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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 3 October 2023

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 10 OCTOBER 2023 at 10.00 am.**

This is a hybrid meeting and Members may also attend remotely.

JENNI LAWSON
INTERIM CHIEF OFFICER – GOVERNANCE (LEGAL)

BUSINESS

1.1 Welcome from the Chair

DECLARATIONS OF INTEREST

2.1 Declarations of Interest and Transparency Statements

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

DETERMINATION OF EXEMPT BUSINESS

3.1 Exempt Business

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

STANDING ITEMS

4.1 Video Presentation - Getting on with HIV: Positive Voices

- 4.2 Minute of Board Meeting of 22 August 2023 and attendance record (Pages 5 - 16)
- 4.3 Draft Minute of Risk, Audit and Performance Committee of 19 September 2023 (Pages 17 - 22)
- 4.4 Draft Minute of Clinical and Care Governance Committee of 15 August 2023 (Pages 23 - 30)
- 4.5 Business Planner (Pages 31 - 34)
- 4.6 Development Sessions and Topic Specific Seminars Planner (Pages 35 - 36)
- 4.7 Chief Officer's Report - HSCP.23.067 (Pages 37 - 48)

GOVERNANCE

- 5.1 Primary Care Improvement Plan Update - HSCP.23.070 (Pages 49 - 64)
- 5.2 Integration Joint Board Membership - HSCP.23.071 (Pages 65 - 70)
- 5.3 Health and Social Care Partnership Meeting Dates 2024-25 - HSCP.23.072 (Pages 71 - 76)

PERFORMANCE AND FINANCE

- 6.1 Fast Track Cities - HSCP.23.053 (Pages 77 - 84)
- 6.2 Aberdeen JJB Climate Change reporting - HSCP.23.069 (Pages 85 - 100)

STRATEGY

- 7.1 Strategic Review of Neuro Rehabilitation Pathway - HSCP.23.047 (Pages 101 - 134)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 8.1 General Practice: Proposed Tender to Support Asylum Seekers - HSCP.23.073 (Pages 135 - 170)

DATES OF UPCOMING MEETINGS / SEMINARS

- 9.1 7 November 2023 - Complex Care Topic Specific Session
- 9.2 14 November 2023 - Population Health and Mental Health Development Session
- 9.3 5 December 2023 - Integration Joint Board

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

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

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ABERDEEN, 22 August 2023. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor John Cooke, Chair; Luan Grugeon, Vice Chair; and June Brown, Mark Burrell, Councillor Lee Fairfull, Councillor Martin Greig, Hussein Patwa, Jim Currie, Jamie Donaldson, Maggie Hepburn, Christine Hemming, Dr Caroline Howarth, Phil Mackie and Alison Murray.

Also in attendance:- Councillor Christian Allard, Jess Anderson (up to article 6), Martin Allan, Fraser Bell, Susie Downie, John Forsyth (up to article 6), Michelle Grant, Susan Harrold (from article 14), Vicki Johnstone, Catherine King (from article 13), Stuart Lamberton, Graham Lawther Alison Macleod, Judith McLenan (from article 13), Grace Milne, Fiona Mitchelhill, Lynn Morrison, Shona Omand-Smith, Bukola Oyedele, Sandy Reid, Steven Stark (from article 13) and Neil Stephenson.

Apologies:- Gale Beattie, Sandra MacLeod and Paul Mitchell.

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

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

WELCOME FROM THE CHAIR

1. The Chair extended a warm welcome to everyone and in particular new members Mark Burrell, Jamie Donaldson, Councillor Lee Fairfull, and Hussein Patwa. All Members introduced themselves.

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 Alison Murray advised that she had a connection in relation to agenda item 8.1 (Review of Carers' Expenses Policy – HSCP.23.055) as she was a Carer representative to the IJB, and having applied the objective test she considered that her

INTEGRATION JOINT BOARD

22 August 2023

connection amounted to an interest and would therefore be withdrawing from the meeting for this item.

EXEMPT BUSINESS

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

The Board resolved:-

to consider the exempt appendices of item 7.2 with the press and public excluded.

INTEGRATION JOINT BOARD MEMBERSHIP - NEW APPOINTEES TO IJB - HSCP.23.057

4. The Board had before it a report advising on recent changes to its membership.

The report recommended:-

that the Board:

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

The Board resolved:-

to agree the recommendations.

PRIMARY CARE IMPROVEMENT PLAN (PCIP) GOVERNANCE - HSCP.23.041

5. The Board had before it a report in respect of governance and decision making around the Primary Care Improvement Plan. Jess Anderson, Team Leader - Regulatory and Compliance, Legal Services, Aberdeen City Council, presented the report and responded to questions from members.

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The report recommended:-

that the Board:

- (a) note the content of the report;
- (b) note that the IJB received an annual report on the progression of PCIP;
- (c) note that its Risk, Audit and Performance Committee (RAPC) received a biannual report on the progression of PCIP and the Primary Care Improvement Fund (PCIF), and any other relevant funding streams; and
- (d) note the intention to work with partners to increase the resilience and sustainability of partners.

The Board resolved:-

to agree the recommendations.

VIDEO PRESENTATION: BALTIC BOYS - MENTAL HEALTH AWARENESS

6. The Board received a video presentation from ACVO entitled Matt's Story: Baltic Boys Aberdeen, an organisation which was formed in 2022 with the aim of encouraging men in the North East to experience the positive benefits of cold water dipping.

The Board resolved:-

to note the video.

MINUTE OF BOARD MEETING OF 6 JUNE 2023 AND ATTENDANCE RECORD

7. The Board had before it the minute of its meeting of 6 June 2023.

The Board resolved:-

- (i) to approve the minute as a correct record; and
- (ii) to note the attendance record.

DRAFT MINUTE OF RISK AUDIT AND PERFORMANCE COMMITTEE OF 13 JUNE 2023

8. The Board had before it the draft minute of the Risk, Audit and Performance Committee of 13 June 2023, for information.

The Board resolved:-

to note the minute.

INTEGRATION JOINT BOARD

22 August 2023

BUSINESS PLANNER

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

The Board resolved:-

to agree the Planner.

DEVELOPMENT SESSIONS AND PRE DECISIONS PLANNER

10. The Board had before it the Development Sessions and Pre Decision Sessions Planner prepared by the Strategy and Transformation Manager.

The Board resolved:-

to agree the Planner.

CHIEF OFFICER'S REPORT - HSCP.23.051

11. The Board had before it the report from the Chief Officer, ACHSCP. The Chief Operating Officer 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 the organisers of the Granite City Gathering;
- (ii) to instruct the Clerk to circulate the media links to ACVO videos; and
- (iii) to otherwise agree the recommendation.

MEMORANDUM OF UNDERSTANDING WITH PUBLIC HEALTH SCOTLAND - HSCP.23.059

12. The Board had before it a report prepared by the Chief Operating Officer seeking approval of the entering into a strategic partnership agreement with Public Health Scotland (PHS), as one of nine organisations comprising the North East Population Health Alliance (NEPHA).

The report recommended:-

that the Board:

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22 August 2023

- (a) approve the entering into of a strategic partnership agreement with Public Health Scotland;
- (b) instruct the Chief Officer to execute the strategic partnership agreement on behalf of the Integration Joint Board; and
- (c) instruct the Chief Officer to provide a progress report on the strategic partnership agreement at a meeting of the Integration Joint Board in 2024.

The Board resolved:-

to agree the recommendations.

ACHSCP ANNUAL REPORT - HSCP.23.052

13. The Board had before it the Aberdeen City Health and Social Care Partnership (ACHSCP) Annual Performance Report for 2022-2023 prepared by the Transformation Programme team.

The Transformation Programme Manager presented the report and responded to questions from members regarding communication of the plan to the wider community.

The report recommended:-

that the Board:

- (a) note the performance that had been achieved in 2022-23, the first year of the Strategic Plan 2022-25;
- (b) approve the publication of the Annual Performance Report 2022-23 (as attached at Appendix A of the report) on the Aberdeen City Health and Social Care Partnership's (ACHSCP) website; and
- (c) instruct the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian Board.

The Board resolved:-

- (i) to note that the Communications Business Partner would work with Members to support with the communication of the Plan throughout the wider communities; and
- (ii) to otherwise agree the recommendations.

SUPPLEMENTARY WORKPLAN AND BUSINESS CASE - HSCP.23.056

14. The Board had before it a report prepared by the Strategic Procurement Manager presenting a supplementary Procurement Work Plan for 2023/24 for expenditure on social care services and the associated procurement Business Case, for approval.

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22 August 2023

The report recommended:-

that the Board:

- (a) approve the eleven-month extension to the existing contract and subsequent tender, for a period of up to five further years of a contract for Mental Health Community Intervention Services, as detailed in Appendices A1 and C of the report; and
- (b) make the Direction, as attached at Appendix B of the report and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

The Board resolved:-

to agree the recommendations.

NHS GRAMPIAN DELIVERY PLAN - HSCP.23.058

15. The Board had before it the NHS Grampian Three Year Delivery Plan for 2023-2026. The Senior Planning Manager, NHS Grampian, spoke to the report.

The report recommended:-

that the Board:

- (a) note the priorities set out within the NHS Grampian Three Year Delivery Plan (2023-26) for the period up to March 2026; and
- (b) note the arrangements for reporting on progress of the NHS Grampian Delivery Plan as complementary to existing IJB reporting.

The Board resolved:-

to agree the recommendations.

At this juncture, and in accordance with article 2 of the minute, Alison Murray left the meeting.

REVIEW OF CARERS' EXPENSES POLICY - HSCP.23.055

16. The Board had before it a report prepared by the Lead for Strategy and Transformation which sought approval of a revised IJB Carers and Service Users Representatives Expenses Policy.

The report recommended:-

that the Board:

- (a) approve the IJB Carers and Service Users Representatives Expenses Policy with effect from 22 August 2023;

INTEGRATION JOINT BOARD

22 August 2023

- (b) instruct the Chief Officer to replace the previous policy in the Scheme of Governance with the revised one; and
- (c) instruct the Chief Officer to ensure the IJB Carers and Service Users Representatives Expenses Policy was reviewed annually as part of the review of the Scheme of Governance.

The Board resolved:-

to agree the recommendations.

ROSEWELL HOUSE - EVALUATION AND RECOMMENDATION REPORTS - HSCP.23.054

17. The Board had before it a report prepared by the Transformation Programme Manager presenting the findings of an evaluation of Rosewell House ahead of the expiration of the existing arrangements in October 2023.

The report recommended:-

that the Board:

- (a) approve an extension of the integrated facility at Rosewell House to 31 December 2025 having regard to the report and its Appendix A;
- (b) make the Direction attached at Appendix B of the report, to NHS Grampian and Aberdeen City Council;
- (c) instruct the Chief Officer to issue that Direction to NHS Grampian and Aberdeen City Council;
- (d) instruct the Chief Officer 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.

The Board resolved:-

to agree the recommendations.

SUPPLEMENTARY WORKPLAN AND BUSINESS CASE - HSCP.23.056 - EXEMPT APPENDICES

18. **The Board resolved:-**

to note that the recommendations had been approved at Article 14.

INTEGRATION JOINT BOARD
22 August 2023

IJB/SLT CULTURE SOUNDING BOARD - 11.00-12.00 28 AUGUST 2023

19. The Board had before it the date of the next Culture Sounding Board meeting as 28 August 2023 at 11am.

The Board resolved:-

to note the date of the next meeting.

5 SEPTEMBER 2023 - PRE-DECISION SESSION

20. The Board had before it the date of the next Pre-Decision Session as 5 September 2023.

The Board resolved:-

to note the date of the Pre-Decision session.

12 SEPTEMBER 2023 - DEVELOPMENT SESSION

21. The Board had before it the date of the next Development Session as 12 September 2023.

The Board resolved:-

to note the date of the Development session.

10 OCTOBER 2023 - INTEGRATION JOINT BOARD

22. The Board had before it the date of the next IJB meeting as 10 October 2023.

The Board resolved:-

to note the date of the next meeting.

7 NOVEMBER 2023 - PRE-DECISION SESSION

23. The Board had before it the date of a future Pre-Decision Session as 7 November 2023.

The Board resolved:-

to note the date of the Pre-Decision session.

INTEGRATION JOINT BOARD

22 August 2023

14 NOVEMBER 2023 - DEVELOPMENT SESSION

24. The Board had before it the date of a future Development Session as 14 November 2023.

The Board resolved:-

to note the date of the Development session.

HYBRID ARRANGEMENTS

25. The Board discussed the effectiveness of the recent hybrid arrangements for holding meetings.

The Board resolved:-

to hold the next meeting as a hybrid meeting at the Health Village, with the use of a Meeting Owl camera to be investigated.

- **COUNCILLOR JOHN COOKE, Chair.**

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Integration Joint Board - Attendance Record

Present
Substitute
Apologies
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 – Chair	ACC voting member							
Luan Grugeon – Vice Chair	NHSG voting member							
Cllr Jennifer Bonsell	ACC voting member							
June Brown	NHSG voting member							
Mark Burrell	NHSG voting member			First meeting				
Cllr Lee Fairfull	ACC voting member			First meeting				
Cllr Martin Greig	ACC voting member							
Hussein Patwa	NHSG voting member			First meeting				
Alan Chalmers	Patient/Service User Rep							
Jim Currie	ACC Union Representative							
Jamie Donaldson	NHSG Staff Representative			First meeting				
Jenny Gibb	NHSG Nursing Representative							
Christine Hemming/Steven Close	Senior Leadership Team - Medicine and Unscheduled Care	SC	SC	CH				
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							
Mike Adams	NHSG Staff Representative	Last Meeting						
Cllr Christian Allard	ACC voting member		Last meeting					
Cllr Deena Tissera	ACC voting member	Cllr Macdonald	Last meeting					

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Risk, Audit and Performance Committee

Minute of Meeting

**Tuesday, 19 September 2023
10.00 am Virtual - Remote Meeting**

ABERDEEN, 19 September 2023. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Councillor John Cooke, June Brown (from article 8), Hussein Patwa, Jamie Dale, Anne MacDonald, Alison MacLeod and Paul Mitchell.

Also in attendance: Jess Anderson, Elizabeth Cameron, Kimberly Craik (from article 10), Calum Leask (from article 9), Jade Leyden, Judith McLenan (from article 10), Bukola Oyedele, Ally Palin, Amy Richert, Iain Robertson, Val Vertigans, Julie Warrender and Claire Wilson.

Apologies: Shona Omand-Smith.

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

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DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

1. Members were requested to intimate any declarations of interest or connections in respect of 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 13 JUNE 2023

3. The Committee had before it the minute of its previous meeting of 13 June 2023, for approval.

The Committee resolved:-

to approve the minute as a correct record.

RISK, AUDIT AND PERFORMANCE COMMITTEE

19 September 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 by the Chief Finance Officer for the deferral and confirmed dates in respect of items 20 and 28 (Quarterly Performance Reports against the Delivery Plan) and transfer of item 32 (Equalities and Equalities Outcomes) to the IJB in April 2024; and
- (ii) to otherwise note the Planner.

ADULT SUPPORT AND PROTECTION INSPECTION REPORT 2022 - UPDATE - HSCP.23.061

5. The Committee had before it an update prepared by the Lead Strategic Officer - Adult Public Protection, in respect of progress regarding Next Steps following the Joint Inspection of Adult Support and Protection in Aberdeen.

The report recommended:-

that the Committee note the update provided which gave assurance regarding the Next Steps following the inspection of ASP in Aberdeen published in June 2022.

The Committee resolved:-

to agree the recommendation.

INTERNAL AUDIT UPDATE REPORT - HSCP.23.065

6. The Committee had before it a report prepared by the Chief Internal Auditor providing an update on Internal Audit's work since the last update. Details were provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.

The report recommended:-

that the Committee:

- (a) note the contents of the RAPC - Internal Audit Update Report September 2023 ("the Internal Audit Update Report"), as appended at Appendix A, and the work of Internal Audit since the last update;
- (b) note the progress against the approved 2022/23 and 2023/24 Internal Audit plans as detailed in the Internal Audit Update Report; and
- (c) note the progress that had been made with implementing recommendations agreed in Internal Audit reports as outlined in the Internal Audit Update Report.

RISK, AUDIT AND PERFORMANCE COMMITTEE

19 September 2023

The Committee resolved:-

to agree the recommendations.

INTERNAL AUDIT REPORT – ADULTS WITH INCAPACITY - HSCP.23.066

7. The Committee had before it a report prepared by the Chief Internal Auditor presenting the outcome from the planned audit of Adults with Incapacity that was included in the Internal Audit Plan.

The report recommended:-

that the Committee review, discuss and comment on the issues raised within the report.

The Committee resolved:-

to note the report.

QUARTER 1 (2023/24) FINANCIAL MONITORING UPDATE - PERIOD ENDED 30 JUNE 2023 - HSCP.23.063

8. The Committee had before it a report prepared by the Chief Finance Officer summarising the revenue budget performance to 30 June 2023 for the services within the remit of the Integration Joint Board (IJB), advising on any areas of risk and management mitigating action and seeking approval of the budget virements so that budgets more closely aligned to anticipated income and expenditure.

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.

The Committee resolved:-

- (i) to instruct the Chief Finance Officer, in conjunction with the Primary Care Prescribing Group, to provide an analysis by way of a Service Update of the variation in respect of the forecast overspend for prescribing; and
- (ii) to otherwise agree the recommendations.

LOCALITY PLANNING ANNUAL REPORTS AND PRESENTATION - HSCP.23.060

9. The Committee had before it the 2022-23 Locality Plans in respect of the three locality areas in Central, North and South of the city, prepared by the Transformation

RISK, AUDIT AND PERFORMANCE COMMITTEE

19 September 2023

Programme Manager and Community Development Manager who provided a summary presentation.

The report recommended:-

that the Committee:

- (a) approve the 2022-23 annual reports attached as Appendices 1,2 and 3 of the report;
- (b) instruct the Lead Officer to submit the 2023-24 Locality Planning Annual Reports to the Committee in September 2024;
- (c) note that new Locality Plans would be prepared during the refresh of the Local Outcome Improvement Plan during 2023-24 in a collaborative way with the Locality Empowerment Groups (LEGs) and Priority Neighbourhood Partnerships (PNPs); and
- (d) note the Committee would continue to receive regular updates on locality planning through its regular Performance Report.

The Committee resolved:-

to agree the recommendations.

QUARTERLY PERFORMANCE REPORTS AGAINST THE DELIVERY PLAN - HSCP.23.062

10. The Committee had before it a report prepared by the Senior Project Manager to provide assurance in respect of the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.

The report recommended:-

that the Committee note the Delivery Plan Quarter 1 Summary, the Tracker and Dashboard as appended to the report.

The Committee resolved:-

- (i) to note the information provided in the 'deeper dives' in respect of Mental Health and Learning Disabilities and the Frailty Pathway; and
- (ii) to otherwise agree the recommendation.

JUSTICE SOCIAL WORK DELIVERY PLAN UPDATE 2022-23 - HSCP.23.064

11. The Committee had before it a report prepared by the Service Manager presenting the updated Justice Social Work Delivery Plan at August 2023.

RISK, AUDIT AND PERFORMANCE COMMITTEE
19 September 2023

The report recommended:-

that the Committee note the update provided in respect of the Delivery Plan 2022-23.

The Committee resolved:-

to agree the recommendation.

DATE OF NEXT MEETING - 28 NOVEMBER 2023

12. The Committee had before it the date of the next meeting: Tuesday 28 November 2023 at 10am.

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair**.

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 15 August 2023. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Chairperson; and Councillor Lee Fairfull and Luan Grugeon (NHS Grampian Board Member).

In attendance: .

WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Councillor Deena Tissera.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

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

Caroline Howarth advised that she had a connection in relation to item 3.1 (CCG Group Monitoring Report), specifically regarding details on the closed list of GP Practices, by virtue of her being an independent GP, however having applied the objective test, she did not consider that she had an interest and would not be withdrawing from the meeting.

MINUTE OF PREVIOUS MEETING OF 18 APRIL 2023, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 18 April 2023, for approval.

The Committee resolved:-

to approve the minute.

BUSINESS PLANNER

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

The Committee resolved:-

to note the planner.

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

CCG GROUP MONITORING REPORT - UPDATE - HSCP,23.048

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

The report recommended:-

that the Committee note the contents of the report.

Caroline Howarth provided an overview of the report and made reference to the annual Joint Development Session held with the Clinical and Care Governance Group (CCG Group), at which the following key points were discussed:-

- What do the Group Reports need to look like and what do they need to include to inform the Committee?
- This is the experience the Committee want to harness – is this how it feels now.
- What do the sector reports need to look like and include in order to inform the Group and the Committee Report?
- What data is needed, and do we already have it?

Caroline intimated that the output from this session had been discussed by a smaller group in July to reflect on achievements and identify any gaps, to review the Committee terms of reference, to consider 'deeper dives' into particular risks as part of the group report and to review the frequency of the group meetings to align with the four quarterly committee meetings. They agreed the production of an Action Log to address and close off any actions/decisions at Committee meetings and also to pre-populate group sector report templates to include the operational risk register.

