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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 21 March 2023

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Room 5 - Health Village on TUESDAY, 28 MARCH 2023 at 10.00 am**. This is a hybrid meeting and Members may also attend remotely.

JENNI LAWSON
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

1.1 Welcome from the Chair

DETERMINATION OF EXEMPT BUSINESS

2.1 Members are requested to determine that any exempt business be considered with the Press and Public excluded

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

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

GENERAL BUSINESS

4.1 Medium Term Financial Framework - 2023-2028 (Pages 3 - 68)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

5.1 There are no reports under this heading

DATE OF NEXT MEETING

6.1 25 April 2023

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

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



INTEGRATION JOINT BOARD

Date of Meeting	28 March 2023
Report Title	Medium Term Financial Framework (MTFF)
Report Number	HSCP23.020
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Paul Mitchell, Chief Finance Officer
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	<p>Appendix 1 - Financial Strategy</p> <p>Appendix 2a - Direction to Aberdeen City Council</p> <p>Appendix 2b - Direction to NHS Grampian</p> <p>Appendix 3 – Leadership Team Objectives 2022/23</p> <p>Appendix 4 – Year 2 Delivery Plan</p> <p>Appendix 5 – Delivery Plan Projects not carried forward to future years</p>

1. Purpose of the Report

- 1.1. To update the Integration Joint Board (IJB) 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.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Note the anticipated financial out-turn for 2022/23 and the impact on the Reserves position of the IJB (*para 3.4*);



INTEGRATION JOINT BOARD

- b) Note the financial allocations proposed to be allocated by the partner organisations (*para 3.9*);
- c) Approves the 2023/24 budget and the Aberdeen City IJB Medium Term Financial Framework included as Appendix 1 of this report;
- d) Note that £2.5 million is held in a risk fund (*para 3.22*);
- e) Approve the Bon Accord Contract level for 2023/24 of £35,625,000 and budget assumptions (*para 3.25 and 3.26*);
- f) Instruct the Chief Finance Officer to apply the national guidance to calculate the level of increase on non-National Care Home Contract services and pass this increase across to providers (*para 3.28*);
- g) Instruct the Chief Finance Officer to uplift the direct payments for clients with a staffing element included in their payment by the amount calculated using the national guidance (*para 3.29*);
- h) Make the budget directions contained in Appendix 2 of this report and instruct the Chief Finance Officer to issue these directions to the constituent authorities.
- i) Approve the Year 2 Delivery Plan at Appendix 4 and note that budget monitoring information from June 2023 will be linked to each project.

3. Summary of Key Information

Current Context

- 3.1. On 10 March 2022, the IJB agreed its budget for 2022/23. In September 2022, details regarding the reclaiming of the surplus COVID-19 reserves held and the redistribution across the sector to meet current Covid priorities was received. The Partnership continued to work with its partners, Aberdeen City Council, NHS Grampian and the third and independent sectors to support the health and social care system within Aberdeen and to maximise the use of the reserve within the strict funding criteria.



INTEGRATION JOINT BOARD

- 3.2. From a financial perspective, the additional costs of COVID-19 on the IJB\Partnership budget for 2022/23 have been funded from the balance held on the Covid Reserve. These amounts have been reported monthly to the Scottish Government on a Financial Performance Return. At the end of December 2022, the IJB was forecasting the total spend remaining to claim against the Reserve at £10,057,000. This would leave a balance on the Reserve of £9,684,000 to be returned to the Scottish Government for redistribution to the Health and Social Care system. This was actioned in February 2023. As there are uncertainties over the current winter period, including the demand on sustainability payments, a reconciliation will take place during April 2023 to confirm the final outturn and any adjustment required to ensure that the funding to the IJB will not be adversely affected.
- 3.3. Aberdeen City IJB holds a financial reserve that is earmarked for the Primary Care Improvement Fund, Action 15 of the Mental Health Strategy and Alcohol and Drugs Partnership Funds which are underspent. In 2022/23, the balance carried forward on these Reserves was reclaimed by the Scottish Government and withheld from the allocations during the year. It is anticipated that the same will happen in 2023/24, therefore, no commitments have been earmarked to be funded from these Reserves if the accrue at the year end.
- 3.4. The IJB holds a risk fund of £2.5 million. It is not anticipated that this risk fund will require to be used in the financial year 2022/23 given the forecasted balanced budget position and it is not recommended that this is increased above £2.5 million.
- 3.5. In terms of our medium-term financial framework and delivering a financially balanced budget, our focus will be on redesign to make services more sustainable with a key enabler being the re-commissioning of the care at home contract and the strategic redesign and commissioning of the large hospital services for which the IJB has strategic planning responsibility.
- 3.6. The social care budget has gone through a significant period of change, and it is important to establish whether these changes will be sustained in the longer term, as this exposes the IJB to the risk of new recurring costs, without there being a funding source. Future year inflationary pressures have been accounted for, as detailed in Appendix 1. To maintain a prudent approach to future budgets, the level of assumed funding has remained at 2023/24 levels. No additional costs or funding



INTEGRATION JOINT BOARD

have been added to the MTFF in respect of the transition towards the National Care Service.

- 3.7. To date the IJB has undertaken all of its activities, whether that be operational service delivery or transformation of services without having to approach either NHSG or Aberdeen City Council for additional funding. The changes put in place by the IJB through its previous transformation activities, along with the good cross-system relationships in Aberdeen, greatly helped in the response to the pandemic. Many of the projects in The Programme for Transformation updated in the last MTFF were delivered at pace, Appendix 3 provides an update on the Leadership Team Objectives for 2022/23.

Funding Context

- 3.8. In terms of the respective grant settlements:

- NHS Grampian received an increase in their financial allocations of 2%, which will be allocated to the IJBs in line with the methodology used in the current financial year. In 2023/24, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 2% over 2022/23 agreed recurring budgets.
- The Scottish Government published its Resource Spending Review in May 2022 that stated that Local Government should expect to receive a “flat cash” settlement for the period 2023/24 to 2025/26, and that following the publication of the Local Government Financial Settlement for 2023/24, on a like for like basis, this position is borne out with a 0.2% increase to revenue funding being awarded for the financial year 2023/24. Aberdeen City Council are therefore required to generate £46.6 million savings in 2023/24 to balance their budget.
- Included within the financial settlement of both Councils and the NHS is additional funding for Integration Joint Boards.



INTEGRATION JOINT BOARD

		Scotland Allocation (£m)	Aberdeen Allocation (£'000)
Adult social care pay in commissioned services <i>(to fund the increase in the Real Living Wage to £10.90)</i>	Council (Recurring)	100	3,669 *
Inflationary uplift on Free Personal Nursing Care	Council (Recurring)	15	577
Interim Beds	Council (Non-recurring)	(20)	(752)
Funding for Local Government Pay award	Council (Recurring)	140	348
Capital funding	Council (Recurring)	121	300
		356	4,142

The funding allocated to Integration Authorities should be additional and not substitutonal to the 2022/23 recurring budgets for services that are delegated.

* Please note some of these values still require to be finalised.

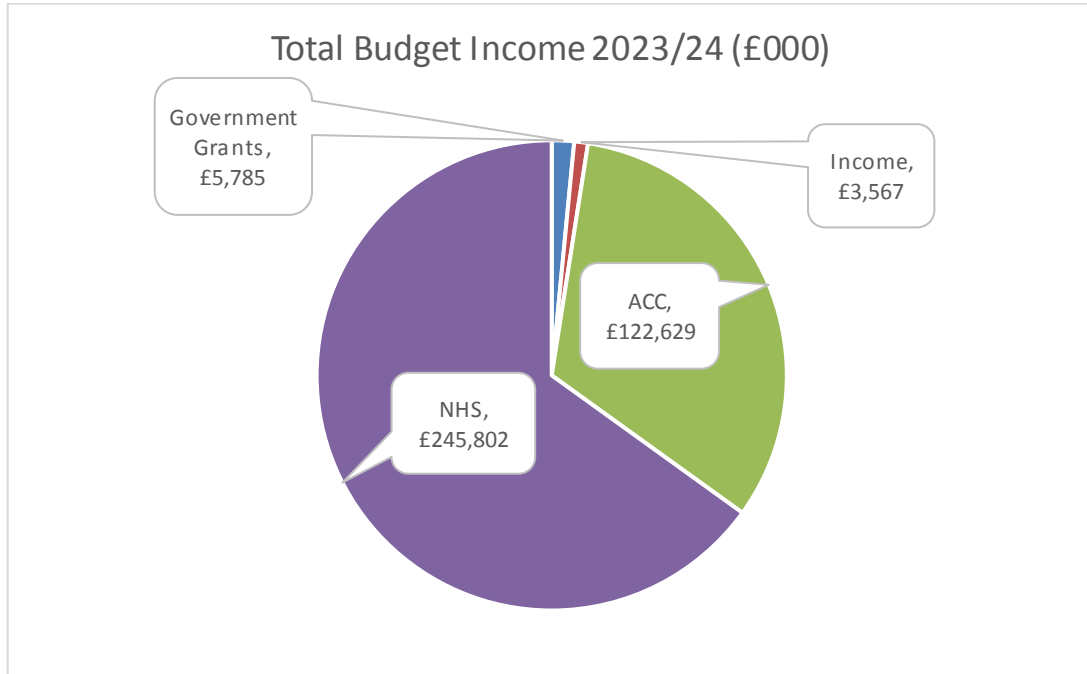
3.9. These positions were agreed by the Council on 1 March 2023 and NHSG Budget Steering Group on 23 March 2023.

	ACC £'000	NHSG £'000
Base Budget (including HRA) 2022/23	118,487	242,802
Increase in allocation (IJB share of additional NHSG grant income to cover pay awards etc)	0	3,000
Additional Funding (Aberdeen IJB share)	4,142	0
Provisional Funding 2023/24	122,629	245,802

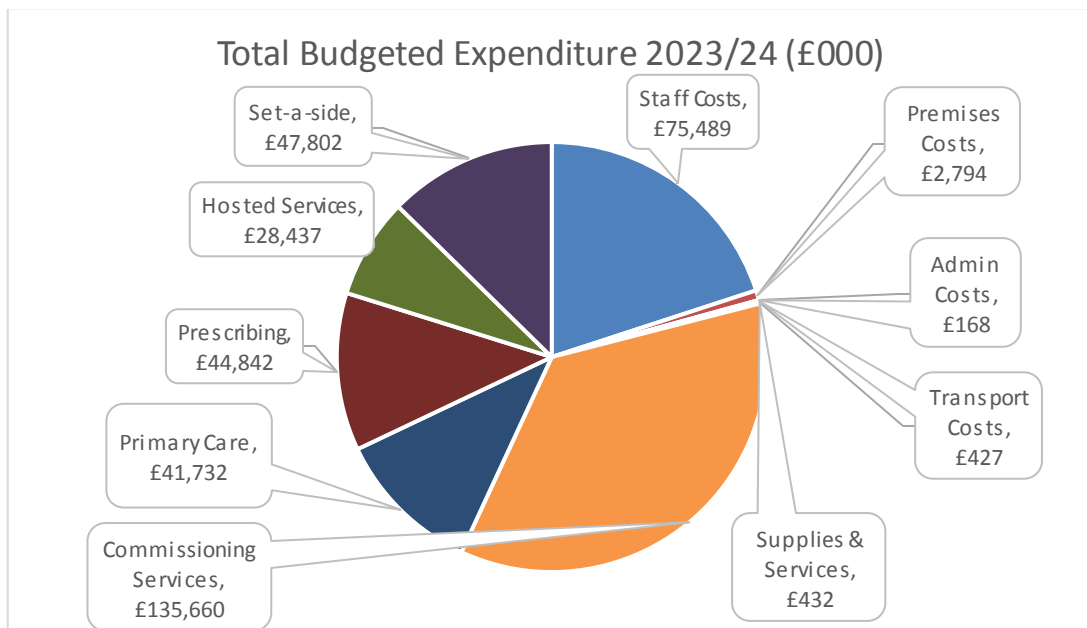


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3.10. The total budgeted income available for the IJB is £377.783m :-



3.11. The budgeted expenditure for the IJB that matches the income above is provisionally allocated as:-





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3.12. The breakdown for every £1 of expenditure within the IJB can be attributed as follows: -

