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

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 28 November 2023

## **INTEGRATION JOINT BOARD**

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 5 DECEMBER 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: ACHSCP Recruitment

4.2 Minute of Board Meeting of 10 October 2023 and attendance record (Pages 3 - 12)

- 4.3 Business Planner (Pages 13 - 16)
- 4.4 IJB Insights and Topic Specific Seminars Planner (Pages 17 - 20)
- 4.5 Chief Officer's Report - HSCP.23.089 (Pages 21 - 32)

## **GOVERNANCE**

- 5.1 Recruitment and Selection of Chief Officer - HSCP.23.094 (Pages 33 - 46)

## **PERFORMANCE AND FINANCE**

- 6.1 Chief Social Work Officer's Report - HSCP.23.091 (Pages 47 - 80)
- 6.2 Quarter 2 Financial Monitoring Report - HSCP.23.095 (Pages 81 - 96)

## **TRANSFORMATION**

- 7.1 Aberdeen City Vaccination Centre - Priority Intervention Hub - HSCP.23.090 (Pages 97 - 156)

Please note there is an exempt appendix contained within the Private Section of this agenda below.

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

- 8.1 Aberdeen City Vaccination Centre - Priority Intervention Hub - HSCP.23.090 - Exempt Papers (Pages 157 - 158)

## **DATES OF UPCOMING MEETINGS / SEMINARS**

- 9.1 Carers Strategy Topic Specific Seminar - 9 January 2024
- 9.2 Risk - IJB Insights Session - 16 January 2024
- 9.3 Integration Joint Board - 6 February 2024

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

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



ABERDEEN, 10 October 2023. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor John Cooke, Chair; Luan Grugeon, Vice Chair; and Councillor Allard (as a substitute for Councillor Fairfull), Councillor Jennifer Bonsell, June Brown, Mark Burrell, Steven Close (from article 10), Jim Currie, Jamie Donaldson, Councillor Lee Fairfull (from article 14), Councillor Martin Greig, Maggie Hepburn (from article 12), Dr Caroline Howarth, Phil Mackie, Shona McFarlane, Paul Mitchell, Alison Murray and Hussein Patwa.

Also in attendance:- Martin Allan, Lisa Allerton, Gale Beattie, Sophie Beier, Fraser Bell, Daniela Brawley (from article 11), Susie Downie, Rae Flett, John Forsyth, Emma King, Graham Lawther, Alison Macleod, Tracey McMillan, Grace Milne, Fiona Mitchelhill, Lynn Morrison, Jason Nicol (for article 16), Shona Omand-Smith, Alison Penman, Sandy Reid and Angela Scott.

Apologies:- Jenny Gibb and Sandra MacLeod.

**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 member Councillor Jennifer Bonsell to her first meeting.

He paid tribute to Luan Grugeon who was standing down as Vice Chair after six years as IJB Member, Chair and Vice Chair. Luan stated that it had been a pleasure and privilege to serve on the Board and that she was proud of its achievements. She expressed her thanks to the Chair and Senior Leadership Team. Members noted that Professor Siladitya Bhattacharya would replace Luan as an NHS Grampian Voting Member.

The Chair stated that today was World Mental Health Day and that the official theme for this year's event was that mental health is a universal human right. He remarked that it was a chance to talk about mental health, the need to look after it and the importance of seeking help if you were struggling.

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

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**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 the agenda.

**The Board resolved:-**

to note that Caroline Howarth advised that she had a connection in relation to agenda item 8.1 (General Practice: Proposed Tender to Support Asylum Seekers – HSCP.23.073) as she was an independent GP, and having applied the objective test she considered that her connection amounted to an interest and would therefore be withdrawing from the meeting for this item.

**EXEMPT BUSINESS**

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

**The Board resolved:-**

to consider the report with the press and public excluded during consideration of item 8.1 so as to avoid disclosure of exempt information of the class described in paragraph 9 of Schedule 7A of the Act.

**VIDEO PRESENTATION - GETTING ON WITH HIV: POSITIVE VOICES**

4. The Board received a video presentation entitled Getting on with HIV: Positive Voices. The Chair advised that one of the biggest challenges around the elimination of HIV was reducing the stigma associated with HIV. He noted that a national anti-stigma television campaign would be launched near the end of October 2023 ahead of the important calendar event of World Aids Day on 1 December with its 'Stand up to Stigma' campaign. The Chair encouraged Members to wear a red ribbon in the lead up to 1 December to raise awareness.

**The Board resolved:-**

to note the video.

**MINUTE OF BOARD MEETING OF 22 AUGUST 2023 AND ATTENDANCE RECORD**

5. The Board had before it the minute of its meeting of 22 August 2023.

**The Board resolved:-**

(i) to approve the minute as a correct record; and

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- (ii) to note the attendance record.

**DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 19 SEPTEMBER 2023**

6. The Board had before it the draft minute of the Risk, Audit and Performance Committee of 19 September 2023, for information.

**The Board resolved:-**

to note the minute.

**DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 15 AUGUST 2023**

7. The Board had before it the draft minute of the Clinical and Care Governance Committee of 15 August 2023, for information.

**The Board resolved:-**

to note the minute.

**BUSINESS PLANNER**

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

**The Board resolved:-**

to note the Planner.

**DEVELOPMENT SESSIONS AND TOPIC SPECIFIC SEMINARS PLANNER**

9. The Board had before it the Development Sessions and Topic Specific Seminars Planner prepared by the Strategy and Transformation Manager.

**The Board resolved:-**

- (i) to explore the provision of finance training for Members, including the potential to add such training to the Planner; and  
(ii) to otherwise agree the Planner.

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### CHIEF OFFICER'S REPORT - HSCP.23.067

10. 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:

- (a) note the detail contained within the report; and
- (b) note 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.

**The Board resolved:-**

- (i) to instruct the Chief Operating Officer to circulate information in respect of patient representation with regard to the Grampian Vision Programme for General Practice; and
- (ii) to otherwise the detail contained within the report.

### PRIMARY CARE IMPROVEMENT PLAN UPDATE - HSCP.23.070

11. The Board had before it a report prepared by the PCIP Programme Manager providing an update on the Primary Care Improvement Plan (PCIP).

**The report recommended:-**

that the Board note the content of the report as an update on current progress against the Primary Care Improvement Plan (PCIP).

**The Board resolved:-**

- (i) to instruct the PCIP Programme Manager to issue a Service Update in respect of the spatial constraints for the Listening Service and actions taken to alleviate this; and
- (ii) to otherwise note the content of the report.