Caroline advised that the report contained a Quarter 4 data report but the information was out of date, therefore the report had the Q1 data report as an appendix for information but had not been discussed by the group. For the October Committee meeting, the group report would include a Q1 and a Q2 data report which would be more up to date and current and each sector would comment on their Q1 and Q2 data as part of their sector reports.

Caroline indicated that the report highlighted many stable and some decreasing risks. In terms of increasing risks, recruitment and retention featured in the sector report for Allied Health Professionals and public Dental Services. In frailty there was an increasing risk around securing a sustainable medical contract for rehabilitation beds and Primary Care had several increasing risks around closed lists, asylum seekers, new BMA guidance and infrastructure.

Caroline explained that Moray Abortion Services remained high risk and in the

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

vaccination service there were concerns in relation to reduced service budget which may risk an overspend position against the primary care improvement fund.

The Committee also received an update from Emma King on the issue of GP Closed Lists, noting that at present there were 4 General Practices which have closed lists in the City Centre, this was a reduction from eleven, previously reported. She also provided details regarding the numbers of refugees/asylum seekers who required city centre services, noting that Matrix arrangements had been created in conjunction with Aberdeen City Council.

Claire Wilson provided an update in relation to the ongoing challenges within Care Homes, noting the continued work being done to reduce risks, the regular support and assurance visits which were being undertaken and intimating that the risk position should be amended within the report to 'Stable'.

During discussion, the following was noted:-

- that the CCG Group would decide themselves how many group meetings they think would be necessary to achieve their aims;
- that "Spotlights" would be used to consider particular risks going forward instead of 'Deeper Dives';
- that there was going to be an action by the Group to map the Committee Terms of Reference against the Committee Planner;
- Spotlight topics may be a newly identified strategic high level risk or that the level of risk may have remained stagnant for a long period, with multiple topics (if deemed necessary) being added to future agendas for consideration;
- that all Spotlight topics agreed by Committee would be added to the Committee Planner
- that Martin Allan was arranging a deep dive session over the next two months on Recruitment and Retention which was acknowledged as being one of IJB's largest strategic risk, with officers, IJB members and key stakeholders being invited to participate;
- that in terms of Primary Care Pressures identified within the report, it was suggested that 'Provision to Support Refugees' be a future Spotlight topic to be considered by the Committee, to include details on what the pressures were, how the risks were being mitigated, how we maintain good care and support provision to those coming to Aberdeen in the context of a General Practice system which was currently under pressure and linked to that, details of the work being undertaken around closed lists and access to GPs; and
- that 'Moray Abortion Care' be considered as a Spotlight topic for the next meeting, to include details around managing complications of abortion, the actions and mitigating risks for the safety of women and to outline what the pathway was for governance and accountability.

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

The Chairperson made reference to a recent visit she and Councillor Cooke undertook at the Tech Library, explaining that it was an initiative which had shown how technology could be built in to high quality person centred care. She encouraged members to undertake a visit for themselves to see the impressive work that was ongoing.

The Committee resolved:-

- (i) to endorse the actions from the Joint Development Session, including those above regarding the production of an Action Log to incorporate actions from the Committee as well as the Group and the plans to pre-populate Group Sector Reports;
- (ii) to note that Judith McLenan, Lynn Morrison and Caroline Howarth would liaise to consider how best Hosted Mental Health and Learning Development fits in to avoid duplication and to highlight any risks which should be reported to Committee;
- (iii) to note that the Committee would determine Spotlight topics and request that the lead person for that service area would prepare a report and be invited to the Committee meeting to answer any questions which members may have;
- (iv) that the CCG Group could also suggest Spotlight topics by way of a report recommendation within the Group Monitoring report, to then be agreed by the Committee;
- (v) that 'GP Pressures – Quality and Safety of Care to Support Refugees' be a Spotlight topic to be considered at a future meeting of the Committee, noting that a report and attendance would be required from Emma King and/or Susie Downie;
- (vi) that 'Moray Abortion Care' be a Spotlight topic for the next meeting, to include details around managing complications of abortion, the actions and mitigating risks for the safety of women and to outline what the pathway was for governance and accountability, noting that a report and attendance would be required from Dianna Reed and/or Sandy Reid; and
- (vii) that in relation to the Minor Surgery Service and specifically the complex lesion/procedure surgery waiting list, that Caroline Howarth provide details in the next report regarding the escalation process particularly if there are changes to benign lesions for those on the list.

CHILDHOOD & ADULT IMMUNISATIONS 2022/23 - HSCP.23.049

6. The Committee had before it a report by Caroline Anderson, Programme Manager and Stephen Main, Lead Nurse, Immunisations and CTAC, which provided an update on the position on Childhood and Adult Immunisations over the past year.

The report recommended:-

that the Committee –

- (a) note the uptake of Childhood immunisations;
- (b) note the uptake in Adult Immunisations; and

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

- (c) note the actions taken to improve uptake and future improvement plans.

The Committee heard from Caroline Anderson, who highlighted the key information from her report.

In relation to Childhood Immunisations Caroline (1) advised that the data had been extracted from the Public Health Scotland (PHS) Website who extract their information from the Scottish Immunisation Recall System (SIRS); (2) indicated that there had been a gradual decline of childhood immunisations within Scotland in the past 10 years and that the most significant impact being the number of families that are “New to Area” within Aberdeen City compared to other areas in Grampian; explaining that this was due to the number of asylum seekers/refugees placements in Aberdeen City and the increasing number of International Students and their families attending Robert Gordons and Aberdeen Universities; (3) outlined some of the challenges which they have been experiencing over the past few years, including the SIRS IT Reporting System, the appointment System which was outdated and inflexible and during and following the COVID-19 pandemic, the service had seen an increase in “children not brought” to appointments due to vaccine fatigue and misinformation, which fitted with the national picture across Scotland; and (4) provided details of the Improvement Action Plan, including manual spreadsheet to compile live data, the establishment of two pre-school clinics this year in Tillydrone and Bucksburn, contacting families daily for those who did not attend in order to rebook and to determine why they did not attend, the attendance of Team members at outreach mother and toddler groups, Universities, community centres to help promote vaccines.

Caroline Anderson further advised that there had been good uptake in terms of Teenage Immunisations, particularly the HPV vaccine which had been a huge success, with findings showing that the levels of cancer related HPV in Scotland decreasing by 90% in young woman. She intimated that there had been a lower uptake in some schools and that they were working with them to look at ways of promoting the importance of vaccines, working closely with St Machar Academy. She indicated that the team attend assemblies at schools with lower uptake.

In terms of Adult Vaccinations, Caroline advised that there had been an 85% uptake for over 65 year olds in relation to the Flu vaccine and 90% uptake for the Covid Vaccine. She also outlined details of the Adult Programme within the Improvement Action Plan, making reference to promotional aspects of the immunisations including ongoing links with Grampian Regional Equality Council, the Homeless Service and gypsy/travellers in liaison with Aberdeen City Council, leaflets in different languages, various pop-up clinics, attending churches/mosques and all sheltered housing complexes. She also made reference to the Vaccination Centre’s which relocated to Bon Accord Centre on 19 June and the work undertaken to engage with health, social care, third sector services and community groups to create a Community Hub.

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

Caroline Anderson and Stephen Main responded to a number of questions relating to immunisations, during which, the following was noted:-

- that teenage vaccine uptake in boys was 70% and girls was 80%;
- that anecdotal information had shown that there had been an increase in children presenting with measles in the UK, particularly in London – however there was no evidence of an increase in Aberdeen or Grampian in this regard;
- that Home-Start were willing to support people with anxiety in order to help with their attendance for vaccinations; and
- that there was a lower uptake than expected for adult immunisations within the Health and Social Care Partnership workforce - noting that work was ongoing to improve this including increased communication, establishing more staff clinics, attending GP practices and sheltered housing so staff could be vaccinated there, links to Grampian City Consortium and other partners to create more pop-up clinics in the city hospitals and at possibly Marischal College and Health Village.

Caroline Howarth made reference to the report which stated that during the COVID-19 pandemic, residents were unable to attend in person at GP Practices to receive their adult routine for Adult Routine (Shingles & Pneumococcal). She wished to clarify that this was not the case and that the Shingles vaccination was transferred over to the Aberdeen Health and Social Care Partnership and that there had also been IT issues in this regard.

The Committee resolved:-

- (i) that an update report be submitted to the Committee in 12 months' time; and
- (ii) to otherwise approve the recommendations contained within the report.

ROYAL CORNHILL HOSPITAL - RISKS - HSCP.23.050

7. With reference to article 7 of the minute of meeting of the previous meeting of 18 April 2023, the Committee had before it a report by Judith McLenan, Lead for Mental Health and Learning Disability (MHL) Inpatient, Specialist Services and Child and Adolescent Mental Health Services, which provided an update on Royal Cornhill Hospital risks.

The report recommended:-

that the Committee –

- (a) note the update that Muick and Davan are now fully functioning wards;
- (b) note the update regarding the fourth Adult Admitting Ward opening on 3 July 2023, giving the service an extra bed capacity of ten; and
- (c) note that the monitoring of ongoing risks will be achieved via the local service governance groups and escalated to the appropriate committees accordingly.

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

The Committee heard from Judith McLenan who provided a summary of the report making reference to the refurbishment of two wards (Muick and Davan) within Cornhill Hospital. She provided information in relation to positive and helpful round table discussions with the Chief Executive Team and external regulators to look at the complexities surrounding the risks relating to patient placement following the closure of wards. She also made reference to repairs within the Fyvie ward. She intimated that Muick and Davan wards were now fully operational and that currently there were four general adult mental health and learning disability admitting wards and three older adult admitting wards.

The Chairperson made reference to a recent visit she had with Councillor John Cooke to the wards, explaining that the work done had been impressive and they were fully fit for purpose.

In response to a question by the Chairperson, Judith provided information in relation to Grampian's Asset Management Group which had identified other mental health wards which had not been refurbished and were considered as high on the list for requiring action to reduce the risk of suicide, however she provided assurance that risk control measures were in place in this regard.

The Committee resolved:-

- (i) that with reference to the decision at the previous meeting in April, specifically "to note that the concerns relating to staff absence rates sickness absence rates, including the reasons for absence and whether they were work related and short, medium or long term", that this would be reported via the Risk Audit and Performance Committee and/or the IJB; and
- (ii) to otherwise approve the recommendations within the report.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

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

The Committee resolved:-

that no items be escalated to IJB.

- **LUAN GRUGEON, Chairperson**

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INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2023 Meetings									
10 October 2023									
5	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP23.067	Roz Harper	Sandra Macleod	ACHSCP	On the agenda	
6	Standing Item	Video Presentation	Getting on with HIV: Positive Voices				On the agenda		
7	23.09.21	Primary Care Improvement Plan Update	Annual update report	HSCP.23.070	Emma King / 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.	
8	05.09.23	Integration Joint Board Membership - New Appointee to IJB	To advise the IJB of a recent change to its voting membership.	HSCP.23.071	Emma Robertson/ John Forsyth	ACC Governance	ACC	On the agenda	
9	06.09.23	Health and Social Care Partnership Meeting Dates 2024-25	To seek approval of the Integration Joint Board (IJB), Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC) meeting dates for 2024-25.	HSCP.23.072	Emma Robertson	ACC Governance	ACC	On the agenda	
10	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	On the agenda	
11	29.11.22	Climate Change Project and Reporting	To seek approval for the submission of the attached climate change report to the Scottish Government by 30 November 2023.	HSCP23.069	Sophie Beier	Strategy and Transformation Team	ACHSCP	On the agenda	
12		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/ Lynn Morrison/ Jason Nicol	Lynn Morrison	ACHSCP	On the agenda	
13	12.09.23	General Practice: Proposed Tender to Support Asylum Seekers	To present the outcomes and recommendations of an options appraisal commissioned to identify the most appropriate delivery mechanism for providing primary care health services, including General Medical Services (GMS) provision (provision of essential GP medical services), to Asylum Seeker arrivals within the Grampian area.	HSCP.23.073	Susie Downie	Fraser Bell	ACHSCP	On the agenda; Exempt report	
14	Standing Item	Audited Accounts	To seek approval of the Audited Final Accounts for 2022/23.	HSCP23.068	Paul Mitchell	Chief Finance Officer	ACHSCP	D	External Auditor advised 12 September 2023 that the accounts have not yet been audited; therefore request to defer to 5 December 2023.
15	26.07.2022	Complex Care Market Position Statement	To seek approval of the Complex Care Market Position Statement. IJB agreed on 11 October 2022 to note that progress on delivery of the Complex Care Market Position Statement would be reported to the Integration Joint Board annually.		Jenny Rae / Kevin Dawson	Strategy and Transformation Team	ACHSCP	D	Request on 1 September 2023 to defer this paper to meeting on 5 December 2023. This will enable an update to be provided on the proposal for the development of a new complex care facility in Aberdeen. The business case for the facility will be considered at ACC Finance and Resources Committee in November 2023. This item will be subject to a Topic Specific Seminar.
5 December 2023									
17	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP		
18	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations						
19	28.09.23	Aberdeen City Vaccination Centre - Priority Intervention Hub	To seek approval for ongoing Lease of Bon Accord Unit for the Priority Intervention Hub		Caroline Anderson	Sandy Reid	ACHSCP/ ACVC		
6 February 2024									
21	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP		
22	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations						

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18.09.23	General Practice Update	To update members on the development of a vision for Primary Care in Grampian.		Fraser Bell	Sandra Macleod	ACHSCP			
17.01.2023	Grant Funding	Annual report on to seek approval to direct Aberdeen City Council (ACC) to extend grant funding arrangements.		Shona Omand-Smith	Commissioning Lead	ACHSCP			
31.01.2023	Carers' Strategy	To provide an update and annual review of the strategy approved by IJB on 31 January 2023. Members agreed on 31.01.23 to instruct the Chief Officer of the IJB to report back on progress with the Carer Strategy and Action Plan annually.		Stuart Lamberton	Strategy and Transformation Team	ACHSCP			
Standing Item	Annual Procurement Workplan 2024/2025	To present the Annual Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Cases, for approval.		Neil Stephenson	Procurement Lead	ACC			
07.02.2023	Annual Grants Workplan 2024/25	To seek approval of the grant funding for 2024/25.		Shona Omand-Smith	Commissioning	ACHSCP			
31.01.2023	Report on test of change at Sport Aberdeen's new facility in Northfield	On 31.01.2023 members heard that ACHSCP was looking to work with Sport Aberdeen with a test of change at Sport Aberdeen's new facility in Northfield, where the initiative created a health and social care community hub called Get Active @Northfield which included access to community space it was hoped to support local people to continue to improve their health through sustained physical activity. Members would receive an update on the project and its outcomes towards the end of 2023.		Alison McLeod	Strategy and Transformation Team	ACHSCP			
26 March 2024 (Budget)									
	IJB Budget - Medium Term Financial Framework	To approve the Budget.		Paul Mitchell	Chief Finance Officer	ACHSCP			
TBC Future Meetings									
29.11.2022	Marywell Service Redesign Business case	Members agreed on 29 November 2022 to instruct the Chief Officer to report to the Integrated Joint Board on the next phase of the redesign of the Marywell Service, with a Business Case to outline the future provision of services within 18 months		Susie Downie / Emma King / Teresa Waugh / Clair Ross / Simon Rayner	Primary Care Leads	ACHSCP	Expected April/May/June 2024		
Standing Item	Equalities and Equalities Outcomes	To note the progress towards evidencing compliance with the Human Rights Act 1998, the Equality Act 2010, the Scottish Specific Public Sector Equality Duties 2012 and the Fairer Scotland Duty 2018, outlining how person-centered equality and human rights culture is being delivered across all services. At IJB on 25 May 2021 Members resolved to instruct the Chief Officer, ACHSCP to submit 6-monthly reports alternately to the RAPC (starting December 2021 and then IJB - June 2022).		Alison Macleod	Lead Strategy and Performance Manager	ACHSCP	Expected April 2024		
04.11.2022	IJB Scheme of Governance Annual Review	To seek approval of the revised Scheme of Governance. Considered at IJB on 7 June 2022 and 25 April 2023- this is an annual review. On 22 August 2023 members agreed to instruct the Chief Officer to ensure the IJB Carers and Service Users Representatives Expenses Policy was reviewed annually as part of the review of the Scheme of Governance		Jess Anderson/John Forsyth/Vicki Johnstone Alison MacLeod (Carers' expenses)	Legal ACC	ACHSCP	Expected Spring 2024		
Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004	To provide information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves. Annual report, last considered at IJB on 25 April 2023..		Martin Allan	Business Lead	ACHSCP	Expected Spring 2024		
25.04.2023	Supplementary Procurement Work Plan (Social Care) for 2024/25	To seek approval for the Supplementary Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Case.		Neil Stephenson	Strategic Procurement	ACHSCP	Expected Spring 2024		
25.04.2023	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan	To note the annual update on the national Suicide Prevention Strategy & Action Plan presented to IJB on 25 April 2023. Members instructed the Chief Officer to provide an update on progress annually to the Integration Joint Board		Kevin Dawson / Jennifer Campbell	Strategy and Transformation Team	ACHSCP			
25.05.2021	Community Nursing Digitalisation	On 25 April 2023 IJB agreed - to instruct the Chief Officer, ACHSCP to present a one-year update report on the progress of the project (HSCP.23.022)		Michelle Grant	Chief Officer	ACHSCP	Expected Spring 2024		
30.11.22	Biennial Progress report on delivery of our Equality Outcomes and Mainstreaming Framework	To approve publication and submission of the report to the Equality and Human Rights Commission This is a statutory obligation to report on progress every two years after approval; reported in May 2021 and April 2023 (HSCP.23.024)		Alison Macleod	Strategy and Transformation Team	ACHSCP	Expected Spring 2025		

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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. This is an annual report. Presented to IJB on 30 August 2022 and at time of writing planned for 10 October 2023.		Daniela Brawley / Lisa Allerton			Expected October 2024		
	ACHSCP Annual Report	To seek approval of the ACHSCP Annual Report		Alison MacLeod / Amy Richert	Alison MacLeod	ACHSCP	Last presented August 2023		
07.09.23	Strategic Risk Register			Martin Allan	Business and Resilience Manager	ACHSCP	Expected approx. August 2024		
22.08.23	Rosewell House - Evaluation	On 22 August 2023 IJB agreed: (1) to approve an extension of the integrated facility at Rosewell House to 31 December 2025; and (2) 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.		Calum Leask / Fiona Mitchelhill	Alison MacLeod, Strategy and Transformation	ACHSCP	Summer 2025		
22.08.2023	Memorandum of Understanding with Public Health Scotland	To instruct the Chief Officer to provide a progress report on the strategic partnership agreement at a meeting of the Integration Joint Board in 2024 (agreed on 22 August 2023).		Fraser Bell	Sandra Macleod	ACHSCP	Summer 2024		

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Development Sessions

Date	Topics	Lead Officer	Comments
12 Sep 2023	Culture/BOOM Boards	TBC	Completed
	Induction and Refresher	Alison MacLeod	
	Commissioning	Shona Omand-Smith/Neil Stephenson	
14th Nov 2023	Culture/BOOM Boards	TBC	
	Population Health	Phil Mackie	
	Mental Health	Judith McLennan/Kevin Dawson	
16th Jan 2024	Culture/BOOM Boards	TBC	
	Risk	Martin Allan	
	Frailty Pathway?	Fiona Mitchellhill	
20th Feb 2024	Culture/BOOM Boards	TBC	
	Stay Well Stay Connected	Iain Robertson	
	Climate Change	Sophie Beier/Phil Mackie	
16th Apr 2024	Culture/BOOM Boards	TBC	
	GP Sustainability	Emma King	
	PCIP?	Emma King	

Topic Specific Seminars

Date	Topic	Lead Officer	Comments
5th Sept	Neuro Rehab	Lynn Morrison/Tracey McMillan	Completed
7th Nov 2023	Complex Care	Jenny Rae	
9th Jan 2024	Carers Strategy	Stuart Lamberton	
5th March	Finance	Paul Mitchell	

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INTEGRATION JOINT BOARD

Date of Meeting	10 th October 2023
Report Title	Chief Officer's Report
Report Number	HSCP23.067
Lead Officer	<i>Sandra MacLeod</i>
Report Author Details	<i>Name: Roz Harper Job Title: PA Email Address: rozharper@aberdeencity.gov.uk</i>
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	5

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.



INTEGRATION JOINT BOARD

2. Recommendations

1. It is recommended that the Integration Joint Board:
 - a. notes the detail contained within the report;
 - b. notes the duties on the IJB in respect of the Armed Services Covenant Duty in terms of the Armed Forces Act 2021; the requirements and the arrangements in place and planned, to ensure that the IJB meets its requirements under the Act.

2. Strategic Plan Context

The Chief Officer's update highlights areas relevant to the overall delivery of the Strategic Plan.

3. Summary of Key Information

3.1. Local Updates

Community Nursing Outreach Team

Ongoing recruitment challenges and various service reviews have created an opportunity to consider new ways of service delivery across Marywell Medical Practice, Healthy Hoose, and the Integrated Drug Service. A redesigned Community Nursing Outreach Team provide greater capacity to support the needs of the local populations in key areas of the City from various bases in the Healthy Hoose, Timmermarket and Marywell Medical Practice, both in terms of a highly skilled workforce and headcount of staff.