Commissioning Services	£0.36
Staff Costs	£0.20
Set-a-side	£0.13
Prescribing	£0.12
Primary Care	£0.11
Hosted Services	£0.07
Premises Costs, Supplies & Services, Transport and Administration Costs	£0.01

3.13. From this we can see that 100% of the Income is utilised, with no uncommitted funding available in 2023/24.



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Medium Term Financial Framework

3.14. In order to support the delivery of the IJB's Strategic Plan, a Medium-Term Financial Framework (MTFF) has been developed and is attached as appendix 1 of this report. A summary is shown below:

Summary	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000
Budget Pressures	16,565	12,453	12,958	13,484	14,030
Additional Funding	(7,142)	(7,142)	(7,142)	(7,142)	(7,142)
	9,423	5,311	5,816	6,342	6,888
Programme for Transformation:					
Aim - Caring Together	(3,084)	(2,736)	(3,243)	(3,405)	(3,571)
Aim - Achieve Fulfilling, Healthy Lives	-	-	-	-	-
Aim - Keeping People Safe at Home	(600)	(350)	-	-	-
Aim - Preventing Ill Health	(1,350)	(750)	(750)	(750)	(750)
Enabler - Workforce	(1,000)	-	-	-	-
Enabler - Finance	(1,888)	-	-	-	-
Future Service Redesign	(1,501)	(1,475)	(1,823)	(2,187)	(2,567)
Shortfall	-	-	-	-	-

3.15. This Framework is based on the funding assumptions which have arisen as a result of the current Scottish Budget process. The MTFF identifies the budget pressures which the IJB will face over the next seven financial years (although only five years are shown above) amounting to over £49 million and provides potential solutions



INTEGRATION JOINT BOARD

which will be worked on during this timeframe to generate budget savings to close the forecast funding gaps in each year. The document is updated annually to reflect any changes to the baseline assumptions. The Framework is linked to the high-level aims included in the IJB Strategic Plan.

- 3.16. The issues of rising demand, increasing level of complexity of clients' need and rising prescription costs are well documented. The MTFP shows a direction of travel to reducing the financial pressures it is likely to face and balance the budget over the medium term. However, should the levels of funding identified not be made available to the IJB in future years from either or both partners, then more radical and robust choices will need to be made.
- 3.17. The IJB considered a report on 24 March 2020 on the hosting of the Grampian-wide inpatient and specialist Mental Health and Learning Disabilities (MHL) Services. These services are delegated, and operational responsibility transferred to the Chief Officer on 1 April 2020. The report indicated that NHSG would underwrite any financial loss on inpatient and specialist MHL Services for up to two financial years (from 1st of April 2020 to 31st of March 2022), this has now been extended to March 2024. Work continues on the transformation of these services and identifying options to seek financial balance, a working group having been established to take this forward.

Programme of Transformation \ Year 2 Delivery Plan

- 3.18. It is essential not only that financial pressures which arise during the financial year are managed, but also that the financial savings required are delivered. During this budget process a review of the Year 2 Delivery Plan has been completed through consultation and engagement with the Senior Leadership Team as lead officers for the plan and with project teams, supported by the Strategy and Transformation Team. Many of the projects in the Delivery Plan were scheduled to be delivered over the three-year lifespan of the Strategic Plan and so would be carried forward to the second year of the plan. Following a more robust scoping, some projects that were originally scheduled to be completed by the end of the first year of the plan have had their timescales revised. The revisions were agreed following discussion and challenge at dedicated Senior Leadership Team meetings. The review also highlighted a number of projects that were not "start and finish" tasks but more ongoing "business as usual", and others that were being led mainly by partners where the ACHSCP had a contribution to make, rather than a task to complete.



INTEGRATION JOINT BOARD

Finally, there were crossovers between projects and duplication of tasks, and a number of projects were reworded to combine these activities. In addition, 11 new projects were added, and the revised Delivery Plan cross referenced with the resources available, to ensure achievability.

- 3.19. Appendix 4 presents the Year 2 Delivery Plan. The projects are referenced, and colour coded to the four Strategic Aims. In additions, they have been grouped into programmes of work (the yellow headings) to make the management and reporting of them easier and categorised as Business as Usual (BAU) of Full Transformation Projects (FTP). The purpose of this categorisation is to identify which of the projects will utilise a full project management approach with associated documentation, and which will take a lighter touch approach as they are ongoing pieces of work that is more akin to business as usual rather than transformational activity.
- 3.20. As agreed at the RAPC on 28th February 2023, the 2023/24 budget will be allocated against each of the Projects on the Delivery Plan. This will allow for financial monitoring information to be included in the quarterly progress reports to the Risk, Audit and Performance Committee and assist in the progress towards achieving the savings required to deliver a balanced budget in 2023/24.
- 3.21. Appendix 5 lists the projects that have not been carried forward to future years and the rationale for that. It is the intention that a further review will be carried out in advance of year three using a similar process whilst also preparing for the next iteration of the Strategic Plan.

Reserves

- 3.22. It is recommended that the risk fund reserve should be set at £2.5 million. This will provide the IJB with funding to cover any adverse financial movements that occur and protect partners from having to provide additional funds.
- 3.23. As mentioned in the Quarter 2 monitoring report to the IJB, a letter was received from the Scottish Government on 12 September 2022 stating that ‘the Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid pressures. This was actioned in February 2023.



INTEGRATION JOINT BOARD

3.24. The unallocated balance on the Integration and Change Reserve is currently £6,600,000. At this stage there are no detailed proposals for funding from this Reserve to deliver the projects set out in Year 2 of the IJB’s Delivery Plan. However, some initiatives are at an early stage and a provisional amount has been allocated against the Reserve. As the project scopes develop, it may prove desirable and appropriate to financially invest in projects to maximise benefit realisation (whether financial or otherwise). Any such proposal will be reported to the IJB for approval as required.

Social Care Providers

3.25. Bon Accord Care (BAC) is an Arm’s Length External Organisation (ALEO) of the Council. As the majority of the funding for Bon Accord Care comes from the IJB, a breakdown of the draft 2023/24 contract value is shown below: -

	£’000
2022/23 Contract Level	32,835
Inflation	1,040
Additional funding	1,750
Total – 2023/24 Contract Level	35,625

3.26. To reflect the additional pressure being placed on social care and BACs role in supporting social care provision across the City, it is recommended that the contract value is increased in 2023/24 by the amount highlighted above.

3.27. Those providers covered by the National Care Home Contract (NCHC) will receive the level of uplift required per the nationally agreed contract renegotiation process. The current position is that this should see an increase in costs, however, this is still under negotiation. At the time of preparing the MTF, no national agreement has been arrived at, therefore, the rates included in the budget have been increased by 3% from 1st April 2023 to account for the statutory pay requirements and the Real Living Wage uplift. Any increase over and above this level will be matched with additional Scottish Government funding.

3.28. For those providers not covered by the NCHC the IJB is required to agree its position. Recently, guidance has been developed nationally by the Scottish Government which indicates what value of the total contract value should be inflated and by what percentage. The Scottish Government allocation has been passported



INTEGRATION JOINT BOARD

from Aberdeen City Council to the IJB to fund this, it is therefore recommended that the guidance be used to transfer the funding required to facilitate the uplift to a minimum of £10.90 per hour for all adult social care staff. It is recommended that authority be provided to the Chief Finance Officer to apply the budgeted uplift of 3% to all providers which includes the funding for the Real Living Wage.

- 3.29. Finally, it is recommended that those clients who receive direct payments and employ their own support staff should see their packages increase by the same level as calculated in the national guidance highlighted in the preceding paragraph.

4. Implications for IJB

- 4.1. **Equalities** – The IJB must have due regard to protected characteristics under the Equality Act 2010. The budget proposals presented in this report have been subject to an Equality Impact Assessment where appropriate. No major service reductions or changes are recommended in this MTF for 2023/24 and the IJB (via the Risk, Audit and Performance Committee) will receive quarterly reports on the progress of the Plan which will consider any equality implications in detail. The assessments identify any protected characteristics which are likely to be impacted and any associated mitigating actions. The Council have undertaken an assessment in regard to the funds coming across to the IJB.
- 4.2. **Fairer Scotland Duty** – there are no direct implications for the Fairer Scotland Duty. The Fairer Scotland Duty will be engaged as this report relates to the allocation of resources. The onward impact to the client will be mitigated through fair and equality-based commissioning, based on need.
- 4.3. **Financial** – The financial implications are detailed throughout the report and appendix 1. Aberdeen City Council has a bond registered on the London Stock Exchange which requires the Council to have a credit rating that is reviewed annually. Management of budgets is a component of this assessment. Overspends and lack of recovery plans on the part of the Integration Joint Board may have an impact on the credit rating.
- 4.4. **Workforce** - Employees will receive the national agreed pay awards and any increments due. No redundancies have been anticipated or are expected in delivery of the savings. The impact on the workforce is something which will be



INTEGRATION JOINT BOARD

continually considered by the IJB as it develops and updates its strategic planning and commissioning plans after consultation with its Partners.

Budget discussions and proposals have been led by the Leadership Team, including lead clinicians and professionals. A verbal overview of the Delivery Plan, which are linked to the transformation programme, was provided to the Joint Staff Forum. In addition, both our partner organisations – NHS Grampian and Aberdeen City Council have developed communication and engagement strategies for staff.

- 4.5. **Legal** – The Chief Finance Officer for the Aberdeen City Health & Social Care Partnership is required to set out a balanced financial plan for services delegated to the Integration Joint Board in accordance with the integration scheme. Directions relating to this report are being issued in line with the legislation.
- 4.6. **Clinical Safety and Effectiveness** - The options identified are not anticipated to have an impact on clinical or care governance. The Clinical Care Governance Group, which reports regularly into the Clinical Care Governance Committee, monitors risks, controls and mitigating actions on a regular basis.

5. Links to ACHSCP Strategic Plan

This report and the Medium-Term Financial Framework have been drafted in order to support the IJB to deliver on its strategic plan.

6. Management of Risk

6.1. Identified risk(s) and link to risk number on strategic register:

Strategic Risk 2

- Cause - IJB financial failure and projection of overspend;
- Event - Demand outstrips available budget; and
- Consequence - IJB can't deliver on its strategic plan priorities, statutory work, and projects.



INTEGRATION JOINT BOARD

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

- The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.
- This report seeks to set a provisional budget for the IJB, which will provide the budget managers with time to start work on delivering savings and services within their allocated budgets.
- The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements.



ABERDEEN CITY IJB

MEDIUM TERM FINANCIAL FRAMEWORK

2023/24 – 2029/30



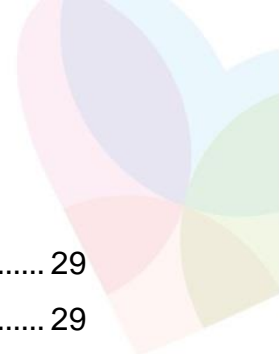
Contents

Executive Summary	4
Our MTFF Linked to our Strategic Plan	6
Introduction.....	7
1. Key Principles	8
2. Context (National and Local)	9
Legislation Context.....	9
Scottish Government Context	9
National Demand Context (before COVID)	10
Local Context	11
3. Planning Assumptions	13
Reserve Position	13
4. Projected expenditure and new resources.....	15
Budget Assumptions	16
Pay Award	16
Transitioning Children (Learning Disabilities)	17
Prescribing.....	17
Demographics.....	17
Real Living Wage	18
Funding Adjustments	18
5. Recommendations to close the financial gap	19
Year 2 Delivery Plan (<i>previously Leadership Team Objectives</i>).....	20
6. Risk Assessment.....	23
Appendix 1: Services Provided by ACHSCP	25
Community Health Services (£39 million 2022/23)	25
Hosted Services (£28 million 2022/23)	27
Learning Disabilities Services (£38 million 2022/23)	27
Mental Health & Addictions (£24 million 2022/23)	28
Older People and Physical & Sensory Disabilities (£101 million 2022/23).....	28
Criminal Justice (£92,000 net – funded by ring-fenced grant)	28
Primary Care Prescribing (£39 million 2022/23)	29



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Primary Care (£45 million 2022/23).....	29
Set-Aside Notional Budget (£48 million 2022/23)	29



Executive Summary

The seven-year financial framework sets out the forecast income and expenditure for the Integration Joint Board (IJB). Whilst the funding levels contained in this budget have only been set for one year (2023/24) we have based future projections on historic trends and planning assumptions on advice from our key partners.

