plan to ensure it is reflective of our Risk Appetite Statement and the Risk Register has also been updated with the actions highlighted in this plan which help mitigate against the risks identified.

The identification of our priorities has been supported by our data and when we reflect on the information we have, for example, around the turnover of staff, the characteristics that make up our workforce, and the need to retain staff and focus on staff wellbeing it is important that out priorities are reflective of this. These are explored in more detail in the aims and actions section of this plan.

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	**Key Actions**	**How will we know**	**Link to the Five Pillars**
Raise awareness of the employment and career 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 to encourage them to explore the opportunities available within ACHSCP ensuring our workforce is reflective of our population diversity Develop employability pathways from Schools, Higher Education, and work closely with services to build on our opportunities to access national and international recruits which will support the development and the diversity of our workforce	Develop a specific ACHSCP recruitment schedule which includes: -Specific ACHSCP recruitment events 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 promote our job & career opportunities to as wide an audience as possible -A programme is developed to regularly attend recruitment days within Education settings to promote work experience opportunities and continue to support and develop projects such as Career Ready and Project Search -Specific focus on recruitment to social care and clinical positions to ensure the sustainability of the overall workforce	Number of staff recruited where the initial point of contact was from a recruitment day or through social media Workforce Plan Delivery Group will develop these approaches and gather and present this information in line with agreed IJB reporting processes	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 mentoring opportunities that are available for staff in ACHSCP to allow opportunity to explore and engage with different areas of services	% 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 Workforce Plan Delivery Group will develop our approaches as to how we gather this information and provide updates in line with agreed IJB reporting processes	Plan, Train, Nurture
Develop and introduce an induction programme for all new ACHSCP 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	Plan, Train, Nurture

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MENTAL HEALTH & WELLBEING

Aim	What we want to achieve	How will we know	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 patterns, take regular breaks they are entitled to, and regularly meet with their manager(s) Staff are involved in decision making and are aware of service demands Staff are encouraged and supported to plan annual leave and holidays across the year Staff are empowered and supported in different ways; individual line manager and pastoral support; team support and recover; leadership and management support; access to training and support to live a healthy lifestyle.	Number of leave days carried over into the next year This will be monitored by the delivery group and become a cultural norm within ACHSCP forming part of routine 1 to 1/supervision/team meeting structures	Nurture
Build on our 'We Care' approach, empowering staff and to develop and implement a framework for our values which contains a programme of mental health & wellbeing approaches	Staff are supported to embed our values and have a dedicated opportunity on a regular basis to engage their line manager and colleagues in relation to mental health & wellbeing 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. Consider the development of Champion roles that can 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 Workforce Plan Delivery Group will develop our approaches as to how we gather this information and provide updates in line with agreed IJB reporting processes	Nurture
Develop & implement a 'keeping us informed' forum for all staff within ACHSCP. This will include areas where there is the opportunity to recognise & celebrate the achievements of staff throughout the year	Staff will be kept up to date on the recent developments within ACHSCP, receive regular updates from senior leaders, and be given opportunities to engage with senior leaders Introduce annual staff recognition and achievement functions (similar to those held within ACC/NHSG) and include quarterly updates as part of the 'keeping us informed' forum	Feedback from staff directly via team meetings and 1 to 1 discussions Quarterly updates on the 'keeping us informed' forum Workforce Plan Delivery Group will explore opportunities to recognise the achievements of staff and provide updates in line with agreed IJB reporting processes	Nurture
Develop an ACHSCP meeting protocol for all ACHSCP staff in line with values and principles set out in the ACHSCP 2022 -2025 strategic plan	Reduce the burden on staff attending meetings to allow for more time to focus on core responsibilities Clarity for all staff attending meetings with the principles of adhering to the purpose, length, actions and outcomes of these meetings	Workforce Plan Delivery Group to implement and monitor of the effectiveness of the meeting protocol when developed and provide updates in line with agreed IJB reporting processes Feedback from staff directly on the % of meetings adhering to the meeting protocol	Nurture

GROWTH & DEVELOPMENT OPPORTUNITIES			
Aim	**What we want to achieve**	**How will we know**	**Link to the Five Pillars**
Explore available and emerging technologies in order to support ACHSCP infrastructure and development to reduce demand on the system and ensure our resources are focused on where they are required	To break down the barriers which cause staff frustration in information sharing and collaborative working between ACC, NHSG, and all ACHSCP partners To embrace the use of digital technologies to develop and support the ACHSCP infrastructure. Also, develop a road map for this with a focus on enablement for staff To support our strategic enabler in effectively using data and technologies to connect people; to understand and meet their needs; to build on the strengths of individuals and communities; and support their independence and resilience	Joint systems developed and introduced where possible. These should be easy to access and easy to use Roadmap developed by the delivery group which encompasses the support for staff Developing and reporting on projection data in relation to the workforce, as it becomes available, to help articulate the sustainability of the workforce and identify any gaps that can be addressed	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 Streamline systems to ensure efficient use of staff time Engage and support the development of streamlined multi-agency documents which help reduce the burden on staff i.e. single documents that can be used for multi-agency teams	Staffing groups feedback via evaluations & team meetings Workforce Plan Delivery Group to explore opportunities across services and provide updates in line with agreed IJB reporting processes	Attract, Nurture
Staff are kept informed and updated as information about the National Care Service emerges and are supported with any new practices that this may bring	To reduce any staff concerns regarding the introduction of the National Care Service and that all staff are supported through this transition To include staff in local and national groups to help shape the future direction where possible Key documents and updates are shared widely across ACHSCP as the NCS may offer opportunities for staff who should be informed of any changes	Evaluation and feedback from staff	Plan, Nurture
Develop & implement smarter working policies which support staff to adjust and adapt as required	Across services in ACHSCP staff feel supported & confident to adapt and adjust working practices as & when required	Implementation and review of the policies	Plan, Attract, Nurture
Review the current ACHSCP recruitment process	Endeavour to create one streamlined recruitment process for all partners within ACHSCP to use which will reduce some of the barriers and paperwork of the previous systems for staff	Implementation & feedback on the use of the updated process which should be a collaborative process which is easy to understand and navigate	Plan, Employ, Train
Re-design, adapt, and improve services where required for the benefit of staff and those using the services	Services are co-designed with community feedback 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 these processes	Plan, Nurture

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Aberdeen City Health & Social Care Partnership

A caring partnership

If you require further information about any aspect of this document, please contact:

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ABERDEEN
CITY COUNCIL

NHS
Grampian

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

The ACHSCP Workforce Plan 2022 - 2025

This Plan puts into action our approach to delivering on the ACHSCP Strategic Plan 2022 - 2025 in relation to one of its five enablers – workforce. Ensuring we have a sustainable workforce is an essential part of delivering on our Strategic Plan and ensuring we meet the health and social care needs of people living in Aberdeen City.

An impact assessment was completed for the Strategic Plan which outlines how achieving the plan will advance equality of opportunity for people with protected characteristics in our communities. As the importance of workforce is included within that assessment it is not required to be considered through that lens in this assessment. This assessment therefore considers the impact from a workforce specific lens.

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	x	The plan aims to ensure that there are work opportunities for people of all ages within the ACHSCP. It focuses on recruiting and retaining staff with the ability to develop throughout your career. This aims to advance equality of opportunity and foster good relations across all members of the workforce.	Specific Aims included within the 'Recruitment and Retention' section of the Action plan which will measure this and whether this is being achieved over time.
	Advancing equality of opportunity	x		
	Fostering good relations by reducing prejudice and promoting understanding	x		
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	x	The plan includes approaches to flexible working which places both physical and mental wellbeing of staff at the centre. There is a strong focus on healthy work/life balance for all. ACHSCP are also required to ensure that reasonable adjustments are made for staff with disabilities.	Specific Aims are included within the 'Mental Health and Wellbeing' section of the Action plan which will measure this and whether this is being achieved over time.
	Advancing equality of opportunity	x		
	Fostering good relations by reducing prejudice and promoting understanding	x		
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		There has been no evidence gathered through the development of this plan which indicates any negative impact in this area. ACHSCP has a duty to comply with the Equality Act and will provide the required support for staff members transitioning through gender reassignment as required.	ACHSCP will monitor whether any additional actions are required based on feedback from staff. 1 to 1 meetings and developing our wellbeing approaches will be the means by which we capture this feedback.
	Advancing equality of opportunity	x		
	Fostering good relations by reducing prejudice and promoting understanding			
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		There has been no evidence gathered through the development of this plan which indicates any negative impact in this area. ACHSCP has a duty to comply with the Equality Act.	ACHSCP will monitor whether any additional actions are required based on feedback from staff. 1 to 1 meetings and developing our wellbeing approaches will
	Advancing equality of opportunity	x		

	Fostering good relations by reducing prejudice and promoting understanding			be the means by which we capture this feedback.
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	x	ACHSCP meets all required standards of care for staff who are pregnant or on maternity leave. This plan does not include any specific actions related to this area however it supports a flexible working approach which has a positive impact for pregnant women and parents.	ACHSCP will monitor whether any additional actions are required based on feedback from staff. 1 to 1 meetings and developing our wellbeing approaches will be the means by which we capture this feedback.
	Advancing equality of opportunity	x		
	Fostering good relations by reducing prejudice and promoting understanding	x		
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	x	The data to inform this plan indicates that the majority of our workforce are white (Scottish, British, Other). This indicates a low proportion of our workforce is from ethnic minority communities and key actions in the plan seek to continue to diversify our workforce ensuring it is reflective of the communities across Aberdeen City.	Specific Aims included within the 'Recruitment and Retention' section of the Action plan which will measure this and whether this is being achieved over time.
	Advancing equality of opportunity	x		
	Fostering good relations by reducing prejudice and promoting understanding			
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		There has been no evidence gathered through the development of this plan which indicates any negative impact in this area. ACHSCP has a duty to comply with the Equality Act.	The ACHSCP will monitor whether any additional actions are required based on feedback from staff. 1 to 1 meetings and developing our wellbeing approaches will be the means by which we capture this feedback.
	Advancing equality of opportunity	x		
	Fostering good relations by reducing prejudice and promoting understanding			
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	x	There has been no evidence gathered through the development of this plan which indicates any negative impact in this area. ACHSCP has a duty to comply with the Equality Act.	The ACHSCP will monitor whether any additional actions are required based on feedback from staff. 1 to 1 meetings and developing our wellbeing approaches will
	Advancing equality of opportunity	x		