The team will rotate through each base to build knowledge and skills and will consist of Advanced Nurse Practitioners, Senior Community Nurses, Assistant Practitioners and a Link Practitioner under the direction of the Lead Advanced Nurse Practitioner. Recruitment to all posts is almost complete.

Service criteria includes anyone aged 16 and over who is registered with an Aberdeen City GP, currently under the care of the integrated drug service, or residing in the Middlefield, Mastick, Northfield and Sheddocksley areas of Aberdeen. People will be able to self-refer and drop in. Initial clinics offered will include:

- Contraception, including coil and implant fitting
- Sexual health
- Wound care clinics
- Minor illness / Minor injury
- Long Term Conditions management
- Well person checks / health promotion



INTEGRATION JOINT BOARD

- Smear tests
- Full Link Practitioner service

GIRFE, Getting it Right for Everyone

Aberdeen has two pathfinder groups, Older people and Frailty and Transitions working with people transitioning from Getting it Right for Every Child (GIRFEC) to GIRFE. The Pathfinder team is working with the GIRFE national team to help co-design alternative ways of delivering health and social care, that's fit for the future. The Pathfinders are currently arranging a series of engagement events that will take place in September to give people an opportunity to propose ways in which 'How Might We' statements can be addressed. The 'How Might We' statements are the result of the earlier engagement sessions, where we explored what is and isn't working in the current health and social care systems. There are eight Pathfinder areas across Scotland, including Aberdeenshire, who are currently working on two different 'How might we' statements. Once they have completed the pilot phase, the Scottish Government GIRFE team will bring all Pathfinders together as part of a national sensemaking event, to review what has been co-designed by the local teams and the Pathfinders. Thereafter, the team will then move into the testing phase.

Autumn 2023 Vaccination Programme

The Autumn 2023 Vaccination Programme Plan was scheduled in accordance with the guidance of the Joint Committee on Vaccination & Immunisation (JCVI) "To optimise protection over the winter months. The autumn programme should aim to complete by early December 2023 ahead of winter, mindful that protection is highest in the first 3 months following vaccination. The start date for immunisations being carried out was 4 September, with the last phase of the rollout starting 16 October.

Scottish Government published a letter from the Chief Medical Officer on 1 September asking NHS Boards and Health and Social Care Partnership (HSCPS) to look at "Re-phasing the Programme" in light of the new COVID variant BA.2.86. The new variant has been designated a "variant under monitoring" due to a high number of mutations, the effects of transmissibility and severity are not yet known. On 29 August, the first case was identified through PCR testing in Scotland. With this in mind, around 70 sheltered housing complexes and care homes immunisation programme start dates have been brought forward. Additional capacity has also been created to bring forward the over 75s and those with a weakened immune system. There are additional clinics at various locations across the city to support the increase of uptake for Health & Social Care staff. Staff will also be vaccinated in Schools, Care Homes & Sheltered Housing Complexes with the service is currently looking at the possibility of opening additional clinics on Sundays.

Aberdeen City Vaccination Centre

The centre relocated from Norco House on the 19 June 2023 to the Bon Accord Centre and has, at the time of writing, been up and running for around 2 ½ months. In addition to the Vaccination



INTEGRATION JOINT BOARD

Team, the centre now accommodates Community Health Point, Aberdeen Links Practitioner, Community Respiratory Team, Community Treatment and Care Services (CTAC), Secondary Care Bloods, Conversation Café, Carers, Pathways – Employment Keyworker – 1 day per week, Aberdeen in Recovery (AIR) – 1 day per week. Links continue to be made with various services and community partners to increase easily accessible services in one place for the people of Aberdeen & wider area of Grampian. This hub will support with pressures on existing hospital and GP Services.

Making Every Opportunity Count - Staff have also received MEOC “Make Every Opportunity Count” Training and are using this to support people with advice and signposting in line with the strategic aim of addressing inequality and wider detriments of health. The team have also received Naloxone training to support the promotion within the centre and the team will be trained in Naloxone “Train the Trainers” to allow the service to officially become a distributor of Naloxone early next year, in conjunction with Substance Misuse Services.

Public Health Scotland Visit – 15th August

Public Health Scotland visited the Aberdeen City Vaccination Centre on the 15 August for a tour showcasing the work that has been undertaken to make best use of the space. Feedback from the visit was overwhelmingly positive and described the centre as “innovative” and great to see the service is delivering more than just vaccinations. They commented that the centre felt truly integrated, working closely with health, social care, education & third sector/voluntary organisations. They were keen to share this model with other areas of Scotland.

Community Planning

The Community Planning Aberdeen and Locality Plan Annual Outcome Improvement Reports 2022/23 for North, South and Central which set out the key achievements of working collectively and areas for improvement, both citywide and in our communities were published last week. The reports can be accessed on the Community Planning Aberdeen website by clicking [here](#).

In the meantime, the Local Outcome Improvement Plan (LOIP) and Locality Plans are being refreshed. This provides an opportunity to identify priorities for 2024-26 and to test new solutions that will make the difference and secure positive outcomes at a city wide and locality level for the future. It is open for all to get involved in the engagement and share “what matters to you”. The engagement will be held from 6 October – 5 November 2023, with events across our localities and in our priority neighbourhoods, as well as an online platform to ensure all can participate. There are many ways people can get involved in the work of the Community Planning Aberdeen to make things better for our citizens and the wider community. For more information on how to get involved, please email: communityplanning@aberdeencity.gov.uk

Staff Wellbeing



INTEGRATION JOINT BOARD

So far this year, 979 staff have attended the wide range of staff well-being activities provided by ACHSCP in venues across the city and remotely. These activities receive great feedback and will continue for the remainder of 2023/24. Funding will be available to continue with this in 2024/25.

ACHSCP's Senior Leadership Team (SLT) recently approved establishment of 3 specific work streams to accelerate Workforce Plan implementation. Updates will be provided at next IJB.

ACHSCP has convened its first Recruitment Fair in conjunction with ABZ Works (Aberdeen City Council) and other partners. This will take place on Wednesday 1 November 12:30pm- 4:30pm at the Beach Ballroom. IJB Members will be invited attend. There is also work underway with SHMU, (see below for info on SHMU) to produce an ACHSCP recruitment video, which will be presented to the 5 December IJB.

Information on SHMU: SHMU (Station House Media Unit) was established as a charity in 2003, and is one of the core cultural organisations in North East Scotland at the forefront of community media development in the UK. They are a community anchor organisation, supporting residents in the seven regeneration areas of Aberdeen in radio and video production, traditional and on-line publications, music production and digital inclusion. These platforms are used as vehicles for personal and collective change; supporting skills development, active citizenship, community capacity building and community development. The organisation also supports other disadvantaged communities, both geographic and communities of interest, including an employability and training arm, and an adult services arm which provides support and opportunities for adults with barriers, including those who are criminal justice experienced and in recovery.

Asylum Seeker Update

Further to the update to the Integration Joint Board (IJB) on 22 August 2023, Aberdeen City Health and Social Care Partnership (ACHSCP) continues to work with partners to support the number of asylum seekers to access health and social care needs within the area. Aberdeen is a dispersal city which means it is a city where the Home Office supplies accommodation for asylum seekers pending a decision on their asylum case. Support for asylum seekers includes the provision of a Health Assessment Team (HAT) in Aberdeen. The IJB was previously advised that the HAT arrangements were due to end in September 2023 but these arrangements will now continue for at least another 12 months. The HAT will support new arrivals into the city by gathering information from the individual and helping to navigate them to the right place based on their respective needs.

The Home Office recently confirmed that asylum seekers will routinely share rooms with at least one person where appropriate and this will likely lead to an increase in the number of asylum seekers in the city. The Home Office has also announced a policy for 'streamlined asylum processing' for specified number of countries which would allow individuals from those countries to receive a fast decision regarding their refugee status. This could increase the rate at which asylum seekers pass through local hotels. A date for the implementation of these announcements has not been made at the time of writing. It is acknowledged that the Home



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Office could also secure additional accommodation at any time which could further increase the number of asylum seekers in the city.

The continuation of the HAT for at least another 12 months will help to ensure the needs of asylum seekers are assessed. This includes assessing whether an appointment with a general practitioner is required. It is anticipated that with a higher number of asylum seekers in the city there will be a corresponding increase in the number of appointments being sought. To help general practices meet their current patient cohorts' needs in harmony with the projected increase in demand, which can be complex in nature, it is proposed in a separate item in this agenda pack to tender for a practice(s) to support the needs of asylum seekers in the city. This is considered to be a proportionate approach to meeting the health needs of Aberdeen's population whilst maintaining, so far as possible, sustainability across all general practices in the city. An update will be provided to members at the next meeting of the Integration Joint Board on what is, a fluid situation.

Regional Updates

Grampian Vision Programme

As reported to the Integration Joint Board at its meeting on 22 August 2023, work is underway to develop a vision for primary care accompanied by strategic objectives and an implementation plan. This work is being led by the three Chief Officers of Moray, Aberdeenshire and Aberdeen City health and social care partnerships. A Grampian wide programme board is facilitating this activity with the support of a working group. This working group consists of key stakeholders from the HSCPs, NHSG, NHSG's GP Sub Committee and the Local Medical Committee (LMC). This includes communications and change management professionals. In the meantime, the Scottish Government has been made aware of the activity and endorses the approach taken by the three partnerships in Grampian.

A series of three facilitated workshop sessions have been organised to develop the vision and strategic objectives. The first workshop for General Practice staff took place on 27 September 2023 whilst the second and third will include wider stakeholders such as other primary care services (pharmacy, dental, ophthalmology), acute and secondary care representation and patient representation. The remaining workshops will take place in November.

General Practice Engagement

A Service Level Agreement (SLA) has been created to enable practices to ensure appropriate staff engagement in this project. The SLA aims to ensure participation in events to help set the strategic direction and vision of General Practice across NHS Grampian, as well as promoting engagement with practice staff, community staff, cluster, Health & Social Care Partnerships (HSCP), Patient Participation Group (PPG) and relevant 3rd sector parties, where appropriate to feed in a broad spectrum of community voices to the process.



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The Practices will be expected to supply a nominated practice lead for the NHS Grampian Vision; participation at a minimum of two out of three workshops unless due to extenuating pre-agreed circumstances; as well as holding local meetings to discuss the vision, i.e. at cluster meetings.

Patient engagement

A Patient engagement plan has been developed to ensure that a co-production approach is being used, with patients from across the Grampian area to be involved in the development of the vision and strategic objectives. By adopting a co-production approach, decisions affecting people are made with them, not for them. The patient engagement plan follows the National Standards for Community Engagement, and the NHS Grampian Engagement team have been consulted.

The patient engagement plan will include the creation of a patient stakeholder group that will attend the facilitated stakeholder events and wider patient engagement via a what matters to you survey which will be circulated via multiple sources including; locality Engagement Groups; PPG's; Social Media and GP practices

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 February 2024.

Wellbeing Festivals 2024

Building on the success of the June 2023 Gathering, which saw 180 people come together to share and learn about how to retire well through being better connected into their communities, the plans for 2024 are in development, commencing with the revival of the Health and Wellbeing Festival at the beach ball room on 13th January. Although delivered separately to the team involved in the Gathering, it is definitely a date for your diaries next year. There will be a host of speakers and exhibitors showcasing how to look after your health and well-being as we seek to help people live well for longer.

In May 2024 Aberdeen City will join up with Moray and Aberdeenshire to take part in a month-long series of community facing events by way of a Mental Health and Well Being Festival to support and promote mental health and wellbeing. This festival builds on the success of Aberdeenshire Wellbeing Festival, who have just celebrated their 8th year. The 2024 Festival will be the first Grampian wide festival, which we are all very much looking forward to. There will be another Gathering in September or October 2024 which again, will be a Grampian wide event, bringing older adults together to explore, share and shape how they can stay well and stay connected.

Winter Planning

Aberdeen City Health & Social Care Partnership (ACHSCP) and NHS Grampian (NHSG) have been undertaking work that will connect the wider Grampian network of organisations highlighting how we work together to try and ensure that the population of Grampian feels well, are well



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supported, are well equipped and well prepared, to reduce duplicated and disconnected efforts and share amongst partners (during the winter period).

The Chief Officer of ACHSCP spoke at the recent meeting of the Grampian Local Resilience Partnership about the proposals explaining that there currently is engagement across partners around winter planning but not a whole view of the interdependencies, key priorities and shared areas of work. An event is being organised to bring together colleagues working across Grampian to explore opportunities for improved linkages between the winter plans of partner organisations and share areas of good practice ahead of Winter 2023/24. The event is intended to add further value to the concurrent winter planning processes already underway by our respective organisations, exploring interdependencies and opportunities for improving linkages. The event will be held on Thursday 28th September 2023, with any actions which may be identified through discussion to be developed and implemented before winter.

North East Partnership Steering Group

The North East Partnership Steering Group (NEPSG) consisting of the Chief Officers, Chairs and Vice-Chairs of the three health and social care partnerships met on 15 September 2023. Progress against the approval of the Memorandum of Understanding (MoU) between local partners and Public Health Scotland was noted. This was previously approved on behalf of Aberdeen City Health and Social Care Partnership at the meeting of the Integration Joint Board on 22 August 2023. The NEPSG agreed on the need for local partners to contribute to the proposed activities and maximise the opportunities that the MoU could offer. The NEPSG also approved an updated Terms of Reference. The primary focus of the group will be Primary Care, Mental Health and Learning Disabilities, Frailty, hosted services, unscheduled care and it will continue to monitor developments in respect of a National Care Service. The next meeting of the group is scheduled for 17th November 2023.

National Updates

The Armed Forces Act 2021 created a legal obligation on specified bodies in all four home nations of the UK. This is known as the Armed Forces Covenant Duty which came into effect on 22nd November 2022. The IJB is a specified body subject to this Duty and some of the services ACHSCP provide, or have responsibility for, or are deemed to be relevant functions under the legislation. The Armed Forces Covenant Duty is about ensuring decision-making in relation to particular service planning, funding and delivery is informed and takes cognisance of the particular needs of the Armed Forces Community removing any disadvantage that is unique to their experience and linked to the obligations and sacrifices they make and, in some cases making special provision. The Armed Forces Community comprises of current and former members of the Armed Forces and their families. The Duty is similar to the responsibilities we have under the Public Sector Equality Duty and the guidance suggests that we may wish to draw on our experience and



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arrangements of complying with that, when considering the arrangements, we make. IJB approved new arrangements for Assessing the Impact of Policies and Practices at their meeting on 25th April 2023 (see background papers below). The Guidance Notes for staff undertaking assessments contains a section that lists various areas to which consideration must be given such as Protected Characteristics, Fairer Scotland Duty, Human Rights, UNCRC etc. The Armed Forces Covenant Duty will be added to that section. The Senior Leadership Team has also been asked to ensure their staff are aware of this new duty and the **Diversity** officers will ensure it is considered during the impact assessment process.

Programme for Government

The Scottish Government announced its [Programme for Government](#) on 5 September 2023. The Programme for Government is published every year at the beginning of September and sets out the actions that the Scottish Government will take in the coming year and beyond.

The announcements of the Programme for Government made included reference to:

- Increasing pay of social care workers in the private, third and independent (PVI) sectors in a direct care role, and those working in the PVI sector to deliver funded early learning and childcare to at least £12 per hour;
- Improve workforce planning, practice and culture with a focus on collaborative, compassionate leadership, wellbeing and equality to deliver a more sustainable and skilled workforce, supported by the commencement of the Health and Care (Staffing) (Scotland) Act 2019, and take forward the recommendations from the Nursing and Midwifery Taskforce;
- Publish the new Mental Health & Wellbeing Delivery Plan and accompanying Workforce Action Plan in the autumn;
- Establish a new Mental Health and Capacity Reform Programme to begin the process of updating and modernising mental health and capacity legislation to enhance the protection of people's rights;
- Consult on a Learning Disability, Autism and Neurodiversity Bill by the end of 2023, which will aim to ensure that the rights of neurodivergent people, including autistic people and people with learning disabilities, are respected, protected and championed;
- Explore with Local Government and agree an approach to ending all non-residential social care support charges within the lifetime of the current Parliament;
- Deliver the National Care Service legislation;
- Implement the NHS dental payment reform model by 1 November 2023;
- Improve access to GP services through further expansion to multi-disciplinary teams; and
- Continue to embed Medication Assisted Treatment standards, increase access to residential rehabilitation, develop a protocol for co-occurring mental health conditions and substance use, and co-produce alcohol and drug service standards for young people.

The Programme for Government and the further details that will follow will be reviewed by officers. Any impact to the Integration Joint Board's Strategic Delivery Plan will be incorporated in the annual presentation of Delivery Plan to members at its meeting on 26 March 2024.



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IJB Chairs & Vice-Chairs Conference September 2023

The IJB Chairs and Vice Chairs conference took place in Glasgow on Wednesday 20 September 2023 as an opportunity to bring together IJB leadership representatives from across Scotland with a view to discussing key topics, planning future development and receiving updates from relevant partner bodies.

The conference featured sessions covering the following:

- Update on the National Care Service (NCS) – Legislation is proposed to be laid before the Scottish Parliament in January 2024 with Royal assent expected in summer 2024. Agreement has been reached to avoid transferring personnel and other assets away from local authorities. It is proposed that the NCS will be led by a National Board comprising relevant expertise, the remit and formation of which will itself be guided by an Advisory Board. It is anticipated that each local authority (or similar constituent area) will also feature a local NCS delivery board guided by local requirements and prevailing conditions.
- IJB Development – A substantive discussion ensued regarding development needs and priorities for IJBs, Chairs and Vice-Chairs. Points raised included current financial pressures, the need for defined role specifications and enhancing collaboration with partner bodies.
- Presentation from the Scottish Social Services Council – Attendees were given a briefing on the current format of the register, proposed changes to the register and the code of practice for employers and workers from May 2024 and the rollout of new requirements for qualifications and continuous development.
- Development of a national social work agency – This is proposed as part of the NCS bill. Current workforce, financial and regulatory challenges were detailed as well as the vision for the proposed agency to coordinate and streamline social work services across Scotland with a view to ensuring better staff and service user outcomes.

4. Implications for IJB

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



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4.1. Equalities, Fairer Scotland and Health Inequality

The report update on MEOC (Making Every Opportunity Count) outlines the strategic aim of addressing inequalities and wider detriments of health. The Armed Forces Act 2021 is linked to ensuring equality to the Armed Forces Community.

4.2. Financial

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

4.3. Workforce

The update on the Community Nursing Outreach Team provides information on new ways of service delivery within the community.

4.4. Legal

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

4.5. Unpaid Carers

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

4.6. Information Governance

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

4.7. Environmental Impacts

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

4.8. Sustainability

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

4.9. Other



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

5. Management of Risk

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

6.1 Identified risks(s)

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

Link to risks on strategic or operational risk register:

- The update on the Wellbeing Festival links to strategic risk 6 "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"

- The update on Community Nursing Outreach Team links to strategic risk 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.

Background Papers

[Minute of the meeting of the Integration Joint Board on 25 April 2023.](#)



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Date of Meeting	10/10/2023
Report Title	PCIP Update report
Report Number	<i>HSCP.23.070</i>
Lead Officer	<i>Susie Downie, Interim Primary Care Lead</i>
Report Author Details	<i>Alison Penman Job Title: PCIP Programme Manager Email Address: alison.penman1@nhs.scot</i>
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	<i>A. Summary of Scottish Government funding for 23/24 B. Summary of actual PCIP spend for 22/23</i>
Terms of Reference	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 is presented to the Integration Joint Board (IJB) to provide an update on the Primary Care Improvement Plan (PCIP).

2. Recommendations

2.1. It is recommended that the Integration Joint Board:



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- Notes the content of the report as an update on current progress against the Primary Care Improvement Plan (PCIP).

3. Strategic Plan Context

- 3.1. The PCIP is identified as a key priority within the IJB's Strategic Plan 2022-2025. The delivery of PCIP is recognised as an important transformational tool for creating capacity and improving patient experience of General Practitioner (GP) services. It seeks to add additional capacity in the form of alternative professional roles to support GPs as well as delivering some services in a different way, improving access for patients and improving outcomes.

4. Summary of Key Information

- 4.1. An agreement between the Scottish Government and the Scottish General Practitioners Committee of the British Medical Association (SGPC) (known as the Revised Memorandum of Understanding 2021-2023), is designed to enable improvement within primary care as envisaged by the General Medical Services (GMS) contract. It was published in July 2021, taking into account the learning and experience from previous iterations of the contract.

The MOU 2021-2023 identifies three priority workstreams:

- Pharmacotherapy;
- Community Treatment and Care Services (CTAC)
- Vaccination Transformation Programme (VTP)

- 4.2. The Aberdeen City PCIP was agreed and approved by the IJB in 2018 and in collaboration with the Local Medical Committee (LMC) and the GP Subcommittee (which sits within the governance structures of NHS Grampian).

The PCIP sets out how the Aberdeen City Health and Social Care Partnership (ACHSCP) intends to transform general practice services, utilising the Primary Care Improvement Fund (PCIF) to release capacity of General Practitioners (GPs). The PCIP seeks to deliver the three priority areas set out in the MOU 2021-2023 to enable GPs to undertake their role as Expert Medical Generalists as envisaged in the General Medical Services (GMS) Contract.