An overview of the seven-year financial framework is set out below:

	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Budget Pressures	16,565	12,453	12,958	13,484	14,030	14,601	15,203
Additional Funding	(7,142)	(7,142)	(7,142)	(7,142)	(7,142)	(7,142)	(7,142)
Estimated Funding Gap	9,423	5,311	5,816	6,342	6,888	7,459	8,061
<u>Options to close the gap</u>							
Reshaping our approach to commissioning services	(2,434)	(2,586)	(3,093)	(3,405)	(3,571)	(3,743)	(3,853)
Prescribing	(1,350)	(750)	(750)	(750)	(750)	(750)	(750)
Primary Care	(650)	(150)	(150)	-	-	-	-
Out of Area Placements	(600)	(350)	-	-	-	-	-
Vacancy Management	(1,000)	-	-	-	-	-	-
Clear back-log in Financial Assessments will generate increased income	(1,000)	-	-	-	-	-	-
Cost recovery from Partners	(888)	-	-	-	-	-	-
Future Service Redesign	(1,501)	(1,475)	(1,823)	(2,187)	(2,567)	(2,966)	(3,458)
Shortfall	-	-	-	-	-	-	-



Based on the detailed projected income and expenditure from 2023/24 to 2029/30, the IJB will require to achieve savings in the following years: -

Financial Year	Estimated Funding Gap
	£'000
2023/24	9,423
2024/25	5,311
2025/26	5,816
2026/27	6,342
2027/28	6,888
2028/29	7,459
2029/30	8,061

The aim of this financial strategy is to set out how the IJB would take action to address this financial challenge across the key areas noted below: -



Our MTFF Linked to our Strategic Plan

Aim – Caring Together

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

Aim – Keeping People Safe at Home

When they need it, people can be cared for safely in their own home or in a homely setting, reducing the number of times they need to be admitted to hospital or reducing the length of stay where admission is unavoidable. This includes a continued focus on improving the circumstances of adults at risk of harm.

Aim – Preventing Ill Health

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

Aim – Achieving Fulfilling, Healthy Lives

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



Introduction

The Aberdeen City Health and Social Care Partnership (ACHSCP) has now been operating for almost seven years. During this time significant progress has been made in terms of integrating the services delegated from its partners Aberdeen City Council (ACC) and NHS Grampian (NHSG).

The Aberdeen City Integration Joint Board (IJB) is the governing body of the ACHSCP and agrees an annual budget following the delegation of funding from its partners each financial year.

This Medium Term Financial Framework (MTFF) aims to pull together in one place all the known factors affecting the financial position and sustainability of the organisation over the medium term. For the purposes of this financial framework the medium term is defined as seven years.

The five main risks which may impact on the IJB's budget over the next few financial years.

1. whether some of the changes in cost profile and services as a result of COVID are recurring,
2. what impact any national care service will have on the IJB and its finances,
3. impact of the health debt caused by COVID on our services,
4. the removal of additional funding for COVID which service providers and services have become increasingly reliant on and
5. the ongoing impact of the increase in the cost of living and inflation rates will have on our third party providers.

This MTFF will establish the estimated level of resources required by the ACHSCP to operate its services over the next seven financial years and estimate the level of demand pressures likely to be experienced by these services. It takes cognisance of the Strategic Plan approved by the IJB on 7 June 2022. The MTFF also takes cognisance of the Aberdeen City Health & Social Care Integration Scheme as well as any other strategies agreed by the IJB since it became operational.

The MTFF will assist in delivering its strategic intent, further improve strategic financial planning and maximise the use of resources across the medium term.



1. Key Principles

The IJB has established some key principles which it has been working to in relation to its financial planning:

- 1) The use of its resources must be aligned and help in the delivery of the priorities contained in the strategic plan.
- 2) Spending should be contained within the original budgets set during the budget-setting process; where this is not possible recovery plans will be required to cover any overspends to protect the partners' budget positions.
- 3) The transformation programme and activities approved by the IJB will seek to either manage increasing demand or generate financial savings.
- 4) Given the type of services provided and the reliance placed on these by service users the IJB may agree to fund 'double running costs' whilst the proof of concept and benefits are established of the transformation projects, providing this can be accommodated within current budgets.
- 5) There is a clear preference towards the delivery of recurring savings and that budgets should be balanced on a recurring basis; the use of one-off savings only being used where part of the overall MTF.
- 6) A strong preference for working in partnership with ACC, NHSG, the third sector and the other two Grampian IJBs to deliver the best and most efficient services possible within the financial allocations delegated.
- 7) A strong desire to engage and co-produce with communities to transform how care and support is delivered, ensuring lived experience is central in decision making

Information on the services provided by ACHSCP is shown in further detail in Appendix 1.



2. Context (National and Local)

Legislation Context

The Board's role and function is set out in the underpinning legislation – the *Public Bodies (Joint Working) (Scotland) Act 2014*. The purpose of the integration policy can be summarised as being necessary to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge – budgets are reducing, our population is ageing, and we are contending with a reducing working age population and a reducing workforce supply – more than in any other time in recent memory. The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that.

IJBs were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through an approach which challenges the status quo; deliberately setting strategy, planning and then, utilising delegated budgets, directing and commissioning the NHS and local authority partner organisations to deliver more joined-up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

Scottish Government Context

The current Scottish Government has been clear that the integration of health and social care is one of its priorities. It has stated its intention to shift the balance of care from large hospitals into community settings.

The Scottish Government has also indicated that one of its priorities is the adoption of the Scottish Living Wage across the care sector. In this regard, additional funding has been allocated to the IJBs in each of the last six financial years to fund this policy commitment. This financial year the level of uplift proposed for adult social care staff is to receive a minimum of £10.90 per hour and additional funding has been received to meet this obligation.

The General Practitioners (GP) Contract is negotiated between the British Medical Association (BMA) and the Scottish Government and was agreed for implementation from 1 April 2018.



One of the Scottish Government's policy commitments is the introduction of a national care service. To date a consultation exercise has been undertaken seeking views on the national care service and the results of the consultation have been published. The creation of a national care service will have implications on the IJB and Adult Social Care Services, however, at this stage the impacts are unknown.

National Demand Context (before COVID)

The demand for services is increasing as is evidenced by the following statistics:

- 1 in 4 adults has a long-term illness or disability;
- around 2 million people in Scotland have at least one long-term condition;
- people in Scotland are living longer, but more of those people over the age of 75 are living with a long-term condition and/or significant frailty; and
- overall, the population of people over the age of 75 is expected to increase by 63% over the next 20 years.

The Scottish Government estimates that the need for health and care services will rise by between 18% and 29% between 2010 and 2030. Coupled with a shrinking working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change.

Audit Scotland undertook an early review into the changes being brought about through the integration of health and social care in its paper of March 2016. The report, *Changing Models of Health and Social Care*, set out the challenge of increasing demand for services and growth over the next 15 years in Scotland. Among the pressures identified in this were:

- 12% increase expected in GP consultations.
- 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare;
- 35% increase in demand for long-stay care home places; and
- 28% increase in acute emergency bed days and a 16% increase in acute emergency admissions.

The Audit Scotland report went on to say that on the basis of these estimated increases in demand, there would need to be an increased annual investment of between £422 and £625 million in health and social care services in order to keep pace.



The independent report on Adult Social Care by Derek Feeley indicates that if the recommendations of the review were implemented, then spend on social care would need to increase by £0.66 billion per annum. A subsequent cross-party committee of Ministers estimated that the costs could be between £0.664bn and £1.26bn.

COVID has significantly altered and transformed parts of the Health and Social Care system and the statistics above will need to be reviewed to determine whether they are still valid, however, they are not anticipated to have reduced.

Local Context

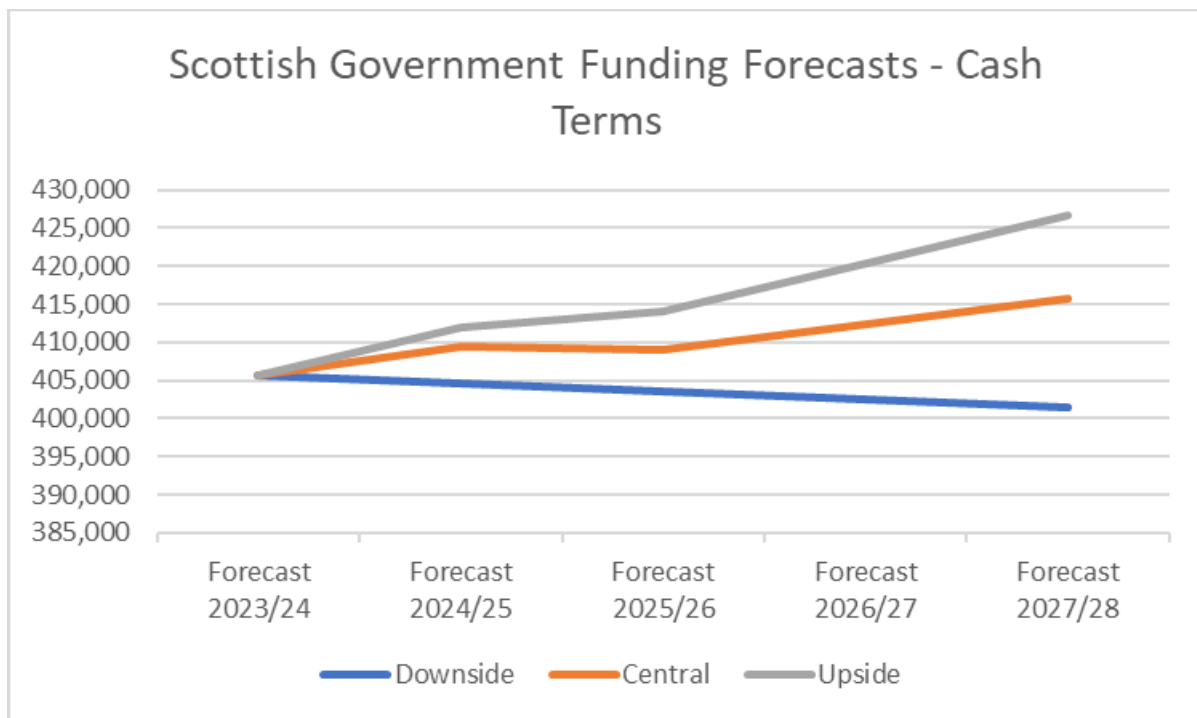
As with all public sector bodies our partners from whom the majority of our funds are received are facing financial challenges as a result of this period of financial constraint, with demand for budget outstripping the resources available and savings having to be identified annually to balance budgets. Both ACC and NHSG will require to make savings in future years to balance their revenue budgets.

The amount of funding available to both organisations is largely driven by the level of funding received from the Scottish Government through the grant settlement process.

In relation to Aberdeen City Council, their Medium-Term Financial Framework (MTFF) sets out some informed assumptions for financial years 2023/24 – 2027/28.

It is recognised that much of the Council's income is outside of its control, the assumptions that underpin their MTFF cannot, by definition, be exact, they are subject to refinement and change over time. Therefore, a series of scenarios should be used to describe a range of income possibilities. This current draft MTFF utilises three scenarios similarly used by the Office for Budget Responsibility. These scenarios will be refreshed regularly as part of the budget setting and strategic planning processes.

Illustrated within the MTFF is projected financial scenarios depending on the level of Scottish Government funding. The settlement that the Council has received for 2023/24 cannot be compared directly with these scenarios as the level of additional expenditure that will be incurred increases. From the analysis undertaken it can be concluded that the underlying funding for 2023/24 is broadly as expected in the Central Scenario. The chart below has been updated to take account of the 2023/24 Financial Settlement and known changes to future funding streams and presents a forecast of how this may alter over the next five years.



The IJB may be required to contribute to these financial gaps, as a key partner of ACC in cross-system working.

In Aberdeen City the majority of Adult Social Care Services are commissioned externally, either through third/independent sector providers or from Bon Accord Care, an Arm’s Length External Organisation (ALEO) of ACC. Aberdeen City has one of highest average property prices in Scotland. This can impact on the commissioned services by making the costs of financing their assets more expensive than elsewhere in Scotland and by making it difficult for these organisations to recruit and sustain staffing levels due the high cost of living in the city.

