

# Public Document Pack



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

To: Members of the Integration Joint Board

Town House,  
ABERDEEN, 15 August 2023

## **INTEGRATION JOINT BOARD**

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 22 AUGUST 2023 at 10.00am**. This is a hybrid meeting and Members may also attend remotely.

JENNI LAWSON  
INTERIM CHIEF OFFICER - GOVERNANCE

### **BUSINESS**

1.1 Welcome from the Chair

### **DECLARATIONS OF INTEREST**

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

### **DETERMINATION OF EXEMPT BUSINESS**

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

### **GOVERNANCE**

4.1 Integration Joint Board Membership - New Appointees to IJB - HSCP.23.057 (Pages 5 - 10)

4.2 Primary Care Improvement Plan (PCIP) Governance - HSCP.23.041 (Pages 11 - 24)

## **STANDING ITEMS**

- 5.1 Video Presentation: Baltic Boys - Mental Health Awareness
- 5.2 Minute of Board Meeting of 6 June 2023 and attendance record (Pages 25 - 32)
- 5.3 Draft Minute of Risk Audit and Performance Committee of 13 June 2023 (Pages 33 - 38)
- 5.4 Business Planner (Pages 39 - 42)
- 5.5 Development Sessions and Pre Decisions Planner (Pages 43 - 44)
- 5.6 Chief Officer's Report - HSCP.23.051 (Pages 45 - 54)

## **GOVERNANCE**

- 6.1 Memorandum of Understanding with Public Health Scotland - HSCP.23.059 (Pages 55 - 70)

## **PERFORMANCE AND FINANCE**

- 7.1 ACHSCP Annual Report - HSCP.23.052 (Pages 71 - 140)
- 7.2 Supplementary Workplan and Business Case - HSCP.23.056 (Pages 141 - 152)  
Please note there are exempt appendices contained within the Private Section of this agenda below.
- 7.3 NHS Grampian Delivery Plan - HSCP.23.058 (Pages 153 - 214)

## **STRATEGY**

- 8.1 Review of Carers' Expenses Policy - HSCP.23.055 (Pages 215 - 228)

## **TRANSFORMATION**

- 9.1 Rosewell House - evaluation and recommendation reports - HSCP.23.054 (Pages 229 - 266)

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

- 10.1 Supplementary Workplan and Business Case - HSCP.23.056 - Exempt Appendices (Pages 267 - 272)

## **DATES OF UPCOMING MEETINGS / SEMINARS (DETAILS AT ITEM 5.5)**

- 11.1 11.00-12.00 28 August 2023 - IJB/SLT Culture Sounding Board  
All are welcome – please contact Emma Robertson for the Teams link
- 11.2 5 September 2023 - Pre-Decision Session
- 11.3 12 September 2023 - Development Session
- 11.4 10 October 2023 - Integration Joint Board
- 11.5 7 November 2023 - Pre-Decision Session
- 11.6 14 November 2023 - Development Session

## **DEBRIEF**

- 12.1 Hybrid Arrangements

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

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

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	22 August 2023
<b>Report Title</b>	Integration Joint Board Membership
<b>Report Number</b>	HSCP.23.057
<b>Lead Officer</b>	Fraser Bell, Chief Operating Officer
<b>Report Author Details</b>	Name: Emma Robertson Job Title: Committee Services Officer Email Address: EmmRobertson@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	None
<b>Terms of Reference</b>	2

### 1. Purpose of the Report

- 1.1. To advise the IJB of recent change to its voting membership, to seek agreement to appoint one non-voting Member of the IJB and to seek agreement to appoint new Committee Members and a new Chairperson of the Clinical and Care Governance Committee.

### 2. Recommendations

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

- a) notes the appointment, by NHS Grampian, of Hussein Patwa and Mark Burrell as voting members of the Integration Joint Board;



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- b) notes the appointment, by Aberdeen City Council, of Councillor Lee Fairfull as a voting member of the Integration Joint Board;
- c) appoints Jamie Donaldson as a non-voting Member of the Integration Joint Board, in his capacity as NHS Grampian Staff Representative
- d) appoints Mark Burrell and Councillor Lee Fairfull to the Clinical and Care Governance Committee;
- e) appoints Hussein Patwa to the Risk, Audit and Performance Committee;
- f) appoints Mark Burrell as Chairperson of the Clinical and Care Governance Committee, for a period ending on 1 November 2025.

### 3. Strategic Plan Context

- 3.1. The Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan was approved by the IJB on 7 June 2022.
- 3.2. Ensuring robust and effective membership will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as members will monitor, control and mitigate the potential risks to achieving these.

### 4. Summary of Key Information

#### Changes to Voting Members of the IJB

- 4.1. As noted in IJB standing order 2.1, the IJB has eight voting Members. Four of these Members are appointed by NHS Grampian (NHSG) and four of these Members are appointed by Aberdeen City Council (ACC). Where a voting Member resigns, a replacement is appointed by the partner organisation that appointed that Member.
- 4.2. There have been three recent resignations from the IJB. John Tomlinson and Kim Cruttenden were both appointed by NHSG. Councillor Christian Allard was appointed by Aberdeen City Council. Accordingly, three new voting Members have been appointed by the partner organisations.



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- 4.3. NHSG has appointed Hussein Patwa and Mark Burrell to fill the two vacant NHSG positions on the IJB. ACC has appointed Councillor Lee Fairfull to fill the vacant ACC position on the IJB.

### Change to Non-voting Membership of the IJB

- 4.4. IJB standing order 2.2 requires the IJB to appoint a number of non-voting Members. This standing order requires that at least one staff representative from each of the constituent authorities be appointed as a non-voting Member of the IJB. Where one of these Members resigns, the IJB is required to appoint a replacement Member.
- 4.5. Following the resignation of Mike Adams, there is currently a vacancy for the NHSG staff representative. It is recommended that the IJB appoint Jamie Donaldson to fill this vacancy.

### Committee Membership

- 4.6. At its meeting on 29 March 2016, the IJB agreed to establish two committees to support its functions. These were the Audit and Performance Systems (now Risk, Audit and Performance (RAP)) Committee and the Clinical and Care Governance (CCG) Committee.
- 4.7. As per IJB standing order 25.5, the composition of IJB committees is based on the principle of equal representation between Aberdeen City Council (ACC) and NHG Grampian (NHSG) in terms of voting membership – namely two members from each organisation. The Standing Orders also make clear that Committee members are appointed by the IJB.
- 4.8. Following the resignations noted above, there are NHSG vacancies on both the Risk, Audit and Performance Committee and on the Clinical and Care Governance Committee. There is also one ACC vacancy on the Clinical and Care Governance Committee. To fill these vacancies, it is recommended that the IJB appoints Councillor Lee Fairfull and Mark Burrell to CCG and appoints Hussein Patwa to RAP.



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### Chairperson of Clinical and Care Governance Committee

- 4.9.** Standing Order 25.2 requires the IJB to appoint a Chairperson to each of its Committees. Chairpersons can be appointed for a period of up to three years. Following the resignation of Kim Cruttenden, there is currently a vacancy for Chairperson of CCG.
- 4.10.** In accordance with the principle of equal representation between ACC and NHSG, the Chairpersons of the RAP and CCG are not normally from the same partner organisation. At the end of an appointment period, the new Chairperson of each Committee will also not normally come from the same partner organisation as the previous Chairperson of that Committee.
- 4.11.** As the chair of the RAPC is currently an ACC member, the IJB should appoint a new Chairperson of CCG from amongst its NHSG members. It is recommended that the IJB appoints Mark Burrell to be the new Chairperson of CCG.
- 4.12.** It is recommended that this appointment last until 1 November 2025. This is the date on which the appointment of the chair of RAP ends. Aligning these dates will ensure that this equal representation will continue into the future.

### 5. Implications for IJB

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

- 5.1.1.** As per the IJB's standing orders, it is recommended that voting members from Aberdeen City Council and NHS Grampian be equally represented on each committee.
- 5.1.2.** From a good governance perspective, the Board should bear in mind that Aberdeen City Council members are currently the Chairs of the IJB and RAP Committee and it is recommended that the IJB appoint a voting member from NHS Grampian as Chairperson of the CCG Committee to support the representativeness principle outlined in standing orders.



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### 5.2. Financial

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

### 5.3. Workforce

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

### 5.4. Legal

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

### 5.5. Unpaid Carers

There are no direct impacts to unpaid carers arising from the recommendations in this report.

### 5.6. Information Governance

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

### 5.7. Environmental Impacts

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

### 5.8. Sustainability

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



## INTEGRATION JOINT BOARD

### 6. Management of Risk

#### Risk Appetite Statement

##### 6.1. Identified risks(s)

Reputational Risk is high to the Integration Joint Board should appointments to IJB committees not be balanced in terms of membership. There is a risk that perspectives from both partners may not be reflected during meetings and this may have an impact on decision making and scrutiny capacity.

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

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

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



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	22 August 2023
<b>Report Title</b>	Primary Care Improvement Plan- Governance arrangements
<b>Report Number</b>	HCSP.23.041
<b>Lead Officer</b>	Fraser Bell, Chief Operating Officer
<b>Report Author Details</b>	Name: Jess Anderson Job Title: Team Leader, Regulatory and Compliance, Legal Services, Aberdeen City Council Email Address: JeAnderson@aberdeencity.gov.uk Phone Number: 01224 053608
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	None
<b>Terms of Reference</b>	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself;

### 1. Purpose of the Report

1.1 This report sets out the governance and decision making around the Primary Care Improvement Plan (PCIP) for Aberdeen City Integrated Joint Board (IJB) and the IJB's role within that.

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes the content of the report;
- b) Notes that the IJB receives an annual report on the progression of PCIP;



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- c) Notes that its Risk, Audit and Performance Committee (RAPC) receives a biannual report on the progression of PCIP and the Primary Care Improvement Fund (PCIF), and any other relevant funding streams; and
  - d) Notes the intention to work with partners to increase the resilience and sustainability of partners.
- 2.2 At its meeting on 29 November 2022, the IJB had before it an update on the Primary Care Improvement Plan (PCIP). The IJB was asked to note the progress with regard to the plan. Further to this, IJB members sought clarification on the governance arrangements with respect to PCIP, and in particular, the IJB's role and remit around accountability and decision making. The Legal Adviser to the IJB was asked to report back to a later meeting. This report sets out the governance around the PCIP, together with the decision-making arrangements with respect to the Plan and the Primary Care Improvement Fund. The IJB is being asked to note the content of the report.

### 3. Strategic Plan Context

- 3.1 This report supports the modernisation of services which the Aberdeen City Health and Social Care Partnership (ACHSCP) particularly around the delivery of the General Medical Services Contract (GMS 2018) and the Primary Care Improvement Plan (PCIP) as set out in the Strategic Plan 2022-2025.

### 4.1 Summary of Key Information

#### ***What is PCIP?***

- 4.1.1 PCIP sets out the high-level intentions of how the IJB and ACHSCP intend to deliver and modernise the provision of primary medical and community health services in Aberdeen, with particular focus on the refocusing of the role of a General Practitioner in support of other collaborative arrangements. Aberdeen City IJB approved its PCIP 28 August 2018<sup>1</sup>. The IJB receives annual updates on the PCIP and its progress, the last being reported to the IJB in November 2022.

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<sup>1</sup> [Agenda for Integration Joint Board on Tuesday, 28th August, 2018, 10.00 am \(aberdeencity.gov.uk\)](https://www.aberdeencity.gov.uk/agenda-for-integration-joint-board-on-tuesday-28th-august-2018-10-00-am)





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4.1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare a Strategic Plan<sup>2</sup> for the carrying out of functions delegated to it. The integration functions are contained within the Aberdeen City Integration Scheme. The Scheme sets out at Annex 1, Part 1 and Part 2, that Primary Care Medical Services (the planning, design and commissioning of primary care functions (including general medical services)), are, with some specific exceptions, delegated to the IJB. As part of the IJB's wider responsibilities for planning, designing and commissioning primary care functions, the Scottish General Medical Services Contract 2018 (GMS) and MoU (referred to below) place a responsibility on IJBs to develop a primary care improvement plan on six key services in collaboration with local GPs and others, as advisers on primary medical care. The PCIP outlines how the IJB implements and delivers these priorities. It also demonstrates how funding will flow/ be used, to enable the redistribution of work from GPs to others and optimise the role and functionality of the Multi-Disciplinary Team (MDT).

### ***Who is involved in PCIP?***

4.1.3 Whilst the responsibility to approve, and thereafter deliver, the PCIP sits with the IJB/ACHSCP, there are a number of bodies/organisations involved in the development and delivery of it.

### NATIONAL GOVERNMENT

4.1.4 The Scottish Government shape the strategic direction and development of commissioning guidance in respect of primary care in line with the aims and objectives set out in the National Clinical Strategy and the Health and Social Care Delivery Plan. The Scottish Government also provides financial resources in support of the Scottish General Medical Services (GMS) Contract and the primary care transformation programme in line with the spending review process and agree the metrics and milestones against which progress will be measured, with regular progress reporting.

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<sup>2</sup>At section 27. [achscp-strategic-plan-2022-2025-final.pdf \(aberdeencityhsc.scot\)](https://www.aberdeencityhsc.scot/achscp-strategic-plan-2022-2025-final.pdf)



## INTEGRATION JOINT BOARD

### REGIONAL BODIES

- 4.1.5 The Area Medical Committee (AMC)<sup>3</sup>, is a statutory advisory representative body for doctors and its functions are to support the work of the NHS Grampian Board (NHSG) and the IJB and provide professional medical advice to NHSG, and effective liaison between GP's and NHSG. Under section 9(8) of the 1978 Act, the AMC can set up sub-committees for the carrying out of specific functions. The GP Sub-committee is constituted under that provision with a specific remit to consider and act upon those matters delegated by the AMC relating to General Practice in the NHS Grampian area. It provides advice on the operation of general medical services and advises the AMC accordingly. The GP Sub-Committee's role in the PCIP is as advisors on general medical service matters, and as such, their involvement, agreement and contribution to the PCIP is critical.
- 4.1.6 The Local Medical Committee (Grampian) (LMC)<sup>4</sup> is a locally elected representative body of GPs. It has no statutory footing, unlike LMC's in England, however, it is recognised by NHS Boards and the British Medical Association (BMA) as a group which represents the interests of its members in General Practice. The LMC represents the interests of all general medical practitioners within the Grampian area in matters affecting their remuneration and conditions of service to a number of bodies and NHSG. The LMC's role in respect of PCIP is set out in the *Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards – General Medical Services (GMS) Contract Implementation in the context of Primary Care Service Redesign*<sup>5</sup> and relates to the delivery of the GMS contract against the priority areas of the MoU. In practice, the ACHSCP collaborate with the LMC in respect of the priority areas set out in the MoUs.

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<sup>3</sup> under section 9 of the National Health Service (Scotland) Act 1978 as amended

<sup>4</sup> Known as Grampian Local Medical Committee Limited.

<sup>5</sup> [Delivering+GMS+contract+in+Scotland+-+Memorandum+of+understanding.pdf \(www.gov.scot\)](http://www.gov.scot/Resource/0044/0044_0001.pdf)



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4.1.7 The Primary Care Delivery Group (PCDG) is an operational working group which sits within the ACHSCP. Its Executive Lead is the Medical Lead for the City IJB. The Group meets monthly and its membership consists of:

### **From Grampian**

- representatives from the LMC

### **From the city IJB**

- Medical Lead,
- Primary Care Lead,
- PCIP Programme Manager,
- Practice Management and the Workstream Leads for the six priorities under the MoU (Vaccinations, Pharmacotherapy, Community Treatment and Care Services (CTAC), Urgent Care, Additional Professional Roles and Community Links Service).

4.1.8 The Group's remit is to review and monitor progression of the PCIP, give workstream updates, evaluate risks and implement any mitigating actions, consider innovative ways of delivering services, monitor resources allocated under the Primary Care Improvement Fund (PCIF), collaborate with all key partners e.g. the GP sub-committee, and escalate any issues which may require further development or input. The Group is chaired by the PCIP Programme Manager who manages the programme and all its varying parts. The PCIP Programme Manager is a member of ACHSCP's Primary Care team.

4.1.9 The provision of general medical services is delivered by GP's, PCIP staff, (for example, pharmacists, nurses, healthcare support workers, and psychological therapists) and health and social care community based service providers. The IJB, under its power to direct NHS Grampian and Aberdeen City Council, directs NHSG to provide these services and, where appropriate, enter into arrangements to do so. The Scottish Government and Scottish General Practitioners Committee (SGPC) of the British Medical Association (BMA) negotiated changes to GP contracts in 2018 (GMS Contract 2018). Those changes were accepted by the profession and the Scottish Government then introduced the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018. The 2018 Regulations consolidated all previous amendments to the National Health Service (General Medical Services Contracts) Regulations 2004 and set out for Scotland, the framework for



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general medical services contracts under section 17J of the National Health Service (Scotland) Act 1978<sup>6</sup>. Thereafter, NHS boards entered into contracts with GP practices for the provision of services. The GMS contract therefore is a policy document. This sits alongside the MoUs and the contracts between NHSG and GP Practices in Aberdeen (which are negotiated under the National Health Service (General Services Contracts) (Scotland) Regulations 2018).

### ***What does the PCIP focus on?***

4.1.10 The GMS contract (2018)<sup>7</sup>, negotiated nationally by the Scottish Government, refocused the role of the GP and required some tasks previously undertaken by GPs to be carried out by members of the wider primary care multi – disciplinary team (MDT). The MDT are employed or commissioned by either NHSG or Aberdeen City Council under the direction of ACHSCP. In 2018, a statement of intent known as the MoU was produced. This sets out how the statutory role of IJB’s under the 2014 Act as commissioners of primary care services and service re-design, NHS Boards as service providers, employers and parties to the GMS contract, and the role of GPs as an expert medical generalists would enable the move towards a new model for primary care services.

4.1.11 The MoU (as the principal document) sets out clearly there is an intention for key stakeholders to work collaboratively to contribute to the PCIP. The MoU is a statement of intent by the parties signed up to it, it is not legally binding. It sets out priorities for IJBs which are determined by the Scottish Government and agreed with IJBs and the SGPC. The MoU creates an expectation that the PCIP should be developed with the local GP subcommittee of the AMC, with the arrangements for delivering the new GMS contract being agreed with the LMC. The MoU provides that IJBs should establish local arrangements to provide advice and professional views on the development and delivery of the PCIP. These local arrangements within Aberdeen take the form of the PCDG referred to at paragraph 4.1.7 above.

4.1.12 The six priority areas set out in the MoU are; Vaccination Transformation Programme (VTP), Pharmacotherapy services, Community Treatment and Care Services (CTAC), Urgent Care (advanced practitioners), Additional

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<sup>6</sup> Under the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018

<sup>7</sup> [The 2018 General Medical Services Contract In Scotland \(www.gov.scot\)](http://www.gov.scot)



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Professional Roles, and Community Links Service. In December 2020, a Joint Letter from the Scottish Government and SGPC was issued advising that the focus for 2021-2022 was the VTP, Pharmacotherapy and CTAC. A revised MoU was issued for the period 2021- 2023 to reflect the Joint Letter. Whilst the revised MoU expired on 31 March 2023, the Scottish Government have confirmed that the governance arrangements agreed in the MoU and the revised MoU will continue to apply. ACHSCP and NHSG are awaiting further information regarding the plans post 31 March 2023 although, the Scottish Government has advised that it is undertaking an exercise to collect and analyse data on the recurring annual budget and workforce requirement needed to support implementation of the MoU underpinning the GP contract. A further update will be provided once further information is provided by the Scottish Government.

### ***Who is responsible for the PCIP?***

4.1.13 As the IJB has been delegated, subject to some specific exceptions, the planning, design and commissioning of primary care functions (including general medical services through the Integration Scheme), it is therefore ultimately responsible for the PCIP and its delivery. The IJB, through the ACHSCP<sup>8</sup>, develops, collaborates and then consults on its PCIP<sup>9</sup> with a number of stakeholders which includes (but is not limited to)<sup>10</sup>;

- Patients, their families and carers
- Local communities
- Scottish Ambulance Service and NHS 24
- Primary care professionals (through, for example, GP subcommittees of the AMC and also the LMC)
- Primary care providers
- Primary care staff who are not healthcare professionals
- Third sector bodies carrying out activities related to the provision of primary care.

The flowchart below highlights the collaboration process that PCIP undergoes before the PCIP is approved.

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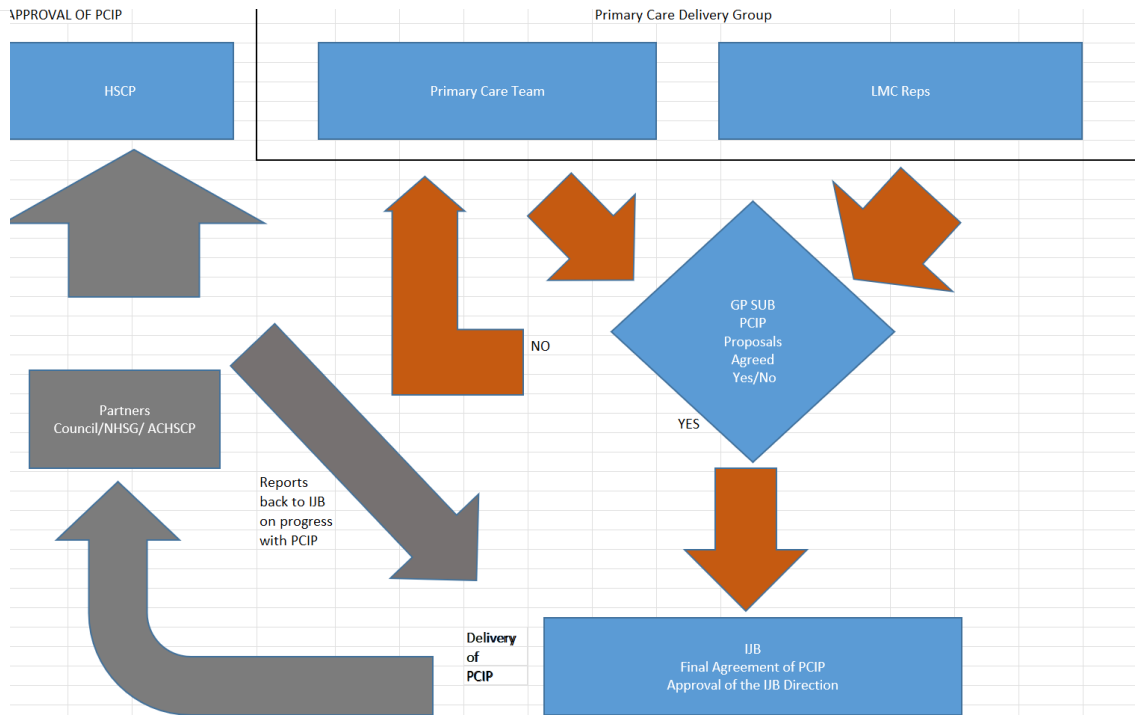
<sup>8</sup> National Health Service (General Medical Services Contracts and Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2018/94

<sup>9</sup> [primarycareimprovementplan.pdf\(aberdeencityhsc.scot\)](https://www.aberdeencityhsc.scot/primarycareimprovementplan.pdf)

<sup>10</sup> The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014

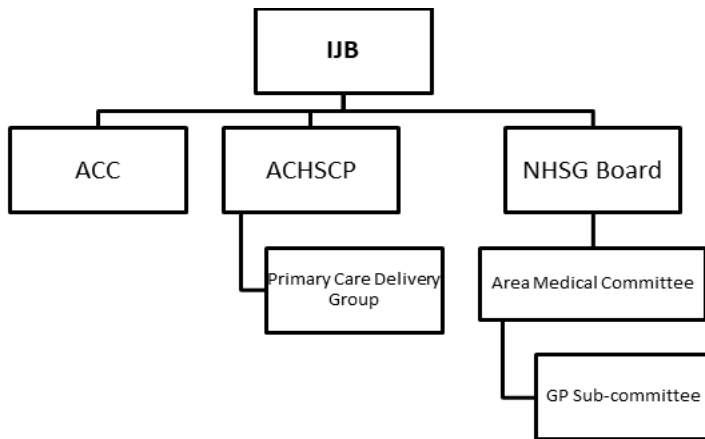


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Thereafter, the IJB approves the PCIP.

The organogram below shows the governance structure in respect of the PCIP



4.1.14 The annual reporting cycle for PCIP is set by the Scottish Government. The Scottish Government determine when the IJB is required to report to them on the progression of the PCIP and the priorities therein. Tracker returns to the Scottish Government take place twice per year, as it directs.

4.1.15 At a local level, the IJB receives an annual update on progress with the PCIP against the MoU and the PCIF. Further, the IJB's Risk, Audit and Performance





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Committee (RAPC) monitors progress with the PCIP biannually. The IJB is discharging its responsibilities under the PCIP by the local arrangements it has in place to monitor and report on progress with the plan, both annually and via RAPC biannually. The IJB meets the requirements of the Annual Funding letter from the Scottish Government by submitting the returns required in respect of the PCIP and PCIF drawdown.

4.1.16 As can be seen from this report, the arrangements (both nationally and locally) around PCIP are complex. A reporting line to Scottish Government exists because the Scottish Government are responsible for the MOU and negotiations over the GP contract. A local line of reporting and accountability exists because of the delegated responsibility which the IJB holds. There is scope for stream-lining these current arrangements. These will be considered locally and there may also be an opportunity to consider whether national arrangements could be made when the Scottish Parliament resumes its scrutiny of the National Care Service Bill.

### ***What is the Primary Care Improvement Fund (PCIF) and who is responsible for it?***

4.1.17 The PCIF is funding provided to the IJB, through NHS Boards, by the Scottish Government. This funding is ring fenced for the priorities under the MoUs and is spent by IJBs in line with the PCIP and must be delegated entirely. Scottish Government have advised that IJBs should endeavour to ensure that ring-fenced PCIF funding supports the delivery of the three priority areas in the revised MoU before further investment of PCIF monies in the other MoU commitments.

4.1.18 The Scottish Government negotiate the GMS contract with NHS Boards and SGPC, set out the priorities under the MoU to deliver the GMS Contract and provides the funding source (through PCIF) for those priorities. The IJB approves the PCIP for Aberdeen City, as referred to in paragraph 3.13 of this report, and in doing so, ensures the implementation of the priorities set down in the MoU in line with the funding source provided.

4.1.19 In the annual update the IJB receives<sup>11</sup> (the last being November 2022) an overview of the drawing down of funding against those priorities is provided. Though from 2022-23, the PCIF can be used for a wider range of costs (such

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<sup>11</sup> [\(Public Pack\)Agenda Document for Integration Joint Board, 29/11/2022 10:00 \(aberdeencity.gov.uk\)](#)



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as premises, training, digital, fixed-term contracts and redesign and change management) providing it is still relevant to the delivery of PCIP.

4.1.20 In addition to the annual update, IJBs are required to provide data on increases in workforce numbers and spread of services every six months through an agreed tracker template to the Scottish Government. In practice, the data provided within a tracker is consulted on with the PCDG. The PCIP Programme Manager then sends it to NHSG who share it with the GP Sub-Committee for consideration prior to submitting it to the Scottish Government. The return of the tracker satisfies the terms of the Annual Funding Letter from the Scottish Government. As of this year, data is uploaded on behalf of Aberdeen IJB to a Sharepoint site by the PCIP Programme Manager. Officers from the Scottish Government confirmed that the mechanisms regarding how returns are made is up to localities. Consideration is being given to the most appropriate means of submitting data to the Scottish Government to ensure that it remains appropriate and efficient.

### ***What happens after the IJB has approved the PCIP and endorsed the PCIF?***

4.1.21 The ACHSCP delivers the approved PCIP and associated PCIF and is responsible for the operational management of the delegated services.

4.1.22 As noted in paragraph 3.7 to this report, the PCDG supports the delivery of the PCIP and PCIF. The PCDG is collaborative by design, implements the agreed PCIP, manages operational risk and mitigations for all priority workstreams and makes recommendations on how best to deliver the priorities under the MoU. This also includes consultation and collaboration on the use of PCIF against those priorities.

4.1.23 Whilst the IJB is responsible for approving the PCIP and managing the PCIF, collaboration, consultation and participation with other bodies remains necessary. In the unlikely event that agreement cannot be achieved between the relevant forums set out above regarding the PCIP and application of the PCIF, the matter may ultimately be escalated to the National Oversight Group.

## 4.2 Future Improvements





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4.2.1 In Grampian, the delivery of the 2018 GMS contract and the MoU referred to above has been challenging. This is due to a number of factors, including, recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. Whilst the number of practices and General Practitioners (GPs) has reduced in number during the last ten years, the list size per GP has increased by approximately 10%.

4.2.2 General practices in Grampian also share national pressures including:

- high patient expectations;
- newly qualifying GPs not wishing to commit to the traditional partnership model;
- a decreasing gap in earnings between partner and salaried GPs;
- restrictions around the work that locums can do;
- increased premises and energy costs;
- liability for premises which are not conducive to a modern practice and which exist in a poor commercial property market impacted by the oil & gas downturn and the lasting impact of Covid-19 restrictions; and
- Agenda for Change uplift to NHS staff not been mirrored in the uplift to staff within general practice.

4.2.3 In light of the challenges set out above, and given the critical role that General Practice plays in the wider health and care system, the three chief officers across Grampian's three Health and Social Care Partnerships intend to develop a local vision for primary care with associated strategic objectives and implementation plan. The aim is to work with the general practitioners to create a more resilient and sustainable sector. It is anticipated that as part of this work, the findings of this paper in respect of PCIP and PCIF will be taken into account, such as the opportunity to streamline the governance and to bring more clarity to roles, responsibilities and accountability. It is anticipated that the Integration Joint Board will receive an update on the development of this work on or before its meeting scheduled for January 2024.

## 5. Implications for IJB

### 5.1 Equalities, Fairer Scotland and Health Inequality



## INTEGRATION JOINT BOARD

This report is a noting paper. It is not strategic in nature, nor does it affect policy or service delivery and therefore does not warrant a Health Inequalities Impact Assessment.

### 5.2 Financial

There are no financial implications arising from this paper. This paper sets out who is responsible and accountable for the PCIF and any drawn down from that funding. The IJB, through NHSG accounting methods, required to utilise the PCIF for the terms set down in the Annual funding letter and the MoUs.

### 5.3 Workforce

This report does not impact upon the workforce. Rather it highlights the expectation from the Scottish Government and the British Medical Association that collaboration with key groups, such as the NHSG Board, ACHSCP, AMC and GP-Subcommittee, is essential to the delivery of primary care medical services under the PCIP.

### 5.4 Legal

This report clarifies that the IJB is legally required to plan for functions delegated to it. It does this through its Strategic Plan and associated PCIP. The IJB approves both of these plans and directs NHSG and Aberdeen City Council (where appropriate) to deliver services. The IJB seeks assurances that progress is being made with PCIP and that the PCIF is being used in accordance with the funding letter, through progress reports annually, but also on a biannual basis to its RAPC.

### 5.5 Unpaid Carers

There are no implications for unpaid carers from this report.

### 5.6 Information Governance

There are no direct information governance implications arising from the recommendations within this report.

### 5.7 Environmental Impacts



## INTEGRATION JOINT BOARD

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

### 5.8 Sustainability

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

## 6 Management of Risk

### Risk Appetite Statement

Authors should look at the Risk Appetite Statement which has been approved by the IJB. The IJB recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the Board in decision making and to enable members to consider the risks to organisational goals of not taking decisions as well as of taking them.

### 6.2 Identified risks(s)

The risks associated with this report relate to the governance of PCIP and the PCIF. In particular, the progression with the PCIP, but also the management of the PCIF against the requirements of the Annual Funding Letter and MoUs. This risk is managed by the IJB by reports on progression with the PCIP being considered in detail by RAPC but also by the IJB itself annually and it is therefore considered as a low likelihood.

The IJB also ensures that it is accountable for the use of the PCIF by instructing its Chief Finance Officer to submit relevant documentation to the Scottish Government which is required under the Annual Funding Letter.

### 6.3 Link to risks on strategic or operational risk register:

The relevant risk within the scope of this report is *Risk 1* of the Strategic Risk Register “*The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people*”. This risk is currently assessed at Major. The Operational Risk Register also highlights the provision of GMS services as a high risk.



## INTEGRATION JOINT BOARD

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

This report highlights the governance and methods of escalation around the approval and progression of the PCIP and associated PCIF. This ensures that there are mechanisms in place with the ACHSCP for dealing with and addressing, any risks with the delivery of PCIP and the MoU priorities.

Approvals	
<i>These will be added once your report has final approval for submission to committee.</i>	Sandra MacLeod (Chief Officer)
<i>These will be added once your report has final approval for submission to committee.</i>	Paul Mitchell (Chief Finance Officer)



ABERDEEN, 6 June 2023. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor John Cooke, Chair; Luan Grugeon, Vice Chair; and Councillor Christian Allard, June Brown, Kim Cruttenden, Councillor Martin Greig, Councillor Deena Tissera, Steven Close, Jim Currie, Maggie Hepburn, Phil Mackie, Sandra MacLeod, Paul Mitchell, Alison Murray and Graeme Simpson (from Article 8).

Also in attendance:- Jess Anderson, Fraser Bell, Ross Baxter, Amanda Farquharson, Stuart Lamberton, Alison MacLeod, Lynn Morrison, Shona Omand-Smith, Angela Scott and Councillor Kairin van Sweeden.

Apologies:- Dr Caroline Howarth.

### **WELCOME FROM THE CHAIR**

1. The Chair extended a warm welcome to everyone. He paid tribute to Kim Cruttenden who was standing down from the IJB. Members noted that Kim had been a Member of the IJB since 2018 and more recently as Chair of the Clinical Care Governance Committee. They thanked her for all her work and wished her well.

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

to note the Chair's remarks.

### **DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS**

2. Members were requested to intimate any Declarations of Interest or Transparency Statements in respect of the items on the agenda.

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

to note that June Brown advised that she had a connection in relation to agenda item 6.1 (Update on the Governance Arrangements for Hosted Mental Health and Learning Disability Inpatient and Specialist Service) as she had been required to advise the Chief Executive of NHS Grampian on this matter previously, and having applied the objective test she considered that her connection amounted to an interest and would therefore be withdrawing from the meeting for this item.

### **EXEMPT BUSINESS**

3. There was no exempt business.

**INTEGRATION JOINT BOARD**

6 June 2023

**VIDEO PRESENTATION**

4. The Board received a video presentation from Aberdeen Cyrenians which had been launched to celebrate Volunteers' Week 2023. The video showcased the work of four Aberdeen Cyrenians volunteers.

**The Board resolved:-**

to note the video.

**MINUTE OF BUDGET MEETING OF 28 MARCH 2023**

5. The Board had before it the minute of its Budget Meeting of 28 March 2023.

**The Board resolved:-**

to approve the minute as a correct record.

**MINUTE OF BOARD MEETING OF 25 APRIL 2023**

6. The Board had before it the minute of its meeting of 25 April 2023.

**The Board resolved:-**

to approve the minute as a correct record.

**DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 2 MAY 2023**

7. The Board had before it the draft minute of the Risk, Audit and Performance Committee of 2 May 2023, for information.

**The Board resolved:-**

to note the minute.

**BUSINESS PLANNER**

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

## INTEGRATION JOINT BOARD

6 June 2023

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

- (i) to note the reasons outlined in the planner for the delay to item 14 (Primary Care Improvement Plan (PCIP) Governance); and
- (ii) to otherwise agree the Planner.

### **SEMINAR AND WORKSHOPS PLANNER**

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

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

- (i) to note that invitations would be issued to all Members once dates were finalised with Workshop Leads; and
- (ii) to otherwise agree the Planner.

### **CHIEF OFFICER'S REPORT - HSCP.23.038**

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

### **The report recommended:**

that the Board note the details contained in the report.

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

- (i) to congratulate Jason Nicol on his appointment to the role of Head of Wellbeing, Culture and Development within the People and Culture Directorate, NHS Grampian and thank him for his contributions to the IJB;
- (ii) to thank all ACHSCP staff for their continued hard work which was recognised by the Board; and
- (iii) to otherwise note the information provided.

### **BON ACCORD CARE STRATEGY - HSCP.23.040**

11. The Board had before it the Bon Accord Care Strategic Plan for the period 2023-2026. Pamela MacKenzie - Managing Director, Bon Accord Care, presented the Plan and responded to questions from Members regarding digitisation and technology enabled care and the opportunities available through the use of Microsoft Dynamics 365 to access live data. Lou Henderson – Head of Delivery and Development, Bon Accord Care, answered questions in respect of service user and staff engagement in order to ensure their views were incorporated into the Plan.

## INTEGRATION JOINT BOARD

6 June 2023

**The report recommended:-**

that the Board:

- (a) note the Bon Accord Care Strategic Plan 2023-2026; and
- (b) share the Bon Accord Annual report with the IJB.

**The Board resolved:-**

- (i) to share the Bon Accord Care Annual report with the Aberdeen City Health and Social Care Partnership; and
- (ii) to otherwise agree the recommendations.

**At this juncture, and in accordance with article 2 of the minute, June Brown left the meeting.**

### **UPDATE ON THE GOVERNANCE ARRANGEMENTS FOR HOSTED MENTAL HEALTH AND LEARNING DISABILITY INPATIENT AND SPECIALIST SERVICE - HSCP.23.035**

12. The Board had before it the update report on the Governance Arrangements for Hosted Mental Health and Learning Disability Inpatient and Specialist Service prepared by the Service Manager, Inpatient & Specialist Services MHLDS.

**The report recommended:-**

that the Board note the information in the report and its two appendices, and in particular paragraph 3.5 of the report in relation to the review of governance arrangements.

**The Board resolved:-**

to agree the recommendation.

### **STRATEGIC RISK REGISTER & REVISED RISK APPETITE STATEMENT - HSCP.23.039**

13. The Board had before it an updated version of the Strategic Risk Register prepared by the Business and Resilience Manager. The Strategy and Transformation Lead introduced the report and responded to questions from Members regarding assurance on reporting of consistently high risk levels.

**The report recommended:-**

that the Board approve the revised Strategic Risk Register as detailed in the Appendix to the report.



**INTEGRATION JOINT BOARD**

6 June 2023

**The Board resolved:-**

- (i) to consider the addition of appropriate narrative to describe areas where the risk level was consistently high and had not changed over reporting periods; and
- (ii) to otherwise agree the recommendation.

**DATE OF NEXT MEETING**

14. The Board had before it the date of the next meeting as 22 August 2023 at 10am.

**The Board resolved:-**

to note the date of the next meeting.

- **COUNCILLOR JOHN COOKE, Chair.**

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Integration Joint Board - Attendance Record

									Present
									Substitute
									Absent
Name	Organisation	25-Apr-23	06-Jun-23	22-Aug-23	10-Oct-23	05-Dec-23	06-Feb-24	26-Mar-24	
Cllr John Cooke – <b>Chair</b>	ACC voting member								
Luan Grugeon – <b>Vice Chair</b>	NHSG voting member								
Cllr Christian Allard	ACC voting member								
June Brown	NHSG voting member								
Mark Burrell	NHSG voting member								
Cllr Martin Greig	ACC voting member								
Cllr Deena Tissera	ACC voting member	Cllr Macdonald							
Hussein Patwa	NHSG voting member								
Alan Chalmers	Patient/Service User Rep								
Jim Currie	ACC Union Representative								
Jenny Gibb	NHSG Nursing Representative								
Christine Hemming/Steven Close	Senior Leadership Team - Medicine and Unscheduled Care	SC	SC						
Maggie Hepburn (ACVO)	Third Sector Representative								
Dr Caroline Howarth	Clinical Director								
Phil Mackie	NHSG Depute Director of Health								
Sandra MacLeod	Chief Officer								
Shona McFarlane	Carer Representative								
Paul Mitchell	Chief Finance Officer								
Alison Murray	Carer Representative								
Graeme Simpson	ACC, Chief Social Work Officer								
Vacant	NHSG Staff Representative	Mike Adams							

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## **Risk, Audit and Performance Committee**

### **Minute of Meeting**

**Tuesday, 13 June 2023**

**11.00 am Virtual - Remote Meeting**

ABERDEEN, 13 June 2023. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Councillor John Cooke, June Brown, Luan Grugeon, Jamie Dale, Anne MacDonald, Alison MacLeod and Paul Mitchell.

Also in attendance: Martin Allan, Susie Downie, John Forsyth, Stuart Lamberton, Graham Lawther, Judith McLenan, Shona Omand-Smith, Simon Rayner and Sandy Reid.

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

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

## **DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS**

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

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

to note that there were no Declarations of Interest or Transparency Statements.

## **EXEMPT BUSINESS**

2. There was no exempt business.

## **MINUTE OF PREVIOUS MEETING OF 2 MAY 2023**

3. The Committee had before it the minute of its previous meeting of 2 May 2023, for approval.

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

- (i) to note that those present should read Anne MacDonald; not Anne MacKenzie; and
- (ii) to otherwise approve the minute as a correct record.

## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

13 June 2023

### **BUSINESS PLANNER**

4. The Committee had before it the planner of committee business, as prepared by the Chief Finance Officer.

**The Committee resolved:-**

- (i) to note the reasons outlined in the planner for the delay to items 11 (Justice Social Work Performance report and Justice Social Work Annual Report) and 12 (Navigator Project evaluation);
- (ii) to note that a Service Update regarding the Navigator Project would be circulated in the interim; and
- (iii) to otherwise note the Planner.

### **REVIEW OF FINANCIAL GOVERNANCE HSCP.23.042**

5. The Committee had before it a report outlining the results of the review undertaken by the Aberdeen City Health and Social Care Partnership (ACHSCP) Leadership Team against financial governance requirements contained in the Chartered Institute of Public Finance and Accountancy (CIPFA) statement on the 'Role of the Chief Financial Officer in Local Government (2016)'.

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

**The report recommended:-**

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

**The Committee resolved:-**

to note the information provided.

### **QUARTER 4 (2022/23) FINANCIAL MONITORING UPDATE - HSCP.23.043**

6. The Committee had before it the Quarter 4 (2022/23) Financial Monitoring Update and associated appendices, prepared by the Chief Financial Officer.

**The report recommended:-**

that the Committee:

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

## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

13 June 2023

**The Committee resolved:-**

to agree the recommendations.

### **REVIEW OF DUTIES AND YEAR END REPORT - ANNUAL REVIEW OF RAPC - HSCP.23.031**

7. The Committee had before it a review of reporting for 2022/23 and a draft intended schedule of reporting for 2023/24, providing assurance that the Committee was fulfilling all the duties as set out in its terms of reference. The Strategy and Transformation Lead introduced the report and responded to questions from members

**The report recommended:-**

that the Committee note the content of Appendix A – Risk, Audit & Performance Duties report.

**The Committee resolved:-**

to note the information provided.

### **STRATEGIC RISK REGISTER - HSCP.23.045**

8. The Committee had before it an updated version of the Strategic Risk Register prepared by the Business Manager.

**The report recommended:-**

that the Committee approve the revised Strategic Risk Register as detailed in Appendix to the report.

**The Committee resolved:-**

- (i) to note that a deep dive on specific high risk areas would be carried out and presented to Members at a workshop, in addition to the workshop addressing the annual overview/refresh of the whole Strategic Risk Register; and
- (ii) to otherwise agree the recommendation.

### **INTERNAL AUDIT REPORTS - ANNUAL REPORT AND IJB PERFORMANCE MANAGEMENT REPORTING - HSCP.23.044**

9. The Committee had before it the Internal Audit Annual Report for the year ended 31 March 2023, prepared by the Chief Internal Auditor.

In respect of a question regarding Data Sharing arrangements across Aberdeen, Aberdeenshire and Moray IJBs, the Business Manager advised that he had raised this

## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

13 June 2023

with the Data Protection Officer for NHS Grampian and undertook to circulate an update to Members.

With regard to the four Major Recommendations across the four Internal Audit reports issued during 2022/23, assurance was provided by the Business Manager that specific Senior Management Team members had been assigned these Assurance Recommendations as actions and they were working with Internal Audit to close them off.

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

that the Committee:

- (a) note the Internal Audit (IA) Annual Report 2022/23;
- (b) note that the Chief Internal Auditor had confirmed the organisational independence of Internal Audit;
- (c) note that there had been no limitation to the scope of Internal Audit work during 2022/23; and
- (d) note the progress that management had made with implementing recommendations agreed in Internal Audit reports.

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

- (i) to note that an update on Data Sharing would be circulated; and
- (ii) to otherwise agree the recommendations.

## **CAMHS UPDATE REPORT - YOUNG PEOPLE MONITORING REPORT 2020-21, MENTAL WELFARE COMMISSION - HSCP.23.046**

**10.** The Committee had before it an update on the Young People Monitoring Report for 2021-22, which provided assurance regarding the progress in relation to the recommendations made by the Mental Welfare Commission.

Judith McLenan - Lead for Mental Health and Learning Disability Inpatient Services, Specialist Services and CAMHS, introduced herself. She presented the report and responded to questions from members regarding admission rates and funding challenges.

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

that the Committee note the recommendation made by the Mental Welfare Commission in the Young People's Monitoring Report 2021-22 as attached at Appendix A of the report and local progress made to implementing the recommendation.

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

- (i) to instruct the Lead for Mental Health and Learning Disability Inpatient Services, Specialist Services and CAMHS to bring a report back to Committee in 12



**RISK, AUDIT AND PERFORMANCE COMMITTEE**

13 June 2023

- months' time in order to provide a local update on the full Mental Welfare Commission report; and
- (ii) to otherwise note the information provided.

**DATE OF NEXT MEETING - 19 SEPTEMBER 2023 AT 10AM**

11. The Committee had before it the date of the next meeting: Tuesday 19 September 2023 at 10am.

**The Committee resolved:-**

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

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INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
<b>2023 Meetings</b>									
<b>22 August 2023</b>									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.23.051	Roz Harper	Chief Officer	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
	ACHSCP Annual Report	To seek approval of the ACHSCP Annual Report	HSCP.23.052	Alison MacLeod / Amy Richert	Alison MacLeod	ACHSCP			
24.08.21	Rosewell House - evaluation and recommendation reports	To note the evaluation and to seek approval of a formal recommendation on the future of Rosewell to allow 4 months to implement the outcomes of the recommendation, ahead of the current direction ceasing in December 2023. Chief Officer to bring a full evaluation report of the service being delivered at Rosewell House to the IJB in March 2023.	HSCP.23.054	Calum Leask/Fiona Mitchelhill	Fiona Mitchellhill	ACHSCP	Deferred from March 2023 to allow a full year between the interim and final evaluations, giving more time to embed the recommendations from the first evaluation.		
25.04.23	Review of Carers' Expenses Policy	To seek approval of the Carers' Expenses Policy as agreed at the IJB on 25 April 2023.	HSCP.23.055	Alison MacLeod	Alison MacLeod	ACHSCP			
	Supplementary Workplan and Business Case	To seek approval of a Business case.	HSCP.23.056	Neil Stephenson	ACC Commercial & Procurement Services	ACC			
17.01.2023	Primary Care Improvement Plan (PCIP) Governance	To provide members with an outline of the governance arrangements supporting the Primary Care Improvement Plan.	HSCP.23.041	Jess Anderson	ACC Governance	ACC	Members agreed 25.04.23 to defer until the meeting on 6 June 2023 to allow for a meeting to take place with representatives of the Scottish Government in early May 2023. on 6 June 2023, further time was agreed from key stakeholders to consider arrangements and potential improvements to PCIP governance arrangements. Report to be presented to meeting of IJB on 22 August 2023		
11.07.2023	NHS Grampian Delivery Plan	To provide members with further information regarding the NHS Grampian Delivery Plan.	HSCP.23.058	Susan Harrold	Alison MacLeod	ACHSCP			
17.07.2023	Public Health Scotland Partnership Agreement	To seek approval of entering into of a strategic partnership agreement with Public Health Scotland (PHS), as one of nine organisations comprising the North East Population Health Alliance (NEPHA).	HSCP.23.059	Fraser Bell	Sandra Macleod	ACHSCP			
07.07.2023	NHS Grampian Appointees to IJB Committees	To seek approval of two NHS Grampian Appointees to the IJB Committees.	HSCP.23.057	John Forsyth / Emma Robertson	ACC Governance	ACC			
16.08.22	Fast Track Cities	To provide an annual update on the actions against the action plan submitted to the Integration Joint Board (IJB) on 21 January 2020.	HSCP.23.053	Daniela Brawley / Lisa Allerton	Sandy Reid	ACHSCP		D	Last presented to IJB on 30 August 2022. This is an annual report. Authors have requested deferral to 10 October 2023 as the next National FTCs meeting is on 28 August 2023 which would allow a more rounded update in October.
	Strategic Review of Neuro Rehabilitation Pathway	To seek approval of the Strategic Review work and draft Implementation Plan. Outline draft expected end of March 2023, to come to next IJB after that.	HSCP.23.047	Tracey MacMillan/Grace Milne/Jason Nicol	Lynn Morrison	ACHSCP	Members agreed on 25.04.23 to defer to the August 2023 IJB due to continuing discussions regarding the scope and direction of the review.	D	Seeking a further deferral due to a recent change in personnel in the project team and the need to review the materials in place and update data to create a more informed proposal .
<b>10 October 2023</b>									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Chief of Staff	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							

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<b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b> The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
24	Standing Item	Audited Accounts		Paul Mitchell	Chief Finance Officer	ACHSCP	Expected September/October 2023		
25	26.07.2022	Complex Care Market Position Statement		Jenny Rae / Kevin Dawson	Strategy and Transformation Team	ACHSCP			
26		Climate Change Project and Reporting		Sophie Beier	Strategy and Transformation Team	ACHSCP			
27	23.09.21	Primary Care Improvement Plan Update		Emma King / Sarah Gibbon/Alison Penman		ACHSCP	Update presented to RAPC on 2 May 2023. Members note that the annual PCIP Update report would be presented to the meeting of the Integration Joint Board at its meeting on 10 October 2023.		
<b>5 December 2023</b>									
29	Standing Item	Chief Officer Report		Roz Harper	Chief of Staff	ACHSCP			
30	Standing Item	Video Presentation							
<b>6 February 2024</b>									
32	Standing Item	Chief Officer Report		Roz Harper	Chief of Staff	ACHSCP			
33	Standing Item	Video Presentation							
34	17.01.2023	Grant Funding		Shona Omand-Smith	Commissioning Lead	ACHSCP			
35	31.01.2023	Carers' Strategy		Stuart Lamberton	Strategy and Transformation Team	ACHSCP			
36	Standing Item	Annual Procurement Workplan 2024/2025		Neil Stephenson	Procurement Lead	ACC			
37	07.02.2023	Annual Grants Workplan 2024/25		Shona Omand-Smith	Commissioning	ACHSCP			
38	31.01.2023	Report on test of change at Sport Aberdeen's new facility in Northfield		Alison McLeod	Strategy and Transformation Team	ACHSCP			
<b>26 March 2024 (Budget)</b>									
40	Standing Item	Chief Officer Report		Roz Harper	Chief of Staff	ACHSCP			
41	Standing Item	Video Presentation							
42		JB Budget		Paul Mitchell	Chief Finance Officer	ACHSCP			
<b>TBC Future Meetings</b>									
44	29.11.2022	Marywell Service Redesign Business case		Susie Downie / Emma King / Teresa Waugh / Clair Ross / Simon Rayner	Primary Care Leads	ACHSCP	Expected April/May/June 2024		
45	Standing Item	Equalities and Equalities Outcomes		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP	Expected April 2024		
46	04.11.2022	JB Scheme of Governance Annual Review		Jess Anderson/John Forsyth/Vicki Johnstone	Legal ACC	ACHSCP	Expected Spring 2024		

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<p style="text-align: center;"><b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b> The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.</p>									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
47	Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004		Martin Allan	Business Lead	ACHSCP	Expected Spring 2024		
48	25.04.2023	Supplementary Procurement Work Plan (Social Care) for 2024/25		Neil Stephenson	Strategic Procurement	ACHSCP	Expected Spring 2024		
49	25.04.2023	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan		Kevin Dawson / Jennifer Campbell	Strategy and Transformation Team	ACHSCP			
50	25.05.2021	Community Nursing Digitalisation		Michelle Grant / Craig Farquhar	Chief Officer	ACHSCP	Expected Spring 2024		
51	30.11.22	Biennial Progress report on delivery of our Equality Outcomes and Mainstreaming Framework		Alison Macleod	Strategy and Transformation Team	ACHSCP	Expected Spring 2025		
52	16.08.22	Fast Track Cities		Daniela Brawley / Lisa Allerton			Expected October 2024		

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### Development Sessions

Date	Topics	Lead Officer	Comments
12 Sep 2023	Culture/BOOM Boards	TBC	Standing Agenda Item
	Induction and Refresher	Alison MacLeod	Required early as a result of new IJB members
	Commissioning	Shona Omand-Smith/Neil Stephenson	
14th Nov 2023	Culture/BOOM Boards	TBC	Standing Agenda Item
	Population Health	Phil Mackie	Rescheduled from Nov 22
	Mental Health	Judith McLennan/Kevin Dawson	Rescheduled from Nov 22
16th Jan 2024	Culture/BOOM Boards	TBC	Standing Agenda Item
	Risk	Martin Allan	Annual Review
	TBC		
20th Feb 2024	Culture/BOOM Boards	TBC	Standing Agenda Item
	Stay Well Stay Connected	Iain Robertson	
	Climate Change	Sophie Beier/Phil Mackie	
16th Apr 2024	Culture/BOOM Boards	TBC	Standing Agenda Item
	GP Sustainability	Emma King	
	TBC		

### Pre Decision Sessions

Date	Topic	Lead Officer	Comments
5th Sept	Complex Care	Jenny Rae	In advance of IJB 10th October 2023
7th Nov 2023	Neuro Rehab	Lynn Morrison/Tracey McMillan	Rescheduled from 8th August
9th Jan 2024	Carers Strategy	Stuart Lamberton	Needs to be prior to IJB on 6th Feb 24
5th March	Finance	Paul Mitchell	Needs to be prior to IJB on 26th Mar 24

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**INTEGRATION JOINT BOARD**

<b>Date of Meeting</b>	<i>22<sup>nd</sup> August 2023</i>
<b>Report Title</b>	<i>Chief Officer's Report</i>
<b>Report Number</b>	<i>HSCP.23.051</i>
<b>Lead Officer</b>	<i>Sandra MacLeod</i>
<b>Report Author Details</b>	<i>Name: Roz Harper Job Title: PA Email Address: rosharper@aberdeencity.gov.uk</i>
<b>Consultation Checklist Completed</b>	<i>Yes</i>
<b>Directions Required</b>	<i>No</i>
<b>Exempt</b>	<i>No</i>
<b>Appendices</b>	<i>None</i>
<b>Terms of Reference</b>	<i>The updates provided in this report, although not specific, do relate to various areas in the Terms of Reference of the IJB</i>

**1. Purpose of the Report**

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

**2. Recommendations**

- 2.1.** It is recommended that the Integration Joint Board note the detail contained within the report.