### INTEGRATION JOINT BOARD MEMBERSHIP - HSCP.23.071

12. The Board had before it a report regarding recent changes to its voting membership and the appointment of a new Vice Chairperson of the Integration Joint Board with effect from 16 October 2023.

**The report recommended:-**

that the Board:

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- (a) note the appointment, by Aberdeen City Council, of Councillor Jennifer Bonsell as a voting member of the Integration Joint Board;
- (b) appoint Councillor Jennifer Bonsell to the Clinical and Care Governance Committee;
- (c) note 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) note the appointment, by NHS Grampian, of Professor Siladitya Bhattacharya as a voting member of the Integration Joint Board; and
- (e) appoint Professor Bhattacharya to the Clinical and Care Governance Committee.

**The Board resolved:-**

to agree the recommendations.

### HEALTH AND SOCIAL CARE PARTNERSHIP MEETING DATES 2024-25 - HSCP.23.072

13. The Board had before it a report seeking approval of proposed meeting dates for 2024-25 in respect of the Integration Joint Board, Risk Audit and Performance Committee and Clinical and Care Governance Committee.

**The report recommended:-**

that the Board review and approve the Meeting Schedule for 2023-24 as at section 4.6 of the report.

**The Board resolved:-**

to approve the Meeting Schedule for 2024-25 as outlined below:

<b>IJB – Tuesdays at 10am</b>	<b>RAP – Tuesdays at 10am</b>	<b>CCG – Tuesdays at 10am</b>
6 February 2024	<b>Wednesday 24 January at 2pm</b>	27 February 2024
26 March 2024 <b>(BUDGET)</b>	2 April 2024	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

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19 November 2024	25 February 2025	
4 February 2025		
18 March 2025 (BUDGET)		

**FAST TRACK CITIES - HSCP.23.053**

14. The Board had before it a report prepared by the Consultant in Sexual Health and HIV, NHS Grampian Sexual Health Services and the Public Health Manager, NHS Grampian providing an update on activity contributing to the Fast Track Cities (FTCs) Initiative.

The report authors introduced the report and responded to questions from Members.

**The report recommended:-**

that the Board acknowledge the delivery of the Fast Track Cities initiative in Aberdeen City and across Grampian and endorse the continuation of the work to help reduce the stigma of HIV.

**The Board resolved:-**

to note the report and endorse the continuation of the work.

**ABERDEEN IJB CLIMATE CHANGE REPORTING - HSCP.23.069**

15. The Board had before it a report prepared by the Senior Project Manager seeking approval for the submission of the climate change report to the Scottish Government by 30 November 2023.

**The report recommended:-**

that the Board:

- (a) approve the Climate Change Report as attached at Appendix a of the report; and
- (b) instruct the Chief Officer to submit the Climate Change Report to the Scottish Government by 30 November 2023.

**The Board resolved:-**

to agree the recommendations.



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**STRATEGIC REVIEW OF NEURO REHABILITATION PATHWAY - HSCP.23.047**

16. The Board had before it a report prepared by the Transformation Programme Manager presenting the findings and recommendations of a strategic review undertaken to identify the most effective delivery of Neurorehabilitation across Aberdeen City, Aberdeenshire, and Moray.

**The report recommended:-**

that the Board:

- (a) note the findings of the strategic review of the neurorehabilitation pathway;
- (b) agree to implement the proposed changes to the neurorehabilitation pathway in a phased manner as set out in section 5;
- (c) instruct the Chief Officer to report an evaluation of Phase 1 to the Integration Joint Board in August 2024 before Phase 2 commenced; and
- (d) note 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.

**The Board resolved:-**

to agree the recommendations.

**At this juncture, and in accordance with Article 2 of the minute, Caroline Howarth left the meeting.**

**In accordance with Article 3 of the minute, the following item was considered with the press and public excluded.**

**GENERAL PRACTICE: PROPOSED TENDER TO SUPPORT ASYLUM SEEKERS - HSCP.23.073**

17. The Board had before it a report prepared by the Interim Primary Care Lead presenting the outcomes and recommendations of an options appraisal commissioned to identify the most appropriate delivery mechanism for providing primary care health services to Asylum Seeker arrivals within the Grampian area.

**The report recommended:-**

that the Board:

- (a) approve Option 2 and agree a GP practice/s shall provide direct onsite General Medical Services (GMS) for the asylum seekers at hotels, as set out in the options appraisal in appendix A of the report;
- (b) instruct the Chief Officer to implement Option 2;

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- (c) agree that in the event that Option 2 in recommendation (a) was unsuccessful, Option 3b should be pursued and instruct the Chief Officer to implement that Option; and
- (d) note the continuation of three posts from the Health Assessment Team as part of an Aberdeen City Council (ACC) resettlement integrated team approach to support undertaking of Health Needs Assessments for a period of 12 months.

**The Board resolved:-**

- (i) to agree that in the event that Option 2 in recommendation (a) cannot be implemented successfully or can be partially implemented, Option 3b should be pursued and instruct the Chief Officer to implement that Option; and
- (ii) to otherwise agree the recommendations.

### **7 NOVEMBER 2023 - COMPLEX CARE TOPIC SPECIFIC SESSION**

18. The Board had before it the date of the next Topic Specific Session on Complex Care as 7 November 2023.

**The Board resolved:-**

to note the date of the Topic Specific Session.

### **14 NOVEMBER 2023 - POPULATION HEALTH AND MENTAL HEALTH DEVELOPMENT SESSION**

19. The Board had before it the date of the next Development Session on the subject of Population Health and Mental Health as 14 November 2023.

**The Board resolved:-**

to note the date of the Development Session.

### **5 DECEMBER 2023 - INTEGRATION JOINT BOARD**

20. The Board had before it the date of the next meeting of the Integration Joint Board as 5 December 2023.

**The Board resolved:-**

to note the date of the next meeting.