	Fostering good relations by reducing prejudice and promoting understanding	x		be the means by which we capture this feedback.
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	x	There has been no evidence gathered through the development of this plan which indicates any negative impact in this area. ACHSCP has a duty to comply with the Equality Act.	The ACHSCP will monitor whether any additional actions are required based on feedback from staff. 1 to 1 meetings and developing our wellbeing approaches will be the means by which we capture this feedback.
	Advancing equality of opportunity	x		
	Fostering good relations by reducing prejudice and promoting understanding	x		

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	Enhancing	The plan aims to improve the quality of life for staff. One key aspect of this is ensuring staff have a healthy work/life balance and flexible working practices which enhances the right to private and family life.	Specific Aims are included within the 'Mental Health and Wellbeing' and 'Growth and Development Opportunities' section of the Action plan which will measure this and whether this is being achieved over time.
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	Enhancing	The plan has been developed in alignment with our wider strategic plan and Equalities Monitoring Outcome Framework. These elements all work together with the aim of enhancing human rights overall for people living and working in Aberdeen City.	Progress reporting against both our ACHSCP Strategic Plan and Workforce Plan 2022 – 2025 and our Equalities Monitoring Outcome Framework.

Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts	Specific aims and actions are included in the plan to continue to develop and support a sustainable workforce which can retain staff with opportunities for training and development throughout their working lives.
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome	The plan aims to develop a sustainable workforce which can retain staff with opportunities for training and development throughout their working lives. ACHSCP is a major employer in Aberdeen City. Ensuring we have a stable and sustainable workforce will reduce the negative impacts of poverty and socio-economic deprivation both through our employment of people within the workforce and through the important health and social care work carried out by our workforce to reduce negative impacts.

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

Monitoring Impact – Internal Verification of Outcomes

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

The ACHSCP Workforce Plan 2022 – 2025 has the key aims and actions embedded within. These come with key performance measures that will be monitored, progressed, and further developed by the delivery group. This delivery group is required to produce progress updates to the IJB as required and to the Risk, Audit, and Performance Committee annually.

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?

The ACHSCP Workforce Plan 2022 – 2025 is delivered by all services within the partnership. These involve some services who are commissioned by ACHSCP and they are required to provide performance reporting. This includes any information on complaints, feedback, and the gathering of equalities monitoring data. Specific impact assessments will be carried out should these services, or any newly identified, require to be tendered during the lifespan of the plan. This is in line with our commissioning approach set out in our strategic plan.

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: Stuart Lamberton, Transformation Programme Manager, ACHSCP and Sandy Reid, People and Organisation, ACHSCP.

Date: 17 November 2022

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Aberdeen City Health & Social Care Partnership
A caring partnership

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, Appendices A1 and B.

Exempt: Appendices A, C, D, E, F, & G

Date of Meeting	29th November 2022
Report Title	Supplementary Work Plan – Social Care
Report Number	HSCP22.098
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

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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 direct award of a contract to two providers: one contract for fifteen months; one contract for thirty-nine months, as are detailed in Appendices A1 and C
   b) Approves the direct award of eight contracts for mental health care home providers for five years, as is detailed in Appendices A1 and D
   c) Approves the direct award of two contracts for learning disability care home providers for five years, as is detailed in Appendices A1 and E
   d) Approves the direct award of a contract for end-of-life beds for five years, as is detailed in Appendices A1 and F
   e) Approves the direct award of a contract for emergency discharge placements/beds for five years, as is detailed in Appendices A1, G and G1
   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

INTEGRATION JOINT BOARD

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. 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. Sheltered Housing services are covered in Business case C. Considerable work has been carried out to ensure a smooth transition for service users from the incumbent providers to the new providers

3.6. Business Cases D & E are for care home services where current services are in place and working well. The homes are owned by the service providers and the vital work here by the project team is to ensure services maintain a high standard and meet strategic aims

3.7. The service included in Business Case F is for end-of-life beds and is the next step in bolstering capacity following the initial work approved by the Board in 2021 (HSCP.21.124)

3.8. Business Case G requests the IJB secures up to forty-three emergency discharge beds at the new care home service in Aberdeen City. It is important to note that a "3.10 memo"* was completed by the Social Care Contracts Team on the IJB's behalf in October 2022 to suspend the Procurement

INTEGRATION JOINT BOARD

Regulations to approve the purchase of twenty-four beds from 17/10/2022 to 16/04/2023 as reported by the Chief Officer at the IJB Board of 12/10/2022. The instruction from the Director of Commissioning and the Head of Commercial & Procurement was that a Business Case is presented to IJB Board in November 2022 for any future approval. Please note that Appendix G1 is a report aligned to Business Case G.

*3.10 The Procurement Regulations may be suspended either in whole or in part by the Director of Commissioning and the Head of Commercial and Procurement in writing in respect of an award of any contract where the award of that contract is urgently required to meet the exigencies of the Function/ Cluster. (Aberdeen City Council's Procurement Regulations 2022/23)

3.9.   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.

3.10. Links with Strategic Commissioning

The procurement of works, goods and services is driven by strategic commissioning intentions. The ACHSCP has established the Strategic Commissioning and Procurement Board ('SCPB') to create a clearer link between the programmes of work, the associated budgets, and the procurement work plan, in line with the Commissioning Cycle. 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 named individuals or have been completed. 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)

INTEGRATION JOINT BOARD

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

4.4. **Legal** - Normal legal processes apply across all domains 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

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Borganised Reference	Service	Team/Client Group	Description of Requirement	Est Contract/Contract Extension Start Date	Est Contract/Contract Extension End Date	Maximum Extension Period (Months)
000-MMMJ9611 & 000-PKXE2458	H&SCP	Housing Support	Approval for Direct Awards for low level housing support in Sheltered Housing complexes owned by three providers, is provided by the incumbent until the end of the current contracts on 9 January 2023. These contracts were transferred from Aberdeen City Council Housing Services to Aberdeen Health & Social Care Partnership on 01/04/2022.	10/01/2023	31/03/2024 & 31/03/2026	0
000-XNEV4856; 000-EVJA8875; 000-LNCW8773; 000-XYEJ1648; 000-QQFC9582; 000-TNCP6543; 000-MFNF8542; & 000-KYPX2227	H&SCP	Mental Health Services	Direct Award of the eight contracts for the incumbent mental health care homes. The majority of the buildings are either owned or leased by the current service providers which would mean that a tendering exercise would be difficult as potential providers would need to have a suitable building and staff available. A consultation process would have to be carried out with residents which could cause unnecessary distress	01/04/2023	31/03/2028	0
000-RRNE2725 & 000-LJRY1438	H&SCP	Learning Disabilities	Approval is requested to offer a direct award of contract for both contracts for a total of five years to ensure sustainability of individual's homes, provider, and staff sustainability, and to allow the Strategic Commissioning Accommodation Review to progress its work as set out in the Market Position Statement.	01/04/2023	31/03/2028	0
000-YTTJ8427	H&SCP	Older People	Approval to direct award a contract to the current provider for end-of-life beds for a further period of five years. The services are commissioned as part of a whole system pathway of care. The capacity available at the home is currently being used as an end-of-life pathway.	01/12/2022	30/11/2027	0
000-WJGY5191	H&SCP	Older People	Approval of a direct award of a contract to a provider in respect of their care home for up to 43 beds at the rate of £1,400 a week per bed to provide emergency discharge placements for primarily older adults for eighteen months	01/12/2022	31/05/2024	0

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INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Related Report Number: HSCP22.098

Approval from IJB received on 29/11/2022

Description of services/functions (business case reference)

   a) Approves the direct award of a contract to two providers: one contract for fifteen months; one contract for thirty-nine months, as are detailed in Appendices A1 and C
   b) Approves the direct award of eight contracts for mental health care home providers for five years, as is detailed in Appendices A1 and D
   c) Approves the direct award of two contracts for learning disability care home providers for five years, as is detailed in Appendices A1 and E
   d) Approves the direct award of a contract for end-of-life beds for five years, as is detailed in Appendices A1 and F
   e) Approves the direct award of a contract for emergency discharge placements/beds for eighteen months, as is detailed in Appendices A1, G and G1

Reference to the integration scheme: Annex 2, Part 2 – Support services

Link to strategic priorities (with reference to strategic plan and commissioning plan): This report links to the commissioning principles outlined as one of the enablers within our strategic plan

Timescales involved:

Start date: 01/12/2022

End date: 31/03/2028 (is the longest duration)

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Aberdeen City Health & Social Care Partnership

A caring partnership

Associated Budget:

Description of Requirement Please see "HSCP22.098_Appendix A City Supplementary Procurement Plan exempt 2022-23" for further details		Value to be approved by IJB £
	Total	**£42,391,380**

Details of funding source: This is money from the AHSCP budget

Availability: **Confirmed**

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	29th November 2022
Report Title	Marywell Service Review
Report Number	HSCP.22.102
Lead Officer	Sandra McLeod, Chief Officer ACHSCP
Report Author Details	Teresa Waugh Primary Care Development Manager ACHSCP *teresa.waugh@nhs.scot* Simon Rayner Strategic Lead Aberdeen City Alcohol & Drug Partnership (ADP) simon.rayner@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

1.1. The purpose of this report is to provide an update to the Integration Joint Board on the Marywell Service Redesign.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

   a) Note the progress made with the redesign of the Marywell Service

b) Agree that a triage clinic is established in partnership with Aberdeen City Council at West North Street

c) Agree that Marywell practice is funded for 24 months via the Alcohol and Drugs Partnership as a response to the public health challenge of drug related deaths from funds agreed by the Alcohol and Drugs Partnership and Integration Joint Board of 7th June 2022

d) Instruct the Chief Officer, in consultation with the Public Health team, to develop and deliver a health and inequalities plan to support mainstream Primary Care; and

e) Instruct the Chief Officer to report to a meeting of the Integrated Joint Board on the next phase of the redesign of the Marywell Service, with a Business Case to outline the future provision of services within 18 months.