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The last update was provided to the IJB at the meeting, November 2022 as part of the PCIP annual report

4.3. Primary Care Improvement Plan (City) Update

General Update

It has been 5 years since the PCIP was agreed.

In terms of the MOU 2021-2023, which the PCIP supports the delivery of, we are aware that it is due to end in 2023 and we await a communication from the Scottish Government in terms of a future MOU for 2024. The role of the PCIP will also be the subject of consideration by a Grampian General Practice Vision Board which is looking at longer term options for a more sustainable general practice model.

Currently all city practices receive at least a partial PCIP allocation from one or more of the workstreams. It was agreed the most recent Aberdeen City PCIP Project Delivery group meeting that there would be work undertaken to ensure equity and best use of resources by reviewing the levels of input for all practices i.e. how much of each workstream has been allocated to each practice. The PCIP allocations are based on individual workstream models and varies in terms of how the original calculations were done for each plan.

4.4. Engagement and Communication

To support the delivery of the ACHSCP, there is a local programme of work and this is in the form of an Engagement and Communication Plan. This informs stakeholders and most importantly patients to keep them informed and engaged.

All points below have or are continuously delivered.

- **PCIP Newsletter** – A regular newsletter has been developed with relevant updates and this is distributed to all city GP Practices and the PCIP Project delivery group.



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- **Citywide events** – The PCIP has the opportunity to use the Bi-monthly citywide event as a platform to deliver updates and to engage with GP practice staff.
- **CTAC Video** – Recently completed a video with staff and patients to promote the service. The final version will now be streamed on YouTube.
- **shmu radio** – recent recording by the Listening Service (formerly The Chaplaincy Listening Service).

4.5. PCIP Workstream Updates – September 2023

The Scottish Government (SG) confirmed via the MOU 2021-2023 that there are 3 workstreams of priority which are CTAC (Community Treatment and Care), Pharmacotherapy and the VTP (Vaccination Transformation Programme). Please see updates for these workstreams below:

CTAC

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

A service review was conducted over summer using the CTAC blueprint (2019) as a benchmark with its aim to deliver 4,000 x 15 minute appointments per week within the ACHSCP. In order to understand current demand and activity a “Week of Care audit” was completed during the w/c 5th June, 2023 and the outcome was the service delivered 3,855 appointments during one week and this is across the practices in ACHSCP.

There is on-going work around processes and a new ECG (Electrocardiogram) policy has been distributed to all practices (31st July). This is enabling ECG’s to be available in 3 CTAC clinics in addition to the practices.

CTAC is now being delivered in 8 clinic sites although the South of the city is using a shared space and this is a risk to this not being a sustainable option in the longer term. The South accommodation is a priority and alternative accommodation is being actively looked at.

In terms of recruitment all posts have been filled to meet the blue print that is the current plan.



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As part of the improvement to service delivery a project to implement Shared Services (Federated Vision) has gained pace and is a Grampian wide initiative that is being led by the ACHSCP. Shared Services is an IT platform that will enable PCIP staff to safely access patient details from the GP practice IT system. It is a streamlined approach to logging into practice systems. This will be particularly helpful to CTAC staff as they will be able to access patient information at any practice by using a single sign on thus saving time that can be allocated to clinical appointments. The project is in the early stages and an implementation date will be agreed in the project plan.

Pharmacotherapy

The Pharmacotherapy service provides support to GP Practices and this includes medicines reconciliation. The service also supports the practices by proactively taking actions from hospital discharge letters, medication reviews and this includes acute and repeat requests. The model is flexible in terms of what individual practices choose to use the service to deliver.

The service is delivered by Pharmacy Technicians and Pharmacists based on a ratio of 1.25 WTE PCIP staff per 10,000 patients. However, the service model approved by the IJB in the 2018 PCIP is insufficient to deliver all the demands on the service. Nationally and locally it is recognised that a model that is closer to be able to deliver the full remit of the MOU 2021-2023 would realistically need to be a ratio of 2.5 WTE PCIP staff per 10,000 patients (double the current capacity). This is due to the long term trends nationally with patients living longer and use of medicines to support chronic disease management. In addition longer outpatient waiting lists also impact medication requirements in the community as people await treatment.

The service still faces the on-going challenges in terms of recruitment and the recent position (June 2023) was a vacancy level of 9.1 WTE. Recruitment is on a rolling basis and is based on the 1.25 WTE PCIP staff per 10,000 patients as in the current plan.

VTP – Vaccination Transformation/Immunisation Programme



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The VTP has been delivered and is supported by the PCIP. The programme currently includes schools age, adult routine i.e. adult flu, and pregnancy and travel vaccinations.

The service has recently moved into a new premises within the city centre giving the opportunity to set up a Priority Intervention Hub and enabling a Making Every Opportunity Count (MEOC) approach across the city. MEOC is a simple intervention, a light touch health conversation, being rolled out in Grampian to enable service users to live as well as they can. The new Priority Intervention Hub uses this approach to signpost service users to appropriate services when attending the hub for vaccination appointments.

Under the MOU 2021-2023, the remaining Multi-disciplinary Team services listed below should be maintained but progressed at a slower pace.

Community Link Workers

The monitoring of the contract with SAMH is now being undertaken by the PCIP Programme Manager from the 1st April, 2023.

A review of the service is currently being undertaken by the PCIP project team. Reviewing activity for last financial year and looking at communication processes to practices are the highest priorities to ensure engagement with the GP practices and maximising capacity.

Additional capacity has been identified within the Vaccination Centre located within the Bon Accord Centre. This will provide 2 safe spaces for face to face appointments and also space for Link workers to do the admin elements of the service they provide. This will be a benefit with the lack of available space within GP practices meaning it is difficult to gain access.

The referral criteria remains the same i.e. GP practice referrals and the criteria for referral is as follows:

- Money/Finance
- Benefits
- Housing/Homelessness
- Mental Health
- Managing Conditions.



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Urgent Care/City Visits (Advanced Practitioners)

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

A review of the service was undertaken earlier in the year with an aim to confirm equity of allocation to practices. A number of recommendations were identified and agreed and work continues to look at a "Week of Care audit" and the unmatched demand which will assist in identifying any gap in delivery.

The GP practices were fully engaged with the review process and a presentation was given by the service lead at a recent citywide event.

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

The FCP is a Primary Care model that provides patients with direct access to a physiotherapist and most commonly for the assessment and management of musculoskeletal disorders, without the need for prior assessment or referral from a GP.

The funding in the current plan is for 15 WTE posts and currently there are 10.7 WTE FCP staff in post. This is a vacancy level of 33% and securing a skilled workforce is the main issue to recruitment.

A review of the current delivery model is underway and the PCIP Project Delivery group suggested that the service should explore different models of delivery of service and this will assist in understanding the on-going recruitment issue and the allocation of support to practices.

A questionnaire was distributed to all city practices requesting feedback on three models of delivery. The most favoured option was to remain as status quo and continue to deliver the service within the GP practices.

This will now move to a review of the allocations to practices as it had previously been agreed that due to the recruitment difficulties allocations



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would be 50% of the original plan. The current review of allocation will consider an equitable percentage of input to all practices and the output for this work is due to be presented at a forthcoming PCIP project delivery group.

Additional Professionals: Listening Service (formerly the Chaplaincy Listening Service)

The service is not funded by PCIP but from Action 15 and is delivered by a full-time Co-ordinator and 12 volunteers. Although PCIP has no investment of staff or funding there is historically a good working relationship and collaborative approach with GP Practices, PCIP and the Listening Service. Activity data is reported in the SG tracker at the request of the SG. The practices received positive anecdotal feedback from service users. However, following COVID19 restrictions being lifted referral rates have dropped. Although the service continues to deliver a quality service the Co-ordinator is working proactively to resurrect the pre-COVID19 rate of referrals. There is an issue in terms of available space in practice premises. The service has managed to secure space at the Aberdeen Community Health and Care Village and also at the Vaccination Centre - Priority Intervention Hub.

5. Implications for IJB

A Governance paper has recently been presented to the IJB to provide clarity and the report set out the governance around the PCIP, together with the decision-making arrangements with respect to the Plan and the Primary Care Improvement Fund. The paper noted the continued collaboration with the LMC and GP Subcommittee. The paper was presented to the IJB on 22nd August, 2023 and its content was welcomed and noted.

5.1. Equalities, Fairer Scotland and Health Inequality

The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 (GMS) has had a comprehensive, nationally led Equalities Impact Assessment completed and can be accessed [here](#)

This is applicable to the PCIP Programme. Individual projects will have Health Inequality Impact Assessments completed for them as required.

5.2. Financial



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Confirmation of funding for the financial year 2023/24 was received in August, 2023. The percentage of the NRAC (NHS Scotland National Resource Allocation formula) has been reduced across the Partnerships and for ACHSCP the negative impact is £55,000 in the total allocation.

The letter from the SG confirmed the budget for this financial year and stated that any underspend would require to be used initially for any expenditure. The SG has confirmed that there is £170 million allocated across Scotland as a minimum budget position going forward, but this takes into account existing PCIP reserves. Any existing PCIP reserves must be used before further funding is released.

Funding is being closely monitored across the 3 Grampian HSCPs and a reporting template has been created and implemented to ensure all areas are reporting in the same format. This process of reporting on a monthly basis will assist in monitoring vacancies and spend within the workstreams. Recruitment in the North East of Scotland is challenging and unpredictable. Monthly reports relating to the Primary Care Improvement Fund are presented to the PCIP Project Delivery Group by the Finance Manager giving updates and a forecast position.

The Scottish Government requires a performance monitoring tracker to be completed bi-annually and includes a workforce update and financial update. The next version of the tracker is due to be completed by 17th November, 2023.

At this stage the budget forecast if all workstreams have recruited to the blue print plans for the ACHSCP PCIP is a £36,000 overspend at the end of this financial year. The budget is based on the PCIP and the aim is to review the budget throughout the financial year. We are currently planning to recruit to all post in the current plan but the outputs from the Visioning Programme and the financial position will be part of the planning process.

The forecast position for this financial year is in Appendix A and a breakdown of actual spend for the financial year 22/23 is in Appendix B of this report.

The table below compares the funding allocations for last financial year, 22/23 and this financial year, 23/24.

£'000	22/23	23/24
Allocation of funding	£6,480	£6,425



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Outcome/forecast	£216 underspend	£36 forecast overspend
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The PCIP spend will be managed through continual financial scrutiny of the budget, management of any vacant positions that arise and redesign of services.

5.3. Workforce

There is ongoing recruitment to acquire the appropriately skilled workforce to support the implementation of the PCIP. This is progressed by each workstream with an overview by the PCIP Project Delivery group.

5.4. Legal

The IJB is responsible for the delivery of the PCIP and does that collaboratively with partners. As such it is responsible for the operational management of delegated services that sit under PCIP.

5.5. Unpaid Carers

There are no direct implications as this is a noting report.

5.6. Information Governance

As part of the Shared Services project a Data Protection Impact Assessment (DPIA) will be required to enable staff to access GP practices systems. There has been engagement with NHS Grampian's Head of Information Governance and a process has been agreed to take this forward at an early stage in the project plan.

5.7. Environmental Impacts

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

5.8. Sustainability



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



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5.9. Management of Risk

The key risks to delivering the PCIP have been identified as Financial and Workforce.

Financial Risk – Insufficient funding available to deliver the MOU 2021-2023.

Workforce Risk – Inability to recruit to essential posts with the required skills.

Category	Description of risk	Mitigation	RAG status
Finance	Insufficient funding available to deliver the MoU2021-2023	<ul style="list-style-type: none"> Review options for the PCIP in terms of service delivery as part of the Visioning programme. Close monitoring of budget spend and forecasting. 	
Workforce	Inability to recruit to posts with the required level of skills and restricting the ability to progress service delivery.	<ul style="list-style-type: none"> Continually advertising posts through the recruitment process. Opportunity to review how services are delivered and may be part of a redesign process as outputs from the Visioning programme. Explore opportunities to develop technology. 	

In Grampian, the delivery of the 2018 GMS contract, the Memorandum of Understanding 2021-2023 and the Aberdeen City PCIP 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%.



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In light of the challenges NHS Grampian with the Integration Joint Boards has commissioned work to develop the new vision with associated strategic objectives for General Practice in Grampian. The output of this will be a delivery plan for a Grampian General Practice Strategy. This will provide an opportunity to deliver General Practice in a way influenced by local needs and pressures.

A Programme board has been set up with representation from NHS Grampian, the HSCP's, GP Sub and LMC. To ensure that the views and opinions of key stakeholders across the system are taken account of we have set up a series of Facilitated Workshop Events to gather this information.



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Appendix A

The table prepared by the Finance Manager explains the PCIP funding stream for this financial year 23/24 and includes pay awards for both financial years. The pay award funding was allocated for 23/24 in the financial year 22/23.

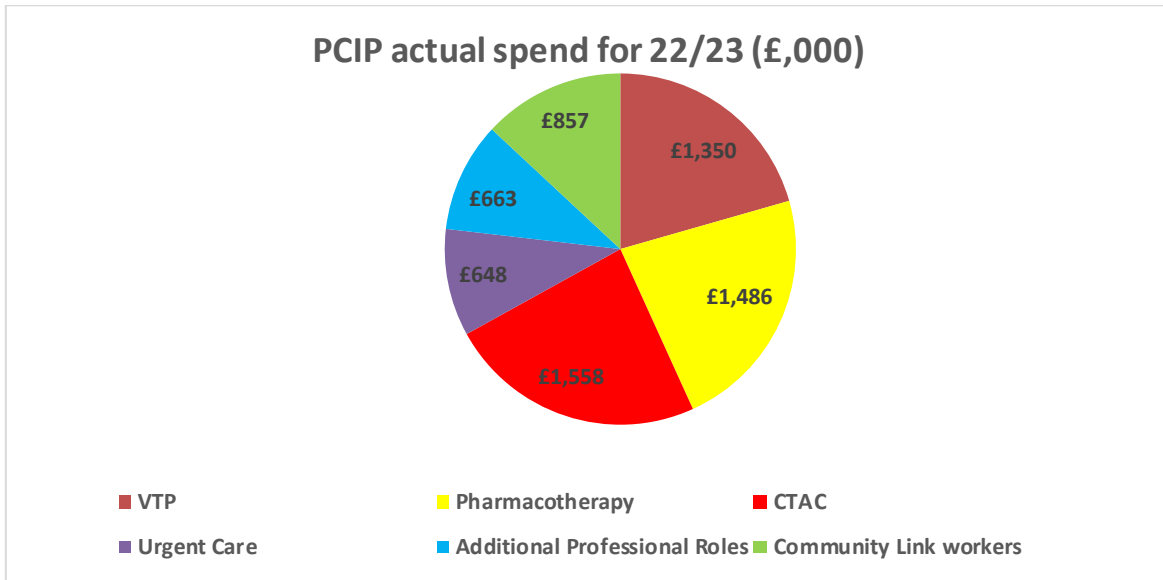
ACHSCP Funding Allocation & Forecast Spend Summary							
	Initial PCIP Allocation £'000	PCIP Pay Award 2022/23 £'000	PCIP Pay Award 2023/24 £'000	Internal transfer 2023/24 £'000	Total PCIP Allocation 2023/24 £'000	Total Projected Spend 2023/24 £'000	Funding Shortfall 2023/24 £'000
Aberdeen City	6,425	342	389	425	7,581	7,617	36
	6,425	342	389	425	7,581	7,617	36



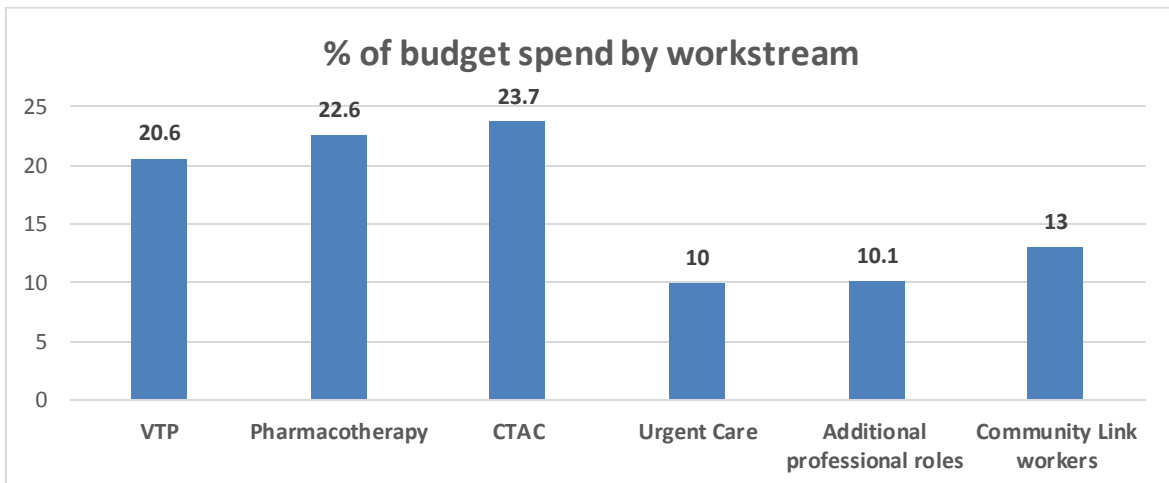
INTEGRATION JOINT BOARD

Appendix B

Actual spend from 22/23 funding allocation for each of the workstreams and represented in the graph below.



Budget allocation for 22/23 represented as a percentage of actual spend and by workstream



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INTEGRATION JOINT BOARD

Date of Meeting	10 October 2023
Report Title	Integration Joint Board Membership
Report Number	HSCP.23.071
Lead Officer	Fraser Bell, Chief Operating Officer
Report Author Details	Name: Emma Robertson Job Title: Committee Services Officer Email Address: EmmRobertson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	2

1. Purpose of the Report

- 1.1. To advise the IJB of a recent change to its voting membership, and to note the appointment of a new Vice Chairperson of the Integration Joint Board with effect from 16 October 2023.

2. Recommendations

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

- a) notes the appointment, by Aberdeen City Council, of Councillor Jennifer Bonsell as a voting member of the Integration Joint Board;



INTEGRATION JOINT BOARD

- b) appoints Councillor Jennifer Bonsell to the Clinical and Care Governance Committee;
- c) notes the appointment, by NHS Grampian, of Hussein Patwa as Vice Chairperson of the Integration Joint Board, with effect from 16 October 2023 for a period ending on 25 April 2025;
- d) notes the appointment, by NHS Grampian, of Professor Siladitya Bhattacharya as a voting member of the Integration Joint Board; and
- e) appoints Professor Bhattacharya to the Clinical and Care Governance Committee;

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 two recent resignations from the IJB. Luan Grugeon was previously appointed by NHSG and will leave on 16 October 2023. Councillor Deena Tissera was previously appointed by Aberdeen City Council and resigned with effect on 29 August 2023. Accordingly, two new voting Members will be appointed by the partner organisations.



INTEGRATION JOINT BOARD

- 4.3. ACC has appointed Councillor Jennifer Bonsell to fill the vacant ACC position on the IJB with effect from 29 August 2023. NHSG has appointed Professor Siladitya Bhattacharya with effect from 17 October 2023.

Vice-Chairperson of the IJB

- 4.4. The Chairperson and Vice-Chairperson of the IJB are appointed directly by each of the constituent authorities. One authority will appoint the Chairperson and the other the Vice-Chairperson. These appointments last for a maximum of two years. At the end of an appointment period, the authority that appointed the Chairperson in the previous period appoints the Vice-Chairperson and the authority that appointed the Vice-Chairperson will appoint the Chairperson.
- 4.5. In the current appointment period, Aberdeen City Council is responsible for appointing the Chairperson and NHS Grampian is responsible for appointing the Vice-Chairperson. NHS Grampian appointed Luan Grugeon as Vice-Chairperson of the IJB. As noted above, Luan will resign from the IJB on 16 October 2023.
- 4.6. As such, NHS Grampian have appointed Hussein Patwa as Vice Chair of the IJB, effective from that date. This appointment will last until 25 April 2025 in order to match the appointment period of the Chair.

Committee Membership

- 4.7. 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.
- 4.8. 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.



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- 4.9.** With the resignation of Luan Grugeon, there will be a vacancy as Vice Chair of the IJB from 16 October 2023. It is noted that NHS Grampian has nominated Hussein Patwa to this role.
- 4.10.** With the resignation of Councillor Deena Tissera, there is a vacancy on the Clinical and Care Governance Committee. It is recommended that the IJB appoint Councillor Jennifer Bonsell to the Clinical and Care Governance Committee to fill this vacancy.
- 4.11.** With the resignation of Luan Grugeon, there will be a vacancy on the Clinical and Care Governance Committee. It is recommended that the IJB appoint Professor Bhattacharya to the Clinical and Care Governance Committee to fill this vacancy.

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.

5.2. Financial

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

5.3. Workforce

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



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5.4. Legal

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

5.5. 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.

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.



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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

Date of Meeting	10 October 2023
Report Title	Health and Social Care Partnership Meeting Dates 2024-25
Report Number	HSCP.23.072
Lead Officer	Fraser Bell
Report Author Details	Name: Emma Robertson Job Title: Committee Services Officer Email Address: EmmRobertson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	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. To seek approval of the Integration Joint Board (IJB), on the meeting dates proposed for 2024- 25 in respect of the IJB, the Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC).