**3. Strategic Plan Context**

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



## INTEGRATION JOINT BOARD

### 4. Summary of Key Information

#### 4.1. Local Updates

##### **IJB/SLT Culture**

The IJB/SLT Culture Sounding Board met on 20<sup>th</sup> June and below is a summary of what was discussed and agreed:

Overall, we agreed that we will pay attention to how we are living the organisation's values of honesty, empathy, equity, respect and transparency. We will find ways to make explicit how we can live and breathe these values through our behaviours and actions, using the Sounding Board as a key platform.

Our cultural priorities for the next 12 months were agreed as: -

1. We will retain a clear focus on culture across the IJB/SLT. We recognise that culture continually evolves, and we will need to ensure this remains visible starting with induction to the IJB/SLT and in how we carry out all of our work.
2. We will continue to use the short films which showcase local lived experience examples which bring to life who we are here to serve. We all recognise that this is an important part of reminding us of our shared intent to deliver the best health and care for everyone in Aberdeen.
3. The Culture Sounding Board will meet every 2 months and provide a space for reflection for all IJB and SLT members to consider how we are interacting with each other so we can celebrate the positives and identify areas for development. These discussions will be a central platform for considering actions to enable our culture to continue to evolve and improve.
4. We will continue to deliver regular seminars in person, particularly when considering complex topics, and with all seminars (including those on Teams) we will seek to use techniques which encourage all voices to be heard equally. We will also aim to find times in the week which support good attendance and continue to provide opportunity for BOOM board sessions and other 'getting to know you as people' activities within seminar times.
5. We will pay attention to our choice of meeting format (virtual, in-person and hybrid) and how this impacts on our behaviours and will seek to evolve our approach to ensure we are inclusive and that we have high quality conversations which challenge/scrutinise



## INTEGRATION JOINT BOARD

effectively. We will trial a hot debrief immediately after the next IJB to sense check how the hybrid arrangement worked for all.

6. We aim to encourage a ripple effect to support good cultures and behaviours across the organisation. We recognise that different parts of the system are also on this

journey and will seek to connect with the wider system and share our learning. Conversation has already begun with the wider Organisational Leadership Team which demonstrates an appetite to explore this.

A space for feedback on these priorities and on “today's” meeting experience (as per 5. above) will be held immediately after the IJB meeting.

### Stay Well Stay Connected - Granite City Gathering

#### Overview

The Stay Well Stay Connected – Granite City Gathering was a public health event held on the 23rd of June 2023. The aim of the gathering was to encourage attendees in Aberdeen who are about to retire or are retired to: Access, try and sign up to community-based activities, explore various types of volunteering activities and explore the Age working group to inform and collaborate in building an age friendly Aberdeen.

There were 167 attendees from across Aberdeen, with a choir, crafting & arts groups, a yoga group being amongst some of the participants.

#### Next Steps

Research from Ireland and age friendly cities shows that for the Age working group to succeed we will require a project manager type role to be day to day interphase with the group who are volunteers to enable them to engage and move agenda of planning and logistics and meetings, research and implementation [Older People Council-Guidelines.pdf](#) .

The Granite City Gathering group is committed as part of the project end to work with the Aberdeen City Council, Public health NHSG and ACHSCP implementing an age working group as key part in engagement, collaboration and co-design for a friendly Aberdeen. This age working group will have far reaching benefits for the city in delivering positive outcomes to all strategic and delivery plans in the short, medium and long term.

#### Staff Wellbeing



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The programme of activities to support staff well-being has continued over summer, it is understood that by the end June 2023, 650 staff had attended ACHSCP well-being activities.

The latest NHSG sickness statistics at end June 2023, show a lower sickness absence rate for ACHSCP staff (4.78%) than the average of NHSG in same period (4.91%).

There is an upcoming major promotion of the benefits of annual flu vaccination for health & social care staff (the promotion is expected start late September 2023), encouraging a higher uptake across Grampian.

### Regional Updates

#### **North East Population Health Alliance Update**

The Alliance met on the 15th of June and were joined by Paul Johnson, Chief Executive Public Health Scotland and Richard Foggo, Director of Population Health Scottish Government. The meeting considered a draft strategic partnership agreement with Public Health Scotland which seeks to set out how we will work together to maximise available public health support for the population health agenda. The partnership agreement was endorsed, and all members will now take through their respective organisational governance structures for feedback/a mendment seeking to sign off later in the year.

In light of the feedback from NHS Grampian Population Health Committee and the North East Partnership Steering Group the Alliance has agreed the addition of population health in our title will add clarity of purpose. To support awareness of and engagement in the conversations happening under the auspices of the Alliance a regular update will be provided after each meeting.

Over the next few months, the Alliance in collaboration with Community Planning Partnerships is seeking to have a conversation about the threats set out in the Director of Public Health Annual Report. The aim is to learn more about the good work already happening in the North East to address these threats, in particular the higher cost of

living, to share practice, and to consider if there are things, we want to work together on to improve population health. If you want to get involved, contact [gram.directorofpublichealth@nhs.scot](mailto:gram.directorofpublichealth@nhs.scot) who will put you in touch with your local event.

Over the last couple of weeks, the Alliance has supported the coming together of partners to work with those whose lives have been impacted by substance use to tackle stigma, shared learning to support place and wellbeing and food insecurity activities. A hold the date (15th August 2023) has gone out for a 'space to come together' on the Green or Nature -based Social Prescribing. More to follow.



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### Proposal for Grampian Wide Winter Planning

The pressures felt across the Health & Social care system and the wider public sector over the last 3-4 years has been relentless, and new ways of dealing with pressures has become the norm. Winter will be here soon, and we need to prepare, but we need to learn from what has gone well and what could be better. Work is being undertaken that will connect the wider Grampian network of organisations take an approach to winter with the potential for an overarching Grampian Plan highlighting how we work together to try and ensure that the population of Grampian feels well, well supported, well equipped and well prepared.

It is proposed that NHS Grampian, Aberdeen City, Aberdeenshire and Moray Councils and Health & Social Care Partnerships link with the wider local partners to bring together winter planning for 2023/24 to reduce duplicated and disconnected efforts and share amongst partners (during the winter period):

- Performance metrics
- Parameters we will operate in
- What escalation looks like and how it will be done
- Define what expected pressure is and what it is not
- Plan for the worst and articulate it clearly

To achieve this there requires to be a gathering of views from all partners within Grampian. We need to rapidly arrange a series of events to move through conversations exploring the 'Why' we plan for winter, 'What' do we want to achieve from that and only then, with these created shared goals do we start on the 'How' which is tasks and actions, allowing an understanding at a deeper level on interdependencies, escalation processes, metrics and solutions. The result of this being a shared understanding of our winter approach that tackles events such as floods, power cuts, icy weather and infectious outbreaks, in a way that brings public, private, 3rd Sector and the wider population together to be well, well prepared, well equipped, and well supported. This will bring a planned approach to our preventative measures this year and help build an understanding of the interdependencies that individual decisions can make on other parts of the system.

We all have resources to bring, in terms of wisdom, expertise and enthusiasm.

- Bring together the right people who will deliver on the solutions – Local Authorities, Private & 3rd Sector Partners, NHS, Health and Social Care Partnerships (H&SCP's), Scottish Ambulance Service (SAS). Community Councils and Police
- Connect people so that they understand each other's context



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- Encourage interdependencies to be acknowledged and owned
- Utilise the Unscheduled Care Programme Board for updates, approvals, and shared learning

### Refugees & Asylum Seekers

Aberdeen City continues to support a number of Refugee and Asylum Seekers within the area. The Health Assessment Team (HAT) are a HSCP funded Grampian-wide team in place until 30<sup>th</sup> September 2023. From this point the service will be integrated into the local authority teams in a matrix arrangement. The HAT team are non-clinical staff who conduct an initial health assessment with any new arrival in order to gather key information from the individual and to navigate them to the right place based on need to take the pressure off of substantive health and social care services. (For noting, all other areas are using trained/ clinical staff which is helpful in terms of supporting patients in need at point of delivery eg. mental health, vaccinations). The team have also been supporting GP sustainability by helping to register patients at practices

#### Current status

Currently there are 503 residents (out of a total of 639 in Grampian) within the city. The numbers have been steadily increasing week on week and there is an anticipated continuation of this until all hotels are full which would be a further 244 available rooms at present. The Home Office are actively seeking other venues nationally. There is also an ongoing discussion about room sharing, which could also see capacity double across venues if approved. Cognisance is being given to the increasing numbers impacting on health and care services and the ability to ensure these individuals are informed and empowered.

### **General Practice – Closed Lists Update**

Due to ongoing demand and pressure on general practice, there have been a number of city centre practices whom have closed their list to new residents over the last 11 months. As this is an unprecedented situation nationally, ACHSCP Primary Care Team sought advice from CLO, Scottish Government and PC Contracts to review and agree (in line with GMS regulations) a process. A meeting was held with all practices to give an overview of this and following this, all Closed List Practices were invited to re-open or re-apply to close by the end of July 2023. To ensure a robust and fair process, the City requested a pan-Grampian panel of colleagues to review any closure notice applications and make a recommendation to the ACHSCP Chief Officer who made the final decision. Two expedited panel meetings were put in place to review applications.

In summary, 4 city centre practices have been approved to remain closed with 11 practices opening their lists. Practices have been informed of the outcome. This is a fluctuating situation which will be monitored on an ongoing basis.



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### National Updates

#### Update on the National Care Service (Scotland) Bill (NCS Bill)

The Minister for Social Care, Mental Wellbeing and Sport, wrote to the Convener of the Scottish Parliament's Health, Social Care and Sport Committee on 12 July 2023. This contained an update in respect of the development of a proposed National Care Service (NCS).

Between June and August 2023, there are to be nine regional forums held across Scotland. There will also be satellite events around the regional forums. These events mark the start of a wide-reaching programme of co-design activity that will take place over the next 18 months.

An initial consensus proposal between the Scottish Government and Cosla has been formed on a partnership approach that will provide for shared legal accountability. A new structure of national oversight will be introduced, with a view to driving consistency of outcomes, whilst maximising the benefits of a reformed local service delivery. This will provide Scottish Ministers, local authorities and NHS boards with overarching shared accountability for the care system. Local Government will retain functions, staff and assets. The Scottish Government will continue to engage with local government to develop the detail of the proposals and to consider necessary amendments to the current NCS Bill to reflect the principle of shared accountability.

The first interim report from the Children's Services Reform research was published by CELCIS on 21 June 2023. Following further interim reports, it is planned to publish the final report towards the end of October 2023. This will help inform any proposals on the relationship between children's services and an NCS. Regarding Justice Social Work, a programme of work to help inform a decision on the possible inclusion of justice social work (JSW) within the NCS is ongoing, with a final report due in late September 2023.

#### **NATIONAL CARE HOME CONTRACT 2023/24**

The National Care Home rate for 2023/24 has been agreed and takes effect from 10th April 2023. The settlement reflects the challenging environment faced and the desire for all stakeholders to work in partnership.

The Financial settlement includes the below increased earnings:

**Nursing Salaries:** An increase of 6.5% has been included within the settlement in line with the agreed Agenda for Change increase.

**Direct Care Staff:** An increase of 3.81%, raising the hourly rate to the National Living Wage at the current rate of £10.90 per hour





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The Care Home Cost Model benchmarks Domestic and Catering staff to the National Minimum wage at the current rate of £10.42 per hour.

The estimated cost pressure for the IJB is £2.1m, this will be accounted for in the year-end forecast outturn.

It is recognised that there is a need for a redesign of the current NCHC and there will be an effort to engage in this piece of work as a matter of urgency. There is a commitment to updating the current 2013/14 contract and to review the cost of care calculator as soon as possible, with progress required prior to conclusion of the 2024/25 negotiations.

A further Minute of Variation (MoV) has now been made available for agreement between Providers and Councils and should be expedited between local authorities and care homes.

### 5. Implications for IJB

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

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

#### 5.2. Financial

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

#### 5.3. Workforce

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

#### 5.4. Legal

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

#### 5.5. Unpaid Carers

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

#### 5.6. Information Governance

There are no direct information governance implications arising from the recommendations of this report

#### 5.7. Environmental Impacts

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

#### 5.8. Sustainability





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

### 5.9. Other

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

### 6. Management of Risk

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

#### 6.1. Identified risks(s)

Link to risks on strategic risk register:

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

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

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

7. Cause - The ongoing recruitment and retention of staff.

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

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

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

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	22 August 2023
<b>Report Title</b>	Public Health Partnership Agreement
<b>Report Number</b>	TBC
<b>Lead Officer</b>	Sandra MacLeod
<b>Report Author Details</b>	Name: Fraser Bell Job Title: Chief Operating Officer Email Address: frbell@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	NEPHA PHS Strategic Partnership Agreement Draft V1.5
<b>Terms of Reference</b>	5

### 1. Purpose of the Report

To seek approval of the entering into of a strategic partnership agreement with Public Health Scotland (PHS), as one of nine organisations comprising the North East Population Health Alliance (NEPHA).

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) approves the entering into of a strategic partnership agreement with Public Health Scotland;



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- b) instructs the Chief Officer of the Integration Joint Board to execute the strategic partnership agreement on behalf of the Integration Joint Board; and
- c) instructs the Chief Officer to provide a progress report on the strategic partnership agreement at a meeting of the Integration Joint Board in 2024.

### 3. Strategic Plan Context

- 3.1. The proposed partnership agreement is consistent with the Board's Strategic Plan 2022-2025 and has the potential to act as a key enabler to the delivery of the Strategic Aims set out in the Plan.

### 4. Summary of Key Information

NEPHA is a forum which aims to develop a learning system that explores challenges and tests solutions to address health inequalities. The North East Population Health Alliance currently comprises nine partners; NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland.

NEPHA has recently entered into dialogue with PHS with the aim of sharing expertise and collaborate where there is added value to doing so, for the benefit of the people of the North East of Scotland. The proposed partnership agreement appended to this report provides an opportunity to align the collective ambition of the NEPHA with the strategic aims of Public Health Scotland.

The agreement aims to facilitate collaboration between PHS and the NEPHA (comprising the nine respective organisations) to share and learn about key issues to build on our collective knowledge, share insights and use our collective capacity to improve population health outcomes. Specifically, the shared objective of the agreement is to improve population health and reduce inequalities across the North East of Scotland.



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As the partnership matures, the work will likely evolve. Following assessment of need, PHS and NEPHA (comprising the respective nine organisations) will agree shared priorities. In year one, six high-level themes will be explored with a view to developing more detailed objectives over the life of the strategic agreement.

These are:

1. Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and implements what works at scale and pace.
2. Form collective knowledge, data, and evidence to shape more powerful collective conversations and action to achieve the vision of thriving communities living fulfilled lives.
3. Developing common data governance and system models to enable findable, accessible, interoperability and reusable data to support research, policy development and operational delivery such as the Persons at Risk Database (PARD) and local use of common identifiers, including CHI.
4. Collaboration on the commissioning and conduct of research on the wider determinants of health across the north east and the application of knowledge to practice locally and nationally.
5. Development of a baseline of prevention activity within the region with a view to establishing some targets for growth in activity.
6. Child poverty, the Drugs Mission and the eradication of homelessness will appear in detailed work plan because the commitment is established at a national and local level, and therefore we can maximise the tripartite collaboration on the achievement of these commitments.

The agreement is currently out for review and sign off by late summer 2023 across the respective governance structures of the organisations comprising the NEPHA. During this time the agreement may be subject to minor amendments as it moved through organisational approval processes. A final version will be shared with all organisations once the process of signing off has concluded.

### 5. Implications for IJB

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

The proposed partnership agreement seeks to address current health inequalities through greater collaboration between relevant agencies. No



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policy change is proposed at this stage and so no Integrated Impact Assessment is required at this stage.

### **5.2. Financial**

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

### **5.3. Workforce**

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

### **5.4. Legal**

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

### **5.5. Unpaid Carers**

There are no direct implications for unpaid carers arising from the recommendations of this report.

### **5.6. Information Governance**

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

### **5.7. Environmental Impacts**

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

### **5.8. Sustainability**



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There are no direct implications arising from the recommendations on the Board's duty to act sustainably.

### 6. Management of Risk

The recommendations are consistent with the Board's Risk Appetite Statement and pose no material risk to the Integration Joint Board.

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# **Draft strategic partnership agreement**

**Public Health Scotland and the North East  
Population Health Alliance**

Date: 16 June 2023

Version: DRAFT V1.5

## Purpose

This strategic partnership agreement is a commitment between the North East Population Health Alliance (NEPHA) and Public Health Scotland (PHS) to work together with the objective of developing a learning system to improve population health and reduce health inequalities across the North East of Scotland.

This agreement outlines our shared vision, the value of this partnership, how we will work together and some indicative areas we will work together on. As our partnership matures, our work together will inevitably change.

## Terms of agreement

The strategic partnership agreement will be effective from August 2023 and will run until August 2026 and will be reviewed annually.

## National strategic context

Scotland has a robust and comprehensive national public health strategy that aims to improve the health and well-being of its population. The national strategic context for public health in Scotland is set out in several key documents, including:

1. **Scotland's Public Health Priorities:** This document outlines Scotland's key public health priorities, including reducing health inequalities, improving mental health and well-being, and tackling the underlying causes of ill health such as poverty, obesity, and smoking.
2. **Public Health Outcomes Framework:** This framework sets out the key outcomes that Scotland aims to achieve through its public health policies and interventions. These outcomes include improvements in life expectancy, reductions in premature mortality, and improvements in health-related quality of life.
3. **Scotland's Health and Social Care Delivery Plan:** This plan outlines the actions that the Scottish government will take to deliver its health and social care priorities, including those related to public health.
4. **Scotland's Diet and Healthy Weight Delivery Plan:** This plan sets out the actions that Scotland will take to improve the diet and weight of its population, including promoting healthy eating and physical activity.

5. Mental Health Strategy: This strategy outlines Scotland's approach to improving mental health and well-being, including prevention, early intervention, and treatment.

The Care and Wellbeing Portfolio is the overall strategic reform policy and delivery framework within Health and Social Care. It brings oversight and coherence to the major health and care reform programmes designed to improve population health, address health inequalities and improve health and care system sustainability.

Scotland continues to face significant population health challenges: stalling (and in some groups falling) healthy life expectancy, and widening levels of inequality, exacerbated by COVID-19. In addition, the pandemic has further increased demand on health and care services. Improving health requires improved system sustainability and, even more critically, improved outcomes in the wider factors that create health – good early years; learning, jobs; income; and supportive communities.

The Portfolio provides an opportunity to take a systematic approach to planning and delivering care and wellbeing. Portfolio objectives focus on coherence, sustainability and improved outcomes both within health and care, and across government, with the overall goal of improving population health and reducing health inequalities.

Furthermore, the recent Health Foundation report 'Leave no one behind'<sup>i</sup> clearly highlights that despite undoubted policy ambition, effective implementation has fallen short with inequalities persisting and growing across Scotland. Most importantly, the report recognises that change requires practical, up and downstream collaboration and action across all parts of the delivery system and from the public. More than ever this emphasises the need for collective action.

## Public Health Scotland context

'A Scotland where everybody thrives' is the overarching ambition of Public Health Scotland's Strategic Plan 2022–2025, which focuses on increasing healthy life expectancy and reducing health inequalities.

The Strategic Plan sets out a clear commitment to collaborative working in recognition that no one organisation or profession can address Scotland's public health challenge. Public Health Scotland has a leadership role in, and contributes to, all of Scotland's public health priorities. Public Health Scotland will focus on three areas:

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<sup>i</sup> <https://www.health.org.uk/publications/leave-no-one-behind>

- Prevent disease
- Prolong health life
- Promote health & wellbeing

## The North East Population Health Alliance Context

We are fortunate to have strong partnerships across public agencies, private and third sectors and communities in the North East with many examples of good practice and innovation to address this complex agenda. However, compounded by the pandemic, some of the population health challenges we are grappling with are significant and in places worsening.

The [2022/23 DPH Annual Report](#) sets out four key threats to population health and action we can collectively take together to break the cycle of widening of health inequalities. The report recognises the strength of our partnerships in the North East and where we are already working well together to tackle these challenges. However, with health gains stalling and health inequalities widening across the North East greater action is required.

There is no single blueprint for a local population health approach. Learning and adapting from our experiences and that of others, leaders in the North East of Scotland are looking at how we can create a system of public health learning across and within our partnership arrangements to reverse current trends. We have called this the North East Population Health Alliance in recognition of our collective responsibility. The North East Population Health Alliance currently comprises nine partners; NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland.

The North East Population Health Alliance is not intended to be a governance group, as we have governance mechanisms embedded in our system already, but a forum for ensuring that we develop a learning system that explores our challenges together, tests solutions, and 'what works' is implemented at scale and at pace. Over the next three years we plan to work with a growing and diverse membership from across different sectors, communities and determinants of health. Through bringing our collective knowledge together with data and evidence we want to shape and enable more powerful collective conversations and action to achieve our vision of thriving communities living fulfilled lives.

## Vision

The vision of the North East Population Health Alliance has been established through discussions with the North East Population Health Alliance membership. The vision is to have flourishing communities, living fulfilled lives. The North East Population Health Alliance has a joint commitment that: together we will share collective responsibility for the durability of the North East. We will develop and refine this as our membership grows.

## Value of collaboration

The aim of this collaboration is to share expertise and collaborate where there is added value to do so for the benefit of the people of the North East of Scotland. The NEPHA and PHS will work collaboratively to ensure that any outputs from the NEPHA are disseminated widely, to promote learning and sharing. We will collaborate to share and learn about key issues to build our knowledge, share insights and use our collective capacity to improve population health outcomes.

PHS will support the NEPHA by working with the health and care system in the North East of Scotland, the north east local authorities and other partners to collectively provide expertise, data, and evidence, as well as facilitating access to relevant networks and partners.

## Partnership governance

The NEPHA is not intended to be a governance group in itself, but a forum for ensuring that a learning system is developed and implemented. The governance mechanisms already embedded within and across the system will continue to operate as they do.

The NEPHA will be open to members from different sectors, communities, and determinants of health, with the aim of promoting diversity and inclusivity.

The NEPHA will lead the development of the learning system, and will be responsible for ensuring that the NEPHA meets its objectives.

The partnership between the NEPHA and PHS will be underpinned by a set of shared principles:

<p><b>I will... use my position</b></p> <ul style="list-style-type: none"> <li>✦ Use my position, power and influence for North East wide objectives</li> <li>✦ Use my networks for wider gains, constantly looking for opportunities to improve</li> <li>✦ Proactively involve the community in finding solutions</li> </ul>	<p><b>I will... work with the North East family</b></p> <ul style="list-style-type: none"> <li>✦ To promote a system mindset and to relentlessly focus on health inequalities at all levels</li> <li>✦ Shift system conversations to focus on maximising wellbeing</li> <li>✦ To better use and share data and allocate resources to support our ambitions</li> </ul>
<p><b>I will... help my organisation to</b></p> <ul style="list-style-type: none"> <li>✦ Define success as outcomes for collective health goals, not solely organisational success and minimising unintended consequences</li> <li>✦ Being clear on priorities, and using knowledge and data more consistently to support better outcomes, experience and value</li> <li>✦ Work more with communities through equality, diversity and inclusion</li> </ul>	<p><b>I will... help sustain efforts over time</b></p> <ul style="list-style-type: none"> <li>✦ By seeing ourselves as a family focused on being a healthier region, celebrating success and promoting local practice, support scale-up and sharing</li> <li>✦ By helping create a collaborative system that rewards contribution to shared objectives not just organisational ones</li> <li>✦ Helping flow to where it is most needed with communities, speaking up about equality, diversity and inclusion</li> </ul>

The NEPHA and PHS will maintain the confidentiality of any information shared between them in accordance with relevant laws and regulations. The NEPHA and PHS may agree to share information with third parties, but only with the prior consent of the other party.

This agreement does not constitute a legally binding agreement between the NEPHA and PHS, but rather a statement of intent to collaborate.

The NEPHA and PHS will operate for a period of three years, at which point it will be evaluated.

## Monitoring, evaluation and impact measurement

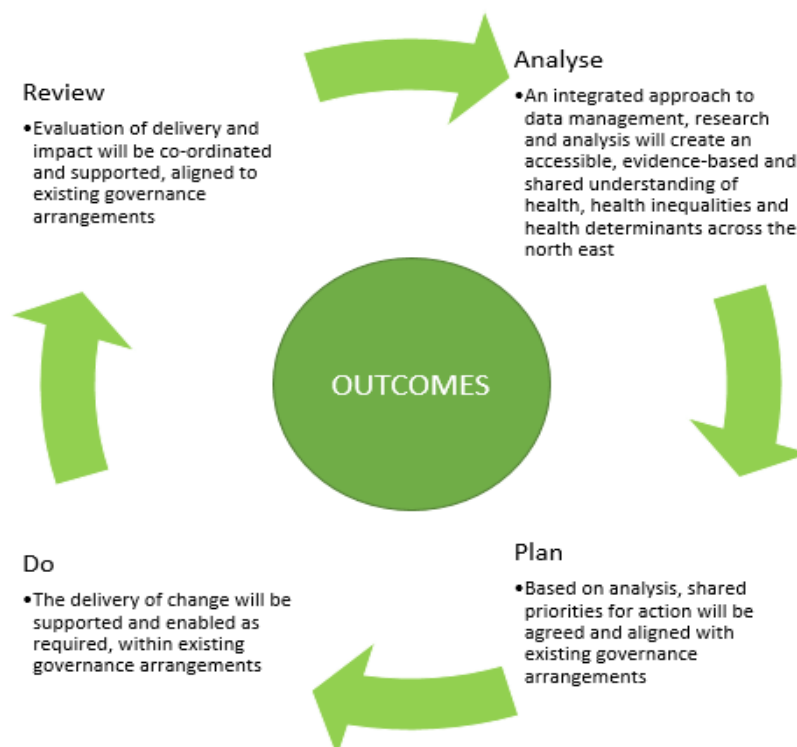
The shared objective of this MoU is to improve population health and reduce health inequalities across the North East of Scotland.

To do so will require the NEPHA and PHS to collectively create the conditions to build relationships, create, acquire and transfer knowledge, and co-design experiments/ explorations/ modifying behaviour/ changing system to reflect new knowledge and insights through shared research and evaluation.

This requires a focus on data capture / understanding the system to generate knowledge, aid decision making and turn knowledge into action to achieve better outcomes. Monitoring and evaluation, therefore, will focus on:

- A. The extent to which the key elements of a learning system have been implemented through the strategic partnership considering the following questions:
- Is this happening in the way we intended?
  - How do respective partners undertaking the work of the learning cycles account for that work?
  - How are we ensuring we are learning together?
  - To what extent is our work together aligned to our shared principles?

At the heart of learning as a management strategy is enacting a process of understanding and experimenting with complex systems to try and get those systems to produce a different pattern of results (or outcomes)<sup>ii</sup>. We will use learning cycles to collectively plan and organise this work, and form collective knowledge through research and evaluation which will feed into these learning cycles.



<sup>ii</sup> <https://www.centreforpublicimpact.org/assets/pdfs/hls-practical-guide.pdf>

- B. The impact of the learning system on health and health inequalities
- How have health outcomes changed across the north east?
  - How have health inequalities changed across the north east?
  - To what extent have the prioritised actions agreed by the NEPHA been delivered and what has been the impact?

## Resources

Proposed areas of joint work are described in appendix 1.

Fulfilment of the strategic partnership agreement will be dependent on the commitment of dedicated resource from both the NEPHA and PHS. This involves:

1. General principle of sharing knowledge, skills and expertise in order to enable the collective contribution against the agreed joint areas of work
2. Dedicated time from the NEPHA and PHS membership and identified staff to contribute and engage in regular Alliance meetings.
3. Establishment of a core team to develop the partnership and enable the achievement of the collective contribution against the identified joint areas of working
4. Further internal exploration of data held across the NEPHA partners and PHS is required in order to determine what and how data can be shared and utilised.
5. Capacity from NEPHA partners and PHS including data, evidence, research, evaluation, communications and marketing functions to be identified as part of a more detailed planning of joint actions. (This may include secondment opportunities across partner organisations to support skills development, knowledge sharing and transfer, and deployment of specialist skills for the purposes of achieving shared objectives.)



## Appendix 1

### Proposed areas of joint work

This agreement will facilitate the establishment of a forum for the NEPHA and PHS to collaborate and share knowledge to improve population health and reduce health inequalities across the North East of Scotland. Following assessment of need and understanding of activity across the system the NEPHA and PHS will agree shared priorities. The following high-level themes will be explored in year one with a view to developing more detailed objectives:

1. Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and implements what works at scale and pace.
2. Form collective knowledge, data, and evidence to shape more powerful collective conversations and action to achieve the vision of thriving communities living fulfilled lives.
3. Developing common data governance and system models to enable findable, accessible, interoperability and reusable data to support research, policy development and operational delivery such as the Persons at Risk Database (PARD) and local use of common identifiers, including CHI.
4. Collaboration on the commissioning and conduct of research on the wider determinants of health across the north east and the application of knowledge to practice locally and nationally.
5. Development of a baseline of prevention activity within the region with a view to establishing some targets for growth in activity.
6. Child poverty, the Drugs Mission and the eradication of homelessness will appear in detailed workplan because the commitment is established at a national and local level, and therefore we can maximise the tripartite collaboration on the achievement of these commitments.

## Strategic partnership agreement August 2023

We agree and accept this strategic partnership agreement between:

Public Health Scotland, **<add address>**

and: The North East Population Health Alliance (comprising NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland)

### Public Health Scotland

Name:	
Position:	
Signature:	
Date:	

### **<insert NEPHA partner organisation name>**

Name:	
Position:	
Signature:	
Date:	



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	22 August 2023
<b>Report Title</b>	ACHSCP Annual Performance Report 2022-2023
<b>Report Number</b>	HSCP23.052
<b>Lead Officer</b>	Alison MacLeod, Lead for Strategy and Transformation
<b>Report Author Details</b>	Name: Michelle Grant Job Title: Transformation Programme Manager Email Address: migrant@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	a. ACHSCP Annual Performance Report 2022-2023 V1.0
<b>Terms of Reference</b>	7. The approval or amendment of the Strategic Plan and ongoing monitoring of its delivery through the Annual Performance Report

### 1. Purpose of the Report

- 1.1. The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish the Annual Performance Report (APR) for 2022-2023 (attached as Appendix A) and also to instruct the Chief Officer to present this to both Aberdeen City Council and NHS Grampian for their information.

### 2. Recommendations

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

- a) Notes the performance that has been achieved in 2022-23, the first year of the Strategic Plan 2022-25.



## INTEGRATION JOINT BOARD

- b) Approves the publication of the Annual Performance Report 2022-23 (as attached at Appendix A) on the Aberdeen City Health and Social Care Partnership's (ACHSCP) website.
- c) Instructs the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian Board.

### 3. Strategic Plan Context

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

### 4. Summary of Key Information

- 4.1. The Annual Performance Report demonstrates the ACHSCP performance against the ACHSCP Strategic Plan 2022-2025 and is presented alongside the national health and wellbeing indicators. The recommendation will allow for the Partnership's statutory duty to publish an Annual Performance Report to be undertaken.
- 4.2. Neither the legislation nor accompanying guidance prescribes a specific template to be used for the Annual Performance Report. Each partnership can design its own format to best explain and illustrate its performance. The design of this year's report is based mainly on the very visual and easy read format which was well received previously, and the Graphics team have ensured this this keeps in with the look and feel of the Strategic Plan. The full Annual Performance Report will be supplemented with an Executive Summary Report and an Easy Read version and a communication plan will be developed for the 'launch' of the report promoting it's availability and encouraging people to access it.
- 4.3. The Annual Performance Report provides assurance over performance against the Strategic Plan and as such the report is structured by Strategic Aim. To assist with making the link between the activity reported and the Strategic plan, Appendix 3 of the APR aligns entries to the relevant projects within the Delivery Plan. Due to space limitations it is not possible to showcase the work undertaken against every Delivery Plan project.
- 4.4. The IJB are asked to note in particular the publishing of the ACHSCP Carers Strategy, the Workforce Plan and the retendering of the Links Practitioners



## INTEGRATION JOINT BOARD

contract. These areas will have significant impact upon our workforce, our unpaid carers and those who utilise the Links Practitioners service now and in the future.

- 4.5.** As in previous years, and in agreement with colleagues nationally, we have produced two appendices (within the Annual Performance Report) which indicate our performance against the national and Ministerial Steering Group (MSG) indicators. These enable nationwide benchmarking. It should be noted that the National Integration Indicators found in Appendix 2 are to be updated once the full dataset for the 2022/23 financial year becomes available, this is expected to be available mid-September 2023. It is proposed that, if approved, the APR is published on the website without Appendix 2 and then republished when Appendix 2 becomes available.
- 4.6.** As part of the promotion of our performance, it is proposed the APR is submitted to both NHS Grampian (NHSG) Board and Aberdeen City Council (ACC). At the moment it is suggested this will be done for the October meetings (NHSG on 5<sup>th</sup> and ACC on 11<sup>th</sup>) however ideally we would want to submit with Appendix 2 so these timings may change depending on its availability.

### **5. Implications for IJB**

There are no direct legal implications arising from the recommendations set out in the report.

#### **5.1. Equalities, Fairer Scotland and Health Inequality**

The APR demonstrates performance in general across services delivered to the whole population dependent on need, including those with protected characteristics such as age and disability and people experiencing inequality. It helps us identify areas for improvement. As the APR is detailing performance over the year, and not requiring a decision on policy or strategy, or proposing any changes to service provision, there is no requirement for an IIA to be undertaken

#### **5.2. Financial**

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



## INTEGRATION JOINT BOARD

### 5.3. Workforce

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

### 5.4. Legal

Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, we have a statutory obligation to publish an Annual Performance Report. As in other years, due to governance arrangements, we are unable to publish a final report within the stipulated timescale (4 months after the end of the financial year (i.e. 31st July 2023)). This is due to the necessary inclusion of budgetary information and the need to report on national health and wellbeing outcomes which are unavailable in time for the June IJB reporting cycle. This is similar to many Partnerships and there is an acceptance at Scottish Government level that this is the case. If the Annual Performance Report was not to be approved and published, we would be in breach of our legal obligation which would damage the reputation of the IJB and give rise to uncertainty around its performance.

### 5.5. Unpaid Carers

There are no direct implications for unpaid carers in relation to the APR. The report discusses ongoing work with unpaid carers, and gives an overview of the Carers Strategy.

### 5.6. Information Governance

There are no direct information governance implications arising from the recommendations.

### 5.7. Environmental Impacts

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

### 5.8. Sustainability

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



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### 5.9. Other

None

### 6. Management of Risk

#### 6.1. Identified risks(s)

Risk	Risk Dimension	Likelihood	Impact	Controls	Evaluation
There is a risk that we breach our legal obligation under the Public Bodies (Joint Working) (Scotland) Act 2014 (as described at 5.4 above) and also that we are not transparent and open about our performance.	Regulatory compliance risk  Reputational risk	Low	High	Full version of report to be made available to publish once IJB approval in place. Executive Summary and Easy Read versions will become available and published soon thereafter.	If approved this risk can be closed.  If the Annual Performance Report is not approved There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

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

This report links to Strategic Risk 5

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



## INTEGRATION JOINT BOARD

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

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

This report gives the IJB assurance on the areas where we are performing well and highlights areas where performance could be improved allowing remedial activity to be directed where required.





Aberdeen City  
Health & Social Care  
Partnership

*A caring partnership*

Annual Performance Report  
**2022 – 2023**



# Foreword

**It has been another busy and challenging year for the Aberdeen City Health and Social Care Partnership. The Annual Performance Report helps to reflect some of the work we have been progressing to meet the commitments in our Strategic Plan.**

The partnership aims to provide access to community-based health and social care services whilst also shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable citizens. It has been great to see the gradual increase in face-to-face interactions with our communities now that we have reached the point of living with Covid. Our Public Health and Wellbeing teams, in particular, have enjoyed being out and about in communities again, helping the population to maintain and improve their health.

This year has seen the introduction of Community Treatment and Care (CTAC) Hubs which are part of our aim to respond to patient need and deliver more services as locally as possible. The Hubs offer the choice of an alternative to your medical practice for undergoing tests or treatment and have been well received by those who live or work at a distance from their GP.

During the year we launched three key strategies, the implementation of which will ensure our continued focus on improving outcomes for those in Aberdeen who need our services, and those who look after them. Our Strategic Plan for 2022-2025, and the associated Delivery Plan, outlines our Strategic Aims of Caring Together, Keeping People Safe at Home, Achieving Fulfilling, Healthy Lives and Preventing Ill Health. It details the priorities we will focus on for the next three years.

**Sandra MacLeod,  
Chief Officer Aberdeen City Health and Social Care Partnership**

Aberdeen City Carers Strategy was developed in partnership with carers and aims to help unpaid carers identify as such and to ensure that the right advice and support is available to them when they need it. Further information about the Carers Strategy can be found on [page 14](#). Our Workforce Plan seeks to build our workforce for the future to ensure that our communities continue to be well cared for.

A new digital platform for Adult Social Work case management was implemented this year which allows the appropriate recording and sharing of information ensuring the team has immediate access to accurate and up to date information, allowing them to make the right decisions for the people they support more efficiently.

The challenges of Accident and Emergency attendances and hospital bed occupancy have been well documented in the media. I'm pleased to be able to report that in conjunction with commissioned services we have been able to increase capacity in community-based services enabling people to get the right care in the right place at the right time. Our delayed discharges and unmet needs list have both reduced significantly.

Finally, all of this would not be possible without the continued hard work of our wider workforce not only our in-house staff but also those working on our behalf in commissioned services. I am truly humbled by the dedication that our teams continue to show to the people in our communities. While the next financial year continues to look challenging, I know with certainty that the caring, hardworking teams which surround me will continue to deliver the best possible service to the people of Aberdeen City.

# Contents

1. **Introduction**
2. **Strategic Plan 2022-25**
3. **Priorities for 2022-23**
4. **Strategic Plan Progress**
  - a. Caring Together
  - b. Keeping People Safe at Home
  - c. Preventing Ill- Health
  - d. Achieving Fulfilling, Healthy Lives
  - e. Strategic Enablers
5. **Governance**
6. **Strategic plan 2022 – 2025 and Priorities for 2023/24**
7. **Appendix 1: Ministerial Group Indicators**
8. **Appendix 2: National Integration Indicators**
9. **Appendix 3: Year 1 Delivery Plan**



## Introduction

The Aberdeen City Health and Social Care Partnership (ACHSCP) Annual Performance Report gives an overview of performance against our Strategic Plan across the 2022-23 financial year. The Strategic Aims within the ACHSCP Strategic Plan 2022-25 and the key, national health and wellbeing and integration measures are used to demonstrate performance over the year.

The report is broken down into seven distinct areas. The first introduces our strategic plan and the intended priorities for the 2022/23 financial year followed by five sections detailing performance in each of the four strategic aims and the enablers. The final section looks to give an overview of performance against key elements of our governance arrangements.

Finally, in Appendix 1 we detail our performance on the national measures showing performance over time and in relation to the Scottish average. Collectively these sections are intended to demonstrate the achievements of Best Value.

The projects showcased throughout the report and the performance detailed in the Appendices demonstrate improvements we have made in the performance and quality of our service delivery. The Sustainable Finance section on [pages 46 and 47](#) confirms that we have achieved this within budget.





## Aberdeen City Health & Social Care Partnership's Strategic Plan Aims

In 2022, the Aberdeen City Health and Social Care Strategic Plan for 2022-2025 was approved by the Integration Joint Board (IJB).

Having learned from our previous strategic plan and also from the experiences of the partnership's response to Covid 19, the Strategic Plan looks to continue to focus on progressing the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable residents.

As a means to achieve this, strategic priorities were identified under four strategic aims along with priorities under five enablers. A Delivery Plan which supports the aims of the Strategic Plan was developed. This outlines the means to how these aims are to be achieved and Appendix 3 demonstrates how our performance this year links to the Delivery Plan objectives. The 'strategic plan on a page' can be found overleaf. The full Strategic Plan can be found [here](#).

The following sections of this report demonstrate the progress being made towards these aims and the associated delivery plan.

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

## Priorities for 2022 - 2023

The ACHSP Annual Performance Report 2021-22 represented the final year of the 2019-2022 Strategic Plan. As part of this report, the Partnership outlined the following priorities for the 2022-23 financial year. Achieving these would help to meet our Strategic Aims as outlined on Page 6. Updates on the progress being made in each of these areas have been included in the report. These can be found either by navigating to the page number given or clicking the link to take you to that area of the report.



**Refresh of the Unpaid Carers Strategy**  
(Page 6)



**Continued Implementation of the Primary Care Improvement Plan**  
(Page 17-20)



**Increase the number of beds available within the Hospital at Home Service**  
(Page 22-23)



**Progress the Mental Health and Learning Disabilities Transformation Programme**  
(Page 37)



**Workforce Plan 2022-2025**  
(Page 44)



## Caring Together

The strategic theme of Caring Together means that together with our communities, the Partnership wants to 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. We intend to achieve this by:

- **Undertaking whole pathway reviews ensuring that services are more accessible and coordinated**
- **Empowering our communities to be involved in planning and leading services locally**
- **Creating Capacity for General Practice improving patient experience and**
- **Delivering better support to unpaid carers**





## Adult Support and Protection Inspection Outcomes

The Partnership and other partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk. There is a statutory role to make enquiries when there is an awareness of potential harm to vulnerable adults, in order to support and protect them, under the Adult Support and Protection (Scotland) Act 2007.

A multi agency Joint Inspection of Adult Support and Protection (ASP) in Aberdeen was undertaken in Spring 2022, with the resulting report being published by the Care Inspectorate on 21st June 2022.

The inspection focused on our key processes and leadership and the outcome was very positive, with the main findings being as follows:

- **Our Key Processes are effective, areas for improvement which are outweighed by clear strengths supporting positive experiences and outcomes for individuals;**
- **Our Strategic Leadership is very effective, demonstrating major strengths in supporting positive experiences and outcomes for individuals.**

One of the key strengths identified during the inspection was in relation to our Adult Protection Social Work Team undertaking collaborative and effective screening of referrals. This team has continued to develop during the course of this year, and it is evident that they are making a difference, as fewer referrals are progressing through the ASP process due to the early intervention and prevention work being undertaken by the team at the screening stage.

## Getting it Right for Everyone (GIRFE)

ACHSCP are currently working in collaboration with the Scottish Government and various other Health and Social Care Partnership's across Scotland to develop a national approach to 'Getting it right for everyone' (GIRFE). This approach aims to extend a model developed for children and young people 'Getting it right for every child' (GIRFEC). GIRFE is a proposed multi-agency approach of support and services from young adulthood to end of life care.

Our pathfinders are focused on:

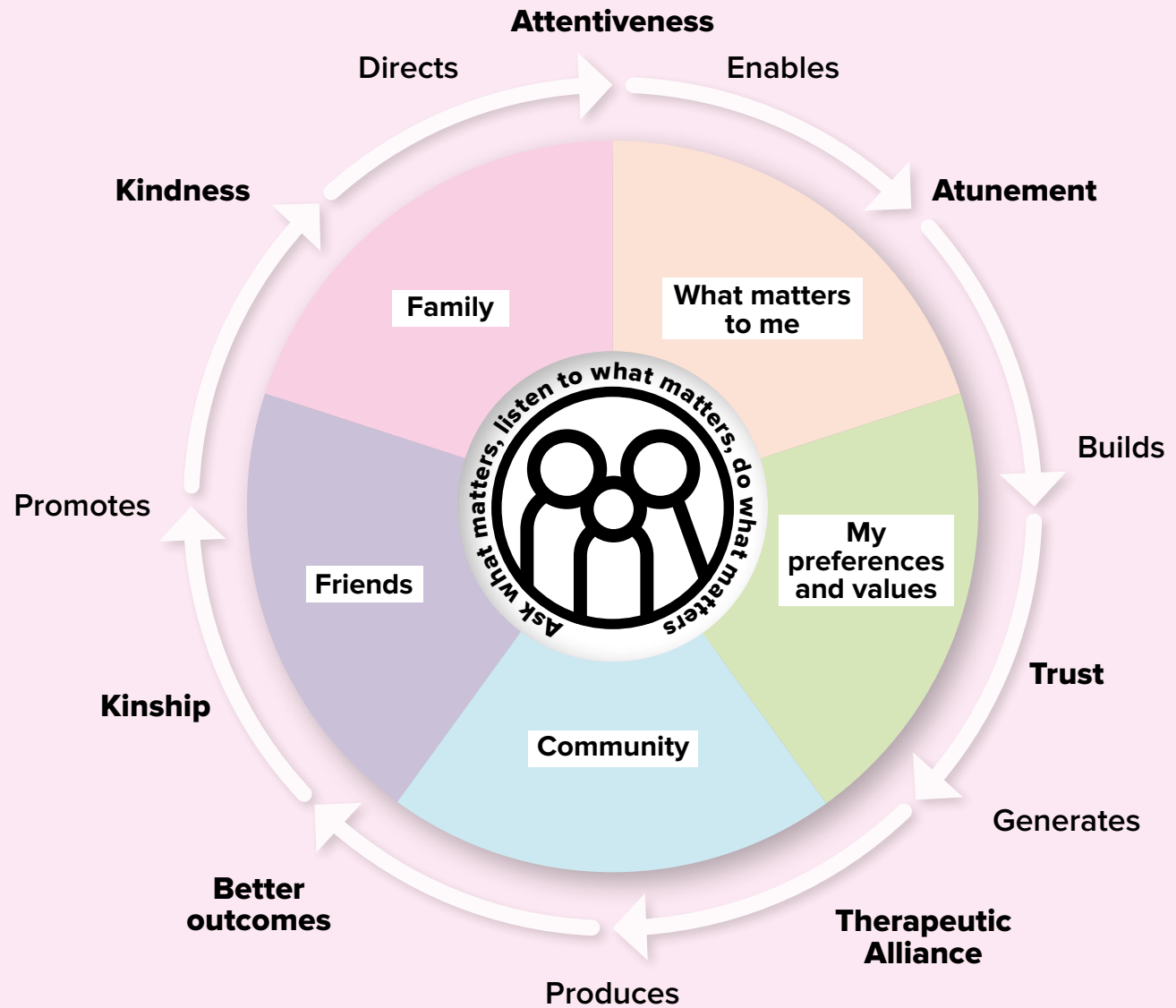
1. **Transition pathways for young people living with learning disabilities who are approaching school leaving age.**
2. **Developing preventative and proactive approaches to supporting older people with frailty.**

Key milestones so far include involvement in the national 'design school' days which are using the Scottish Approach to Service Design to develop the national GIRFE policy. Locally this involves engagement with our workforce, young people, families, older adults and unpaid Carers to understand their experiences of our current support pathways. This work has involved 'journey mapping' to look at the individual experiences of a range of people who have required support in both pathfinder areas and beginning to evaluate where there are opportunities to do things differently in line with the GIRFE approach. Whilst the GIRFE approach is in line with existing ACHSCP strategic projects related to Learning Disability transitions pathways and those for frail older people, the commitment to the programme has extended beyond what was initially anticipated and involvement is likely to extend into 2024. Learning from the ACHSCP involvement will mature into the development of local and national ideas which will inform the national approach.



### GIRFE is person centred

The Whole process reinforces conditions for kinship/kindness.



Adapted from *Intelligent Kindness: Reforming the culture of Healthcare* (Ballat & Camping 2011)

Changing the centre of gravity to what matters to the person.

### WHEEL of Services

Placing the person at the centre of all decision making that affects them – circle of support gets bigger when more support is required.

#### Principal Care Team

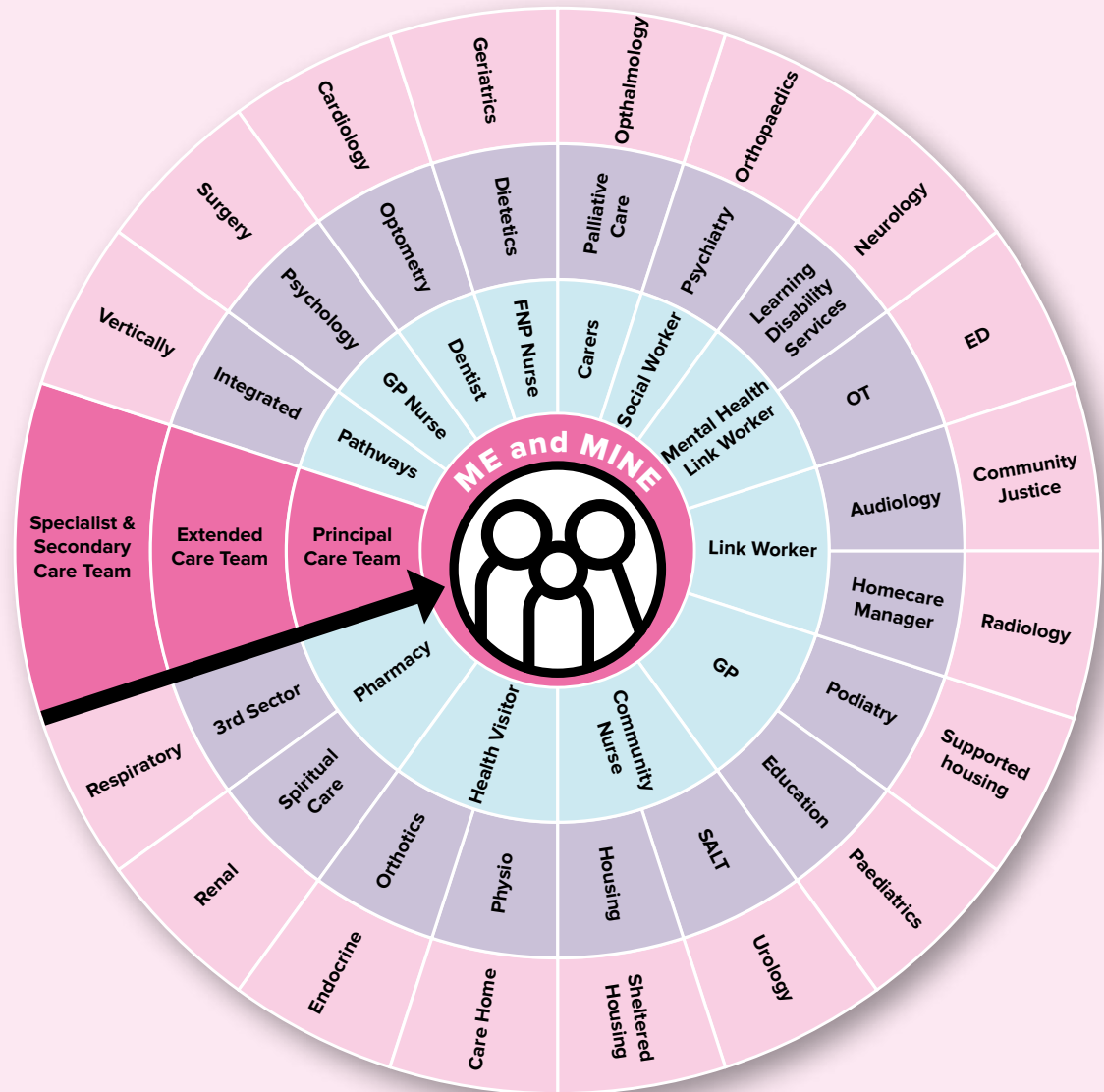
Services that have an ongoing or enduring relationship with clients and who should meet regularly as an Multi Disciplinary Team – likely to be involved with *all* patients.