3. Summary of Key Information

3.1. Within the recent redesign of 2c practices in Marywell Practice was not bid for and as a result the IJB requested an update on the redesign of Marywell and plans going forward, which are now set out in the report below.

3.2. Health and Inequality are routinely cited in reports such as Long-term Monitoring of Health Inequalities and Hard Edges Scotland which highlight the links between deprivation and the needs of people with multiple complex needs. On all indicators health outcomes are poorer for people who live in areas of deprivation and who have multiple complex needs. Services are often delivered on a "single specialist" basis and can be harder for people to engage with. Public Health Scotland A Scotland where everybody thrives: Public Health Scotland's Strategic Plan 2020 to 2023 illustrates that "Life expectancy is relatively poor and has not improved since 2012" and "Health inequalities are wide and have worsened over the last ten years".

3.3. The Scottish Government Primary Care Health Inequalities Short Life Working Group published a report on the 14th March 2022 which contained 23 recommendations in relation to reducing health inequalities. These are summarised at **Annexe A.**

3.4. The impact of poorer health outcomes is seen in the demand on primary and secondary care services. This report seeks to set out a vision and actions for

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ensuring that the most vulnerable are supported to engage with health and social care services with a longer term aspiration towards prevention and early intervention. Work that has been undertaken reviewing the provision of Marywell Medical Practice which was established in 2001 as a practice for people who are homeless.

3.5. This report proposes to address a number of interlinked issues:

- The changing demographic of homelessness
- The increased requirement on drug services to meet the complex needs of those at risk of drug related harm
- The increasing need to support people facing health inequalities in areas of deprivation and with multiple complex needs
- Recognise the increased pressure on primary care services and seeks to wrap additional support around those with patients in the deepest end of the health inequality spectrum
- Recognise the increasing demand that health inequalities place on secondary care services and seeks to prevent, reduce and provide early intervention to reduce demand in the longer term
- Recognise other service developments in line with the Community Planning Partnership, the Family Support Model and the work of Early Intervention and Community Empowerment Dept.
- Support the development of locality based care and support
- Recognise current resource constraints in terms of staffing, funding etc and the need to ensure services are integrated and supported to be resilient with an aspiration to support the population to access mainstream services where possible.
- Recognises the strategic direction the Scottish Government has set out in relation to Homelessness, Public Health and Health Inequality, Drug Treatment, and Primary Care Health Inequality

3.6. The report is based on a draws together information from:
- Marywell Homeless Practice
- Aberdeen City Council housing and homelessness services
- The Alcohol and Drug Partnership and drug treatment services
- The Healthy Hoose
- Deepend GP practice model

3.7. **MARYWELL PRACTICE**: Within the recent redesign of 2c practices Marywell Practice was not bid for. A Marywell Service Review project team was established in May 2022 to develop future sustainable plans for the service. Service leads, practice team, representatives from Aberdeen City Council and representatives of patients, people with lived experiences came together in an initial discovery phase. A further series of workshops to discuss with staff a vison and improved model of service delivery have also been held. This report updates on progress to date and presents a series of recommendations.

3.8. The Marywell Service Review project team which comprises of the following key personnel:

- Primary Care Lead – General Practice Services
- Substance Use Operational & Planning Manager/ADP Team Lead
- Primary Care Development Manager
- Clinical Lead Substance Use & Mental Health
- Primary Care Support Manager
- Staff Side Representative
- Human Resources
- Deputy Lead Nurse
- Marywell Team: (GP's/Advanced Nurse Practitioner /Community Specialist Nurse/Practice Manager/Medical Receptionists)
- Aberdeen City Council Housing Access and Support Manager

3.9. Information has been collated from various project and service planning meetings, patient surveys and facilitated workshops with key stakeholders. Findings have been fully incorporated into this report.

In the past a significant barrier for people who were homeless was being able to register with a Medical Practice when they didn't have an address or were sleeping rough which led to the establishment of a specific practice for people who are homeless. It should be noted that Marywell Practice is not currently integrated into statutory housing / homeless provision in the City i.e. it is not currently incorporated into the work of Aberdeen City Early Intervention and Community Empowerment statutory responsibility to reduce homelessness and the harm caused by homelessness.

3.10. At October 2022 Marywell currently had 169 patients registered with them, of which:

- 1 person is of no fixed abode
- 30 have permanent housing
- 138 in some form of temporary accommodation

3.11. There are currently 56 patients open to Marywell and also receiving drug treatment from specialist drug treatment services.

3.12. It should also be noted that not everyone who is having housing difficulties or is homeless necessarily deregisters from their existing GP Practice

3.13. Since September 2021 the Marywell Practice have taken on registrations of the Afghanistan Asylum Seekers of which there are currently 103 housed in temporary accommodation in Aberdeen. Plans to transfer these patients to other practices across the city in May 2022 were delayed due to concerns regarding General Practice sustainability. In the longer term this number will decrease as people are supported to resister with mainstream GP care

3.14. Households with children under the age of 16 are referred to mainstream practices for care, no one under 16 years of age is registered and the practice does not carry out any home visits. Part of the practice remit is to stabilise patients sufficiently so that they may be transferred into mainstream primary care.

3.15. From 2006 the Marywell Practice operated from purpose built premises at the Marywell Healthcare Centre on College Street. This is a multi-storey mixed use premises owned by Grampian Housing Association. The ground floor unit in which the practice occupied is owned by NHS Grampian. On the 13th December 2019 there was a flood in the upper floor of this building which caused severe damage to the ground floor unit occupied by the practice. The damage was relocated to the Timmermarket Drug Service building from the 14th of December 2019 initially on a temporary basis. However subsequent redesign of services during the covid-19 pandemic resulted in the Marywell HealthCare Centre, College Street premises being repurposed as a Community Treatment and Care Services (CTAC) hub.

3.16. The Marywell Practice now operates from within the Timmermarket Drug Service since December 2019, 1 East North Street, Aberdeen however they both currently work as separate services. The opening hours aligned to those of the Timmermarket from August 2022, Monday to Friday 9am – 5pm. To ensure compliance with contractual obligations requiring access to GMS provision between core hours of 8am – 6pm, Monday to Friday a Service Level Agreement (SLA) is in place with a neighbouring practice, Whinhill Medical Practice. The current SLA with the Whinhill Medical Practice is due for review by the 1st of March 2023 and will be aligned to the ongoing work as part of the service review.

3.17. **HOMELESSNSESS**: Aberdeen City Council has made significant innovative progress in reducing rough-sleeping and homelessness in the City. Whilst numbers of people presenting as homeless / rough sleeping will fluctuate, importantly there has been a shift in strategy to focus on early intervention to prevent homelessness from occurring or getting that person back into secure accommodation as soon as possible and providing wraparound support to help them sustain the tenancy. The Alcohol and Drug Partnership is funding a Housing Support Officer in partnership with Aberdeen City Council to provide early intervention and prevention of housing related issues. There is a significant range of help provided to support people via Housing Support Services.

3.18. Aberdeen City Council temporary accommodation facility at West North Street is developing towards being a "hub" of support for people who are experiencing significant housing and homelessness issues.

3.19. In October 2021 the Scottish Government published Ending Homelessness Together. A key strand of Ending Homelessness Together is to move to a system of rapid rehousing by default with the aim of preventing homelessness by prioritising settled housing, including the use of the Housing First model for those with more complex needs.

3.20. The Scottish Government are also currently consulting on legislation that will place a statutory duty on all public services to prevent homelessness.

3.21. Since 2016 SHORE standards (Sustainable Housing on Release for Everyone) have been in place to offer people sustainable housing on release

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from prison. The aspiration is that everyone who is released from prison goes straight into secure accommodation (without the need for temporary accommodation).

3.22. **ALCOHOL AND DRUG PARTNERSHIP / DRUG TREATMENT:** Marywell Practice is currently co-located within the Timmermarket "front-door" of the integrated drug treatment services, however the two services are working separately. People in drug treatment are with the Timmermarket for circa 16 weeks and then move on to specialist locality teams operating from GP Practices.

3.23. The Scottish Government have established national [Medication Assisted Treatment (MAT) Standards](), which place a greater emphasis on people getting direct access, same day if required, to prescribed treatment. Drug treatment services in the City continue to have a constant demand whilst coping with vacancies and recruitment challenges. People with drug problems have multiple co-morbid health problems.

3.24. Drug services are working towards a new Target Operating Model (TOM) that will see a number of "front-door services" merge to provide easier access in the community, at the Timmermarket, and at Alcohol & Drugs Action.

3.25. On the 7th of June 2022 Aberdeen City Alcohol and Drug Partnership (ADP) presented a report to the IJB on the ADP Investment Programme, following available funding from the Scottish Government's national mission to reduce drug related harm, Medication Assisted Treatment Standards (MAT Standards). The recommendation was to align £480,000 of ADP funding to support the implementation of the MAT Standards and specifically take forward Direct Access to prescribed drug treatment: "t*o contribute funding to a service redesign, in partnership with primary care management to deliver Medication Assisted Treatment Standards" Further detail is provided below".*

3.26. The Alcohol and Drug Partnership has established a Rapid Implementation Plan to fast track actions and funding to tackle the issue. The Rapid Implementation Plan has been agreed at a senior level and is being led by Gale Beattie, Director of Commissioning Aberdeen City Council, Sandra MacLeod Chief Officer of the Aberdeen City Health and Social Care

Partnership and Susan Webb the NHS Grampian Director of Public Health and is meeting fortnightly.

3.27. **THE HEALTHY HOOSE MODEL:** The Healthy Hoose redesign of service provision is progressing and will link to the Marywell Service Redesign. Recommendations for a refreshed Healthy Hoose service have been proposed and will support the health needs of populations in each of the localities by increasing access across the city with a range of professionals and services including Advanced Nurse Practitioners, Alcohol and Drugs Action, Public Health and Sexual Health.