2. Recommendations

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

- a) review and approve the Meeting Schedule for 2023-24 as at section 4.6.



INTEGRATION JOINT BOARD

3. Strategic Plan Context

- 3.1 The Strategic Plan sets out the aims, commitments and priorities of the Partnership, in alignment with Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP), NHS Grampian's Clinical Strategy and Aberdeen City Council's Local Housing Strategy.
- 3.2 ACHSCP and its governance body, the IJB, have now been operating for over five years. During this time, real progress has been made to integrate the health and social care services delegated from its partners, Aberdeen City Council and NHS Grampian. The Integration Scheme requires adoption of good governance which has proven essential to delivery of the partnership's services and developments.

4. Summary of Key Information

- 4.1. As per Standing Orders, Article 11.5, the IJB's annual calendar of meetings shall run from 1 April to 31 March of the following calendar year. A schedule of meetings shall be approved by the IJB prior to 1 April of the new meeting year.
- 4.2. At its meeting on 27 March 2018, the Board agreed to annually review its meeting arrangements.
- 4.3. The IJB will continue to meet on Tuesday mornings, on a 6-8-week cycle. No meetings have been scheduled during public holidays and no meetings currently clash with (known) Aberdeen City Council or NHS Grampian Board meetings.
- 4.4. All meetings of the IJB are scheduled to run between 10:00am and 1:00pm.
- 4.5. As per the IJB Budget Protocol agreed on 7 March 2017, a dedicated budget meeting has been scheduled to allow the Board to agree a budget following Aberdeen City Council and NHS Grampian Board setting their annual budgets. In line with the IJB Scheme of Governance, additional meeting dates can be set at the Chair's direction.



INTEGRATION JOINT BOARD

- 4.6. The Board is requested to review and approve the following Meeting dates for the period 2023 to March 2024:

IJB – Tuesdays at 10am	RAP – Tuesdays at 10am	CCG – Tuesdays at 10am
6 February 2024 (already scheduled)	Wednesday 24 January at 2pm (<u>note this is a change</u>)	27 February 2024 (already scheduled)
26 March 2024 (BUDGET) (already scheduled)	2 April 2024 (already scheduled)	18 June 2024
7 May 2024	4 June 2024 (unaudited accounts)	1 October 2024
9 July 2024	10 September 2024	17 December 2024
24 September 2024	3 December 2024	25 March 2025
19 November 2024	25 February 2025	
4 February 2025		
18 March 2025 (BUDGET)		

- 4.7. Should members approve the meeting schedules, they will be published on the Aberdeen City Health and Social Care Partnership (ACHSCP) and Aberdeen City Council (ACC) websites as appropriate.
- 4.8. As per the decision of the Board on 28 August 2018, stand-alone Development Sessions and Topic-Specific Seminars have been scheduled throughout the year.

Meeting Format

- 4.9. The IJB has met in hybrid meetings, where some Members physically attend at a meeting room and others attend remotely via Microsoft Teams since April 2023. This permits members of the press and public to attend the meetings as they happen. Recordings of the meetings are uploaded for public access after the meeting.



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5. Implications for IJB

- 5.1. **Equalities, Fairer Scotland and Health Inequality** - Officers will seek to ensure that meeting recordings are still available online even where meetings are held in the hybrid format to maximise accessibility. The decision on meeting dates does not necessitate a Health Inequality Impact Assessment as it does not impact on any protected characteristics.
- 5.2. **Financial** - None directly arising from this report.
- 5.3. **Workforce** - It is anticipated that a meeting schedule which is publicly available on the Partnership's website would be beneficial for Aberdeen City Council, NHS Grampian and Partnership workforces. By scheduling IJB meeting dates up to March 2025, Board members, officers, auditors and stakeholders would be able to plan ahead and effectively prepare for Board meetings.
- 5.4. **Legal** - Approval of the meeting schedule complies with the IJB Standing Orders and helps ensure transparency with respect to when the IJB and its committees shall meet.
- 5.5. **Unpaid Carers** – Approval of hybrid meetings ensures flexibility for Carers to choose their method of attendance.
- 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 implications arising from the recommendations of this report.



INTEGRATION JOINT BOARD

6. Management of Risk

- 6.1. **Identified risks(s):** The Board would be unable to take timely and informed decisions without an agreed meeting schedule; this would undermine the effectiveness of the Board's governance arrangements.
- 6.2. **Link to risks on strategic or operational risk register:** Strategic Risk Register (5) Reputational Risk - Failure of the IJB to function, make decisions in a timely manner etc.
- 6.3. **How might the content of this report impact or mitigate the known risks:** By agreeing a meeting schedule the Partnership would be able to ensure reports captured the views of key stakeholders during the consultation process. The Board would then be in a position to take informed and timely decisions to support the functions and strategic objectives of the Partnership.

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INTEGRATION JOINT BOARD

Date of Meeting	10 October 2023
Report Title	Fast Track Cities (FTCs) - Aberdeen
Report Number	HSCP.23.053
Lead Officer	Sandy Reid
Report Author Details	Daniela Brawley Consultant in Sexual Health and HIV for NHS Grampian Sexual Health Services daniela.brawley@nhs.scot Lisa Allerton Public Health Manager, NHS Grampian lisa.allerton@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself.

1.0 Purpose of the Report

This report brings forward an update on activity contributing to the Fast Track Cities (FTCs) Initiative.

2.0 Recommendations

It is recommended that the Integration Joint Board (IJB) acknowledge the delivery of the FTCs initiative in Aberdeen City and across Grampian and endorse the continuation of the work to help reduce the stigma of HIV.

3.0 Strategic Plan Context



INTEGRATION JOINT BOARD

3.1 The strategic plan for Aberdeen Health and Social Care Partnership (AHSCP) (2022-2025) includes reference to hosting Sexual Health Services (SHS).¹ The strategic plan acknowledges Healthcare Improvement Scotland (HIS) standards which sets out aspirations for delivering and sustaining SHS across Scotland.² Whilst work continues to update the National Framework for Sexual Health and Blood Borne Viruses (BBVs)³, and locally we benchmark ourselves against the HIS standards,² developing an action plan to deliver those standards; delivering the FTCs initiative for Aberdeen is a complimentary piece of preventative work (primary, secondary and tertiary) aligned to the strategic intent of AHSCP.

4.0 Summary of Key Information

Background to Fast Track Cities (FTCs)

In February 2020, and again on 23 November 2022, the Paris Declaration (2014) [amended November 2019] was signed on behalf of the City of Aberdeen. The declaration pledges support to the FTCs initiative as part of the global focus on Human Immunodeficiency Virus (HIV), prevention, diagnosis and treatment. The signing of this declaration indicates the commitment of Aberdeen City to zero stigma, zero new HIV infections and zero AIDS-related deaths by 2030 as a partner in FTCs alongside other worldwide cities.

In brief, the Paris Declaration has three 90-90-90 (UNAIDS) targets which are:

1. To ensure that 90% of people living with HIV know their status,
2. To improve access to antiretroviral treatment for people living with HIV to 90%,
3. To increase the proportion of people living with HIV on antiretroviral therapy (ART) with an undetectable viral load to at least 90% and to reduce stigma and discrimination related to HIV to zero and by 2030 achieving:
 - Zero new transmissions
 - Zero related HIV-deaths
 - Zero HIV-related stigma

Progress against FTCs initiative in Aberdeen (and Grampian)

In 2018 Scotland had already achieved the 90-90-90 (UNAIDS) targets, however, was impacted by the SARS-CoV-2 (COVID-19) Pandemic. Regrettably, data in respect of the first target (*to ensure that 90% of people living with HIV know their status*) can only be based on Public Health Scotland (PHS) data and which is yet to be confirmed. Data however, is available for the other two targets; in 2021 97%



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of people in Scotland living with HIV were receiving care with 94% having undetectable viral loads.

As previously reported while COVID-19 impacted people living with HIV in many ways, there was enthusiasm locally to maintain progress for FTCs. The Aberdeen (and Grampian) FTCs Group met throughout the pandemic and regular meeting continue; via Microsoft Teams and sharing thoughts, comments, plans and action via Basecamp.

Grampian SHS (hosted by AHSCP) and colleagues in the Infection Unit for NHS Grampian continue to deliver blended care (virtual and face to face) with a team of clinicians, pharmacist and clinical psychologist; Our Positive Voice Grampian (OPVG) continue been instrumental in supporting those who are newly diagnosed and/or living with HIV

Grampian (Aberdeen) continues to maintain the last two 90-90 targets with 99% on treatment and 98% undetectable in a cohort of N=491. Given the challenges from 2020 and beyond this is considered a significant achievement. Nevertheless, there continues to be a high proportion of late diagnoses (CD4 count <350 at diagnosis) and missed opportunities (where a patient presented to services with symptoms of HIV but were not tested, or who were eligible for HIV Pre-Exposure Prophylaxis (PrEP) but did not access or were not offered) [Figures 1 and 2 respectively].

Figure 1: Proportion of new diagnosis with CD4 (white blood cell) count of less than <350 cubic millimetres - indicating late diagnosis and weakened immune system.

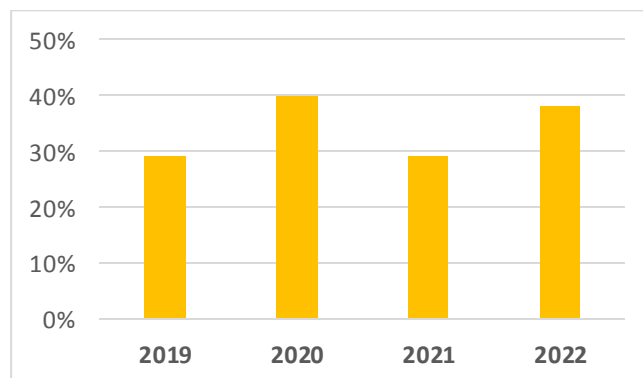
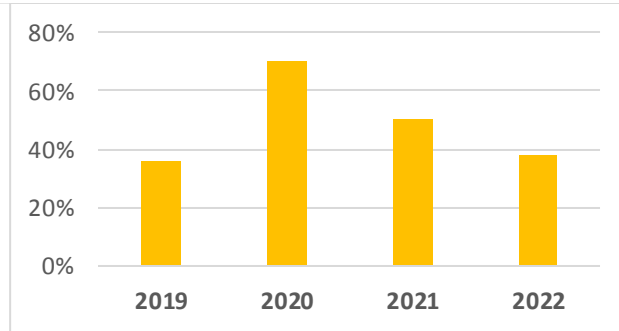


Figure 2: Proportion of new diagnosis with missed opportunities for diagnosis or prevention.

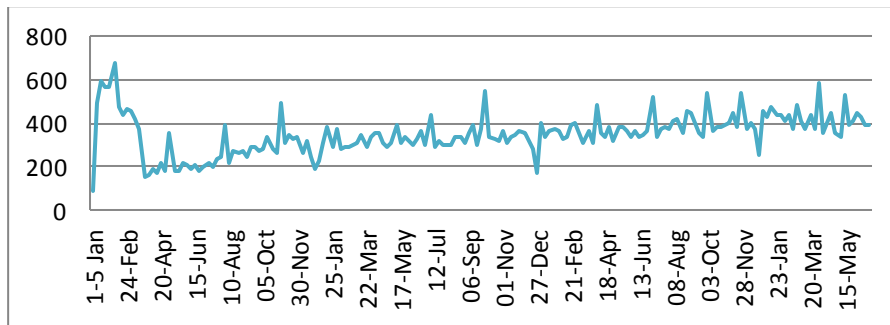


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That said, data regarding new diagnoses has to be interpreted with caution as testing rates, although recovering, continue to be at lower levels than before the pandemic (Figure 3). Testing therefore remains a priority action for the FTCs group and partners.

Figure 3: NHS Grampian HIV test 2020- (May) 2023



Whilst we await confirmation of the PHS data, action for improvement in 2023/24 includes:

- Increasing ‘No Talk Testing’ clinics and postal self-testing. This will create greater opportunities for people to enter into testing pathways without in line with personal preference;
- Outreach testing and increased Public Awareness at large public events such as Grampian Pride;
- Educational sessions for primary and secondary care colleagues in indicator conditions to prevent late diagnosis;
- Piloting ‘opt out’ testing of HIV (and other BBVs in partnership with colleagues in Aberdeen Royal Infirmary Emergency Department,
- Exploring the potential to pilot of HIV (and other BBVs) testing at community hubs i.e. Community Treatment and Care (CTAC).



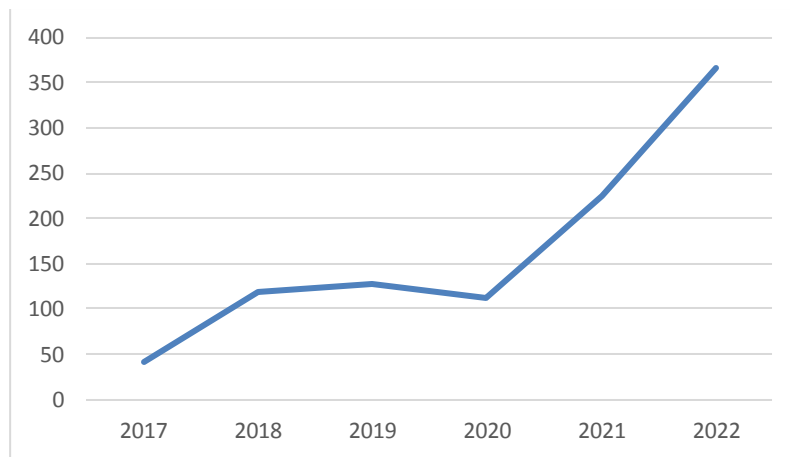
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The importance of recognising and embedding prevention activity, particularly in the lead up to World AIDS Day (WAD) is an important calendar event. The IJB are asked to recognise that a significant amount of work was completed by the FTCs group to keep a profile and awareness of HIV in the public domain, via respective organisations (AHSCP and NHS) and other partner organisations including OPVG, Alcohol and Drugs Action (ADA) and the Alcohol and Drug Partnerships (ADPs). Several social media posts outlined the importance of awareness of:

- the clinical indicators of HIV;
- knowing your HIV status;
- how to access PrEP and Post-Exposure Prophylaxis (PeP),
- the anti-stigma message U=U – Undetectable=Untransmittable.

Prevention in action also continues with the free condom programme and HIV PrEP provision, the latter which has increased substantially, especially post COVID-19 (Figure 4).

Figure 4: Pre Exposure Prophylaxis (PrEP) prescribing in Grampian 2017-2022.



Grampian SHS and NHS Grampian Managed Care Network (MCN) colleagues have successfully been awarded Scottish Government funding to pilot HIV PrEP provision in primary care to commence 2023/24, in an attempt to increase access in General Practice.

The aspirations of FTCs compliments the aims of the Partnership’s Strategic Plan¹ but will also contribute towards reaching the HIS Standards for SHS² at a local level which is a commitment included in the Partnership’s Strategic Plan.¹



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National FTC progress

In brief the IJB are asked to note that FTCs across Scotland is being co-ordinated by [Waverly Care](#) who have recently held a National Consortium Meeting with representatives from Aberdeen (Grampian), Dundee, Perth, Edinburgh and Glasgow. Each area is different stage with the ambition that all Cities in Scotland will sign the Paris Declaration and join FTCs.

5.0 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

It is anticipated that the continued implementation will have a neutral to positive impact on the protected characteristics as defined in the Equality Act (2010). Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.

5.2 Fairer Duty Scotland

It is anticipated that the continued implementation will have a neutral to positive impact on people affected by socio-economic disadvantage. Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.

5.3 Financial

There is no specific financial implications as a result of this report. Actions will be delivered within existing budgets held jointly across AHSCP (Grampian SHS) and NHS Grampian MCN for Sexual Health and BBVs in addition to the specific Scottish Government funding for HIV PrEP in Primary Care pilot.

5.4 Workforce

There is no specific workforce implications; support to deliver the actions will be from existing resources.



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5.5 Legal

At this time, there is no anticipated legal implications in relation to this report.

5.6 Unpaid Carers

N/A

5.7 Information Governance

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

5.8 Environmental Impacts

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

5.9 Sustainability

It is anticipated that the continued implementation will have a positive impact on service delivery and sustainability. Increased knowledge and awareness of HIV in the general population and within public and private organisations is hoped to create a more positive environment for those living with HIV.

5.10 Other

None.

6.0 Management of Risk

6.1 Identified risks(s)

This report provides information on actions that if delivered, will lead to improvements in testing, diagnoses, treatment and care for those who may have HIV or who are living with HIV. The Sexual Health Service has been under sustained pressure during the pandemic, with resourcing and staffing an issue. This comes with an increasing HIV cohort and was confounded by the delivery of the Monkey Pox (Mpox) assessment and vaccination within the service in 2022/23. More recently, the SHS has undergone recruitment to key posts (Consultant/Nursing) with the service now being fully staffed. Therefore the risks in



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delivering these actions remain low in relation to the risks described in the risk appetite statement.

Risk Appetite Statement

6.2 Link to risks on strategic or operational risk register:

The risk register can be viewed on request – staffing risk is recorded as *low* given recent recruitment.

References

1. Aberdeen City Health and Social Care Partnership (2022) *Strategic/Delivery Plan 2022-2025*. Available at: [achscp-strategic-plan-2022-2025-final.pdf \(aberdeencityhscp.scot\)](https://www.aberdeencityhscp.scot/achscp-strategic-plan-2022-2025-final.pdf) Date Accessed: 19/09/2023.
2. Health Care Improvement Scotland (2022) *Sexual Health Standards*. Available at: [Sexual health standards \(healthcareimprovementscotland.org\)](https://www.healthcareimprovementscotland.org/sexual-health-standards) Date Accessed: 19/09/2023.
3. Scottish Government. *National Framework for Sexual Health and Blood Borne Viruses 2015-2020 update*. Available at: [Sexual Health and Blood Borne Virus Framework 2015-2020 Update - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2015/06/20150601_national-framework-for-sexual-health-and-blood-borne-viruses-2015-2020-update.pdf) Date accessed: 19/09/2023.



INTEGRATION JOINT BOARD

Date of Meeting	10 th October 2023
Report Title	Aberdeen IJB Climate Change reporting
Report Number	HSCP23.069
Lead Officer	<i>Alison Macleod</i>
Report Author Details	<i>Sophie Beier Senior Project Manager SBeier@aberdeencity.gov.uk</i>
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. <i>SSN_Report_Aberdeen City_IJB_2023_10_10</i>
Terms of Reference	1.

1. Purpose of the Report

- 1.1. The purpose of the report is to seek approval for the submission of the attached climate change report to the Scottish Government by 30th November 2023.

2. Recommendations

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

- a) Approves the attached Climate Change Report; and
- b) Instructs the Chief Officer to submit the Climate Change Report to the Scottish Government by 30th November 2023.

3. Strategic Plan Context



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- 3.1. The Strategic Plan (2022-2025) commits to “embed[ding] consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target.”
- 3.2. Following a preliminary scoping of work to be undertaken to meet existing and future climate change reporting to Scottish Government, a programme of work was launched in late 2022 (detailed in report presented to and approved by the IJB on 29th November 2022). The climate change strategic oversight group (CCSOG) was created to oversee the further scoping and delivery of this work and consists of key members of the ACHSCP Senior Leadership team and senior climate change representatives from Aberdeen City Council and NHS Grampian.

4. Summary of Key Information

- 4.1. New Scottish Government reporting requirements were put in place last year and are integrated into the attached report.
- 4.2. The IJB previously (29 Nov 2022) agreed to a) commit to becoming Net Zero by 2045, and if possible earlier; and to b) include an impact section on climate change & net zero in future reporting templates (now integrated in all reporting templates from August 2023 onwards).
- 4.3. The attached report covers the previous financial year (April 2022-March 2023).
- 4.4. Various sections in the attached report do not apply to IJBs as the majority of climate change duties remain with statutory partners (Aberdeen City Council and NHS Grampian) and are reported to Scottish Government through their respective climate change reports. There is no expectation for IJBs to report on emissions and activities they are not responsible for (sections 3c; 3e-j; and wider influence tab), hence these sections have been left blank.

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

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

5.2. Financial



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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

The IJB has a duty to report annually on climate change by submitting a report, by 30th November 2023, to the Sustainable Scotland Network (SSN), which collects and reviews public sector climate change reporting for the Scottish Government. Failing to submit the attached climate change report, or failing to submit it by the deadline, will class the Aberdeen City IJB as “non-compliant”. There are, however, no known enforcement actions or penalties for non-compliance.

Other than the aforementioned, 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 implications arising from the recommendations of this report. It should be noted however that over time and progress of the climate change work, there will be positive implications in regards to Net Zero and climate change adaptation.

5.8. Sustainability

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



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5.9. Other



INTEGRATION JOINT BOARD

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.