#### Enhanced Multi-disciplinary team (MDT)

Community based services delivered as required by core team or client – likely to be involved with *some* but not all patients.

#### Specialist Services

Specialist or emergency care either in secondary care or the community. These may link in to Core MDTs on request for specific issues – likely to be involved for *episodes* of care.



Note: this is an example of services around an individual and not intended to be an exhaustive list - each circle will be different for each individual



## Carers Strategy

The new ACHSCP Carers Strategy for 2023 – 2026 was approved by the IJB on 31 January 2023. The development of the strategy has been progressed by the Carers Strategy Implementation Group (CSIG) who meet regularly to review actions and work together in the development of carers support in Aberdeen City. An action plan has also been developed alongside the strategy and CSIG will continue to meet to implement and monitor the actions over the coming years.

The ACHSCP Carers Strategy 2023 - 2026 was informed by the National Carers Inquiry where we worked alongside the Care Inspectorate, the National Carers Strategy, and most importantly extensive consultation with Carers themselves and organisations who support carers and unpaid carers. This was a phased approach with engagement taking place between July 2022 and October 2022 with activities including:

- **Public Consultation Survey on Citizen Space**
- **Open Consultation Events (In person and online)**
- **Targeted promotion of the consultation to relevant identified groups**
- **An open offer of targeted Consultation Events with interested groups**
- **Opportunistic promotion and discussion in public spaces, e.g. We Too relaxed session, Library event**
- **Open routes to direct feedback via phone and email**
- **Attendance at partner board meetings, including the Aberdeen City Council (ACC) Children's Services Board, ACC Strategy Board, ACHSCP Operational Leadership team meeting and IJB Development Workshop.**

The ACHSCP Carers Strategy 2023 - 2026 outlines 4 Strategic Priorities:

- **Identifying as a carer and the first steps to support**
- **Accessing advice and support**
- **Supporting future planning, decision making and wider carer involvement**
- **Community support and services for carers**

Launch materials for the strategy have now been created and published on the carers section of the ACHSCP website which can be found here - [Aberdeen City HSCP](#). These materials are being shared partnership wide and are supported by a 3 minute summary animation which can be found here - <https://www.youtube.com/watch?v=hPpYiVNeav8>

Working alongside our partners, great strides have already been made and there are currently 124 Young Carers being supported by Barnardo's and Quarriers report have had a 71.3% increase in the number of adult carers accessing support (594 in 20221/22 compared to 1018 in 2022/23).

During Carers week, our Consultation and Engagement Officer took various opportunities for engagement within clinics and vaccination centres to raise awareness of our strategy and the support available for Carers across the City. On top of the various social media, emails, and text messages to Carers both Barnardo's and Quarriers had various events set during that week.

Quarriers organised a Carers talk on 'Aberdeen Days Gone By' which was well received where Councillor Barney Crockett was the speaker and an information session on telecare also took place. Barnardo's had Young Carer leads hosting in-school carer week events and 'Think Young Carer' toolkit training was delivered to NESCol staff team and students. Barnardo's also hosted a circus themed event for families and Carers at Aberdeen Football Club which included crafts, balloon modelling, face painting and much more. The Carers Strategy Implementation Group are currently progressing the first year of the Carers Strategy Action Plan after it was approved by the IJB earlier in the year.

## Woodlands Care Home

To ease pressures in the acute sector which has seen patients being treated in ambulances which have been stacking at the entrance to the Emergency Department for long periods while waiting for beds, it was recognised that additional step-down beds were urgently required to add extra capacity into the system and ensure continued maximisation of patient flow.

Woodlands Care Home is a newly built care home in the west end of Aberdeen city with potential to provide 24 hour residential or nursing care across the three floors of the home.

ACHSCP initially commissioned twelve beds which opened Oct 2022 to support emergency discharges from NHS Grampian' sites. The bed capacity was then stepped up to 43 beds before being scaled back down to its current position of 24 beds, as of 15th May 2023. These beds have been an essential element to supporting the flow of early discharges into the community, freeing up acute beds when they are in such short demand.

To ensure a seamless admission and discharge process, the hospital social work discharge team has established regular contact with the care home. Weekly meetings with the Care Home Support team, Commissioning and Contracts team and GP practice also take place. Admissions have been steady to ensure maximum use of the beds based on staffing available. Challenges have been around moving on and transfers to other social care services due to the high demand for community care and care home placements in the city. The closure of another care home in Aberdeen has significantly impacted on bed capacity and availability.

## Health issues in the Community (HIIC)

HIIC is a course that enables participants to develop their understanding of the range of factors that affect their health and the health of their communities and to explore how these factors can be addressed using community development approaches.

The core underpinning theme of HIIC is community development. Although this term can be used to describe many different types of activity, the perspective taken here places value on supporting individuals to work collectively; on extending participatory democracy; and on social justice and equity.

The course draws on a social model of health which views health and illness as having as much to do with economic and social factors as with individual behaviour. It seeks to promote the value of equity in terms of equal access to health, and to counter all forms of discrimination.

The course supports people to participate in decision-making processes and to take a more active role in the planning and delivery of services.

With community empowerment high on the agenda and as part of a drive to use HIIC within our communities, Health Improvement officers, Adult Learning and Community Development staff and staff from Grampian Regional Equality Council (GREC), Aberdeen Foyer and Barnardo's young carers service started their Health Issues in the Community (HIIC) tutor training journey in Spring 2023. This was funded by the Health Improvement Fund (HIF) which is helping the city build capacity and hopefully expand the tutor cohort as we see the benefits of HIIC roll out across our community.

The aim is that once accredited as tutors the cohort of staff will be able to support each other and join forces with partners to engage and to deliver HIIC with community groups across the city. Locality Empowerment Groups will be one of the first to experience the course once the staff have achieved their accreditation. The next steps will be to look at existing groups and create new groups to start a journey of empowerment and social justice our communities.





### Primary Care Improvement Plan (PCIP)

Since the inception of the 2018 General Medical Services (GMS) contract, we have established six new primary care services under our ‘Primary Care Improvement Plan’ (PCIP) to help support our GP Practices. These continued to be implemented during 2022/23, examples of the progress being made can be found below.

### Pharmacotherapy

The Pharmacotherapy Hub, located within the premises of Old Aberdeen Medical Practice, was set up in June 2022 to offer an element of support to GP practices during periods of pharmacy team staff shortages and to help maintain continuity of service. The Hub staff consists of a skill mix of Advanced Pharmacists, Clinical Pharmacists and Pharmacy Technicians and give a range of cover in terms of experience.

The service has been fully operational since January 2023, offering support across all City practices. The pharmacotherapy support has developed to now include provision of cover for planned absences (annual leave, development & training) as well as unplanned absences (sickness). The Hub covers multiple GP practices on any given day, therefore the cover is provided for a part day, and the workload is prioritised as per the Pharmacotherapy Hub Urgent Requests and Priority List protocol.

### Community Treatment and Care (CTAC)

CTAC services include, but are not limited to, phlebotomy, management of minor injuries and dressings; ear syringing; suture removal; chronic disease monitoring; diabetic foot screening and other locally agreed services. The CTAC service is being delivered through centralised hubs operated by practice-based staff and the service provides 4,000 appointments per week across Aberdeen City. Patients have a choice of hubs at the following locations:

<b>Bridge of Don Clinic and Inverurie Road</b>	<b>College Street</b>	<b>Healthy Hoose</b>	<b>Carden House</b>
Opened June 2022	Opened September 2022	Opened October 2022	Opened November 2022

### MSK - First Contact Physiotherapy

The Musculoskeletal First Contact Physiotherapy service provides experienced physiotherapists who have the advanced skills necessary to assess, diagnose and recommend appropriate treatment or referral for MSK problems on a patient’s first contact with the healthcare service. The team are undertaking training to allow the physiotherapists to attain their advanced clinical qualification.

The service has made significant progress in the recruitment of staff and the number of First Contact Practitioners – Physiotherapists, increased by 30% during 2022/23. This has resulted in more clinical input to GP practices and the service provides 420 appointments per week across Aberdeen City.

## Link Practitioners

This service completed a commissioning process and a contract was awarded to an external care provider. The contract is in place for 4 years with an option to extend for up to 3 years giving continuity of care to service users. Link Practitioners can offer Social Prescribing to service users and this can relieve pressure on GP's and is a better fit for non- clinical issues. GPs and Primary Care staff can refer patients when they assess a social issue is having a bearing on a patient's medical condition.

The most common referrals are for the following categories: **Money and Finance; Benefits; Housing and Homelessness; Mental Health; and Managing Conditions** In 2022/23, the link workers service engaged in more than 14,500 patient contacts.

## Urgent Care / City Visits

Through PCIP, Aberdeen provides a 'City Visits' service for general practice. All GP practices now have access to the service, which provides clinical assessment, diagnosis, and initial management in patients' own homes by a team of qualified and trainee Advanced Clinical Practitioners.

Healthcare Support Workers provide support to GPs and the City Visits Practitioners with phlebotomy, clinical observations, ECG monitoring and bladder scanning that will contribute to diagnosis for on-the-day urgent consultations. Over 2,400 visits were carried out in 2022/23. As part of a service review, a questionnaire was completed by 85% of the GP practices in Aberdeen City and positive feedback in terms of quality of care provided by the team was highlighted in the responses.

## The Listening Service

The Listening Service in Aberdeen City offers vital first-level support for individuals experiencing low-level mental health challenges, addressing issues such as bereavement, redundancy, and life changes that can impact overall well-being. With a total of 56 weekly listening sessions distributed among 15 GP practices across Aberdeen City, as well as the Health Village and GetActive@Northfield site, the service has expanded beyond its initial roots in the Spiritual Care Department. It now comprises both chaplain volunteers and non-chaplain staff, serving individuals of all faiths and none, with a non-religious focus. The service caters to Aberdeen City residents, as well as those unregistered with a GP practice or whose practice does not have a Listener, ensuring inclusivity for individuals aged 18 and above.

Accessible through the Health Village or GetActive@Northfield sites, individuals can seek support from the Listening Service without being tied to a specific GP practice. While face-to-face sessions within local GP practices remain the primary focus, telephone sessions are available for those unable to access physical locations. Over the past year, the service has expanded its reach by securing accommodation in four additional GP practices, enabling patients from these communities to conveniently access the support they need. The service operates on a direct appointment basis, without a referral process, and boasts minimal to no waiting lists in most practices. Each appointment can last up to 50 minutes, and individuals are welcome to attend once or return for subsequent sessions as required, recognizing that life's challenges are often ongoing, and timely access to support can prove immensely beneficial. Over 500 appointments were delivered this year and training is ongoing with the capacity of the service set to increase in 2023-24.

The link to listening service can be found here: [Listening service](#)

### Listening Service-users Feedback:

The listening service offered me something to try when there was a long waiting list for other forms of help; they have been a great step on the way to I hope what will be a gradual recovery to a normal life once more.

Keep up the good work and keep publicising the service – I found it on Twitter at just the right time, which was helped by how easy to access it was. Thank you.

Very professional service received, thank you for being friendly, patient and kind. Wouldn't hesitate in making another appointment in the future if I felt things were getting on top of me. Will definitely be recommending this service for many issues, any gender and age group.

It would be great if doctors could be persuaded to use this service before offering antidepressants as a standard fix it.

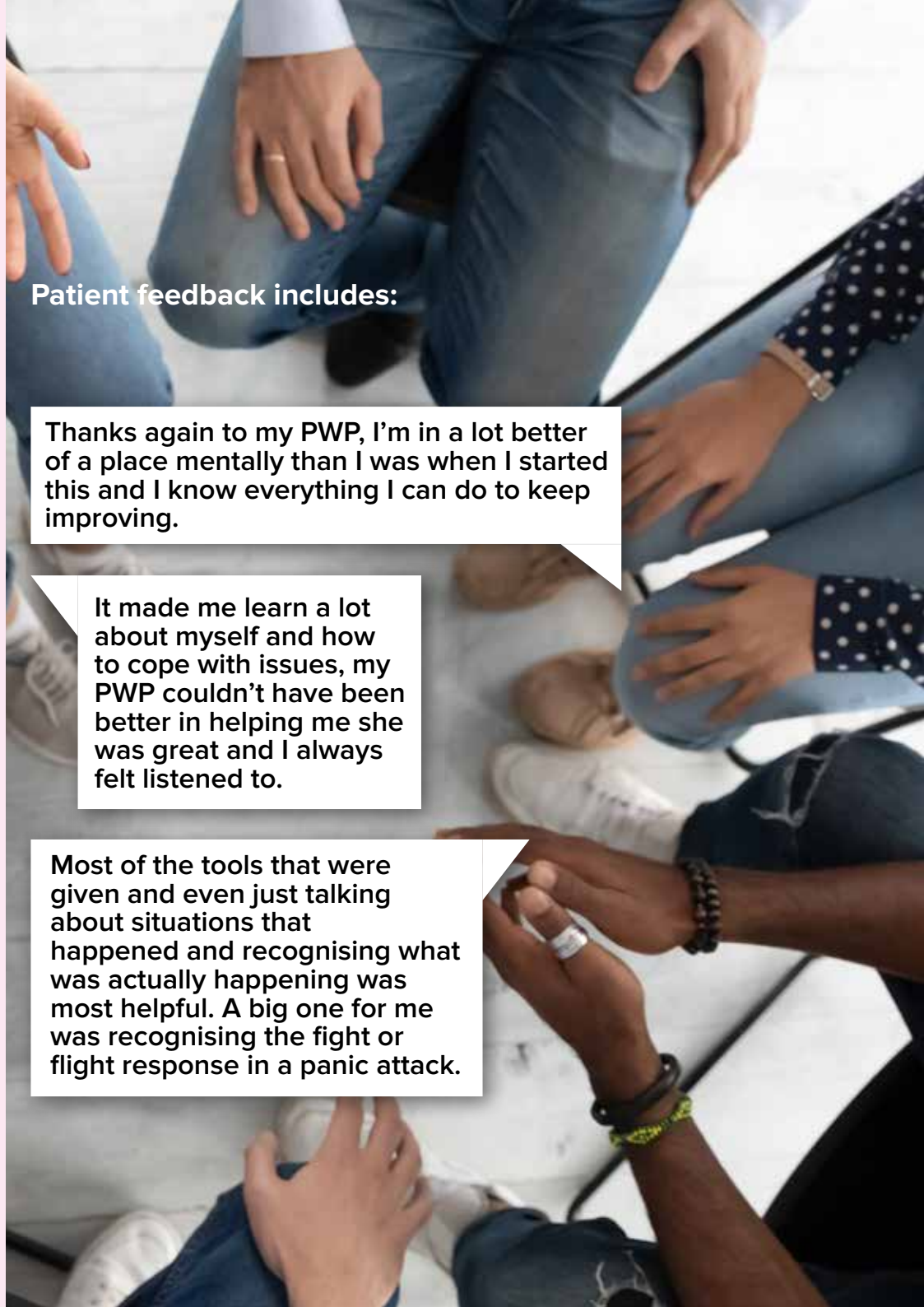
You are never too old to need this help. Life throws things at you that you are not equipped to handle and having this service has turned me around to face a more manageable and, indeed know there is, a better future for me.



## Primary Care Psychological Therapies Service

The **Primary Care Psychological Therapies Service** is a tiered service taking GP referrals for patients from mild (Tier 1) to moderate-severe (Tier 3) mental health problems. The Service received around 2,000 referrals from GPs per year.

TIER 1	TIER 2	TIER 3
<b>5 Psychological Wellbeing Practitioners (PWP)</b>	<b>13.5 Psychological Therapists</b>	<b>3.4 Clinical Counselling Psychologists</b>
Delivering 3-6 sessions of interactions including one to one guided self help and groupwork for mild mental health problems	Delivering 6-12 sessions of Cognitive Behavioural Therapy or Interpersonal Therapy	Delivering up to 20 sessions for more complex patients, using a range of therapeutic approaches



### Patient feedback includes:

Thanks again to my PWP, I'm in a lot better of a place mentally than I was when I started this and I know everything I can do to keep improving.

It made me learn a lot about myself and how to cope with issues, my PWP couldn't have been better in helping me she was great and I always felt listened to.

Most of the tools that were given and even just talking about situations that happened and recognising what was actually happening was most helpful. A big one for me was recognising the fight or flight response in a panic attack.

# Keeping People Safe at Home

It is the strategic responsibility of the IJB to shift the balance of care from hospital to be delivered in primary, community and social care settings so that where possible, a patient is seen closer to home.

We aim to enable people to remain living independently at home by choice thereby improving outcomes. We look to enable this through a variety of methods including:

- **Maximising Independence through Rehabilitation**
- **Reducing the impact of Unscheduled Care on the Hospital**
- **Expanding the choice of housing options for people requiring care.**

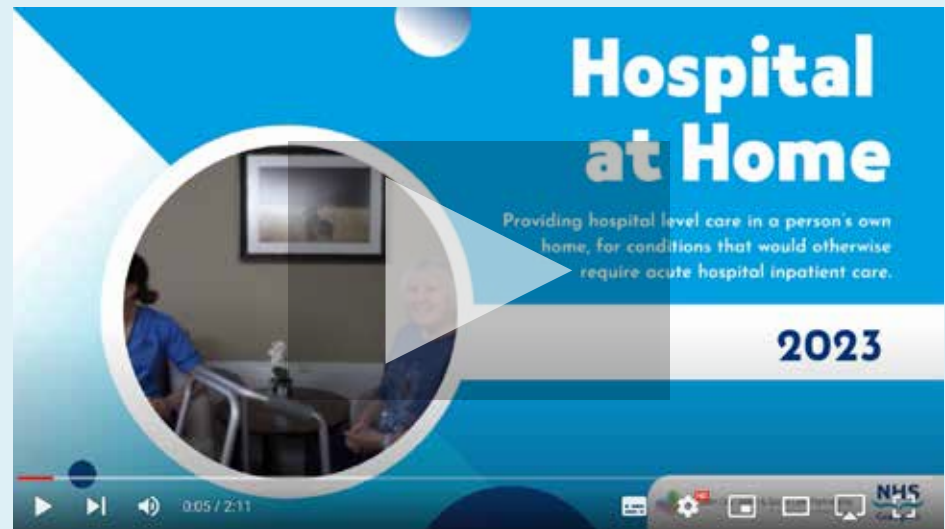
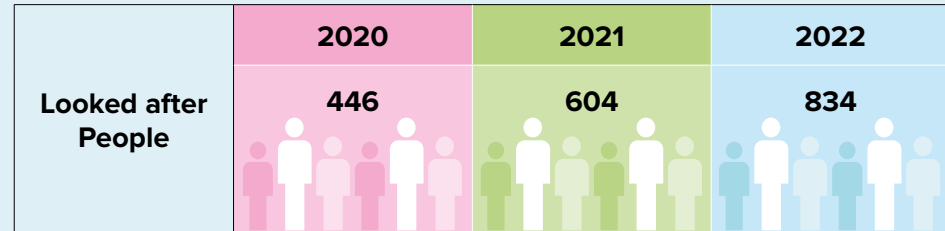




## Hospital at Home

Hospital at Home (H@H) provides hospital level care by healthcare professionals in a person's own home, for conditions that would otherwise require acute hospital inpatient care. H@H offers patients an alternative to hospital admission and can also support an earlier discharge from hospital when a patient is still receiving medical support. The H@H service was established in 2018, and due to its success, the service has continued to expand. Between 2020 and 2022, the number of people receiving care from the service has seen a percentage increase of 87%.

Across a range of measures, the H@H Service has higher patient satisfaction levels compared with being cared for in an acute hospital setting. Since September 2022, the H@H team have increased the number of consultant frailty led beds from 15 to 22, introduced five Advanced Nurse Practitioner frailty led beds and continued to embed and support the five Outpatient Parenteral Antimicrobial Therapy (OPAT) and five End of Life care beds within the service.



**Very good efficient service which frees up hospital beds.**

**High level of competence and communication skill shown by all visiting staff. My wife remained relaxed throughout her treatment.**

**My Grandma was very scared to go into Hospital but needed medical help. Was the perfect option for us.**

**So much more privacy of being at home.**

**Provides reassurance when first home from hospital, or prevents hospital readmission.**

**Safe environment of home and being with family. My husband gets very agitated if he doesn't see me around.**

**Professional but unhurried making it easy to question and discuss concerns.**



## Rubislaw Park End of Life Care

As part of the Partnerships winter planning and its wish to incorporate a whole system approach to the pathway of care, five interim beds within Rubislaw Park Nursing Home were approved for use in December 2021 for End-of-Life Care. Originally approved for a 6-month test of change by the Integrated Joint Board (IJB), and following a period of evaluation, the IJB approved to further extend this contract. The pathway originally accepted referrals from the community and following recommendations from the evaluation, this has continued to expand, with referrals now being accepted across many services within Aberdeen Royal Infirmary, Rosewell House and Roxburghe House.

The overall ambition for the Service is to provide the high quality, person centred care and support in a homely setting for people reaching the end of their lives. The service is also dedicated to supporting their next of kin and carers during a stressful and challenging time. Since the opening of the End of Life beds in December 2021, over 100 patients have been admitted to the pathway to receive end of life care.

Feedback from the patient's next of kin regarding the service received from Rubislaw Park has been positive and there was confidence in the service and patients reported to feeling safe and secure knowing that there was someone there 24 hours a day and importantly, it allowed family and friends to set aside their caring role and resume their role as family or friend.



### Feedback from Next of Kin of patients who received care:

**“For the first two days I found it difficult to let go and my main concern was pain relief. By the third day I could see that they had it in hand.”**

**“My mum passed away in the Nursing Unit at the very end of her palliative care. She was meant to go into a specialist NHS hospice at Roxburghe in Aberdeen but there were no beds available. So we were concerned. How wrong we were. Mum was made to feel as comfortable as possible, she was given as much dignity as possible and the staff were out of this world. Cheery, hard-working, sensitive, nothing was ever a problem, they spoke and joked with mum right to the end. It's also a beautiful place, inside and out and well looked after. We were so glad Rubislaw Park was where mum spent her last 9 days. And I'm sure she would've said the same.”**

**“A huge relief to know that (the patient) was getting round the clock care by health care professionals.”**



## **ACHSCP Community Room Project - GetActive@Northfield with Sport Aberdeen**

The newly refurbished centre at Northfield has provided the opportunity to work in collaboration with Sport Aberdeen and utilise the space to provide Health and Social Care Services. ACHSCP are testing the use of the space until March 2024 focussing on rehabilitation, prevention and health educational initiatives to support local need in the area. Services include Pulmonary Rehabilitation, Speech and Language Therapy, Community Listening, Health Visiting Education Classes and PEEP Healthier Families Pilot. The project looks to continue improvements and expansion of services over 2023/24. There is a huge benefit to co-locating services in Sport Facilities to support continued physical activity. Pulmonary Rehabilitation services have seen benefits being located at the site to support classes as well as space for one-to-one assessments and educational sessions.

### **Peep 'Healthier Families' Pilot**

A Parents as Early Education Partners (Peep) 'Healthier Families' pilot has been created using elements of the Health and Physical Development and Early Strands sections of the Peep parenting programme. This is being tested as a 'child healthy weight, healthy lifestyle' programme over an eleven-week period with a group of eight families with children aged 1-3 years old. The aim is to improve parents' knowledge, skills and confidence in nurturing their children to be happy, to establish and manage healthy routines and to include choices around healthy eating and physical activity.

Tests of Change such as the PEEP project has seen benefits of bringing services to Sport Facilities co-located to support continued Physical Activity. Pulmonary Rehabilitation services have seen benefits being located at the site to support classes as well as space for one to one assessments and educational sessions.



## Pulmonary Rehabilitation

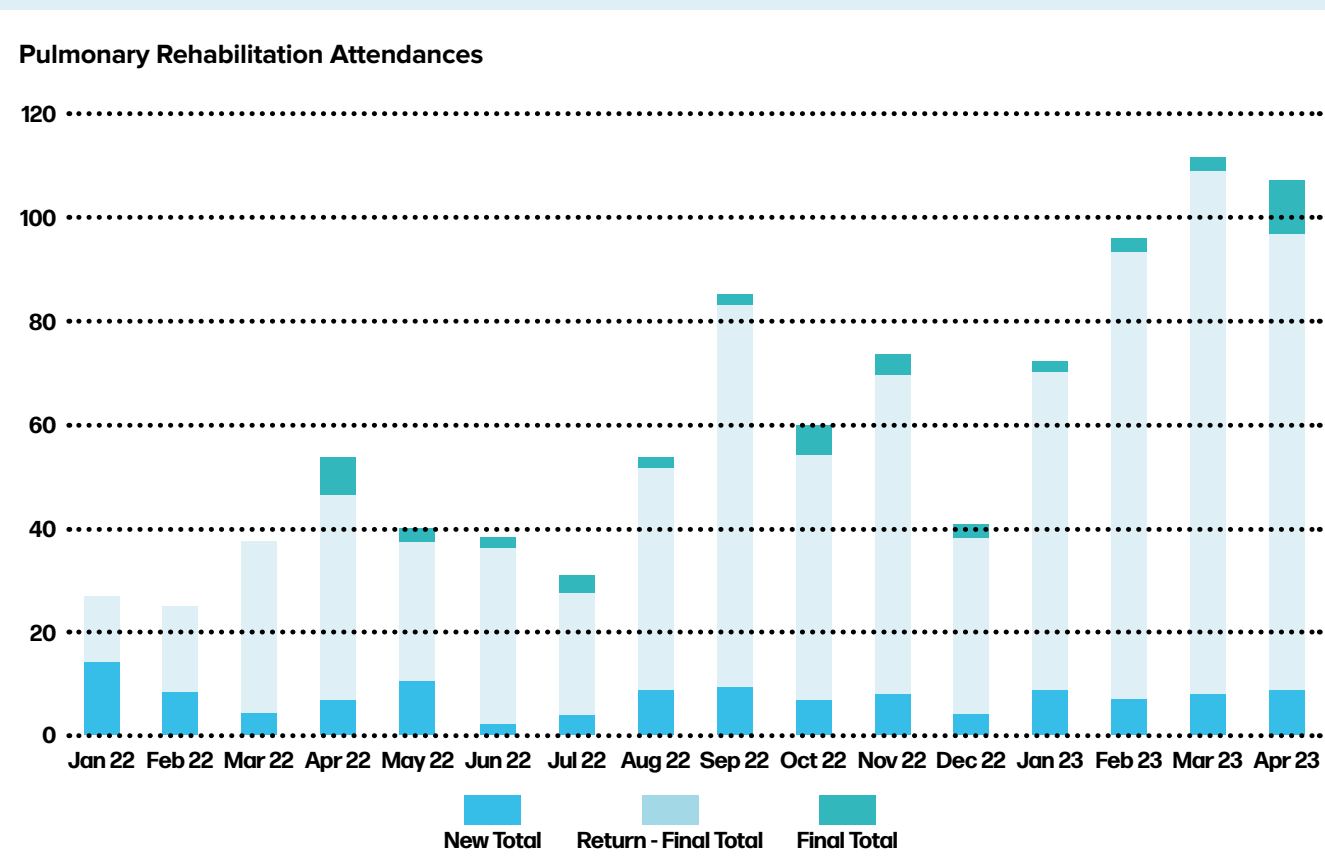
Led by Acute services, a project to increase Pulmonary Rehabilitation uptake has been underway since October 2022. The project Teams Objectives were to support:

- **Increase uptake of Pulmonary Rehabilitation**
- **Return of Face to Face Classes**
- **Streamline information**
- **Pathway review and process map**

Together with the Respiratory colleagues, Pulmonary Rehabilitation Team, RGU Student led classes and Sport Aberdeen and patient representatives - the project team has made an impact on the uptake, with numbers almost doubling since August 2022.

Undertaking a pathway review and process to create a better understanding of signposting patients to the correct place.

For 2023/24 the project looks to continue to test the use of a partnership leaflet which is designed to inform patients of the benefits of Pulmonary Rehabilitation and support self-management with the range of classes and support available to them. All helping to support capacity for teams and partners to deliver services to communities with increasing demand.



# Preventing ill-Health

By preventing Ill-Health, we can 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 as possible.



## Vaccination Service







The Partnership’s Vaccination Team provides all preschool, school and adult vaccinations to the population of Aberdeen City. The team delivered over 275,000 vaccinations during 2022-2023, providing protection against infectious diseases. Vaccinations are administered at vaccination centres, baby and preschool immunisation clinics, schools, sheltered housing, care homes and at home for housebound patients. Vaccinations were also administered in over 20 pop up clinics throughout the city. These took place in church halls, community centres, parks, shopping centres, football stadiums and in our mobile vaccination bus.

The Aberdeen City Vaccination Team created child and family friendly environments within Vaccination Centres and Pre-school clinics to provide support and reduce anxiety when children and families attend for their appointments. This included signing up to the “Breastfeeding Friendly Scheme” and welcoming “Angus” the Therapet to visit in the recovery area of the Aberdeen City Vaccination Centre.

The team set up a healthpoint area within the Aberdeen City Vaccination Centre and worked collaboratively with health and social care partners to promote health and wellbeing to visitors. This included visits from Childsmile, the Foster Care Team and NHS Grampian Abdominal Aortic Aneurysm Screening Programme.

## Aberdeen City Vaccination Team

This infographic provides an overview of immunisations provided by the Aberdeen City Vaccination Team from **1ST APRIL 2022 – 31ST MARCH 2023** to support protecting the population of Aberdeen City against infectious disease

Pre-school Immunisations	School Immunisations (DTP & MenACWY)	Adult Routine (Shingles / Pneumococcal)	Non Routine Referrals (780 Referrals received)	Influenza & COVID	TOTAL
41,808	24,144	14,615	431	194,556	275,554
					

### Service users' feedback:

Just a massive heartfelt thank you for everything that you do.

Very friendly, helpful staff as always.

Very well informed on procedure, professional and pleasant staff.

Was put at ease the minute I walked through the doors. Everyone has been helpful and kind as I'm deaf in both ears.

Explained very well and never even felt needles.

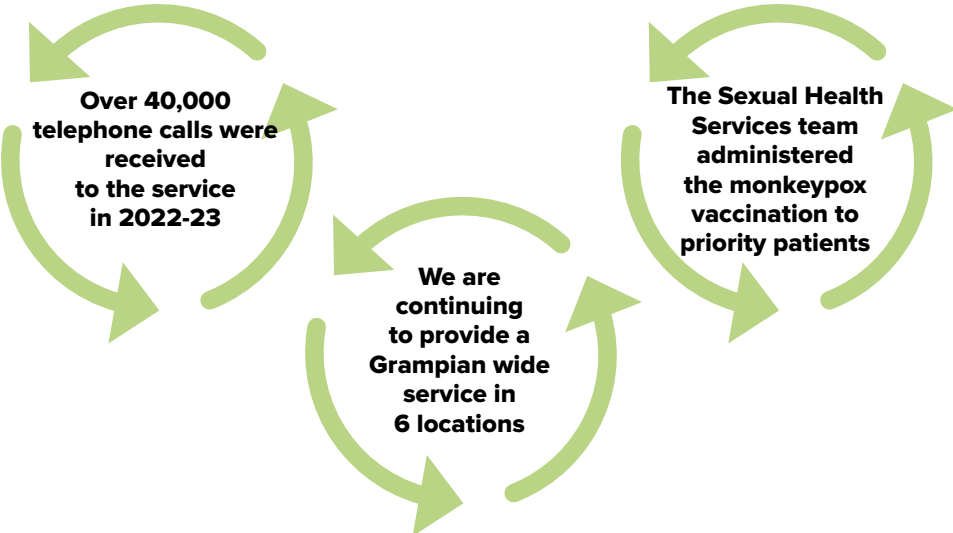
I received excellent service. The reception was helpful and the nurse who did the vaccination was administrable in the professionalism and kindness.



### Sexual Health Services

Sexual Health Services across Grampian are hosted by the Aberdeen City Health and Social Care Partnership on behalf of the Aberdeenshire and Moray Integration Joint Boards. Appointments are held either face to face, on video or telephone and across a 12 month period, over 50,000 appointments were conducted by the service and over 35,000 tests were carried out.

This is an increase of almost 5,000 appointments compared to 2021-22's reported figures. The service also carries out Long-Acting Reversible Contraception (LARC) and are currently looking at new ways to deliver this service due to waiting lists in this area, this includes the ability for some GP Practices to assist with carrying out these procedures. Almost 3,500 LARC procedures were carried out over the past year.






## Stay Well, Stay Connected

Our Stay Well, Stay Connected programme looks to deliver a range of activities and opportunities in the local area to support individuals and their carers so that they can realise their individual and shared outcomes. The ACHSCP works closely with a number of partner organisations in order to achieve this goal. The Stay Well, Stay Connected programme aims to promote independence, resilience and a shared sense of community to its users. The following examples give a taste of what has been happening over the past year.

### Stand Up to Falls - Falls Prevention Awareness




A fall can have a severe impact on an individual's life, their mobility and health needs. Of the 1,056 incidence of falls reported last year, about 21% resulted in harm to the individual involved. In Partnership with Bon Accord Care, Sport Aberdeen and NHS Grampian, we have developed a range of events, activities and resources to raise awareness of what can be done to prevent a fall, and what to do if one occurs.

Activities included visits to supermarkets where the team engaged in meaningful conversations with people about falls, the importance of reporting these to their GP, having a falls plan for their home and keeping their bones and body strong through exercise.

### 6 TOP TIPS STAND UP TO FALLS

- 01 Look After Your Eyes**
  - Make the most of your free eye test
  - Get an eye test every 2 years
  - Clean your glasses regularly
- 02 Look After Your Hearing**
  - If you notice a change, speak to your GP!
- 03 Look After Your Feet**
  - Dont ignore pain, calluses, long toenails or poor circulation
- 04 Wear the Right Shoes**
  - Wear shoes and slippers that fit properly
- 05 Strengthen Your Bones**
  - Eat a balanced diet rich in calcium
  - Carry your shopping bags
  - Go out walking
  - Go outside for some vitamin D
- 06 Keep Safe from Trips and Falls at Home**
  - Avoid poor lighting, loose rugs, cables and clutter
  - Take your time when answering the phone or doorbell
  - Use your walking aid
  - Have a light on and wear your slippers and glasses if you wake during the night

### The Relaxed Match Day Experience

The focus of this day was to create a dementia and neurodivergent friendly environment providing a calm area for those who may have sensory or mental health challenges. The sponsors, recognised barriers that can be in place when accessing events and they enabled the partnership and other organisations to extend Aberdeen Football Club Community Trust relaxed sessions to include football.

The Relaxed Match Day Experiences are wonderful as they are a truly intergenerational project and benefits can be captured in feedback both by the young and older people attending.

The first fixture organised in conjunction with ACHSCP Wellbeing Coordinators was for Crosby House Care Home, and their feedback was hugely positive.



Upon leaving the stadium the residents had the opportunity to have their photograph taken with some of the players and the manager. It created lots of smiles of excitement.



### Feedback

**“I’ve never been to a real football match before. Best game ever.”**

**“The staff were lovely and friendly; parking was a breeze, and it was extremely easy to find from the visual guide.”**

**“The elation created a fantastic atmosphere at the service as others got caught up in the excitement of the day being retold.”**

**“The staff at Pittodrie were extremely welcoming and helpful when we arrived and left, with offers of help to carry walking aids and help residents on the stairs. Staff were very attentive checking on everyone throughout the match.”**





### Walking Football Wellbeing Model

Based at Strikers, Bridge of Don where Walking Football takes place twice a week, monthly health-related topics are held to an audience of walking football participants. Co-produced, where the participants decide on what health and wellbeing topics they want more information about. The monthly talks have attracted around 30 gentlemen to each session. Topics included:

- **Getting to know your blood pressure**
- **Prostate and associated issues**
- **Healthy Diet**
- **Functional Fitness MOTs**
- **Stress/Anxiety Management**
- **Talks are delivered by relevant local agencies. eg Penumbra, Urological Cancer (UCAN) nurses**

The model has proved so successful that the Mens Shed in Bridge of Don have asked for it to be repeated there.



### RGU Students Placements - Varying Population Module and Befriending

Following on from our successful pilots reported in the 2021-22 Annual Performance Report, feedback was provided to RGU Health Sciences Department, which led to an adaption of their Varying Populations module. Now all third year Sport and Exercise students shadow specialist/referral exercise classes in the community. The students shadow the instructor for 6 weeks on 2 different condition classes.

The successful companionship visits outlined previously are also continuing with two students befriending six older adults. These placements are hoped to embed softer skills in the students; relationship building, empathy, compassion, the ability to develop “small talk”, awareness of the issues of growing older, first hand, and encouraging students into the health and social care workforce. It is also hoped to encourage instructors to work with an older adult cohort, as there is currently a national shortage of group exercise instructors.

### Roving Day-Care. Wee Blether

Roving Day Care is a partnership between ACHSCP Care Management, Wellbeing Team and Quarriers and it aims to deliver an alternative to traditional day-care.

Based at the Middlefield Hub, in the north of the City, the group meet on a Monday where a light lunch, tea and coffee are served with copious amounts of conversation! The purpose is to combat social isolation in frailer older adults.

The “conversation café” can easily be moved to any “café-based” facility. An example was a trip to the Art Gallery. The group spent a few hours in the Art Gallery after a lovely lunch in the Cafe, and delivered some interesting critiques of the art work.



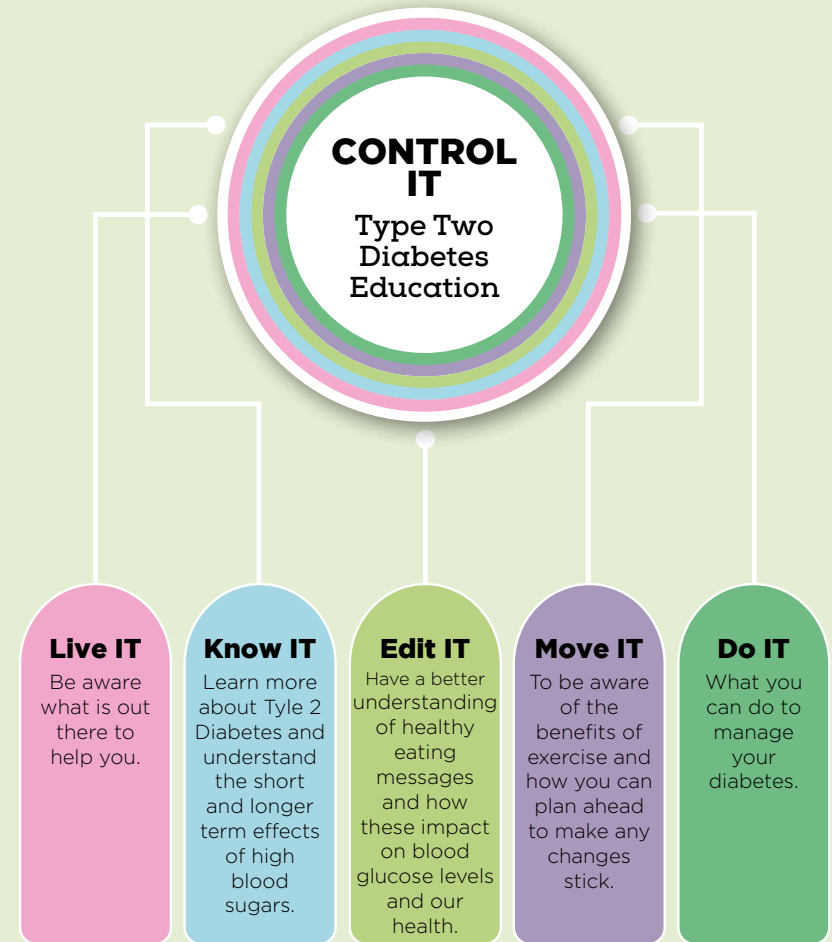


## Act Now, Prevent It and CONTROL IT – Resources for people with (pre) diabetes

It is estimated that there are over 17,000 people in Scotland are diagnosed with diabetes each year and a further 500,000 are at risk of developing diabetes. Diabetes is known to have a significant impact on people’s physical and mental health, but recent evidence has shown that for some people, with the right treatment, remission of their type 2 diabetes is possible. Aberdeen City, through the Scottish Government Framework for the Prevention, Early Detection and Early Intervention of type 2 diabetes are committed to preventing and detecting type 2 diabetes and to maximise support that best suits the needs of the population they serve. The programme is being evaluated by collecting information relating to patients and health inequalities in order to assess the reach and impact of the programme. Several programmes have recently been developed;

<b>ACT-NOW</b>	A self-management support programme for people with pre-diabetes, Type 2 diabetes, or current/history of gestational diabetes that puts them at an increased risk of developing Type 2 diabetes in the future. This support focuses on being more physically active, improving eating habits and patterns, and managing mild-to-moderate anxiety and/or low mood that is getting in the way of someone's effort to self-manage their condition.
<b>PREVENT-IT</b>	A digital education session for people with ‘pre-diabetes’.
<b>CONTROL-IT</b>	A structured digital education programme for people living with Type 2 Diabetes designed to help people understand their condition and how to manage it.

Of those attending **Control-IT**, **57.8%** lost weight, **75.5%** achieved improvement in long term blood glucose levels and **57.7%** remained off all medication for diabetes management.



## Grow Well Choices



The Grow Well Choices early years toolkit was developed in 2019 to support early years caring practitioners in delivering learning around healthy lifestyles to children aged 3-5.

An updated version of the toolkit has been launched with new features such as an online eLearning course, child-led home links, flashcards, and resource loan boxes with play equipment.

The toolkit was launched in March 2023, and its effectiveness will be evaluated in Autumn 2023 through data compiled from its use, eLearning completion and feedback from practitioners. Sustainability measures will be taken to annually advertise the toolkit and offer support to its users.





## The Health Improvement Fund

The Health Improvement Fund supports initiatives that improve the health and wellbeing of people across Aberdeen. During 2022/23, 68 projects were funded through the Health Improvement Fund with over £194,000.00 shared across Aberdeen City. The projects range from community gardening and lunch clubs to birthing classes and Virtual Reality (VR) training.

Our decision-making groups are made up of Locality Empowerment Group (LEG) and Priority Neighbourhood Partnership (PNP) members. They met in November and February to discuss applications and distribute monies. In a bid to streamline funding opportunities across Aberdeen City, the Health Improvement Fund linked up with ACVO Community Mental Health and Wellbeing Fund and Aberdeen City Covid Recovery Fund to ensure an additional 14 applications could receive funding.

These links saw 72% of applications successfully funded within Round 1 and 67% of applications successfully funded within Round 2. The funded projects will be required to complete a 6-month and 1-year evaluation to measure the impact of their work and the achievement of outcomes which support the ACHSCP's strategic plan.



### User feedback:

**Please pass on my thanks to the whole team. You guys provide an invaluable service that makes a huge difference to folk struggling with Alzheimer's and for their carers.**

**Look at all these wonderful brave men you are helping. I know dad loves his time with the boys talking about his fitba. Thanks to all the volunteers for all you do.**

**The football memories sessions have been godsend for my father in-law. They've really brought him out of his shell and he looks forward to them.**

## Achieving Fulfilling Healthy Lives

The intention is that by supporting 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, we can help to enable them to live the life they want, at every stage.

We look to achieve this by:

- **Helping people to access support to overcome the impact of the wider determinants of health**
- **Ensuring services do not stigmatise people**
- **Improving public mental health and wellbeing**
- **Improving opportunities for those requiring complex care**

## **Mental Health and Learning Disability (MHL) Transformation Programme**

ACHSCP in conjunction with Aberdeenshire and Moray Partnerships and NHS Grampian have responsibility to deliver a range of mental health and wellbeing support and services in ways which are safe, sustainable and person centred. Prior to the Covid-19 pandemic there were significant pressures on Mental Health and Learning Disability services which required transformation activity, as doing more of the same would not meet the needs of the population. Recovering from Covid-19 it can be seen that the need for change is even stronger, with higher numbers of people experiencing mental illness and requiring care and treatment, in addition to the wider impact felt by the cost-of-living crisis on people's mental wellbeing.

### **Grampian wide Mental Health and Learning Disability Portfolio**

This has been established to provide vision and oversight for MHL services and to progress a range of projects which support our aims. There is a Portfolio Board and a Programme Team who support the development and delivery of projects.

### **Lived Experience**

Community engagement is an important aspect of how MHL services will adapt to meet need, listening to and involving people who use services in the development and design of new methods of working. The MHL Public Empowerment Group has been established as a lived experience forum. The group provides opportunity for people with experience of Mental Health and/or Learning Disabilities to be a key partner in the transformation process.

## **Programme and Projects**

The programme aims to transform the ways in which community and inpatient/specialist mental health services are delivered to meet the needs of the population and to ensure that there are a range or tiers of support levels which people can access. It is important to recognise that the majority of people do not require specialist services and where possible more services and supports should be provided to people in their communities. Some of the projects underway are required nationally but they will recognise the local situation such as the development and implementation of Psychological Therapies improvements, Children and Young People's Mental Health services under CAMHs and Learning Disability Health Checks.

### **Mental Health in Primary Care**

A test of change has been carried out in Cove and Kincorth GP Practice by employing an experienced Mental Health Practitioner. Between November and March, over 200 face to face encounters have been held between the Practitioner and patients. The practitioner is able to carry out extended appointments within the practice and can refer onwards to other services if required, for example Primary Care Psychological Team, Drug and Alcohol Service, Eating Disorder Service. Between November and March, over 50 hours' worth of GP face to face appointment time is estimated to have been saved by enabling patients to access the Mental Health Practitioner service instead.





**User feedback:**

I was sceptical and worried about stigma. It's been good to come to the surgery and speak openly without worrying about what people think.

Getting time and understanding was so good, I felt listened to.

I felt as if I was going mad, I was really disturbed. Having a couple of appointments got me back on track.

The Mental Health Practitioner has given the opportunity to revise and transform the model of Primary Care Mental Health. It provides a huge improvement in quality and safety...and there is a significant whole service improvement recognised since the inception of the Mental Health Practitioner Service.

*GP at Kincorth and Cove Medical Practice.*

## Climate Change

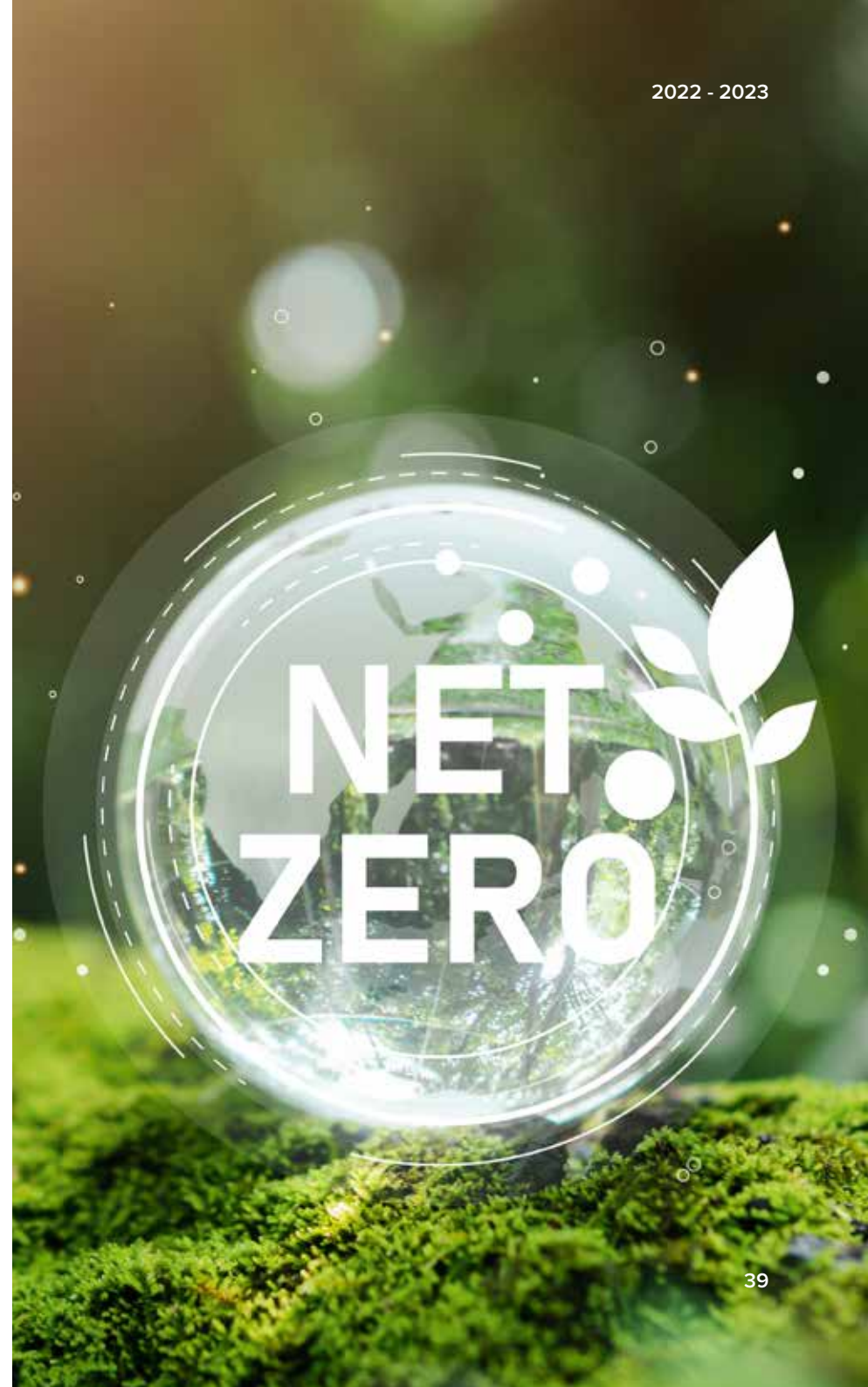
ACHSCP has a duty as part of Scotland's ambition to become Net Zero by 2045 to publicly report its emissions, and while the majority of climate reporting activities fall within the remit of the Partnership's parent organisations (NHS Grampian and Aberdeen City Council), the Partnership need to identify which climate duties fall within their remit and how best to record and report these.

Addressing climate change and its impacts is particularly important within health and social care as the impact of climate change is projected to impact vulnerable groups and our communities' health disproportionately. The World Health Organisation (WHO) has stated that climate change is "the single biggest health threat facing humanity". The ACHSCP Climate Change Programme was launched in late 2022, to ensure that, where relevant, Partnership decision-making and activities are climate-informed.