- **COUNCILLOR JOHN COOKE, Chair.**

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 – <b>Chair</b>	ACC voting member							
Luan Grugeon – <b>Vice Chair</b>	NHSG voting member				Last meeting			
Cllr Jennifer Bonsell	ACC voting member				First meeting			
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	SC			
Maggie Hepburn (ACVO)	Third Sector Representative							
Dr Caroline Howarth	Clinical Director							
Phil Mackie	NHSG Depute Director of Health							
Sandra MacLeod	Chief Officer							
Shona McFarlane	Carer Representative							
Paul Mitchell	Chief Finance Officer							
Alison Murray	Carer Representative							
Graeme Simpson	ACC, Chief Social Work Officer							
Mike Adams	NHSG Staff Representative	Last Meeting						
Cllr Christian Allard	ACC voting member		Last meeting		Sub for Cllr Fairfull to 6.1			
Cllr Deena Tissera	ACC voting member	Cllr Macdonald	Last meeting					

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INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
<b>2023 Meetings</b>									
<b>5 December 2023</b>									
5	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.23.089	Roz Harper	Sandra Macleod	ACHSCP		
6	Standing Item	Video Presentation: ACHSCP Recruitment	To note the regular video presentation from a choice of partner organisations		Stuart Lamberton / Grace Milne	Alison MacLeod, Strategy and Transformation	ACHSCP		
7	17.11.2023	Recruitment and Selection of Chief Officer	To approve the proposed approach to recruiting a replacement for the outgoing Chief Officer of the IJB, and a number of recommendations relating to the job profile for the role, the recruitment selection process and the constitution of an appointment panel for the final selection panel interview.	HSCP.23.094	Lesley Strachan	Lindsay McInnes	ACC		
8	01.11.2023	Chief Social Work Officer's Report	To inform Members of the role and responsibilities exercised by the Chief Social Work Officer; to provide information on the delivery of statutory social work services and decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City.	HSCP.23.091	Graeme Simpson	Eleanor Sheppard	ACC		
9	21.11.2023	Quarter 2 Financial Monitoring Report	To summarise the revenue budget performance to 30 September 2023 for the services within the remit of the IJB; to advise on areas of risk and management mitigating action; and to seek approval of the budget virements so that budgets more closely align to anticipated income and expenditure.	HSCP.23.095	Paul Mitchell	Chief Finance Officer	ACHSCP		
10	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.	HSCP.23.090	Caroline Anderson	Sandy Reid	ACHSCP/ ACVC		
11	Standing Item	Audited Accounts	To seek approval of the Audited Final Accounts for 2022/23.	HSCP.23.092	Paul Mitchell	Chief Finance Officer	ACHSCP	D	External Auditor advised 12 September 2023 that the accounts have not yet been audited; therefore request to be deferred to 6 February 2023.
12	26.07.2022	Complex Care Market Position Statement	To provide an update on implementation of the Complex Care Market Position Statement to date and seek approval of the Complex Care Business case and associated funding, as discussed at the Topic Specific Seminar in November 2023. 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	ACHSCP	D	Approval requested to defer this paper to the meeting on 6 February 2024 to enable an update to be provided on the proposal for the development of a new complex care facility in Aberdeen. It is anticipated that the business case for the facility will be considered at ACC Finance and Resources Committee in November 2023. This item was the subject of a Topic Specific Seminar on 7 November 2023.
<b>2024 Meetings</b>									
<b>6 February 2024</b>									
15	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP		
16	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations						
17	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		
18	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	Alison MacLeod	ACHSCP		
19	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 and Grant funding arrangements, for approval.		Neil Stephenson / Shona Omand-Smith	Sandra MacLeod	ACC		
20	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	Alison MacLeod	ACHSCP		
21	03.11.23	Drug Checking Facilities in Aberdeen	At ACC Full Council on 3 November 2023, a Notice of Motion from Councillor Cooke in respect of drug-checking facilities in Aberdeen agreed: to instruct the Chief Officer - Health and Social Care Partnership to report to the Aberdeen City Integration Joint Board by March 2024 on the progress of those discussions [with respect to delivering a drug-checking pilot in Aberdeen] with partner agencies, the Scottish Government and Home Office.		Simon Rayner	Kevin Dawson	ACHSCP		

INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
12.11.23	Implementation of a Community Electronic Patient Record in Grampian (Morse)	To seek approval of a Business Case to continue the implementation of Morse within ACHSCP.		Michelle Grant	Alison Macleod	ACHSCP			
25.04.2023	Social Care Annual Procurement Workplan for 2024/25	To seek approval for the Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Case.		Neil Stephenson	Sandra Macleod	ACHSCP		R	Remove as a duplicate of line 17 Annual Procurement Workplan 2024/2025
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	Sandra Macleod	ACHSCP		R	Remove as consolidated into line 17 Annual Procurement Workplan 2024/2025
07.02.2023	Annual Grants Workplan 2024/25	To seek approval of the grant funding for 2024/25.		Shona Omand-Smith	Sandra Macleod	ACHSCP		R	Remove as a duplicate and consolidated into line 17 Annual Procurement Workplan 2024/2025
<b>26 March 2024 (Budget)</b>									
Standing Item	IJB Budget - Medium Term Financial Framework	To approve the Budget.		Paul Mitchell	Paul Mitchell	ACHSCP			
<b>7 May 2024</b>									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
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	Emma King and Kevin Dawson	ACHSCP			
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.		Alison Macleod	Alison MacLeod	ACHSCP			
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)	Jenni Lawson	ACHSCP			
Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004	To provide information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves. Annual report, last considered at IJB on 25 April 2023..		Martin Allan	Martin Allan	ACHSCP			
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	Alison MacLeod and Kevin Dawson	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	Alison MacLeod, Strategy and Transformation	ACHSCP		D	On 14 November 2023 from Michelle Grant: request to be deferred on the basis that we will have a period of evaluation as part of the Grampian - wide implementation.
<b>9 July 2024</b>									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
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	Check with Fraser Bell if July or September 2024		
<b>24 September 2024</b>									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							

	A	B	C	D	E	F	G	H	I	J
1	<b>INTEGRATION JOINT BOARD BUSINESS PLANNER -</b> The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
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44		ACHSCP Annual Report	To seek approval of the ACHSCP Annual Report		Alison MacLeod / Amy Richert	Alison MacLeod	ACHSCP	Last presented August 2023		
45	07.09.23	Strategic Risk Register	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register.		Martin Allan	Martin Allan	ACHSCP	Expected approx. August 2024		
46	10.10.23	Strategic Review of Neuro Rehabilitation Pathway - Phase 1 Evaluation	On 10 October 2023 IJB agreed to instruct the Chief Officer to report an evaluation of Phase 1 to the Integration Joint Board in August 2024 before Phase 2 commences.		Tracey MacMillan/ Lynn Morrison/ Jason Nicol	Lynn Morrison	ACHSCP	Aug-24		
47	<b>19 November 2024</b>									
48	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP			
49	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
50	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 10 October 2023.		Daniela Brawley / Lisa Allerton	Sandy Reid				
51	23.09.21	Primary Care Improvement Plan Update	Annual update report. HSCP.23.070 reported to IJB on 10 October 2023.		Emma King / Alison Penman	Emma King	ACHSCP			
52		Health and Social Care Partnership Meeting Dates 2025-26	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 2025-26.		Emma Robertson	Jenni Lawson	ACC			
53	29.11.22	Climate Change Project and Reporting	To seek approval for the submission of the attached climate change report to the Scottish Government.		Sophie Beier	Alison MacLeod	ACHSCP	Check with Sophie Beier if 24 September or 19 November 2024 is preferred date to report.		
54	<b>4 February 2025</b>									
55	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Sandra Macleod	ACHSCP			
56	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
57	<b>18 March 2025 (Budget)</b>									
58		IJB Budget - Medium Term Financial Framework	To approve the Budget.		Paul Mitchell	Paul Mitchell	ACHSCP			
59	<b>2025 and dates TBC</b>									
60	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	Alison MacLeod	ACHSCP	Expected Spring 2025		
61	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 and Fiona Mitchelhill	ACHSCP	Summer 2025		