3.28. **DEEPEND GP MODEL:** Other areas of Scotland have engaged in the development of the Deep End GP model to address the higher health needs of people in areas of deprivation and people with multiple complex needs. This model recognises the extra burden on staff and seeks to remove barriers to people accessing care. The scheme started with the top 100 practices in areas of deprivation to reduce health inequality. Practices in Aberdeen, at that time did not fall into this category, however it is now recognised that whilst a whole practice might not fall into this category, there will be a percentage of patients who do. Whilst further work needs to be done locally to analyse patient lists and identify the distribution of deprivation and complex needs across primary care this model offers support to GPs and other primary care staff working in the "deep end" of patient care. This can then allow additional resources and support to be aligned longer term to support these practices.

3.29. Initial discussions with the Deep End GP team have indicated that they would collaborate with Aberdeen in developing a model that saw a "pro-rata" definition of deep end based on the analysis of patient lists. For example Practice A may have 25% of patients living in area of deprivation whereas Practice B may have 95%.

3.30. **CONTEXT SUMMARY:** Since the Marywell Practice was established around 21 years ago there have been many changes to the operating environment both locally and nationally, these are outlined below and highlight the need for change.

- Changing profile of homelessness in the city and proactive strategy to provide people with accommodation or accommodation with support.
- An increasing recognition that deprivation and multiple complex needs are linked to poorer health outcomes including physical, psychological and mental health issues as well as drug and alcohol use, and those with criminal justice involvement.
- A growing demand to provide higher quality and capacity for drug treatment as an emergency response to increasing drug deaths.
- General practice has increasing demand which it does not have the capacity to meet with ongoing recruitment challenges and other sustainability issues.
- Other areas in Scotland have developed networks and models of supporting Primary Care to work with the most deprived / disadvantaged communities with the greatest health inequalities.
- The direction of travel established by the Scottish Government in relation to Homelessness, Health Inequality as a Public Health issue, Health Inequality as a challenge for Primary Care, and Drug Treatment improvements.

3.31. The project team propose to take a phased approach to improving services and reducing health inequalities:

3.32. **PART 1**: This work will seek to consolidate existing services and ensure capacity for undertaking joint working and capacity building. Specifically in response to the increasing number of drug deaths in the City and the MAT Standards requirements. It is proposed that:

1. Marywell continues to be a 2c GP Practice until at least November 2024
2. Marywell will establish a clinically led triage presence at West North Street Homelessness Hub. Immediate health care needs will be treated or escalated for medical attention with either Marywell GP or persons existing GP. If the person falls under statutory definition and duty of care of homelessness and is not registered with a GP they will be register with Marywell Practice. The clinical facility at West North Street will be funded through ADP resources.
3. Marywell will continue to care for their existing patient list and as and when it is possible for people to be supported back to mainstream primary care this will be facilitated.

4. Marywell will have a base at the Timmermarket but will work as part of the drug Treatment Service until at least November 2024 and assist in the delivery of the MAT Standards and specifically support Direct Access prescribing and ensure that all people seeking drug treatment are provided with an enhanced health check and treatment for any underlying associated health issues in discussion with the persons existing GP. The NHS Grampian's Organisational Change process will be followed.

5. The ADP, from its aligned fund of £480,000, will fund the cost of Marywell practice whilst it is working as part of the Drug Treatment Service

6. The ADP funding Marywell Practice means that as a consequence the Marywell budget of £240,000 per year is available to support the developmental work set out in Part 2 of this report over the 24 month testing period (£480,000 in total).

3.33. **PART 2:** The next 24 months will see the development of a number of Tests of Change to develop longer term sustainable support for mainstream Primary Care and to specifically address recommendations of the Primary Care Health Inequalities Short Life Working Group (annexe A).

3.34. The available funding can be used to supplement/complement the Healthy Hoose budget, any additional Scottish Government funding available for health inequalities work, and any suitable, available, future Primary Care Improvement Programme (PCIP) funding. This work will be in line with "Aberdeen Health Determinants Research Collaborative" which is Aberdeen City Council, working with NHSG and both City Universities, and the successful bid to the National Institute of Healthcare Improvement.

3.35. The programme will specifically:

1. Undertake extensive engagement work with individuals and communities to understand their needs and aspirations

2. Work to examine the range of support services available to support primary care indicates an extensive list of services that are either aligned to practices, localities and communities. It should be noted that Aberdeen City Council has a significant housing support service with the specific aim of working with people to keep their housing and reducing problems.

3. Work with service commissioners and others to align services to GP Practices and Patients and to develop a mechanism to co-ordinate care

4. Develop options for supporting the development of Deepend GP support across Primary Care. Enhanced support could be through a combination of enhanced / multi-disciplinary appointments, outreach clinics at practice or locality/cluster level.

5. Initial thinking would be that patients could opt in and be registered by their GP as eligible for enhanced wrap around care and support. Potential criteria could include:
   - in areas of deprivation,
   - with multiple complex needs, and / or
   - are recent heavy users of specialist services

6. Develop options to support a revised Healthy Hoose model that works as part of a Deepend GP Model and examine other locality-based sites

7. Potential development of enhanced link worker / support worker / care coordinator roles

8. Develop a model for Deep End GP work which potentially provides additional payment for enhanced care; additional sessional staffing, service specifications of commissioned services aligned to health inequality prevention and supporting primary care

3.36. The output from Part 2 of the work programme is proposed:

1. A Citywide Health and Inequalities Plan for the next 10 years

2. Clear patient stepped care pathways both in and out of services, for those who can transition into mainstream general practice when appropriate

3. A business case for the future provision of services aimed at supporting the most disadvantaged in Aberdeen utilising enhanced wraparound support for Primary Care to ensure maximum support for GPs within the available funding of £240,000 per year (plus any potential Marywell General Medical Services income or other income/available funds).

4. Health Inequality Network which includes training and development opportunities

3.37. The above actions are recommended on the basis that they:

1. Don't change current service for existing Marywell patients.

2. Address the public health emergency of the current drug deaths in the city and nationally

3. Provide resources to engage the public and services in test of change to deliver Deep End GP Working and prepare for recommendations of the Primary Care Health Inequalities Short Life Working Group

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

In order to comply with the Equality Act 2010, the Marywell Project Team have been working with the NHS Grampian's Equality and Diversity Team to ensure due regard is given to assess the impact of any proposed changes before, during and after the proposed service redesign. Part 1 of the proposal (3.32) does not change the current service provision for patients at Marywell Practice or the Timmermarket Service. During Part 2 of the service redesign (3.33) an Equality Impact Assessment (EQIA) and a Health Inequalities Impact Assessment (HIIA) will be fully undertaken to align with the recommendations of the Business Case which will outline the future provision of services and the development of establishing a "health and Inequalities" Plan for Primary Care.

4.2. Financial

The proposal is to fund Marywell Practice for 24 months from £480,000 of funding made available from the Alcohol and Drug Partnership and agreed by the Integration Joint Board on the 7 July 2022.

The ADP funding Marywell Practice means that as a consequence the Marywell budget of £240,000 per year is available to support the

developmental work set out in Part 2 of this report over the 24 month testing period (£480,000 in total).

The available funding can be used to supplement and complement the Healthy Hoose budget including any additional Scottish Government funding available for health inequalities work, as well as any suitable and available future Primary Care funding.

The output of the 24-month development period will be a business case for the for the future provision of services aimed at supporting the most disadvantaged in Aberdeen utilising enhanced wraparound support for Primary Care to ensure maximum support for GPs within the available funding of £240,000 per year (plus any potential Marywell General Medical Services income or other income/available funds).

4.3. Workforce

The overall aim is to develop a workforce to meet the needs of the patient population in line with the GMS 2018 Contract and integration agenda being flexible to respond to recruitment challenges and creating sustainability, capacity and new ways of working with an integrated and flexible whole system approach.

4.4. Legal

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

5. Links to ACHSCP Strategic Plan

5.1. The Aberdeen City Health and Social Care Partnership Strategic Plan 2022 – 2025 outlines key strategic aims and enabling priorities with a key focus to progress the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings and supporting our most vulnerable residents.

INTEGRATION JOINT BOARD

6. Management of Risk

6.1.   Identified risks(s)

Staff retention is good however there is limited succession planning and attracting staff to work within the current model has not proved successful with some key roles within the team due to retire, or who have retired and come back to work within the team recognising the fragility of the staffing situation. There is an opportunity through the development of the deep end GP outreach model that this would be more attractive to staff however there is a risk in terms of the various recruitment challenges which are currently being faced.

There is a potential impact on the timeline for the identified works to the West North Street facility, due to the delays in cost returns and subsequent works being carried out.

There are ongoing recruitment challenges which may have an impact on the workforce plan

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

Strategic Risk 1: 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.

Strategic Risk 7: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.

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

The actions in this report will help mitigate the risk of the Health and Social Care Partnership not meeting the health needs of at-risk populations and reduce the risk of achieving the Mediation Assisted Treatment Standards by

March 2023 by increasing the capacity available to support specialist drug services and improve the quality of care.

Aligned to the Primary Care Improvement Plan – Low

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Annex A: Recommendations of the Primary Care Health Inequalities Short Life Working Group

The text below is an extract from the Primary Care Health Inequalities Short Life Working Group which is being used as a benchmark for consideration of Health Inequalities and Primary Care and future planning.

"These 23 recommendations of the Primary Care Health Inequalities Short-Life Working Group reflect the scale of the task and the ambition of our vision. All of us involved in primary care have a collective responsibility to make change. Principle responsibility for some recommendations will clearly lie with specific organisations and this will be made more explicit, in 2022, as the successor to the SLWG focuses on how they ideas could be turned into actions. The SLWG are, however, clear that these recommendations, under four broad themes, have relevance to all health and care bodies, leaders, staff and service users in Scotland.

As noted in the main report, we have identified five 'foundational' recommendations as priorities which will provide a bedrock to build on.