**There is no doubt, climate change is real and we are already experiencing its consequences across north east Scotland. But what we cannot see yet are the ways in which climate change can lead to poorer health for us and the world around us. We cannot underestimate the challenges that we face in adapting to climate change. We have made a good start, but there is more which is needing to be done by individuals, the communities in which they live, and the organisations that provide the services which we all use and rely on."**

Phil Mackie

Public Health Consultant and Prevention Lead of ACHSCP

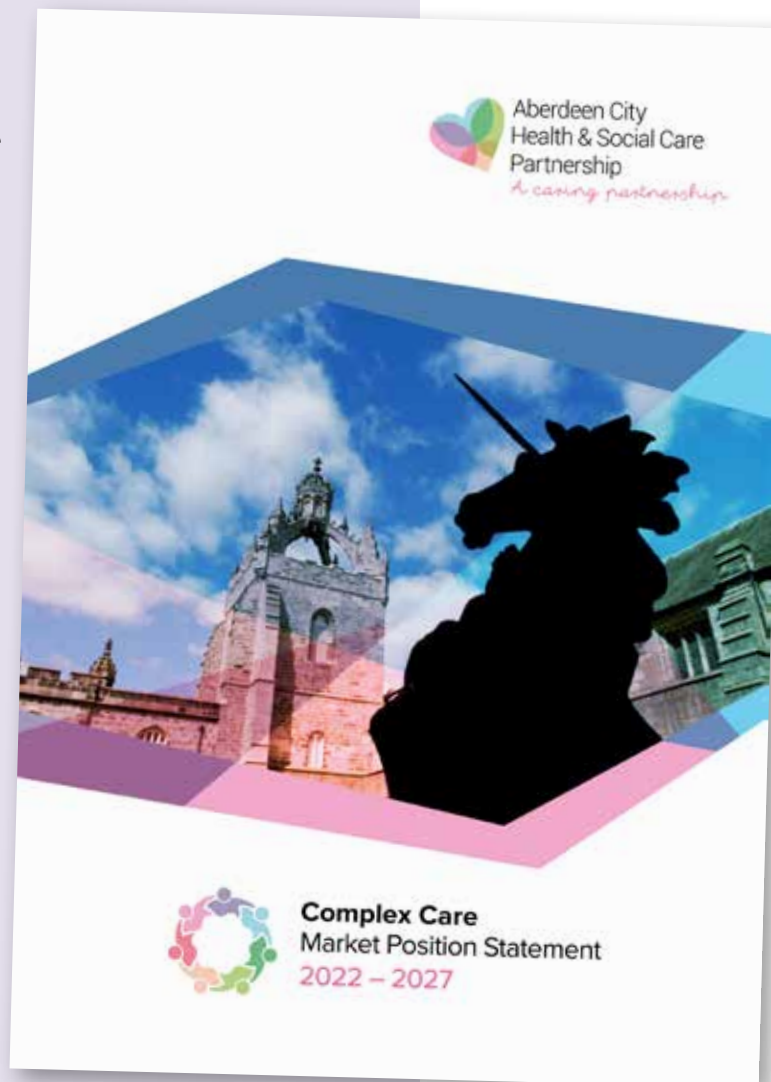




## Complex Care

Within Learning Disability services there is a small yet significant number of people with Complex Care needs. Complex Care significantly affects the way in which care, support and environments must be delivered and this is largely due to the ways in which people with Complex Care needs can exhibit challenging behaviour, which is linked to communication relating to things like their care, support and environment. Due to the nature of Complex Care, there can be a lack of local resources to meet need and often people might be delayed within hospital or placed out of area.

To better meet local need, a Complex Care Market Position Statement, detailing the support and environmental needs for individuals with Complex Care needs including an environmental specification, was published in 2022, which can be found here [Complex Care – MPS](#).



The Market Position Statement has provided clear communication of local need and forms the basis of engagement with Service Providers and Housing Providers to enhance the local service and accommodation options.

Work has been undertaken with housing partners to develop a potential local model of suitable accommodation, which is to be further progressed within 2023-24 and a sustainable funding model sought. Engagement with service providers continues on a regular basis and of priority in 2023-24 will be the re-development of a co-produced Complex Care Framework as a commissioning mechanism for care and support.

ACHSCP Complex Care Leads have been actively involved in the national development of a Dynamic Support Register which aims to support local and national strategic planning as well as enhance monitoring and oversight of Complex Care which is still delivered in hospital, out of area or inappropriate settings. We will begin to operate a local Dynamic Support Register in summer 2023 and continue to participate in national workstreams.



## Suicide Prevention: “Creating Hope Together”

Aberdeen City, Aberdeenshire and Moray Health and Social Care partnerships have collaboratively commissioned a whole population suicide prevention contract to meet the requirements/outcomes within the ‘creating hope together’ strategy.

The five priority themes identified in the North East Suicide Prevention Logic Model created in partnership with the North East Suicide Prevention Leadership Group and the Oversight Group are outlined below. SAMH was awarded the contract and will focus on the following key areas across the three partnerships.

<b>Building Community Capacity</b>	<b>Lived Experience</b>	<b>Data Analysis and Reduction of Risk</b>	<b>Children and Young People</b>	<b>Bereavement</b>

As well as service provision SAMH will contribute their own organisation's funding and people to work alongside colleagues from across Grampian from various Health and Social Care Partnerships, Local Authorities, NHS, Police Scotland and other statutory and third sector organisations. SAMH will also have extensive and established links with a cademia and other agencies around relevant research, evaluation and evidence-based practices.

Outcomes to be achieved:

- **Increase capacity for suicide prevention activity through raising awareness, delivering training, and incorporating the outcomes within the suicide prevention strategy “Creating Hope Together” and the North East Suicide Prevention (NESP) Logic Model as agreed with both the North East Suicide Prevention Leadership Group (NESPLG) and Oversight Group.**
- **Outcomes to be achieved through this service are to be aligned to the national Suicide Prevention Strategy but developed within the three Health and Social Care Partnerships and the newly developed Logic Model.**
- **SAMH to work with each Partnership to support the development and delivery of their own identified delivery plans/outcomes.**



## Health Assessment Team for Refugees and Asylum Seekers

The primary objective of the team is to empower individuals and families to take charge of their health and well-being while also supporting and ensuring the smooth functioning of Primary and Secondary healthcare services. This is achieved by providing valuable information to people about the right care, at the right place, and at the right time.

In the Grampian area, individuals arrive through various routes into the UK, and the team are present to welcome them, offer assistance and conduct a health needs assessment (HNA) within 24-48 hours. In cases of urgent health needs, immediate support is prioritised. The HNA allows the team to address any immediate health concerns and record essential information for their patient history and GP registration.

As the initial point of contact, the team play a crucial role in guiding individuals on how to access medical, optical, and dental help. They are also a direct point of contact for professionals and other services, facilitating seamless communication within the healthcare network. Support is provided either face to face, by email or telephone depending on the needs of the individual.

Encouraging independence is at the heart of the teams approach and to equip people with the knowledge of available healthcare services and how to use these effectively. For example, we educate individuals about the expertise of pharmacists through the pharmacy first service, promoting the understanding that a GP is not always the first option for certain conditions.

We facilitate GP registrations, assist in using online services like e-consults and ordering repeat prescriptions, and provide language support to make appointments for those whose first language isn't English.

# Strategic Enablers

Our Strategic Enablers are an incredibly important part of our delivery plan and enable our strategic intent to be delivered by supporting its main aims.

Our Strategic Enablers include:

- **Workforce**
- **Technology**
- **Finance**
- **Infrastructure**
- **Relationships**





## Workforce Plan

The 2021-2022 Annual Performance Report highlighted that the development and implementation of a Workforce Plan was a priority for 2022-23. After a significant period of data gathering, analysis and development work, the ACHSCP Workforce Plan 2022-2025 was presented to, and approved by the Integration Joint Board (IJB) in November 2022.

Data shows that around half of our staff are over the age of 50, and therefore likely to retire within the next 15 years. Between 2023 and 2027, it is estimated that 11% of our NHSG employed staff members will reach retirement age. This combined with the population increase expected of over 75's in Aberdeen City and increase in co and multimorbidity means that service demands are likely to increase over the next 10 years. It is, therefore of great importance that our Workforce Plan takes into account the three key aims as set out in the diagram.

The plan looks to clearly set out how changes and improvements will be made on these priority areas. Examples of these include establishing, developing and maintaining links with secondary schools and universities to encourage the next generation of the workforce and supporting staff to have a healthy life/work balance. The plan also outlines how these improvements will be made and how progress and the impact of the plan will be measured.





### Dynamics 365- Electronic Case Management or Social Work

A multi-million pound investment took place to replace the previous Social Work application with Dynamics 365 (D365). The previous application had run its course and was found to no longer meet our service needs. In partnership with Microsoft, development of the new D365 application started in 2019 and was operational within our social work and justice teams in October 2022. The new system was co-produced alongside staff whose views were captured and used to determine the key elements of its functionality. It is anticipated that the new system will reduce duplication, improve reporting and provide the facility for cross team collaboration.

### Morse- Electronic Patient Records for Community Nursing

It was reported in the 2021-2022 strategic plan that the ACHSCP had implemented a Patient Management System to our Health Visiting Service. Based upon the success of this implementation and the benefits it brought to the teams it was decided to invest and further implement this to School Nursing, and Adult Community Nursing services including Macmillan Nursing and the H@H team. Following its implementation to these teams, an evaluation took place showing that the duplication of information had reduced within teams and that the sharing of information between teams had increased meaning that there was an improvement in communication.



(I had) access to patient information prior to visit so knowledge of patient is up to date.

I feel MORSE is very effective for up-to-date communication between teams. It is very useful to be able to see MacMillan nurse notes, OOH nursing.

Manageable to use, access to patient information which we would not have had previously.

## Sustainable Finance

Financial Year 2022/23 continued to challenge our normal expenditure patterns of previous years as we recovered from the pandemic, and we endeavoured to return to business as usual.

Robust financial monitoring continued throughout the year to ensure we ended 2022/23 with a stable financial position. Our Income and Expenditure for 2021/22 and 2022/23 is shown, right. Reserves were drawn down to fully balance the deficit position at the year end. Our Medium-Term Financial Framework for 2023/24 to 2029/30 was approved by the IJB on 28 March 2023 and our unaudited Annual Accounts were approved by the Risk, Audit and Performance committee on 2 May 2023.

In March 2023, Aberdeen City Council outlined an ambitious plan to align work to a Tiered Prevention model. It was agreed by the IJB that ACHSCP would affiliate our development plan and our financial expenditure to demonstrate our commitment to the three tiers of Prevention (prevention, early intervention, response). Our financial overview in the 2023/24 Annual Performance Report will demonstrate this further.

Details of our 2022/23 budget are shown on the next page.

Gross Expenditure £	Gross Income £	2021/22 Net Expenditure £		Gross Expenditure £	Gross Income £	2022/23 Net Expenditure £
36,816,513	0	36,816,513	Community Health Services	40,236,645	0	40,236,645
26,329,493	0	26,329,493	Aberdeen City share of Hosted Services (health)	29,125,768	0	29,125,768
34,689,647	0	34,689,647	Learning Disabilities	40,665,018	0	40,665,018
22,857,455	0	22,857,455	Mental Health & Addictions	24,964,561	0	24,964,561
84,433,334	0	84,433,334	Older People & Physical and Sensory Disabilities	97,907,284	0	97,907,284
706,721	0	706,721	Head office/Admin	1,889,544	0	1,889,544
11,977,726	0	11,977,726	Covid	10,012,029	0	10,012,029
4,931,999	(4,840,312)	91,687	Criminal Justice	5,119,400	(4,958,384)	161,016
1,862,505	0	1,862,505	Housing	2,139,020	0	2,139,020
40,165,525	0	40,165,525	Primary Care Prescribing	42,928,059	0	42,928,059
43,058,027	0	43,058,027	Primary Care	41,544,380	0	41,544,380
2,494,721	0	2,494,721	Out of Area Treatments	2,514,611	0	2,514,611
49,408,000	0	49,408,000	Set Aside Services	52,719,000	0	52,719,000
7,048,615	0	7,048,615	Transformation	12,144,018	0	12,144,018
<b>366,780,281</b>	<b>(4,840,312)</b>	<b>361,939,968</b>	<b>Cost of Services</b>	<b>403,909,337</b>	<b>(4,958,384)</b>	<b>398,950,953</b>
0	(395,096,188)	(395,096,188)	Taxation and Non-Specific Grant Income (Note 1)	0	(374,704,802)	(374,704,802)
<b>366,780,281</b>	<b>(399,936,500)</b>	<b>(33,156,221)</b>	<b>Surplus or Deficit on Provision of Services</b>	<b>403,909,337</b>	<b>(379,663,186)</b>	<b>24,246,151</b>
		<b>(33,156,221)</b>	<b>Total Comprehensive Income and Expenditure</b>			<b>24,246,151</b>

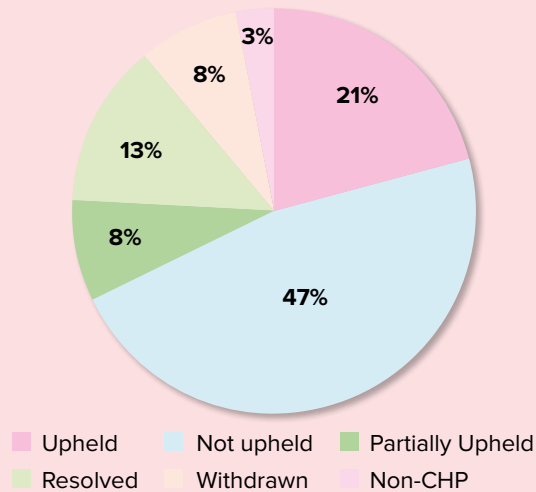
# Governance

## Complaints

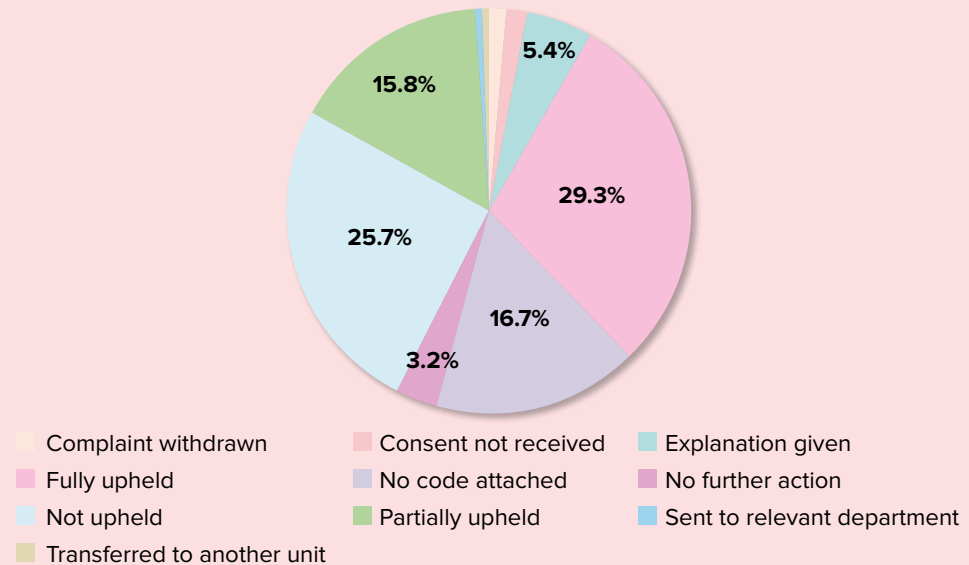
As an organisation, we take complaints made relating to our services very seriously and we have a number of governance processes in place to ensure that these are reviewed, and where possible lessons are learned.

There were 260 complaints registered with ACHSCP through either NHS Grampian or Aberdeen City Council in 2022/2023. This was a reduction of 7% compared with the number of complaints received in 2021/22. The following shows the outcomes of the complaints received, with around 28% of them upheld.

Outcomes of complaints relating to ACHSCP which were registered with ACC  
**Total = 38**



Outcomes of complaints relating to ACHSCP which were registered with NHSG  
**Total = 222**





## Our Leadership Team

The Partnership is committed to publishing research articles in scientific journals when relevant initiatives are developed so that we can share our learning with other Partnerships and Services. In March 2023, a research paper was successfully published in the journal *BMJ Leader*, a journal run by the British Medical Journal.

This research article was about how the senior leadership team within the ACHSCP work together. Over the last few years, we have taken a different approach not just to how the team is structured, but also to trying to create an environment that makes it easier for us to work closer together.

The results from this research show that the team now works better together than it did previously, and we describe how we hope this is an important step towards developing health and social care services that better meet the needs of our population. This also shows the Partnership's commitment to sharing our learning with other areas, both nationally and internationally, so they can use our experiences to improve their local areas.

The link to the research paper is available here: <https://bmjleader.bmj.com/content/leader/early/2023/03/28/leader-2022-000664.full.pdf>

## Locality Planning

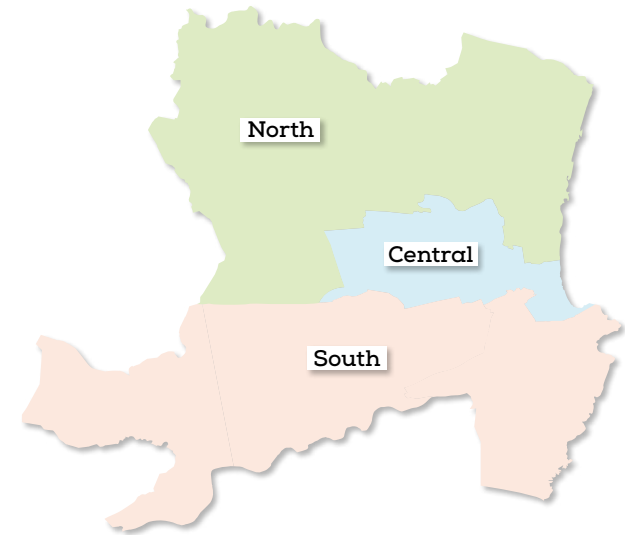
Locality Planning is when local communities work together with community planning partners to improve our local economy, improve people's lives, and the areas they live in. ACHSCP is required by law to put in place a locality planning system and we prepare Locality Plans to report progress to the IJB and Community Planning Aberdeen Board on an annual basis. Locality Empowerment Groups and Priority Neighbourhood Partnerships are our Locality Planning groups and this is one of the main ways we connect with our local communities. In December 2020, ACHSCP agreed joint locality planning arrangements with Community Planning Aberdeen.

There are three Locality Empowerment Groups (LEGs), one for each of the City's three locality areas in North, Central, and South. The LEGs restarted their dedicated meetings in April after a pause during 2022 as we recovered from the Covid-19 pandemic and now form an integral part of our refreshed approach to community engagement as set out in Aberdeen City's Community Empowerment Strategy 2023-26.

Each locality area has a priority neighbourhood within it, and each of these areas has a dedicated Priority Neighbourhood Partnership (PNP) to represent and serve the area. The PNPs are in Middlefield, Mastrick, Cummings Park, Northfield, Heathryfold (North Locality); Seaton, Woodside, Tillydrone (Central Locality); and Torry (South Locality).

## Our Locality Planning priorities for 2023-24

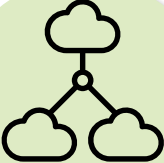
- Continue our recovery from the disruption caused by Covid-19 and increase community engagement activity
- Support the delivery of citywide community events such as the Community Gathering and Granite City Gathering
- Continue to deliver our three Locality Plans
- Publish Easy Read Locality Plans
- Increase awareness of Locality Planning, and our Locality Empowerment Groups and Priority Neighbourhood Partnerships
- Grow and diversify Locality Empowerment Group membership to ensure a wide range of groups and communities are represented on our Locality Planning groups
- Deliver the seven improvement projects under LOIP Stretch Outcome 16 relating to community empowerment




Share knowledge, skills and experiences



Provide feedback on consultations



Pass information onto their networks



Get involved in work to improve your community



Identify needs in their community and possible ways to address them



Shape Locality Plans to deliver improved outcomes for people and communities

For more information on Locality Planning, please contact us at [LocalityPlanning@aberdeencity.gov.uk](mailto:LocalityPlanning@aberdeencity.gov.uk)

## Whistleblowing

Whistleblowing is when a person, usually working within a public service, raises a concern of mismanagement, corruption, illegality, or some other wrongdoing. There are three main policies relevant to the IJB and ACHSCP:

- **The National Whistleblowing Standards**
- **Aberdeen City Council's Whistleblowing Policy**
- **The IJB's Whistleblowing Policy**

Whistleblowing incidents captured through the process will be reported to both the IJB and NHS Grampian on a quarterly basis. It is proposed that the Risk, Audit and Performance Committee receive the quarterly reports when there are incidents to report. The IJB are committed to dealing responsibly, openly and professionally with any genuine concerns held by staff of the Aberdeen City Health and Social Care Partnership, Members of the Board or Office Holders, encouraging them to report any concerns about wrongdoing or malpractice within the IJB, which they believe has occurred.

## Strategic Risk Register

Our Strategic Risk Register is reviewed by the IJB annually and by the Risk, Audit and Performance Committee twice a year. The IJB also held a workshop in August 2022 where it reviewed the Board's risk appetite statement as well as undertaking a review of risks on the register. This review included the IJB considering recommendations from the Partnership's Senior Leadership Team (SLT) around the de-escalation some of the strategic risks. The SLT continue to review the strategic risks on a quarterly basis, this includes the possibility of escalations of risks from the operational risk register as well as any de-escalations.

## IJB Directions

As per the Roles and Responsibilities Protocol of the Integration Joint Board (IJB) and its Committees, the IJB are obliged, "to issue Directions to the Partners under sections 26 and 27 of the Public Bodies (Joint Working) (Scotland) Act 2014, in line with the Integration Scheme and legislative framework sitting around the CEOs of the Partners."

Directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan. The statutory guidance on Directions states that "Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance".

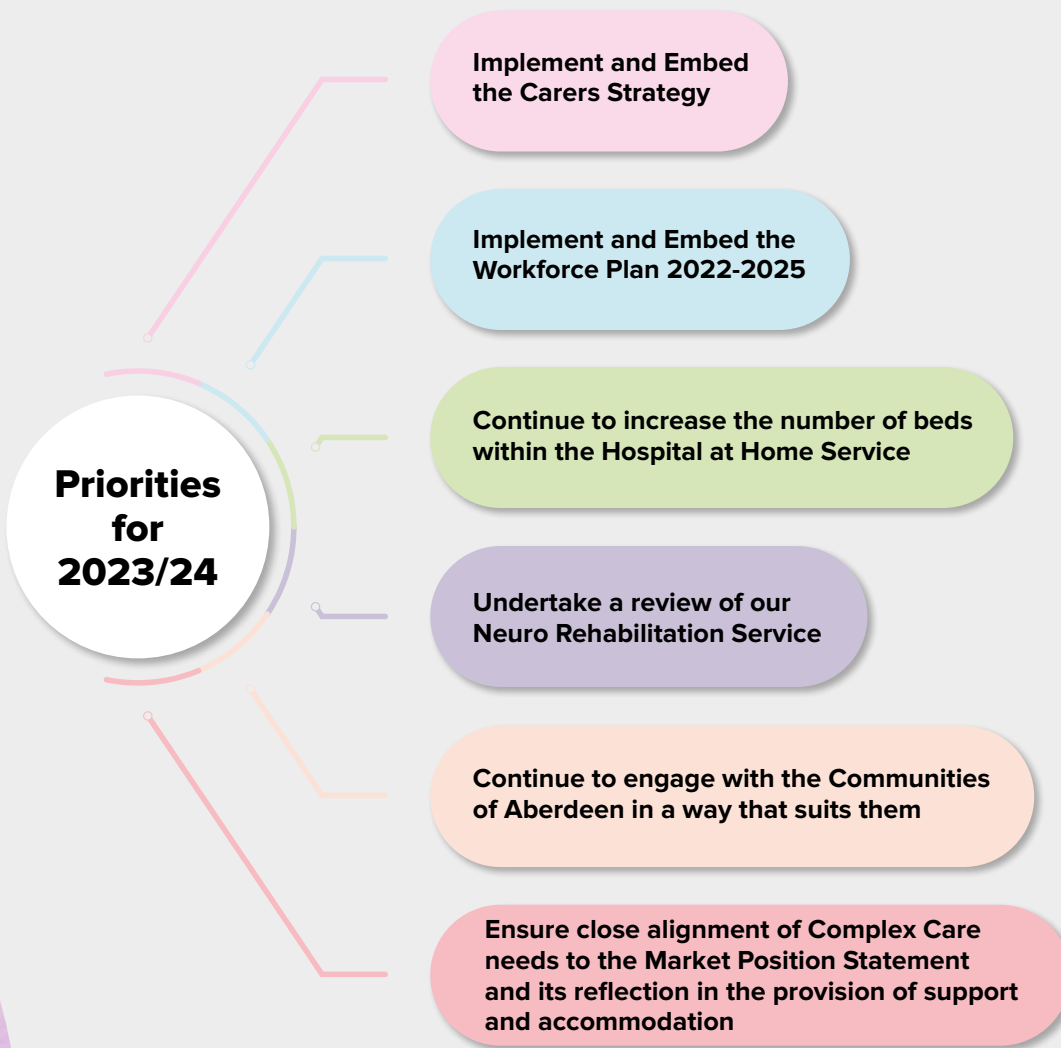
A Directions Tracker is maintained which indicates when Directions are submitted to the constituent organisation(s), the financial commitment, the timescale of the Direction and the status. Most of the Directions issued by the IJB are to incur financial expenditure and are therefore centred around commissioning or our transformation programme.

The Directions Tracker is updated following every IJB meeting and is regularly reviewed alongside the IJB Business Planner to ensure Directions are being implemented as per the IJB's instructions and within the timescales and budget set. A status report is provided at the Chief Officers' monthly performance meeting and bi-annually to the Risk Audit and Performance committee. This ensures overview from ACC and NHSG Chief Executives and the Chair and Vice Chair of IJB.

## Strategic Plan 2022 – 2025 and Priorities for 2023/24

The first year of the ACHSCP Strategic Plan 2022-2023 has seen a decrease in delayed discharges from acute care and a decrease in the unmet need from those referred to Social Work. However, the Partnership aims to make further improvements in order to continue to provide the best service possible to the residents of Aberdeen City. Through the continued delivery of our strategic plan and alongside our partners in Aberdeen City Council, NHS Grampian and other third party organisations, we also aim to increase the preventative measures so that where possible, people either avoid the need for intervention by Health and Social Care Services or are effectively treated at an early stage without the need for Acute hospital care.

In line with the ACHSCP's Strategic Plan and Delivery Plan, the projects for 2023-24 are outlined to the right:



## Appendix 1 - National Indicators

The following tables show the Ministerial Steering Group (MSG) indicators which help to assess the ACHSCP's performance against previous years and other areas within Scotland.

The table below demonstrates the 6 indicators and the outcomes recorded for 2022/23. The Scottish average has also been added for context.

Indicator	Aberdeen City					Scotland Average		
	2019/20	2020/21	2021/22	2022/23	Overall Trend	Between 2021/22 - 2022/23	Overall Trend between 2019 - 2023	Between 2021/22 - 2022/23
1a. Number of emergency admissions (monthly average)	1824	1582	1700	1661	↓	↓ -2.2%	↓	↓ -2.7%
2a. Number of unscheduled hospital bed days; acute specialties (monthly average)	11943	9125	10634	10194	↓	↓ -4.1%	↑	↓ -0.9%
3a. A&E attendances (monthly average)	3972	2688	3244	3473	↓	↑ +7.1%	Stable	↑ +2.2%
4. Delayed discharge bed days (monthly average)	1023	494	607	745	↓	↑ +22.7%	↑	↑ +22.4%
5a. Percentage of last six months of life by setting (%)	88.6	91.4	91.0	Not available	Stable		Stable	
6. Balance of care: Percentage of population in community or institutional settings (%)	91.6	92.3	92.1	Not available	Stable		Stable	





Over all areas within the Ministerial Steering Group Indicators, Aberdeen City has performed roughly in line with the Scottish average. The ACHSCP's unscheduled bed days have reduced by 4% over the past financial year and this can be attributed to the hard work undertaken by teams across the whole partnership to keep people safe at home, reducing hospital admissions, and creating various opportunities for appropriate care to be provided as close to home as possible meaning that in a high percentage of cases, people can be discharged from hospital as soon as they no longer need acute medical care. Our A&E attendances look to have risen across the past year however this should be taken in context of an overall downward trend and the A&E attendances are still around 500 contacts less than the Partnership's pre covid figures. Finally, looking at the delayed discharge levels reported in Aberdeen City we see that these are roughly in keeping with the Scottish average and although there looks to have been a marked increase when we compare the 2021/22 and 2022/23 figures, this is due to using average bed days as a measurement which includes both standard and complex delays. Examples of initiatives which have been implemented to avoid hospital admissions and reduce delayed discharges include:

- 1. We have aligned Social Work staff to key areas of the hospital, including the frailty wards and at 'the front door' where staff can link in with community colleagues through enhanced locality huddles in an attempt to avoid admission where appropriate and for the individual to return home with the support of a Multi-disciplinary team.**
- 2. Building relationships with care at home providers and looking at an enablement focussed discharge plan where appropriate so the individual has wrap around support that can be reduced as they regain their independence at home.**
- 3. Utilising Interim provision at Woodlands Care Home where individuals who are awaiting care home placement can move to a more homely environment rather than remain in a hospital ward. There are also interim options for varying levels of independence, ensuring the individual does not remain in hospital any longer than necessary and moves to an environment similar to their discharge destination as soon as possible.**

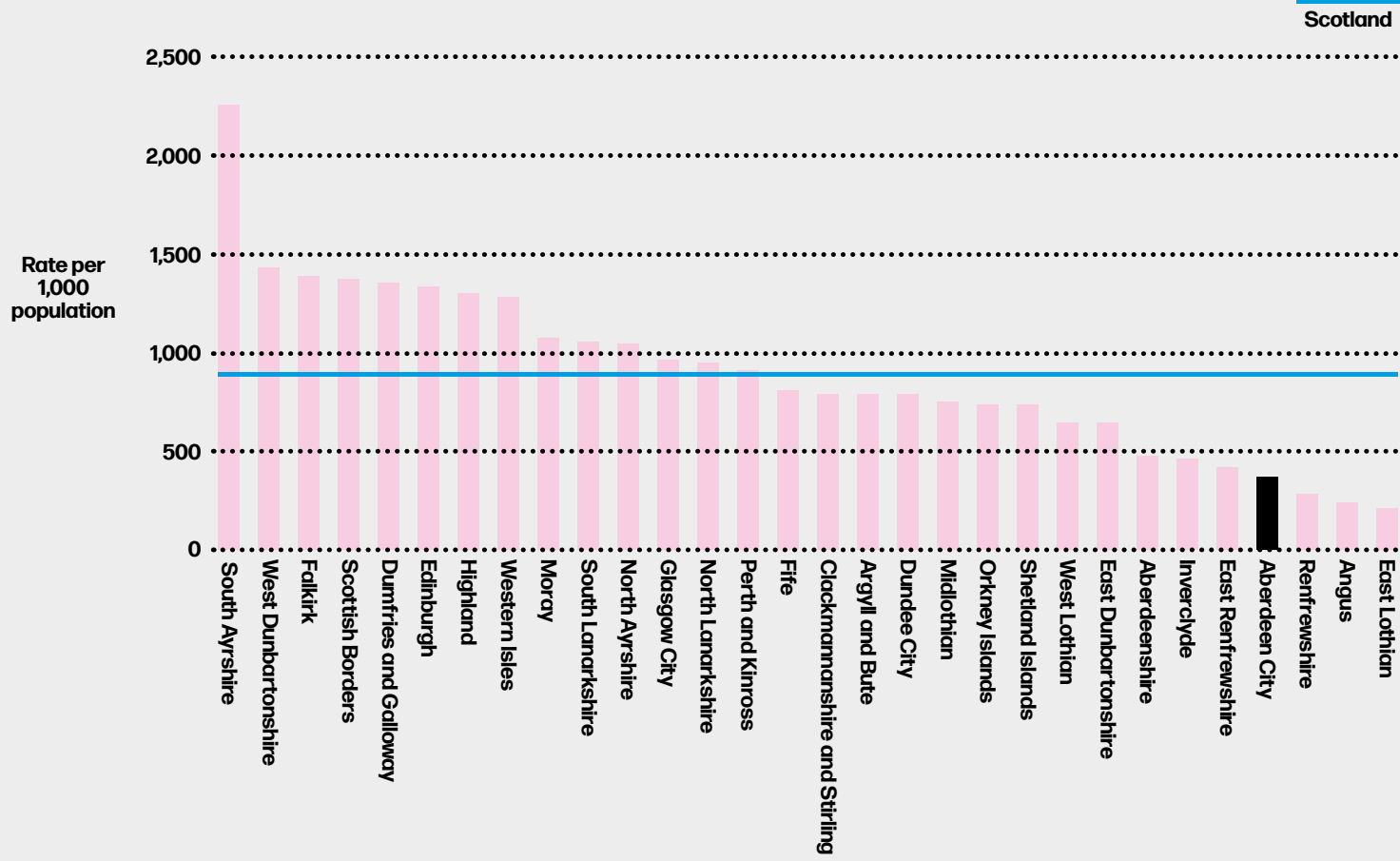


Table1. Rate of Delayed Discharge in Scotland per 1,000 population 2022-2023.  
 Source: National Integration Indicators, Public Health Scotland.



## Appendix 2 - National Integration Indicators

We are currently waiting for Public Health Scotland to publish a full set of data relating to the National Integration Indicators. At which point, this section of the report will be updated.

## Appendix 3 - ACHSCP Strategic Plan 2022-2025. Delivery Plan Reference

The outcomes from the Strategic Plan are devised to be delivered over a three period with an annual scheduled review and update so that lessons learned or emerging priorities can be taken into account and scheduled appropriately. Below is a list of programmes and projects within the Delivery Plan as set out within the ACHSCP Strategic Plan 2022-2025.

Many of these have commenced over the past financial year and are currently ongoing. Where reference or links has been made to particular projects within the Annual Performance Report, these have been outlined below. The absence of a reference does not mean that progress is not being made, simply that we have not included content in relation to that in this Annual Performance Report. Delivery Plan progress is reported to our Senior Leadership Team on a monthly basis and to the Risk, Audit and Performance Committee on a quarterly basis.

The updated Delivery Plan for 2023-24 (Year 2 of the ACHSCP Strategic Plan) was presented to IJB in March 2023 and can be found [here](#).

## Caring Together

Programme/Projects	Measures	Link if Referenced within the report
Redesign Adult Social Work enhancing the role of Care Managers in playing a guiding role in the promotion of personalised options for care	Redesign implemented	
Undertake a strategic review of specific social care pathways and develop an implementation plan for improving accessibility and coordination	Implementation Plan	
Implement the recommendations from the current Adult Support and Protection inspection	Action Plan complete	Please see <a href="#">Page 10</a> for an overview of the work ongoing.
Deliver the Justice Social Work Delivery Plan	Percentage of actions complete	
Develop and implement a Transition Plan for those transitioning between children and adult social care services	Plan developed	Please see <a href="#">Page 11</a> relating to the use of the Getting it Right for Everyone (GIRFE) model.
Develop cross sector, easily accessible, community hubs where a range of services coalesce, all responding to local need	Hubs operational	See progress being made in Northfield on <a href="#">Page 25</a>
<b>Community Empowerment</b>		
Develop the membership and diversity of our Locality Empowerment Groups	Membership	Priorities relating to this is mentioned on <a href="#">Page 49</a> Health Issues in the Community (HIIC) training to be delivered to LEG outlined on <a href="#">Page 16</a>
Deliver our Locality Plans and report on progress	Progress Report	Priorities relating to this are mentioned on <a href="#">Page 49</a>
Train our staff and embed the use of Our Guidance for Public Engagement	Percentage of Staff Trained	
Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	Number of posts on Care Opinion	
Finalise the arrangements for the closure of Carden Medical Practice and identify an alternative use of the building	Report to IJB	
Improve primary care stability by creating capacity for general practice	Report to IJB	
Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	Plan report	Please see updates given on <a href="#">Page 17</a>
Develop and deliver a revised Carers Strategy with unpaid carers and providers of carers support services in Aberdeen, considering the impact of Covid 19	Strategy Approved at IJB	Please see 2022-23 updates on <a href="#">Page 14</a>

## Keeping People Safe at Home

Programme/Projects	Measures	Link if Referenced within the report
<b>Rehabilitation</b>		
Commence strategic review of rehabilitation services across ACHSCP \ SOARS \ Portfolio and have an implementation plan in place to commence by April 2023	Implementation plan in place	
Explore how other partners in sports and leisure, can assist in delivering rehabilitation across multiple areas	Community First	See progress being made in Northfield on <a href="#">Page 25</a>
<b>Unscheduled Care</b>		
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 beds created	
Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for unscheduled, older people, respiratory and cardiac pathways	Number of Beds available	Progress being made is outlined on <a href="#">Page 22</a>
Deliver the second phase of the Frailty pathway	Pathway delivered	
Undertake a strategic review of the data, demographic and demand picture to understand the 'bed base' for unscheduled care across MUSC, SOARS and ACHSCP	Review the demand profile produced	
<b>Expand Housing Options</b>		
Working with ACC as a planning authority, create incentives for investment in specialist housing influencing new builds and enabling people to have lifetime homes	Numbers of specialist housing new build	
Help people to ensure their current homes meet their needs including enabling adaptations and encouraging the use of Telecare where appropriate	Adaptation statistics, Telecare usage statistics	
Respond to the national consultation on equipment and adaptations helping to shape future guidance in this area	Consultation submitted by deadline	
Work with ACC Housing and RSLs to ensure energy efficient, affordable housing is made available to those who need it most	Housing satisfaction results	
Work with Integrated Children's Services to support the delivery of the Family Support Model particularly in relation to children with a disability and those who are exposed to the risk of trauma	Family Support Model milestones delivered	

## Preventing ill Health

Programme/Projects	Measures	Link if Referenced within the report
Reduce the use and harm from alcohol and other drugs	Drug and Alcohol related admissions and deaths, Delivery Framework Milestones	
Deliver actions to meet the HIS Sexual Health Standards	Progress towards meeting standards	Overview of the Sexual Health Service achievements given on <a href="#">Page 29</a>
Deliver our Immunisations Blueprint	Immunisations Statistics	Overview of the immunisation service is given on <a href="#">Page 28</a>
Continue the promotion of active lives initiatives including encouraging active travel	Percentage of population meeting Physical activity national guidelines	
Continue to contribute to the NHS Grampian Tobacco Strategic Plan for the North East of Scotland particularly in relation to encouraging the uptake of Smoking Cessation Services	Smoking/Smoking Cessation statistics	
Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on the prevention agenda around achieving a healthy weight through providing advice and support for positive nutrition and an active lifestyle.		A range of projects within the Stay Well Stay Connected Programme are outlined on <a href="#">Page 30-32</a>
Continue to contribute to the Grampian Patient Transport Plan (GTP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	ACHSCP requirements reflected GTP and ALTS	

## Achieving Health Fulfilling Lives

Programme/Projects	Measures	Link if Referenced within the report
<b>Address Inequality / Wider Determinants of Health</b>		
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	IJB and Committee Reports	
Undertake and publish Health Inequality Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics	Progress towards meeting standards	
Make Every Opportunity Count by identifying any wider determinant issue and ensuring patients, clients and their carers are signposted to relevant services for help	Service Directory developed	
Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target	Climate Change impacts included in Business Cases, IJB Reports and Business Continuity Plans	Please see <a href="#">Page 39</a> for an overview of the progress to date
<b>Mental Health and Learning Disabilities</b>		
Continue to progress Mental Health and Learning Disabilities (MHL) transformation to evidence increased community delivery across secondary and primary care with a clear plan for 2022 and 2023 in place by June 2022	Plan developed, Progress Reports	Please see <a href="#">Page 37</a> for an overview of progress being made in this area
Implement the actions in the MHL Transformation Plan	Progress Reports	<a href="#">Page 37</a> gives an overview of the programme and progress being made
<b>Remobilisation</b>		
Explore opportunities for working with those on waiting lists to help support them while they wait, or divert them from the list	Numbers supported/diverted	
Plan service capacity to include the impact of the consequences of deferred care and Long Covid	Unmet Need	
Remobilise services in line with the Grampian Remobilisation Plan as soon as it is safe to do so	Percentage Remobilisation	
Develop a plan ready to respond to increased demand due to covid variants or vaccinations	Plan developed	



## Strategic Enablers

Programme/Projects	Measures	Link if Referenced within the report
<b>Workforce</b>		
Develop a Workforce Plan taking cognisance of national and regional agendas	Plan developed	<a href="#">Page 44</a> gives an overview of the Workforce Plan in place.
Continue to support initiatives supporting staff health and wellbeing	Initiatives delivered	The Workforce Plan on <a href="#">Page 44</a> supports this.
Train our workforce to be Trauma Informed	Percentage of workforce trained	
<b>Technology</b>		
Support the implementation of digital records where possible	Percentage of records digitized	<a href="#">Page 45</a> gives more information about how this is being achieved
Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen	TEC usage statistics	
Support the implementation of the new D365 system which enables the recording, access and sharing of adult and children's social work information	Successful implementation and use	<a href="#">Page 45</a> provides an overview of the D365 implementation
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	Community First Programme Milestones	
Explore ways we can help people access and use digital systems	Number of people supported	
<b>Finance</b>		
Monitor costing implications and benefits of Delivery Plan actions ensuring Best Value is delivered	Medium Term Financial Framework (MTFF)	<a href="#">Page 46</a> gives an overview of our financial position.
<b>Relationships</b>		
Develop proactive, repeated and consistent communications to keep communities informed	Number of proactive communications	
Continue to deliver on our commissioning principle that commissioning practice includes solutions co-designed and co-produced with partners and communities	Number of codesigned/ coproduced commissioning	
Continue to transform our commissioning approach, building on the work we undertook with our Care at Home contract, developing positive relationships with providers, encouraging collaborative approaches and commissioning for outcomes	Number of commissioning for outcomes arrangements	<a href="#">Page 15</a> displays our approach to integrating care in Woodlands Care Home.
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	Number of long term and creative contracts	
Continue to deliver ethical commissioning in relation to financial transparency and fair working conditions for social care staff as well as progressing implementation of Unisons Ethical Care Charter	Number of ethical commissioning arrangements and % of Unison's Ethical Care Charter implemented	
<b>Infrastructure</b>		
Identify interim and long term solutions for the provision of health and social care services in Countesswells	Report to AMG/IJB	
Continue to review and update the Primary Care Premises Plan (PCPP) on an annual basis	PCPP revised every year	





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

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

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**INTEGRATION JOINT BOARD**

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

Not exempt: Covering report, Appendix A1

Exempt: Appendix A, Appendix C

<b>Date of Meeting</b>	22 August 2023
<b>Report Title</b>	Supplementary Procurement Work Plan (Social Care)
<b>Report Number</b>	HSCP23.056
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer AHSCP
<b>Report Author Details</b>	Name: Neil Stephenson Job Title: Strategic Procurement Manager Email Address: <a href="mailto:NeStephenson@aberdeencity.gov.uk">NeStephenson@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	Non-Exempt: Appendix A1 - Supplementary Work Plan for 2023/24 Exempt: Appendix A - Supplementary Work Plan for 2023/24 Appendix C – Procurement Business Case Appendix B – Direction to Aberdeen City Council



## INTEGRATION JOINT BOARD

### 1. Purpose of the Report

- 1.1. The purpose of this report is to present a Supplementary Procurement Work Plan for 2023/24 for expenditure on social care services, together with the associated procurement Business Case, for approval.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Approves the eleven-month **Extension** to the existing contract and subsequent **Tender**, for a period of up to five (5) further years of a contract for **Mental Health Community Intervention Services**, as is detailed in Appendices A1 and C
  - b) Makes the Direction, as attached at Appendix B and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

### 3. Summary of Key Information

- 3.1 The Integration Joint Board (IJB) directs Aberdeen City Council (ACC) to purchase and enter into contracts with suppliers for the provision of services in relation to functions for which it has responsibility. ACC procures services through the Commercial and Procurement Shared Service (CPSS) in accordance with ACC's Scheme of Governance.
- 3.2 ACC Powers Delegated to Officers includes, at delegation 1 of section 7, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations.
- 3.3 These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts to be procured by Aberdeen City Council in the coming year with a value of £50,000 or more, to relevant Boards/Committees. In the case of adult social



## INTEGRATION JOINT BOARD

care services, this is the IJB. The Regulations also require that procurement business cases to support items on the work plan are brought to the IJB prior to any tender being undertaken or contract awarded directly. Although the intention is that all procurement should be planned, there may be occasions, such as with this report, where this is not possible and supplementary work plans and/or business cases may be required.

- 3.4 This report presents a 2023/24 supplementary work plan. A supporting procurement business case is attached at Appendices C. The work plan comprises one (1) item - approval to go to tender for Mental Health Community Intervention services.
- 3.5 The entry on the work plan describes a contract that is due to expire in this financial year, together with the aggregated value of this contract over the defined period.
- 3.6 Whilst this expenditure signifies an additional investment, the risks of not making this investment reduce the ACHSCP's opportunity to continue to offer the highest quality services and, subsequently, the achievement of outcomes for individuals.
- 3.7 Links with Strategic Commissioning

The procurement of works, goods and services is driven by strategic aims. The ACHSCP has established a Strategic Commissioning and Procurement Board (SCPB) to create a clearer link between the programmes of work, the associated budgets, and the procurement work plan and outcomes, in line with the Commissioning Cycle. Throughout the year, the SCPB has considered the items on this Supplementary Procurement Work Plan and determined that the services are required to support the delivery of strategic intentions.

### 4. Implications for IJB

- 4.1 **Equalities, Fairer Scotland and Health Inequalities** - As noted in the Business Case, a Health Inequalities Impact Assessment (HIIA) will be carried out as part of the review of Community Mental Health Services and prior to the tender. There are no specific equality or health implications from this report. Nor is there any direct implication for our Fairer Scotland Duty.
- 4.2 **Financial** - In estimating the contract values, we have allowed a 3% annual uplift for the five potential contract years to accommodate an annual national





## INTEGRATION JOINT BOARD

increase including the Real Living Wage (RLW). The value of this contract forms part of the recurring base budget of the IJB and the uplift percentages have been taken into account when calculating future budget requirements within the Medium Term Financial Framework

- 4.3 Workforce** - There are no specific implications for the Council's or Partnership's workforce arising from this report.
- 4.4 Legal** - The procurement of care and support services is a complex area, it is given special consideration under procurement legislation, with specific statutory guidance and best practice guidance issued by The Scottish Government. Because of this special consideration, there is a discrete team within the CPSS to support and manage the commissioning, procurement and contract management of care and support services, and the Work Plan for these services is presented separately to other reports. The Business Case has been considered and no risk significant enough to warrant a halt to proceeding has been identified.
- 4.6 Covid-19** – There are no specific implications linked to Covid-19 arising from the recommendations in this report.
- 4.7 Other** - All tenders are issued with bidders required to make statements around community benefits, climate and circular economy, and fair work dimensions. These statements are part of the technical evaluation and are included in the contract monitoring for the subsequent contract/s

### 5. Links to ACHSCP Strategic Plan

This report links to Strategic Aim 3 Personalisation “Ensuring that the right care is provided in the right place and at the right time when people are in need”. It also links to Enabler 7.2, Principled Commissioning, and the commitment that all commissioned services enhance the quality of life for people and their carers.

### 6. Management of Risk

#### 6.1. Identified risks(s)

There is a risk that the IJB does not get assurance and accountability for all the money that it spends on services provided by external bodies.



## INTEGRATION JOINT BOARD

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

These proposals are linked to Risk 2 on the Strategic Risk Register “There is a risk of IJB financial failure and projecting an overspend, due to demand outstripping available budget, which would impact on the IJB’s ability to deliver on its strategic plan (including statutory work).”

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

By maintaining formal contractual arrangements and robust processes to monitor contracts with external organisations the IJB has assurance not only that it is getting best value but also that this expenditure is aligned to their strategic priorities and is reviewed regularly.

Approvals	
<i>These will be added once your report has final approval for submission to committee.</i>	Sandra MacLeod (Chief Officer) Fraser Bell (Chief Operating Officer)
<i>These will be added once your report has final approval for submission to committee.</i>	Paul Mitchell (Chief Finance Officer)

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**Supplementary Procurement Work Plan for 2023/24**

Report Title:	Supplementary Procurement Work Plan (Social Care) HSCP23.056
Author:	Neil Stephenson (Strategic Procurement Manager)
Introduction	<p>The purpose of this report is to present a Supplementary Procurement Work Plan for 2023/24 for expenditure on social care services, together with the associated procurement Business Cases, for approval. Almost always, the spend is related to services procured from external service providers – not internal ACC/Partnership/NHSG services</p> <p>This Supplementary Procurement Work Plan for 2023/24 is planned to meet the Delivery Plan and follow strategic direction</p>
Who are we?	The social care contracts team sits within the wider Commercial & Procurement Shared Service (CPSS). We provide commissioning, procurement, and contracting support to the Aberdeen City Health and Social Care Partnership (ACHSCP). We guide the ACHSCP with governance matters and offer the full commissioning cycle to support services/teams.
Why does the IJB need this report?	The report seeks your approval for what are referred to as “Business Cases”. On this occasion, you are seeing a supplementary work plan which is additional work we aim to undertake in 2023/2024 (financial year); although we have an annual work plan (presented in January 2023) naturally, as we are dealing with people, there can be subsequent work plans presented which are termed “supplementary”.
What do we want to do?	<p>We want to procure high quality services to deliver the right services to people in Aberdeen and commission these in a lawful, fair, and transparent manner.</p> <p>In this report, there is one (1) business case – you are recommended to approve “a” and “b”. Please see section 2 of the IJB Report titled “Recommendations”.</p> <p>The business case details the request – inviting you to consider the service’s wish to go to tender. This is in section 1 (Recommendation) of the business case. The rest of each business case should offer</p>

	you clarity on the expectations of the service, duration, annual and total cost. For reassurance, the business case is signed-off by Commercial & Procurement, Finance, Legal, and the Chief Officer.
How will we do this?	During the meeting someone from the social care contract team (usually the Strategic Procurement Manager) will briefly outline the report and the business case. This is your opportunity to ask questions/comment. The Chair will then ask for approval.
What will help us to do this?	As a starting point, I would recommend that you consider the Excel spreadsheet “2023-03-28 Appendix A Supplementary Procurement Plan 2023-24” – this gives a brief outline on the business case and allows you to consider if you need to at the business case as you may need more information.
What should I be asking?	<p>If you cannot find details in the business case, we would encourage you to consider some, or all, of the following questions:</p> <ul style="list-style-type: none"> <li>• Am I clear that the service requested in the business case meets our strategic direction?</li> <li>• Are we commissioning ethically?</li> <li>• There is risk with every procurement – are the mitigations clear?</li> <li>• Do you think the people of Aberdeen City need the service requested – is this clear in the business case?</li> </ul>
What next?	<p>Each business case has a Lead Officer, and you should contact that person if you have questions. It is likely that they will be at the pre-agenda and full board meeting and can ask questions noted above. However, it does save time if you ask your questions prior to the meeting where they can be answered or prepared for beforehand</p> <p>As the report author, if you have questions/comments, please contact the Strategic Procurement Manager directly at: <a href="mailto:nestephenon@aberdeencity.gov.uk">nestephenon@aberdeencity.gov.uk</a> – my team and I are always delighted to help where we can.</p>

000-YVCJ8413	H&SCP	<p>Business Case C; The figures on this spreadsheet include the extension and tender as noted in the Business Case; the contract for this service includes:</p> <ul style="list-style-type: none"> <li>• a recovery focussed support service for people with mental health problems, mental illness and personality disorders which promote social inclusion</li> <li>• an immediate response, advice, support and signposting service for people with mental health problems.</li> </ul> <p>In order for these services to be included in the overall review of Tier 1 services prior to a tender being carried out for new services, the current contract will be required to be extended to 31 August 2024. This will bring it in line with the end of contracts for other commissioned services and allow for new services to be in place from 1 September 2024</p>	01/10/2023	31/10/2027	24, so potential contract duration is up to 31/10/2029	24
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## INTEGRATION JOINT BOARD

### DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014  
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The **ABERDEEN CITY COUNCIL** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

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

**Related Report Number: HSCP23.056**

**Approval from IJB received on 22/08/2023**

#### **Description of services/functions (business case reference)**

- a) Approves the eleven-month **Extension** and subsequent **Tender**, for a period of up to five (5) further years of a contract for **Mental Health Community Intervention Services**, as is detailed in Appendices A1 & C

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

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

#### **Timescales involved:**

Start date: 01/10/2023

End date: 31/10/2029



**Associated Budget:**

Description of Requirement		Value to be approved by IJB £
Please see "Appendix A Supplementary Procurement Plan Exempt 2023-24" for further details		
	<b>Total</b>	<b><u>£4,824,046</u></b>

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

Availability: **Confirmed**



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	22 <sup>nd</sup> August 2023
<b>Report Title</b>	NHS Grampian Three Year Delivery Plan (2023-2026)
<b>Report Number</b>	HSCP23.058
<b>Lead Officer</b>	Alison MacLeod
<b>Report Author Details</b>	Susan Harrold Senior Planning Manager <a href="mailto:susan.harrold@nhs.scot">susan.harrold@nhs.scot</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	a. NHS Grampian Delivery Plan Narrative b. NHS Grampian Delivery Plan Summary
<b>Terms of Reference</b>	7 The approval or amendment of the Strategic Plan and ongoing monitoring of its delivery through the Annual Performance Report

### 1. Purpose of the Report

1.1. The purpose of the report is for the Integration Joint Board (IJB) to note the NHS Grampian Three Year Delivery Plan (2023-2026).