6.1. Identified risks(s)

- 6.1.1. If the recommendations of this report are not approved there is a high risk of reputational damage and adverse comments from internal and external auditors, due to the failure to comply with the law.
- 6.1.2. There is a medium risk (medium likelihood, and medium to high impact) that the Aberdeen City IJB will not achieve becoming Net Zero by 2045.
 - 6.1.2.1. Controls are already in place to reduce the likelihood and to mitigate the impact is work to be undertaken by the scheduled climate change programme.
 - 6.1.2.2. There is considerable residual risks associated with the difficulties associated with measuring, and, in particular, controlling Scope 3 emissions (which constitute the entirety of emissions the Partnership is responsible for). This risk is not specific to the Aberdeen City Health and Social Care Partnership and is experienced by most with duties to report on Scope 3 emissions.
 - 6.1.2.3. The risk can be tolerated for a period of time until further controls are in place.

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

6.2.1. Strategic Risk Register – Risk 4: 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.



INTEGRATION JOINT BOARD

6.2.2. Approving and submitting the attached report to Scottish Government by the 30th November 2023 deadline mitigates this risk in regards to the duty to report on climate change.

This document contains screenshots of relevant areas of the climate change report to be submitted to Scottish Government via the Sustainable Scotland Network (SSN). It excludes any sections left blank because it is not relevant to our reporting. This format was requested at the pre-IJB meeting for ease of reading. For the full excel report please contact the report author.

Public Sector Report on Compliance with Climate Change Duties 2023 Template

PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Aberdeen City IJB

1b Type of body

Select from the options below

Integration Joint Boards

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

2

THIS MUST BE COMPLETED

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
£379,663,186	

1f Report type

Specify the report year type

Report type	Report year comments
Financial	2022-23

THIS MUST BE COMPLETED

1g Context

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

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

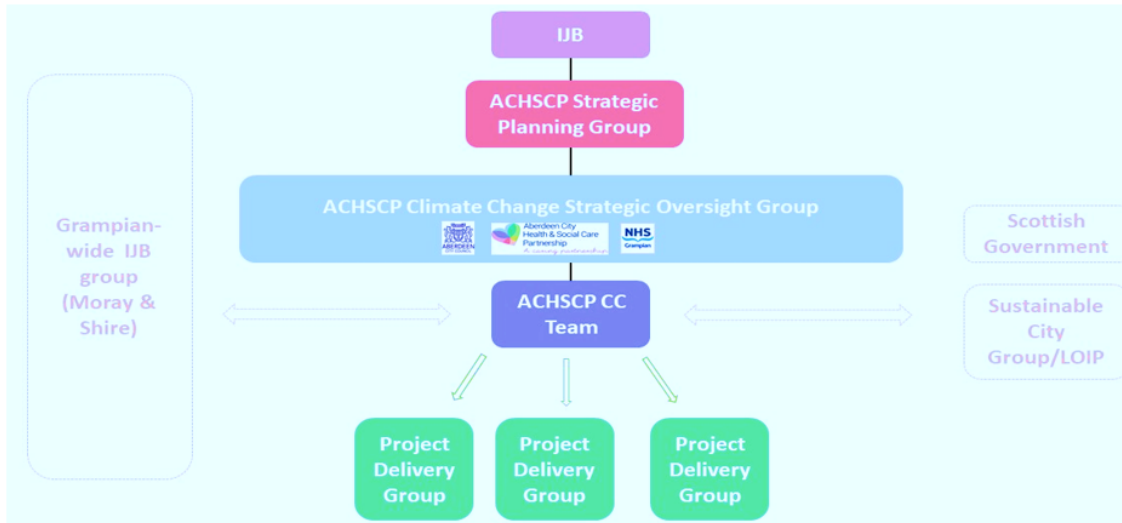
PART 2 Governance, Management and Strategy

Governance and management

2a How is climate change governed in the body?

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

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

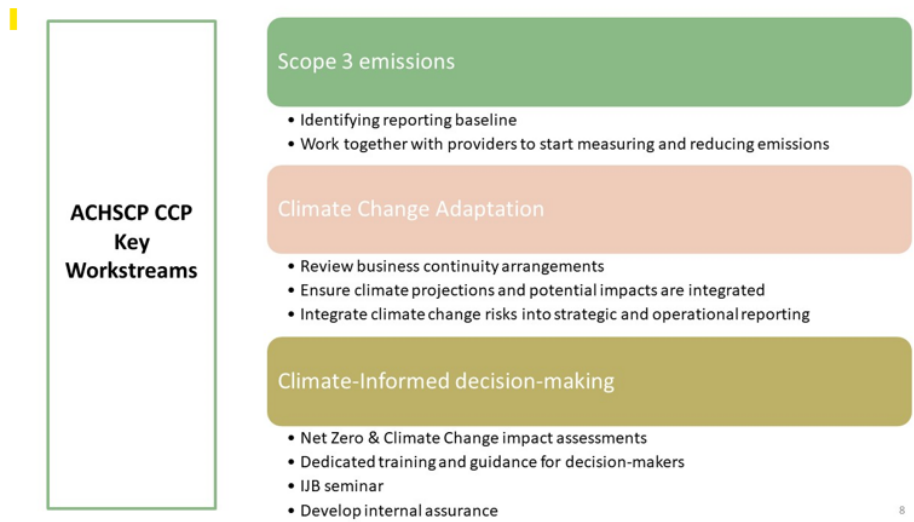


2b How is climate change action managed and embedded in the body?

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

While largely the accountability and responsibility for climate change governance in relation to the delivery of Council and Health Board services (including community health & social care) lies with the Aberdeen City IJB's parent statutory bodies - Aberdeen City Council & NHS Grampian (Please refer to their Climate Change Duty Reports for further information) we recognise the importance of climate change adaptation and mitigation and the responsibility of the IJB to contribute to the Scottish Government's net zero and adaptation goals, within its remit and scope of influence. We are committed to becoming a Net Zero organisation by 2045, and, as of late 2022, have kicked off a programme of work that aims to identify areas of influence within the IJB's remit, in particular in regards to Scope 3 emissions, behavioural change, and adaptation measures, as well as the reporting framework going forward with the overall aim to ensure IJB decision-making will become climate-informed in the future. In October 2022, an ACHSCP Climate Change Strategic Oversight Group (CCSOG) was established, consisting of three ACHSCP senior responsible officers (SRO), covering the area of (1) Strategy & Transformation (2) Business & Resilience (3) Commissioning; the Head of Sustainability, Compliance and Risk from NHS Grampian, and the Sustainability Manager and Climate and Environment Policy Manager from Aberdeen City Council. The Terms of Reference of the CCSOG will be reviewed annually. Within the Aberdeen City Health and Social Care Partnership's governance structure, the CCSOG is a sub-committee of the Strategic Planning Group. The governance and management structure is outlined in the in the graphic above (under 2a). The workstreams of the project (2022-2025) are outlined in the graph below which reflect the workstreams that, as part of an initial rapid scoping assessment (Aug-Sept 2022) have been identified to be within the ACHSCP's remit and scope of influence. Further scoping will be carried out in the next financial year to scope out areas of responsibility and how to action them.

<Insert Diagram Here or Attach File>



Strategy

2c

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

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link
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	ACHSCP Strategic Plan 2022-2025	hsc.scot/globalassets/governance/achscp-strategi
Help people access support to overcome the impact of the wider determinants of health	ACHSCP Strategic Plan 2022-2025	hsc.scot/globalassets/governance/achscp-strategi

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

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

The Aberdeen City IJB does not currently have a climate change plan or strategy, however the recently launched programme of work plans to assess the need for a climate change strategy and plan, and if deemed suitable and required, will be developed over the coming years.

2f What are the body’s top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body’s areas and activities of focus for the year ahead.

1) Further scoping areas of responsibility and design actions. 2) Integrate net zero and climate change impact sections into the Aberdeen City Intergrated Joint Board reporting, as well as those of any related committees such as the Risk, Audit and Performance Committee (RAPC), and the Clinical and Care Governance Committee (CCGC). 3) initiate efforts to integrate climate change adaptation into the ACHSCP's risk register. 4) initiate discussions regarding how the Aberdeen City IJB will align its spending plans and use of resources to contribute to Net Zero and Climate Change targets 5) assess if the ACHSCP should use the Climate Change Assessment Tool by Resource Efficient Scotland to self-assess our capability and performance in relation to climate change.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

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

No, however see point 5 under 2f.

Further information

2h Supporting information and best practice

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

The Aberdeen City IJB Climate Change Programme is still very much in its infancy and we hope to provide more comprehensive reports in future years, for the areas and remit we are responsible for.

Targets

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

Name of target	Type of target	Target	Units	Boundary/scope of target	Year used as baseline	Baseline figure
Net Zero Goal	Other (please specify in comments) Please select from drop-down box	Net Zero by 2045 or earlier	Please select from drop-down box Please select from drop-down box	Please select from drop-down box Please select from drop-down box	Please select from drop-down box Please select from drop-down box	TBD

3da How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?

Provide any relevant supporting information that is not already included elsewhere in this report.

The planned programme of work foresees for the FY 2023-24 to assess how spending plans and use of resources can be aligned to contribute to the reduction of emissions and the delivery of our Net Zero 2045 as well as adaptation goals.

3db How will the body publish, or otherwise make available, its progress towards achieving its emissions reduction targets?

Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be accessed.

Simply referencing this report or its availability on the SSN website is insufficient information.

Annual reporting through SSN is approved annually prior to submission through the Aberdeen City Integrated Joint Boards. All reports and decisions, unless exempt, are publicly available here <https://committees.aberdeency.gov.uk/mgCommitteeDetail>

Further information

3k Supporting information and best practice

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

We are planning to identify Scope 3 emissions with organisations we commission to over the next few years; including identifying a baseline year against which to reach net zero by 2045 at the latest.

PART 4 Adaptation - please do not include information in this part on measures that solely reduce emissions with no implications for climate adaptation. These are climate change mitigation measures.

Assessing and managing risk

4a Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. Climate change risks will be integrated into the operational and strategic risk registers, as appropriate, over the next 2 financial years. Aberdeen City IJB will also work with their parent organisations NHS Grampian and Aberdeen City Council and their Climate Change Risk Assessments (CCRAs) to identify any links and cross-responsibilities.

4b What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. Climate change risks will be integrated into the operational and strategic risk registers, as appropriate, over the next 2 financial years. Aberdeen City IJB will also work with their parent organisations NHS Grampian and Aberdeen City Council and their Climate Change Risk Assessments (CCRAs) to identify any links and cross-responsibilities. The planned programme of work also foresees to review existing business continuity plans to ensure they are climate-informed.

Taking action

4c What action has the body taken to adapt to climate change?

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

The ACHSCP's strategic plan (2022-2025) outlines "The need to address the wider determinants of health which impact on inequity of access to health and social care services such as housing / homelessness, climate change, and cost of living concerns" and that the impacts of these determinants on current and future health inequalities requires the ACHSCP to plan to "address these and build resilience to prevent ill health and enable people to achieve fulfilling, healthier lives. We need to focus on recovery and renewal, building resilience for the future." The ACHSCP has launched a programme of work in late 2022 that will include the comprehensive integration of climate adaptation consideration into all relevant areas of responsibility and decision-making of the ACHSCP, including considerations of resource allocation/spending, commissioning of services, business continuity and civil contingency. This will be supported by a cluster of cultural/behavioural change activities that will raise the understanding of the need for climate change adaptation, as well as equipping all staff with the analytical and actioning tools required to understand and the potential impacts of climate change and how to address them through effective adaption within their remit and sphere of influence.

4d Where applicable, what contribution has the body made to helping deliver the Programme?

Provide any other relevant supporting information

see section 4c.

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?

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

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. The Aberdeen City IJB is planning to integrate climate change into its operational and strategic risk registers, where appropriate, over the next 2 financial years. Further, as part of the planned work, business continuity plans will be reviewed to ensure they are climate informed, and thereby better equipped to manage climate-related risks.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

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

Future priorities for adaptation

4g What are the body's top 5 climate change adaptation priorities for the year ahead?

Provide a summary of the areas and activities of focus for the year ahead.

The priorities for the coming financial year (2023-24) will be to

(1) kick-start the Aberdeen City IJB's climate programme; (2) include climate change adaptation impact statements into IJB reports by August 2023 (3) undertake further scoping and design of activities under the aforementioned programme (4) assessing the potential to launch climate change champions across individual teams (5) initiate efforts to integrate climate change adaptation into the ACHSCP's risk register.

Public Sector Report on Compliance with Climate Change Duties 2023 Template

PART 5 Procurement

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

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

There is currently no climate change specific policies within the ACHSCP's commissioning and procurement framework, however the commissioning framework will be reviewed as part of the ACHSCP's 2022-2025 strategic plan, and supply-chain engagement is planned with external service providers to identify the counting and management of carbon emissions across commissioned services, enabling to achieve effective carbon counting as well as ensuring our Scope 3 emissions are net zero by 2045. Discussions to kick off this area of work late in the financial year were postponed due to the cost-of-living crisis impacting third sector organisations in a way which would leave them unlikely to have resource to allocate to net zero efforts.

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

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

There is currently no climate change specific policies within the ACHSCP's commissioning and procurement framework, however the commissioning framework will be reviewed as part of the ACHSCP's 2022-2025 strategic plan, and supply-chain engagement is planned with external service providers to identify the counting and management of carbon emissions across commissioned services, enabling to achieve effective carbon counting as well as ensuring our Scope 3 emissions are net zero by 2045. Discussions to kick off this area of work late in the financial year were postponed due to the cost-of-living crisis impacting third sector organisations in a way which would leave them unlikely to have resource to allocate to net zero efforts.

Public Sector Report on Compliance with Climate Change Duties 2023 Template

PART 6 Validation and Declaration

6a Internal validation process

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

This report was approved by the Aberdeen City IJB on 10th October 2023 and was approved by the Chief Finance Officer of the Aberdeen City Health & Social Care Partnership, prior to submission to the Sustainable Scotland Network.

6b Peer validation process

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

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

6e Declaration

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

Name:	Sandra MacLeod
Role in the body:	Chief Officer, ACHSCP
Date:	10/10/2023



INTEGRATION JOINT BOARD

Date of Meeting	10/10/2023
Report Title	Strategic Review of Neuro–Rehabilitation Pathway
Report Number	<i>HSCP.23.047</i>
Lead Officer	<i>Lynn Morrison Lead for Allied Health Professionals and Specialist Rehabilitation Services</i> <i>Jason Nicol Strategic Change Lead</i>
Report Author Details	<i>Jason Nicol Strategic Change Lead</i> <i>Tracey McMillan Transformation Programme Manager</i>
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	<ul style="list-style-type: none"> <i>a. Summary</i> <i>b. Project scope</i> <i>c. Vision statement</i> <i>d. Co-produced change ideas</i> <i>e. Implementation plan</i> <i>f. Integrated Impact Assessment</i>
Terms of Reference	1



INTEGRATION JOINT BOARD

1. Purpose of the Report

- 1.1. This report presents the Integration Joint Board with the findings and recommendations of a strategic review undertaken to identify the most effective delivery of Neurorehabilitation across Aberdeen City, Aberdeenshire, and Moray.

2. Recommendations

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

- a) Notes the findings of the strategic review of the neurorehabilitation pathway;
- b) Agrees to implement the proposed changes to the neurorehabilitation pathway in a phased manner as set out in section 5;
- c) Instructs the Chief Officer to report an evaluation of Phase 1 to the Integration Joint Board in August 2024 before Phase 2 commences; and
- d) Notes the engagement to date with the Aberdeenshire and Moray Health and Social Care Partnerships and the continuation of the engagement to help ensure the redesign continues to meet the needs of all three Partnerships.

3. Strategic Plan Context

- 3.1. Aberdeen City Health and Social Care Partnership (ACHSCP) holds hosted responsibility for the delivery of Specialist Rehabilitation Services, including Neurorehabilitation services, for Grampian as part of the shared governance arrangements with Aberdeenshire and Moray HSCPs. Recommendations will be progressed through each partnerships IJB Governance process.



INTEGRATION JOINT BOARD

3.2. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the responsibilities of the Integration Joint Boards (IJBs). A specific requirement is that IJBs have delegated responsibility for strategic planning. The Aberdeen City Health and Social Care Partnership host the delivery of the Rehabilitation Services, which includes Neurological Rehabilitation.

Table 1: Hosted Services Arrangements

Service Identified for Delegation of Strategic Planning	Agreed Host Integration Joint Board (IJB)
Palliative and End of Life Care	Moray IJB
Care of Older People	Aberdeen City IJB
Respiratory	Aberdeenshire IJB
Rehabilitation	Aberdeen City IJB
General Medicine hospital services	Aberdeenshire IJB
Accident and Emergency services provided within hospitals	Moray IJB

3.3. The Aberdeen City IJB committed to a wider strategic review of all rehabilitation services as part of its approval of the ACHSCP Strategic plan 2022-2025. It is an identified project within the 'Keeping People Safe at Home' strategic aim. This aim specifically outlines the following strategic priorities relevant to this review:

- Maximise independence through rehabilitation.
- Reduce the impact of unscheduled care on the hospital.
- Expand the choice of housing options for people requiring care

During the COVID-19 pandemic, Operation Home First created an increased community facing ethos across all services with a focus on delivery and care provision in the community as opposed to traditional provision in a hospital setting. From a rehabilitation perspective this led to patients receiving support in a community setting and within their home environment. This led to greater connections with their community and a more personalised experience.



INTEGRATION JOINT BOARD

- 3.4.** In March 2022, Aberdeen City IJB agreed to shorten the notice period on a contract with the operators of Craig Court, a transitional living rehabilitation setting that had been in operation since 2009. This decision was taken to enable the full scope of options to be considered as part of a wider review of the neurorehabilitation pathway. Following the change to the notice period, the provider chose to exit the contract.
- 3.5.** The IJB agreed at its meeting in March 2022 to undertake a focused review of the neurorehabilitation pathway in advance of the wider review of rehabilitation services. This created a platform for exploring best practice and an opportunity to consider how best to invest the resource that supports the current neurorehabilitation pathway on a sustainable basis and in line with the principles of good rehabilitation and the IJB's strategic priorities. This included giving consideration to the function of a transitional living unit within the pathway and to explore how transitional living support could be provided in different ways to best meet the needs of patients and carers within Grampian.
- 3.6.** The decision to prioritise the review of the neurorehabilitation pathway ahead of the wider strategic rehabilitation review, has also created an opportunity to take the learning from the process undertaken with neuro rehabilitation and outputs of this as a 'proof of concept' of the approach. Any learning from this will help inform both the wider strategic review work and any further specific pathway reviews to be undertaken.
- 3.7.** A project team was formed to take this work forward. This review has allowed for a wide engagement with a range of stakeholders including patient, family and carer input as well as a wide range of staff, both within the pathway and partners such as HSCP colleagues to gather views regarding priorities for the model of service delivery for current and future patients.
- 3.8.** This review has considered and incorporated relevant National best practice frameworks and relevant reports including:



INTEGRATION JOINT BOARD

- Scottish Government, Neurological care and support: Framework for Action 2020 -2025 specifically, Commitment 9:
“We will support Integration authorities and the NHS to improve services and support with a commitment to evaluate and test generic / neurology based multi-disciplinary team models and test innovative ways of delivering health and social care, including new roles and new arrangements for coordinating care and support for coordinating care and support for people with neurological conditions”.

And 5 key objectives were identified and adopted locally by Project Team

- Ensure people with neurological conditions are partners in their care and support.
- Improve the provision of co-ordinated health and social care and support for people with neurological conditions.
- Ensure high standards of effective, person centred and safe care and support.
- Ensure equitable and timely access to health and social care and support across Scotland.
- Build a sustainable neurological workforce for the future.
- Rehabilitation and Recovery: A once for Scotland person-centred approach to rehabilitation in a post-COVID era which sets out the 6 key principles of good rehabilitation.

The Six Principles of Good Rehabilitation are:



- National Health & Wellbeing Outcomes Framework



INTEGRATION JOINT BOARD

- The British Society of Rehabilitation Medicine's Standards
- WHO 2030 rehabilitation vision describes rehabilitation as an investment with cost benefits for individuals and wider society that go beyond health system benefits too e.g., increased employability, decreases need for financial or care support requirements, contributes to wider healthy ageing, all of which are relevant for this patient group, particularly given the younger demographic and the life changing experiences they have had and the need to optimise their function and quality of life across their remaining lifespan.

4.0. Summary of Key Information

4.1 Demographics – who is accessing Neurological rehabilitation now?

The scope of the review can be broadly defined as the Specialist Neurorehabilitation services provided for those conditions falling under the remit of neurosurgery and neurology including:

- Acquired brain injury
- Spinal injury
- Neurological disorders of movement or posture (for example cerebral palsy)
- Epilepsy
- Functional neurological disorders
- Prolonged disorders of consciousness
- Rehabilitation elements of ongoing care for patients with tracheostomies
- A range of progressive neurological conditions such as Parkinson's disease, Multiple Sclerosis, Huntington's, and Motor Neurone disease

For the progressive neurological conditions, these conditions are considered within scope only in the context of providing rehabilitation in the above outlined services. It is recognised that many of these conditions are involved in separate pathways for their long-term management and care, though patients may be in contact with the neurorehabilitation



INTEGRATION JOINT BOARD

pathway at times, for example a patient with Parkinson's disease may be seen at the Horizon's clinic.

Stroke falls under the scope of the review only for the parts of the pathway where patients may be provided care in a setting such as a transitional living unit or outpatients centre such as Horizons Rehabilitation Centre. Horizons provides an assessment and therapeutic service for individuals aged 16-65 across Grampian with complex needs whose disability requires a multi-disciplinary approach. There is ongoing work developing the stroke pathway happening in parallel with this review, and the two processes will be closely monitored by programme management for interdependency and shared learning.