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### IJB Insights

Date	Topics	Lead Officer	Comments
16 January 2024	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	Risk	Martin Allan	Annual Review
	Governance, Finance, ALEOs	Paul Mitchell/Legal	Requested topics, governance includes committee structures and partnership working
20 February 2024	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	LEGs, SWSC, Age Friendly	Iain Robertson	Requested topics
	Climate Change	Sophie Beier/Phil Mackie	Requested topic
16 April 2024	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	GP Sustainability	Emma King	Perhaps expand to Primary Care Vision?
	Social Care and Criminal Justice	Claire Wilson	Requested topics

12 September 2023	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	Induction and Refresher	Alison MacLeod	Targeted at new IJB members but refresher for all
	Commissioning	Shona Omand-Smith/Neil Stephenson	Requested topic
14 November 2023	Culture/BOOM Boards	Alison MacLeod	Standing Agenda Item
	Population Health	Phil Mackie	Rescheduled from November 2022
	Mental Health	Judith McLennan/Kevin Dawson	Rescheduled from November 2022

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### Topic Specific Seminars

Date	Topic	Lead Officer	Comments
9 January 2024	Carers Strategy	Stuart Lamberton	In advance of IJB on 6 February 2024
5 March 2024	Finance	Paul Mitchell	In advance of IJB on 26 March 2024

5 September 2023	Neuro Rehab	Lynn Morrison/Tracey McMillan	In advance of IJB on 10 October 2023
7 November 2023	Complex Care	Jenny Rae	In advance of IJB

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	5th December 2023
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP23.087
<b>Lead Officer</b>	<i>Sandra MacLeod</i>
<b>Report Author Details</b>	<i>Name: Roz Harper Job Title: PA Email Address: ros.harper@aberdeencity.gov.uk</i>
<b>Consultation Checklist Completed</b>	<i>Yes</i>
<b>Directions Required</b>	<i>No</i>
<b>Exempt</b>	No
<b>Appendices</b>	a. Health Improvement Fund Annual Report b. Examples of Projects Funded by HIF c. Letter from Emma Roddick MSP
<b>Terms of Reference</b>	5

### 1. Purpose of the Report

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

### 2. Recommendations

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

- a) notes the detail contained within the report

### 3. Strategic Plan Context

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



## INTEGRATION JOINT BOARD

### 4. Summary of Key Information

#### 4.1 Local Updates

##### Aberdeen City Council ALEO Options Appraisal

At the meeting of the Full Council on 3 November 2023, Aberdeen City Council (ACC) considered an options appraisal on working arrangements with its Arm's Length External Organisations (ALEOs). In relation to Bon Accord Care (i.e., Bon Accord Care Ltd and Bon Accord Support Services Ltd), Council noted that the options appraisal highlighted potential benefits in bringing the associated service in-house and integrating them into the Council structure. The Council's Head of Commercial and Procurement Services has subsequently been instructed to outline the benefits of the potential option and provide indicative milestones with an Outline Business Case for consideration by Council in February 2024.

In the meantime, Aberdeen City Health and Social Care (ACHSCP), Bon Accord Care and ACC colleagues are continuing dialogue on future contractual arrangements between ACC and Bon Accord Care on the provision of services to the ACHSCP during 24/25. This will be with a view to ensuring business continuity and service provision notwithstanding potential changes to the organisational structure.

##### Health Improvement Fund (\*appendix a)

The Integration Joint Board's Health Improvement Fund (HIF) supports initiatives to improve people's health and wellbeing across Aberdeen. The fund empowers our communities to facilitate change and leaves a long-lasting legacy within local communities. During 2022/23, 68 projects were funded through the Health Improvement Fund. The projects range from community gardening and lunch clubs to birthing classes and Virtual Reality training. These projects will support the delivery of the Aberdeen City Health and Social Care Strategic Plan, as well as Aberdeen City Locality Plans, Local Outcome Improvement Plan (LOIP), and Aberdeen City's Community Empowerment Strategy.

In order to streamline funding opportunities across the City, the Health Improvement Fund linked up with the Food in Focus Fund, ACVO Community Mental Health and Wellbeing Fund, and Aberdeen City Covid Recovery Fund to ensure an additional 14 applications could receive funding. These links saw 72% of applications successfully funded within Round 1, and 67% of applications successfully funded within Round 2.

\*Please see **appendix a** for the full Health Improvement Fund report for 2023.



## INTEGRATION JOINT BOARD

### **Health Improvement Fund – 2023/24 Update (\*\*appendix b)**

In November 2023, the Health Improvement Fund (HIF) received a record number of applications (totalling over £388k). This reflects a growing need from our communities as a result of rising health inequalities and an increase in the cost of living. Our decision making groups are made up of Locality Empowerment Group and Priority Neighbourhood Partnership members and they score applications to determine which projects are awarded funding. This is a good example of community empowerment in action, with community members taking decisions alongside community planning officers. These decision-making groups were able to fund 69% of applications received.

The projects will undertake vital preventative work in our communities to improve health and wellbeing and reduce health inequalities. Projects are required to start within three months of a successful application providing immediate benefits for our communities. A further funding round will be undertaken within the North locality in early 2024 to award remaining funds.

Number of projects funded by area is as follows:

- Citywide - 16
- Central Locality - 17
- North Locality - 8
- South Locality - 15

\*Please see **appendix b** for examples of projects funded by HIF.

### **Workforce Planning**

On 13 October 2023, the RAP Committee held a 'deep dive' workshop into the strategic risks associated with Workforce Planning. There was evidence of progress made on reducing the rate of staff turnover, filling vacancies, and reducing sickness absence.