### 2. Recommendations

2.1. It is recommended that the IJB:

- a) Notes the priorities set out within the NHS Grampian Three Year Delivery Plan (2023-26) for the period up to March 2026.

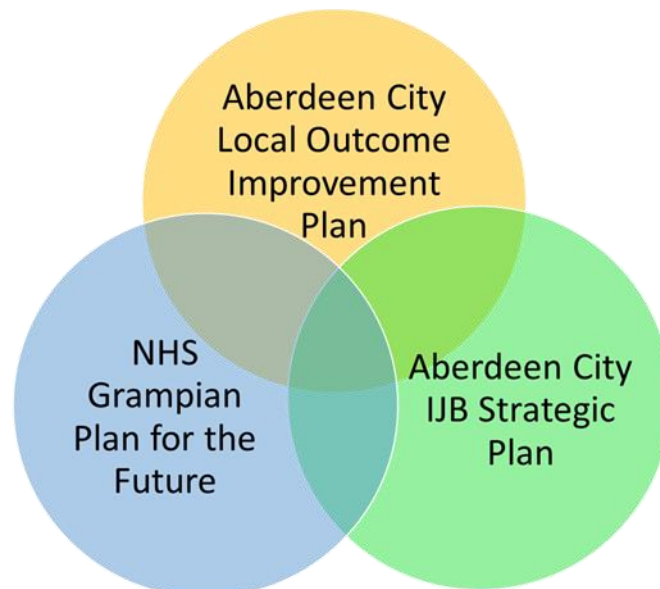


## INTEGRATION JOINT BOARD

- b) Notes the arrangements for reporting on progress of the NHS Grampian Delivery Plan as complementary to existing IJB reporting.

### 3. Strategic Plan Context

- 3.1. There is a high degree of coherence between the Aberdeen City IJB Strategic Plan and NHS Grampian's (NHSG) Plan for the Future both of which in turn link closely to Aberdeen City's Local outcome Improvement Plan (LOIP). Colleagues from all three Health and Social Care Partnerships (HSCPs) have been closely linked into the development work for the NHS Grampian Delivery Plan, ensuring that this reflects existing work without committing the HSCPs to additional or incongruent activity.



- 3.2. The Scottish Government recovery and renewal priorities for 2023-2026 cover several areas such as primary and community care, mental health services, workforce, health inequalities and climate change which the IJBs are either fully responsible for delivering or have a shared role with NHS Grampian and other partners. This is set out in more detail in the 'accountability' diagram on the last page of the Narrative document in Appendix A. Specific examples of commonality of priorities between the Aberdeen City IJB Strategic Plan and the NHS Grampian Delivery Plan are shown below.



## INTEGRATION JOINT BOARD

<b>NHS Grampian Delivery Plan</b>	<b>Aberdeen City Strategic Plan</b>
Primary Care	<ul style="list-style-type: none"><li>• Delivery of Primary Care Improvement Plan</li><li>• Creating capacity and improving patient experience</li><li>• Develop future Vision for Primary Care</li></ul>
Community Care	<ul style="list-style-type: none"><li>• Pathway Reviews – Social Care, Frailty, Rehabilitation – ensuring services are more accessible and co-ordinated</li><li>• Commissioning and Procurement Workplan</li></ul>
Mental Health	<ul style="list-style-type: none"><li>• Mental Health Transformation Programme</li></ul>
Urgent and unscheduled Care	<ul style="list-style-type: none"><li>• Reducing the impact on unscheduled care through Home Pathways by creating alternatives to admission (CTAC, PIHs, enhanced Care at Home, digital solutions, Risk Assessed Care, Hospital at Home, step up beds) and increasing discharge options (Hospital at Home, Rosewell House, Interim and End of Life Care Beds, Discharge to Assess)</li><li>• Support for Unpaid Carers</li></ul>
Workforce	<ul style="list-style-type: none"><li>• Development and delivery of our Workforce Plan including a focus on recruitment and retention and staff health and wellbeing</li></ul>
Health Inequalities	<ul style="list-style-type: none"><li>• Prevention - action on the top preventable risk factors – obesity, smoking, use of alcohol and drugs, delivery of the Grampian wide Sexual Health Service, and future planning e.g. Age Friendly City</li><li>• Achieving Fulfilling Healthy Lives – addressing the wider determinants of health (e.g. ensuring appropriate housing for those with complex needs and disabilities), reducing stigma through the implementation of assessing our impact procedures and rolling our Trauma Informed training.</li></ul>
Climate Change	<ul style="list-style-type: none"><li>• Embed consideration of the impact of Climate Change in health and social care planning and business continuity aiming to reduce our carbon footprint and deliver on our net zero emissions</li></ul>





## INTEGRATION JOINT BOARD

### 4. Summary of Key Information

- 4.1.** NHS Grampian has a contract with the Scottish Government to have a Chief Executive Team/Board 'owned' Delivery Plan. This sets out how NHS Grampian Board, working in partnership with the three Health and Social Care Partnerships, colleagues, citizens, communities, and partners (including the third sector) will make progress against the vision and strategic priorities as set out in the Plan for the Future 2022-28, along with responding to key priorities for recovery and renewal set out by the Scottish Government in NHS Delivery Plan guidance received in February 2023.
- 4.2.** Shared outcomes for the Delivery Plan have been agreed by the North East Transformation Group and a high-level presentation on the plan was given to the Aberdeen City Strategic Planning Group and feedback captured.
- 4.3.** The initial draft of the Delivery Plan was submitted to the Scottish Government on 19th June 2023. Initial written and verbal feedback was received on 3 July 2023. Positive feedback was provided on the narrative Delivery Plan, with no material change needed. The remaining feedback was largely framed around the Scottish Government Recovery Priorities and focused on the deliverables for 2023-24. NHS Grampian's response to this feedback was collated in conjunction with the respective Portfolio Leads and the wider Chief Executive Team. Where this feedback related to areas that the IJBs are solely accountable for (such as primary and community care; MAT standards etc) the response highlighted the relevant IJB plans that these actions can be found in and the performance reporting mechanisms already in place, to avoid dual reporting. Reporting against these areas will be incorporated within the IJBs quarterly strategic delivery plan performance reports
- 4.4.** A summary version of NHS Grampian's Delivery Plan has also been developed to support easy communication of the key messages and priorities. This document was tested and further informed by NHS Grampian's Public Involvement Network (PIN) and several colleagues who attended specific staff focus groups to ensure it is accessible, meaningful and the key messages are easily understood.
- 4.5.** The final Three Year Delivery Plan was endorsed by the NHS Grampian Board at their meeting on 3rd August 2023 and the narrative can be found at Appendix A to this report and the summary at Appendix B. Progress on the plan will be reported quarterly to the NHS Grampian Board and to Scottish Government and regular updates will also be shared via a range of



## INTEGRATION JOINT BOARD

mechanisms including the Plan for the Future Website. Aberdeen City Health and Social Care Partnership (ACHSCP) will contribute to these progress reports as required in relation to actions specific to them. ACHSCP's contribution to the reporting will be in line with the quarterly reports against the ACHSCP Delivery Plan already submitted to the Senior Leadership Team and to the Risk Audit and Performance Committee.

### 5. Implications for IJB

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

An Equality Impact Assessment (including assessment against Fairer Scotland Duty) has been undertaken in line with NHS Grampian's statutory obligations. These were included as part of the submission to the NHS Grampian Board on 3 August 2023 and are available publicly.

#### 5.2. Financial

The NHS Grampian Delivery Plan will be delivered within existing budgets and there are no direct financial implications for Aberdeen City IJB arising from the recommendations of this report.

#### 5.3. Workforce

The NHS Grampian Delivery Plan will be delivered using existing staffing and there are no direct workforce implications for Aberdeen City IJB arising from the recommendations of this report.

#### 5.4. Legal

The development of the NHSG Delivery Plan satisfies the requirements of the contract NHS Grampian has with the Scottish Government. There are no direct legal implications for Aberdeen City IJB arising from the recommendations of this report.

#### 5.5. Unpaid Carers

Unpaid Carers rights are considered within the Fairer Scotland Duty Assessment which has been undertaken and outcomes included within the final version of the Three Year Delivery Plan.



## INTEGRATION JOINT BOARD

### 5.6. Information Governance

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

### 5.7. Environmental Impacts

NHS Grampian want to be leaders in sustainability and reduce their impact on the environment. Human health and planet health are inextricably linked and making use of the extensive human, environmental and social assets of Grampian towards the COP26 goals is the primary aim. NHS Grampian have a legislative requirement to deliver a net zero carbon service across our infrastructure, requiring emphasis not just on buildings but on the way we contribute towards a circular economy – reducing, reusing and recycling. NHS Grampian travel policies, healthcare practices, use of buildings and supporting change in communities are all part of the bigger shift towards sustainability.

### 5.8. Sustainability

The vision of the proposed NHS Scotland Climate Emergency and Sustainability Strategy is of a comprehensive set of measures designed to reduce global warming and its impact on the climate and human health and health services whilst maintaining a focus on the provision of equitable health care to the people of Scotland. The underpinning values behind the strategy are those of an enlightened concern for the environment whilst improving the health and wellbeing of communities and reducing health inequalities through the exercise of corporate social responsibility.

### 5.9. Other

None

## 6. Management of Risk

NHS Grampian operates within a complex contemporary environment and is influenced by variable internal and external factors. To support the success and effectiveness of NHS Grampian's service delivery and governance arrangements, an enterprise risk management approach is adopted, which seeks to uniformly manage the organisation's strategic and operational risks in a proactive manner.



## INTEGRATION JOINT BOARD

Risks to the fulfilment of the Three Year Delivery Plan's objectives have been identified, with several associated links to NHS Grampian's strategic risks.

For more information on NHS Grampian Risk Management, please follow this link: [Plan for the Future - Strategic Risk](#).

### 6.1. Identified risks(s)

- Due to operational system pressures and resource constraints, there may be a lack of capacity for colleagues to engage with new learning initiatives and the inability to release colleagues and managers to engage with, support and embed new ways of working.
- These pressures, combined with staff shortages, poor health and wellbeing, and lack of motivation may lead to burnout, retention issues and an unwillingness from colleagues to engage.
- National and local workforce tools failure or malfunction have the potential to interrupt service provision and planning, while data security and privacy also pose a risk.
- Uncertainties regarding existing non-recurring financial resource and the unavailability of new financial resources could restrict existing services and the launch of new initiatives and technologies.
- A key requirement for identifying health inequalities and improving the population's health is public engagement. However, there is the potential for inadequate capacity to carry out public engagement activities as well as an unwillingness from the public to engage.
- The complex nature of the health care system could result in an inability to effectively introduce pathway, technology and environmental transformation within the agreed timeframes. This transformation is key for gaining the capacity to meet population health demands.
- Ageing infrastructure and major delays to fundamental construction could impact service provision, resulting in increased waiting times and impacting upon the quality of care.



## INTEGRATION JOINT BOARD

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

ACHSCP's contribution to NHSG's Delivery Plan is completely aligned to existing work in their own Delivery Plan. The activities there are variously linked to all seven of the risks in the IJB's Strategic Risk Register. These risks are regularly monitored and managed through the Risk Management Programme and subject to a minimum of an annual review by the IJB.



# NHS Grampian

# Three Year Delivery Plan

## 2023-2026

If you would like more information, please get in touch by contacting [gram.planforthefuture@nhs.scot](mailto:gram.planforthefuture@nhs.scot).

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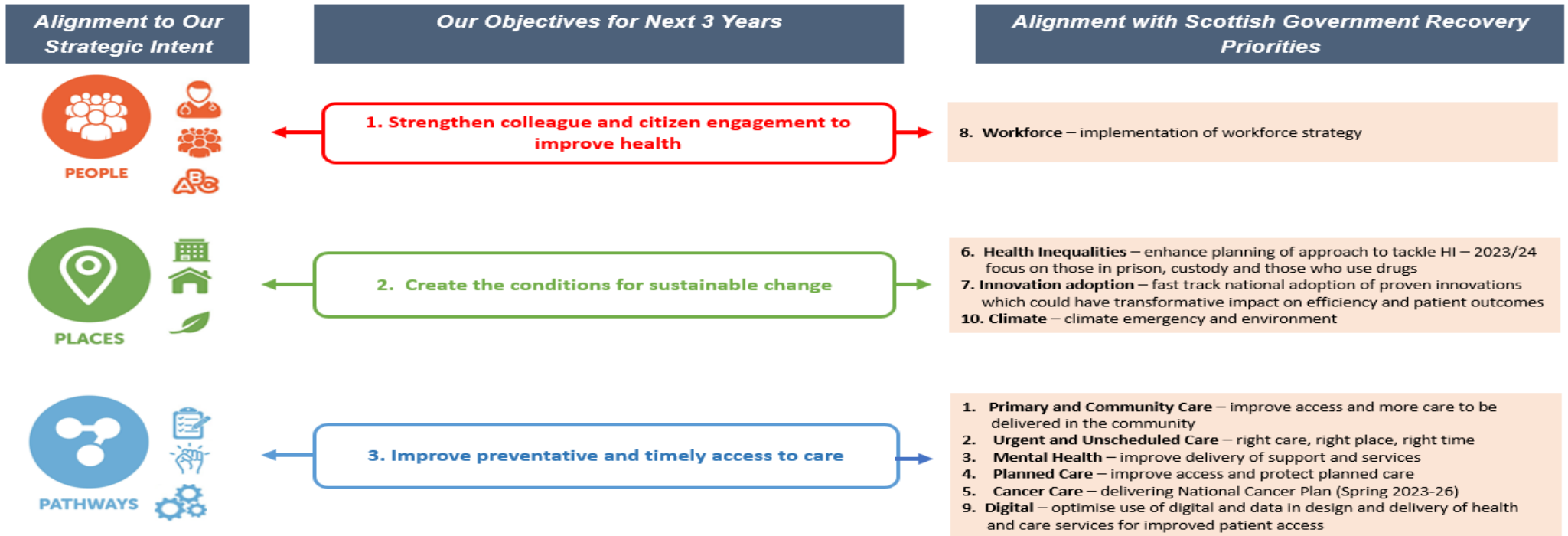
# Executive Summary

The NHS Grampian Three Year Delivery Plan covers the period August 2023 to March 2026 and has been developed in collaboration with our three Health and Social Care Partnerships, colleagues, citizens and wider partners and builds on the Annual Delivery Plan (ADP) 2022/23. Acknowledging the enduring challenges across the health and care system, good progress was made against a number of priorities set out in the ADP 2022/23 as illustrated in the [‘progress section’](#).

This Three Year Delivery Plan (2023-26) sets out how we will continue to make progress and its development has been informed and shaped by both those accessing and delivering services. Over the next three years, we aim to deliver on three specific objectives, underpinned by a number of priority actions. We believe the priorities set out are ambitious but deliverable by March 2026 and will make the biggest impact in relation to recovery, responding to enduring pressures and delivering the significant changes required to achieve the ambitions set out in our strategy - [‘Plan for the Future 2022-28’](#). This Plan responds to the 10 priorities for recovery set out in the Scottish Government Commissioning Guidance dated 27 February 2023 and is aligned to national strategy, specifically the [NHS Recovery Plan 2021-26](#).

Our priorities are framed around the key components of our strategy - People, Places and Pathways, which encompass the 10 Scottish Government priorities and is illustrated below.

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It requires to be acknowledged that primary and community care, mental health, prison and custody, substance use and aspects of unscheduled care, as set out as areas for recovery by the Scottish Government, are the responsibility and accountability of the three Integration Joint Boards (IJBs), however, NHS Grampian supports and contributes to aspects of delivery as part of the whole system approach. The focus of this Plan is on those areas which the Board is responsible and accountable for and, where priorities sit within IJBs' domain of accountability, this is highlighted and linked to relevant IJB Strategic Plans and focuses on the work we are collaborating on. A high level outline of accountability for the 10 areas of recovery within the Grampian health and social care system is contained in [Appendix 1](#).

The priorities within this Plan have been informed by a high level of engagement, along with key learning from the COVID pandemic response and recovery. We will continue to and further embed co-creation and establish a Learning Health System approach as we implement this plan; co-creation being a fundamental part of working in a Learning Health System.

Accompanying this document is the:

- Excel Delivery Plan Template, which sets out against each of the priorities, the critical milestones for delivery, alignment to our strategic objectives and government priorities for delivery, and the key risks and control measures.
- Progress update on the Three Year NHS Grampian Workforce Plan.
- Summary NHS Grampian position against the Scottish Government 10 recovery areas in relation to areas of focus for 2023/24 and the medium term.

There are a number of key challenges and risks (outlined below) which the health and care system are dealing with as we try and reduce poorer health outcomes and inequality in the population.

- **Continued unpredictability of COVID/infectious diseases and responding to increased needs for managing acute and chronic phases of disease** - our intelligence systems support the identification of emerging issues to inform our response, a vaccination programme is in place, and our framework for maintaining operational business continuity has been updated based on learning to date, along with our major incident and major infectious disease plans.
- The direct and indirect consequence of the **Cost of Living** is affecting our communities. We are working with partners and with citizens to mitigate the impact of increased financial pressure and financial anxiety; delivering initiatives such as warm home prescriptions, income maximisation and tackling period poverty. When we work together, we can consider what more we can do to support third sector organisations to remain financially viable, to work directly in communities, targeting and increasing support to the most financially vulnerable people in our community, such as those whose lives are affected by substance use or homelessness.
- Enduring high service and system pressures has negatively affected **colleagues' health and wellbeing** – our focus on this remains critical but is at risk from a lack of clarity around the continuation of national funding for enhanced capacity, particularly in psychological supports and to support welfare needs. We continue to embed the range of locally funded enhanced health and wellbeing support available for colleagues.
- Linked to the points above, the ability to **effectively manage surges in complex unscheduled demand (COVID/Non-COVID) alongside protecting planned care activity is challenging, particularly during the winter season** – considerable work has been undertaken and continues to be taken across the system to mitigate the various risks, such as clinical prioritisation, protecting planned/cancer care, reducing demand in the system i.e. preventing the risk of falls in bad weather, redesign of urgent care pathways, optimisation of community and social care assets to prevent unnecessary

admission or reduce delays in discharge, along with day to day flow management via robust cross-system leadership. Work is also underway to re-size the acute bed base on the Foresterhill site.

- **Workforce sustainability** - retaining colleagues is becoming an increasing problem due to the shifting age profile of the working age population, with individuals choosing to retire earlier or to go part-time to have a better work/life balance. Whilst improvements have been seen in attracting colleagues to Grampian, recruitment remains a significant concern locally and nationally, and a range of actions to deal with this and other risks over the next three years is set out in our [Integrated Workforce Plan 2022-2025](#).
- Significant parts of the **building infrastructure (hospital and community) are ageing** – managing the associated risks within the available funding is challenging as our existing infrastructure base continues to deteriorate. Work is ongoing to improve our understanding of the condition of our infrastructure through detailed survey and technical assessments and aligning this with key operational risks highlighted through service planning. This work is informing our investment plan to ensure all available resource is prioritised against the highest risk deliverable projects.
- **Financial sustainability** is a constant challenge. We have not been able to set a balanced revenue budget for 2023/24. In addition, new financial pressures around pay awards, energy charges, investment required to achieve net zero carbon and costs have increased the risk to the Board's ongoing financial sustainability. Our Medium-Term Financial Framework (MTFF) sets out how we aim to achieve financial balance over the coming years, but this will not be without challenge or difficult decision making. A Value and Sustainability Programme is in place to assist in mitigating these pressures/risk, but it may not be enough for the Board to achieve financial balance in the 2023/24 year. Scottish Government will hold further discussions with the Board on the financial position once it has reviewed our financial return for quarter one of 2023/24.
- **Redesigning whilst responding to pressures** is a significant challenge across the system due to the ongoing requirement to deal with the day to day 'firefighting'. We know that to move to a more sustainable place we need to create the capacity and space to do the necessary planning and redesign to make the required shifts and to focus on the upstream work which will, in time, change the levels of reactive response required but this is very difficult to balance given the system pressures. We know the longer it takes for us to get the traction and make the shifts, the more the firefighting/demands will build up and further reduce our ability to redesign. Whilst we continue to react and respond to treating illness, we must ensure we protect capacity across our system for redesign. This will require greater collaboration with all our partners and communities on prevention, early intervention, environmental improvements and, by working together locally, regionally and nationally, we can collectively create the conditions for change and move towards a sustainable health and care system and healthier population.

Our [Case for Change](#) document produced in 2022 and the recently published [Director of Public Health's Annual Report](#) - 'Delivering change, improving lives', clearly demonstrates the increasing inequalities in the population and the critical point the NHS is at and the need to do things differently in terms of responding to illness whilst enabling wellness.

Given the current changing nature and pressures experienced within the health and care system, the Delivery Plan will be kept live based on latest intelligence, data and learning. Actions will be reviewed quarterly to ensure these are still the right actions, are deliverable and will make the biggest impact. This will form part of the performance assurance reporting arrangements as set out within this document. The Delivery Plan has been informed by the Grampian NHS Board and was considered at a private session of the Board on 1 June 2023. The Plan will be formally approved at the public Board meeting on 3 August 2023 once sign-off has been received by the Scottish Government.

# Plan on a Page (August 2023 – March 2026)

**Our Aim**

To make progress towards our ambition to create sustainable health and care by 2032



**Objectives**

**1. Strengthen colleague and citizen engagement to improve health (People)**

**2. Create the conditions for sustainable change (Places)**

**3. Improve preventative and timely access to care (Pathways)**

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**By March 2026**

- Staff retention rate increased to 90% stability in all areas & all teams have an absence rate below the national average.
- *Matter* organisation level scores are =>70% in key elements.
- Improved culture demonstrated through RACH obtaining Magnet status & RCH/ARI progressing on Magnet journey.
- All services use a digital real-time feedback loop in support of improved workforce engagement.
- 70% colleagues in all Portfolios/Directorates report the organisation supports their health & wellbeing at work.
- All staff have access to regular protected learning time as per policy agreed through Agenda for Change (AfC) reform.
- Increased participation in research contributing to evidence based practice.
- Health & Care (Staffing) (Scotland) Act implemented across all Portfolios & clinical professions.
- People's insights are embedded into our planning to reduce inequality in access to our services.
- Communities engaged & continued progress made to ensure all voices of our diverse population, including children & young people, are heard & insights acted upon in designing health & care services.
- Trauma informed practice embedded across the system.
- Improvement in outcomes for children being realised & evidenced.
- Agreed strategy for paediatric tertiary services in place.
- Moray Maternity Services Redesign implemented & evaluated.

- All pathways & service plans designed through a health inequalities lens.
- We have trained & embedded the use of appropriate tools to tackle inequalities experienced by our colleagues.
- A defined plan for supplier development to enable sustainable & competitive local procurement.
- We have increased the share of new starts employed from diverse communities and can evidence by postcode, staff group & grade.
- We have agreed & implemented our 'population based approach to health'.
- Decarbonised fleet & infrastructure in line with national 2025 target .
- An established 20 Year Infrastructure Investment Plan & revised Preventative Maintenance Programmes.
- All new & retrofit builds are net-zero with prioritisation for investment/development in Infrastructure Plan.
- New build Mortuary & Braemar Health Centre projects completed and National Treatment Centre (NTC) construction underway.
- Baird Family Hospital, ANCHOR & MRI at Dr Gray's open & demonstrate enhanced outcomes & experience.
- All colleagues provide care through the principles of Realistic Medicine.

- We will have fully redesigned three whole-system pathways. (1. adult general mental health; 2. frailty; 3. management of long-term conditions)
- Evaluation of the three designed care pathways demonstrates an improved person-centred approach.
- We have clarity about governance & performance reporting while demonstrating a systems leadership approach to delivery.
- Our 'making every opportunity count' (MEOC) approach is fully embedded in these three pathways.
- We will be able to demonstrate our commitment to spending more on prevention.
- Teams use live modelling data to inform continuous improvements in our pathways of care.
- Portfolio integrated plans prioritise new models of care / workforce & innovation.
- Improved time to access in unscheduled and planned care pathways, using performance measures that take account of demographics, people's experiences & outcomes, increasing demand/need and long-term gains.
- Screening & immunisation/vaccination levels are above national average, with increased participation in screening & vaccination programmes across all SIMD & demographic categories with low uptake and increased rates of childhood immunisation.

**2023/24 Priorities**

- Right workforce to deliver care now & in the future
- Culture & wellbeing
- People powered health
- Children's health & wellbeing

- Employment, procurement & physical assets
- Population based approach to health
- Greening health systems

- Pathway redesign
- Intelligence-led improvements
- Making every opportunity count (MEOC)
- Primary & community care
- Secondary care
- Mental health

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# Role of the Delivery Plan

## Role of the Delivery Plan

This is NHS Grampian’s overarching Delivery Plan and sets out how the Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), our colleagues, citizens, communities and partners (including the third sector), will make progress against the vision and strategic priorities as set out in our ‘Plan for the Future 2022-28’, along with responding to key priorities set out by the Scottish Government.

While our overall aims are ambitious, we know we are on a long journey and cannot do everything at once, so we need to focus on the most important issues at this current time based on the feedback from citizens, colleagues and partners. This document **sets out the organisational commitments for change and areas of increased focus during the period August 2023 to March 2026** and what benefits this change will provide by March 2026 in relation to our strategic intent.

## Our Plan for the Future

The ‘[Plan for the Future 2022-28](#)’ approved by the Grampian NHS Board on 2 June 2022, was co-created with our colleagues, communities, citizens and our partners during 2021-22. It sets out an ambitious strategy which can only be achieved by working in collaboration with our citizens, communities, colleagues, third sector and partners.

Diagram 1 illustrates the key areas of focus within the ‘Plan for the Future’ which centres on creating sustainable health and care by 2032. Key to achieving this ambition will be balancing both enabling wellness and responding to illness and delivering our intent for People, Places and Pathways as set out in the diagram.

Within People, Places and Pathways, we have also confirmed the key priority areas of focus over the six-year period which are contained in the outer ring of the diagram. The rolling Delivery Plan will set out the key actions being taken forward to progress these.



Diagram 1: Summary of ‘Plan for the Future - 2022-28’



### Coherence with Partner Strategies & Plans

As part of the development of the 'Plan for the Future', work was undertaken to understand what challenges and priorities we share with our local partners. This highlighted key areas where there is a high level of coherence – this is reflected in diagram 2. Further collaborative work is underway to articulate those shared priorities of focus across the three Integration Joint Boards (IJBs), NHS Grampian and other partners.

### Approval of Delivery Plan

The Delivery Plan was approved by the NHS Grampian Chief Executive Team, following discussion with the Board, prior to the submission of this to the Scottish Government. Once the Delivery Plan has been signed off by the Scottish Government, this will be formally considered at the public NHS Board meeting in August 2023.

### Assurance Reporting

Formal reporting on progress of the Delivery Plan will continue to be submitted to the Grampian NHS Board (via relevant Sub Committees) and to the Scottish Government on a quarterly basis.

Regular updates on progress will also be shared with colleagues, citizens, communities and our partners via a range of mechanisms. We will also share progress reports via the NHS Grampian 'Plan for the Future' website.

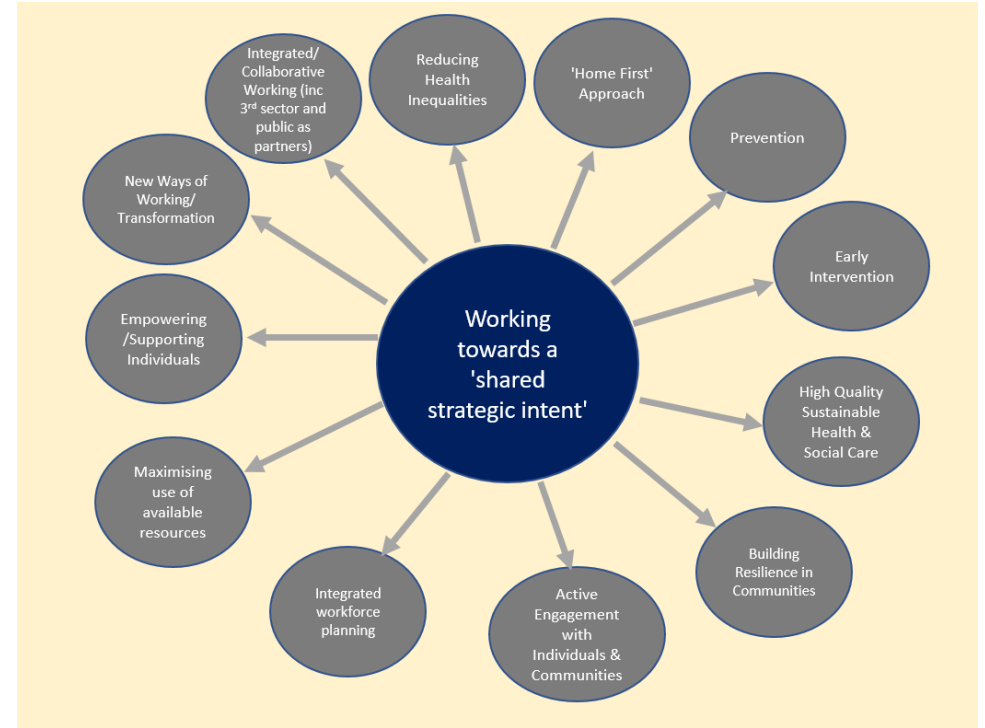


Diagram 2: Shared values and areas of significant commonality across the three IJBs and NHS Grampian strategic aims/priorities

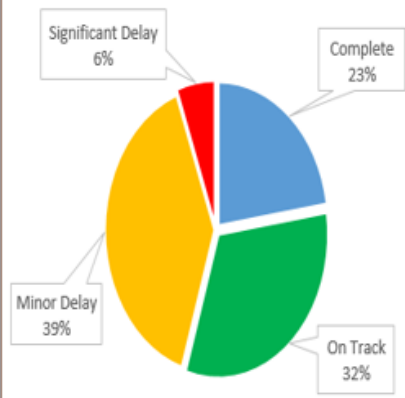
# Progress against the 2022/23 Delivery Plan

2022-23 was a significantly challenging time where we continued to respond to COVID, deal with sustained pressures across the health and care system and started to make changes to move to a more sustainable position. Below sets out the overall progress against the milestones set out in the 2022/23 Delivery Plan for the period August 2022 to March 2023, and some of the highlights against the three objectives for people, places and pathways.

It is clear our progress towards the many things we want to improve has been hampered by high system-wide pressures and the need to have an 'all hands on-deck' response. The fact that we are moving forward, as shown below, is testament to the focus and hard work of team's right across the organisation and wider system.

## Overall Status of Milestones at 31 March 2023 (Q4)

32% of the 124 milestones set out in the Plan for delivery by the revised target of end of June 2023 are currently on track with 23% complete at the end of Quarter 4.



Total Milestones: 124\*

Milestones Progress:	Jun-22	Sep-22	Dec-22	Mar-23
Complete	0	2	8	28
On Track	88	78	65	40
Minor Delay	22	37	43	49
Significant Delay	0	7	8	7
Proposal	11	0	0	0

\* 3 new milestones included in Q2

## PEOPLE – Support Colleagues to be Safe & Well at Work: Key Areas of Progress

51% of milestones complete or on track

- Peer Support Programme now rolled out to 11 areas
- 49.3% in Mar 2023 Pulse Survey indicated We Care actively supports wellbeing (baseline 45%)
- Positive feedback from NHS Charities Together received on the wellbeing projects which has seen development of Long Covid rehabilitation for colleagues, expansion of Values Based Reflective Practice (VBRP) projects and recruitment of a Trauma Risk Management (TRiM) Assistant Psychologist
- North of Scotland International Recruitment Service (excluding Tayside) established hosted by NHS Grampian. 95 new Registered Nurses recruited in 2022/23
- Monthly protected time for education agreed for Agenda for Change staff

- Education Delivery Group established which has focused on recovering and strengthening multidisciplinary education in collaboration with universities
- Agreed parameters and cross-Portfolio resourcing has enabled a 12-month test of change for introducing weekly pay for bank staff to commence from Dec 2022
- Roll out plan agreed for Allocate e-Rostering commencing in Medicine & Unscheduled Care (MUSC) and multi-disciplinary teams in Royal Cornhill Hospital and in theatres
- NHS Grampian/Health & Social Care Partnerships Workforce Plan approved with implementation underway
- Ahead of other boards on re-banding Band 2 Health Care Support Workers - 80% completed

## PLACES – Create the Conditions for Sustainable Change: Key Areas of Progress

63% of milestones complete or on track

- Value & Sustainability Plan approved with year one aims delivered
- Endowment funding secured to run a project building on the national research & campaign around "It's OK to Ask" to expand to value based healthcare supporting shared decision making
- Model 6 Business Case in response to the Dr Gray's Maternity Review agreed by Scottish Government, implementation commenced and midwifery clinical lead for Moray in post
- Hospital Electronic Prescribing and Medicine Administration (HEPMA) implementation began
- Dr Gray's Strategic Plan approved by the Board and delivery plan in development.

- Realistic Medicine role recruited to for 23 months to provide support to piloting an approach to redesign pathways that involve multiple specialties
- Positive feedback on the development and testing on maternity services toolkit
- Community led celebration of projects helping with health and wellbeing in Aberdeenshire using the Kings Fund 'community paradigm' approach
- Child Poverty Action Plan approved in March 2023.
- Evaluation of Artificial Intelligence being taken forward in breast screening and a new project launched Grampian's Radiology Assist Chest x-ray Evaluation (GRACE) within the lung cancer pathway

## PATHWAYS – Reduce Delays in Accessing Care: Key Areas of Progress

47% of milestones complete or on track

- A single site for the National Treatment Centre (NTC) has been agreed by the NTC Programme Board and approved by the NHS Grampian Board
- Continue to exceed delivery target of 90% of people receiving first cancer treatment within 31 days of decision in Quarter 2
- First North East Alliance stakeholder workshop to explore substance use through population health lens - focus on tackling stigma, rights-based approaches and implementing 'making every opportunity count', shaped directly by those with lived / living experience
- The 3 Alcohol & Drugs Partnerships have co-created a self-assessment process to provide Pan-Grampian oversight re implementation of Medication Assisted Treatment (MAT) Standards 1-5
- The overall number of delays in accessing care target has been met in quarter 4 due to significant reduction in delays in March 23

- Plans agreed and being implemented to deliver a rolling programme for Naloxone roll out and the introduction of a Naloxone Module on Turas
- Colon Capsule Endoscopy (CCE) was implemented in December 23
- Day Case Surgical Unit re-established
- Backlog continues downward trajectory towards Out Patient Treatment Time Guarantee (OP/TTG) 2 year target
- Autumn and winter vaccination programme successfully delivered
- 'Waiting well' service established which has gained positive feedback from both patients and services
- Access to general dental practitioner services has improved, however it is still below pre-pandemic levels
- Children & young people referred to Mental Health Services to be seen within 18 weeks of referral, performance has been consistently above target since May 2022

## Position at end of March 2023

### Threats to health, enduring system pressures and making hope possible

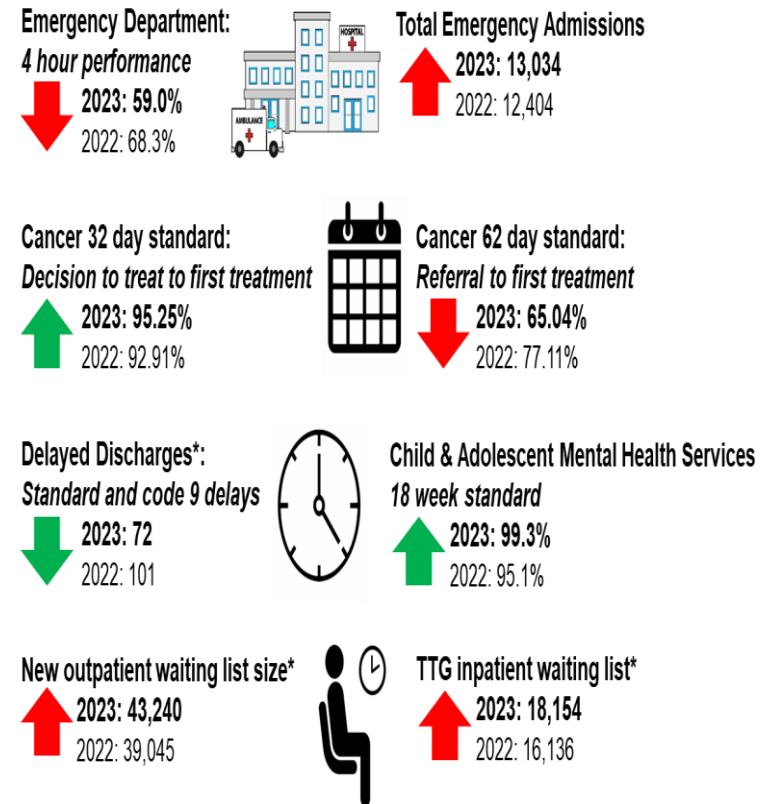
The world in which we live has changed. Whilst our health has improved throughout the 75 years of the NHS, we now stand at a turning point where we must consider and adapt to threats affecting our health and wellbeing. The health and care system has become fragile over the past decade, with workforce challenges and access to treatments amongst the most notable impacts. We know that health care needs are increasing, due in part to demographic change but amongst the general population too. There are multiple reasons for this, including delayed care due to the pandemic but also the effects on healthcare of economic and climate instability. The latter two may not be obvious and indirect, but the data and evidence point to these impacting on population health.

Challenging times are ahead for health and care services. Reform is not the sole responsibility of the NHS but of us all as individuals, communities, workplaces and schools. It is this social perspective that will make a difference to population health and help to make sure that we have health care services for us, our children and our children's children.

We continue to assess the 'care gap' between capacity and demand. The use of modelling, forecasting and scenario planning are tools we use to do this, working with healthcare teams and engaging with patients and our communities on what matters most to them. Changing clinical practice, innovation and the use of artificial intelligence to improve pathways are things we do, despite the day-to-day pressures in our healthcare system. However, we are also realistic about the forces for change that may, if unchecked, create significant pressure in healthcare demand. For example:

- The higher cost of living is increasing the number of people and families living in poverty. This is already widening inequality in almost all areas, including coronary heart disease, respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD), cancer and mental health and it is also widening in some areas, such as alcohol and drug related deaths.
- The NHS and social care are coping with relentless pressure driven by an ageing population that is living longer with illness and often with multiple conditions. The 'lean' model of care which is focused on short hospital stays and high occupancy makes efficient use of resources but is increasingly vulnerable to disruption. The sustained

### Grampian's Position Against Key National Metrics (at 31 March 2023)



**Note:**

\* Snapshot position at end of March 2023

These key metrics are part of a wider set of measures reported to the Scottish Government and the NHS Grampian Board.  
Source: Management Information/Data

system pressure is based on high demand coupled with recruitment challenges and high staff turnover.

- Infectious diseases continue to pose a threat to our health - the conditions remain right for future pandemics and antibiotic resistance continues to grow. Children and the most vulnerable in our communities are hit hardest. We can influence some things, such as vaccination uptake, while others require changes in policy, such as access to sick pay.
- There is an inextricable link between environmental change and human health. Temperatures greater than 20 degrees Celsius are sufficient to cause harm to health and in Scotland, last year, we exceeded our previous highest temperature with 34.8 degrees Celsius in the Borders. We have seen the impact of flooding locally and recently the impact of icy weather resulting in a 400% rise in people presenting to the Emergency Department after a fall, including head injury admissions.

Understanding each threat to health and healthcare helps us to formulate plans, which will reduce risks and seize opportunities to improve population health - this is what our Delivery Plan is all about, making hope possible, rather than despair convincing.

### Finance Position

The Board reported a revenue break even position for the 2022/23 year, although this was based on a large number of non-recurring savings and system pressure funding provided by the Scottish Government. The Board's underlying financial position is extremely challenging and continued to deteriorate in the second half of 2022/23. The Board will report its quarter one financial position for 2023/24 to the Scottish Government in July. We would expect a significant overspend to be reported as a result of:

- Our Financial Plan submitted to the Scottish Government in March which projected a £60.6m overspend for the year;
- We continue to use high levels of supplementary staffing in response to operational pressures; and
- Non-pay inflation remains at a high level (currently above 10%) which impacts on the prices we pay for items such as medical supplies, drugs and service contracts.

We have developed a local Value and Sustainability Plan, which outlines actions to achieve a level of 3% savings and mitigate our projected revenue overspend, but even full delivery of this plan will not enable us to achieve a balanced revenue financial position at the end of the year.

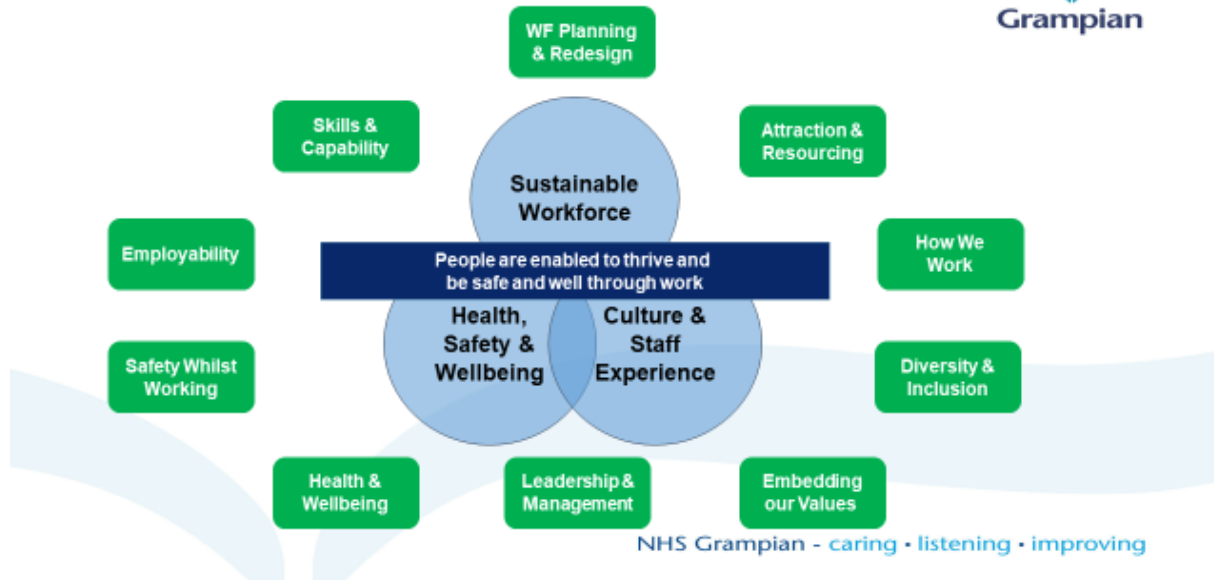
The availability of capital funding to support investment in infrastructure is a key constraint and risk in both the short and longer term. Significant parts of the building infrastructure (hospital and community) are ageing and managing the associated risks within the available funding is challenging as our existing infrastructure base continues to deteriorate. Work is ongoing to improve our understanding of the condition of our infrastructure and aligning this with key operational risks ensuring all available resource is prioritised against the highest risks.

A number of the commitments and operational performance improvements outlined in this Plan are not yet reflected in NHS Grampian's opening revenue budget and will be dependent on confirmation of earmarked or additional funding from the Scottish Government during the year. Given NHS Grampian's projected revenue deficit for 2023-24, we are not in a position where the Board can make commitments which are not underpinned by a funding source.

## Workforce/Colleagues

Our colleagues are our greatest asset and developing the culture that they are part of is essential to ensuring they can thrive and be safe and well through work. This is the vision at the heart of our Colleagues and Culture component of Plan for the Future.

### Colleagues & Culture - Areas of focus



[Page 38](#) provides a progress update against the supporting Three-Year Workforce Plan agreed in autumn 2022, and the role of workforce planning as part of an integrated approach to service planning and redesign as a mechanism to support the workforce in delivering today's work today and innovating for tomorrow. This is in the context of unprecedented pressure colleagues are facing and the need to ensure they are provided with work and roles that support their health, safety and wellbeing at work and that they are empowered to innovate and make their best contribution. This is necessary to ensure that we achieve the high levels of colleague engagement necessary to contribute to the delivery of changes required to achieve a sustainable health and care system.



Our Commitment to Culture

Developing our culture – “the way we do things round here” reflected in our attitudes, beliefs, behaviours, stories, and routines – remains central to our aim of being an organisation where people are able to thrive and be safe and well through work. This will only be achieved if we focus on the factors that affect colleague retention as well as attraction.

# Our Commitment to Culture

At NHS Grampian we display and experience behaviours which help us all to thrive, be safe and well through work

In our approach we are:

**Values-based**

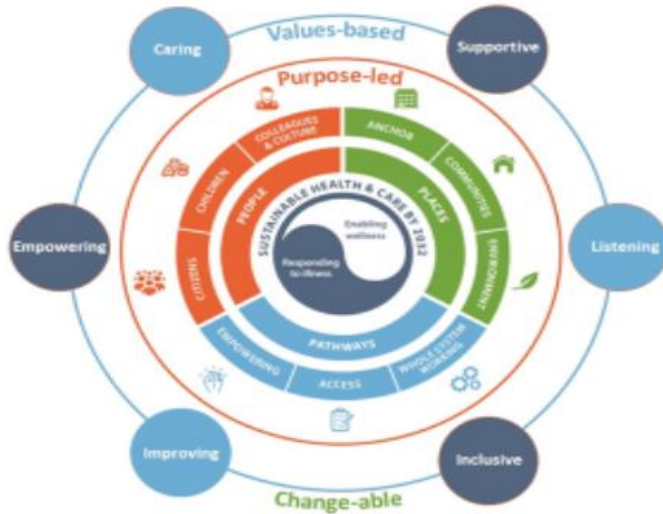
We demonstrate behaviours of **caring, listening and improving**, and being **supportive, inclusive and empowering** to our patients, communities and each other

**Purpose-led**

We deliver on the core responsibilities of the NHS and our **Plan for the Future** while working jointly with partners to support a flourishing and durable NE Scotland

**Change-able**

We explore and adopt new ways of working and new roles to adapt to the ever changing world that we are part of



Resources for developing knowledge and skills

Resources for exploring in teams and work groups

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Alongside continuing to use and embed the enhanced functionality of iMatter; making further use of the Best Practice Australia Culture Survey Phase 1 results and in support of our Magnet recognition journey; and delivering Year of the Manager to support both the development of our managers and increase the value placed on management practice, over the course of this plan we will implement Our Commitment to Culture.

Developed in 2022 with our Culture Collaborative, an open forum attended by colleagues from all role types and different parts of the system, Our Commitment to Culture is a resource supporting local ownership of culture development by teams and services. It recognises that culture is owned and experienced locally. Whilst there are things that we want to be common for all colleagues, to have impact they need to be explored, shaped and owned by teams and groups in ways that make sense to them.



During 2023/24, this digital and physical resource will be tested and further developed in partnership through an outreach programme run jointly by the Culture Collaborative and Staff Equalities Network which will try to get beyond the limitations that MS Teams brings in respect of engaging with colleagues in point of care roles.

## The 8 CAKE slices



A complementary approach also commissioned following input from the Culture Collaborative is CAKE – a recipe for team and individual wellbeing and effectiveness. CAKE is a suite of free resources developed by Queen Margaret University Edinburgh during the pandemic that recognises that self-care and wellbeing are essential ingredients of healthy team cultures.

By training facilitators across a range of different professions including Organisational Development, Podiatry, Dietetics, Health Visiting and School Nursing, Midwifery, Child and Adolescent Mental Health Services (CAMHS), Primary Care Support and Care Home Management as a Community of Practice, we plan to support teams with work on aspects of their culture, building on the potential of Our Commitment to Culture in the process.

# Key Issues Driving the Need for Change

Key issues are shown in the bottom right of the diagram below. We also understand what matters to citizens and colleagues in Grampian. We have solid foundations of robust intelligence, strong partnership working, clear direction with shared ambitions, and the dedication of our colleagues and partners. We are well placed to make sustainable changes which will improve outcomes.

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For more information, please access (1) [Case for Change](#) , (2) [DPH Final Report.pdf](#) , (3) [The Health and Wellbeing of people living in Grampian 2022.pdf](#)

## People, Places and Pathways – Key Priorities for Delivery

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Everything we do going forward will support our progress in delivering our strategic intent:



**People** - Joining with people to flourish



**Places** – Using our places to proactively seek the best health and wellbeing and fairness for all



**Pathways** – Enabling a partnership approach to our pathways of care

Our key objectives are to:

1. **Strengthen colleague and citizen engagement to improve health**
2. **Create the conditions for sustainable change**
3. **Improve preventative and timely access to care**

The above objectives will support the delivery of priority areas by March 2026 which will enable us to make significant progress against the strategic intent set out in the Plan for the Future. The diagram below sets out the objectives and underpinning priority areas of focus, along with how this support the 10 Scottish Government priority areas for recovery.

**Objectives**




**Proposed Priority Areas for 2023-26**

**Alignment to Scottish Government Recovery Priorities**

1. Strengthen colleague and citizen engagement to improve health

- A) Right workforce to deliver care now and future  **Colleagues & Culture**
- B) Culture and wellbeing
- C) People Powered Health  **Citizens**
- D) Children's health and wellbeing  **Children**

2. Create the conditions for sustainable change

- E) Employment, procurement, physical assets  **Anchor**
- F) Population based approach to health  **Communities**
- G) Greening Health Systems  **Environment**

3. Improve preventative and timely access to care

- H) Intelligence-led improvements  **Whole System Working**
  - I) Pathway redesign
  - J) Making Every Opportunity Count  **Empowering**
  - K) Primary and community care
  - L) Secondary care
  - N) Mental health
-  **Access**

8. Workforce – implementation of workforce strategy

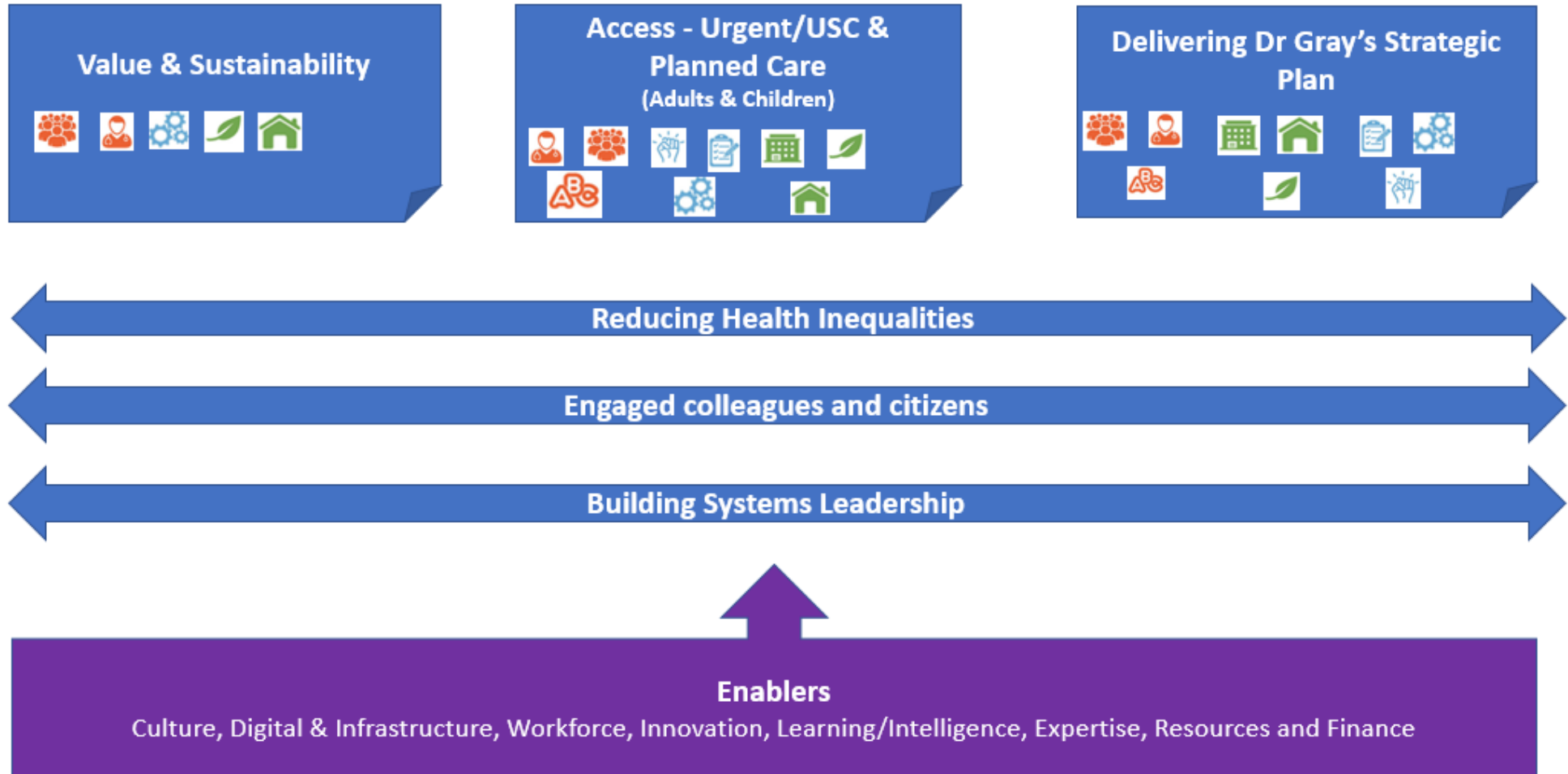
- 6. Health Inequalities – enhance planning of approach to tackle HI – 2023/24 focus on those in prison, custody and those who use drugs
- 7. Innovation adoption – fast track national adoption of proven innovations which could have transformative impact on efficiency and patient outcomes
- 10. Climate – climate emergency and environment

- 1. Primary and Community Care – improve access and more care to be delivered in the community
- 2. Urgent and Unscheduled Care – right care, right place, right time
- 3. Mental Health – improve delivery of support and services
- 4. Planned Care – improve access and protect planned care
- 5. Cancer Care – delivering National Cancer Plan (Spring 2023-26)
- 9 Digital – optimise use of digital and data in design and delivery of health and care services for improved patient access

**Delivering Key Changes Required**

We are clear on the areas for change as set out above and in more detail in the remainder of this document. To ensure we maximise our focus, effort and limited resources, we are proposing that we organise change delivery oversight, assurance and performance across six programmes of change which are illustrated in the below diagram. The 10 Recovery Priority areas identified by the Scottish Government have been mapped across to these programmes of change, along with areas of focus against our Plan for the Future.