Theme: Empower and Develop the Primary Care Workforce

Creating the right conditions; sustaining the workforce and leadership.

- ***Implement a national programme of multi-disciplinary postgraduate training fellowships in health inequalities.*** *This **foundational recommendation** will build a leadership network in primary care to develop skills and generate additional capacity for multi-agency care planning, inter-disciplinary team working, and co-production of health with individuals and at a community level. Communities who are affected by disproportionately poorer health outcomes and high levels of excess deaths due to health inequalities should be identified to benefit from the impact of this additional capacity. The programme will build on the learning from the Deep End Pioneer Scheme and the Fairhealth Trailblazer post-CCT Fellowships, Govan SHIP, Lanarkshire OT and Queen's Nursing Institute in Scotland programmes. It should develop capacity in professional practice based on deep understanding of overlapping causes and dimensions of health inequalities, including the intersectionality of protected characteristics, socio-economic determinants, place, structural racism, discrimination, impact of racism on health, and privilege.*

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- ***The Scottish Government should create an Enhanced Service for Health inequalities:*** *This **foundational recommendation** would support the management of patients who experience multiple and intersecting socio-economic inequalities, wherever they are registered, to improve equity of access, patient experience, health literacy, and health and wellbeing outcomes. An evidence-based process for resource allocation would be needed to ensure delivery is targeted as intended. This Enhanced Service would be a key enabler to the delivery of other recommendations.*

- ***Empower primary health care professionals*** *to play an expanded role in multi-agency care planning for people who have complex health and social care needs. This will require both sufficient time capacity and adequate training. Co-ordinated care planning for complex and long term conditions can bring together primary health care workers, including those working OOH in 24/7 provision, with social care, mental health, link workers, education, police, carers, housing, families and individuals themselves as appropriate. The programme of work surrounding Anticipatory Care Planning, and projects such as Govan SHIP provide models from which lessons can be learned. This recommendation would support the Expert Medical Generalist role for GPs, and the implementation and future phases of the MoU and General Medical Services GP contract.*

- ***Invest in the training and resourcing of health and social care staff for digital inclusion:*** *All staff in the primary care multi-disciplinary team, for both in-hours and OOH, and including practice administration and community links/welfare workers, should understand the potential and the limitations of digital and remote care, with specific relevance to the demographic characteristics and access requirements of the communities with which they work. They should have the skills, confidence and equipment they need. This includes providing resources, capacity and support for GP and primary care teams to ensure digital access and care are intrinsic to their working practices, patient access and care delivery, and that they can maximise technology's potential to mitigate inequalities, create community and empower self-management (for example, online communities/peer support, home monitoring, YouTube instruction videos). This commitment would require NES and HIS working in partnership.*

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- ***Articulate and embed inequalities as a core concern in the Expert Medical Generalist role:*** *In parallel to other recommendations related to complexity and dedicating more GP time on patients who need it, there needs to be clearer expression of how inequalities run through the EMG alongside ways to understand whether and how this is being realised.*

Theme: Leadership, Structures and Systems

Tackling sources of inequalities and inequity within our systems and communities.

- ***Strengthen national leadership:*** *For this **foundational recommendation** the Scottish Government should consider options, including the potential creation of a new Health Inequalities Commissioner, to strengthen leadership for health inequalities in health and social care and to create momentum, overview and responsibility for measures across all public sectors to reduce inequalities in avoidable/premature mortality, healthy life expectancy, and premature disability. Existing levers, structures and systems (e.g. performance management, statutory requirements, guidance, clusters) should be used to drive change and hold system leaders and managers accountable for tackling health inequalities.*

- ***Create a national priority of reducing premature disability due to long term physical and mental health conditions:*** *The NHS, the four new, overarching Care and Wellbeing Programmes being developed by the Scottish Government, and new National Care Service should have responsibility to deliver this priority. Primary care practitioners need to be able to work together with specialist NHS colleagues, social care, local authorities, community planning, communities and individuals most at risk, the third sector and business sectors to increasingly align resources around empowering individuals to stay well, supported by their families, carers and other assets in their community. This priority should be reflected in both core and enhanced elements of the GP contract offer, with reference to the EMG role, the delivery of realistic medicine, partnership working, and support for wellbeing in the care and management of individuals with long term conditions.*

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- ***Commit to ensuring social and financial inclusion support and advice are available through primary care***: *The Scottish Government should reaffirm its policies of promoting in primary care those roles (such as Community Links Worker, Welfare Advisor and Mental Health Worker) which provide non-clinical and social support and advice to individuals experiencing social and financial disadvantage and exclusion.*

- ***The MoU and the GMS Contract Offer, should be underpinned by a commitment to address inequalities:*** *Inequalities and equity should, formally and explicitly, run as themes through ongoing implementation of current and future commitments (including the joint December 2020 letter) in the MoU and GMS contract offer and through priority development around Mental Health and Urgent Care, maximising lessons from multi-disciplinary, clusters and partnership working. Decision-making underpinning primary care improvement plans should clearly reflect statutory requirements in relation to equalities. Equality Impact Assessments should be mandatory for Health and Social Care Partnerships, in line with Fairer Scotland Duty statutory guidance for public bodies, which includes socio-economic inequality.*

- ***Funding allocation:*** *Any changes to how funding is allocated in primary care should explicitly consider the inclusion of socio-economic inequalities, rurality, equity of access and unmet need. The Scottish Government should also commit to monitoring unintended consequences or risks arising from a future formula or model for funding.*

- ***Transport and health:*** *The Scottish Government should create a group which brings together different sectors and stakeholders to review and take action on transport and health and make improvements to how health and transport services interact. This should tackle inequalities and ensure that patients can access health services more easily, when they need them, and in a way that promotes sustainability.*

- ***Recognise digital as a social determinant of health:*** *Technology should be understood and recognised as a determinant of health inequalities and outcomes alongside other socio-economic and environmental determinants. The Scottish Government and Public Health Scotland should look at ways to incorporate digital access and skills into their analysis of inequalities.*

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Theme: Empower and Enable People and Communities

Individuals and communities should have the knowledge needed to use health care and be active participants in problem-solving.

- ***Develop a network of expert reference groups with lived experience*** *to ensure these groups are included from the start of the policy making or service design process and not just at the impact assessment stage. This should take account of socio-economic disadvantage and protected characteristics and the intersections of different characteristics. Practice lists and clusters are key: as mechanisms for delivery of this recommendation and as beneficiaries from it as it would support them to engage more meaningfully with their lists/communities*

- ***Invest in wellbeing communities:*** *For this **foundational recommendation** the Scottish Government should support the development of a more coherent and long-term approach to local, place-based action to reduce inequalities. Communities have different starting points in terms of social and material assets they possess. Partnerships between communities, third sector, public sector, and the NHS and social care system as 'anchor institutions', and alignment of policy across government, should prioritise supporting and promoting durable community assets that enable peer-to-peer support, shared community spaces, local groups & activities and other community infrastructure to protect and promote mental health, resilience and wellbeing. Clusters and practices, embedded in their communities, should be intrinsic to this work.*

- ***Pilot and implement a national programme of digital empowerment for health*** *through community-based peer-supported learning programmes to enable patients who are digitally excluded to safely use digital networks for peer support, access health resources on-line, and gain hands-on experience in using NHS remote consulting technology.*

- ***Raise awareness of health care rights and responsibilities:*** *People who do not use primary care services or are under-represented as health services-users should be informed about their rights and responsibilities in relation to health care. They must be provided with accessible and inclusive information that they understand, through communication channels that work for them. Information would include how to register with a GP and use health care appropriately and cover a range of other services and resources to*

support their use of primary care. The third sector and community organisations will be key partners.

Theme: Data, Evidence and Knowledge

Securing intelligence on health equity and inequalities to enhance transparency and improve understanding and recognition.

- ***Publish high quality, accessible information on health inequality:*** *National and local bodies should commit to:*

    - *improve data collection, quality and transparency on inequalities and how they intersect, at national and local levels for protected characteristics, deprivation and other experiences of marginalisation (e.g. homelessness), and address gaps;*

    - *review how they describe, publish and report on health equity and health inequalities and mortality figures to ensure that information is accessible, easily comprehensible and transparent so that communities and individuals are empowered through knowledge.*

- ***Develop mechanisms for recording, assessing and reporting on unmet health needs in general practice:*** *this would respond to observations in a report for the Scottish Government that an alternative allocation model would be needed to address some sources of inequalities, but evidence for this was lacking.*[29]

- ***Equip communities with data and knowledge to empower them to demand or make changes that matter to them:*** *Communities should have access to clear and relevant data and analysis, delivered through inclusive communication, that explain the interconnections between health and its social determinants and the reasons for differential outcomes, across communities in Scotland, including excess deaths and the gaps in healthy life expectancy due to socio-economic factors.*

- ***Commission an investigation into how barriers to healthcare themselves contribute to excess deaths and premature disability*** *related to socio-economic inequalities. This **foundational recommendation** is for work to examine: barriers to access for different groups; waiting times; delayed presentations with serious conditions; "missingness" from health care; perverse incentives and behaviours created*

by targets; and negative behaviours/coping strategies people may resort to self-manage or self-medicate when unable to access care and support. Data on missed appointments and 'missingness' should be recorded and reported: safe, effective and equitable health care depends on understanding of who misses appointments or does not engage with services. Work should be undertaken to build on previous data linkage analysis (e).[30]

- ***Mechanisms to support increased and enhanced collaborative and complementary working between public health and primary care*** *should be developed to synergistically improve population health at macro and micro levels. This would build on momentum gained from cluster working and during COVID-19 to share intelligence and understanding more effectively and routinely.*

- ***Improve recording of health data in general practices in marginalised communities****: The Scottish Government should test the impact of providing a sample of volunteer GP practices or GP clusters in deprived areas with dedicated data support to improve the quality and accuracy, the consistency and efficiency of routine data entry and coding. One aim of this would be to identify practical measures to improve and expand data on demand/expressed need.*

- ***Monitoring and evaluation of primary care reform should more explicitly address health inequalities****. It is essential to track and understand the impacts of reform on inequity and inequality"*

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INTEGRATION JOINT BOARD

Date of Meeting	29th November, 2022
Report Title	PCIP (Primary Care Improvement Plan)
Report Number	HSCP22.099
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Susie Downie, Interim Lead for Primary Care Alison Penman, PCIP Programme Manager
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. PCIP Implementation tracker

1. Purpose of the Report

1.1. This report is presented to the Integration Joint Board (IJB) to provide an update on the Primary Care Improvement Plan (PCIP).