ACHSCP also has difficulty recruiting to some professions with long-term vacancies particularly in community nursing, mental health, and GPs. Within the city many practices have unfilled GP vacancies with a current 11% vacancy rate, however, this also extends across all clinical disciplines which impact of practice capacity..

The level of demand for services is expected to increase year on year and when living with COVID the demand may end up in settings where it wasn’t before, particularly care in the community and homely settings.



3. Planning Assumptions

Reserve Position

The IJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounting purposes by the Office for National Statistics (ONS). The IJB is able to hold reserves which should be accounted for in the financial accounts of the Board.

Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The Chief Finance Officer has considered that a risk fund of £2.5 million should be maintained. This risk fund was established in 2021/22 to provide a cushion to protect the partners from any adverse financial movements during the financial year.

The level of reserves held at the beginning of the financial year increased due to additional funding being received late in the financial year 2021/22 and an underspend on mainstream services due to recruitment difficulties. The IJB was also passed through any monies owed by the Government but unspent in relation to the Primary Care Improvement Fund, Alcohol and Drugs and Action 15. A significant element of the funds in reserves are ring fenced for these purposes and can't be used for anything else.

In addition a COVID earmarked reserve was created, along with reinstatement of a balance in an Integration and Change Reserve to support the redesign of services once the impact of COVID on services has reduced.

Remaining within the straight criteria for the use of the funding, the COVID reserve has been utilised to its fullest potential. As the usage of the funding ceased on 31st March 2023, the balance has been reclaimed by the Scottish Government.



The unallocated balance on the Integration and Charge Reserve is currently £6,600,000. At this stage, there are no detailed proposals for funding from the Integration & Charge Reserve to deliver the projects set out in Year 2 of the IJB's Delivery Plan. However, some initiatives are at an early stage and a provisional amount has been allocated against the Reserve. As project scopes develop, it may prove desirable and appropriate to financially invest in projects to maximise benefit realisation (whether financial or otherwise). Any such proposal will be reported to the IJB for approval as required.



4. Projected expenditure and new resources

This reflects the known commitments and income likely to be received in 2023/24. Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next seven financial years are as follows:-

	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000
<u>Budget Pressures</u>							
Pay Inflation	1,396	1,657	1,698	1,740	1,783	1,828	1,873
Transitioning Children - Learning Disabilities	670	690	711	732	754	777	800
Prescribing	6,200	1,500	1,500	1,500	1,500	1,500	1,500
Demographics 2% Uplift	1,593	1,640	1,690	1,740	1,793	1,847	1,903
Non-pay inflation	1,798	2,115	2,310	2,519	2,737	2,969	3,224
Housing - Care & Repair	250	-	-	-	-	-	-
	11,907	7,602	7,909	8,231	8,567	8,921	9,300
<u>New Requirements</u>							
RLW per hour Adult Social Care	4,658	4,851	5,049	5,253	5,463	5,680	5,903
Budget Pressures	16,565	12,453	12,958	13,484	14,030	14,601	15,203
<u>Funding Adjustments</u>							
Estimated New Council Funding	(4,142)	(4,142)	(4,142)	(4,142)	(4,142)	(4,142)	(4,142)
Uplift in NHS Funding	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)
	(7,142)	(7,142)	(7,142)	(7,142)	(7,142)	(7,142)	(7,142)
Estimated Funding Gap	9,423	5,311	5,816	6,342	6,888	7,459	8,061



Budget Assumptions

	2023/24	2024/25 onwards
Pay & National Insurance	NHS 2% ACC, 2%	NHS 2% ACC, 2%
Transitioning Children - Learning Disabilities	Average number of transitioning children by average cost of package	Average number of transitioning children by average cost of package
Prescribing	Estimate from Grampian Prescribing group	Previous increases in prescribing
Demographics 2% uplift	2% on older people's budget	2% on older people's budget
Non-pay Inflation	Inflationary increases on budget lines other than Payroll costs	Inflationary increases on budget lines other than Payroll costs
Housing – Care & Repair	Funding previously provided by ACC	No specific increase in Base Budget
Real Living Wage for Staff working in Adult Social Care	Uplift for Real Living Wage contained within the uplift funding for Social Care	Based on previous years estimated uplift
Funding Adjustments	NHSG – 2% uplift ACC – Previous years budgets plus additional allocations	Flat cash - based on previous estimated grant levels

Pay Award

- NHS staff
 - Agenda for Change pay increases for 2022/23 were fully funded and the 2023/24 base budget increased accordingly.
 - For 2023/24 we are accounting for a 2% increase to align with the level of funding uplift included in the MTF.
 - The assumption is that any increase to the final pay settlement for 2023/24 over the 2%, will again be funded separately by the Scottish Government
- ACC staff

As in previous years, 2% has been included.



- The pay award for ACC staff has not been agreed and there is a chance it will be at a higher level than estimated.

Transitioning Children (Learning Disabilities)

- Children transition into the adult learning disabilities section once they reach a certain age. At this point they are reassessed by the care managers from the adult learning disabilities team and a new care package is created reflecting eligibility criteria.
- Pressure has been experienced on this budget in this financial year and the number of children transitioning has been estimated at £670,000 in 2023/24.
- Please note, this is only an estimate based on an average care package; the care package for some transitioning children will be far higher than the average depending on the complexity of the disability.

Prescribing

- The cost of the drugs prescribed by GPs is increasing year on year, and information from NHS Grampian's Pharmacy Group has indicated that additional budget provision is required in 2023/24.
- The IJB has limited control over this budget, as it is unable to control the prices of drugs which are set nationally and influenced by factors such as supply and demand, currency movements and patents. It is also unable to control demand as it is a clinical decision as to whether a GP decides to prescribe a medicine.
- Aberdeen City already performs well nationally in terms of prescribing and has one of the lowest costs per head of population.

Demographics

- Before someone is provided a care package they are assessed by care managers against the eligibility criteria.
- In Aberdeen City, care is only provided to those who are assessed as having a high or very high need.
- The majority of the Adult Social Care clients are over 65 and given the number of over-65s is forecast to increase year on year, a provision has been added to cover the additional costs anticipated as a result of this.

Non-pay inflation

- For all other third-party budget lines, an inflationary increase has been accounted for.
- This will assist in funding all providers on an ongoing basis.



Housing – Care and Repair

- Aberdeen Care and Repair predominantly provides advice and assistance with repairs, improvements and adaptations for older and disabled homeowners and tenants of private landlords. It also provides support to tenants in social housing which fall outwith the duties of the housing provider.
- The service is available to residents who are either older, disabled or experiencing long-term health problems, to advise and assist on necessary repairs and other building works, the selection of contractors, sources of funding and other related services.
- The main purpose of the service is to ensure that older and disabled people are able to maintain their homes allowing them to continue to live independently in their own community of choice.
- Funding of £250,000 per annum was previously provided by Aberdeen City Council.
- As part of their budget savings, this funding was to cease on 31 March 2023, to maintain this service, this has been included as a budget pressure.

Real Living Wage

This includes the additional cost of inflating social care providers contracts to enable a minimum of £10.90 per hour to be paid to adult social care workers.

Funding Adjustments

- NHSG Funding
 - NHSG received an increase in their financial allocations for 2023/24 of 2%.
 - The NHSG Budget Steering Group has agreed to pass on Aberdeen City's share of this funding, which amounts to £3.0 million
- ACC Funding
 - ACC funding is calculated as the base budget for the previous year, plus any specific allocation received from the Scottish Government
 - For 2023/24, we have received additional allocations for the increase in the Real Living Wage, inflationary uplift on Free Personal and Nursing Care and a share of additional funding for the 2022/23 pay increases
 - From this, non-recurring Interim Care funding has been removed

There is a risk in future years that it might not be possible for ACC to pass over additional funding to the IJB, given the requirement to balance future council budgets (see the graph in the local context section for further information).



5. Recommendations to close the financial gap

	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000
Strategic Aims							
Aim - Caring Together							
Reshaping our approach to commissioning services	(2,434)	(2,586)	(3,093)	(3,405)	(3,571)	(3,743)	(3,853)
Primary Care	(650)	(150)	(150)	-	-	-	-
	(3,084)	(2,736)	(3,243)	(3,405)	(3,571)	(3,743)	(3,853)
Aim - Achieve Fulfilling, Healthy Lives	-	-	-	-	-	-	-
Aim - Keeping People Safe at Home							
Out of Area Placements	(600)	(350)	-	-	-	-	-
	(600)	(350)	-	-	-	-	-
Aim - Preventing Ill Health							
Prescribing	(1,350)	(750)	(750)	(750)	(750)	(750)	(750)
	(1,350)	(750)	(750)	(750)	(750)	(750)	(750)
Enabling Priorities							
Enabler - Workforce							
Vacancy Management	(1,000)	-	-	-	-	-	-
	(1,000)	-	-	-	-	-	-
Enabler - Finance							
Clear back-log in Financial Assessments will generate increased income	(1,000)	-	-	-	-	-	-
Cost recovery from Partners	(888)	-	-	-	-	-	-
	(1,888)	-	-	-	-	-	-
Future Service Redesign	(1,501)	(1,475)	(1,823)	(2,187)	(2,567)	(2,966)	(3,458)
Total	(9,423)	(5,311)	(5,816)	(6,342)	(6,888)	(7,459)	(8,061)



Year 2 Delivery Plan (*previously Leadership Team Objectives*)

In recognising the impact of the financial position, we have in 2022/23 focused Year 2 Delivery Plan to deliver on redesign, savings, and conditions for future progress. Further information is contained in Appendix 4 of the budget report, on deliverables and measures. There is, of course, a range of Business as Usual (BAU) projects and activities that also contribute to our financial sustainability.

Aim – Caring Together:

Aberdeen City commissions the vast majority of its social care from care providers. Commissioning is the largest part of our budget and accounts for over £135 million of our available budget. Work is ongoing in relation to out of area placements to determine whether there are services locally that can be used and, if not, whether we can work with Providers to develop them.

We plan to continue the review all social care expenditure and packages to determine whether temporary changes made in response to COVID, should or could be made permanent, and how to fund these changes on a recurring basis. The review will report through our Strategic Commissioning and Procurement Board which has been established to monitor and direct our commissioning activity. The focus of this Board will not only be to deliver services of a better or equivalent quality than currently commissioned, but also to do so at less cost. Maximising the use of community assets and increased use of alternatives to traditional commissioned services will also be considered. The Board will make recommendations on commissioning spend to the IJB throughout the financial year.

We have undertaken a review of primary care practices and we now need to seek to go further in terms of delivering the Primary Care Improvement Plan and reshaping primary care, maximising the dedicated funding available for this, to improve access and broaden service provision.

Aim - Safe at Home:

During the winter period we have noticed an increase in demand for medical and unscheduled care, particularly in patients using our Frailty Pathway. We intend to undertake a review of this demand projecting forward to 2030 in order that we can understand any actions we need to implement to meet it. This may require some future decisions around increasing resource allocation to additional services and support in the community and potentially additional investment in digital solutions. Another area of focus is to ensure we get people home from hospital when they no longer need to be there. This is particularly relevant for those who require complex



care who can often be placed in care locations out with Aberdeen. Switching to caring for these people in their own homes can be significantly expensive and the transition is something that will require careful planning in terms of budget allocation. We plan to undertake a strategic review of rehabilitation services across the partnership, Specialist Older Adults and Rehabilitation Services and the Medicine and Unscheduled Care Portfolio with a view to improving both patient and staff experience in this area. The Medicine and Unscheduled Care Portfolio being within the remit of the Chief Officer provides opportunities for yet further integration and joined up working, streamlining service provision and improving patient and staff experience.

Aim – Improving Quality of Life:

We will continue to progress the Grampian wide Mental Health and Learning Disabilities transformation programme in collaboration with partners with a view to evidencing increased community delivery across secondary and primary care in Aberdeen City. We will remobilise services in line with the Grampian Remobilisation Plan to help address the health debt and support people to recover from the effects of Covid-19.

Under BAU we will develop a revised Carers Strategy taking cognisance of the impact Covid has had on unpaid carers and the additional funding ring fenced to increase support for unpaid carers. Also as BAU, the Alcohol and Drugs Partnership will continue to progress actions on its Delivery Framework.