### How We Will Organise Our Programme for Change



## People



### 1. Strengthen colleague and citizen engagement to improve health (People)

A key enabler to delivering the ambitions for a sustainable health and care system as set out in the Plan for the Future is taking steps to build a different relationship with our colleagues and citizens. Over the next three years, we aim to demonstrate progress in relation to a range of priorities relating to progressing a more sustainable workforce, our culture, increasing colleagues' wellbeing at work, designing and embedding a different approach to engagement, and improving outcomes for children in Grampian. To make steps in achieving this, during 2023/24 we will focus on delivering the below.

#### Right Workforce to Deliver Care Now and in the Future

Improving how we engage and support our colleagues, will not only support a positive experience for our workforce and those accessing our services, but will positively impact on how we source and attract people with the right values, retain colleagues and ultimately redesign services fit for the future. This is in line with Scottish Government priorities, particularly national programmes relating to e-Rostering and the Health and Care (Staffing) (Scotland) Act 2019.

As a designated Local Education Provider NHS Grampian, in collaboration with our education partners, delivers learning programmes across a vast range of clinical professional disciplines. A key priority will be to support the development of the future healthcare workforce whilst ensuring a positive educational experience for all and impact positively on delivering quality care by an engaged and supported workforce.

Our focus over the 12 months will be to:

- Improve staff experience through ease of access to workforce information and use of insights;
- Increase proportion of posts filled substantively, reducing a reliance on supplementary staffing;
- Improve the reach of our recruitment, establish more talent pools and reduce time to hire;
- Service led workforce planning and redesign supports priority change programmes;
- Mandatory/statutory training complete for 70% existing and 90% new starts with 80% of colleagues' appraisals completed;
- Develop new approaches to enhance and support educational experience and capacity to support the learning across a vast range of clinical professional disciplines and respond to the expanding range and size of programmes to support the development of the future healthcare workforce. This will be in collaboration with our educational partners and includes significant developments in the models of teaching including expansion in our simulation environments.
- Evaluate and refresh our five year joint commitment to research (2019-2023) to ensure research remains a key commitment and core activity of NHS Grampian, working in collaboration with academic partners and the Chief Scientist Office (CSO);
- Implement Allocate e-Rostering tools in line with national and local requirements; and
- Prepare system for implementation of Health and Care (Staffing) (Scotland) Act 2019.



## Culture and Wellbeing

The Board has significantly increased its focus on enabling and nurturing a positive culture by commencing the Best Practice Australia (BPA) culture survey process within nursing and midwifery and estates and facilities staff cohorts, commencement of the Magnet journey and investing in the organisation's Culture Matters work. Alongside this the organisation has placed a critical focus on and sustained investment in supporting and enabling staff health and wellbeing, albeit with the expectation that national commitments around staff health and wellbeing in the NHS Recovery Plan will also continue to receive investment. This was paramount during the pandemic and will remain a key priority going forward as part of a positive organisation culture. Over the next 12 months we will:

- Develop values-based culture by further rolling out the BPA Survey, Culture Matters, Year of the Manager and aligning key policies/processes to our values;
- Further embed local wellbeing supports, improve access to occupational health and widen the range of support for an ageing workforce/ those working longer;
- Increase inclusiveness of colleagues, particularly those with neurodiversity, and work with the Staff Equalities and Grampian Empowered Multicultural Staff Networks to break down barriers to attraction, recruitment and retention, as well as a focus on being an anti-racism organisation;
- Increase the number of colleagues who feel supported in their health and wellbeing at work; and
- Gather evidence through the Culture Matters Survey as part of the RACH Magnet journey to excellence submission in 2025.

## People Powered Health

'People Powered Health' describes a vision that recognises people's lived experience and opinions as a valuable asset in helping shape health. We aim to collaborate with communities and partners to bring people together, including healthcare professionals, the community and third sector to support people to live well. It is a redefined relationship, one which seeks to create a partnership of equals and places people more in control of their health and wellbeing. To achieve this, we want our health and social care system:

- To be one that listens and responds to what is important to people and works with them to deliver the best possible health and social care support;
- That brings together health and social care to support communities to take an active role in their health and to live as well as possible with their health conditions;
- That works with communities and partners to shape places for health, places where we learn, live and work; and
- Where people feel in control, valued, motivated and supported.

Over the next year, we will build on and further develop new conversations and relationships with our colleagues and communities by focussing on:

- Develop a model for engagement, which co-ordinates with community planning partners, to ensure that the wide and diverse voices within our communities are heard and that communities are engaged in a way which suits them. Insights shared throughout the health and care system;
- Develop an engagement policy, learning from our experience of the asset-based approach;
- Review and improve approaches/tools to ensure all voices are heard and influence change – a key focus will be around children and young people;

- In collaboration with the third sector, develop a volunteering strategy to actively promote opportunities in NHS Grampian and the benefits; and
- Further roll-out training supporting trauma informed practice, initially focusing on those professionals working with children during 2023/24 and wider to professionals working in key adult services by March 2026. This will enable a more holistic approach to care and improvement in how we respond and support individuals.

### Children's Health and Wellbeing

NHS Grampian Board has made a conscious decision to specifically focus on children's health and wellbeing as one of our priorities. We are committed to improving the health, wellbeing and future outcomes for children and young people and their families by playing an active role in the delivery of the Integrated Children's Services Plans, developed by the three Community Planning Partnerships. We recognise the lifelong benefits which can be realised by investing in our children and young people. Over the next three years, we will design our services to address inequalities and inequity within the local setting to improve outcomes. We will achieve exceptional outcomes for children and young people through co-ordinated, evidence-based care, health promotion and improved clinical processes. We will ensure we have the service available in the right place, at the right time delivered by the right workforce. How we engage with children and young people will be critical to our success to making the positive generational shifts as set out in the Plan for the Future. We know a number of factors are negatively impacting on the outcomes of children, such as increased poverty due to the higher cost of living, the impacts of the pandemic and increased waiting times for specialist surgery. Over the next 12 months, our focus will be to:

- With partners, embed practices of engagement and feedback from children, young people and their families;
- Contribute to reducing child poverty by delivering on key actions set out in the Child Poverty Action Plan;
- Make recommendations for improvements on child-to-adult transitional pathways;
- Enable the best start in life and create opportunities for children to grow well, including increasing vaccination uptake and improving oral health in children;
- Support development of single point of access MDT working in a planned pilot on the neurodevelopmental pathway in Aberdeen City and make recommendations that will increase support to parents/guardians post-diagnosis, as part of child health Test-Bed outlined on page 24;
- Stabilise paediatric surgery workforce and undertake RACH theatres redesign to improve theatre efficiency and capacity. This action links to the ambition by 2026 that we will have agreed and started to demonstrate implementation against our Strategic Plan for Children's Specialist Services in the North of Scotland;
- Implement year one of the Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland, which will focus on putting an agreed process in place for time critical transfers of women in labour from Dr Gray's to Raigmore Hospital by end of June 2023 and the agreement of the workforce model to move forward to a full consultant-led obstetrics service at Dr Gray's with recruitment of key roles (medicine and midwifery) in progress by March 2024; and
- Implement, evaluate and share good practice across workplans for pre-existing children's priorities across areas and portfolios.

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template. The key priorities set out within this section are also reflected in the Three Year Workforce Plan submitted to the Scottish Government in October 2022 – a high level progress update on this is contained within the workforce section of this document.

# PEOPLE ~ Proposed Priorities for 2023/24 & March 2026

## Objective 1: Strengthen colleague & citizen engagement to improve health


By 2032 we aim to:


What will be different by March 2026?

By 31 March 2024:

Join with People to Flourish

 Citizens - No citizen in Grampian will be left behind

 Children - Children are given the best start, to live healthy, happy lives

 Colleagues - Colleagues are empowered to succeed and be safe and well through work

- Staff retention rate increased to 90% stability in all areas.
- All teams will have an absence rate below the national average.
- iMatter organisation level scores re: confidence in leadership; staff involvement; & performance management are  $\geq 70\%$ .
- Improved culture demonstrated through RACH obtaining Magnet status & RCH/ARI progressing on Magnet journey.
- All services using a digital real-time feedback loop in support of improved workforce engagement.
- 70% colleagues in all Portfolios/Directorates report the organisation supports their health & wellbeing at work.
- All staff have access to regular protected learning time as per policy agreed through Agenda for Change (AfC) reform.
- Increased participation in research contributing to evidence based practice.
- Health & Care (Staffing) (Scotland) Act implemented across all relevant professions.
- People's insights will be embedded into our planning to reduce inequality in access to our services.
- Communities engaged & continued progress made to ensure all voices of our diverse population are heard and insights acted upon in designing health & care services.
- Trauma informed practice embedded across the system.
- Children & young people's voices will influence change in our system.
- Improvement in outcomes for children being realised & evidenced.
- Agreed strategy for paediatric tertiary services in place.
- Moray Maternity Services Plan for Model 6 implemented & evaluated.

### Right workforce to deliver care now & future

- Improve staff experience through ease of access to workforce information & use of insights.
- Increase proportion of posts filled substantively, reducing a reliance on supplementary staffing.
- Improve the reach of our recruitment, establish more talent pools & reduce time to hire.
- Service led workforce planning & redesign supports priority change programmes.
- Mandatory/statutory training & appraisal completion rates increased.
- Refresh Joint Commitment to Research & develop new approaches to enhance educational experience.
- Implement Allocate e-Rostering tools in line with national & local requirements.
- Prepare system for implementation of Health & Care (Staffing) (Scotland) Act.

### Culture & wellbeing

- Develop values-based culture by further rolling out the BPA Survey, Culture Matters, Year of the Manager & aligning key policies/processes to our values.
- Further embed local wellbeing supports, improve access to occupational health & widen the range of support for an ageing workforce/ those working longer.
- Increase inclusiveness of colleagues, focus on being an anti-racism organisation & work with the Staff Equalities & Grampian Empowered Multicultural Staff Networks to break down barriers.
- Increase the number of colleagues who feel supported in their health & wellbeing at work.
- Gather evidence through the Culture Matters Survey as part of the RACH Magnet journey.

### People powered health

- Design a model for engagement, which co-ordinates with community planning partners, to ensure wide & diverse voices are heard & communities are engaged at the right time and place.
- Refresh our engagement policy, learning from our experience of the asset-based approach.
- Review & improve approaches/tools to ensure voices are heard & influence change.
- Develop a volunteering strategy to actively promote opportunities in NHS & the benefits.
- Further roll-out training supporting trauma informed practice, focusing on those working with children.

### Children's health & wellbeing

- Embed practices of engagement & feedback from children, young people & their families.
- Contribute to reducing child poverty by delivering on key actions in the Child Poverty Action Plan.
- Make recommendations for improvements on child-to-adult transitional pathways.
- Enable the best start in life by focusing on increasing vaccination uptake & improving oral health.
- Undertake pilot on the neurodevelopmental pathway in Aberdeen City & make recommendations.
- Stabilise paediatric surgery workforce & redesign RACH theatres to improve efficiency & capacity.
- Implement year one of Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland.
- Implement, evaluate and share good practice for children's priorities across areas and portfolios.

## Places



### 2. Create the conditions for sustainable change (Places)

The 'Plan for the Future' sets out a clear direction and ambition for sustainable health and care by 2032 – this will require us to make some fundamental changes to how we access, interact and deliver health and care in the future. Moving forward, there are several building blocks we will put in place and embed over the coming years, which will enable us to successfully make sustainable changes to ensure optimal outcomes and experiences. Over the next three years, we aim to demonstrate progress in relation to a range of priorities relating to increasing our impact as an Anchor organisation, improving our ability to work in partnership to tackle health inequalities and increasing our focus as an organisation to reducing our impact on the environment. This will support the Scottish Government recovery areas focussing on health inequalities (including Anchor) and climate, further supported through [digital](#) and [innovation](#).

To make steps in achieving this, during 2023-24 we will focus on delivering the below.

#### Employment, Procurement and Physical Assets

Key to supporting wider sustainability of health and care as set out in the Plan for the Future is the delivery of our ambition to be a strong Anchor organisation, which positively impacts the local community in relation to employment, procurement and physical assets. Key priorities for end March 2024 are:

- Use our position as an Anchor organisation to mitigate against inequalities through our employment and procurement practices and the use of our physical assets, i.e. maximise community benefits realised through procurement processes, Fairer Scotland Duty applied to capital investments;
- Analysis of current non-pay spend and identify the potential for additional meaningful spend in the local and regional economy;
- Continue to widen access to health and care careers, through increased entry routes, targeted initiatives, apprenticeships and flexible working policies; and
- Identification and development of Smarter Working and hybrid working opportunities and investigation of the associated office rationalisation options.

#### Population Based Approach to Health

Health inequalities in society have been both directly and indirectly made worse by the impact of the pandemic and will be felt for years to come. Even before the pandemic, health gains were stalling with the amount of time and life years spent in good health decreasing for many. ***It is widely recognised that doing more of the same is not an option.*** Over the next three years, NHS Grampian will work as part of a North East Alliance, whereby organisations have come together to agree key areas for collaboration leading to improved population health.

We have seen organisations affect change when they work together. Evidence shows that investing in prevention and early intervention represents good value for money. We can maximise our impact if we work with, and through, our partners across the population health system, all of whom increasingly recognise the benefits of acting upstream to reduce demand. Creating a population health system will frame population health so that it is everyone's business and together we can take action to prevent harm, improve health and support communities to thrive now and into the future. By March 2024 we will:

- Test population health approaches through four identified focus areas [Test-Beds]: Child Health, Mental Health and Wellbeing, Substance Use and Place and Wellbeing;
- Under the auspice of the North East Alliance, work with partners to consider areas for focussed attention resulting from the insight;
- Agree a five-year plan setting out how NHS Grampian will play its part in reducing health inequalities;
- Pilot the use of Scottish Place Standard Climate Lens as part of Community Led Health Initiatives;
- Improve our ability to analyse service data through a health inequalities lens;
- Prevent ill health and promote wellbeing by ensuring that 'Making Every Opportunity Count' is consistently delivered across Grampian; and
- Implement the Women's Health Plan, which will focus on menopause engagement and improving access to contraception services, including rapid and easily accessible postnatal contraception and, when required, access to abortion care during 2024.

### Greening Health Systems

NHS Grampian has set itself the challenge to be a leader in sustainability and reduce our impact on the environment. We have a legislative requirement to deliver a net-zero carbon service across our infrastructure, requiring emphasis not just on buildings but on the way we contribute towards a circular economy – reducing, reusing and recycling. Our travel policies, healthcare practices, use of buildings and supporting change in communities are all part of the bigger shift towards sustainability.

At the heart of this is the way we provide care; transforming how we plan and deliver services to make our model of care more sustainable. Realistic medicine, prevention and early intervention, use of medical equipment, green prescribing and use of remote consultations are some of the ways we are 'greening' our health system, acknowledging that the most sustainable model of care (both financially and environmentally) is one in which fewer people need any care at all.

During 2023-24 we will:

- Agree the NHS Grampian Climate Emergency and Sustainability Framework and its associated delivery plan;
- Increase focus on reducing inhaler emissions by considering the recommendations of the Scottish Quality Respiratory Prescribing Guide (once published) and impact of this for prescribing in Grampian;
- Continue to reduce the use of N2O and other anaesthetic/greenhouse gasses across the estate and put in place appropriate alternatives;
- Progressing net-zero health service by building a net-zero Mortuary facility and net-zero retrofit project in Braemar Health Centre;
- Implementation of waste reduction charter to increase recycling;
- Prioritise and take forward actions to support the National Green Theatres Programme;
- Vehicle replacement strategy will be agreed along with the five-year replacement/ procurement plan; and
- Construction of the Green Infrastructure and Biodiversity Projects on Foresterhill site.



## Capital/Infrastructure Developments

The [Infrastructure and Sustainability section](#) sets out the key focus in the context of the 'Plan for the Future'. During 2023-24 we will:

- Continue with the construction of the Baird Family Hospital and ANCHOR Centre with ANCHOR Centre opening in 2023 and the Baird Family Hospital opening in 2025 which will demonstrate enhanced outcomes and experience for those accessing these services and experience for staff delivering care within these facilities;
- Continue with the design and development of the National Treatment Centre – Grampian (NTC-G), which in the longer term will support our ability to protect and sustainably meet planned care demand. Delivery timescales are dependent on when funding is confirmed for this development;
- Continue with the design and development of the MRI facility, ligature reduction works and facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital;
- Implement our programme of risk assessed essential equipment replacement, backlog maintenance and compliance with statutory standards within our properties; and
- Develop our long term infrastructure plan providing a framework for prioritising capital resources and developments over the next 15-20 years, supporting wider national capital planning work. We aim to have this ready for agreement during autumn 2024.

## Value and Sustainability

NHS Grampian has developed a local Value and Sustainability Plan, which outlines actions to achieve a level of 3% savings for 2023-24 and support some mitigation against the projected revenue overspend outlined in the [Finance section](#). Dedicated programme and project resources are being put in place to ensure necessary focus and support, rigour and assurance required around the various workstreams. An agreed governance structure is in place, designed to deliver both the financial and non-financial benefits whilst providing assurance that implications of financial savings are being appropriately considered. Responsibility for each workstream has been allocated to a member of the Chief Executive Team.

The local Value and Sustainability Plan covers services directly managed by NHS Grampian. Each of the three HSCPs have developed their own efficiency plans for 2023-24. The local Value and Sustainability Programme will continue to fully engage and act upon the work of the national Sustainability and Value Programme. Key areas of focus to support efficiency savings, along with a range of non-financial benefits during 2023-24 are:

- Transportation - appropriate utilisation of taxis and other appropriate modes of transport, along with maintaining reasonably low levels of staff travel through virtual working where appropriate;
- Utilities – maximising financial and environmental benefits in relation to reduction in waste and energy consumption;
- Workforce – supporting shifts to sustainable workforce models and rotas in specific teams which bring a range of benefits to patients and staff and sees a reduction in costs linked to agency/supplementary staffing and overtime; and
- Management of resources – through a range of initiatives linked to postage, stock management, procurement, inflation management, office accommodation and management costs aim to improve value and efficiency.

The schemes making up the local Value and Sustainability Programme have been included in the Finance Plan submitted to Scottish Government in March 2023.



## Realistic Medicine – Value Based Health and Care

Our ambition is to ensure that by 2025 all health and care colleagues in NHS Grampian and NHS Orkney will provide care through the principles of Realistic Medicine as our way of delivering Value Based Health and Care. The principles of Realistic Medicine are weaved throughout the various sections of this Plan. As set out in the 2023-24 Realistic Medicine Action Plan submitted to the Scottish Government on 12 May 2023, this responds to the five specific actions in the planned care guidance. Please note, as Realistic Medicine funding is fixed term and confirmed on an annual basis it is difficult to plan beyond one year. Key areas of focus by March 2024 are to:

- Implement Value Based Health and Care by taking forward projects relating to value based referrals, minor surgery and person-centred letters;
- Enhance sustainability through pathway redesign utilising demand optimisation, use of the Atlas of Variation to identify and mitigate unwarranted variation and support teams to embed Realistic Medicine principles in Active Clinical Referral Triage (ACRT) and Patient Initiated Reviews (PiR) as part of Centre for Sustainable Delivery (CfSD) pathway design (as described in the Planned Care section);
- Support education and training of Realistic Medicine principles, focusing on promotion of the shared decision-making TURAS module, refining and spreading a shared decision-making simulated toolkit, including measuring the impact for patients and develop an education module for the 'Right Decision Service app';
- Widen engagement with Realistic Medicine by developing a Champions' Network, holding regular lunchtime drop-in sessions to share best practice and further engage with third sector and community organisations to increase public awareness of Realistic Medicine.

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements which are set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template.

# PLACES ~ Proposed Priorities for 2023/24 & March 2026

## Objective 2: We will create the conditions for sustainable change

By 2032 we aim to:

Using our place to proactively seek the best health & wellbeing & fairness for all



**Anchor -**  
We have social responsibility, beyond healthcare



**Communities -**  
Playing our role with partners for flourishing communities



**Environment -**  
We are leaders in sustainability, minimising our environmental impact

What will be different by March 2026?

- All pathways & service plans will be designed through a health inequalities lens utilising EQIA & priority areas of work presented to the Board will reflect our contribution to reducing health inequalities.
- We will have trained & embedded the use of appropriate tools to tackle inequalities experienced by our colleagues.
- Defined plan for supplier development to enable sustainable & competitive local procurement.
- We have increased the share of new starts employed from diverse communities and can evidence by postcode, staff group and grade.
- We will have agreed & implemented our 'Population Health Approach' resulting in improving physical, mental health & wellbeing outcomes in Grampian, while reducing inequalities.
- Decarbonise fleet & infrastructure in line with national 2025 target.
- Established 20 Year Infrastructure Investment Plan & revised Preventative Maintenance Programmes.
- All new builds & retrofit builds are net-zero with prioritisation for investment/development outlined within the Infrastructure Plan.
- New build Mortuary & Braemar Health Centre projects completed & National Treatment Centre (NTC) construction underway.
- Baird Family Hospital, ANCHOR & MRI at Dr Gray's open & demonstrate enhanced outcomes & experience.
- All colleagues provide care through the principles of Realistic Medicine.

By 31 March 2024:

### Employment, procurement & physical assets

- Analysis of current non-pay spend & identify additional meaningful spend in local & regional economy.
- Continue to widen access to health & care careers, through increased entry routes, targeted initiatives, apprenticeships & flexible working policies.
- Identify & develop Smarter Working / hybrid working opportunities & investigate associated office rationalisation options.

### Population based approach to health

- Test population health approaches through four areas: Child Health, Mental Health & Wellbeing, Substance Use and Place & Wellbeing – consider areas for focussed attention resulting from insight.
- Agree a five year plan setting out how NHS Grampian will play its part in reducing health inequalities.
- Pilot the use of Scottish Place Standard Climate Lens as part of Community Led Health Initiatives.
- Improve our ability to analyse service data through a health inequalities lens.
- Implement agreed actions in the Women's Health Plan.

### Greening health systems

- Agree NHS Grampian Climate Emergency & Sustainability Framework & associated delivery plan.
- Consider recommendations of Scottish Quality Respiratory Prescribing Guide on prescribing in Grampian.
- Continue to reduce the use of N2O & other anaesthetic/greenhouse gasses.
- Build a net-zero Mortuary facility & implement a net-zero retrofit project in Braemar Health Centre.
- Implement waste reduction charter to increase recycling.
- Prioritise & take forward actions to support the National Green Theatres Programme.
- Agree a vehicle replacement strategy along with the five year replacement/ procurement plan.
- Construction of the Green Infrastructure & Biodiversity Projects on the Foresterhill site.

### Capital/infrastructure developments

- Continue with construction of Baird Family Hospital & open ANCHOR Centre in 2023.
- Continue with design & development of the National Treatment Centre – Grampian (NTC-G).
- Continue with design & development of the MRI facility, ligature reduction works and development of facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital.
- Implement programme of risk assessed essential equipment replacement, backlog maintenance & compliance with statutory standards within our properties.

### Value & sustainability

- Deliver the 3% savings programme by implementing the agreed Value & Sustainability Plan.
- Continue to embed Realistic Medicine Principles by implementing the agreed Realistic Medicine Plan.

## Pathways



### 1. Improve preventative and timely access to care (Pathways)

Timely access to care continues to be the area highlighted as the most concerning by citizens and colleagues across the North East system, spanning general practice, social care and acute specialist care, including both urgent/unscheduled and planned care, and across adult, maternity and children's services. Access to care continues to be a key Scottish Government area for recovery, specifically focussing on primary and community care, urgent and unscheduled care, mental health, planned care and cancer care with realistic medicine, digital and innovation supporting right care, in the right place at the right time.

Over the next three years, we aim to demonstrate progress in relation to a range of priorities to tackle the backlog from COVID, focusing on stabilisation and a shift to sustainable models of care, which reduces demand and waiting times, increases resilience, and supports optimal outcomes. To progress this, during 2023/24 we will focus on delivering the below.

#### Pathway Redesign

Our approach to sustainable redesign of health and care is through whole system end to end pathway redesign working in collaboration with key stakeholders.

- Undertake a scoping exercise initially on two whole-system pathways of care (**1. adult general mental health; 2. frailty**) using RACI matrix tool to agree redesign approach for years 2 and 3, subject to agreement via the North East Partnership Steering Group (a third pathway redesign is proposed focussing on management of long term conditions but this will be following the development of a joint vision for general practice as per Primary and Community Care section); and
- Evaluate testing of artificial intelligence in lung and breast pathways and CALEUS innovation project to make recommendations for further roll out/adoption.

#### Intelligence-led Improvements

- Understand emerging population health data and demographics specific to the three pathways for redesign and develop live data modelling;
- Deliver our Joint Health Protection Plan and modernise the surveillance system for Health Protection to prevent, respond and reduce the threat of infectious diseases and risk to exposure of environmental hazards that can affect population health; and
- Identify and improve areas of low uptake for immunisation/vaccination programmes.

#### Making Every Opportunity Count (MEOC)

As part of our preventative approach, we will:

- Undertake gap analysis and review of MEOC and identify preventative approaches to test as part of redesign of the two whole system pathways; and.
- Increase the number of specialties that are part of the Waiting Well initiative to deliver support to an additional 8,000 patients by March 2024.

## Primary and Community Care

The responsibility for primary and community care service delivery (including social care) sits with the three HSCPs with accountability and assurance to their respective IJBs, with NHS Grampian having responsibility for the contracting (and some associated monitoring) arrangements for primary care. Primary care encompasses a wide range of out of hospital services, community-based services and with a wider number of access points, operates through an independent contractor model. Across Grampian, HSCPs have continued to experience some general practice and dental practice instability over the last year, and this is likely to continue. Aberdeen City, Aberdeenshire and Moray HSCPs each have Primary Care Improvement Plans (PCIP), which form part of their overarching Strategic Plans/Delivery Plans, though implementation of these plans has been negatively impacted by the withdrawal of transitional payment arrangements and removal of PCIP underspend.

Primary care has been under significant pressure for the last few years and we are aware through feedback from our communities, and colleagues working within primary care, that this impacts on timely access to services. Over the next 12 months, the areas of focus will be as outlined in IJB Strategic Delivery Plans, as well as:

- Development of a joint vision for general practice in primary care in Grampian, which will be led by the IJBs, and identify areas for action for NHS Grampian to support and collaborate on, as we move towards creating better resilience and sustainability.

## Secondary Care

Our focus on improvement of access both in the short and longer term spans several key areas, many of which are aligned to national priorities.

### Improving Access and Protecting Planned Care

During 2022, progress has been made in reducing those waiting over two years for a planned care outpatient appointment or intervention. Our focus will continue with this cohort but in addition we will also begin to prioritise those waiting 18+ months as part of the recovery plan. We have expanded robotic surgery, and rolled out innovative new diagnostic tests, Colon Capsule Endoscopy (CCE) and Cytosponge for clinically suitable patients and are working with the Centre for Sustainability (CfSD) to support the evaluation of this. We plan to re-establish one Day Case Surgical Theatre by October 2023 with potential for a second.

Our HEAT map performance on national high impact programmes, Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PiR) exceeded our predictions. We recognise there is further work to do with these services to fully embed these approaches across the HEAT map service pathways with all clinicians. There is learning from, and spread, already underway with services in addition to those included on the HEAT map, for example Rheumatology.

Over the course of this year, we plan to further refine our pathway transformation approach through analysing the Atlas of Variation, or other relevant data, to guide our implementation approach of Realistic Medicine and Value Based Health and Care in maximising the gains available through the CfSD tools and techniques.

Two new streams of work will help inform how we protect planned care beds without disturbing other clinical pathways. Firstly, the ARI Bed Base Review and, secondly, a national short life working group chaired by a nominated CEO and sponsored by Scottish Government. In both, there is active engagement from the Integrated Specialist Care Portfolio.

As detailed within the NHS Grampian Planned Care Action Plan and supporting trajectories submitted to the Scottish Government on 17 March 2023, our focus for 2023/24 will be to:

- Ensure no patient waits over two years for an outpatient appointment. We will also start to reduce the number of people waiting over 18 months. We aim to do that by utilising government funding to continue additional capacity previously put in place and fully embedding the Centre for Sustainable Delivery (CfSD) initiatives.
- Minimise harm and clinically prioritise those people waiting for a diagnostic test by shifting to the national prioritisation for radiology system.
- Reduce waiting times for diagnostics through maximising local capacity, the redesign of radiology services (CT and MRI) to achieve greater efficiency and embedding realistic medicine principles, the implementation of an MRI software update which should create recurring additional capacity and look at options to further expand the use of Cytosponge and CCE to reduce demand for diagnostic scopes. We will also evaluate the impact of Artificial Intelligence (AI) in radiology as part of the breast and lung cancer pathways of care and continue to work with CfSD as a pilot site for ANIA workstreams as and where this will add value.
- Reduce the number of people waiting over two years for a surgical intervention and start to reduce the number of people waiting over 18 months. We aim to deliver this by utilising Government funding to mainstream additional capacity previously put in place, maintain throughput in the day case surgical unit, maintain training and recruitment of ODPs via the theatre academy, maximising available capacity at the Stracathro Regional Treatment Centre, utilising capacity within the National Treatment Centre in NHS Highland and continuing to explore further opportunities with Dr Gray's Hospital and as part of a wider regional approach. As part of the work with CfSD, consider opportunities around increasing enhanced recovery after surgery and maximising opportunities for British Associated Day Surgery procedures.
- Continue to work with Scottish Government to consider further opportunities available within NHS Scotland and independent sector to further increase capacity to reduce the backlog and waiting times in the North and North East.
- Protect and further increase planned care capacity locally by continuing to work as a whole system to reduce delayed discharges and delays in transfer of care and minimise the impact on planned care beds.
- Prioritise commitments to delivering health care interventions to those identified from National Screening Programmes to improve population health and reduce acute health care demand.
- Participate in the CfSD Speciality Delivery Group work streams and implement initiatives that will positively impact on our pathways, such as the national improvement plan for cataract surgery.

The extent to which we can reduce the number and time people are waiting for a planned care appointment or intervention over and above what is set out above will be dependent on our ability to secure additional resources within NHS Grampian, regionally and nationally.

### Cancer Care

A new Cancer Strategy for Scotland is due to be published in spring 2023, which we will frame our local Cancer Plan around. We remain fully engaged with the current Framework for Effective Cancer Management, published by the Scottish Government in December 2021, and have made significant progress in delivering a range of performance measures. The framework embodies the cross-system approaches that also underpin the organisation's transition to a Portfolio leadership model, providing services that wrap around the patient from home, through the healthcare system and back to home, working with partners from across health, social care and the third sector to provide care and support that is seamless and tailored to the needs of the individual. Key progress has been made around a number of areas, which has resulted in the percentage of people who have received their cancer treatment within 31 days of decision to treat increase from 92.91% to 95.25% between March 2022 and March 2023. Due to a range of capacity challenges in parts of the assessment and diagnostics pathways (linked to similar challenges outlined in wider planned care), we, like all other health boards, have not been able to achieve the 62 day national standard from referral to first treatment. We have led the way in analysing 62 day cancer pathways breach analysis and, by working with others across our portfolios, are being more precise in sharing data to improve flow. We have been able to give assurance that, despite the 62 day performance, our data analysis has not demonstrated that patients waiting have come to significant clinical harm regarding survival at 36 months.

As per the NHS Grampian Cancer Action Plan and supporting trajectories submitted to the Scottish Government on 24 May 2023, our focus for 2023/24 will be to review and update our cancer delivery plan once the Cancer Strategy for Scotland is published and deliver year 1 actions of the Scottish Cancer Strategy with the aim of:

- Maintaining 95% standard of people receiving their first cancer treatment with 31 days of decision to treat; and
- Increasing the percentage of people treated within 62 days of urgent referral for suspected cancer to first treatment increase from March 2023 baseline of 77% to 81% by March 2024.

### Urgent and Unscheduled Care and Preparations for Winter 2023/24

Urgent and unscheduled care (USC) services across the system have continued to experience enduring pressure, which has impacted on performance against the 4, 8 and 12 hour Emergency Department (ED) access standard, ambulance turn-around times, length of stay and delayed discharges. Although attendances have increased slightly between March 2022 and March 2023, many of those who are accessing services require increased complexity of care. Improvement work has seen some positive changes in relation to unscheduled care, including introduction of an Ambulatory Emergency Care Clinic in Dr Gray's Hospital, improving performance in access standard performance and a significant reduction in delayed discharges in Moray amongst other activity. Whilst improvement work has continued to make a positive contribution, with increased pressures across the system, it is clear there are several factors influencing performance which are being further explored.



The whole system approach to preparing for and responding to winter 2022/23 was critical to minimising risk and harm to patients, communities and colleagues. We have undertaken a debrief on winter and will use the learning from this, along with the learning nationally, to prepare and revise our system surge plans ahead of November. A key piece of work being taken forward ahead of winter 2023 is the implementation of phase one of the ARI bed base review as outlined in the planned care section above.

In line with discussions with the national team and local assessment of areas for improvement, our aim is to deliver a 4 hour ED improvement trajectory of 70% by December 2023. The key areas of focus for the 2023/24, as set out in the USC plan submitted to the Scottish Government in March 2023, will be:

- Triage and assessment (including ED footprint) to optimise flow and ensure patients go to the right place;
- Further development of the Flow Navigation Centre model to improve flow and reduce attendances where that is appropriate;
- Further expansion of the hospital@home to reduce attendances and length of stay;
- Continuation of Optimising Patient Flow including Discharge Without Delay (DWD) to optimise whole patient flow, undertake Discharge without Delay priority actions across Grampian; and
- Ensuring learning from winter 2022/23 informs preparation measures including an updated system surge plan by November 2023.

#### Mental Health and Learning Disabilities (MHLDS)

In Grampian, the approach to planning and delivering MHLDS services is whole system, via the Grampian Wide MHLDS Portfolio Board, with cross system working across other portfolio areas as required. Within the IJB structure, mental health, learning disability and substance use services are delivered by the three HSCPs and NHS Grampian Hosted MHLDS Services (which includes inpatient, specialist services and CAMHS and is delegated to Aberdeen City HSCP).

Services continue to deal with the impacts of COVID on the population's mental health and wellbeing. Across all areas of service (children and adults), we are experiencing increased demand which continues to be evidenced and is anticipated to be a continued trend. The acuity of individuals presenting with need to access these services has also increased, creating increased pressure with limited capacity and resource availability. These areas will continue to be of focus across the system for operational services with the Grampian MHLDS Portfolio Board considering the strategic agenda.

Although services have continued to experience enduring pressures, significant progress has been made in relation to a number of areas, for example:

- Implementation of the Psychological Therapies (PT) Improvement and Development Plan, which has led to all patients waiting over 52 weeks offered an appointment by 31 March 2023;
- 99.1% of children and young people referred to child and adolescent mental health services (CAMHS) seen within 18 weeks in March 2023 which has increased from 95% in March 2022;
- Demand, Capacity, Activity and Queue (DCAQ) modelling completed across adult psychological therapy services and CAMHS, informing key areas for improvement at service level in relation to making phased progress against the national 18 weeks waiting time standard;

- Improved data quality, reliability and reporting, including ability of NHS Grampian CAMHS to fully report the CAMHS and PT National Dataset (CAPTND), being one of the first in Scotland to achieve this; and
- Progress against Medication Assisted Treatment (MAT) standards (1-5).

Building on the progress made, the detail for moving towards the national 18 week standard as set out in the NHS Grampian Psychological Therapies Improvement Plan (including psychological therapies in MHL, acute and primary care) and underpinning trajectories submitted to the Scottish Government on 8 June 2023. Key areas of focus are:

- Continue to work with individual services to model additional staffing requirements to meet the standard;
- Continue to make improvements as detailed in the NHS Grampian Psychological Therapies Improvement Plan submitted to Scottish Government in November 2022;
- Undertake a scoping exercise of the adult general mental health pathway of care to inform the whole-system redesign approach required (as per 'redesign of pathways' in above section);
- Continued progress towards improving access to CAMHS services, as well as implementation of the CAMHS Service Specification and the National Neurodevelopmental Specification; and
- Continued progress against Medication Assisted Treatment (MAT) standards (1-5).

#### Dr Gray's Strategic Plan

In February 2023, the Board approved the strategic plan for Dr Gray's Hospital setting out a clear role and function for the future with the aim of creating a vibrant future for the hospital – as a district general hospital with sustainable, high quality services and as a desirable and exciting place for staff to manage their careers. In April 2023, the Board approved the Implementation Plan, setting out high level actions to achieve the strategic intent. During 2023/24, we will implement Phase 1 of the Dr Gray's Plan which will focus on:

- Development of networked services and agreeing how this will be achieved;
- Increasing the retention and recruitment of highly valued staff with appropriate skills;
- Joint planning with both NHS Highland and other partners such as NHS Education for Scotland; and
- Implementing year one of the Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland (see page 21).

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements which are set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template.

# PATHWAYS ~ Proposed Priorities for 2023/24 & March 2026

## Objective 3: Improve preventative and timely access to care

By 2032 we aim to:

What will be different by March 2026?

By 31 March 2024:

Enabling a partnership approach to our pathways of care



Empowering - Grampian's population is enabled to live healthier for longer



Access - People are able to access the right care at the right time



Whole System Working - Joined up and connected, with and around people

- We will have redesigned three whole-system pathways of care (1. adult general mental health; 2. frailty; 3. management of long-term conditions), informed by intelligence & involving those with lived experience.
- Evaluation of the three redesigned care pathways demonstrates an improved person-centred approach.
- There is clarity among all partners within the three redesigned pathways about governance & performance reporting while demonstrating a systems leadership approach to delivery.
- Our 'Making Every Opportunity Count' (MEOC) approach will be fully embedded in these three pathways.
- We will be able to demonstrate our commitment to spending more on prevention.
- Teams use live modelling data to inform continuous improvements of pathways of care.
- Portfolio integrated plans prioritise new models of care / workforce and innovation.
- We will have improved the time to access in unscheduled and planned care pathways, using performance measures that also take account of demographics, peoples' experiences & outcomes, the increasing demand/need & long-term gains.
- Screening & immunisation/vaccination levels will be above the national average with increased participation in screening & vaccination programmes, across all SIMD & demographic categories with low uptake; increased rates of childhood immunisation.

### Pathway redesign

- Undertake a scoping exercise on two whole-system pathways (1. adult general mental health; 2. frailty) to agree redesign approach.
- Evaluate testing of artificial intelligence in lung and breast pathways & CALEUS innovation project to make recommendations for further roll out/adoption.

### Intelligence-led improvements

- Understand emerging population health data & demographics specific to the three pathways for redesign & develop live data modelling.
- Deliver our Joint Health Protection Plan & modernise the surveillance system.
- Identify & improve areas of low uptake for immunisation/vaccination programmes.

### Making every opportunity count (MEOC)

- Ensure that MEOC is consistently delivered across Grampian & specifically embedded in whole system pathways.
- Increase the number of specialties that are part of the Waiting Well initiative to deliver support to an additional 8,000 patients.

### Primary and community care

- Develop a joint vision for general practice in Grampian, identifying areas for action.

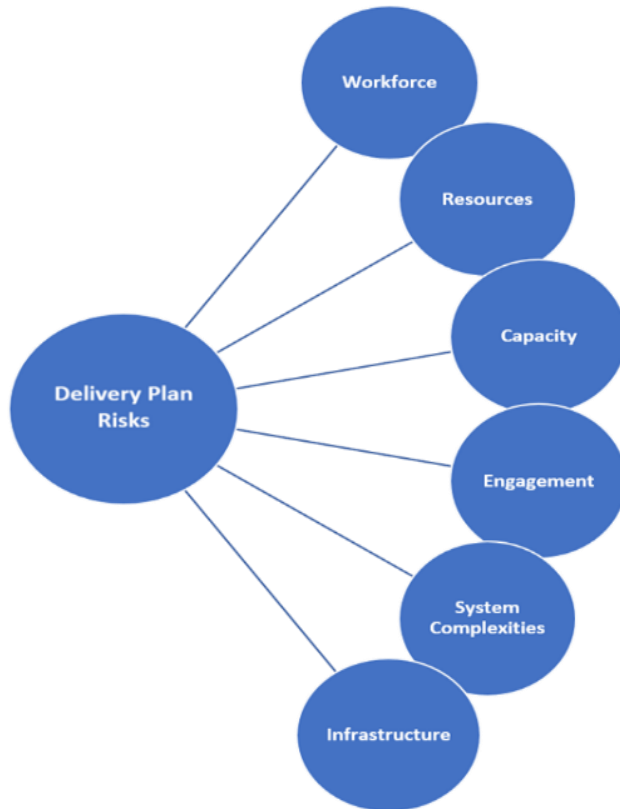
### Secondary care

- Deliver on actions within the Planned Care Plan to reduce waiting times for outpatient appointments, surgical interventions and diagnostics as per agreed trajectories.
- Protect & further increase planned care capacity by continuing to work as a whole system to deliver phase one of the bed base review & reduce delayed discharges & delays in transfer of care
- Deliver agreed improvements within the Urgent & Unscheduled Care Plan to improve the 4 hour ED standard to 70% by December 2023 (trajectory yet to be confirmed/agreed).
- Embed learning from winter 2022/23 & agree updated system surge plan by November 2023.
- Prioritise health care interventions to those identified from National Screening Programmes.
- Participate in the CfSD Speciality Delivery Group workstreams & implement initiatives that will positively impact on our pathways, such as the national improvement plan for cataract surgery.
- Increase percentage of people treated within 62 days of urgent referral for suspected cancer to first treatment increase from March 2023 baseline of 77% to 81%.
- Deliver agreed improvements for access to adult psychological therapies and CAMHS.
- Implement agreed year one actions set out in the Dr Gray's Strategic Implementation Plan.

## Risk Management

NHS Grampian operates within a complex contemporary environment and is influenced by variable internal and external factors. To support the success and effectiveness of NHS Grampian's service delivery and governance arrangements, an enterprise risk management approach is adopted, which seeks to uniformly manage the organisation's strategic and operational risks in a proactive manner.

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Risks to the fulfilment of the Delivery Plan's objectives have been identified, with several associated links to the organisation's Strategic risks.

- Due to operational system pressures and resource constraints, there may be a lack of capacity for colleagues to engage with new learning initiatives and the inability to release colleagues and managers to engage with, support and embed new ways of working.
- These pressures, combined with staff shortages, poor health and wellbeing, and lack of motivation may lead to burnout, retention issues and an unwillingness from colleagues to engage.
- National and local workforce tools failure or malfunction have the potential to interrupt service provision and planning, while data security and privacy also pose a risk.
- Uncertainties regarding existing non-recurring financial resource and the unavailability of new financial resources could restrict existing services and the launch of new initiatives and technologies.
- A key requirement for identifying health inequalities and improving the population's health is public engagement. However, there is the potential for inadequate capacity to carry out public engagement activities as well as an unwillingness from the public to engage.
- The complex nature of the health care system could result in an inability to effectively introduce pathway, technology and environmental transformation within the agreed timeframes. This transformation is key for gaining the capacity to meet population health demands.
- Ageing infrastructure and major delays to fundamental construction could impact service provision, resulting in increased waiting times and impacting upon the quality of care.

For more information on NHS Grampian Risk Management, please follow this link: [Plan for the Future - Strategic Risk](#).

## Business Continuity

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On 18 March 2021, legislation was passed by the Scottish Parliament to include the IJBs as Category 1 Responders. Over the coming year, NHS Grampian will continue to work collaboratively with HSCPs to support the development of business continuity arrangements as part of a whole system approach. This includes work at a multi-agency level through the Grampian Local Resilience Partnership where lessons learned from recent events such as winter storms including Storms Arwen, Corrie, Malik and latterly Storm Otto, with consequential flooding and structural damage are distilled and incorporated into the service level business continuity plans.

These partnership arrangements extend to working relationships with the third sector; an example being the Community Off-road Transport Action Group (COTAG), where a Memorandum of Understanding (MOU) has been developed, which formalises the services provided by the 4x4 volunteers to NHS Grampian during adverse weather to support critical patient and staff travel. This helps to maintain the continued delivery essential services and is documented within business continuity planning arrangements. HSCPs are developing MOUs with COTAG based on the NHS Grampian document.

Energy insecurity is recognised as a significant risk within NHS Grampian and a programme of generator testing and site assessment is underway to establish the Board's resilience in the event of a network electricity transmission system failure. As part of this power resilience planning process, a series of workshops are being undertaken with primary care and health and social care partners in an effort to support the continued delivery of services at pre-determined levels during periods of significant disruption. This work also included a larger scale exercise with the Inverurie Healthcare Hub, where all services on the site were disconnected from the electricity grid simulating a planned rota load disconnection. The lessons learned have been collated and will be circulated to Business Continuity Planning Leads for wider consideration and further development of service plans.

Business continuity continues to provide the foundation for the Board's planning arrangements. The Civil Contingencies Unit actively engages with NHS Grampian Directors, Portfolio Leads, Resilience Advisors and Leads for Business Continuity continue to develop business continuity to a point where it becomes every colleague's responsibility and is fully embedded within the organisation's culture.



**Business Continuity Response Model**

Level		Definition	Response	
<b>Civil Contingency Levels</b>	Major Incident (National Response)	Major incident requiring national response which may have an extended duration such as mass casualty incidents, initial phase of national pandemic response or a cyber-attack on shared NHS systems which affect delivery across NHSS.	Activation of NHS Scotland Major Incident Mass Casualties Plan or Major Incident response structures as set out in national policies/guidance.	<b>Response &amp; Learning</b>
	Major Incident (Board Level)	An event or situation with a range of serious consequences which requires special arrangement to be implemented by one or more emergency responder agencies i.e. local mass casualty incident, major infectious diseases incident, IT system failure.	Activation of Board Major Incident Plan (or as appropriate relevant response plan i.e. Major Infectious Diseases Plan), Board Control Centre and relevant sector Board Control Rooms. Use of Critical Incident Management Framework to support strategic decision making and Mutual Aid Arrangements.	
	Major Incident (Hospital/ Site Level)	An event or situation with a range of serious consequences which requires special arrangement to be implemented within/across the site/sector i.e., number of casualties beyond capacity, fire impacts on significant part of infrastructure, loss of power/utility to whole site for a significant period.	Activation of site-specific plans such as Foresterhill Health Campus and Dr Gray's Hospital Major Incident Plans.	<b>Monitoring/Early Warnings</b>
	Critical Incident	A significant threat to operations that can have negative consequences if not handled properly. May have an extended duration such as sustained system pressure and/or cause reputational damage.	Use of tools such as Critical Incident Management Framework and Integrated Emergency Management to support decision makers escalating and de-escalating response based on situational awareness.	
<b>Business Contingency Levels</b>	Whole System Business Continuity	Operational system pressures i.e., demand and workforce absence/capacity which impacts on whole system flow and delivery for example Industrial Action across whole system.	Setting up of SLWG for specific and predicted disruption. Ongoing compliance with 41 Standards for Organisational Resilience to identify development opportunities and measure progress.	<b>Prevention/Preparedness</b>
	Portfolio / Directorate Business Continuity	Incident that significantly affects day to day service delivery across the Portfolio or Directorate. Examples are equipment failure, staff shortages, increase in demand which requires alternative action, power /utilities failure, supply chain disruption etc.	Collective activation of service business continuity plans across the Portfolio or Directorate. Escalation as appropriate through developed structures.	
	Service Business Continuity	'One off' incident that significantly affects day to day service delivery. Affects single service, examples are equipment failure, staff shortages, increase in demand which requires alternative action within service to cope, power /utilities failure, supply chain disruption.	Local service business continuity plans activated to manage incident and incident management arrangements in place. If impacts on other services or cannot be contained at service level this is escalated as appropriate.	
G-OPES Levels 1-4	G-OPES Framework supports operational business continuity enabling system decision making and actions to maintain continuity with four levels of response as appropriate, activates local service business continuity plans	Monitoring of whole system pressures through the Daily System Connect Meetings and Weekly Decision Making Group using a range of data metrics. Escalation to Winter Trigger Review Panel for recommendations re surge planning arrangements where series of pre-agreed metrics have been exceeded.		
Business As Usual	Managed within normal operational management arrangements.	Business as usual response.		

- Activation of appropriate plans & incident teams /structures
  - Activate support mechanisms
  - De-active & logs
  - Post Incident Debriefs
  - Share learning & revise plans based on learning
- Live surveillance systems
  - Modelling scenarios/data
  - National PHS Network
  - Sharing information on national threat assessments
  - Workforce availability tools
- Vaccinations (COVID/Flu)
  - IPC Guidance
  - Public messaging
  - E-learning on prevent workstreams
  - Major Infectious Disease Plan
  - Major Incident Plan
  - Pandemic Flu Plan
  - Joint Health Protection Plan
  - Running exercises regularly to test major incident plans



# NHS Grampian Workforce Plan 2023–2025 ~ Progress Update at May 2023

NHS Grampian continues to implement the National Workforce Strategy for Health and Social Care in Scotland via our Colleagues and Culture Plan for the Future and our [Integrated Workforce Plan 2022-25](#). Our Workforce Plan identifies actions aligned to the five pillars: plan; attract; employ; train; and nurture as well as risks and challenges over the next three years. Its key focus is developing a sustainable workforce. This requires attention to the other elements of our Colleagues and Culture Plan for the Future – health, safety and wellbeing, and culture and staff experience, whilst placing a deliberate focus on workforce planning and redesign; resourcing; skills and capability, and employability, supported by improved business systems, and enhanced workforce information, intelligence and insights.

**Plan:** Begin to define the workforce requirements of future service delivery models, particularly connected to enhancing planned and unplanned care

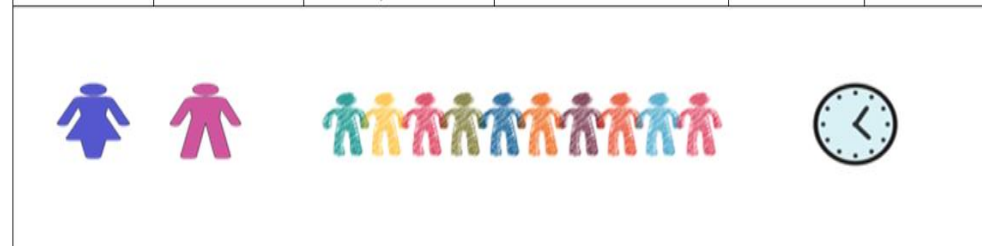
**Attract:** Further streamline the recruitment process, introducing bulk recruitment for high volume roles to help release time to care

**Employ:** Take steps to support improved retention by exploring different use of terms and conditions and enhancing bank working arrangements

**Train:** Support the recovery of education and training, and improve take up of statutory and mandatory training

**Nurture:** Resume appraisal for staff where this has been impacted by the COVID-19 pandemic and use this to encourage a focus on protected time for learning

Female	Male	Headcount	Whole Time Equivalent	Whole Time	Part Time
2023 82.0%	2023 18.0%	2023 16,187 (-804)	2023 13,323.22 (-877.14)	2023 50.1%	2023 49.9%
2022 78.7%	2022 21.3%	2022 16,991	2022 14200.36	2022 51.3%	2022 48.7%



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Oversight is provided by an organisation-wide group acting on behalf of the Chief Executive Team, which provides updates to the Staff Governance Committee, in support of NHS Grampian Board assurance. Agreed risks and mitigations reflected in this Delivery Plan are outlined below.