On 1 November, ACHSCP hosted its first Recruitment Fair at Aberdeen Beach Ballroom. Eighteen services from ACHSCP and Partners were there to promote jobs and the event seen approximately 300 job seekers attend. Some social care providers received over 100 applications and others held interviews on the day. It is hoped this will help increase the social care workforce over winter. The event highlighted an appetite for future events for Health and Social Care Sector careers. Sessions were held throughout the day to support people find NHSG and ACC posts online and to provide Interview and application tips.



## INTEGRATION JOINT BOARD

Thanks and recognition to the team, stallholders, and volunteers who helped support this brilliant event. There will be a Recruitment Fair held every 6 months going forward and some social care providers are keen to hold 'pop up' recruitment events across various sites.

Footage was gathered at the event from SHMU and supported the creation of the ACHSCP Recruitment promotional video.

### **Hospital @ Home**

Hospital at home submitted a bid to the Scottish Government in August 2023 seeking grant funding for £6,002,264 to help increase the number of hospital @ home beds from 42 to 100 by 2025. A letter was received on 3<sup>rd</sup> October 2023, conforming that NHS Grampian will receive just over £2m, with £524,598 allocated to Aberdeen City. However, these funds will only be released on successful recruitment to fill posts and increase the bed base.

The service will also build on the frailty pathway, increasing from 42 to 45 beds by November 2023 and then to 60 beds by 2024/2025. The respiratory pathway plan is to increase from 5 beds to 10 by November 2023 and to 20 beds by 2024/2025. A further 20 beds, to include acute medicine and paediatrics, are being considered for 2024/2025. The bid also included £561,778 in respect of Community Heart Failure Team to progress capacity.

In addition, Healthcare Improvement Scotland (HIS) have advised of £122,336 Board allocation, for test of change with a band 4 Assistant Practitioner role to serve as 'Team Coordinator' on a fixed term basis. Any potential under spend on this allocation is to be notified and funds returned. The HIS project team requests we measure the impact of this initiative, with monthly and quarterly reports to Healthcare Improvement Scotland.

### **Integration Scheme**

IJB will recall that the Integration Scheme was revised earlier this year and that it was endorsed by the NHS Grampian Board on 2nd February 2023 and by Aberdeen City Council on 22nd February 2023 before being submitted to Scottish Ministers for approval. We are now in receipt of their feedback which is mainly in relation to updated legislative references and format and style. None of the comments received have a material impact on the content of the Integration Scheme. One of the recommendations in the report that went to Aberdeen City Council was that the Chief Executive was given delegated authority to agree any minor changes proposed by the Scottish Government for the revised Integration Scheme to be approved. The amendments to the Integration Scheme are currently being undertaken after which, the Chief Executive of Aberdeen city Council and NHS Grampian will be asked to approve the revised Integration Scheme for publication.





## INTEGRATION JOINT BOARD

### **Service User Representative on the IJB**

The IJB Service User Representative was appointed for the period March 2021 to March 2024. Unfortunately, due to volunteering commitments the representative has now

indicated that he is no longer able to dedicate the required time for his IJB role and has reluctantly made the decision to stand down with immediate effect. We have written to the representative acknowledging this and thanking them for their service. Officers are already in discussions with individuals from some of our service user engagement groups seeking a replacement IJB Service User Representative. Should we get more than one individual interested, there will be a light touch selection process whereby candidates will be invited to an informal discussion with the Chair of the IJB and the Chief Officer of Aberdeen City Health and Social Care Partnership, after which the most suitable candidate will be selected.

### **Complex/Extra Care Accommodation Update**

Full Planning Permission has been secured for Stoneywood (8 units plus staff facilities) and Banks O' Dee (24 units). Tenders for the Stoneywood Development have been returned and are currently being evaluated. A Full Business Case has recently been presented to Aberdeen City Council's Finance and Resources Committee and a funding profile is being developed.

### **Storm Babet - 19<sup>th</sup>-21<sup>st</sup> October 2023**

Aberdeen City Health and Social Care Partnership was active in response mode to Storm Babet that swept across Scotland during the 19<sup>th</sup>-21<sup>st</sup> of October 2023.

As this was an adverse weather event, there was sufficient lead in time to allow early decisions to be made by the Senior Leadership Team around how the Partnership's response to the storm would be coordinated. This included additional staff volunteers to assist out of hours Social Work Team, asking Bon Accord Care to consider increasing their staff ahead of the storm and ensuring that the Senior Manager on Call (SMOC) had cover for other SMOC duties and meetings over the weekend.

The SMOC and the Business and Resilience Manager attended various meetings of Aberdeen City Council's Incident Management Team and the Grampian Local Resilience Partnership to help manage the response.

The IJB is a Category 1 Responder under the Civil Contingencies Act 2004 and has specific duties which it has to undertake when dealing with emergency events. The main role that the



## INTEGRATION JOINT BOARD

SMOC was involved in was liaising with Social Work colleagues to check on vulnerable people in the City who had been affected by the weather. The information was fed back into the Council's meeting and then the SMOC attended the Local Resilience Partnership meeting to share situational awareness.

On the 19<sup>th</sup> and 20<sup>th</sup> of October there were a few small power outages in the City and Social Work colleagues made contact with all the vulnerable people in the affected areas to ensure that they were doing ok and that any planned care was still going ahead. During this time there was a risk that the River Dee might burst its banks in the Garthdee and Riverside Drive areas of the City. Contingency plans were put in place in case this happened. The river didn't break its banks.

On the 21<sup>st</sup> of October, with the rain still falling, concern was raised that the Culter Burn was likely to burst its banks in the Millside area of Culter. The SMOC again liaised with Social Work colleagues to identify vulnerable people in the area and Police Scotland were able to then knock on their doors and explain the flooding risk. The local Culter Resilience Group set up a support centre in the Village Hall, however, no residents needed to evacuate their homes as the flooding subsided.

The staff involved in the response to the Storm have shared their views ahead of the Council and the Local Resilience Partnership undertaking debriefs. The main areas coming out of the Partnership's debrief included Social Work staff finding that data received by SSEN was sometimes duplicate; that overall, the communication was well managed between the teams of staff within the Partnership and that moving forward, additional functionality within the Persons At Risk Database (PARD) would be helpful.

### **Regional Update**

#### **North East Partnership Steering Group**

The North East Partnership Steering Group (NEPSG) met on 17 November 2023. The NESPG brings together the chairs, vice-chairs and chief officers of the three health and social care partnerships in Grampian, namely, Aberdeen City, Aberdeenshire and Moray.