Aim – Preventing ill health:

We will deliver a programme of holistic community health interventions to target health inequalities in localities by making connections and focusing on early intervention and prevention. This ‘social prescribing’ work will be led by our Public Health Coordinators, our Health Improvement Officers and our Wellbeing Team working with our Locality Empowerment Groups and our DiversCity officers and be linked to the existing Stay Well Stay Connected programme. The funding available through Health Improvement, Food in Focus and the Alcohol and Drugs Partnership will be coordinated and targeted to priority areas that meet the partnership’s strategic intentions.

The majority of the savings will come from seeking 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. A cross-Grampian prescribing group provides recommendations to the Partnership on all prescribing matters. In addition, a key driver will be the use of technology to develop more efficient systems across community care which will impact on the key drivers.



Future Service Redesign:

All of the Partnership's senior teams have a focus on redesign of services and are constantly modifying service provision to ensure the best service is provided within the agreed budget. A workstream will be developed to determine where service redesign can happen which reduces the costs of service delivery and helps contribute towards closing the financial gap. The saving planned to balance the MTFE will be underwritten from the Integration & Change Reserve to help assist this ongoing process.



6. Risk Assessment

The setting of any budget is the acceptance of the assumptions and risk underpinning the figures. The IJB has its own strategic risk register and the individual services hold operational risk registers. The leadership team has established that the major risks impacting on the MTFF are as follows:

- During the previous budget processes a significant level of turnover savings was added to the budget to reflect the current staffing levels; should these staffing levels improve then this could impact on the delivery of this saving. This is monitored during each budget monitoring and all posts are taken through a vacancy control process.
- The proposed pay increase for 2023/24 in this financial framework is based on the information provided by the Scottish Government for planning purposes. This has not been agreed and there is a risk that the percentage agreed could be higher than anticipated.
- The prescribing budget is a high-risk budget for the IJB. Whilst the decisions to prescribe are made locally, the costs of the drugs and the agreement to introduce new drugs are made nationally.
- The increasing level of complexity of need for some of our clients means that major care packages might materialise during the year which we have not budgeted for. The same applies to patients who need out-of-area care and where a clinical decision has been made that this is in their best interests.
- The external care market is fragile, with NCHC providers looking for high inflationary increases to provide stability. These increases are negotiated nationally and may be higher than forecast. Should the national negotiation break down then it is likely that local agreements will need to be negotiated and given the high cost of living in Aberdeen this is likely to be more than what would be agreed nationally.
- The Carers Act and the free personal care to under-65s legislation will increase the demand for these services. Although additional funding has been received for these purposes, until fully implemented it will be difficult to determine whether the resources received are adequate.



- There is a risk of increased demand for services, as a result of health debt caused due to COVID. Services are currently considering how best to manage this increased demand, but this may have an impact on future year budgets.
- The recommendations of the Derek Feeley report have substantial implications for adult social care and the IJB. The Scottish Government has committed to the principle of a national care service, although the scope and function are not yet known. It is likely that the creation of a national care service will have a major impact on the Integration Joint Board and ACHSCP, however, at this stage the impact cannot be quantified.
- The rate of inflation and the effect this has on the ongoing cost of living, creates unprecedented pressures for our third-party providers. As no additional funding has been received to mitigate the current level of inflation, this may have an impact on future budgets.

All these risks will be monitored and reviewed through the finance monitoring statements on a regular basis.



Appendix 1: Services Provided by ACHSCP

Information on the services provided by ACHSCP is shown below:

Community Health Services (£39 million 2022/23)

Includes budgets for the community health services for each locality, including district nursing, health visiting, allied health professionals, public health, and the Public Dental Services (PDS).

- **Community Nursing Services**

The Community Nursing Service for Aberdeen City comprises district nursing, health visiting, school nursing, specialist nursing services and frailty pathway. The service has approximately 700 staff (545 wte) delivering services to the population of Aberdeen City. District nurses provide both scheduled and unscheduled nursing interventions predominantly to the elderly population, those with a palliative diagnosis and end-of-life care. These services are delivered both in-hours and out of hours. Health Visitors provide universal services to the under-fives practice population in line with the Children and Young People's Act (2014). They also have a remit to deliver the child protection agenda, keeping some of the most vulnerable children safe from harm. School nurses deliver services to children and young people, including the vaccination programme under direction from the Scottish Government. Specialist nursing services deliver nursing interventions which require expert knowledge, and they support the work of the general nursing service.

- **Allied Health Professionals**

Allied health professionals (AHPs) are a distinct group of practitioners who assess, diagnose, treat, and rehabilitate people of all ages, across health, education, and social care, supporting many of our most vulnerable citizens across Aberdeen. They are experts in rehabilitation and enablement, supporting people to recover from illness or injury, manage pain and long-term conditions with a focus on maintaining and improving independence (including helping people to remain in work/return to work) and developing strategies for people to manage longer-term disabilities.

AHP services comprise of 7 distinct professions (circa 200 staff) working across Aberdeen City HSCP: dietetics, occupational therapy,



physiotherapy, podiatry, speech and language therapy, prosthetics and orthotics services. The services see approximately 30,000 new patients a year and they assess, diagnose, advise, treat, and provide rehabilitation. AHP services are delivered in a range of outpatient clinics, community/domiciliary and education settings across the city and also provide in-patient care to people within Specialist Rehabilitation and Frailty Services including Woodend, Horizons, Rosewell and Clashieknowe..

- **Public Health and Wellbeing**

The main function of members of the public health team is to promote population and community health and wellbeing (as opposed to personal care), addressing the wider determinants of health and health inequalities. They do this by working with, and through, policies and strategies, across agencies and boundaries, providing leadership to drive improvement in health outcomes and the reduction of health inequalities. Their predominant focus is on primary prevention and the wider determinants of health at population level and the range of team members use approaches and skills that include programme development, implementation, and evaluation, assessing the impact of policies on people's health, project management, community engagement, and communication with a wide range of stakeholders. Whilst public health team members engage with a wide range of stakeholders, many of the programmes and outcomes they seek to influence, and support relate to early years, children, and young people. Key national and local priorities for the public's health are alcohol, tobacco, mental wellbeing, diet, physical activity, and healthy weight. Team members work in and across localities as well as with local people in communities and multi-agency environments.

- **The Public Dental Services (PDS)**

The PDS provides NHS dental care for priority groups of patients across ten surgery sites in Aberdeen for people who have additional and/or complex needs which affect ability to seek high street dental services. In addition to core service delivery, the Aberdeen PDS provides the Minor Oral Surgery service for Grampian, providing sessional clinical input to the General Anaesthetic Clinic and has oversight of the Outreach provision for Dundee University undergraduates.



Hosted Services (£28 million 2022/23)

A range of services provided on a Grampian-wide basis and managed by one lead IJB, Aberdeen City IJB being the lead for:

- Specialist Older Adult and Rehabilitation Services – comprising the Grampian Specialist Rehabilitation Service and the Specialist Older Adults Service across Aberdeen and Aberdeenshire. These services provide a range community rehabilitation, specialist medical consultant liaison (including community consultant geriatrician alignment) and specialist services – dealing with wheelchairs, prosthetics, and orthotics across Grampian. There is also a significant medical in-reach service supporting the acute geriatric service within Aberdeen Royal Infirmary.
- Sexual Health Services – based at the Health Village but providing services across seven locations in Grampian.

The Moray and Aberdeenshire IJBs are the leads for the following services: Marie Curie Nursing Service, the Continence Service, Diabetes Managed Clinical Network, Chronic Oedema Service, Heart Failure Service, HMP Grampian Health Services, Police Forensic Examiners, Primary Care Contracts Team and GMED out-of-hours medical services.

Learning Disabilities Services (£38 million 2022/23)

The service is committed to integrated working and providing a range of diverse and intensive person-centred services, to promote and support independent living, underpinned by individual and family/carer involvement.

In-house services (127 staff) provide housing support, care at home (on six sites) and a modern specialised day service at the Len Ironside Centre. Commission Services with the Third Sector provide a wide range of supported living, residential, care at home, enhanced support and respite and day services; with over 20 service providers.

The Care Management Team (20 staff) provide comprehensive assessment, care package commissioning and ongoing support for over 650 adults with learning disabilities and associated complex conditions and needs. This includes our Transitions Service that works closely with Children's Services in the planning and transfer of young people into adult services.



The Multi-Disciplinary Health and social care Community Teams (43 staff) provide assessment, care package commissioning and ongoing support for over 950 adults with learning disabilities and associated complex conditions and needs.

Mental Health & Addictions (£24 million 2022/23)

This includes the provision of services by NHS community mental health service and adult social care services. Within adult social care there are three mental health teams and one old age psychiatry team which incorporates the rehabilitation team. All teams are based at Royal Cornhill Hospital. There is one Integrated Alcohol Team based at Royal Cornhill Hospital. There is two Integrated Drug Teams based at Royal Cornhill Hospital and Timmer market. These teams provide social work, care management and a Mental Health Officer service to people with mental health difficulties and their families, in a hospital-based environment and within the community. In addition to this there are integrated teams for drug and alcohol providing a clinical and care management service for individuals who experience substance misuse. Across these services in adult social care there are around 1,700 service users at any one time.

Older People and Physical & Sensory Disabilities (£101 million 2022/23)

This is a care management service for individuals who are aged 65 years and over and for those with physical and sensory disabilities who are assessed as requiring care and support. Such services include provision of day care, care at home, residential care, sheltered and very sheltered housing, occupational therapy and provision of aids and adaptations. The service is made up of five care management teams providing services to 3,100 service users. The sensory disability services are commissioned from North East Sensory Services who have a social work team providing a statutory service to 135 people with a further 3,000 being provided support services.

Criminal Justice (£92,000 net – funded by ring-fenced grant)

Criminal Justice Social Work provides statutory supervision and court reports from the age of 18. The aim of the service is to reduce the risk of reoffending and harm by those who are supervised in the community and assisting with rehabilitation and



monitoring to those released from prison. The service is made up of four community teams, a throughcare team, a pre-disposal/court team, an unpaid work team, and a Women's Service. They also undertake group work programmes for those convicted of domestic abuse offences or sexual offences. At any one time around 1,500 clients are open to justice services.

Primary Care Prescribing (£39 million 2022/23)

The cost of drugs prescribed by Aberdeen City GPs to patients covers medicines, dressings, appliances, and stock order items prescribed in the community by GPs and other prescribers. Expenditure is impacted by a complex range of factors including how long drugs are patented, the availability of a drug, individual expensive drugs, and an increase in community-based care, amongst others.

Practice pharmacists work in tandem with GP practices to ensure prescribing is efficient and effective. Prescribers are also supported with the Grampian Joint Formulary Scriptswitch software and regular guidance/input from the lead pharmacists.

Primary Care (£45 million 2022/23)

Payments made to GPs for provision of services. The costs are largely dictated by the GPs' national terms & conditions of service from the GP contract. Aberdeen has 27 GP practices, providing general medical services to a population of 261,000 registered patients (Jan 2023). Whilst different contractual models operate across the city, all GP practices provide core general medical services together with a range of enhanced services. The above expenditure is drawn from the General Medical Services contract funding stream and represents the payments made to GP practices for the services provided to their registered list of patients.

Set-Aside Notional Budget (£48 million 2022/23)

Budgets for large hospitals are managed by the Acute and Mental Health sectors of NHS Grampian. The IJBs have a notional budget representing the consumption of these services by residents. The IJBs are responsible for the strategic planning for these services as a result of the legislation which established the IJBs.



The services covered include:

- accident and emergency services at ARI and Dr Gray's - inpatient & outpatient;
- inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry, general psychiatry;
- palliative care services provided at Roxburghe House, Aberdeen, and The Oaks, Elgin.

A process has been developed to review these services, which involves staff from acute and the IJBs and is expected to start reporting through the IJBs and NHSG soon.



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, directions previous issued by the integration joint board and existing operational arrangements pending future directions from the Board.

Approval from IJB received on:- 28 March 2023

Description of services/functions:- All adult social care services covered by the Aberdeen City Integration scheme.

Reference to the integration scheme:- All services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme. All functions listed in Annex 2, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

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

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.

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



- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

Timescales involved:-

Start date: 01 April 2023

End date: 31 March 2024

Associated Budget:- The associated budget for these functions and services is £122.6 million.

This direction is effective from 1st April 2023.