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

Note the content of the report as an update on current progress against the PCIP.

3. Summary of Key Information

3.1. A revised Memorandum of Understanding (MOU 2021-2023) is an agreement between the Scottish Government and the Scottish General Practitioners Committee of the British Medical Association (SGPC). This agreement is for the General Medical Services (GMS) contract implementation for Primary Care Improvement was published in July 2021, taking into account the

learning and experience to inform the next iteration of the contract. The new version of the MoU highlighted those prioritised services for delivery in 2021/2022 and are identified as the Vaccination Transformation programme (VTP), Pharmacotherapy and Community Treatment & Care (CTAC) services.

However, the funding letter received from the Scottish Government in August 2022 realigned the services with a particular focus to be on Pharmacotherapy, CTAC and Urgent Care with continued input to VTP, Musculoskeletal (MSK) Physiotherapy and Community Link Practitioners.

3.2. The PCIP sets out how the Aberdeen City Health and Social Care Partnership (ACHSCP) intends to transform general practice services, utilising the Primary Care Improvement Fund (PCIF) to release capacity of General Practitioners (GPs) to allow them to undertake their role as Expert Medical Generalists as set out in the new General Medical Services (GMS) Contract.

3.3. The last update was provided to the IJB at the meeting, November 2021 as part of an annual report.

Primary Care Improvement Plan (City) Update

3.4. As it has been four years since the last PCIP Plan, the project team are currently working on an updated and refreshed plan for financial year 2023-2024. The Plan will be approved by the LMC/GP Sub (Local Medical Committee/General Practitioner Sub-Committee) of the NHS Grampian Board in line with the process for approval. The LMC/GP Sub will evaluate any plan against the requirements as stated in the MoU. The Plan is not approved by the IJB but is presented to the IJB for information and update. All workstreams, in line with the updated financial situation are reviewing priorities, plans and budgets for future staffing and services going forward. This plan is to be available in January 2023 and will be presented to the LMC/GP Sub at the soonest opportunity.

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Scottish Government Funding

3.5. In August 2022, a letter was received from the Scottish Government stating it was reviewing all budget plans nationally. The letter confirmed the budget for this financial year and stated that any underspend would require to be used initially for any expenditure. It has confirmed that there is £170 million available across Scotland as a minimum budget position going forward, but this takes into account existing reserves. And that any existing reserves must be used before further funding is released.

3.6. The current 2021/22 annual budget is £6.480 million for Aberdeen City which includes the £4.2 million underspend. 1st tranche allocations (70% total) have been confirmed and 2nd tranche allocations (30% total) should be confirmed in November subject to detailed forecasts. The budget is fully committed, and any further slippage is being tightly managed and avoided wherever possible. We will have revised forecasts submitted to Scottish Government (SG) in November although board areas await confirmation of a new reporting tracker.

Engagement Sessions

3.7. In order to understand priorities, the PCIP delivery team have engaged with stakeholders over the last couple of months to understand challenges and opportunities for the PCIP as well as proactively managing the financial risks. Attendance at Practice Citywide events, two open digital workshops and a survey has been set up to gather people's views. This will be incorporated into the plan.

3.8. Feedback from the two Engagement sessions held in September was generally very positive. There is a very clear message from practices that when at full capacity the PCIP services are a huge asset in terms of freeing up GP time and ensuring patients are accessing and benefitting from care from the right person.

However, where there is not enough PCIP services it is very difficult for practices to achieve permanent changes to their models as the default is that work has to fall back on the practices themselves.

GP practices particularly mentioned;

- Pharmacotherapy service - overall practices are very happy with the service. The general feeling was that the cover provided was complete in terms of quality and delivery with no work being left for the substantive practice staff.
- The Urgent Care/City Visits had positive feedback in terms of the concept of the service and what it delivers is excellent, clinically sound and with great communication.
- CTAC were praised for their work thus far, with only a concern in terms of cover if staff based in the practices are on unplanned leave. This has been picked up by the CTAC team for review and any possible options. The question raised in terms of allocation will be addressed in the forthcoming service review.
- Although not in the group of focused services MSK Physiotherapy was praised for their service delivery and clinical judgement in terms of the referral pathway and clinical outcomes.

Risks to delivery

3.9. The PCIP programme manager looks to mitigate any challenges or risks operationally with workstream leads on an ongoing basis. For the purposes of this update the main risks are financial and recruitment and explained to the IJB within this report.

3.10. **Primary Care Improvement Plan – Workstream Update – October 2022**
Multidisciplinary Team services of priority are the 3 services below and confirmed in the MoU2 update letter. Appendix "A" gives a high level update of implementation by services.

Pharmacotherapy service

3.11. The Pharmacotherapy service provides support to GP Practices and this includes medicines reconciliation. The service also supports the practices by proactively taking actions from hospital discharge letters, medication reviews and this includes acute and repeat requests.

3.12. The service is mainly practice based and the majority of pharmacotherapy support will continue to be provided by pharmacists & technicians working within the practices, developing relationships with the practice teams. This is now being supported by a hub to provide remote cover for annual leave & unplanned absences.

3.13. The service is delivered by Pharmacy Technicians and Pharmacists based on a ratio of 1.25 wte PCIP staff per 10,000 patients. However, the agreed service model is insufficient to deliver the full remit of the MoU and realistically would need to be a ratios of 2.5 wte PCIP staff per 5,000 patients.

3.14. The service has a continual recruitment drive and all successful candidates have now joined the team.

Community Care and Treatment Services (CTAC)

3.15. The service provides basic cover for phlebotomy, suture removal, basic wound care, chronic disease monitoring and blood pressure.

3.16. Additional services are a Doppler clinic, diabetic foot screening, spirometry, catheter care, Peripherally Inserted Central Catheter (PICC) lines and Warfarin monitoring. Ear irrigation has also been introduced with a high level of demand and the criteria for GP practices offering this service has been revisited with Practice staff being reminded that only patients meeting the criteria are suitable for a CTAC appointment.

3.17. The service has been set up as a "Hub and Spoke" model of practice based and clinic-based services and is delivered by Band 3 HCSW's and Band 5 and Band 6 nurses and is based on the ratio of 1.25 wte PCIP staff per 10,000 patients.

3.18. The North locality CTAC clinics are now available at the Bridge of Don Clinic, Inverurie Road Clinic, and the newest to open; Healthy Hoose, Middlefield Hub, which opened on the 3 October, 2022.

3.19. The first Central locality CTAC Clinic opened in the College Street Hub in September, with our remaining Central CTAC Clinic opening at Carden House in November 2022.

3.20. The practices dislike the workload that falls to them when CTAC staff are off sick. Whilst practices like having done CTAC in house this particular issue is making some practices consider a move to more central CTAC rather than in house. It causes difficulties when CTAC staff are off sick with almost no cover available.

3.21. Implementation of the CTAC Clinics in the South locality are currently being planned for early 2023 as there is a lack of capacity to offer practices in the South cluster. Going forward to scope the potential for integration of the CTAC service with the hubs in Secondary Care.

Urgent Care (Advanced Practitioners)

3.22. Services are delivered within the patient's own home and the team have a base at Woodend Hospital. The service provides Assessment, diagnosis and initial management in patients' own home for on the day urgent consultations. This includes phlebotomy, clinical observations, ECG monitoring and bladder scanning. Delivered by a team of qualified and trainee Advanced Clinical Practitioners and HCSWs.

3.23. The service has worked innovatively and in collaboration with the Scottish Ambulance Service and there is an ongoing recruitment drive as vacancies arise for both Health Care Support Workers and Advanced Clinical Practitioners.

3.24. There is a very clear message from practices that when at full capacity the PCIP services are a huge asset in terms of freeing up GP time and ensuring patients are accessing and benefitting from care from the right person. However, there are no PCIP services who actually manage to achieve a robust

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enough service to allow practices to make permanent changes to their models as the default is currently that work falls back on the practices.

3.25. A review of the service will be taken forward as a short-term plan and will look at service model and delivery. The outcomes of the review will be shared with all City Practices. Attempts to deliver this work has been delayed due to staff sickness absence and 2 vacant Band 7 Advanced Practitioner posts.

Under the MOU2, the remaining Multi-disciplinary Team services listed below should maintain progress as in the workstream plans.

Community Link Practitioners

3.26. Link Practitioners are aligned to practices and work with a blend of home-working and in practice.

The service is delivered by approximately 23 wte Link Practitioners and by SAMH as an external care provider. The contract with SAMH will come to an end in April 2023, and the retendering is currently going through the procurement, evaluation, and selection process.

Examples of referral criteria for Link Practitioners includes the following issues:
- Money/Finance
- Benefits
- Housing/Homelessness
- Mental Health
- Managing Conditions.

Additional Professionals: Chaplaincy Listening Service (CLS)

3.27. The service is delivered by a full-time Co-ordinator and 10 volunteers. The practice received positive anecdotal feedback from service users. However, following COVID19 restrictions being lifted referral rates have dropped. Although the service is still viable the Co-ordinator is working proactively to resurrect the pre-COVID19 rate of referrals. There is also an issue in terms of available space in practice premises as the service should be delivered face to face.

Vaccination Transformation Programme

3.28. In terms of service delivery, the Vaccination service has met the requirements as stated in the MoU2.

The Vaccination Programme includes schools age, out of schedule, adult routine i.e. adult flu, and pregnancy and travel vaccinations. The service does not include extended flu and COVID 19. The service is delivered by Band 3 Health Care Support Workers (HCSW) and Band 5 and 6 nurses. In September 2022, a Band 8a, Lead Nurse for Immunisations & CTAC joined the Delivery Team to work on Service Objectives and Clinical Assurances.