There was a focus at the meeting on the projected increase in prescriptions costs during 23/24 when compared to previous years. As highlighted in the Quarter 2 Financial Monitoring Update report on this agenda, it is projected that the costs to the Aberdeen City Health and Social Care of providing prescriptions will be approximately 20% higher than on the previous financial year. Aberdeenshire and Moray health and social care partnerships are also projecting significant increases in prescription costs as are other partnerships across Scotland. Should prescription



## INTEGRATION JOINT BOARD

costs continue to rise at the current rate there may be an impact on the partnerships' ability to deliver services as they currently do. It was noted that the significant impact of prescription costs is a financial pressure being experienced at a national level and that the matter is being escalated to government levels through Chief Officer and Chief Finance Officer routes networks accordingly.

### National Updates

#### **Review of Public Sector Equality Duty (\*\*\*)appendix c)**

On 4th October 2023 Emma Roddick MSP, Minister for Equalities, Migration and Refugees wrote to all Public Bodies updating them on the next stages of the review of the effectiveness of the Public Sector Equality Duty (PSED) in Scotland. (Letter attached as Appendix) Acknowledging that this work does not sit in isolation, the letter also included some further information on how this relates to wider activity, including the development of the forthcoming Mainstreaming Strategy and the Human Rights Bill.

The Minister confirms that the Scottish Government will be taking a phased approach to improving the PSED regime which will begin initially with new or revised regulations and longer term will include changes to reporting (reducing the burden of this and aligning with other requirements); exploring the appetite for setting national equality outcomes; and learning from international best practice.

The current duty to report on pay gap will be revised to include reporting on ethnicity and disability pay gaps and a new duty in relation to the use of inclusive communication will be introduced. Regulation 6A of the Scottish Specific Duties, which relates to the collection of data on listed authorities' members' characteristics is to be repealed due to barriers and challenges around how the data collection requirement of the regulation is framed as well as the significant amount of work that has been undertaken to diversify Boards and ensure appropriate representation.

There is a commitment to providing an appropriate lead-in period to ensure that listed authorities understand and can prepare for what will be required of them under new or revised Regulations. The Scottish Government will work with the Equality and Human Rights Commission, who produce technical guidance on all aspects of the PSED regime under section 13 of the Equality Act 2006, to ensure that listed authorities are fully prepared for any new duties.

There is the intention, by the end of this year, to consult on a Mainstreaming Strategy, as part of the commitment to embed equality and human rights throughout government and the public sector. This provides a parallel route to progress other, non-legislative, improvements to equality and human rights mainstreaming across the public sector, with the aim of



## INTEGRATION JOINT BOARD

improving the lives of the most disadvantaged people in Scotland. After earlier engagement with internal and external stakeholders, the main themes of the Strategy which will be formally consulted on, will be:

- Strengthening Leadership;
- Accountability and Transparency;
- Regulatory and Policy Environment;
- Evidence and Experience;
- Enhancing Capability and Culture; and
- Ensuring Capacity.

Further detail is available in the letter (**appendix c**) and there are links to the consultation responses and the independent analysis of this. The content of the letter and the implications for the IJB's PSED will be considered by the Equality and Human Rights Sub Group and further update and detail will be provided to the IJB as part of the annual update of the Equality Outcomes and Mainstreaming Framework which is due to be presented to the IJB on 7th May 2024.

### 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

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

#### 5.3. Workforce

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

#### 5.4. Legal

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



## INTEGRATION JOINT BOARD

### 5.5. Unpaid Carers

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

### 5.6. Information Governance

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

### 5.7. Environmental Impacts

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

### 5.8. Sustainability

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

### 5.9. Other

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

## 6. Management of Risk

The 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

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

The update on Workforce Planning 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



## INTEGRATION JOINT BOARD

\*Appendix a



Aberdeen City Health and Social Care Partnership  
**Health Improvement Fund**  
Annual Report 2022-23



<https://www.aberdeencityhsc.scot/globalassets/health-improvement-fund-report-2023-online.pdf>



## INTEGRATION JOINT BOARD

\*\*Appendix b

### Health Improvement Fund Case Studies

#### **Men's Wellbeing Group in Bridge of Don**

Following a survey with group members, a number of men's wellbeing activities have been implemented. The sessions are part of a co-produced project to help participants improve flexibility, mobility, balance, core strength and reduce joint pain, this helps them to live independently for as long as possible by preventing poor health and wellbeing and preventing admission to hospital or social care settings. The session is undertaken between Feel Good Football (aimed at men's mental health) and Walking Football sessions at Strikers in Bridge of Don to ensure maximum uptake. Both cohorts join for a 45-minute session. The feedback has been wonderful, and the class is always full. This project encourages self-management and supports a demographic who are often disengaged from health and wellbeing community activities.



#### **Childminder Led Outdoor Project**

Health Improvement funding has helped this project purchase gardening resources to enable fifty childminders to create and manage gardens with the children they care for. This provides opportunities for young children to learn about growing food and healthy eating. Parents are also encouraged to get involved and this has resulted in a network of sharing recipes and gardening tips, as well as valuable peer-support. Gardening provides children with an opportunity to get outside, practice their motor skills, learn where food comes from, and bond with their parents or carers. The project has showcased their work at Britain in Bloom to highlight this innovative way of working and is another good example of HIF projects that are having an immediate impact and will benefit children, families, and local communities in the longer term.





## INTEGRATION JOINT BOARD

\*\*\*Appendix c

Minister for Equalities, Migration and Refugees  
Emma Roddick MSP



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

T: 0300 244 4000

04 October 2023

Dear Colleagues,

**Thank you for your interest to date on the review of the effectiveness of the Public Sector Equality Duty (PSED) in Scotland. I am now writing to update you on the next stages of the review. However, this work does not sit in isolation. I have therefore included some further information on how this relates to wider activity, including the development of the forthcoming Mainstreaming Strategy and the Human Rights Bill.**

As you will be aware, in our [public consultation](#) (published December 2021 and open until April 2022), we consulted on a series of proposals, both for legislative changes and changes to the wider implementation environment in relation to the Scottish Specific Duties. [Consultation responses](#) have since been published alongside [independent analysis](#) of these responses.

As we move forward with the review, we will be taking a phased approach to improving the PSED regime.

### **New or revised Regulations**

Initially this will include delivering on two key prioritised regulatory changes, which I believe will be highly impactful in terms of advancing equality in Scotland for some of the most disadvantaged groups, with the aim of implementing these changes by the end of April 2025. These are: **revising the current pay gap reporting duty** to include reporting on ethnicity and disability pay gaps; and introducing a new duty on listed public bodies in relation to their use of inclusive communication.