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



INTEGRATION JOINT BOARD

DIRECTION

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

GRAMPIAN HEALTH BOARD 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, directions previous issued by the integration joint board and existing operational arrangements pending future directions from the Board.

Approval from IJB received on:- 28 March 2023

Description of services/functions:- All community health services covered by the Aberdeen City Integration Scheme.

Reference to the integration scheme:- All services listed in Annex 1, Part 2 and appropriate services listed in Annex 3 of the Aberdeen City Health and Social Care Integration Scheme. All functions listed in Annex 1, Part 1 of the Aberdeen City Health and Social Care Integration Scheme.

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

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Support and improve the health, wellbeing and quality of life of our local population.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.

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





- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

Timescales involved:-

Start date: 01 April 2023

End date: 31 March 2024

Associated Budget:-

The associated budget for these functions and services is £246m of which approximately £23m relates to Aberdeen City's share for services to be hosted.

£48m is set aside for large hospital services.

This direction is effective from 1st April 2023.

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

Appendix 3 - Leadership Team Objectives- ACHSCP 2022-2023

Link to Strategic Plan	Specific	Measurable	Attainable (Target)	Relevant (Workstreams)	Timebound (Milestones)
Aim - Safe at Home	Increase Hospital at Home (H@H) capacity to reduce impact on secondary care and increase support for Chronic Heart Failure	<ul style="list-style-type: none"> • Occupancy Rates • Level of Community Support 	<ul style="list-style-type: none"> • +50% H@H beds • +100% support for Chronic Heart Failure 	<ul style="list-style-type: none"> • Establish Baseline • Recruitment • Training • Retention • Commissioning? 	<ul style="list-style-type: none"> • March 2022 • April 2022 • May 2022 • March 2023 • March 2023
Aim – Caring Together	Undertake strategic review of specific social care pathways with implementation plan for improving by November 2022	<ul style="list-style-type: none"> • Unmet Need • Delayed Discharge • Care Home Occupancy • HACE Satisfaction re Care and Support and Carers 	<ul style="list-style-type: none"> • Improvement from Baseline 	<p>Older People Pathways Single Access Point</p> <ul style="list-style-type: none"> • Identify Baseline Metrics – how many, waiting times etc. • Demand Analysis – identify trends • Identify Areas for Improvement • Deliver Commissioning Workplan • Implementation Plan 	<ul style="list-style-type: none"> • April 2022 • May 2022 • June 2022 • Sept 2022 • Nov 2022
Aim – Safe at Home	Commence strategic review of rehabilitation services across ACHSCP\Portfolio and have an implementation plan in place to commence by April 2023	<ul style="list-style-type: none"> • # Clients supported • Bed Occupancy • Ave. Length of Stay • Delayed Discharge 	<ul style="list-style-type: none"> • % Efficiency? (Increase throughput for same budget?) 	<ul style="list-style-type: none"> • List Services • Strategic Review • Areas for Improvement • Implementation Plan 	<ul style="list-style-type: none"> • March 2022 • Sept 2022 • Dec 2022 • April 2023
Aim – Improving Quality of Life\ Aim – Safe at Home	Continue to progress mental health and learning disabilities (MHL D) transformation to evidence increased community delivery across secondary and primary care. Clear plan for 2022 and 2023 in place by June 2022.	<ul style="list-style-type: none"> • Acute Bed Occupancy • # Clients supported in the community • # Clients supported by Primary Care (incl. Link Workers) • No. Code 100 Bed Days • No. Complex Delays Bed Days 	<ul style="list-style-type: none"> • Usage of Funding • Reduce code 100/complex delays by 10% • Cost of implementing community packages 	<ul style="list-style-type: none"> • Transformation Plan • Identify Workstreams • Deliver Workstreams • MHL D Review Action Plan • Code 100/complex delays • Establish Baseline • Establish Reasons • Develop solutions • Commissioning • Monitor Progress 	<ul style="list-style-type: none"> • June 2022 • August 2022 • March 2023 • March 2023 • March 2022 • May 2022 • Sept 2022 • March 2023 • Ongoing

Appendix 3 - Leadership Team Objectives- ACHSCP 2022-2023

<p>Aim – Preventing Ill health</p>	<p>Have a plan ready to respond to increased demand due to covid variants or vaccinations</p>	<ul style="list-style-type: none"> Plan in place 	<ul style="list-style-type: none"> Anticipated additional costs 	<ul style="list-style-type: none"> Identify required elements Identify costs/support arrangements required Develop Plan 	<ul style="list-style-type: none"> April 2022 June 2022 Sept 2022
<p>Aim – Caring Together</p>	<p>Improve primary care stability by creating capacity for general practice and delivering the strategic intent for Primary Care Improvement Plan (PCIP) and Primary Care</p>	<ul style="list-style-type: none"> Creation and implementation of Primary Care Stability Rating Tool PCIP Scottish Government Tracker and rates of service implementation 	<ul style="list-style-type: none"> Full usage of PCIP funding and underspend 	<ul style="list-style-type: none"> PCIP Action Plan Primary Care Stability Process/Sustainability Tool Virtual Community Wards Retendering Link Worker Contract Options Appraisal for Carden Medical Practice building Community Treatment and Care (CTAC) hubs implementation Underspend proposals implementation 	<ul style="list-style-type: none"> May 2022 Aug 2022 March 2022 June 2022 April 2022 April 2022 June 2022
<p>Aim – Preventing Ill Health</p>	<p>Programme of holistic community health interventions (Stay Well Stay connected(SWSC)) to target health inequalities in localities by:</p> <ol style="list-style-type: none"> Connection Early Intervention Prevention 	<ul style="list-style-type: none"> Delivery of Equality Outcomes Service Uptake by minority groups? Drugs related hospital admissions from areas of deprivation Alcohol related hospital admissions from areas of deprivation 	<ul style="list-style-type: none"> Additional costs related to delivery of Equality Outcomes Use prevention funding and other funding streams 	<ul style="list-style-type: none"> Reshaping our relationship with communities Collaborative Commissioning with third sector Public Priorities projects identified (LOIP eg. Active travel, tobacco, SWSC workstreams) Prevention Funding Programmes Delivery of Equality Outcomes 	<ul style="list-style-type: none"> June 2022 Aug 2022 Aug 2022 Aug 2022 March 2023
<p>Enabler - Workforce</p>	<p>Continue to work with staff to improve wellbeing, aid retention, and develop a Workforce Plan for the future</p>	<ul style="list-style-type: none"> Absence Rates Annual Leave take up rate Turnover 	<ul style="list-style-type: none"> Agency/Bank Costs Locum Costs Overtime Costs Funding Usage 	<ul style="list-style-type: none"> Staff Survey Wellbeing Action Plan Workforce Plan 	<ul style="list-style-type: none"> April 2022 May 2022 March 2023

Appendix 3 - Leadership Team Objectives- ACHSCP 2022-2023

		<ul style="list-style-type: none"> • iMatter Staff Survey Results • Culture Survey Results • Workforce Plan 	<ul style="list-style-type: none"> • Detailed costing of diverse skill mix required for sustainable services 		
Enabler - Infrastructure	Strategic review of the data, demographic and demand picture to understand the 'bed base' for unscheduled care across portfolio and ACHSCP between 2023-2030.	<ul style="list-style-type: none"> • Demographics • Demand 	<ul style="list-style-type: none"> • Costings 	<ul style="list-style-type: none"> • Review of Bed Base requirements based on data, demographic and demand • Identify Resource Requirements (finance, bed-based services, community-based services and staffing) • Identify the impact on other public sector/providers and portfolios across Grampian 	<ul style="list-style-type: none"> • May 2022 • July 2022 • Sept 2022

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Ref	Project Description	Project Name	Leadership Team (SRO)	End Date	Notes	Category	Benefits	Resource	Links to Budget
COMMISSIONING									
KPS23	Deliver robust arrangements for medical cover for care settings	Medical Cover for Care Settings	Strategic Change Lead	Sep-23	New project for Year 2. Must be delivered prior to KPS11 Flexible Bed Base	FTP	Ensures safe care is delivered within care settings.	PM S&P	Primary Care
SE14	Review availability of the range of independent advocacy and implement any recommendations from the review	Review range of independent advocacy	Commissioning Lead	Jun-24	New project due to start Y2 and continue to Y3	FTP	Those who require it, have access to advocacy to ensure their voice is heard	SPM S&P	Commissioning
SE17	Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partneers and communities.	Transformation of Commissioning Approach	Commissioning Lead	Mar-25	Ongoing 3 year project amalgamating all of the projects relating to commissioning principles ensuring these are adopted within the Procurement Workplan	BAU	Ensures the timely commissioning of social care services that are ethical, creative, co-designed, and co-produced.	SPM S&P	Commissioning
COMMUNITIES									
CT03	Confirm the accuracy and accessibility of the map of existing universal and social support and work with partners and the community to develop services to meet any identified gaps	Support Mapping	Lead for Strategy and Transformation	Sep-23	Ongoing - project due to commence and complete Y2. Slight reword to reflect some mapping already exists	BAU	Provides a directory of services highlighting what is available and where there are gaps to inform improvement activity.	PM S&P	Strategy and Transformation
CT07	Continue to develop and evaluate the Northfield Hub as a test of change for cross-sector, easily accessible, community hubs where a range of services coalesce, all responding to local need, to feed into a wider initiative on Priority Intervention Hubs.	Priority Intervention Hubs	Rehabilitation AHP and Rehabilitation Lead	Mar-25	Ongoing 3 year project. Reworded to focus initially on the evaluation of Northfield as a test of change before deciding next steps. Links to CTACs	FTP	Provides evidence base for future direction and investment.	PM S&P	?
CT08	Develop the membership and diversity of our Locality Empowerment Groups	Develop LEGs	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project, with CPA partners.	BAU	Increases our opportunities to engage with communities and hear the voices of seldom heard groups.	PHCs/ACC Community Team	Strategy and Transformation
CT09	Increase community involvement through existing networks and channels	Increase community involvement	Lead for Strategy and Transformation	Mar-25	New project due to commence Y2, continues to Y3. Link to new Community Empowerment Strategy and new Stretch Outcome in LOIP	BAU	Compliments the LEGs providing an alternative means of engaging with those who do not want to or do not have the capacity to participate in the LEGs	TPM Communities/CLD Manager	Strategy and Transformation
CT10	Deliver Integrated Locality Plans and report on progress	Deliver Integrated Locality Plans	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project. Focus on refresh of LEGs and Locality Planning expectations. Connecting and reporting of HSCP Locality Activities to the Locality Planning process.	BAU	Delivers a programme of collaborative, outcome focussed projects identified by the community and delivered within localities through our joined up locality planning arrangements.	PHCs/ACC Community Team	Strategy and Transformation
CT11	Ensure the use of Our Guidance for Public Engagement is embedded	Public Engagement	Lead for Strategy and Transformation	Mar-25	Year 1 project extended into Y2 due to lack of capacity NB: Engagement officer now in post. Scope also broadened beyond just training staff so will continue into Y3.	BAU	Supports the integration principle of ensuring services are planned and led locally	Engagement Officer	Strategy and Transformation