The service is mainly delivered out-with practices and delivered in the ACVC, locality-based clinics, mobile unit and "mop up" clinics.

MSK (Musculoskeletal): First Contact Physiotherapists (FCP's)

3.29. The service provides a pathway for MSK patients and assess, diagnose and recommend appropriate treatment or referral for MSK problems. The FCPs aim to be the patient's first contact within the Primary Care health service. The service is delivered by Advanced Physiotherapists and the team are undertaking training for advanced clinical qualifications. The service is mainly practice based, though some services have been delivered remotely during the Covid-19 pandemic.

3.30. FCPs are only partially rolled out across city practices with current coverage providing only 46% of the service required. The service is on a continual recruitment drive which is critical to developing the service and have recently appointed to the Band 8a vacancy. The percentage of practice cover has increased by 6% and there is an anticipation of another 2 practices will be covered when the recently recruited Band 7 takes up post in January 2023. This should increase the coverage to 52%.

3.31. In addition, those practices who do have an FCP may only have half of their allocated wte. This means that although it is a great service due to lack of staff

it is currently not robust enough to rely on. Practices are seeing long waiting lists for appointments to see the FCP due to the above reasons.

4. Implications for IJB

4.1. **Equalities, Fairer Scotland and Health Inequality:** The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 (GMS) has had a comprehensive, nationally led Equalities Impact Assessment completed and can be accessed here. This is applicable to the PCIP Programme. Individual projects will have Health Inequality Impact Assessments completed for them as required.

4.2. **Financial:** There is specific ring-fenced funding available in respect to the implementation of the PCIP. Whilst the funding is currently non-recurring, HSCPs have been advised by Scottish Government to plan delivery as if the funding was recurrent. They have given a guaranteed minimum spend for future years and we are awaiting next year's allocations are to be confirmed. A high-level summary of the available funding allocated to deliver the PCIP is as set out in the table below. The underspend is now part of the funding for this financial year, 2022/23 and work to progress proposals to incorporate one-off or non-recurring projects to help PCIP delivery is being reviewed in line with costs.

It is forecast that if all vacant posts are recruited to within this financial year (2022/23), a deficit of £529k is predicted. However, the risk is deemed to be low and will be mitigated by monitoring the financials and the Workstream leads will prepare monthly reports. Any requests for recruitment will follow the process in place for recruiting staff and will be discussed with the Finance Manager to confirm funding. The inclusion of a pay award is an estimate until confirmation is received as is the figure against Increased Property Costs *energy costs. The table below is reflective of the current position and the SG instruction to use reserve monies first and projection costs for 22/23 include underspend commitments.

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Budget allocation	2021/22	2022/23	2022/23 FYR
Total Available Funding	6,234	6,859	6,859
Commitments			
Vaccinations	905	1,257	1,370
Pharmacotherapy	1,078	1,396	1,610
CTAC	500	1,699	1,838
Link Workers	790	847	800
Additional Professional Roles MSK FCP Physio	533	550	930
Visiting Service	547	707	840
Pay award estimate		375	
Increased Property cost		*15	
Recurring Commitment	4,353	6,846	7,388
Total surplus/(deficit)	1,881	13	(529)

4.3. **Workforce:** There is ongoing recruitment to acquire the appropriate workforce to support implementation of the PCIP. This is progressed by each service, with an overview by the PCIP implementation group.

4.4. **Legal:** The PCIP seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. The GP Contract is held with NHS Grampian and therefore implementation is a contractual requirement. Any commissioning and procurement of services is required to implement the plan has and will continue to be progressed in a compliant manner.

4.5. **Covid-19:** The Covid-19 response prompted necessary changes in primary care, with practices adopting remote consultation and a triage-based model. Delivery of the immunisation element of PCIP will need to be aligned with longer-term delivery of Covid19 immunisations and boosters (though funded separately).

4.6. **Unpaid Carers:** There are no direct implications of implementing the PCIP for carers, however they and their cared for person will benefit from increased capacity of GPs to act as expert medical generalists, and from the increased range of services available in primary care.

4.7. **Other:** N/A

5. Links to ACHSCP Strategic Plan

5.1. The PCIP is identified as a key delivery plan within the ACHSCP Strategic Plan. It is also identified as a key priority within the strategic plan, demonstrating the importance of delivery of the PCIP to achieving ACHSCP's strategic aims and objectives, particularly to *"reshape our community and primary care sectors"*.

6. Management of Risk

6.1. **Identified risks and link to risks on strategic or operational risk register:** 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.

6.2. **How might the content of this report impact or mitigate these risks:** As recorded in the strategic risk register, delivery of the PCIP (and subsequently the implementation of the GMS contract) is a mitigating action against the risk identified above.

INTEGRATION JOINT BOARD

Appendix A

The following table shows, at a high-level, the progress towards implementation of the PCIP. This performance matrix is based on the Scottish Government tracker updates.

Implementation tracker	Number of Practices	%
Vaccination Transformation Programme		
% practices covered by pre-school service	27	100
% practices covered by school age service	27	100
% of practices covered by out of schedule service	27	100
% of practices covered by adult service	27	100
% of practices covered by adult flu service	27	100
% of practices covered by travel service	27	100
Community Treatment & Care Services		
% of practices with access to phlebotomy service	27	100
% of practice with access to minor injuries & dressings service	27	100
% of practices with access to ear irrigation service	27	100
% of practices with access to suture removal service	27	100
% of practices with access to chronic disease monitoring service	27	100
% of practices with access to other services*	27	100
Note: Practices have partial access to CTAC services. Implementation of hubs will provide additional capacity. **Doppler clinic*		
Pharmacotherapy		
% of practices with level 1 service in place	27	96
% of practices with level 2 service in place	27	96
% of practices with level 3 service in place	27	96
Note: Partially delivering elements of each level in 27/28 practices (no current allocated time to Mary well due to very small patient population)		
Urgent Care		
% of practices with urgent care services	27	100
Additional Professional Roles		
% of practices accessing mental health workers / support	27	96
% of practices accessing advanced practitioner physiotherapists	12	44
Note: Marywell declined access to Primary Care Psychological Therapies Service		
Link Practitioners		
% of practices accessing community link workers	27	100

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INTEGRATION JOINT BOARD

Date of Meeting	29 November 2022
Report Title	Rosewell House – Travel Plan Update
Report Number	HSCP22.103
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Fiona Mitchelhill, Lead Nurse
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A – Travel Plan

1. Purpose of the Report

1.1. The purpose of this report is to update the Integration Joint Board (IJB) on the progress of the Rosewell House Travel Plan.

2. Recommendations

2.1. It is recommended that the IJB note the details contained in the report and the measures to be progressed by Service Manager.

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INTEGRATION JOINT BOARD

3. Summary of Key Information

3.1. In October 2021, a travel plan was written for Rosewell House following concerns raised by residents on the increase in cars on Summerhill Road. The travel plan was reviewed in October 2022.

Background

3.2. As part of the Covid-19 response, the beds within Rosewell House moved from a care home registered with the Care Inspectorate to an integrated, intermediate care facility under the governance of NHS Grampian and scrutiny of Healthcare Improvement Scotland. Delivered in partnership with Bon Accord Care.

3.3. The move resulted in an increase in staff working in Rosewell House since January 2021, from 35 staff, on average, to 42 staff per day and this created some additional staff traffic which in turn caused pressure on car parking within the area, prompting complaints from neighbouring residents.

Current Parking Provision

3.4. Rosewell House was constructed approximately 11 years ago. The site provides 16 parking spaces plus two disabled spaces. The parking provision of 18 spaces is slightly short of the maximum parking standards for the time, by approximately two spaces. This was a conscious decision made by development management colleagues to prevent any further loss of green space (including landscaping and mature trees).

3.5. Although further car parking has been considered it has been agreed this will not progress. The IJB are also considering a report on their Climate Change duty and our net zero emissions target at this meeting and this decision is entirely aligned with that in discouraging further car usage.

INTEGRATION JOINT BOARD

<u>Progress with previous options for relieving parking pressure</u>

3.6. A secure bike store was installed on the Rosewell site in June 2022. Anecdotal evidence from the operational manager suggests that the new bike store has led to an increase in the number of journeys being made to and from work by bike, which further supports our net zero emissions target as well as aspirations around physical activity.

3.7. There has been discussion with the lead for the Shuttle Bus service who is willing to consider including Rosewell on the circular bus route. This service, however, is not fully functional and currently only offers a limited service, mainly to renal dialysis patients.

3.8. An e-bike was trialed at Rosewell for a period of 6 months over the summer. Although readily available, it was not utilised by staff. This has since been returned to NHS Grampian.

3.9. Colleagues from the Roads Services department in Aberdeen City Council have been implementing a series of waiting restrictions which may help to mitigate the increased risk for Summerhill Road. There has also been an increase in the number of yellow lines on Summerhill Road. There have been no further formal complaints from residents in the few months since the yellow lines were added.

3.10. A Staff Wellbeing Group is in place at Rosewell House, and this forum will be used to monitor ongoing staff needs in relation to transport to work.

4. Implications for the IJB

4.1. **Equalities, Fairer Scotland and Health Inequality:** The needs of staff and residents have been considered and the measures introduced are not considered to have any negative impact in relation to the IJB's duty under the Equalities Act 2010 and Fairer Scotland Duty.

4.2. **Financial:** There are no direct financial implications for the IJB budget arising from this report.

4.3. **Workforce:** There are no direct workforce implications arising from this report.

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

4.5. **Covid-19:** There are no Covid-19 implications arising from this report.

4.6. **Unpaid Carers:** The parking needs have been considered for all users of Rosewell House including unpaid carers. This report does not propose any changes to existing arrangements for unpaid carer access to the building.

4.7. **Other:** There are no other implications arising from this report.

5. Links to ACHSCP Strategic Plan

Active travel links strongly to the 'preventative' aim within the ACHSCP Strategy plan, by encouraging increased physical activity.