### **Revising pay gap reporting**

Pay gap reporting is an important means of driving action to spotlight and reduce the pay inequalities affecting certain disadvantaged groups in our society. Pay gaps represent different groups' divergent experiences of not only the workplace, but also education, skills acquisition, care and other domestic labour, and wider societal conventions.

The proposal to extend the existing duty to publish gender pay gap information (regulation 7 of the Scottish Specific Duties) to include ethnicity and disability first appeared in the [2021 SNP manifesto](#), and a commitment to consult on these proposals was subsequently contained in the [2021 Programme for Government](#).

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

The Scottish Parliament, Edinburgh EH99 1SP  
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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	5 December 2023
<b>Report Title</b>	Recruitment and Selection Process for Chief Officer
<b>Report Number</b>	HSCP.23.094
<b>Lead Officer</b>	Angela Scott, Chief Executive, Aberdeen City Council Adam Coldwells, Interim Chief Executive, NHS Grampian
<b>Report Author Details</b>	Lesley Strachan, People & Organisational Development Manager, Aberdeen City Council lstrachan@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	1 Job Profile
<b>Terms of Reference</b>	1

### 1. Purpose of the Report

- 1.1. This report sets out the proposed approach to recruiting a replacement for the outgoing Chief Officer of the Integrated Joint Board (IJB) (Aberdeen City Health and Social Care Partnership), and includes a number of recommendations for approval by the IJB relating to the job profile for the role, the recruitment selection process and the constitution of an appointment panel for the final selection panel interview.



## INTEGRATION JOINT BOARD

### 2. Recommendations

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

- a) Approves the revised job profile attached at Appendix 1;
- b) Notes the indicative timeline for the recruitment and selection process;
- c) Approves the proposed selection process set out within the report;
- d) Establishes a temporary Committee of the IJB, to be called an Appointment Panel, constituting the Chair and Vice Chair of the IJB and Chairs of the Risk, Audit & Performance and Clinical & Care Governance Committees, with the Chief Executives of Aberdeen City Council (ACC) and NHS Grampian as principal advisers to the Panel to interview candidates and make an appointment;
- e) Agrees that the appointment of the Chief Officer shall be determined by the Appointment Panel, subject to the approval of the IJB.
- f) Agrees that the Chief Executives of ACC and NHS Grampian make arrangements for an Interim Chief Officer should they consider it necessary to do so and;
- g) Instructs the Chief Executives of ACC and NHS Grampian to report back to the IJB on any interim appointment.

### 3. Strategic Plan Context

- 3.1. The Chief Officer leads the development and implementation of the IJB's Strategic and Financial Plans and as such, the recruitment of a Chief Officer is integral to the continued delivery of the aims and objectives of the Strategic Plan.

### 4. Summary of Key Information

- 4.1. The current Aberdeen City Health and Social Care Partnership's Chief Officer formally tendered her resignation on 16 November 2023. In accordance with the NHS Executive Grade terms and conditions of employment, the formal notice period is 3 months, with an agreed end date of 16 February 2024.
- 4.2. Section 10 of the Public Bodies (Joint Working) Scotland Act 2014, states that the IJB is to appoint the Chief Officer and notes that it must consult both



## INTEGRATION JOINT BOARD

ACC and NHS Grampian. The Aberdeen City Integration Scheme (an agreement between ACC and NHS Grampian in respect of functions each delegated to the IJB) provides more detail on the responsibilities of the Chief Officer.

### 4.3. Job Profile

The job profile for the Chief Officer role has not been reviewed since the appointment of the current jobholder.

4.4. The Aberdeen City Integration Scheme states that Acute Services (Annex 4 of the Integration Scheme) are under operational control (delivery) of NHS Grampian but that the Chief Officer of the IJB is responsible for the effective strategic planning of them in line with current policy and strategies. The IJB's role in Acute Services relates to the Strategic Planning of those services.

4.5. A report was approved by the IJB in May 2021, setting out that the Chief Officer had been asked to develop outcomes and objectives for the interim portfolio areas of Adult Medicine and Unscheduled Care (MUSC). In July 2021, a further report noted that on an interim basis, that the Chief Officer provide operational line management for Acute Services MUSC. The extant job profile for the IJB Chief Officer was not amended to reflect these interim arrangements and the job profile at Appendix 1 does not make provision for the continuation of these interim arrangements .

4.6. The job profile has been reviewed in consultation with a range of stakeholders including the Chair and Vice Chair of the IJB, the Chief Executives of ACC and NHS Grampian, the current Chief Officer and the Partnership's Senior Leadership Team. A number of changes have been made and a revised job profile is attached at Appendix 1. The changes made will not affect the current grading nor salary of the post, namely ACC Chief Officer Scale Point 44 (currently £120,504) / NHS Executive Senior Management Grade F (currently £101,379 - £134,214).

### 4.7. Selection Process

A robust selection process will be arranged to assess candidates against the requirements of the job profile. In accordance with the selection processes facilitated by the HR Teams of ACC and NHS Grampian for senior leadership appointments, it is recommended that an assessment centre be arranged comprising a number of sessions, each designed to test different elements



## INTEGRATION JOINT BOARD

of the job requirements. The assessment centre outcomes will be provided to the Appointment Panel convened to undertake a final selection panel interview.

### 4.8. Indicative Timeline for Selection Process

Advert live	11 December 2023
Closing date	14 January 2024 (midnight)
Shortlisting	w/c 22 January 2024
Assessment Centre	w/c 5 February 2024
Appointment Panel Interview	w/c 5 February 2024

### 4.9. Appointment of Chief Officer

As noted above, the appointment of the Chief Officer shall be made by the IJB. However, the entire composition of the IJB as an appointment panel is unlikely to be practicable, or best practice from a candidate perspective. It is recommended that the IJB establish a Committee, to be known as the “Appointment Panel”, under Standing Order 25 of the IJB’s Scheme of Governance. That Committee will be temporary and will be disestablished once the IJB have appointed a Chief Officer.

4.10. The governance of the Appointment Panel will be in accordance with the IJB’s Standing Orders. Standing Order 25(4) states that the Chair of a Committee cannot be the Chair or Vice Chair of the IJB. The Appointment Panel shall comprise the Chair and Vice Chair of the IJB and the Chairs of the Risk, Audit & Performance and Clinical & Care Governance Committees, with the Chief Executives of ACC and NHS Grampian as principal advisers to the Panel. The Chief Executives line manage the Chief Officer and so bring that expertise to the panel. The Panel will also be supported by HR advisers from both ACC and NHS Grampian.