Ref	Project Description	Project Name	Leadership Team (SRO)	End Date	Notes	Category	Benefits	Resource	Links to Budget
CT12	Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	Care Opinion Promotion	Lead for Strategy and Transformation	Mar-25	Year 1 project extended into Y2 due to lack of capacity. Will continue into Y3	BAU	Provides valuable feedback for improving current service delivery and planning for the future	SPM and PO Data	Strategy and Transformation
PIH08	Co-design Aberdeen as an Age Friendly City which supports and nurtures people to get ready for their best retirement and promotes the development of a social movement to encourage citizens to stay well and stay connected within their communities.	Community Intervention	Commissioning Lead	Jun-23	New Project for Y2 will continue to Y3. Although links to Stay Well Stay Connected and the prevention agenda, it has very much a community focus.	BAU	By better preparing people for retirement and ageing well it is hoped to reduce future demand for health and social care services	Wellbeing Team, Business Support	Strategy and Transformation/ Business Support
SE11	Explore ways we can help people access and use digital systems	Access to Digital	Lead for Strategy and Transformation	Mar-25	Ongoing 3 year project	BAU	Supporting the digitally disadvantaged to cope with the increasing use of technology in health and social care	Wellbeing Team	Strategy and Transformation
DIGITAL									
AFHL03	Make Every Opportunity Count by-ensuring patients, clients and their carers are signposted to relevant services for help.	MEOC	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project, link to LOIP project and CT03 Support Mapping. Needs to consider digital solutions, making every place count.	BAU	Making the most of every contact with clients and patients, understanding their needs and ensuring they have the right information to be able to meet these needs.	PHC/SPM Digital	Strategy and Transformation
SE05	Support the implementation of digital records where possible	Digital Records	Lead for Strategy and Transformation	Mar-25	Ongoing 3 year project. Generally relates to several digital projects Morse, SPOC etc. and the intention to create electronic records and referrals	BAU	Improved access to shared information and greater efficiency in ways of working saving staff time and enabling us to do more with the same or less.	SPM Digital	Strategy and Transformation
SE06	Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.	EMAR Implementation	Lead for Strategy and Transformation	Dec-23	New project due to start and end in Y2. Test of Change to be taken forward with a small group of Care Homes. Timescale relates to ToC, further roll out may go into Y3	FTP	System will free up staff time in Commissioned Care Homes	SPM & PM Digital	Strategy and Transformation
SE07	Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	Expanded Use TEC	Chief Social Worker	Mar-25	Ongoing 3 year project	BAU	Release capacity in the longer term to address unmet need and enable discharge.	PM Digital	Strategy and Transformation
SE09	Deliver a Single Point of Contact for individuals and professionals including a repository of information on health and social care services available, eligibility criteria and how to access	SPOC for Individuals/Professionals	Lead for Strategy and Transformation	Mar-24	Timeline extended and scope revised	BAU	Streamline access to services for clients, patients and professionals improving the client/patient experience	SPM Digital	Strategy and Transformation
SE10	Review the future use of Morse in Community Nursing and Allied Health Professionals	MORSE Review in CN/AHPs	Lead for Strategy and Transformation	Mar-24	New project due to commence in Y2 but timescale extended from May 23 to the end of Y2 to allow more time for usage and achieve a more meaningful evaluation (also will inform Grampian roll out).	BAU	Evaluation should identify capacity released and also inform the roll out Grampian wide. A proportion of the enterprise license and support costs would transfer to Shire and Moray achieving savings for ACHSCP	TPM & SPM Digital	Strategy and Transformation

Ref	Project Description	Project Name	Leadership Team (SRO)	End Date	Notes	Category	Benefits	Resource	Links to Budget
SE12	Deliver Analogue to Digital Implementation Plan	Analogue 2 Digital	Lead for Strategy and Transformation	Mar-25	Ongoing 3 year project. The Project Plan was developed in Y1. Project description has been reworded to reflect move into delivery phase. The plan details scheduled tasks.	FTP	Will allow continued use of Telecare (particularly Community Alarms linked to the RCC) following switchover from analogue to digital phone connections. There are costs associated with procurement and rollout which are being identified as part of the Project Plan	TPM A2DT	BAC and Strategy and Transformation
FLEXIBLE BED BASE									
KPS11	Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access.	20 Step-Up Beds	Chief Nurse	Sep-23	Ongoing project to Y2 - not due until Sept 23. Rosewell step up development; links to Woodlands. Dependant on delivery of KPS23 Medical Cover	FTP	Provides an alternative to hospital care diverting demand	TPM & SPM S&P	Strategy and Transformation
KPS12	Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for Medical and Respiratory pathways, as well as the current Frailty, End of Life Care and OPAT pathways.	H@H Beds 100	Chief Nurse	Sep-25	Ongoing, 3 year project. Scope will be considered as well as milestone targets for the remainder of the 100 beds until Sep 25	FTP	Provides an alternative to hospital care diverting demand and enabling prompt discharge.	TPM & SPM S&P	Strategy and Transformation
FRAILITY									
KPS13	Deliver the second phase of the Frailty pathway and undertake a review of implementation to date to identify further improvements to be incorporated into the programme plan.	Frailty Pathway 2nd Phase and Review	Chief Nurse	Mar-25	Second phase and review combined and extended timescale ongoing to Y3. Delivery may be impacted upon by other changes	FTP	Increases capacity and opportunity for care to be provided in people's homes both diverting demand from hospital and enabling prompt discharges.	TPM Data	Nursing and Strategy and Transformation
HOME PATHWAYS									
AFHL05	Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements	Home Pathways	New Lead	Mar-25	Reworded 3 year project which no longer focuses solely on Complex Care. May wish to consider several sub projects with relevant support and resource allocation (MHL, Rehabilitation, ASW etc.)	FTP	New lead post to be at least self funding achieving solutions which are more cost effective than current arrangements - perhaps long term savings as a result.	Resource from multiple areas rather than dedicated	Multiple budgets dependant on solutions - support from Strategy and Transformation
INFRASTRUCTURE									
SE20	Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long-term solution	Health and Care in Countesswells	Primary Care Lead/Strategy and Transformation Lead	Mar-25	Project for interim solution extended into Y2 due to delays in development which will have a knock on effect to long-term solution not anticipated until Y3	BAU	Local service provision for the new residents of Countesswells	SPM & PM Infrastructure	Capital, Developer Obligations. Strategy and Transformation

Ref	Project Description	Project Name	Leadership Team (SRO)	End Date	Notes	Category	Benefits	Resource	Links to Budget
SE21	Assess future infrastructure needs and engage with partners to ensure these needs are met.	Infrastructure Plan	Lead for Strategy and Transformation	Mar-25	Ongoing 3 Year Project. Wording revised to reflect development of a long terms plan for use of assets. Previously scope was narrow in relation to PCPP but now broadened out.	BAU	Long term planning for future infrastructure needs	SPM & PM Infrastructure	Strategy and Transformation
MHLD									
AFHL07	Work with Children's Social Work and health services, to predict and plan for future Complex Care demand including developing and implementing a Transition Plan using the GIRFE multi-agency approach for those transitioning between children and adult social care services, initially for Learning Disabilities	Complex Care Future need and Transition	Community MHLD Lead	Mar-24	Ongoing to Y2 - Mar 24. Timeline extension agreed by SLT Dec 22. Slight rewording to reflect the need to plan and amalgamation with Transitions (CT06).	FTP	Improved planning and smoother transition between Children with Disabilities and Adult Learning Disabilities Services	SPM MHLD, PM S&P	MHLD
AFHL08	Deliver a capability framework for a workforce to support complex behaviour.	Complex Care Workforce and Skills Development	Community MHLD Lead	Sep-23	New project due to commence Y2. Reworded to clarify focus. Timeline extension to Sep 23, agreed by SLT Dec 22	FTP	A workforce skilled to care for those with complex needs.	SPM MHLD	MHLD
AFHL09	Progress the Grampian wide MHLD Transformation Programme monitored by the Portfolio Board	MHLD Programme	Lead for MHLD Inpatient and Specialist Services and CAMHS/Community MHLD Lead,	Mar-25	Ongoing 3 year project. Detailed reporting to the programme/portfolio board, performance of note, risk and issues will be highlighted to SLT/IJB	FTP	Transformation of MHLD services	SPM & PM MHLD	MHLD
AFHL09f	Develop a Mental Health triage approach in Primary Care to improve patient experience and promote self-management	Mental Health Triage in Primary Care settings	Community MHLD Lead	Mar-25	New project for Y2 and Y3	FTP	More efficient referrals with potential savings to GP time and improved outcomes for patients	SPM MHLD	MHLD
AFHL09g	Review strategy and arrangements for Autism/Neurodevelopmental including further development of the Autism Assessment service and expansion to include neurodevelopmental assessment	Autism and Neurodevelopmental Assessment	Community MHLD Lead	Mar-25	New project for Y2 and Y3	FTP	Expansion of service and reduction in waiting list	PM MHLD & SPM Strategy	MHLD
AFHL09h	Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy	Suicide Prevention	Community MHLD Lead	Mar-25	New project for Y2 and Y3	FTP	Reduction in completed suicides	PM MHLD	MHLD
PREVENTION									
PIH01	Reduce the use and harm from alcohol and other drugs including through the Drugs Related Deaths Rapid Response Plan	Alcohol & Drugs Reduction	Community MHLD Lead	Mar-25	Ongoing, 3 year project, slightly reworded	BAU	Reduction in use, harm and deaths from alcohol and drugs use	Simon Rayner, PHCs	ADP
PIH02	Deliver actions to meet the HIS Sexual Health Standards	HIS Sexual Health Standards	Lead for People and Organisation	Mar-25	Ongoing, 3 year project	BAU	Improved standards in delivery of Sexual Health Services	Lead for SHS	Sexual Health

Ref	Project Description	Project Name	Leadership Team (SRO)	End Date	Notes	Category	Benefits	Resource	Links to Budget
PIH04	Continue the promotion of active lives initiatives with our partners, for example the Physical Activity Academy, Active Travel etc.	Promote Active Lives	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project	BAU	Improved population Health and Wellbeing and reduced demand on health and social care services	PHCs	Strategy and Transformation
PIH05	Reduce smoking prevalence across population and prevent e-cigarette and emerging tobacco produce use among young people.	Smoking Prevalence	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project	BAU	Improved population Health and Wellbeing and reduced demand on health and social care services	PHCs	Strategy and Transformation
PIH06	Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on the prevention agenda.	Deliver SWSC Prevention	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project - now split by prevention and social isolation focus	BAU	Improved population Health and Wellbeing and reduced demand on health and social care services	PHCs, Wellbeing Team	Strategy and Transformation
PIH06a	Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on social isolation.	Deliver SWSC Social Isolation	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project - now split by prevention and social isolation	BAU	Improved population Health and Wellbeing and reduced demand on health and social care services	PHCs, Wellbeing Team	Strategy and Transformation
PIH07	Continue to contribute to the Grampian Patient Transport Plan (GTP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	Contribute to Transport	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project	BAU	Improved population Health and Wellbeing and reduced demand on health and social care services	PM Infrastructure	Strategy and Transformation
PRIMARY CARE									
CT14	Improve primary care stability by creating capacity for general practice	Primary Care Stability	Primary Care Lead	Mar-24	Ongoing - minor changes to wording and extension to timescale	BAU	Improved sustainability of Primary Care Services	PC Team	Primary Care
CT15	Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	Deliver PCIP	Primary Care Lead	Mar-25	Ongoing 3 year project	FTP	No Financial Savings Anticipated	TPM PCIP	PCIP
CT18	Develop a vision for Primary Care	Deliver PCIP	Primary Care Lead	Mar-24	New project for Y2	BAU	Vision in place for future delivery of Primary Care Services	Primary Care Lead	N/A
REDESIGNING ADULT SOCIAL WORK									
CT01	Redesigning Adult Social Work enhancing the role of Social Work in playing a guiding role in the promotion of personalised options for care and support.	Redesigning Adult Social Work	Chief Officer for Social Work	Dec-24	Project extended to Dec 2024 (Year 3) as agreed at SLT	BAU	An adult social work service fit for the future with improved capacity, staff morale, recruitment and retention.	TPM &SPM S&P	Adult Social Work
REHABILITATION REVIEW									
KPS01	Develop a strategic planning framework for reviewing of rehabilitation services across ACHSCP /SOARS / Portfolio for phased implementation from April 2023. Each review should consider how partners in sports and leisure can assist in delivery of rehabilitation and will consider bed base requirements.	Strategic Planning Framework for Review Rehab	Lead for AHP and Rehabilitation	Mar-25	Reworded - will require further sub-projects added to the delivery plan once the strategic framework has been agreed.	FTP	Transformation of Rehabilitation Services	TPM, SPM S&P	AHP and SOARS