RISKS	MITIGATIONS
Insufficient capacity to change and transform the workforce and services whilst assuring that we maintain safe and effective care.	Effective workforce utilisation through continued roll out of eRostering and preparation for Health and Care Staffing Scotland Act Implementation.
Significant recruitment and workforce supply challenges, with the combination of an urban centre out with the central belt and significant rural geography	Developing approaches to recruitment, considering applications for RRP, ongoing promotion of careers locally and widening access programmes.
Our ageing workforce and flexible working options further increases workforce gaps as more individuals are required to maintain existing capacity.	Agreeing an organisational approach to succession planning will be a focus over the next year, work also continues around retire and return.
Nursing, AHP and Medical workforce projections for North of Scotland over the next 3 years makes reducing reliance on supplementary staff problematic.	The introduction of a medical staff bank and continued close scrutiny in relation to bank and agency spend to minimise costs.
System pressures continue to impact individuals' capacity to undertake developmental actions and learning that will support sustainable services.	Implement Year of the Manager programme, and contribute to and implement Agenda for Change reform on protected time for learning
Sustained pressures due to inability to match capacity to demand lead to sustained increases in short term and long-term absences.	Support staff wellbeing through continued roll out of We Care peer support programme for psychological first aid and further enhancing OHS access.

## Infrastructure and Sustainability

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The 'Plan for the Future' sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To achieve this, we will require a very different type of infrastructure to reflect the changing patterns of service delivery, including an increasing reliance on new technology. Investment in infrastructure is required across the following key areas:

- Progress the transformation of service delivery across portfolios and pathways, responding to new and improved ways of delivering services that require fewer assets, with services increasingly delivered in people's homes and local communities, on an outpatient basis, on a mobile basis and through the continued digital transformation of health and care delivery, access and support.
- Improve estate and asset performance on all key indicators, including an environmentally sustainable and carbon neutral infrastructure, reduction in significant and high-risk backlog maintenance and a continued programme of essential equipment replacement.
- Disinvest buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet service needs.
- Invest and develop in new technology including access to the latest, smartest, and most clinically effective medical equipment, simplification of the existing information technology infrastructure, whilst simultaneously allowing additional investment and improved resilience.

The availability of capital funding to support investment in infrastructure is a key constraint in both the short and longer term. Our plans must therefore be prioritised based on risk and fit with the Board's objectives, be deliverable, demonstrate best value and be suitably integrated with our partners' plans to meet needs across health and social care. Our investment plans will therefore develop across two fronts:

- Short term - continue to focus available investment at current operational risks with available resource prioritised against the highest risk deliverable projects. We have an existing process in place where all requirements are risk assessed, and for equipment, also peer reviewed in line with simple risk criteria, such as, reduced risk of harm and improved statutory compliance, e.g. fire/HAI (safe), improved access, quality and efficiency of key diagnostic processes (effective) and the impact on patient experience and environment (person centred).
- Longer term – to engage extensively across all service portfolios and with our partners to develop a prioritised whole system infrastructure investment plan which will set out our long term infrastructure requirements focused on population health and across the three key themes of people, place and pathways.

Key developments during 2023/24 are:

- Ongoing construction of the Baird Family Hospital and Anchor Centre;
- Ongoing design and development in support of the National Treatment Centre – Grampian (NTC-G);
- Ongoing design and development in support of the MRI facility, Ligature reduction works and development of facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital; and
- Programme of risk assessed essential equipment replacement, backlog maintenance and compliance with statutory standards within our properties.

The draft NHS Grampian Climate Emergency and Sustainability Strategy: Reimagining the Health Service for People and Planet will be considered for approval by the Board later this year following a period of engagement and consultation. The draft strategy sets out our own aspirations in line with the NHS Scotland Strategy and is organised across four main themes - Delivery of Net-Zero for NHS Grampian; Greening Health Systems; Greening Places & Communities; and developing wider collaborations and contributions across local and national systems.

A delivery model is under development as a mechanism to track progress against the specific targets, proposals and actions set out in the NHS Scotland Policy on the Climate Emergency and Sustainable Development and the NHS Scotland Climate Emergency and Sustainability Strategy and aligning this to the above four main themes of our own draft strategy. Key developments and areas of activity in 2023/24 are:

- Delivery of net zero - buildings:
  - Braemar Health Centre – first retrofit project delivering net zero;
  - Integrated Mortuary – first net zero new build facility;
  - Retrofit of those buildings for which feasibility studies are complete and a route map to net zero exists – includes Aboyne Hospital, Glen O’Dee Hospital, Woodend Hospital Stroke Unit, Little Acorns Nursery RCH and Maryhill Health Centre (bid to the Scottish Government Green Decarbonisation Fund pending June 2023); and
  - The NHS Grampian Board will explore, during the 2023/24 year, their ongoing approach to the delivery of net zero buildings exploring the very real tension between the increased costs of delivering net zero whilst having a very significant backlog of buildings to modernise for health care delivery.
- Delivery of net zero – fleet emissions:
  - Mapping of transport routes and site volumes now complete and locations for charging points agreed for all sites;
  - Provision of additional HV capacity to enable installation of charging point; and
  - 5-year vehicle replacement strategy in place.
- Delivery of net zero – waste:
  - Waste route map to identify opportunities for increased recycling across all waste streams; and
  - Waste reduction charter covering organisation wide mechanisms to ensure correct waste segregation at point of use.
- Delivery of net zero – Medical Gases:
  - Desflurane no longer used in theatres;
  - System wide approach for point of use nitrous oxide; and
  - Entonox use phased out with alternatives in place where available.
- Greening Places and Communities:
  - Construction of the Green Infrastructure Project – West of Foresterhill Campus and adjacent to the new Mortuary building provides accessible green space, biodiversity, active travel and essential flood prevention/water attenuation measures;

- Biodiversity project – area on Foresterhill site to encourage natural pollinators through native flora and fauna and access to greenspace for staff and patients – donated funds; and
- Continued roll out of active travel routes, ebikes, bike pods etc. as funding allows supported by Sustrans.

For additional reading, please follow this link: [Plan for the Future: Infrastructure](#)

## Finance

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NHS Grampian has prepared a three year Financial Plan covering 2023-2026, which was submitted to the Scottish Government in March together with a five year Medium Term Financial Framework (MTFF) covering 2023-2028, which was presented to the NHS Grampian Board in April. Both documents set out how our resources will be targeted at the delivery of NHS Grampian's strategic priorities from 2023-2028. They outline the financial climate in which the Board will operate over the next few years and the assumptions underpinning our planning. The financial position for public services continues to be extremely challenging and it is vital that our ambitions contained in the Grampian Delivery Plan are set within the context of available funding.

The MTFF assists us in planning to target our financial resources at the delivery of priorities outlined in NHS Grampian's 'Plan for the Future' and the Grampian Delivery Plan. The longer term aims are to support improved outcomes through transformation of service delivery across pathways, equitable access for our population and inclusive growth. The MTFF reflects the range of complex factors impacting the financial climate over the next five years including:

- Scottish Government funding levels;
- The predicted rise in costs;
- Changing demographics;
- Latent demand for health services along with new pressures which will impact on the system; and
- Scottish Government policy priorities, as outlined in the Programme for Government.

Our Financial Plan and MTFF both project a position where we will not be able to balance the revenue financial position between funding levels and projected expenditure over the next five years based on our current planning assumptions. We expect our annual financial position to improve each year between 2023 and 2028 but, by 2028, we still do not expect to be in a position of revenue balance. This projection assumes that we will be able to make a level of new recurring savings of 3% each year as a health system, and we will continue to fully engage and act upon the work of the national Sustainability and Value Programme. We have established our own local arrangements to take forward relevant workstreams from the national work.

Risks to delivering our financial projection and the targets contained within the Grampian Delivery Plan are included in the accompanying ADP1 response document. We are in continuing dialogue with Scottish Government colleagues regarding our Financial Plans and have been asked to clarify a number of points by the end of June.

## Digital

The Board's 'Service Transformation through Digital Strategy' outlines how we intend to use digital technology to improve health and care, enable colleagues to work to the best of their abilities and modernise services in a sustainable way. To do this will require universal adoption of electronic records and for relevant information to be accessible to all who need it – citizens, clinicians, care providers and analysts. In turn, those electronic systems need to be safe, secure, accessible and reliable with full support from our Cybersecurity and Information Governance Teams. To read more about the strategy, revised in 2023, please follow this link: [Service Transformation through Digital](#). Consideration will be given to how we support people who do not have access to technology or the skills/confidence or necessary support in using digital technologies, so they are not disadvantaged in accessing health and care.

The 'Plan for the Future' sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To support the changing patterns of service delivery, care pathways and the emphasis on technology - the digital strategy will therefore focus investment and action on best alignment with our 'quadruple aim' of simultaneously achieving:

1. Better health and social care outcomes – longer, healthier, more contented lives;
2. A better experience of health and social care for citizens – less stress, easier interactions;
3. A better experience for colleagues – supporting people to work to the best of their abilities; and
4. Affordable health and care services – sustainable long-term financial planning.

Key digital priorities for delivery by 31 March 2024, along with ambitions for Spring 2026 are outlined below in the context of People, Places and Pathways.



- Via the My Digital Workplace initiative optimise operational benefits of M365 enhancing digital skills of workforce
- Modernise eHealth organisation structure to enhance digital service delivery via structured Change and Operational services
- Enhance Service Desk team delivery introducing more seamless request forms, [automation](#) and knowledge articles to aid staff.



- Demonstrate continued progress regarding Network and Information Systems Regulations (NIS) Audit including engagement with Cyber Centre of Excellence (CCoE)
- Support delivery of National digital programmes in addition to local Infrastructure and Applications via eHealth Quality Improvement Plan noting dependencies on national resources and governance
- Migrate all NHS managed sites from Analogue to Digital Services including sunseting of Mobile telephony 3G



- Continue rollout of Regional HEPMA (Hospital Electronic Prescribing and Medicines Administration) system in keeping with Board plan
- Support DHAC delivery plan by continuing the implementation of the integrated care record via EPR (Electronic Patient Record) as part of the Digital Ward initiative.
- Continued Health Records digital conversion through Scan on Demand and Scan on Discharge services with initial focus on Maternity records.

### **Delivery Ambitions for Spring 2026**

- Citizens have full access to records via national Digital Front Door solution
- Deliver EPR workflows to all Community based Allied Health Professional (AHP) and Community Nursing areas
- Complete HEPMA rollout across all Acute and Community hospitals
- Migrate all NHS managed sites from Analogue to Digital Services
- Continued IT Infrastructure expansion and investment including Cloud Appropriate choices



## Performance and Assurance

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Over the course of 2022-23, positive progress has been made to develop NHS Grampian's Integrated Performance Management and Assurance Framework (IPMAF). The launch of the 'Plan for the Future' and the Annual Delivery Plan (ADP) meant that key focus areas and activities in earlier phases were centred in developing the **assurance aspects** of the Framework required for the NHS Grampian Board and the Performance Assurance, Finance and Infrastructure Committee (PAFIC), to ensure we are actively monitoring and assessing our organisational performance aligned to the new strategic direction, intent and reporting on our key deliverables and milestones set out within the ADP.

We have co-created and designed performance assurance reports with Board and PAFIC Committee members to ensure they are aligned and sighted on the 'Plan for the Future', the ADP milestones and critical areas impacting organisational performance, paying attention to risks and the actions required to manage them but also highlighting areas of good performance and learning.

These are the "How Are We Doing" and the PAFIC performance reports respectively. We have applied the tiered reporting approach mentioned in our last update within reports to enable the functionality and ease of reviewing performance information. Amongst these reports saw the redesigned ADP Quarterly Progress Reports required by Scottish Government.

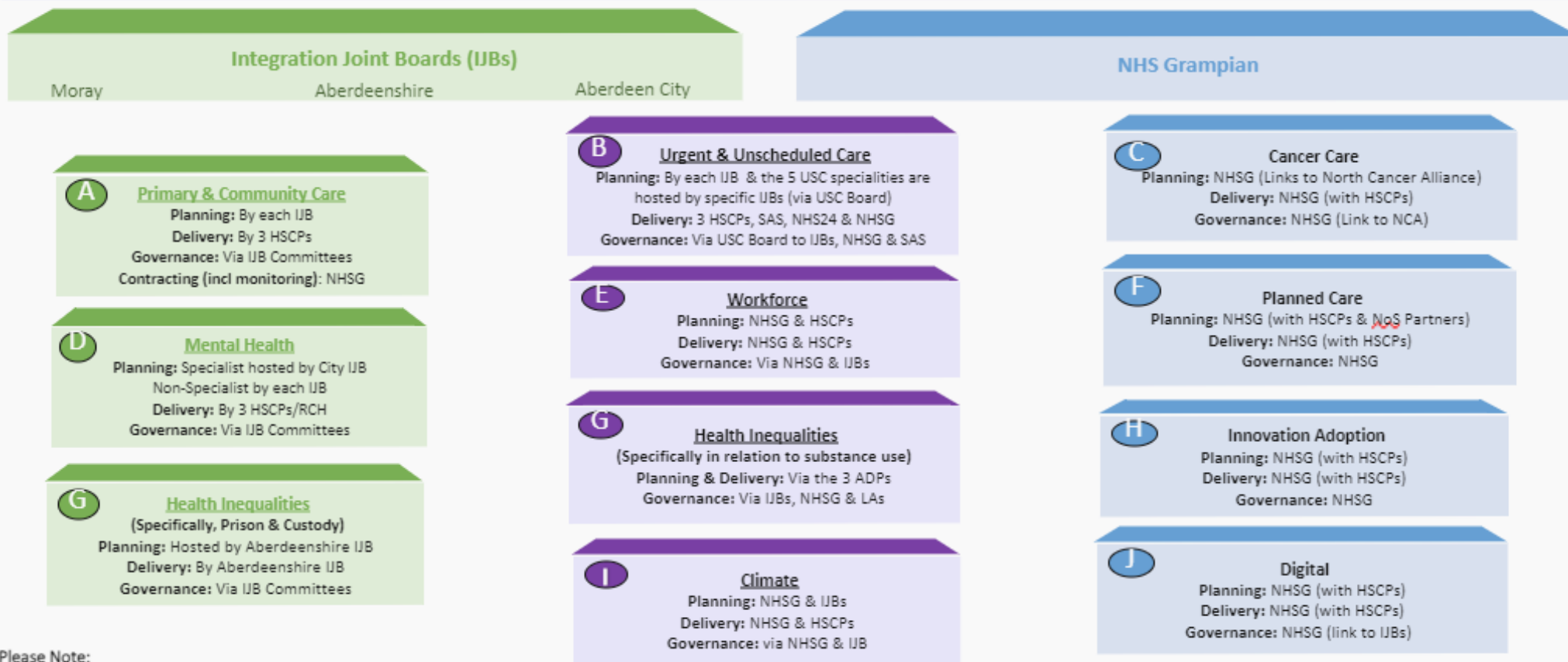
To support and enable the review of up to date performance information in these reports, we collaborated with Executive Leads and their teams in developing templates and proformas, established accountability cycles and reporting schedules as part of the assurance process so far.

Positive feedback was received from Board, Committee and the Chief Executive Team about our refreshed approach towards performance management and assurance. Work is currently underway to produce an accessible online performance report for the public to increase awareness and transparency about our progress towards the 'Plan for the Future'.

The next phases of the IPMAF includes the draft framework document amongst other key workstreams commencing from May 2023. This is currently in development and will be formally reviewed by the Chief Executive Team and PAFIC. The implementation of NHS Grampian's IPMAF will build on the progress we have made in the earlier phases and pull together a consolidated approach and understanding towards performance management and assurance across all tiers for NHS Grampian aligned to our 'Plan for the Future'.

# Appendix 1

## Accountability for the 10 Scottish Government Recovery Areas within the Grampian Health and Social Care System



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**Please Note:**

- This diagram aims to set out at a high level, the accountability for the Scottish Government's 10 recovery areas within the Grampian health and care system.
- Scottish Ambulance Service (SAS), NHS24, third sector and, as appropriate, North of Scotland (NoS) region, territorial/national Boards contribute to and support the Grampian health and care system.
- Although accountability and delivery may sit with a specific organisation, this is done in the context of whole system leadership and wide stakeholder engagement.
- Professional and clinical governance and assurance sits with NHS Grampian Clinical Directorates (Medical, NMAHP & Public Health).

Key	
ADP: Annual Delivery Plan	NHSG: NHS Grampian
HSCPs: Health & Social Care Partnerships	NoS: North of Scotland
IJBs: Integrated Joint Boards	RCH: Royal Cornhill Hospital
LAs: Local Authorities	SAS: Scottish Ambulance Service
NCA: North Cancer Alliance	USC: Unscheduled Care

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**Plan**   
for the  
**Future**  
Healthier Together  
**2022 - 2028**

# NHS Grampian's Three Year Delivery Plan 2023-26

Plain English Summary







# NHS Grampian's Three Year Delivery Plan 2023-26

## Plain English Summary

### What is the Three Year Delivery Plan about?

Our Three Year Delivery Plan covers August 2023 to March 2026. Our priorities are focussed around People, Places and Pathways and will also support delivery of the Scottish Government priorities for 2023 to 2026.

Our plan will help us achieve more sustainable health and care by 2032. These ambitions are described in more detail in our Plan for the Future 2022 to 2028.

Plan for the Future 



**PEOPLE**



**PLACES**



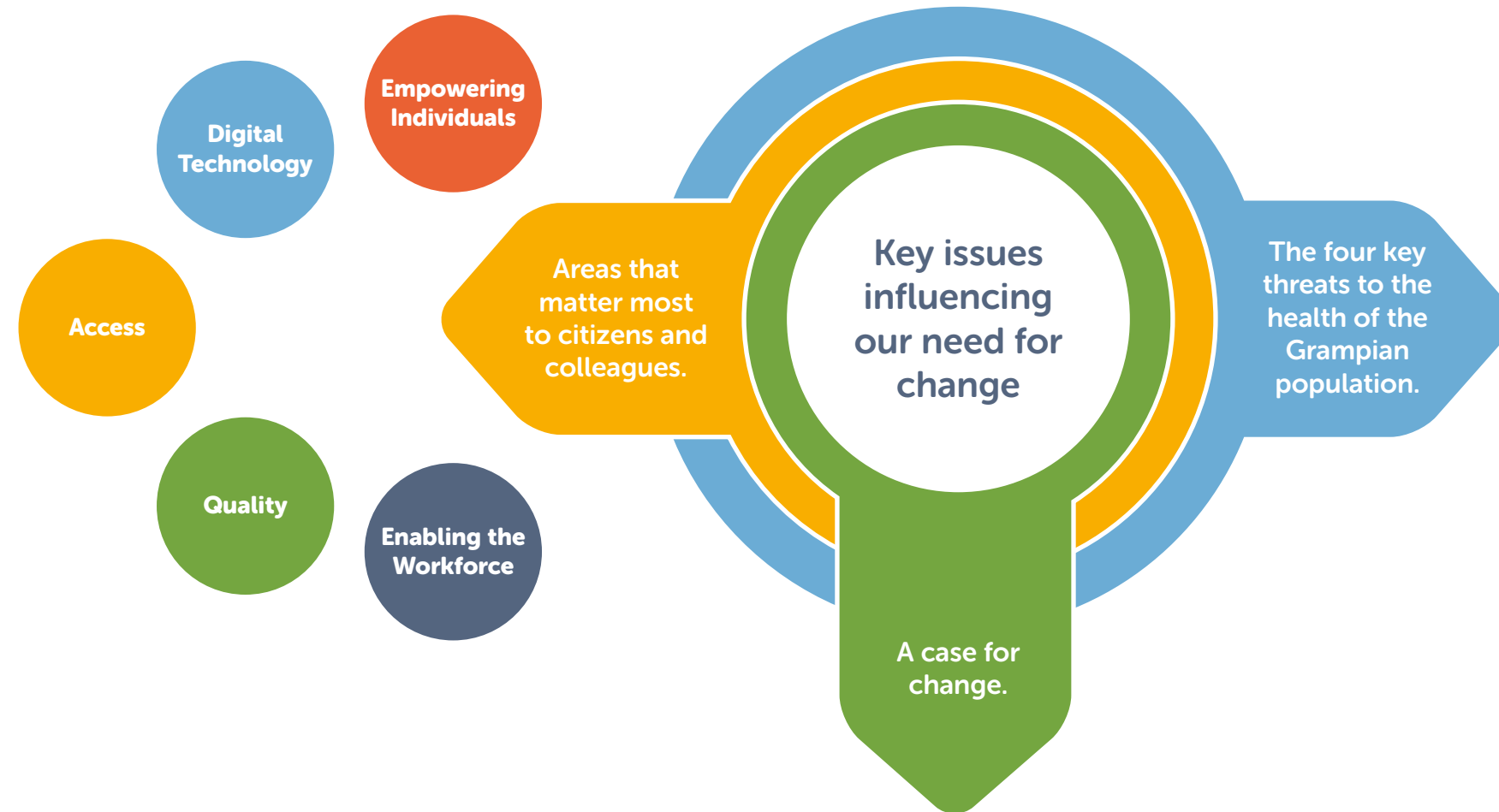
**PATHWAYS**



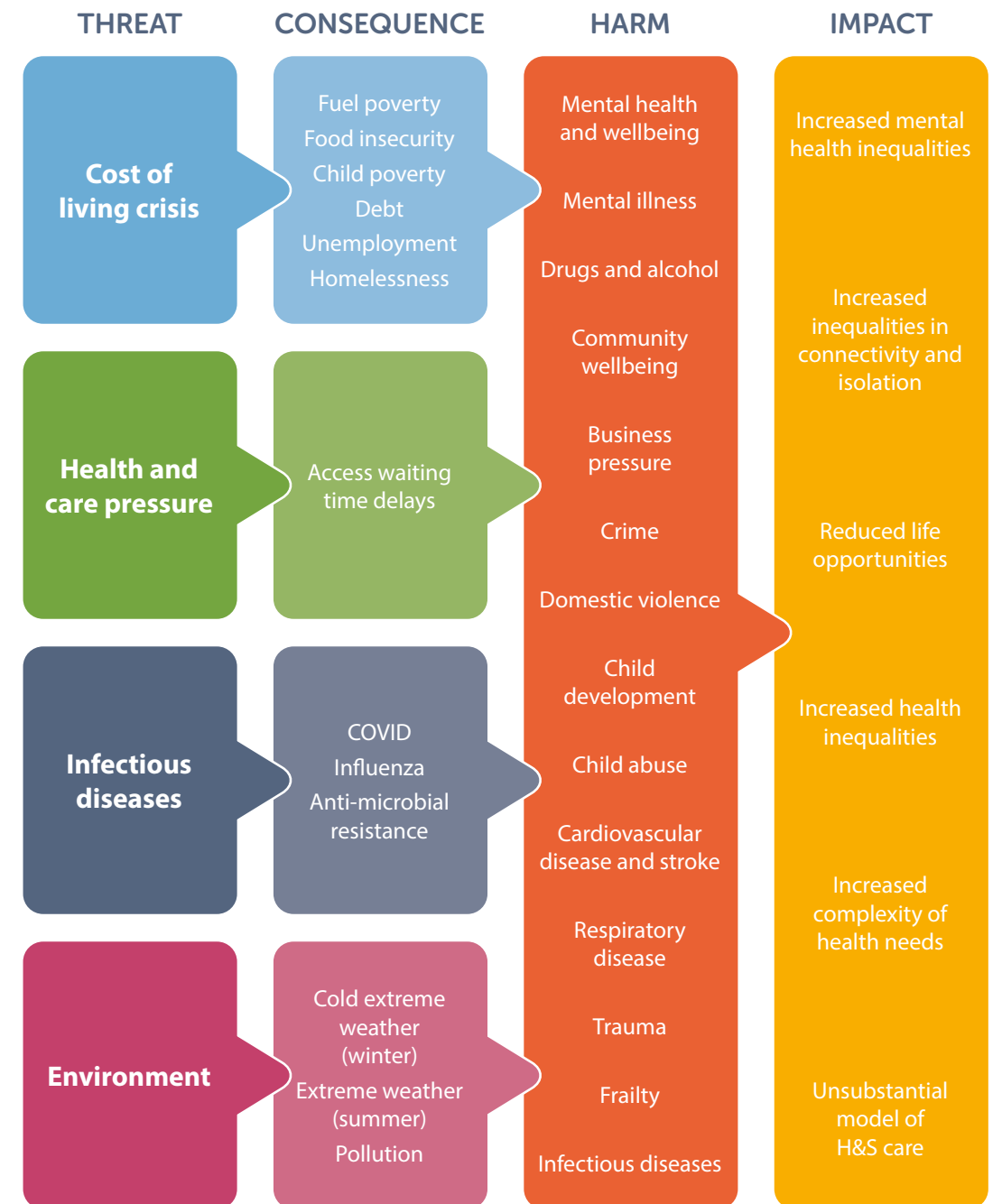
## Why do we need to change?

Key issues are shown in the bottom right of the diagram below.

We also understand what matters to citizens and colleagues in Grampian. We have solid foundations of robust intelligence, strong partnership working, clear direction with shared ambitions, and the dedication of our colleagues and partners. We are well placed to make sustainable changes which will improve outcomes.



The way healthcare is delivered has been changing - this needs to continue.	The health of our population is at risk of deteriorating and existing inequalities have increased.	Good health is a means to an end - it is our communities that help us flourish.
Climate change is one of the biggest threats to health and our biggest opportunity.	The pandemic has shown how we can care for ourselves with the rights tools.	We can help keep people well for longer, reduce new health problems and stop some from getting worse.







## Strengthen colleague and citizen engagement to improve health

### What are our priorities for March 2026?

By the end of March 2026, we will:

- **Strengthen colleague and citizen engagement to improve health.**
- **Create the conditions for sustainable change.**
- **Improve preventative and timely access to care.**

These priorities will help us to make significant progress towards the aims in our Plan for the Future.

### What difference will these make?

Achieving the three priorities would mean:

- **We will have built a different relationship with our colleagues and citizens. We aim to be a partnership of equals.**
- **We will have made fundamental changes in how we deliver health and care to support future sustainability.**
- **We will have improved how people access care, working in partnership with them, and we will focus more on prevention.**

### How will we deliver these?

We can only deliver these priorities by working with our citizens, colleagues and partners, including the third sector.

To ensure our resources will make the biggest impact, we have listed key actions for the first year (by March 2024). These are described below:

### Right workforce to deliver care now and in the future

Improving how we work with our colleagues will support a positive experience for staff and people accessing our services. This will also help us attract people with the right values, retain colleagues and redesign services fit for the future. We also want to develop our colleagues through education and refresh our commitment to research.

### Culture and wellbeing

We have increased our focus on enabling and encouraging a positive culture (using tools such as Best Practice Australia (BPA), Magnet and Culture Matters). We also want to focus on sustained investment in supporting the health and wellbeing of staff.

### People powered health

**A vision that recognises people's lived experience and opinions as a valuable asset in helping shape health.**

We want to create a partnership of equals and place people more in control of their health and wellbeing. We will focus on developing how we work with the public and ensure we hear a diverse range of voices. We will also develop a volunteering strategy and implement training to support trauma-informed practice (at first focusing on professionals working with children).

### Children's health and wellbeing

How we engage with children and young people is crucial. Several factors impact on the outcomes of children, such as increased poverty due to the higher cost of living, the impacts of the pandemic and increased waiting times for specialist surgery. We will focus on tackling these.



## Create the conditions for sustainable change

### Employment, procurement and physical assets

We need to use our position as an “anchor” organisation to reduce inequalities through our employment and procurement practices and the use of our premises. We will focus on identifying opportunities for local and regional suppliers and widening access to health and care careers.

### Population health approach

We want health to be everyone’s business. Together we can act to prevent harm, improve health and support communities to thrive now and in the future. We will develop a five-year plan to tackle health inequalities and test our approaches in child health, mental health and wellbeing, substance use, and place and wellbeing and implement a women’s health plan.

### Greening health systems

**Making our model of care more environmentally sustainable and adapting to climate change.**

We have challenged ourselves to be leaders in sustainability and reduce our impact on the environment. We will publish our Climate Emergency and Sustainability Framework, outlining our aim for net zero, reducing emissions and waste and improving our ‘green’ infrastructure.

### Capital/infrastructure developments

We have several developments in progress that we will continue to prioritise (ANCHOR Centre, Baird Family Hospital, National Treatment Centre and improvements at Dr Gray’s). We will also develop a long-term infrastructure plan for 15 to 20 years, as well as focusing on maintaining our existing buildings.

### Value and sustainability

We have developed a local Value and Sustainability Plan outlining actions to achieve a level of 3% savings for 2023-24. We will implement a programme to oversee this work. We will also continue to embed the principles of Realistic Medicine across NHS Grampian.



## Improve preventative and timely access to care

### Pathway redesign

Our redesign of health and care will look at the whole system, and pathways from end to end. We will work with key stakeholders, focusing on two separate pathways: Adult General Mental Health and Frailty.

### Intelligence-led improvements

We want to focus on how we develop live data modelling. This will allow us to be informed by emerging population health data and demographics. Such data helps us redesign pathways, modernise the surveillance system for health protection and identify areas of low uptake for immunisation and vaccination.

### Making Every Opportunity Count (MEOC)

MEOC encourages staff to have conversations on lifestyle and life circumstances, led by the individual and what is important to them. We want to ensure that MEOC is used consistently across Grampian. We will also increase the number of specialties providing holistic support to people on the waiting lists for procedures (the “Waiting Well” initiative).

### Primary and community care

Working with the Integrated Joint Boards (IJBs), we will develop a joint vision for general practice in Grampian. The vision will identify areas for action as we move towards better resilience and sustainability.

## Secondary care

Our focus on improving access in the short and longer term covers several key areas:

- **Improving access and protecting planned care**

We will focus on reducing the number of people waiting for care with a detailed Planned Care Action Plan. Two new streams of work will help inform us how we protect planned care beds without disturbing other clinical pathways. These streams are the Aberdeen Royal Infirmary (ARI) Bed Base Review and a national working group chaired by a Board Chief Executive and sponsored by Scottish Government.

- **Cancer care**

A new Cancer Strategy for Scotland was published in spring 2023, upon which we will base our local Cancer Plan. We will maintain our good performance against the target of people receiving their first cancer treatment within 31 days of a decision to treat. We will also aim to improve the number of people treated within 62 days of their referral.

- **Urgent and unscheduled care and preparations for winter 2023/24**

Urgent and unscheduled care (USC) services across the system have been under enduring pressure. This has impacted on performance against the 4, 8 and 12 hour Emergency Department (ED) access standard, ambulance turnaround times, length of stay and delayed discharges. This year, we will focus on triage and assessment, patient flow and discharge without delay, expanding Hospital @ Home provision and a surge plan for winter 2023/24. A key piece of work ahead of winter 2023 is starting the ARI Bed Base Review (mentioned in the planned care section above).

- **Mental health and learning disabilities (MHL D)**

Across all areas of service (children and adults), we have increased demand which we expect to be a continued trend. We will focus on moving towards the national 18-week standard for treatment within our Child and Adolescent Mental Health Services (CAMHS) and for Adult Psychological Therapies.

- **Dr Gray's strategic plan**

In February 2023, we approved the strategic plan for Dr Gray's Hospital. This set out a clear role and function aiming to create a vibrant future for the hospital. We will implement Phase 1 of the Dr Gray's Plan over this next year. This will include developing networked services, focusing on recruitment and retention and year one of the Moray Maternity Services Plan (in collaboration with NHS Highland).

## Progress of 1-Year Delivery Plan (2022-23)

The last year was challenging. We continued to respond to COVID and deal with sustained pressures across the health and care system. Despite this, we did start to make changes to move to a more sustainable position. Our progress against some of the milestones set out in the 2022/23 Delivery Plan is described below and highlights our three objectives for people, places and pathways. Progress has been hampered by system-wide pressures and the need to have "all hands on-deck". That we are still moving forward is testament to the focus and hard work of teams right across the organisation and wider system.

### PEOPLE

- Recruitment and retention of staff is showing some positive signs with 95 new international registered nurses (RNs) in post by June 2023 and signs of stability in non-medical retention rates. However, we still see a significant increase in supplementary staffing (doctors and nurses). Work to set up a medical locum bank is continuing. We are ahead of other boards in our work on re-banding Band 2 healthcare support workers.
- Education and continuing professional development are important. We have agreed monthly protected learning time for Agenda for Change (AfC) staff as part of AfC reforms and we await further detail. All clinical education programmes have been restarted.
- Staff wellbeing is key, and we continue to invest in this. However, our Pulse survey suggests only 49% of respondents believe the 'We Care' programme supports their wellbeing; this is down from the earlier survey. We plan to carry out a more comprehensive review of feedback to understand this better.

### PLACES

- Working with communities on what matters to them helps to build a stronger, healthier society. Experiences of doing this in New Pitsligo has led to a community led celebration of local projects, all helping with health and wellbeing.
- Environmental factors are key to sustainability and our plans to reduce our carbon footprint in our NHS activities and in communities are still developing.
- We have implemented innovative approaches to care which aid quality and safety and help with sustainability. This quarter we have seen the launch of electronic prescribing (HEPMA) and 'GRACE' (an artificial intelligence (AI) driven lung cancer pathway redesign).

### PATHWAYS

- Waiting lists for planned care continue to grow, affected by unscheduled care demands during winter. However, we are making steady progress on reducing patients waiting longer than two years for treatment. The 'Waiting Well' calls continue to be well received by patients. Planned care was also affected by infrastructure problems during winter, including loss of facilities at Dr Gray's (now resolved) and reduced capacity in the Vanguard theatre.
- Achieving good patient flow throughout the pathway of care has been particularly affected by sustained demand for care and the workforce and capacity challenges in social care. There are some signs of easing with a significant drop in delayed discharges during the spring and summer of 2023.

## What could stop us delivering our priorities?

Several issues may prevent us delivering our priorities. We will monitor and help minimise these so they do not stop us delivering our priorities.



Many staff are tired



Rising costs and funding



Accessing extra capacity



Staff vacancies



Ageing infrastructure



Lack of capacity to engage



Complex systems

## How will we know we are making a difference?

We will report our progress (and any challenges) to the Grampian NHS Board and to the Scottish Government every three months.

We will also share updates with colleagues, citizens, communities and our partners and publish progress reports on the NHS Grampian 'Plan for the Future' website Plan for the Future ([nhsgrampian.org](http://nhsgrampian.org))



### Contacting us

If you would like more information or to get involved, please get in touch by contacting [gram.planforthefuture@nhs.scot](mailto:gram.planforthefuture@nhs.scot)



This publication is also available in other formats and languages on request. Please call Health Information Resources Service on 01224 558504 or email: [gram.resources@nhs.scot](mailto:gram.resources@nhs.scot)

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	22 August 2023
<b>Report Title</b>	Expenses Policy IJB Carers and Service User Representatives
<b>Report Number</b>	HSCP.23.055
<b>Lead Officer</b>	Alison MacLeod
<b>Report Author Details</b>	Alison MacLeod Lead for Strategy and Transformation <a href="mailto:alimacleod@aberdeencity.gov.uk">alimacleod@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	a. Expenses Policy IJB Carers and Service User Representatives
<b>Terms of Reference</b>	4. The approval or amendment of the Scheme of Governance

### 1. Purpose of the Report

- 1.1. The purpose of this report is to seek approval of a revised Integration Joint Board (IJB) Carers and Service Users Representatives Expenses Policy which forms part of the IJB Scheme of Governance.

### 2. Recommendations

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

- a) Approves the IJB Carers and Service Users Representatives Expenses Policy with effect from 22<sup>nd</sup> August 2023.
- b) Instructs the Chief Officer to replace the previous policy in the Scheme of Governance with the revised one.





## INTEGRATION JOINT BOARD

- c) Instructs the Chief Officer to ensure the IJB Carers and Service Users Representatives Expenses Policy is reviewed annually as part of the review of the Scheme of Governance.

### 3. Strategic Plan Context

- 3.1. Within the Strategic Plan we confirm that our approach to delivering services follows the national Integration Principles. One of these principles is that services are 'planned and led locally for the benefit of service users, people who look after service users, and the people who provide health or social care services'. Having Carers and Service User Representatives on the IJB is one of the ways we deliver on that principle and having an Expenses Policy based on the premise that the representatives will not be out of pocket as a result of taking on that role, ensures that there are at least no financial barriers to participation.

### 4. Summary of Key Information

- 4.1. Section 3.6 of the Aberdeen City Integration Scheme sets out the membership of the IJB and notes at 3.6j) that this includes services users residing in the area of the local authority, and at 3.6k) that also included are persons providing unpaid care in the area of the local authority.
- 4.2. In February 2019, the Ministerial Strategic Group for Health and Social Care produced a report entitled "Review of Progress with Integration of Health and Social Care", in which they quoted exemplary performance in relation to supporting carers and service user representatives to enable their full involvement in integration would include paying reasonable expenses for attending meetings.
- 4.3. The IJB approved the first IJB Carers and Service User Representative Expenses Policy at their meeting on 11<sup>th</sup> August 2020 which was based on a best practice template provided by the Coalition of Carers in Scotland. Due to Covid restrictions, IJB meetings were mainly taking place virtually and it is only in this last year that the implementation of the policy has been tested.
- 4.4. A review of the IJB Carers and Service Users Expenses Policy was undertaken by a small group of key stakeholders including the Carers and Service User Representatives and the feedback from this review along with the learning from implementation over the last year informed the revised policy contained at Appendix A.



## INTEGRATION JOINT BOARD

- 4.5.** The key revisions in the proposed new policy are the addition of Principles and more clarity and detail being provided in relation to the process. We have also confirmed that the policy is part of the Scheme of Governance and based on Aberdeen City Council procedures so any review of it needs to link to reviews in these areas.

### **5. Implications for IJB**

#### **5.1. Equalities, Fairer Scotland and Health Inequality**

The policy only impacts the two Carers Representatives and the one Service User Representative on the IJB. The revisions to the policy have been made in consultation with them. The policy is now enhanced in terms of the commitment to our representatives to not be out of pocket, recognising the diverse needs of individuals and minimising any financial barriers to undertaking their role on the IJB. The clarity and detail provided in relation to the process should ensure this is more robust and aids smooth implementation. There is also our commitment to monitor the implementation and make improvements where necessary.

#### **5.2. Financial**

With more IJB meetings being held in person it is likely that the number of claims will increase. Provision has been made within existing budgets to cover the cost of these and the sufficiency of this is something else that will be monitored annually.

#### **5.3. Workforce**

There are no direct workforce implications arising from the recommendations of this report. Existing members of staff will provide support to the implementation, monitoring and review of the IJB Carers and Service User Representatives Expense Policy as part of their normal duties.

#### **5.4. Legal**

Having Carers and Service User Representatives on the IJB meets our legal obligations in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, and the Aberdeen City Integration Scheme. Having an Expenses Policy specifically for them, enables their participation by removing any financial barriers.



## INTEGRATION JOINT BOARD

### 5.5. Unpaid Carers

The IJB Carers and Service User Representatives Expense Policy supports the participation of Carers Representative in IJB business representing the views of unpaid carers in Aberdeen City.

### 5.6. Information Governance

All personal data required to process expense claims will be managed within Aberdeen City Council's existing procedures and guidelines. It is the same process as is used to pay staff travel and subsistence allowances and accounts payable.

### 5.7. Environmental Impacts

The IJB Carers and Service User Representatives Expense Policy is used to reimburse the costs of necessary travel to and from IJB meetings. Whilst travel by car or train will have an impact on the environment, it is necessary for the representatives if they wish to fully participate in IJB business. Travel for this purpose is minimal. A hybrid option is available and all IJB members can choose to occasionally use this to reduce their impact on the environment. Printing costs are covered by the policy but only when printing is the preference of the individual. The Carers and Service User Representatives have been provided with laptops to enable reading IJB papers online if this is their preference. The Expenses Policy does reiterate the intention for the IJB to be as paper free as possible.

### 5.8. Sustainability

The IJB Carers and Service User Representatives Expense Policy aims to remove any economic barriers to full participation in IJB business in order that the representatives' roles can be sustainable. The potential for environmental impact is noted at 5.7 however the social benefits to in person participation in meetings is thought to outweigh this.

### 5.9. Other

There are no other implications arising from the recommendations set out in the report.



## INTEGRATION JOINT BOARD

### 6. Management of Risk

#### 6.1. Identified risks(s)

There is a risk that if the IJB does not have in place an Expenses Policy to ensure Carers and Service User Representatives are not out of pocket as a result of their role on the IJB, that participation from the representatives would reduce, and IJB decisions would not benefit from their contribution. Both the Likelihood and Impact of this risk are high. In the IJB's Risk Appetite Statement, it is confirmed that the IJB will accept no or low risk in relation to breaches of regulatory and statutory compliance.

The Expenses Policy is a control measure to minimise the likelihood and reduce the impact of this risk. The additional activities such as the regular meetings with the nominated point of contact and the annual review of the policy will help to further lower the likelihood and impact by ensuring the implementation of the policy is effective and that improvements are fed into the annual review.

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

This risk links to Risk 6 on the Strategic Risk Register: -

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

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

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

Approval of the revised IJB Carers and Service User Representatives Expense Policy will help to remove any financial barriers to participation in IJB business for the representatives.

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## **IJB Carers and Service User Representatives Expenses Policy**

### **Why does this expenses policy exist?**

This policy ensures that any unpaid carer or other representatives who are members of the IJB and associated groups or committees **are not out of pocket** as a result of carrying out their duties (as defined in the Public Bodies (Joint Working) (Scotland) Act 2014).

### **Who is the expenses policy for?**

This policy is for unpaid carer and service users representatives who are appointed as a member of the Aberdeen City Health and Social Care Partnership (ACHSCP) Integration Joint Board (IJB) as per the Standing Orders 2.3 c) and d) and any associated groups or committees.

### **When does this expenses policy apply?**

This expenses policy applies to enable unpaid carer and service user representatives to undertake the work required in their capacity as IJB members. This includes preparatory work for, and attendance at:

- IJB meetings (including Development Sessions and Seminars)
- Strategic Planning Groups
- Locality Groups
- Other associated groups or committees
- IJB related duties and events (e.g. meeting a community group to explain the Strategic Commissioning Plan)

### **What are the principles of the policy?**

#### Recognising diversity and minimising barriers to full participation

We recognise there is a diversity of needs and will work with each carer and service user representative individually to provide any reasonable adjustments/extra support they may require to fully participate in the IJB.

#### Good stewardship and management of public funds

We promote consideration of cost effectiveness, value for money, and respect for the environment. It may be more cost effective for travel and accommodation to be booked through the IJB as opposed to booking this personally and being reimbursed. The cost of the use of eBikes would fall within the scope of this policy. We encourage IJB members to be paper free as far as possible, but will support the cost of printing when required. Where possible, dated, official receipts will be



required for any reimbursement in line with Aberdeen City Council (ACC) Travel and Subsistence Allowance Guidance (see Appendix A).

### Collaboration and continuous improvement

Our IJB Carers and Service Users have a nominated point of contact within ACHSCP who is the main link in relation to this policy. Regular meetings take place and a Standing Agenda item at these will be a review of expenses claims, how the process is working, and what improvements could be fed into the annual review of the policy. It is a shared responsibility between the representatives and the nominated point of contact to enable the smooth implementation of this policy allowing the representatives to fulfil their role whilst not being out of pocket.

### **What expenses are included in this policy?**

The following are examples of costs which can be reimbursed under this policy. The list is not exhaustive and the overarching aim of the policy i.e. that representatives should not be out of pocket, has primacy.

- **Travel costs**
  - public transport (excludes first class travel)
  - mileage (45p/mile)
  - parking
  - taxi costs - where public transport arrangements are not suitable
  - ferries and other forms of transport as required in island communities
  
- **Subsistence (where no meals or refreshments are provided)**
  - Reimbursement of reasonable lunch expenses as per current Local Council guidelines
  - Reimbursement of reasonable dinner expenses as per current Local Council guidelines
  - Overnight accommodation and reimbursement of reasonable expenses for overnight stays, if and when required, as per current Local Council guidelines

See Appendix A for current Local Council guidelines and rates.

- **Preparatory work and administration to carry out duties**
  - Printing and paper costs.
  - IT / communication costs (e.g. phone / iPad / laptop) although a Council owned laptop will normally be loaned for the period of tenure  
NB: there will be a requirement to agree to abide by the relevant policies in relation to use of IT equipment, data protection etc.
  
- **Replacement care / care cover**
  - for attendance at IJB meetings

- for attendance at other meetings/events relating to role
  - for travel times to meetings
  - for preparation time
- **Loss of income to attend meetings**
    - Where appropriate, loss of earnings income to attend IJB meetings will be considered (to be discussed and agreed in advance – [NIHR Guidelines](#) for public involvement in health and social care research could help inform these discussions).
    - Any potential impact on social security benefits to be considered and discussed.

### **What is the process for claiming expenses?**

- Smaller items of expenditure (e.g. mileage within Aberdeen, parking and administrative expenses for local meetings) will be reimbursed on receipt of a correctly completed claim form and appropriate, dated receipts. Replacement care, reimbursement of lost income, and travel and subsistence for meetings out with Aberdeen, must be agreed in advance with the IJB's Chief Finance Officer.
- The nominated point of contact is the Senior Project Manager (Strategy), who will support communication with the representatives and will assist with completion and submission of expenses claims.
- A copy of the Travel and subsistence claim form is attached at Appendix B and representatives will be provided with a template for their own use.
- In line with ACC policy, claims should be made within 3 months of the date the expense was incurred however claims received out with this timescale will still be processed but must be accompanied by a note of explanation from the Chief Finance Officer.
- Claim Forms should be completed and submitted via the nominated point of contact along with relevant receipts and/or confirmation of approval by Chief Finance officer if appropriate.
- All expenses will be paid within 30 days of the receipt of a properly completed, valid, expenses claim form, however, to ensure equity of involvement and engagement, if required, immediate payments may be made.
- Payments will be made via BACS transfer where possible. Bank details will require to be provided to enable payment. Representative will be set up on the BACS system in advance of claims being made. Where BACS payment is unsuitable alternative payment arrangements (such as cheque/cash) can be arranged.

### **Reviewing this policy**

This policy will be reviewed annually with relevant stakeholders and by the Integration joint Board as part of its Scheme of Governance review. The Appendices will be updated appropriately in line with any changes made by ACC. Any proposed changes to this policy will be discussed with those covered by the policy before implementation.

### Aberdeen City Council Travel and Subsistence Allowance (June 2023)

#### Car and Motor Cycle Allowances

##### Essential Users

You are an Essential Car User if you are in a post whose duties are of such a nature that it is essential for you to have a car at your disposal whenever required.

Where a post is designated as requiring an Essential Car User Allowance the following annual allowance will be paid, Business Mileage is based on the previous financial year.

<b>Actual Annual Business Mileage</b>	<b>Annual ECU Allowance</b>
Under 1200 miles	£120
1200 – 5000 miles	£250
5001 – 7,500 miles	£500
Over 7,501 miles	£800

A lump sum is payable in 12 monthly instalments to all essential users.

In addition, a payment in respect of miles run on official business, within the City, is made as undernoted:

##### Essential mileage

0 – 10,000 miles	0.45p
Over 10,000 miles	0.25p

Those carrying a fellow employee as a passenger will receive an additional 5 pence per passenger per mile.

##### Casual Users

You are a Casual User if you are in a post for where it is merely desirable that a car should be available when required. No lump sum is payable, but a payment in respect of miles run on official business in any financial year within the City of Aberdeen is made as undernoted:

##### Casual mileage rate

0 – 10,000 miles	0.45p
Over 10,000 miles	0.25p

In addition those carrying a fellow employee as a passenger will receive an additional 5 pence per passenger per mile.

##### Motor Cycle Allowances

Officers using a motor cycle are entitled to the following rates:

0 – 10,000 miles	0.24p
Over 10,000 Miles	0.24p

##### Push Bike Allowances

The current rate is 20p per mile in respect of miles run on official business.

## **Travel Outwith the City of Aberdeen**

All mileage will be reimbursed at casual/ essential rates of 45p per mile with passenger allowance if applicable.

## **Workplace Change Allowance**

Mileage paid at the Essential/ Casual Allowances Rate up to a maximum value of a First Bus monthly pass.

Bus Passes/ Fares are reimbursed on receipted expenditure up to a maximum of a First Bus monthly pass.

## **Subsistence Allowances**

Subsistence allowances will be payable to officers who are prevented by their official duties from taking a meal at their home, administrative centre or establishment where they normally take their meals, and thereby incur additional expenditure. The allowance shall not be paid where a suitable meal is provided or the officer has been previously reimbursed.

The maximum allowances are as follows:

- Breakfast: £8.00
- Lunch: £12.00
- Evening Meal: £25.00

Services should request receipts to verify that expenditure has been incurred.



**Declaration by Claimant**

I declare that all claims entered by me on this form, including mileage, result from expenses actually and necessarily incurred by me in the course of my duties and that any subsistence payments claimed in consequence of such expenses do not exceed the allowances approved by the City Council. **I declare that the above vehicle is roadworthy and is insured for business purposes.**

Signature.....  
Date.....

**(AUTHORISER TO BE COMPLETED IN BLOCK LETTERS)**

Signature..... Date.....  
Authoriser.....  
Job title.....







**INTEGRATION JOINT BOARD**

<b>Date of Meeting</b>	22 August 2023
<b>Report Title</b>	Rosewell House - Evaluation
<b>Report Number</b>	<i>HSCP.23.054</i>
<b>Lead Officer</b>	<i>Fiona Mitchelhill, Chief Nurse &amp; Frailty Lead, ACHCSP</i>
<b>Report Author Details</b>	<i>Calum Leask Programme Manager cleask@aberdeencity.gov.uk</i>
<b>Directions Required</b>	Yes
<b>Exempt</b>	No
<b>Confidential Information</b>	No
<b>Appendices</b>	<i>a. Rosewell Evaluation Report b. Direction – Rosewell House</i>
<b>Terms of Reference</b>	1, 5, 8

**1. Purpose of the Report**

1.1. This report is presented to the Integration Joint Board (IJB) to present the findings of an evaluation of Rosewell House ahead of the expiration of the existing arrangements in October 2023.

**2. Recommendations**

2.1. It is recommended that the Integration Joint Board

- a) Approve an extension of the integrated facility at Rosewell House to 31 December 2025 having regard to this report and Appendix A,
- b) Make the Direction attached (Appendix B) to NHS Grampian and Aberdeen City Council.
- c) Instruct the Chief Officer to issue that Direction to NHS Grampian and Aberdeen City Council.



## INTEGRATION JOINT BOARD

- d) Instruct the Chief Officer of the IJB to make and implement any reasonable and necessary arrangements in furtherance of (b) and (c) above and
- e) Request a further report to be brought in Summer 2025 to determine the future direction of Rosewell House with consideration given to the next iteration of the Partnership's Strategic Plan.

### 3. Strategic Plan Context

**3.1.** Aberdeen City Health & Social Care Partnership's strategic plan for 2022 – 2025 was approved last year. The recommendations of this report align to this and seeks to contribute to the delivery of three of the following strategic aims:

**3.2. Caring Together:** Rosewell House is an integrated facility, delivered in partnership by Bon Accord Care and ACHSCP. It is also a central part of the Frailty Pathway (which was recently redesigned in a whole pathway review to ensure services are more accessible and co-ordinated) and the Social Care Pathway.

**3.3. Keeping People Safe at Home:** Rosewell House aims to maximise independence through rehabilitation and a focused, enablement approach. It aims to reduce the impact of unscheduled care on the hospital by providing step-up care in a homely environment to prevent people escalating to an acute level of need.

**3.4. Preventing Ill Health:** By providing intermediate care in a more homely setting, Rosewell House aims to reduce the risk of patients deconditioning in hospital when faced with lengthy stay.