The patient profile of those accessing the Grampian Specialist Neurorehabilitation services is:

- 40% patients are from Aberdeen City;
- 40% Aberdeenshire;
- 10% Moray; and
- 10% originating from other local authority areas e.g. Island Boards.

The neurorehabilitation pathway has an age demographic that is younger than some other pathways with over 62% of the patient population under the age of 65.

The latest full year data shows that in 2022 the number of patients admitted to acute neurological settings in Aberdeen Royal Infirmary (ARI) was reported as 1514 and that 81 patients were admitted to the Neuro Rehabilitation Unit (NRU) at Woodend Hospital. While the majority of admissions to NRU are step-down from ARI, there are some direct admissions into NRU from the community.

Reviewing patient recovery destinations, the majority of patients from the acute setting at ARI return to a home environment. In the case of NRU less than 75% go directly home reflecting the complexity of the ongoing rehabilitation of care provision needs of this patient cohort. Many require ongoing care, and some require varying elements ongoing multidisciplinary team (MDT) support.



INTEGRATION JOINT BOARD

4.1.1 Stakeholders

A Project Delivery Group was established with a membership of Operational and Specialist leads with significant lived experience of working within the neurorehabilitation pathway alongside third sector and Scottish Care colleagues. The patient's voice was represented through Friends of Neuro and links with Brain Injury Group (both being charities which have had long-held connections with the neuro rehabilitation pathway) and include representation from across Grampian. Qualitative feedback and input from patient workshops and consultations was also evaluated.

This group provided a structure to exploring and leading throughout the review from sense-checking experience and building on learning. This at times has been challenging in terms of gaining assurance that all plans are connecting in each Partnership area given different pattern of needs and staffing structures. We continue to offer Partnership specific meetings to consider and address these and engagement with the Aberdeenshire and Moray HSCPs will continue throughout the redesign.

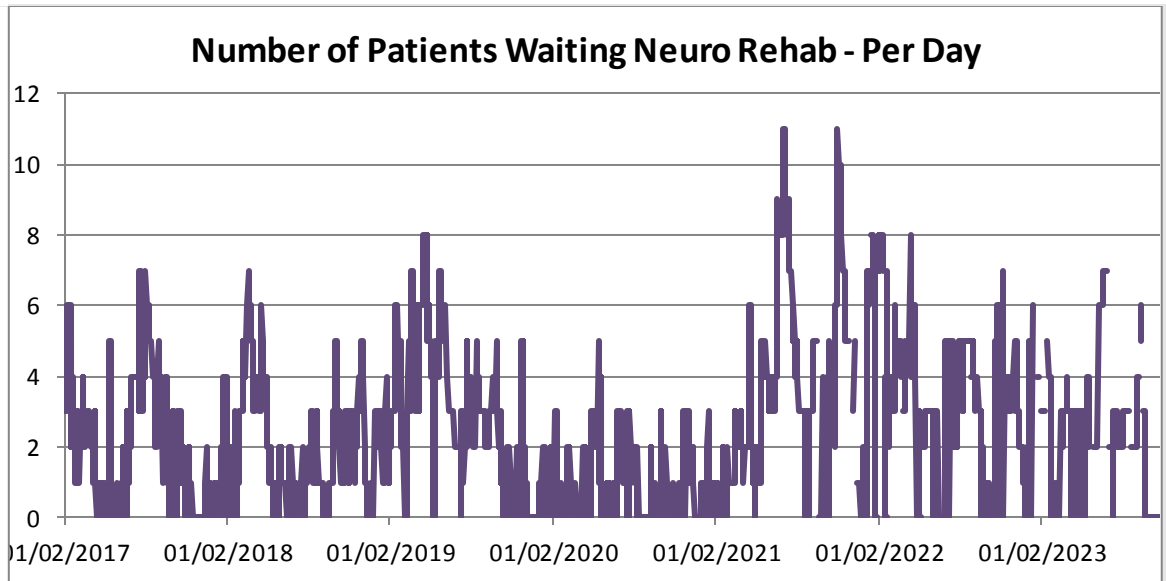
4.2. The functional parts of the pathway

4.2.1. Wards 204/205

The two acute neuro wards in ARI form the initial stage in the pathway and patients requiring in-patient specialist rehabilitation will step down from these areas into NRU. The waits experienced by patients due to 100% occupancy in NRU (see run chart below);



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This highlights the potential for appropriate patients to be linked in at an earlier stage with the multi-disciplinary team (MDT) HomeLink approach. The MDT HomeLink approach enables rehabilitation to commence at an earlier stage and potential for progression to a community setting for some patients, rather than NRU, ensuring the patient is reconnected with their network of support and wider community as soon as possible.

4.2.2. Neuro Rehabilitation Unit (NRU)

The Neuro Rehabilitation Unit is a 12 bedded unit on the Woodend Hospital site. The ward generally runs at 100% occupancy with 0% readmission rate. From the project team reviewing Functional Independence Measures (FIM) data, which is an internationally accepted outcome measure for rehabilitation, it can be seen that high-quality person-centred care is being delivered with a high level of patient satisfaction. Whilst the physical environment is dated, patient feedback focuses upon the goal focussed rehabilitation and their positive experience of this. It is anticipated that the longer-term location of this unit will be considered through NHSG Woodend/future Blueprint planning project that is due to get



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underway during 2024, where ACHSCP will be a key partner in engaging with this work.

When evaluating the effectiveness of the pathway to create positive outcomes for patients, alongside addressing the wait time for accessing NRU and potentially further reduce length of stay in NRU, a limiting factor identified within the current pathway was therapy capacity in NRU. Therefore, investment in this was explored and quantified to understand how these barriers to optimal achievement whilst minimising in-patient bed days could be addressed. Timely access to rehabilitation and the intensity that can be provided has an impact on patient outcomes and length of stay. An investment in additional therapists would allow more sessions to be available to individuals to focus on personal rehabilitation goals. This in turn would result in a reduction in average bed days and would increase the number of patients who could access NRU each year. In turn, this would reduce bed days waiting for transition through the neuro rehab pathway for patients within ARI stepping down into NRU. This supports flow, creating capacity within ARI having the patient in the “right care, right place”. By having timely access to the intensity of rehabilitation necessary, this will also support earlier discharge from NRU to the next stage in the patient’s journey. This provides value, not only to the patient but to the wider system. The investment in rehabilitation would seek to reduce the impact upon demand across Acute, Primary Care, and Social Care. This capacity is included in phase 1 of the proposed implementation.

4.2.3. Transitional Living – Craig Court/Home link approach

Craig Court opened in 2009 and was commissioned to provide sixteen beds in total. These comprised of six long term beds, with some residents placed as Continuing Care residents due to the complexity of needs; and 10 transitional living rehabilitation beds used as a step down from hospital or step up from the community to support patients across Grampian. Craig Court provided an intensive rehab setting out with a hospital/medically led setting. This setting was designed to bridge the period from in-patient rehab within the NRU to a homely setting for the most complex of rehab



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presentations. Patients from Craig Court transitioned into general rehabilitation services or home or a residential setting depending on complexity of ongoing care need.

Craig Court operated as a Transitional living unit and was a collaboration between a commissioned provider, providing care and nursing roles alongside an NHS team of staff consisting of Occupational Therapy, Physiotherapy, Neuropsychology, Dietetics and Speech and Language therapy and admin colleagues.

During the pandemic, the NHS team from Craig Court were deployed back into the main hospital settings as part of critical service protection measures. The team were deployed into areas of critical service staffing need and for a period therefore did not operate as part of the neuro rehabilitation pathway.

Following relaxation of pandemic staffing measures the Craig Court staff initially supported the NRU staffing cohort. This staffing model allowed a continuous focus on rehabilitation and allowed therapists to follow patients home to continue work on therapy goals. This change was welcomed by patients and carers. The focus of the team was initially 'badged' as Mobile Craig Court and progressed thereafter into a HomeLink concept. This model allows a multi-disciplinary team to support the patients' transition from ward to home ensuring a goal focused approach is adopted. It allows therapy to be adapted to the person's own living environment (e.g. own cooking facilities and home layout).

A short life working group was formed earlier this year with a representation from the Project Delivery Group to explore options for Transitional Living Arrangements specifically in the new model. Since late 2019, largely due to Covid-19 restrictions, and following its closure in 2022, the Craig Court Transitional living unit has not been in place for neuro patients.

The group explored options based upon recent service delivery experiences and considered a range of options for future models of delivery. They also reviewed what had been in place since the



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closure of Craig Court and the mitigations for this which have included rehabilitation in community and home-based settings. As a result, a critical shift in thinking occurred.

This shift was from an initial desire to replace the capacity for residential transitional living rehabilitation to an intent to explore further what an extended HomeLink capacity could deliver in supporting rehab at home.

It is suggested that this is a significant highlight from this work. The investment in time with a variety of stakeholders to iterate and develop the conversation regarding what is needed for the future. By holding the space of interim arrangements, the conversation opened perspectives to what is possible/appropriate. This has been incorporated into the proposed two-phase approach outlined below.

The HomeLink approach has enabled patients to continue with their goal setting and rehabilitation as they transitioned home from NRU. HomeLink commenced with the workforce who had been aligned to Craig Court testing out a different approach to how they could work to support patients as they transition from in-patients back to the community. This testing has highlighted the need to consider how this approach can provide support geographically and has highlighted the need to expand the workforce to be able to support the needs of patients going through this redesigned pathway across Grampian. This includes the need to recruit a neuropsychologist to enhance the MDT, and to develop a Clinical leadership role for the pathway to provide oversight and to support more integrated working across professions.

HomeLink has operated on a criteria basis ensuring that patients have goals in place and then provide support for up to 12 weeks before referring onto Horizons Out-patient rehabilitation centre and/or generalist community therapy teams. The team ensure a person-centred approach for each individual patient, with individual support plans that reflect their specific goals. These are many and varied ranging from accessing local community and activities of daily living.



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The individual goal setting focus on independence and reconnection offers great benefits to the individual and their families and on a broader perspective to wider community by reducing dependencies on services.

4.2.4. Horizons Out-patient Rehabilitation Centre

The Horizons service provides a 'one-stop shop' out-patient approach (as opposed to the in-patient approach at ARI and NRU) by a multi-disciplinary team for adults across Grampian with a neurological condition and rehabilitation need, providing assessment, review and rehabilitation. This service was able to demonstrate significant waiting lists especially for physiotherapy and this correlated with one of the improvement ideas identified from the co-production process; the augmentation of this capacity to address waiting list pressures. This would enable a more prompt out-patient follow-up on discharge. In addition, the need to build a further community response resource was also quantified to enable out-patient staff to out-reach when appropriate to provide continuity for patients in applying rehabilitation processes at home which aligns with the Home First ethos. This additionality would enable a more seamless transition to home from in-patient/residential rehabilitation capacity as well as from out-patient to independent living.

4.3. Approach to this review

The review has taken a co-design approach and has involved engagement with patients, carers and staff using lived experiences to inform pathway design. Engagement has taken many forms from 1:1 discussion, workshops, surveys and attending user groups in a bid to gain a wide sample and offer different means of participation.

The co-designed approach enabled a vision statement (Appendix C) to be created and key themes for improvement to be captured.

From the series of engagements, 23 change ideas were generated which were then themed into 15 change action ideas (Appendix D).

These were then further refined resulting in 4 locally agreed objectives:



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- Enabled staff and patient in decision making;
- Equitable access to neuro rehabilitation care and support;
- Enabled and supported transition to independent living; and
- Patient pathway is seamless and timely.

4.3.1. Additionally, a number of cross cutting themes emerged that needed to be considered in each proposal including:

- upskilling of existing staff;
- increase in regional access to specialist care;
- more intensive and timely rehab;
- improved MDT and cross regional working;
- increased coordination and usage of communication tools; and
- enhanced working with third and independent sector.

5.0. Proposed model - blended model incorporating community and transitional living arrangements.

Building on the improvement ideas generated and iterative consultation at the Programme Delivery Group (PDG) a proposal was developed, and based on current demand it was proposed that a total of 6 'beds' were required in the community. The PDG identified that a notional 3 virtual beds (person's home) and 3 community beds (i.e., physical beds based in a community setting) model could deliver a Transitional Living Arrangement as opposed to a Transitional Living Unit. The 'virtual' to physical bed ratio was difficult to determine as it is based on patient need, and the consensus of the PDG was to commence with this 3:3 ratio, reviewing and shaping within budget.

Options for the 3 physical beds that were considered included the potential for transforming a mothballed ward and existing staff space at Woodend Hospital into an interim option of a step down from rehab. This being co-located or adjacent to the Neurorehabilitation Unit was considered a benefit by the PDG. However, on conducting a feasibility study, initial costings indicate that capital costs of this would be prohibitive (circa £1 million), alongside ongoing discussions with NHSG regarding sustainability of their clinical sites. The location also presented an environment that contradicted our strategic vision around



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delivering services closer to home and broader home first principles and the intent of transitional living support in a community setting.

In addition, a block commissioned model had some initial market testing and this identified a significant likely contract cost which would be significantly more expensive than the Craig Court model, which would utilise a significant amount of the financial envelope identified. A block commissioned model is where a set number of beds is funded on an ongoing basis and can include community provision also. This has the benefit of ensuring a certain amount of capacity is always available when predicted needs are known.

Therefore, the preferred model proposed by the PDG, given these considerations and the positive experience of the testing of the HomeLink approach, is to augment existing capacity in the MDT workforce to enhance HomeLink delivery across Grampian. This would also see the creation of up to three commissioned rehabilitation beds within available resources with a criteria for delivering rehabilitation and transitional support in a homely setting. The proposed first phase will strengthen the workforce and through evaluation of the demand and patient needs during this period, this will inform the second phase of investment, reviewing the ratio of these virtual to physical beds to determine how the available funding can best be deployed to meet these needs. The location of any commissioned beds and how we will most effectively deploy the additional community based workforce will be determined following further consultation with all Grampian HSCP colleagues. Further to this, we will continue to explore market options with our contract's teams across Grampian.

5.1 A Phased Approach to Proposals

The proposals are reliant upon the successful recruitment of additional staff. Given recruitment of staff has previously been challenging, we want to ensure stability within the model and build in a review next year to review progress against Phase 1. That review will allow us to consider alternative modelling using commissioning (as detailed in Appendix E) should it be required.

Phase 1 implementing an increase in therapy capacity within:



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- NRU in order to increase time-critical rehabilitation capacity to optimise rehab goal outcomes and minimise length of stay (therefore increasing flow through and improved outcomes for patient and staff in NRU) and thereby minimising costs associated with preventable demand.
- HomeLink capacity, enabling basing of posts to take account of geographical spread of patient group (e.g., exploring basing some capacity in northern aspects of NHS Grampian) in order to; increase rehabilitation capacity to optimise rehab goal outcomes and minimise length of stay (therefore increasing flow through and improved outcomes for patient and staff in the HomeLink capacity) and thereby minimising costs associated with preventable demand.
- Horizons Rehabilitation Centre Out-patient capacity in order to increase rehabilitation capacity to address historical waiting lists, improve access on discharge and enable out-reach of out-patient staff where this creates more seamless rehab experience for this patient cohort. Current data from June 23 highlighted 95 patients awaiting “routine” rehabilitation with longest wait of 66 weeks to access treatment. Data collated on a three-monthly basis has highlighted an upward trend on patient waiting times creating costs associated with preventable demand.
- The benefits across all three areas of increasing therapy capacity will be enhanced access and more intensive rehabilitation given in a timely manner, will improve outcomes for people and support earlier transition back into the community.
- The investment in additional staffing should support an enhanced flow from acute to rehab, this, whilst meeting patient outcomes minimises costs caused by preventable demand by having the patient in the right place, at the right time.
- Risk assessment is a key part of discharge planning, if the patient is unable to transfer directly home due to environmental or personal circumstance the opportunity for step down to community rehab facilities or a spot purchase bed will be undertaken.

Phase 2

Based on current understanding it is proposed that phase 2 will be implemented from quarter 3 in 2024 following a evaluation of Phase 1.



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Phase 2 would consider the commissioning of residential beds, if this is evidenced as required from phase 1, and/or the further investment in existing rehabilitation therapy teams to optimise service delivery, minimal length of stay and pathway flow.

Further key developments that have been scoped within the projected budget to enhance neuro rehabilitation as part of Phase 2 is the creation of two distinct roles to support learning, development and support via the creation of;

- Workforce Neuro Educator role, and;
- Information Hub coordination.

These roles will be considered in the planning of phase 2. Although the roles have been incorporated within the projected budget, a final decision on recruitment will be weighed against the number of beds that is required to be commissioned to support transitional living. This will require an ongoing review of patient needs within this cohort and exploring whether all step-down rehabilitation from the pathway can be delivered by a HomeLink team model. It is possible that these posts may need to be de-prioritised if not within financial envelope for phase 2.

Development of the job descriptions and key functions to maximise support to staff, patients and carers are part of the implementation plan (see appendix E).

5.2 Evaluation of impact of Redesign – Phase 1

The following metrics will be used to evaluate the impact of these proposals:

- Length of stay in NRU and Home Link;
- Goal setting and achievement data and/or Functional Independence Measure;
- Bed days awaiting the rehab pathway (both NRU and HomeLink capacity) NB – this is a balancing measure;
- Delayed discharges from Acute wards and NRU, providing a further balancing measure, to evaluate cross system impact of investment;
- Review complaints regarding waiting times for specialist rehab;



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- Review the waiting list times for therapy for Home Link;
- Out-patient waiting times for Horizons service; and
- Patient and staff experience survey feedback.

This will be a comprehensive evaluation, working with colleagues from ACHSCP Strategy and Transformation, Health Intelligence and Public Health Scotland, to evaluate change in flow whilst implementing remodelling of service delivery. We note that the evaluation focus is not only focused upon patient outcomes, but will be able to review impact cross system including associated costs. It is proposed that the evaluation be provided to the meeting of the IJB in August 2024.



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6.0. Implications for IJB

6.1. Equalities, Fairer Scotland and Health Inequality

An Impact assessment has been completed (Appendix E). Costs to implement the changes will be met through the existing financial envelope for neurorehabilitation through redesign of the existing pathway model for neurorehabilitation and transitional support. The budget for phase 2 spending will be maintained within the medium term finance framework.

Stakeholders including carers, patients and families have been consulted as part of co-design process and have inputted their needs for consideration.

The phasing of project delivery will ensure that oversight of recruitment activity is managed and balanced in terms of budget available for commissioning activity.

Although not in the scope of this review, one area of need identified through this process through engagement with colleagues working across other parts of the wider pathway has been around practice education capacity within the acute part of the neuro pathway for nursing and an approach will be made to Friends of Neuro to consider funding this.

6.2. Workforce & Finance

The workforce have been integrated within the co-production process throughout review. The intention is to continue this engagement throughout the phased implementation period.

Changes to the model will encourage a more community facing rehabilitation model which has received widespread positivity from staff and patients during engagement.

We are aware of recruitment challenges and mindful of the need to balance our needs for developing services alongside sustaining other services that may be impacted by staff moving into new roles.

There is a great opportunity for role development within the additional capacity roles created and developing new roles which enhance career development opportunities supporting ACHSCP workforce strategic plan objectives alongside Scottish Government policy objectives detailed in 3.8



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(commitment 9) above, supporting both the recruitment and retention of our workforce.

The financial plan for phase 1 and phase 2 can be described in two parts; 1) the financial envelope and 2) the spend plan.

The financial envelope to enable the proposals for additionality detailed earlier in this paper comes from two sources;

- a) cessation of the Craig Court contract; and
- b) Horizons vacant non-clinical posts (Centre Manager and admin – currently vacant.)

This totals £1,242,000 recurring funding, which covers the implementation of the two phases. It is anticipated that the funding for phase 2 will be maintained within medium term financial framework due to be considered by the Integration Joint Board in March 2024.

The costs proposed for phase 1 total £554,000. These on costs consist of:

- £172,000 (3.22 wte) invested in therapy staffing in NRU (including a neuropsychologist);
- £115,000 (2.3wte) invested in HomeLink therapy staffing; and
- £267,000 (5.35wte) invested in Out-Patient Plus (Horizons) capacity.

Investing this as proposed would leave £688,000 for the remainder for investment in Phase 2.

In phase 2, the potential further areas for investments, informed by the evaluation are;

- further investment clinical posts in NRU;
- further investment in clinical posts in Horizons;
- new investment in non-clinical support posts; and
- commissioning 3 nursing/rehab beds (However, different models of providing this capacity, if needed, will be explored in phase 1) *any commissioning activity will be based upon evaluation of demand. The geographical location of any beds will be agreed in conjunction



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with all 3 partnerships based on demand data. The ratio of virtual to physical beds will be reviewed with spending based upon this blended model within budget e.g. may conclude 5:1 modelling is required.

Further change ideas produced by the PDG will be costed, evaluated and incorporated for inclusion into the implementation plan as appropriate.