Ref	Project Description	Project Name	Leadership Team (SRO)	End Date	Notes	Category	Benefits	Resource	Links to Budget
KPS07	Undertake and implement a strategic review of the Neuro Rehabilitation Pathway	Strategic Review Neuro-Rehab	Lead for AHP and Rehabilitation	Oct-24	Ongoing - deadline extended as now encompassing implementation (was KPS08).	FTP	Transformation of Neuro Rehabilitation services	TPM, SPM and PM S&P	AHP and SOARS
RESILIENCE									
SE13	Develop a critical path for future budget setting and ongoing monitoring	Financial Monitoring	Chief Finance Officer	Mar-25	Ongoing 3 year project - reworded to reflect developmet of robust process for future years budget setting	BAU	Robust budget setting and monitoring	CFO, Accountants	N/A
SE15	Develop proactive, repeated and consistent communications to keep communities informed	Community Communications	Lead for Business Support, Communications and Contingency	Mar-25	Ongoing 3 year project	BAU	Informed communities and improved relationships	Communications Manager	N/A
SE23	Review Care for People arrangements	Care for People	Lead for Business Support, Communications and Contingency	Mar-24	New project for Y2	BAU	Improved Care for People arrangements	Care For People Group	N/A
SE24	Review SMOC arrangements	SMOC Review	Lead for Business Support, Communications and Contingency	Mar-24	New project for Y2	BAU	Improved, robust and sustainable SMOC arrangements	Lead for Business Support, Communications and Contingency	N/A
SE25	Create and adopt a Generic Emergency Plan to reflect Aberdeen city IJB's Cat 1 Responder responsibilities	Cat 1 Responder	Lead for Business Support, Communications and Contingency	Mar-24	New project for Y2	BAU	Plan in place to deliver on IJB statutory requirements in relation to Cat 1 Responder	Lead for Business Support, Communications and Contingency and ACC Emergency Planning	N/A
SE26	Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board	NCS	Chief Operating Officer	Mar-25	New project for Y2	BAU	Preparations in place for forthcoming implementation of an NCS	NCS Programme Board	N/A
SOCIAL CARE PATHWAYS									
AFHL10	Explore opportunities for working with those on Social Work unmet need lists to help support them while they wait, or divert them from the list	Unmet need list support	Chief Officer for Social Work	Mar-25	Ongoing, 3 year project, reworded to reflect initial focus on unmet need	BAU	Potentially divert demand from ASW, Social and Secondary Care	ASW Team	ASW
CT02	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	Strategic Review Social Care	Chief Officer for Social Work	Dec-25	Project extended to Dec 2025 (Year 3) as agreed at SLT.	FTP	Revised social care pathways with improved accessibility and coordination of services	TPM & SPM S&P	ASW
CT04	Implement the recommendations from the June 22 Adult Support and Protection inspection	ASP Recommendations Implementation	Chief Officer for Social Work	Mar-25	Ongoing, 3 year project	BAU	More robust and improved ASP arrangements	Lead Strategic Officer APP	ASP
CT05	Deliver the Justice Social Work Delivery Plan	Deliver JSW Plan	Chief Officer for Social Work	Mar-25	Ongoing, 3 year project	BAU	More robust and improved JSW services	Planning and Development Manager	JSW

Ref	Project Description	Project Name	Leadership Team (SRO)	End Date	Notes	Category	Benefits	Resource	Links to Budget
STRATEGY									
AFHL01	Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline.	Deliver EOM Framework	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project	BAU	Deliver statutory requirement and embed consideration of equalities in service delivery and design	SPM Strategy	Strategy and Transformation
AFHL02	Undertake and publish Health Inequality Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics ensuring that the requirements of the UNCRC are incorporated.	Publish HIAs	Lead for Strategy and Transformation	Mar-25	Ongoing, 3 year project reworded to reflect requirement of the UNCRC	BAU	Deliver statutory requirement and embed consideration of equalities in service delivery and design	SPM Strategy	Strategy and Transformation
AFHL04	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.	Climate Change and NetZero	Lead for Strategy and Transformation	Mar-25	Ongoing 3 year project	BAU	Deliver statutory requirement and embed consideration of Climate Change in all partnership activities	SPM Strategy	Strategy and Transformation
CT17	Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision	Monitor and Evaluate Carers Strategy	Lead for Strategy and Transformation	Mar-25	New project scheduled to start Y2.	BAU	Improved support for unpaid carers	SPM Strategy	Carers
KPS19	Help people to ensure their current homes meet their needs including enabling adaptations	Suitable Homes	Lead for Strategy and Transformation	Mar-25	Continue to Y2 and Y3. Reworded to focus on adaptations, reference to Telecare removed as picked up under SE07.	BAU	Adaptions maximised across all tenures	TPM Strategy	Strategy and Transformation
WORKFORCE									
SE01	Deliver the Workforce Plan	Develop Workforce Plan	Lead for People and Organisation	Mar-25	Ongoing project reworded to reflect that the strategy is now moving into delivery phase via delivery group.	BAU	Improved staff recruitment, retention and health and wellbeing	Workforce Plan Delivery Group	N/A
SE02	Develop and implement a volunteer protocol and pathway with a view to growing and valuing volunteering within the health and social care system	Volunteer Protocol Pathways	Lead for People and Organisation	Sep-23	Ongoing - project scheduled to start and finish in Y2	BAU	Support diversion of demand from services	Lead for People and Organisation	N/A
SE03	Continue to support initiatives supporting staff health and wellbeing	Staff Health & Wellbeing	Lead for People and Organisation	Mar-25	Ongoing 3 year project	BAU	Improved staff health and wellbeing	ODFs	N/A
SE04	Ensure our workforce are Trauma Informed	Trauma Informed Workforce	Lead for People and Organisation	Mar-25	Ongoing 3 year project reworded to reflect more than just training staff	BAU	A workforce that are trauma informed		
SE22	Create and implement an SLT Team Development Plan	SLT Development Plan	Strategic Change Lead	Mar-24	New project proposed for Y2	BAU	High performing SLT	ODFs	N/A

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Ref	Project Description	Project Name	Review Outcome	Notes
AFHL04a	Engender cultural change around climate change across the Partnership, through effective training and awareness raising, enabling the creation of a climate-literate workforce.	Championing Carbon Literacy	Delete	This was a sub project added after SP agreed but is part of AFHL04
AFHL06	Work with neighbouring areas to understand the scale of current service needs for complex care across Grampian.	Complex Care Partnership Working	Remove	Merge with AFHL07
AFHL09a	Forensic Services	MHLD Programme	Delete	Sub project added but now reported through MHLD Programme Board
AFHL09b	Psychological Therapies	MHLD Programme	Delete	Sub project added but now reported through MHLD Programme Board
AFHL09c	LD Health Checks	MHLD Programme	Delete	Sub project added but now reported through MHLD Programme Board
AFHL09d	Public Empowerment & Engagement (MHLD)	MHLD Programme	Delete	Sub project added but now reported through MHLD Programme Board
AFHL09e	Develop and deliver transformation workstreams identified by the Grampian Wide MHLD Portfolio	MHLD Programme	Delete	Sub project added but now reported through MHLD Programme Board

Ref	Project Description	Project Name	Review Outcome	Notes
AFHL11	Plan service capacity to include the impact of the consequences of deferred care and Long Covid	Impact Deferred Care & Covid	Remove	Ongoing business as usual as part of overall capacity review
AFHL12	Remobilise services in line with the Grampian Remobilisation Plan as soon as it is safe to do so	Deliver Remobilisation Plan	Remove	Ongoing business as usual in line with remobilisations plan rules and timescales
AFHL13	Develop a plan to respond to increased demand due to Covid variants or vaccinations	Surge Plan	Complete	Complete NB: review of surge planning will be undertaken annually as part of business as usual.
CT06	Develop and implement a Transition Plan using the GIRFE multi-agency approach for those transitioning between children and adult social care services, initially for Learning Disabilities	Transition Plan	Remove	Merged with AFHL07
CT13	Finalise the arrangements for the closure of Carden Medical Practice and identify an alternative use of the building	Carden	Complete	Implementation part of business as usual
CT16	Develop and deliver a revised Carers Strategy with unpaid carers and providers of carers support services in Aberdeen, considering the impact of Covid 19	Revised Carers Strategy	Complete	Project CT17 ongoing in Y2 and Y3 to monitor implementation (and in Y3 prepare for next strategy review)
KPS02	Implementation of outcome of review of rehabilitation services	Implement Review Rehab	Delete,	Implicit part of Rehabilitation Review KPS01
KPS03	Explore how other partners in sports and leisure, can assist in delivering rehabilitation across multiple areas.	Rehab in Sports/Leisure	Remove	Partnership collaboration in delivery of services is an overarching principle for the Rehabilitation Review and will be something for each project to consider, but is not a standalone project.

Ref	Project Description	Project Name	Review Outcome	Notes
KPS04	Work with local authority partners to look at how we can coalesce rehabilitation and housing support with social care support, perhaps looking at sheltered housing accommodation as rehabilitation community hubs	Rehab and Housing Support	Remove	Similar to KPS03 above - partnership collaboration
KPS05	Increase community capacity to reduce impact on secondary care and increase support for chronic heart failure	Community Chronic Heart Failure	Remove	Work being undertaken Grampian wide. ACHSCP will contribute to this as part of business as usual
KPS06	Grow and embed the COPD hotline to support people in their own home.	Grow COPD Hotline	Remove	Work being undertaken Grampian wide. ACHSCP will contribute to this as part of business as usual
KPS08	Implement findings of the Neuro Rehabilitation Pathway review	Implement Neuro-Rehab	Remove	Implementation incorporated in KPS07 Neuro Rehab Review
KPS09	Review bed-based services for rehabilitation and consider a delivery model that meets the needs and aspirations of our communities	Review Bed-Based Rehab	Remove	Incorporated with KPS01 Strategic Review
KPS10	Implement recommendations from bed-based review	Implement Bed-Based Rehab	Remove	Incorporated and implied within KPS01 Strategic Review
KPS14	Review Frailty Pathway and implement any enhancements identified.	Review Frailty Pathway	Remove	Merged with KPS13
KPS15	Develop clear access routes for unscheduled care pathways so that people receive prompt care, from the right person, in the right place, at the right time.	Access to Unscheduled Care	Remove	Work being undertaken Grampian wide. ACHSCP will contribute to this as part of business as usual

Ref	Project Description	Project Name	Review Outcome	Notes
KPS16	Develop a flexible bed base within the community that can respond, through secondary and primary care support, to surges in pressure particularly in winter, whilst ensuring that our fixed, unscheduled bed base, is protected for those where hospital treatment is the best option	Flexible Bed Base	Remove	Delete - this is a description of the programme with KPS11 and KPS12 as the projects
KPS17	Undertake a strategic review of the data, demographic and demand picture to understand the 'bed base' for unscheduled care across MUSC, SOARS and ACHSCP between 2022-2026	Strategic Bed-Base Review	Complete	Learning will be used in Rehab review of Bed Base
KPS18	Working with ACC a planning authority, create incentives for investment in specialist housing influencing new builds and enabling people to have lifetime homes	Specialist Housing Investment	Remove	This will be part of the work related to AFHL05
KPS20	Respond to the national consultation on equipment and adaptations helping to shape future guidance in this area.	National Consultation Equipment/Adaptations	Complete.	Equipment and adaptations guidance to be implemented as part of KPS19
KPS21	Work with ACC Housing and RSLs to ensure energy efficient, affordable housing is made available to those who need it most	Efficient, Affordable Housing	Remove	This will be part of the work related to AFHL05
KPS22	Work with Children Services Board to deliver the Children Services Plan (2023-2026)	Children Services Board	Remove	Governance for this lies with Children's Services, Lead Nurse linked into this.
PIH03	Deliver our Immunisations Blueprint.	Deliver Immunisations Blueprint	Complete	Immunisations now part of business as usual
SE08	Support the implementation of the new D365 system which enables the recording, access and sharing of adult and children's social work information	Implement D365	Complete	D365 now implemented. Staff continue to support the roll out and development of the system but this is part of business as usual

Ref	Project Description	Project Name	Review Outcome	Notes
SE16	Continue to deliver on our commissioning principle that commissioning practice includes solutions co-designed and co-produced with partners and communities	Deliver Commissioning Principles	Remove	This is a principle rather than a project. New project wording for SE17 to cover all commissioning principles
SE18	Focus on long term contracts and more creative commissioning approaches such as direct awards and alliance contracts which will provide greater stability for the social care market	Long Term and Creative Contracts Focus	Remove	This is a principle rather than a project. New project wording for SE17 to cover all commissioning principles
SE19	Continue to deliver ethical commissioning in relation toContinue to deliver ethical commissioning in relation to financial transparency and fair working conditions for social care staff as well as progressing implementation of Unisons Ethical Care Charter	Ethical Care Charter	Remove	This is a principle rather than a project. New project wording for SE17 to cover all commissioning principles. Implementation of Ethical Care Charter part of business as usual

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