6. Management of Risk

6.1. **Identified risks(s):** Due to the additional parking measures on Summerhill Road it has reduced the risk of traffic-related incidents.

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

6.3. **How might the content of this report impact or mitigate these risks:** The report evidences the additional measures which have been put in place to improve the experience for residents and staff and mitigate the risks.

4

Rosewell House- Travel Plan

October 2022

Version	V2
Review Date	**October 2024**

Contents

1. THE NHSG TRAVEL PLAN: RELATIONSHIP TO ROSEWELL HOUSE

This document sets out the progress NHS Grampian has achieved with travel arrangements at Rosewell House, Aberdeen, in support of the NHS Grampian Travel Plan.

Transportation is an important part of the operation of many large organisations. As a public sector organisation NHS Grampian has a statutory commitment to encourage and enforce efficient, effective and sustainable transport associated with its operations. The Climate Change (Scotland) Act 2009 places duties on public bodies relating to climate change and states:

"The duties require that a public body must, in exercising its functions, act in the way best calculated to contribute to the delivery of emission reduction targets, in the way best calculated to help deliver any statutory climate change adaptation programme, and in a way that it considers is most sustainable."

As a health body, it also has a commitment to improving the health of the public and as such has a duty to lead the way in healthy transport options. To meet Government targets NHS Grampian must effectively manage travel through the creation and implementation of a travel plan.

NHS Grampian is also committed to the visions of the Health and Transport Action Plan (HTAP), which has been developed through partnership working between NHS Grampian, North East Scotland Transport Partnership (Nestrans), Local Authorities within the NHS Grampian area, Health & Social Care Partnerships, third sector partners and Scottish Ambulance Service.

The vision for transport and public health is:

oFor people in Grampian to choose to travel by active modes such as walking and cycling whenever appropriate and to have the ability to do so conveniently and safely, in order to improve activity levels and public health;	oFor everyone in the region to live without unacceptable risk to their health caused by the transport network or its use.

The vision for access to health and social care is:

oFor everyone in the region to be able to access the health and social care they need and if transport is required for this to be appropriate, convenient and affordable;	oFor the environmental impacts of journeys to be minimised

What is a travel plan?

A Travel plan is a package of measures produced by an organisation to promote good site management, accessibility for all users and encourage consideration of sustainable forms of travel where possible. Such a plan typically includes promotion of walking and cycling; a commitment to improve cycling facilities; promotion of car sharing schemes; public transport information; car park management or opportunities for remote access via video conferencing.

Travel plans can offer real benefits not only to the organisation, employees and visitors but also the community that surrounds it. It may help to relieve local parking or congestion problems or improve public transport connections across the area.

Each Travel Plan should be specific to the particular site under consideration, the needs of those requiring access the site and promote sustainable travel. A Travel Plan is regarded as a living document to be monitored and developed over time.

The Purpose of a Travel Plan

A Travel Plan can be produced and developed by any organisation wishing to promote sustainable travel, accessibility and site management.

Travel Plans can often be a condition of a planning application for a new development. This may be as a result of a Transport Assessment of the application. A Travel Plan is produced by the developer and submitted to Planning departments. Often this will mean that the document is passed to transport professionals for review to ensure it meets the local authority standards for a Travel Plan.

Unlike Travel Plans for residential and workplace developments the Travel Plan for a health and social care site needs to give consideration to the access and transport issues of a more diverse and vulnerable user group.

The overall purpose of the Travel Plan being to manage the transport needs of a site in a sustainable way.

Common elements that occur in travel plans include:

- Commuter travel
- Visitor travel
- Business travel

While measures to manage transportation in these areas can include:

- Encourage walking
- Providing bicycle storage
- Working with public transport operators

- Providing flexible working

- Managing car parks

The purpose of this Travel Plan is to detail the various means by which NHS Grampian will effectively manage transportation associated with Rosewell House.

The Travel Plan encourages every user of NHS Grampian facilities to think carefully and considerately about the mode of transport they use to get to NHS Grampian sites and to ensure that the mode of transport used does not have a detrimental effect on our local and global environment and, consequently, our own health.

How a Travel Plan benefits Health & Social Care organisations?

•   Understand the transport and access issues of staff and visitors.

•   Reduce Did Not Attend statistics.

•   Seek to reduce health inequalities through consideration of access to transport.

•   Ensure good site management, including car parking.

•   Promote well-being and healthy lifestyles through supporting active travel.

•   Good neighbour reputation.

•   Develop links between health and social care providers and transport partners.

•   Support organisational commitments to sustainability.

2. BACKGROUND

Rosewell House is a 60-bedded unit on Summerhill Road in Aberdeen, constructed approximately 10 years ago. The building had been operated as a Care Inspectorate registered care home by Bon Accord Care (BAC). In January 2021, agreements changed with the main purpose of Rosewell being an integrated, intermediate care facility, providing intermediate and rehabilitation care.

The site provides 16 parking spaces plus 2 disabled spaces and is served by the No.13 Bus operated by First. There are approximately 60 on-site staff per shift, supported by visiting colleagues.

3. VISION AND OBJECTIVES

This Travel Plan adopts the NHS Grampian Travel Plan's primary objectives:

1. To promote and encourage greater use of sustainable transport through increased awareness.

2. To assist patients and staff in adopting sustainable transport methods by improving facilities.

3. To increase the number of sustainable transport options that are available by adopting successful initiatives used elsewhere in the UK and abroad and to make the transport options safe and accessible.

4. To reduce single occupancy car use by encouraging, assisting and enforcing a modal shift to sustainable transport.

5. To reduce the environmental impact that travel associated with NHS Grampian business has by adopting best practice for business and encouraging the use of environmentally friendly forms of transport.

4. CURRENT SITUATION

The original travel plan was written in October 2021.

As is common of many workplaces the vast majority of staff travel to work by car (single occupancy) reflecting a trend for private car ownership and longer commuting distances.

A NHSG Shuttle Bus, continues to, in the majority, be suspended, except for support to renal dialysis patients. There has been discussions with the lead for the shuttle bus service who is willing to include Rosewell in the circular route linking staff with greater public transport networks via the ARI transport hub/interchange, staff parking etc.

For those staff who live within a mile or two of Rosewell House opportunities to encourage behaviour change to health promoting active travel for some trips is possible. There is a bike store installed at the site.

A proportion of staff require access to a car to perform their role. While there is also travel between ARI and Rosewell House.

It is noted that some staff park on nearby residential streets and new yellow lines on the road to reduce the opportunity for on street parking.

The Travel Plan continues to promote alternatives to taking a single occupancy car onsite on every occasion. Promoting the benefits of alternatives, such as walking and cycling, use of public transport and car sharing within the available parking capacity is the essence of all policy across transport, climate change and health promotion.

The overall picture continues to suggest Rosewell House is facing a challenge around onsite parking demand being greater than available spaces, assumptions around provision of workplace parking and a need for culture change to promote small changes.
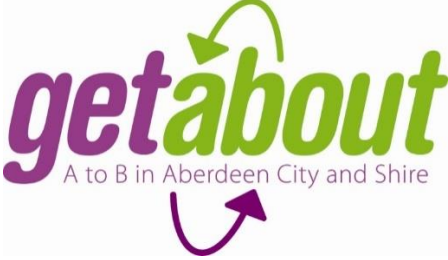
5. MEASURES

Travel Plan measures are often about changing individual and organisational culture, attitudes and behaviour.

The standard approach is to disincentivise driving by car and promote the positive incentives of making changes for some or all of a journey. The site management

team will be responsible for promoting and encouraging staff to consider other modes of travel to get to Rosewell House.

WALKING	
Promotion of the health benefits of walking to work via participatory initiatives, health promoting literature and internal communications.	Lunchtime health walks, Walk to Work Week, pedometer challenges. Make links with Paths for All, Healthy Working Lives, etc
CYCLING	
• Investment in quality, covered cycling parking (£20K). • Promote the NHSG Bike Users Group (BUG)	Funding available from Cycling Scotland, Sustrans, Nestrans and Climate Change funds.
PUBLIC TRANSPORT	
Promotion of Traveline Scotland, bus timetable information on display. NHS Grampian staff can be directed to Traveline Scotland for free 24 hour information on public transport. 0871 200 22 33. Ensure new members of staff are given information on bus services to the site.	Mobile apps	Traveline Scotland
CAR SHARING	
Promotion of Getabout Liftshare, the benefits of car sharing some of the time.	COVID-19 Guidance: The Scottish Goverment are advising against car sharing with people outside of your own, or extended, household. Read the full car sharing advice from the Scottish Government. The team at Liftshare have produced the following guidance: • Safer commuting guidance for workplaces • Safer travel guidance for commuters
SINGLE OCCUPANCY CAR USE	
Change can be promoted around the final part of a journey, car sharing once a month, etc Travel Plans also promote eco-driving techniques to reduce emissions. Training provided by Energy Savings Trust. Eco Fuel Efficient Training - Eco Driving - Pass Drive Driving School (pass-drive.co.uk)	Eco Fuel Efficient Driving is a way of driving your vehicle that helps to improve fuel efficiency. Estimates suggest that uneconomical drivers use 30% more fuel on average, which has implications for your business and the environment. By driving in a more fuel-efficient manner, your employees can help your business save money and lower your carbon footprint. Eco Fuel Efficient Training can help you achieve this.

ROAD SAFETY	
Promote winter road safety campaigns, Give Me Cycle Space campaigns aimed at drivers etc	RoSPA – The Royal Society for the Prevention of Accidents - RoSPA
GENERAL	
• Promote the Getabout website and brand. GetAbout Aberdeen City and Shire by…	Getabout • Ask staff to be Travel Plan champions (useful for various reasons, including opportunities for good news stories and wider visibility of health and care promoting health lifestyles and sustainability. • Involve staff in the Travel Plan, publicize activities and make the Travel Plan part of how Rosewell House reports on climate duties, etc	 Make links with Nestrans to source Getabout giveaway items to use in promotion.

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