### 4. Summary of Key Information

**4.1.** Rosewell House is a 60-bedded integrated, intermediate care facility where Bon Accord Care (BAC) and Aberdeen City Health & Social Care Partnership aspire to deliver person-centred care and rehabilitation with a reablement focus. This care can be provided as a step-up from the community as an alternative to hospital admission or as a step-down from Aberdeen Royal Infirmary to help recovery. The main admission routes for Rosewell House are



## INTEGRATION JOINT BOARD

from the Frailty pathway (40 beds) or from the Rehabilitation pathway (20 beds).

- 4.2.** The implementation of this model has occurred during a challenging period for the health and care system at a local, regional and national level. This has been due to a variety of factors, including reacting to an accumulated health debt associated with the COVID-19 pandemic. Further context about how acute geriatric medicine services are functioning locally are helpful to consider. The most recent SCOOP (Scottish Care of Older People Project) report that compares acute geriatric medicine services across Scotland, highlighted that Aberdeen Royal Infirmary ranks highest for median length of stay (at two days), though performed poorer in comparison when assessing seven day readmission rates. This emphasises the need to prioritise additional care and support outwith acute settings to keep people at home for longer.
- 4.3.** In August 2021, the IJB agreed that all 60 beds at Rosewell House would be the responsibility of NHS Grampian, with Healthcare Improvement Scotland (HIS) functioning as regulator, for a period of two years until 23 October 2023.
- 4.4.** An evaluation report has been produced, ahead of the end of the timescales of the existing arrangements, to determine whether there is sufficient evidence to warrant the extension of these arrangements, or not.
- 4.5.** The evaluation, provided as Appendix A to this report, provides an overview of the methodology; a review of the data presented in two previous evaluations that have been conducted on the facility; a review of the data presented in the original business case; and a review of the improvement plan that has been in implementation since 2022. The report has been subject to several revisions based upon feedback from Partnership and Bon Accord Care Staff.
- 4.6.** Taking all the information together, the evaluation recommends that the existing arrangements at Rosewell House should be extended. It also provides a series of operational recommendations about how the service could be further enhanced through undertaking this review which the service have accepted.



## INTEGRATION JOINT BOARD

- 4.7. Monitoring of the completion of these recommendations will be via the Rosewell Assurance Group which meets on a quarterly basis. This will ensure that continued work will make sure that resources and capacity are used most optimally and flex dependent upon the circumstances in which the facility is operating.
- 4.8. The recommendation of extending the existing arrangements (referred to in the report HSCP.21.088 of 24 August 2021) until 31 December 2025 aligns with the end of the Partnership's strategic plan. Rosewell has strong alignment against the Partnership's strategic aims, including caring together (care is delivered in partnership with Bon Accord Care); safe at home (providing step-up care in a homely environment preventing escalation to acute levels of need) and preventing ill health (reduce risk of deconditioning in hospital by providing care in a more homely setting). The alternatives to the continuation of this approach would be to revert back to the previous, hospital-based model of care (i.e step-down wards based in Aberdeen Royal Infirmary and Woodend Hospital that were environments less aligned to our strategic ambitions) or a wrap around model based in an individuals own home (that would be unsustainable given the financial and human resourcing challenges).
- 4.9. Prior to any extension of Directions beyond 2025, the IJB will be provided with an update on the progress of the recommendations set out in the report in Summer 2025. Given that the delivery of care and support in Rosewell House is a collaborative endeavour, from a financial, infrastructure and workforce perspective, across the Partnership; Aberdeen City Council; Bon Accord Care and NHS Grampian, extending these arrangements allow for all Partners to come together and agree what a 'business as usual' model for the facility could look like beyond 2025 and how it is achievable to get there.

### 5. Implications for IJB

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

The HIA produced to recognise the move of the beds within Rosewell House to NHS Grampian responsibility with regulation from Healthcare Improvement Scotland (HIS) in 2021 has been reviewed as part of this evaluation process.



## INTEGRATION JOINT BOARD

The listed patient cohort of older adults remains consistent with the function of the facility and the identified impacts on this patient cohort are in accordance with the original report with all listed recommendations and mitigations in place. During the period 2021 to 2023 there have been no register complaints from patients or staff regarding any protected characteristics. Patient feedback indicates high satisfaction with the care and support they receive, and staff feedback suggests general agreement in the philosophy of the service, and optimism about the benefits that could be achieved through having integrated teams.

This evaluation recognises that one of the key listed components of Rosewell delivering intermediate care in operating as a community-facing, predominantly step-up / high turnover facility has not been delivered predominantly due to system pressures. There are also changes in the medical cover for the 20 rehabilitation beds however this work is ongoing and is being taken forward as part of the Frailty Programme development across NHS Grampian. The Frailty Programme developments linked to Roswell will continue to monitor and evaluate the original Rosewell HIA and update as required.

### **5.2. Financial**

Funding for the extension of these arrangements is included within the existing base budget and the Medium Term Financial Framework. As such, there are no new financial implications arising from the recommendations of this report.

### **5.3. Workforce**

There are no new workforce implications arising from the recommendations of this report.

### **5.4. Legal**

There are no new legal implications arising from the recommendations of this report however, it will be necessary to extend, or vary, existing agreements which are in place to continue to deliver services at Rosewell House.

### **5.5. Unpaid Carers**

Extending the existing arrangements ensures that family members of unpaid carers can continue to access care and support within Rosewell when safe and appropriate to do so.





## INTEGRATION JOINT BOARD

### 5.6. Information Governance

There are no new implications for information governance arising directly from the recommendation of this report.

### 5.7. Environmental and biodiversity Impacts

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

### 5.8. Sustainability

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

### 5.9. Climate Change and Net Zero

There are no direct climate change and net zero implications arising from the recommendations of this report.

### 5.10. Other

n/a



## INTEGRATION JOINT BOARD

### 6. Management of Risk

#### 6.1. Identified risks(s)

The below are risks should the IJB choose to not extend the existing arrangements, and the mitigations that would be put in place in such a scenario.



Dimension of Risk	Description	Likelihood of occurrence	Impact if it occurs	Mitigations
Reputational	IJB does not commit to the continuing an initiative that aligns to its strategic priorities.	Medium	High	Ensure appropriate communications strategy is developed to explain rationale for cessation of arrangements and attempt to minimise reputational damage
Risk of harm to patients / clients and staff	Cessation of frailty beds within Rosewell House resulting in increased hospital admissions and reduced capacity to cope with demand	High	High	Consideration would be required to be given as to the most logical and practical placement of step down beds for Geriatrics, most probably occurring within a hospital-based setting. This would also link in with the existing bed base review that is underway at Aberdeen Royal Infirmary



## INTEGRATION JOINT BOARD

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

- Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.
- Event: Failure to deliver transformation and sustainable systems change.
- Consequence: people not receiving the best health and social care outcomes

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

# Rosewell House

Evaluation Report

July 2023

## Executive Summary

### Background

Rosewell House is a 60-bedded integrated, intermediate care facility where Bon Accord Care and Aberdeen City Health & Social Care Partnership aspire to deliver person-centred care and therapy, with a reablement and rehabilitation focus. The main admission routes for Rosewell House are from the Frailty pathway (40 beds) or from the Rehabilitation pathway (20 beds). This evaluation is designed to inform the future direction ahead of the expiration of the existing arrangements in October 2023. It aimed to explore four evaluation questions:

### Evaluation Question 1) - What have we learned from previous evaluations of this model?

Existing data exploring the perspective of individuals in receipt of care at Rosewell were reviewed. From here, the decision was taken to collect further data from this cohort through surveys. The majority of individuals who contributed to this evaluation (N=47, either service users or their unpaid carers) cite high satisfaction with the care and support they receive, in addition to feeling the facility would be appropriate for others in similar circumstances. Their feedback suggests that, from their perspective, the service could be even better through greater integrated collaboration with support from other services, ranging from increasing the quantity of physiotherapy and mental wellbeing support, to social activities.

Data were reviewed from previous evaluations from a staff perspective and was deemed to have a sufficient sample size for the purpose of this review. The data collected from a staff perspective (N=88) suggests general agreement in the philosophy of the service, and optimism about the benefits that could be achieved through having integrated teams. The areas for improvement identified were consistent across data collection periods, including the need for further work on enhancing the 'Team Rosewell' culture; ongoing challenges with staffing (that are not unique to this facility); and further communication with broader colleagues.

### Evaluation Question 2) - How has the implementation of the model changed since 2022?

The implementation plan was reviewed following completion of the previous evaluation to understand the progress that has been made against the outstanding actions. Several actions are either completed or in progress across each of the themes, such as: vision (for example, development of a high level communication plan); patients (establishing escalation pathways, for example rehab escalation to Hospital @ Home); staffing (for example, pilot project being undertaken to instigate an initial multi-disciplinary team meeting with families within 48 hours of admission); service model (for example, accepting admissions direct from Acute Medical Initial Assessment / Emergency Department); environment (for example, installing a vending machine within the Rosewell staff room); logistics (for example, delivering in-house training for staff to undertake portering activities) and IT / Systems (for example, prioritised implementation of the electronic patient record).

### Evaluation Question 3) - How is the service performing against the original business case?

Data were reviewed across a variety of metrics from the original business case across regular time periods. Rosewell has been effective at supporting the Grampian health and social care system, particularly Aberdeen Royal Infirmary (through providing a high proportion of step-down care for patients) and Aberdeenshire Health & Social Care Partnership (through providing a proportion of beds for this area to use whilst their associated infrastructure continues to develop). This was achieved during a highly pressurised period of implementation, through factors including the redesign of the

frailty pathway, coupled with increased demand for health and care services as an ongoing consequence of the COVID pandemic.

Rosewell has faced challenges in realising one of the key components of intermediate care in operating as a community-facing, predominantly step-up / high turnover facility. Whilst this can largely be explained by prioritising providing support to hospital-based services to improve flow during the COVID pandemic, the step-up pathway will require continued and deliberate action (and associated governance), otherwise there is a high risk that the current proportion of step-up / step-down care becomes 'business as usual'.

As Rosewell House is a central component of the frailty pathway and social care pathway, its performance against traditional metrics cannot be judged in isolation. For example, Rosewell may experience delays discharging individuals into the community for a variety of reasons, consequently inhibiting their ability to accept further admissions. Such external factors emphasise the complex environment in which this model has been implemented and reiterates the value of planning and designing pathways of care from a systems perspective. Different lengths of stay would be anticipated for admissions to both frailty beds and rehabilitation beds given the cohort of these individuals are different, with differing reasons for admission.

#### Evaluation Question 4) - Should the service continue moving forward?

Taking this information together, it is recommended that the current arrangements at Rosewell House are extended. Given the findings from this evaluation, the following actions are also recommended to support the next iteration of its development:

- Conduct a separate evaluation with a focus on the rehabilitation beds exclusively
- Update the existing action plan with revised timescales and in response to the data presented within this report
- Calculate the demand for step-up provision and subsequently, the appropriate staffing cohort to deliver against that demand
- Consider what processes can be implemented to support more regular feedback from both service user and staff perspectives as the service model further develops



## Background

In August 2021, Aberdeen City's Integration Joint Board agreed that all beds at Rosewell House would be the responsibility of NHS Grampian, with Healthcare Improvement Scotland (HIS) functioning as regulator, for a period of two years until 23 October 2023. Rosewell House is a 60-bedded integrated, intermediate care facility where Bon Accord Care and Aberdeen City Health & Social Care Partnership aspire to deliver person-centred care and therapy, with a reablement and rehabilitation focus. The main admission routes for Rosewell House are from the Frailty pathway (40 beds) or from the Rehabilitation pathway (20 beds).

Care in Rosewell House is provided to aid recovery as a 'step-down' service following hospital discharge from Aberdeen Royal Infirmary. Through partnership working the aim was to also develop a new 'step-up' pathway into the rehabilitation pathway. It was anticipated that this would be led by the Rosewell therapy teams and Bon Accord Care's Reablement Facilitators (RFs) to promote a shift in the balance to step-up care; help to avoid unnecessary hospital admissions, to provide the right care, at the right time, in the right place.

Original objectives of the service are shown below:

### Person-Centred

• **The service-model is person-centred and enabling:**

- 1: To provide high-quality, compassionate, person-led care, support and treatment that meets each individual's health, wellbeing and social needs and desired outcomes as best as possible, focusing on a pro-active enablement approach to service delivery
- 2: Experience of a stay at Rosewell to be as positive and compassionate as possible, ensuring expressed choices in respect of their clothes, personal needs, routines and activities is respected and facilitated as far as is reasonably practicable.

### Connecting

• **The service model is situated in the centre of the Frailty Pathway and has excellent lines of communication with stakeholders:**

- 3: To promote and facilitate working in a whole-system approach across the broader Frailty Pathway
- 4: To liaise and communicate effectively with an individual's carers and other family members as appropriate

Effective

- **To use pathways as appropriate to ensure that the individual is best placed considering their needs, health and wellbeing:**
- 5: Provides sufficient capacity to promote step-up care and avoid unnecessary admissions to acute hospitals.
- 6: Aims to provide sufficient capacity to ensure step-down care from Ward 102 in a timely manner, reducing length of stay in and the number boarders within the wider acute setting.
- 7: Ensures access to the capacity where possible i.e. in event of Covid19 surge

Flexible

- **The service model is responsive and adaptable given known and unknown circumstances:**
- 8: The service model is able adapt to cope with different levels of demand i.e. during winter pressures
- 9: The service model is able to adapt to cope with different type of demand i.e. increases in acuity

Empowering

- **The service model is empowering and enabling to staff that work there:**
- 10: Provide clear lines of accountability and professional management
- 11: Enables staff to make best use of their skills and personal development, regardless of professional background
- 12: Enables a “one-team” ethos and reduces barriers to working as an integrated team

Multi-disciplinary services are co-located across the facility and include Medical; Nursing; Occupational Therapy, Physiotherapy; Service Supervisors; Health and Social Care support workers (BAC & NHS); general assistants and administrative staff. Staff continue to work together to explore new ways of working both within Rosewell House and when connecting with wider services in the Health and Social Care system. The team have been working together to realise the integrated care vision and develop their integrated-team model in Rosewell, with each organisation building on strengths and learning from each other’s experience.

This evaluation is designed to inform the future direction ahead of the expiration of these arrangements. It is the third standalone evaluation that has been conducted on the service; the first, published in March 2021, explored the first two months of the interim service model; with a further evaluation being published in August 2022 that examined the interluding period.

## Methods

This evaluation was centred around four key questions. A high level overview of this is visible in the table below:

<b>Evaluation Question</b>	<b>Approach</b>
<i>1)What have we learned from previous evaluations of this model?</i>	Review of 2021 and 2022 evaluations
<i>2)How has the implementation of the model changed since 2022?</i>	Review of implementation plan derived from 2022 evaluation
<i>3)How is the service performing against the original business case?</i>	Comparison of metrics derived from original business case over time
<i>4)Should the service continue moving forward?</i>	Synthesis of Q1-3

An Evaluation Working Group was established that generated this set of questions, through reviewing the work that had been undertaken to date, and agreeing what questions still required answering. The group was comprised of a Programme Manager (who conducted the first evaluation of the model); a Deputy Chief Nurse; a Service Manager and an Integrated Care Lead. This approach was sense-checked and agreed by two external groups of stakeholders independently, the first being the Rosewell Assurance Board, and the second being the Senior Responsible Officer for the Frailty Pathway. Progression of the evaluation was reported into the Rosewell Assurance Board on a monthly basis.

## Results

### Evaluation Question Number One

#### *What have we learned from previous evaluations of this model?*

Reviewing the previous evaluations of this model was considered to be an important first step. This would allow for an understanding about what is already known on the topic and as such, what information does not require collection again. This ensures that limited resources can be used most effectively by targeting them towards only collecting further data when it is necessary, and where outstanding questions remain regarding the potential benefits of elements of the service.

The below tables summarise what information has already been generated on the model previously, with a subsequent appraisal about what can be concluded from this evidence. It covers the perspectives of individuals who receive the services and staff perspectives; with resourcing considerations being reviewed as part of Evaluation Question 3 looking at the performance of the model against the benefits identified within the original business case.

Patient / Service User Perspective

Evaluation Report	Number of individuals engaging	Stakeholder group	Data collection approach	Summary of findings
2021 Evaluation	N=3	Patients / service users	Case Studies x 3	<p><u>Case 1</u></p> <ul style="list-style-type: none"> <li>-Rated stay as very good (+)</li> <li>-Felt all care needs were met (+)</li> <li>-Described staff as friendly and attentive (+)</li> <li>-Felt further conversations about support required to return to home would have been helpful (-)</li> </ul> <p><u>Case 2</u></p> <ul style="list-style-type: none"> <li>-Rated stay as very good (+)</li> <li>-Felt all care needs were met (+)</li> <li>-Couldn't think of anything to improve stay (+)</li> <li>-Described staff as 'brilliant' (+)</li> <li>-Unaware of anticipated LOS (-)</li> </ul> <p><u>Case 3</u></p> <ul style="list-style-type: none"> <li>-Rated stay in Rosewell as very good (+)</li> <li>-Reported staff as friendly and nice (+)</li> <li>-Would have welcomed additional pain medication (-)</li> </ul>
2022 Evaluation	N=12	Friends / family members of patients / service users	Survey x 1 (Additional data supplemented by Complaints/compliments/letters/care opinion stories)	<ul style="list-style-type: none"> <li>-91.7% of respondents felt patients needs were either partially or fully met (+)</li> <li>-58.3% of respondents would recommend the service to others (+)</li> <li>-50% of respondents wished to be more involved in their care planning (-)</li> <li>-Average rating of staff communication of 3.25/5</li> </ul>

Synthesis of findings	N=15	Patients / service users Friends / family of patients / service users	Case Studies x 3 Survey x 1	-Strong agreement that care needs are met (+) -Further communication and input into care and support needs would be welcomed (-)
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*Appraisal of findings* – There is some evidence to suggest that patients / service users are satisfied with the care and support they receive. However, potential improvements in communication and involvement in care and support was highlighted, and the sample size of feedback was relatively small. As such, it was agreed by the Evaluation Working Group that resources would be prioritised to collecting additional patient / service user feedback. See the ‘Further patient / service user feedback’ section.

Staff perspective

Evaluation Report	Number of individuals engaging	Staff cohorts	Data collection approach	Summary of findings
2021 Evaluation	N=29	Frontline staff (both BAC and NHSG) Support staff (from ACHSCP)	Individual interviews x7 Focus groups x5	<p><u>Frontline Staff</u></p> <ul style="list-style-type: none"> <li>-Optimism about multi-disciplinary working (+)</li> <li>-Preferable working environment than hospital (+)</li> <li>-Need to further establish ‘Team Rosewell’ culture (-)</li> <li>-Staffing challenges and long patient stays (-)</li> <li>-Infrastructure challenges including IT systems and storage (-)</li> <li>-Revision of admission criteria felt as necessary (-)</li> </ul> <p><u>Support Staff</u></p> <ul style="list-style-type: none"> <li>-Optimism about holistic approach towards care delivery (+)</li> <li>-More ‘homely’ setting compared to hospital (+)</li> <li>-Reducing pressure on secondary care (+)</li> <li>-Differing cultures between employers (-)</li> <li>-Perceived same cohort as hospital patients (-)</li> <li>-Challenges with space and car parking (-)</li> <li>-Need for more effective communication (-)</li> </ul>



2022 Evaluation	N=59	Rosewell Staff Geriatricians Frailty Pathway Huddle Attendees Junior Doctors	Individual interviews x8 Focus groups x4 Surveys x2	<ul style="list-style-type: none"> <li>-Increased ownership and correct philosophy (+)</li> <li>-Lack of understanding about function of Rosewell (-)</li> <li>-Unclear escalation pathway back to hospital (-)</li> <li>-More appropriate assessment setting (+)</li> <li>-Development of integrated teams (+)</li> <li>-Positive feedback received from patients (+)</li> <li>-High staffing vacancies (-)</li> <li>-Further comms wanted (-)</li> <li>-Reducing demand on secondary care (+)</li> <li>-Limited development of step-up model (-)</li> <li>-Transport challenges (patients and supplies) (-)</li> </ul> <p><i>NB: Secondary analysis, therefore did not allow for disaggregation of findings</i></p>
Synthesis of findings	N=88	System-wide cohort including: Staff delivering care in Rosewell Staff referring into Rosewell Staff responsible with developing the model and related services	Individual interviews x15 Focus groups x9 Surveys x2	<ul style="list-style-type: none"> <li>-Reducing demand on secondary care (+)</li> <li>-Staffing challenges (-)</li> <li>-Further communication required (-)</li> <li>-Optimism about philosophy and integrated approach (+)</li> <li>-More appropriate setting for patients / service users (+)</li> <li>-Further pathway improvements necessary, including step-up provision and length of stay (-)</li> </ul>

**Appraisal:** The key themes derived from both evaluations are consistent whilst being conducted independently. This suggests the presence of data saturation, meaning that the feedback provided around potential benefits and drawbacks to how the service functions has been exhausted. This is reinforced by a large, cross-system sample size. The implementation plan being examined as part of Question 2 is a cumulation of these key themes and it is for this reason that existing data collected from staffing is deemed sufficient for this work, rather than conducting further primary data collection with staff groups on this topic.

**Further patient / service user feedback**

Data were collected from a further 32 patients / service users in June 2023 to supplement the existing data that already existed. This took the form of individual surveys that were based upon the 2022 surveys, allowing for the data to be aggregated more easily. The information provided below describes these aggregated responses from both the 2022 and 2023 data collection periods.

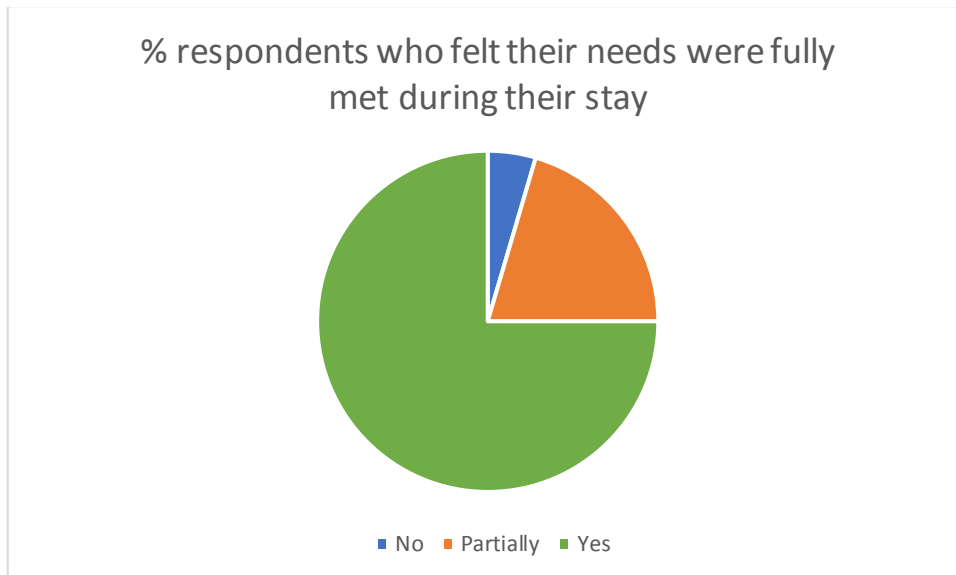
Responses were collected for 44 service users (32 from service users directly; 11 from family members / friends of service users; and one from a member of staff on behalf of a service user. Of responders, 35 reported to be admitted from hospital, with nine being admitted from home. The mean rating of communication with staff throughout their stay in Rosewell House was 4/5.

The table below shows responses to the question: “were you involved in care planning as much as you would like to be?” Responses indicate a large improvement in the number of individuals who agreed with this question when comparing the 2023 data collection to the 2022 data collection.

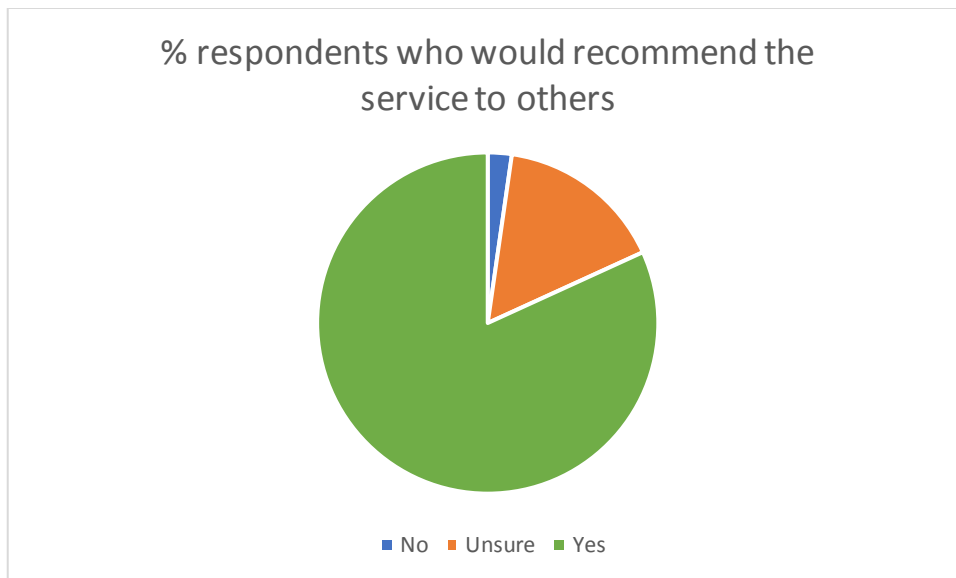
**Responses to the question: “were you involved in care planning as much as you would like to be?”**

Possible Responses	2022 findings (%)	2023 findings (%)
Yes	25	62.5
no	50	18.75
Not applicable	25	18.75

The graph below visually illustrates the percentage of respondents who felt their needs were fully met during their stay. The percentage of responses for each option were 75% (for ‘Yes’); 20% (for ‘Partially’) and 5% (for ‘No’).



The graph below visually illustrates the percentage of respondents who would recommend the service to others. The percentage of responses for each option were 82% (for ‘Yes’); 16% (for ‘Unsure’) and 2% (for ‘No’).



When individuals were asked about what aspects of care they valued the most, the key themes are visible and described below:

**Themes of elements respondents most valued**

Company  
Food  
Staff  
Support

**Company** – respondents identified the enjoyment of being in an environment whereby they could spend time with other people; **Food** – was described as excellent; **Staff** – were highlighted to be approachable, pleasant and kept individuals informed about what was happening; and **Support** – the quality of care, regular check-ins, feeling safe and being allowed to do things with the help and support or staff.

When asked about how the service could be improved, the key themes that emerged are visible and described below:

**Themes of elements requiring improvement from respondents' perspectives**

Discussions about care  
Mental wellbeing  
No improvements identified  
Physiotherapy  
Social activities

**Discussions about care** – it was felt updates on this could be provided more frequently, both to service users and their families; **Mental wellbeing** – some individuals felt that further support was required to address other challenges they were facing, for example anxieties; **No improvements identified** – was the most common response, with individuals feeling they were getting all the support they required; **Physiotherapy** – more frequent input would improve the mobility of individuals; and **Social activities** – providing greater opportunities for individuals to spend time with others.

In summary, we have learned that the data collected from a staff perspective suggests general agreement in the philosophy of the service, and optimism about the benefits that could be achieved through having integrated teams. The areas for improvement identified were consistent across data collection periods, including the need for further work on enhancing the 'Team Rosewell' culture; ongoing challenges with staffing (that are not unique to this facility); and further communication with broader colleagues. From either service users or their unpaid carers perspective, they cite high satisfaction with the care and support they receive, in addition to feeling the facility would be appropriate for others in similar circumstances. Their feedback suggests that, from their perspective, the service could be even better through greater exposure to other services, ranging from increasing the quantity of physiotherapy and mental wellbeing support, to social activities.

Evaluation Question Number Two

*How has the implementation of the model changed since 2022?*

A comprehensive implementation plan was developed following the exhaustive staff feedback from both previous evaluations conducted on Rosewell, that aimed to address the key themes that required addressing. The below table articulates the progress that has been made against these actions during the intervening period.

<b>Recommendation (identified in July 2022)</b>	<b>Action (identified in July 2022)</b>	<b>Expected Completion Date (identified in July 2022)</b>	<b>RAG Status as of April 2023</b>	<b>Comments (if required)</b>
<b>VISION</b>				
Renewed, comprehensive communications and engagement plan	Work with staff to understand what this looks like from their perspective. Have tried several ways to communicate – email and newsletters. Agreement to develop action plan with focus on external stakeholders (primary and acute care). First step will be to meet with Rosewell staff to generate ideas.	31 <sup>st</sup> August 2022 (initial meeting)		A comprehensive, high level communication plan has been developed. Simplified version also being compiled for clarity on what this means day-to-day across teams. New contact meeting with family within 48 hours of admission to Rosewell also now implemented. Established staff distribution lists to ensure consistent dissemination of information / updates / changes. Senior management team meetings also in place. Onward discussion around RW bulletin / newsletter.
Consider renaming the service	In the process of creating Rosewell leaflets to better inform the public of the changes within Rosewell. Review and decide whether this requires further rebranding or if renaming is the preferred route, to be agreed by Rosewell House Project Board if required.	30 September 2022		Rosewell leaflet completed. No decision taken currently to rename the service.
<b>PATIENTS</b>				

Recommendation (identified in July 2022)	Action (identified in July 2022)	Expected Completion Date (identified in July 2022)	RAG Status as of April 2023	Comments (if required)
Promote activities co-ordinator across whole facility	Is starting to involve patients across the whole building in activities and producing an activities timetable, which will be shared with all teams within Rosewell House. Will require ongoing work and support.	30 August 2022.		Bon Accord Care recruiting 1 FTE, start date awaiting. NHS are proceeding to interview for a part time post to allow for 7-day cover.
Review Escalation Pathways	Meet with all disciplines staff to understand what needs to happen. Initial scoping meeting to take place by 31 August 2022. Further actions TBD	31 August 2022		Some escalation pathways in place (eg. Rehab escalation to H@H ANP, clinical escalations for rehab beds). Table top and review around escalations being planned.
<b>STAFFING</b>				
Review of the workforce model from an integrated perspective	Have completed workload tools for the whole building so in process of reviewing to understand what is required and level of acuity. This will be subject to ongoing review.	30 September 2022		Bon Accord Care currently doing work on this and workload tools will be an ongoing review process.
Review of the medical rotas to increase consistency	New medical clinical lead in post who is in the process of reviewing this.	31 August 2022		Meeting held with the clinical lead to discuss how best to do this. Continues to be reviewed alongside rotas.
Empower all staff to communicate with families about care	Work with Health Care Support workers to allow them to build confidence to speak to families about the care of their relative and involve the family in the care provision. Support from Senior and Staff Nurses to do this. Seek organisational development support as appropriate.	30 September 2022		Pilot project being undertaken to instigate initial MDT meeting with families within 48 hours of admission.
Implement and embed Criteria-led Discharge Planning	Senior Staff Nurse leading on this work with the Therapists. Meetings and discussions began w/c 15 <sup>th</sup> August	Complete roll out across building 31 October 2022		One of service managers priority areas for full embedding. Schedule of huddle attendance being compiled to push this out and ensure full multi-disciplinary teams understanding and use.



Recommendation (identified in July 2022)	Action (identified in July 2022)	Expected Completion Date (identified in July 2022)	RAG Status as of April 2023	Comments (if required)
<b>SERVICE MODEL</b>				
Continue to develop the step-up pathway	This work is ongoing and supported by a dedicated step-up project group, and project management support. Pathway flow chart developed and ready to be shared with primary care colleagues. Work in progress to ensure we have capacity to enable step up. Linking with Redesign of Urgent Care pathways programme to identify further opportunities.	Improvement in step up data by 30 September 2022		Step up pathways completed and shared. Capacity remains a challenge but currently managing the step up demand.  Admissions direct from Acute Medical Initial Assessment / Emergency Department ongoing, which can support as an alternative to 102.
Consistently apply criteria-based admissions to step-down bed	Pathways are developed but often due to surge pressures this can deviate from the norm to create acute capacity. Improvement in step up availability may help with this.	30 September 2022.		
Align processes in Frailty and Rehab beds where possible	Have met with Acute colleagues to inform of changes within Rosewell to ensure all aware rehab and frailty are same building and require same processes. Still meet with other specialist services.	31 August 2022		No knowledge of ongoing concerns around this.
Undertake test of change with H@H support for rehab beds.	This has been successfully completed. Ongoing work to understand how we can make this a sustainable change going forward.	30 September 2022.		Options appraisal developed for ACHSCP Senior Leadership Team to develop medium to longer term plan to provide cover for these beds.
<b>ENVIRONMENT</b>				
Explore opportunities for improved staff amenities	Have discussed the option of a vending machine with NHSG Head of Catering, currently this is out to tender and will be in touch when completed.	30 September 2022		Vending machine now in situ in Rosewell staff room

Recommendation (identified in July 2022)	Action (identified in July 2022)	Expected Completion Date (identified in July 2022)	RAG Status as of April 2023	Comments (if required)
	Looked at option of a small Aroma but not enough footfall to make it viable.			
Review the responsibilities matrix	Arrange meeting with finance team from both ACHSCP and BAC to discuss and clarify grey areas.	30 September 2022		Meeting took place to discuss this but further action necessary
<b>LOGISTICS</b>				
Explore portable x-ray machine for diagnostics support	Discuss options with Radiology team	30 September 2022		Not perceived as viable after review, with other processes in place instead.
Promote Rosewell as 'in-patient' for access to diagnostics	Have met with Radiology management team and GP and robust process in place.	Completed.		
Further develop test of change with support from NERVs for logistics	Working with Pharmacy and Information Governance to look at how we make this viable. SBAR being developed.	31 August for completion and escalation of SBAR.		SBAR completed and shared, with wider Partnership work ongoing around this.
Priority protocol for portering services where supporting discharge	Discuss with Portering Manager but staff availability often a barrier.	31 August 2022		Wasn't viable to do this after review, so instead, staff were trained in house to undertake this instead of portering, for example waste disposal.
New transport solution to be developed	Identify ways to progress (i.e. business case) and link with wider NHS Grampian Transport Programme Board. Paper to Rosewell House Project Board with proposed solutions.	31 October 2022		Yellow lines to reduce obstruction + bike sheds implemented.
<b>IT &amp; SYSTEMS</b>				
Review alarm systems with current contractor/new contract	Current buzzer system will remain in place, but some adaptations and other buzzer accessories have been ordered to improve use.	31 October 2022		Buzzer panel for rehab beds remains in corridor rather than within each wing. Integrated Care Lead currently progressing

Recommendation (identified in July 2022)	Action (identified in July 2022)	Expected Completion Date (identified in July 2022)	RAG Status as of April 2023	Comments (if required)
Prioritised implementation of electronic patient record	Confirmation this week that this will commence September 2022	30 September 2022		
IT and systems access audit for BAC staff	Received further mobile equipment to enable better access for staff. Audit to ensure all staff have appropriate access and know how to use it.	31 August 2022.		Still have some issues with staff passwords for accessing EPR but in hand.

### Evaluation Question Three

#### *How is the service performing against the original business case?*

The below tables outline the benefits and measures described within the original business case for Rosewell. As these data are derived from a variety of sources, it is not always possible to display these all over the same date ranges. References are provided to describe how particular measures were calculated.

Benefit	Measure	Care Type	18-01-21 to 01-03-21	18-01-22 to 01-03-22	18-01-23 to 01-03-23
Reduced admissions to hospital, prevention, and early intervention	Proportion Step-Up Care <sup>1</sup>	Frailty	1%	2%	2.0%
		Rehab	Not available	14%	9.5%
Reduce hospital length of stay, support early discharge home	Number of admissions <sup>2</sup>	Frailty	86	62	50
		Rehab	Not available	21	21
	Step-Down Care <sup>3</sup>	Frailty	99%	98%	98.0%
		Rehab	Not available	86%	90.5%
Reduction in admissions to care home, increased independence, reduced need for care package	Proportion of discharges to home <sup>4</sup>	Frailty	65%	60%	75%
		Rehab			
Less time in an acute / intermediate setting, reducing risk of becoming dependent during stay	Average length of stay <sup>5</sup>	Frailty	12.4 days	18.16 days	30.1 days
		Rehab	Not available	20.26 days	40.3 days
	Maximum length of stay <sup>6</sup>	Frailty	36 days	73 days	171 days
		Rehab	Not available	59 days	121 days

<sup>1</sup> **Step-up identified by is first ward = true (not transferred from another ward)** Using Ward Changes - Distinct count but split by Frailty/Rehab. Transfers within Frailty or Rehab not counted however transfers from Frailty to Rehab and vice versa are counted

<sup>2</sup> Using Ward Changes - Distinct count but split by Frailty/Rehab. Transfers within Frailty or Rehab not counted however transfers from Frailty to Rehab and vice versa are counted

<sup>3</sup> **Step-up identified by is first ward = false (transferred from another ward)** Using Ward Changes - Distinct count but split by Frailty/Rehab. Transfers within Frailty or Rehab not counted however transfers

<sup>4</sup> From frailty dashboard using selected date range

<sup>5</sup> Using ward changes - ward end dates used so will include those moved between wards. LOS stay calculated on ward by ward basis.

<sup>6</sup> Using ward changes - ward end dates used so will include those moved between wards. LOS stay calculated on ward by ward basis.

NB: Large maximum length of stays in 2023 data were individuals awaiting Guardianship, which restricts interim moves.

Benefit	Measure	Baseline	2022 Report	Current
	Reduction in over 65s emergency admission <sup>7</sup>	211.5	219.9	228.8
Increased access to the right care, at the right time, in the right place	Reduction in ED/AMIA attendances from care home <sup>8</sup>	3 per day	Not available	Not available
	Reduction in W102 Boarders	Average daily boarders = 8	Average daily boarders = 14	Average daily boarders = 14 <sup>9</sup>

The data above show variability in levels of improvement throughout the implementation of these arrangements. The percentage of step-up care has increased, as has the proportion of individuals being discharged home. Other measures, such as large increases in maximum length of stay, can be explained by individuals awaiting Guardianship, thus restricting interim moves. However, many of the measures described within the original business care are complex. This means that they are influenced and impacted upon by a variety of factors, many of which are external to and outwith the control of those who have developed and implemented the service at Rosewell. Such factors are important to highlight so as to provide appropriate context when interpreting the findings described within.

The first of which is understanding the pressure the Grampian health and care system was facing at the time of implementing this model. Grampian uses the G-OPES metric to provide an indicative sense of the pressure the system faces on any given day. This can range from a Level 1 (whereby acute and community health care systems are able to maintain flow and meet demand) up to Level 4 (significant pressure on system in meeting demand, high risk of clinical care and safety to be compromised).

<sup>7</sup> Data provided as 12 month rolling trend (per 1,000) for Aberdeen City only as of Dec 2020, Dec 2021 and Dec 2022 respectively

<sup>8</sup> This dashboard was retired / no longer updated as of October 2021, therefore no additional data available

<sup>9</sup> Date range June 2022- March 2023

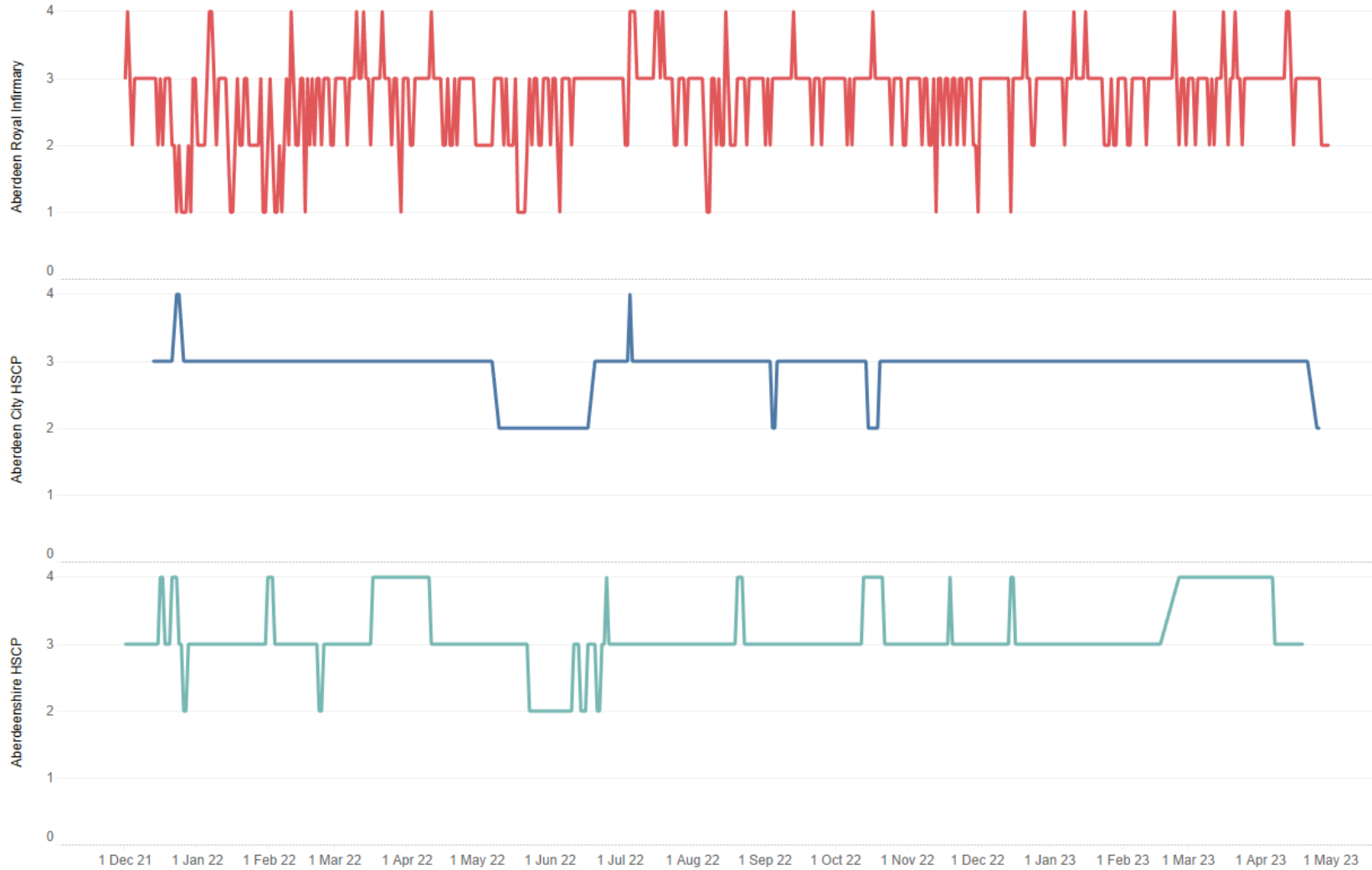


The below visual shows the G-OPES metrics of Aberdeen Royal Infirmary (the main referrer into Rosewell House); and the Health and Social Care Partnerships of Aberdeen City and Aberdeenshire. The visual shows that all areas have regularly been reporting a Level 3 for some two years (Level 3 is described as the system experiencing major pressures through service flow; staffing issues; with urgent actions required to reduce this). This is a direct consequence of, amongst other challenges, the COVID pandemic.





G-OPES Metric History



Further data are presented below that provide additional context. Firstly, during implementation, the decision was taken to allow Aberdeenshire residents to be referred into Rosewell as an alternative to hospital whilst localised elements of their frailty pathway were being developed. This allows for more equitable use of resources at a regional level at the expense of greater improvements at a HSCP level. Furthermore, data are provided regarding delayed discharges out of Rosewell and the associated number of bed days lost as a result. This further emphasises that the ability of Rosewell House to both receive admissions and discharge individuals can be influenced by a broad range of factors.

		18-01-22 to 01-03-22			18-01-23 to 01-03-23		
		Aberdeen City	Aberdeenshire	Other	Aberdeen City	Aberdeenshire	Other
Number of Discharges	Frailty	40	21	--	45	7	Data excluded as numbers <5
	Rehab	16	--	--	22	0	
Average length of stay	Frailty	19.43	15.74	--	24.3	60.6	
	Rehab	20.26	--	--	38.9	--	
Maximum length of stay	Frailty	72.88	52.29	--	71.8	171	
	Rehab	59.21	--	--	120.9	--	

*NB: HSCP determined from patient postcode*

<b>Rosewell House Delayed Discharges and Monthly Bed Days (Standard and Complex Delays, All Delay Reasons)</b>				
	2022 (Jan-May)		2023 (Jan-May)	
	Aberdeen City	Aberdeenshire	Aberdeen City	Aberdeenshire
Delay Episodes	30	17	28	7
Total Monthly Bed Days	310	214	241	139

*NB: Standard and complex delays, all delay reasons*

## *Evaluation Question Four*

### *Should the service continue moving forward?*

From a patient / service user perspective, the majority of individuals who contributed to this evaluation cite high satisfaction with the care and support they receive, in addition to feeling the facility would be appropriate for others in similar circumstances. Their feedback suggests that the service could be further enhanced through greater integrated collaboration with support from other services, ranging from increasing the quantity of physiotherapy and mental wellbeing support, to social activities. However, when sense-checked with health professionals, it was recognised that in some instances it is not always necessary to do so.

From a staff perspective, the data collected suggests general agreement in the philosophy of the service, and optimism about the benefits that could be achieved through having integrated teams. The areas for improvement identified appear to be exhaustive, including the need for further work on enhancing the 'Team Rosewell' culture; ongoing challenges with staffing and further communication with broader colleagues.

From a resourcing perspective, Rosewell has been effective at supporting the Grampian health and care system, particularly Aberdeen Royal Infirmary (through providing a step-down pathway for patients) and Aberdeenshire Health & Social Care Partnership (through providing a proportion of beds for this area to use whilst their associated infrastructure was developed). This was achieved during a highly pressurised period of implementation, through factors including the redesign of the frailty pathway, coupled with increased demand for health and care services as an ongoing consequence of the COVID pandemic.

Taking this information together, it is recommended that the existing arrangements at Rosewell House are extended. Positive progress appears to have been made in several areas and there is a clear plan about how further improvements can be made. There are particular elements that would require specific attention moving forward however, such as the step-up pathway. Rosewell has faced challenges in realising one of the key components of intermediate care in operating as a community-facing, predominantly step-up / high turnover facility. Whilst this can largely be explained by prioritising providing support to hospital-based services to improve flow during the COVID pandemic, the step-up pathway will require continued and deliberate action (and associated governance), otherwise there is a high risk that the current proportion of step-up / step-down care becomes 'business as usual'. It is recommended that understanding what the step-up demand could look like would be helpful for future service planning, including the best staffing mix to address that. Further ongoing challenges, such as staffing issues, are complex and not unique to this service, and likely form part of a regional-type approach to sufficiently address them.

At present the way in which the beds in Rosewell are split means that the staffing and model of care is different between the 40 frailty beds and the 20 rehabilitation beds. There is currently a service review ongoing about the future model of care and purpose of these 20 beds currently used for rehabilitation. Historically these beds were looked after by an independent General Practice who withdrew their service in May 2023 and has been replaced by medical support from Hospital and Home clinicians whilst patients are registered at a different Practice. When looking at this Evaluation report it is important to understand that the model of medical support to these beds has changed recently and whilst its evaluation has not been included in this report, this would be important to investigate further moving forward.

There are some limitations that should be acknowledged. First, the largest proportion of data collected from a service user / patient perspective was whilst these individuals were in receipt of care, meaning they may have felt obliged to provide more positive feedback than otherwise. This was mitigated by having no identifiable information when the data was collected and having individuals who do not provide care in the facility administering the survey. Anecdotal feedback from service users / patients suggests they could provide more honest feedback in this instance. Second, given the complex system in which Rosewell operates, further data were provided to try and illustrate this context. However, this means there are likely other measurable metrics that could have informed this evaluation that have not been described within. This was mitigated by the evaluation questions and approaches used to answer those questions, being developed in Partnership by different stakeholders to try and use only the most relevant metrics so this report did not become unwieldy. Further, additional data collection was not conducted with staff. This was because a large volume of staff feedback has been collected over the two previous evaluations and given the themes between them remain consistent, it is argued this is exhaustive and the implementation plan that has been developed is being delivered on an ongoing basis to address these themes. However, given further staff turnover and new developments in how staff groups work together, there may be value in including broader staff views as the model progresses. Considering what processes could be implemented to collate this feedback from both staff and service user groups to inform service planning on a more agile basis would also be advantageous.

## Acknowledgements

Acknowledgements have been redacted from this version of the evaluation report as it will be visible within the public domain.



**INTEGRATION JOINT BOARD**

**DIRECTION**

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

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

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

**Related Report Number:** - *HSCP.23.054*

**Approval from IJB received on:** - *22 August 2023*

**Description of services/functions:** -

NHS Grampian and Aberdeen City Council (ACC) to work together to:

1. Continue to provide an integrated, intermediate care facility at Rosewell House, as a part of the Frailty Pathway, by NHSG and ACC, delivered in partnership with Bon Accord Care, including geriatrician, nursing, allied professional and support services in line with the strategic direction outlined in the accompanying report (HSCP.23.054).
2. Implement appropriate arrangements between NHSG and ACC in order to allow the continued occupation of Rosewell House by NHSG.
3. Extend, and thereafter implement, appropriate contractual arrangements between all parties (NHSG, ACC and Bon Accord Care (BAC)) to provide the integrated, intermediate care facility as outlined in the accompanying report (HSCP.23.054)

**Reference to the integration scheme:** -

ABERDEEN CITY COUNCIL	REFERENCE TO THE INTEGRATION SCHEME
Commission the supply of appropriate social care staffing for Rosewell House, including appropriate supervision	Annex 2, Part 1 <ul style="list-style-type: none"> <li>• The Social Work (Scotland) Act 1968 o Section 12 (General social welfare services of local authorities)</li> <li>o Section 13B (Provision of care or aftercare)</li> <li>• Disabled Persons (Services,</li> </ul>

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





	Consultation and Representation) Act 1986 o Section 7 (Persons discharged from hospital)
Commission the supply of appropriate catering staffing for Rosewell House.	
Commission the supply of appropriate general assistant staffing for Rosewell House.	
Commission continued occupational therapy staffing for the rehabilitation beds within Rosewell House	Annex 2, Part 2 • Services currently provided by the Local Authority which are to be integrated o Occupational therapy services o Reablement services, equipment & telecare

**NHS GRAMPIAN**

**REFERENCE TO THE INTEGRATION SCHEME**

Provision of nursing service including registered and non-registered nursing staff	Part 2: Services provided out-with a hospital in relation to geriatric medicine
Provision of specialist geriatric services.	Part 2: Services provided out-with a hospital in relation to geriatric medicine
Provision of allied health profession services including physiotherapy, occupational therapy, speech and language therapy and dietetics.	Part 2: Services provided by allied health professionals in an outpatient department, clinic or out-with a hospital

The services to be delivered at Rosewell House also relate more broadly to the Frailty Pathway redesign work, which encompasses the following additional delegations to NHS Grampian:

Annex 3:

- Hosted Services: Aberdeen City IJB currently host on behalf of Aberdeenshire and Moray Integrated Joint Boards services in respect of the assessment of the Elderly (including Links Unit at City Hospital) and Rehabilitation Services (including Stroke Rehab, Neuro Rehab, Horizons, Craig Court and MARS)

Annex 4:

- The services provided within hospitals which the IJB will have strategic planning responsibilities for which will continue to be operationally managed by NHS Grampian: “inpatient hospital services relating to: ... geriatric medicine, rehabilitation medicine....”

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

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

These directions align and contribute to the delivery of three of Aberdeen City Health & Social Care Partnership's strategic aims within their strategic plan for 2022 – 2025:

**Caring Together:** Rosewell House is an integrated facility, delivered in partnership by Bon Accord Care and ACHSCP. It is also a central part of the Frailty Pathway (which was recently redesigned in a whole pathway review to ensure services are more accessible and co-ordinated) and the Social Care Pathway.

**Keeping People Safe at Home:** Rosewell House aims to maximise independence through rehabilitation and a focused, enablement approach. It aims to reduce the impact of unscheduled care on the hospital by providing step-up care in a homely environment to prevent people escalating to an acute level of need.

**Preventing Ill Health:** By providing intermediate care in a more homely setting, Rosewell House aims to reduce the risk of patients deconditioning in hospital when faced with lengthy stay.

**Link back to National Health and Wellbeing Outcomes**

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services

**Timescales involved:-**

Start date: - 22 August 2023

End date: - 31 December 2025

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



**Associated Budget:-**

Funding for these directions are available within the pre-existing base budget and the Medium Term Financial Framework published by Aberdeen City Health and Social Care Partnership.

Availability: - Confirmed

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

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Exempt information as described in paragraph(s) 6, 9 of Schedule 7A of the Local Government (Scotland) Act 1973.

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