The PDG has been regularly appraised of the unacceptability of any spend plan beyond the identified finance envelope. This group will monitor recruitment as an area of high risk alongside balancing patient need whilst having oversight of the recurring budget and ongoing staff cost commitments. Indeed, the evaluation of phase 1 and planning of phase 2 will include the requirement to seek to identify any opportunity for recurring cost reductions to contribute towards ACHSCP and hosted services financial recovery plans. Consideration will also be given to the impact of any investment against preventable demand and associated costs elsewhere in the system.

6.3. Legal

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

6.4. Unpaid Carers

Carers and the potential impact upon them have been assessed within IIA- Proportionality and Relevance - mitigations have been highlighted. A stage 2 IIA will form part of review and evaluation in Stage 2. The recommendations have been developed in consultation with unpaid carers input. The plan to implement through a phased approach will enable carers to continue to input into the remodelling of neurorehabilitation services as these evolve.

The highlighting of responsibilities within Carers (Scotland) Act 2016 is key in particular that – each health board must ensure that before a cared for person is discharged from hospital, it involves any carer of that person in the discharge.

In particular, the augmenting of capacity proposed in phase one enables this process to be strengthened by providing more clinical capacity to not



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just deliver therapeutic interventions but also to integrate family and carers into the rehabilitation and discharge/transition planning arrangements process as much as both they and patients wish.

6.5. Information Governance

There are no direct information governance considerations within this report.

6.6. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report. Considerations have been re-use of existing workplaces and use of community facilities to support individual rehabilitation goals.

6.7. Sustainability

Significant discussion across the engagement activity undertaken in planning this redesign was used to explore achieving an appropriate person-centred balance in supporting individuals in rural settings using digital technology such as Near me video calls and working with the local HSCP rehabilitation teams with enhanced knowledge and clinical oversight provided by virtual MDT with specialist team colleagues. This is designed to support both a Home First and sustainability strategic objectives of the IJB.

7.0. Management of Risk

7.1. Identified risk(s)

The delivery of the re-modelled hosted neurorehabilitation pathway has been consulted with Stakeholders and clinical leaders across the three Partnerships. As we move forward to the implementation phase further engagement with key stakeholders will continue.

The plan proposed for re-modelling will be met within the existing financial envelope. The phased nature of planned delivery will enable regular reviews re outcomes and implementation to ensure the redesign remains within the available budget. Due to this, the financial risk is deemed to be low.



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We understand rehabilitation impacts on optimising recovery from medical and surgical interventions (so optimises costs in other parts of the pathway and avoids waste), reduces/manages complications associated with health conditions/long term conditions, reducing length of stay, and preventing re-admissions so cost avoidance, and beyond the more acute phase of rehab, in terms of keeping people well and independent for as long as possible and equipping people with self-management approaches.

Risk to Quality of service delivery/patient/staff experience are low given controls in place through which highlight that activity data, demand and patient experience will be monitored as key function of phase one. Patient evaluation has been built into the HomeLink team to capture feedback for learning and review.

The re-modelling of pathway with additional staffing in existing services at Horizons and HomeLink should create an enhanced experience for patients and carers through more timely access. Considerations of impact upon carers has been addressed within IIA and greater connections with Commissioned Carer support organisations will provide further mitigation. Risk of adverse outcome to staff, patients and carers within this pathway following the re-modelling is low.

Communication and engagement with all three Partnerships, has ensured that recommendations to progress the review have gained understanding and support. This position creates a low risk for reputational damage. In terms of risk to hosted/commissioned services, risks have been minimised due to co-design approach whereby all Partnerships have been invited to participate and have been consulted with. With changes in the City HSCP project team and some of the key personnel in the other HSCPs, meetings are taking place to bring these key stakeholders up to date with progress and we recognise the need to continue to work collaboratively as we progress through the two phases of implementation to ensure best outcomes right across Grampian.

The plan to formally commission beds in Phase 2 to provide transitional living support will be based upon data and will be supported by the shared City and Aberdeenshire Council Contracts team. There are no



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commissioned contracts in place at present that are reliant upon any funding or support from Neuro–rehabilitation pathway.

7.2 Links to risk on strategic or operational risk register:

From reviewing strategic risk register, the ongoing recruitment and retention of staff is risk assessed as VERY HIGH.

We are aware that plans for remodelling the delivery of neuro rehabilitation into a community facing model is reliant upon increasing staffing levels across a range of professions to create an enhanced MDT. We have built a phased approach to delivery and use of overall budget in order that this risk can be evaluated. This will allow consideration and review of how best to proceed from a staffing and commissioning perspective based upon demand and ability to build and retain a community workforce.



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8.0. Appendices

8.1. Summary

Introduction

Aberdeen City Health and Social Care Partnership {ACHSCP} host Neuro rehabilitation for Grampian . This means that Aberdeen hold responsibility for the delivery of this service on behalf of NHS Grampian, Aberdeenshire Health and Care Partnership and Moray Health and Social care Partnership.

A decision was taken by the IJB in March 2022 to shorten the notice period on the contract for the transitional living arrangements in Craig Court. This created the conditions to repurpose the budget and provided an opportunity to enable a full review of the neurorehabilitation pathway . This has included exploring how best to provide transitional living support in different ways to support the needs of patients across Grampian.

Why did we need this review?

We needed this review to:

- Ensure that the services we provide to patients and carers who require access to specialist neuro-rehabilitation are clinically and cost effective, ensuring the best outcomes for people to support them to maximise their potential and achieve their personal goals;
- Deliver the best experience for patients and their families and carers;
- Ensure that we are embedding the 6 principles of good rehabilitation as set out in the national framework for rehabilitation Rehabilitation and Recovery: A once for Scotland person-centred approach to rehabilitation in a post-COVID era and that locally we are delivering timely access to the appropriate rehabilitation support to meet individual patient needs;
- Ensure that people can receive time critical rehabilitation and not be unduly delayed in a hospital setting or awaiting specialist rehab whilst in the community in order to optimise their recovery and quality of life; and
- Ensure that the pathway is aligned to the strategic direction of NHSG and the three HSCPs.

What did we do?

Through a model of co-design, we widely engaged and involved individuals and groups with lived experience (patient, carer and staff experience), third sector and other key stakeholders to



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design a pathway that incorporated their experience to enhance and build a pathway that considered patient outcomes .

We identified gaps in what we do and ideas to improve services and patient experience.

With this information we have developed recommendations for how best to achieve best value within the pathway to develop a more community facing model of delivery to improve access for patients across Grampian and improve flow of patients across the pathway from acute services through to the community.

We evaluated data and looked at demand across Grampian. This has highlighted the impact upon other areas cross system that are impacted if neuro -pathway is not maintaining response to demand. We are confident that the investment proposed will address the current demand expressed through waiting lists and waits between transfer and will offer a community focused rehabilitation.

Next steps?

We will take a phased approach to implementation of the change ideas to ensure optimum use of the available resources. In phase 1, to develop the community model and further understand the balance needed between this and the need for commissioned beds to support the transitional support needs for patients unable to be supported in their own home.

Within phase 2, we will review the impact of investment and look to invest further in community rehabilitation. The decision and balance of commissioning a bed base in tandem with further community investment including new roles will be made within existing budget with ratio of spending based upon evaluation.

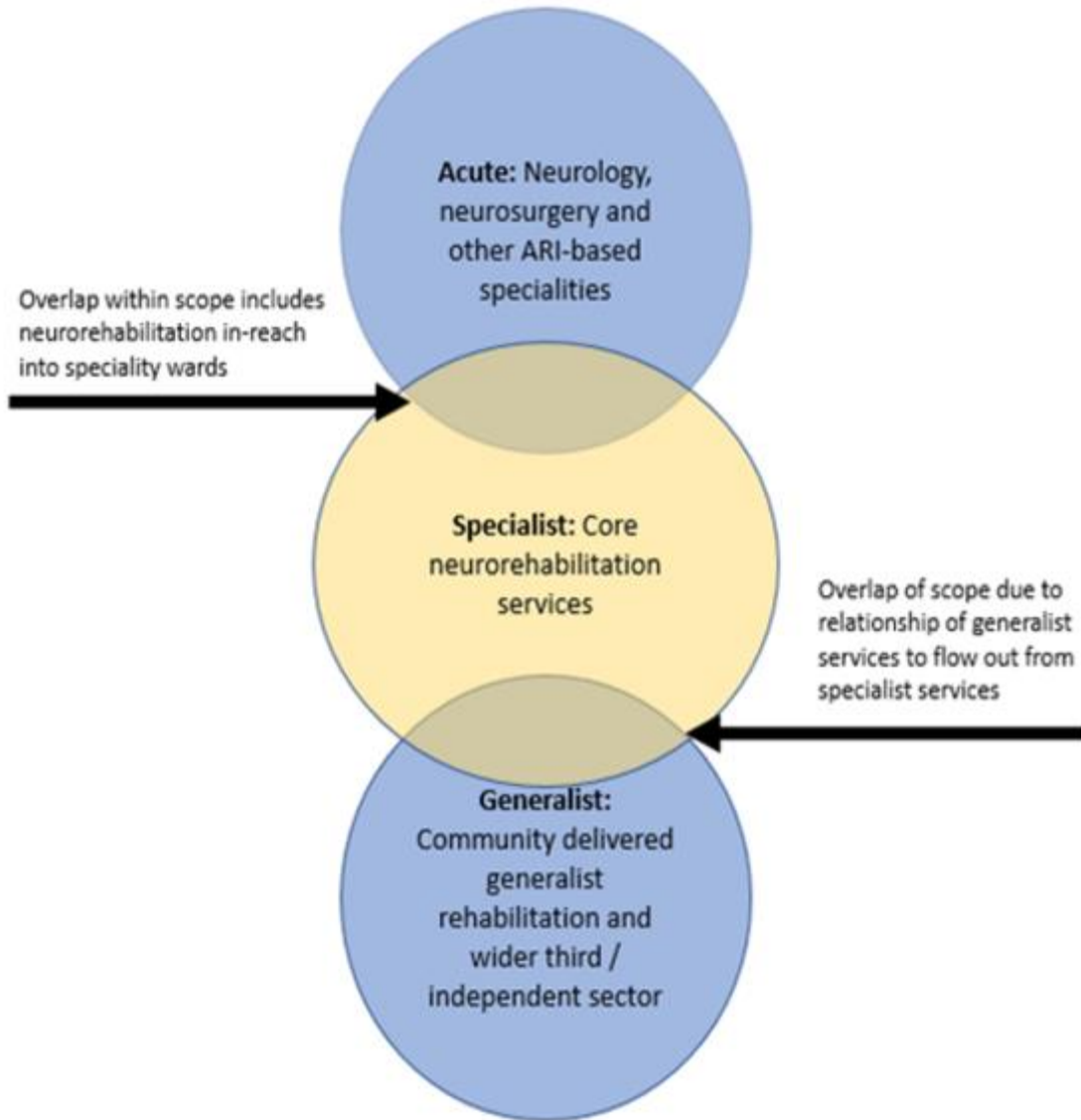
An update report on the evaluation will be taken back to the IJB in August 2024.

Continue to engage with a range of stakeholders i.e. patients, families, staff to implement changes, and continuing to work in partnership with Aberdeenshire and Moray HSCPs.



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8.2. Appendix B





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8.3. Appendix C

Neurorehabilitation Vision Statement

There is a need to transform our service to ensure we continue to be person-centred in response to our changing patient needs, enhance staff satisfaction, and facilitate both a timely and outcomes-based transition through the pathway, with a "home first" approach to patient care.

 Quality & Best Practice	 A flexible workforce	 A pathway approach	 Outcomes/Goal-focussed	 Homefirst	 Effective governance	 Experience-focussed;
We (strive to) deliver an (regionally-)equitable, seamless, safe and timely service where staff and patients are enabled in their decision-making, and patients are adequately supported and enabled in their transition to independent living or living as independently as possible.	We (will) take a 'one team' approach across the pathway, ensuring staff can respond most effectively and efficiently to patient needs, ensuring we can see patients at the right time and in the right place, rather than being confined to one physical place of work. [E.g., out-reach from out-patient capacity to support rehab need in the community.] This requires co-ordination to enable a fit for purpose MDT response in each element of the pathway.	Whilst our [rehabilitation] is delivered across several settings, including in-patient beds, transitional arrangements (non-hospital residential beds); out-patient and community settings and within patients own homes, our facilities will be used flexibly by the team in response to patients' needs.	A core focus of all parts of our pathway will be through goal-setting co-produced with patients, their families and our multi-disciplinary teams; and the focus on flow to progress through the elements of the pathway in a timely manner, in keeping with 'homefirst' principles.	Our approach is deeply embedded in cross-system working, with a focus on effective and efficient collaboration and coordination across the pathway and in particular with community-based rehabilitation services and = sector organisations, to ensure our patients continue to be supported as they move through their rehabilitation journey, and to provide timely step-up care if required in the future. [For example, flexible use of facilities – e.g. community rehab team able to use out-patient facility at Horizons; or out-reach from OP staff to community settings.]	Our service is based on a robust model of service delivery, enabled through pragmatic and transparent governance and leadership that embeds continuous improvement to ensure our service's responsiveness to the changing needs of our patients, staff, and the wider health care system.	Our service is strong because we proactively train and evaluate the existing and required skill mix to provide the best service possible for our patients. A key feature of the redesigned pathway will be systematic measures to understand and continue to improve patient experience and outcomes; as well as staff experience.

8.4. Appendix D

Neurorehabilitation – Coproduced Improvement ideas

IMPROVEMENT IDEAS			
Neuro specific educator roles for staff and patient support	Improved pathway access to support for FND Patients and secondary pathologies	Implementation of new Transitional Living support.	Focus on intensive and timely rehabilitation
Develop a continuous training, education and skills development framework	Improved access and provision to PDOC Patients.	Increased physiotherapy provision	Increased community rehabilitation provision.
Information hub & coordination	Improved access to neuropsychological support.	Review of vocational rehabilitation opportunities	Undertake a review of the skill matrix
Upskilling healthcare support workers and reablement and wellbeing practitioners.	Increase regional access to specialist rehabilitation care and support	Enhanced volunteer support	



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8.5. Appendix E

Neuro rehabilitation Pathway - Implementation Plan - High Level		
Action Item (List steps required to implement solutions)	Responsible (List person(s) responsible for action steps)	Due Date (Indicate when action items must be completed)
Commence Recruitment to agreed under Phase 1		
	PDG	Oct 23
Create an awareness of carers to all staff into the referral pathway, through sharing Quarriers literature	Programme Team	Sept 23
Link in with NHSG HR colleagues regarding our recruitment plan	Programme Team	Sept 23
Meeting with NHS Communications Team to plan advertising campaign for coordination of shared advertisement	Programme Team	Sept 23
Meeting with ACC/ACHSCP Communications Team to plan advertising campaign for coordination of shared advertisement	Programme Team	Sept 23
Hold face to face meetings for all Clinical Leads ensuring that up to date job descriptions are sent in advance in order to coordinate recruitment campaign	Programme Team	Oct 23
Develop the identity of HomeLink team by working with our Organisational Development colleagues by establishing clear team focus and goals	Programme Team	Oct 23
Creation of a leaflet for HomeLink - for review with PDG and wider stakeholders i.e. staff groups and patients	PDG	Oct 23
Re-establish and present baseline data to Public Health Scotland to form basis of evaluation	Programme Team	Oct 23
Link in NHSG Quality Improvement regarding development patient feedback methodology	Programme Team	Oct 23

Neuro rehabilitation Pathway - Implementation Plan - High Level		
Action Item (List steps required to implement solutions)	Responsible (List person(s) responsible for action steps)	Due Date (Indicate when action items must be completed)
Commence Evaluation under Phase 2		
	PDG	Apr 24
Review recruitment campaign and evaluate any gaps and impact of those in post	Programme Team	Apr 24
Review recruitment with specific focus on the effect on Shire and Moray teams	Programme Team	Apr 24
Review patient feedback working with NHSG Quality Improvement	Programme Team	Apr 24
Review data in conjunction with Public Health Scotland	Programme Team	Apr 24
Following reviews, consider next steps with the PDG regarding focus of spending	PDG	Apr 24
A Stage 2 IIA will be completed, to ensure assessment regarding impact is informed	Programme Team	Apr 24
Engage with ACC, Shire and Moray contracts teams regarding commissioning if deemed appropriate following review	Programme Team	Apr 24



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8.6. Appendix F

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	Neurological Rehabilitation Review
Name of Officer completing Proportionality and Relevance Questionnaire	Rae Flett (Project Manager)
Date of Completion	08/09/23
What is the aim to be achieved by the policy or practice and is it legitimate?	To create a streamlined and responsive person-centred neurological rehabilitation service. Those accessing this Pathway would generally be considered as having a Disability as defined by the Equality Act 2010.
What are the means to be used to achieve the aim and are they appropriate and necessary?	The overall aim of this Review is to ensure that we have a service that will meet the person-centred needs of those who require neurological rehabilitation services. In order to determine what this should look like a Project Delivery Group was formed which included key stakeholders with relevant expertise of the needs of patients and individuals with lived experiences {former patients and their carers} to collate ideas of how to achieve this aim. This was carried out through holding workshops and using a co-design approach to ensure all voices are heard. A number of recommendations have been submitted to IJB to approve the remodelling of the Neuro Rehab Pathway, the change ideas were generated through engagement with a range of stakeholders, including patients and their families.
If the policy or practice has a neutral or positive impact, please describe it here.	A number of positive impacts have been identified which should be realised by the reviewed service. These are outlined as follows; <u>Protected Characteristics</u> Disability – This service will improve access for patients, receiving patient centred care for their rehabilitation creating the ability to reach more people across Grampian. Disabled people, their carers and families accessing Neurological Acute wards 204 / 205 at ARI, Neuro rehabilitation Unit at Woodend, HomeLink concept users and users of Horizon rehabilitation services will be positively impacted



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	<p>by an increase in MDT staffing to ensure a timely and intensive rehabilitation service can be offered.</p> <p>Age – This service is for adults (over 18) who require Neurological rehabilitation. Young people (under 18) are supported via RACH. The service will be available to all adults based on patient needs and will have a positive impact.</p> <p>Race – The service has considered how translation services will be accessed from community settings and will utilise the Language Line to ensure that there is no disadvantage to using a community-based model.</p> <p>Sex – The creation of the community-based model, which focuses on individual goals, ensures that there will be no gender bias within the delivery of the service.</p> <p>A neutral impact has been identified at this stage in relation to the other protected characteristics.</p> <p>Marriage and Civil Partnership – the service recognises the support from potential carers and so a neutral impact has been identified at this stage.</p> <p>Gender Reassignment – the service is patient centred and goals are individual. A neutral impact has been identified at this stage</p> <p>Pregnancy and Maternity – the services recognises links with other team and their involvement should they be required. A neutral impact has been identified at this stage.</p> <p>Religion and belief – the service is patient centred and goals are individual. A neutral impact has been identified at this stage</p> <p>Sexual orientation - the service is patient centred and goals are individual. A neutral impact has been identified at this stage</p> <p><u>Fairer Scotland Duty</u></p> <p>This service will be available to patients based on individual need. The proposed 'HomeLink' model will enable patients to receive support in their own home which minimises the financial impact and potential challenges experienced by those who have a low income and / or are experiencing material deprivation, and their Carers, from travelling to appointments for their treatment.</p> <p>There may be occasions due to a patients living environment where it is not appropriate for the Homelink concept to be implemented. Therefore, a commissioned bed may need to be considered as an interim option. The</p>
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	<p>recommendations give the flexibility for this to be pursued.</p> <p>The proposed model will collaborate with Aberdeenshire and Moray colleagues to determine the most appropriate means of ensuring the service is available to reach more people across Grampian. Whilst no negative impacts have been identified at this stage this will be monitored during the phased implementation.</p> <p>Health Inequalities No additional impacts have been identified in relation to Healthy inequalities.</p> <p>Carers Carers as part of discharge planning are consulted as per Carers (Scotland) Act 2016 legislation. This ensures that the individual needs of Carers are considered. Additionally, the pathway will ensure that staff have an awareness of their local commissioned Carer Support organisation and know where to signpost to.</p> <p>Human Rights There will be a positive impact in relation to ‘Article 8 – The right to respect for private and family life, home and correspondence’ – The proposed model will enable patients to return home to their own homes to receive their treatment enabling them to return to family life. It will also support a person-centred approach which has a further positive impact.</p>
<p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</p>	<p>Yes – this will be reviewed in Phase 2</p>
<p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person’s rights being restricted? • What is the problem being addressed and will the 	<p>Potential patient group, their carers and families within Neuro Acute wards 204 / 205 at ARI, Neuro rehabilitation Unit at Woodend, HomeLink concept users and users of Horizon rehabilitation services will be positively impacted by an increase in MDT staffing to ensure a more timely and intensive rehabilitation could be offered.</p> <p>No negative impacts identified</p> <p>Significant positive impact to those neuro patients requiring to move through the pathway to have rehab have been identified as outlined above.</p> <p>Carers will be positively impacted in that support is available and will be highlighted better through the pathway.</p>



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restriction lead to a reduction in the problem? <ul style="list-style-type: none">• Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?• Are there existing safeguards that mitigate the restriction?	No one's rights will be restricted by this. The focus of changes includes the improvement of person-centred care process which includes; working in collaboration with patients and their families to achieve the best outcomes for the patient.
Decision of Reviewer	Agreed
Name of Reviewer	Lynn Morrison
Date	13/09/23

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