## 5. Implications for IJB

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

As with all public bodies, the IJB has an equalities duty under the Equality Act 2010. Public Bodies such as the IJB must, when making decisions of a strategic nature about how to exercise its functions, have due regard to reducing discrimination and advancing equality of opportunity, with the purpose to reduce inequality of outcomes.



## INTEGRATION JOINT BOARD

The recruitment and selection of a new Chief Officer shall be done in accordance with the recruitment and selection guidance and diversity and equality policies of both partner organisations – NHS Grampian and Aberdeen City Council. A full internal and external advertising process will be undertaken so that the vacancy is visible and accessible to all.

### 5.2. Financial

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

### 5.3. Workforce

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

### 5.4. Legal

The role of the Chief Officer is statutory. To not make plans to appoint an incumbent Chief Officer would result in non-compliance with the Public Bodies (Joint Working) Scotland Act 2014.

The National Care Service Bill is currently being progressed and will bring further change to the Integration of Health and Social Care. The role and remit of the Chief Officer may be subject to review to ensure it meets the requirements of any future legislative change. Where this is necessary, the matter will be brought to the IJB's attention.

### 5.5. Unpaid Carers

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

### 5.6. Information Governance

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

### 5.7. Environmental Impacts



## INTEGRATION JOINT BOARD

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

### 5.8. Sustainability

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

### 5.9. Other

## 6. Management of Risk

### 6.1. Identified risks

The Chief Officer together with the Senior Leadership Team is responsible for the delivery of the Strategic Plan for the IJB. The Strategic Risk Register sets out all of the potential risks and mitigations associated with delivery of the Strategic Plan. The risk of failure to deliver on the Strategic Plan is mitigated by the appointment of a Chief Officer.

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

As above, all strategic risks set out of the Strategic Risk Register help to manage and mitigate delivery of the Strategic Plan.



# Aberdeen City Health & Social Care Partnership

Job Profile

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## Chief Officer



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



## About the Role

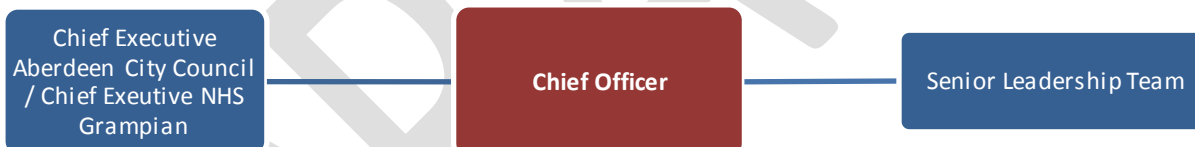
To provide a single point of overall strategic leadership for the Aberdeen City Health and Social Care Partnership, including lead responsibility for delivery of the services agreed by the Integration Joint Board as defined within the Strategic Plan, as well as management of the integrated budget for those services.

To lead on the improvement of those services to achieve the best health and social care outcomes for patients, people who use services and carers within the Aberdeen City Partnership area.

Accountable to the Integration Joint Board and reporting to the Chief Executives of NHS Grampian and Aberdeen City Council.

The postholder is expected to work with a diverse range of stakeholders across Health, Council, Voluntary Sector and other partner agencies. The postholder will also work closely with the Scottish Government.

<b>Job Title</b>	Chief Officer
<b>Pay Grade</b>	ACCSCP 44 / NHS Senior Management Grade F
<b>Service Area/Team</b>	Leadership Team
<b>Location</b>	



## Key Outcomes and Task Examples

The post holder will deliver the following outcomes:

### Strategic

Examples of related tasks:

- Lead the development and implementation of the Partnership's Strategic Plan to maximise the efficiency and utilisation of available resources, including taking into account anticipated developments in the external environment and to influence those developments where possible.
- Provide strong, effective, visible leadership of transformational change for the Partnership in line with the IJB's Strategic Plan and those of NHS Grampian and Aberdeen City Council, with a focus on an increasing move to the delivery of community-based health and care services.
- Provide a strategic leadership role in strengthening partnership arrangements across the public, third and independent sectors.



	<ul style="list-style-type: none"> <li>• Lead and develop Community Planning Partnership arrangements, as agreed and in accordance with, the CPP Local Outcome and Improvement Plan</li> <li>• To plan and develop services, innovative approaches and strategies that impact on the health and wellbeing of the population and the delivery of the health inequalities agenda.</li> <li>• Harness new ways of maximising digital and self-serve technology opportunities from both a business, systems perspective and from a client/ service end user perspective.</li> <li>• Lead the Partnership that has at its core a culture of patient and service user safety and will be responsible for providing assurance to the Integration Joint Board that such standards are being achieved by the systematic application of the established clinical and care governance principles signed up to by the Integration Joint Board.</li> <li>• As a senior manager with the Council, the NHS and the Integration Joint Board, and therefore with a wider governance role in both organisations, be expected to provide input on a wide range of health and social care related issues.</li> <li>• Represent the Council and NHS Grampian at local and national level in relation to the integration of adult health and social care in Scotland, influencing policy initiatives being developed by the Scottish Government, ensuring the Partnership, Council and NHS Grampian are fully aware of developments and have the information, professional advice and assistance necessary to make policy decisions.</li> </ul>
<b>Managing Services</b>	<ul style="list-style-type: none"> <li>• Establish integrated systems and working arrangements to deliver all service requirements, taking account of statutory and legislative requirements and advice to the Integration Authority, the NHS Board, Full Council and relevant committees.</li> <li>• Determine operational priorities and review functional activities across the Partnership to ensure effective deployment of employees and all other resources in order to achieve high individual, team and organisational performance.</li> <li>• Promote, and where necessary lead, the identification, development and implementation of transformational change, continuous quality improvement and service redesign projects creating new ways of working, organisational change or service change to meet the health and social care needs of the population.</li> <li>• Ensure that the responsibilities of the Council's Chief Social Work Officer (as defined by Section 45 Local Government etc. (Scotland) Act 1994) are effectively supported and delivered and that the requirements of NHS Clinical Governance are met.</li> <li>• Ensure that all services are delivered in accordance with the Equality and Diversity Policies applicable to the Partnership and the statutory, general and specific Equality Duties.</li> </ul>
<b>Managing Resources</b>	<ul style="list-style-type: none"> <li>• Propose, allocate and be accountable for budgets for services to meet the objectives as agreed by the IJB, ensuring that financial targets are achieved within the resources available.</li> <li>• Establish long term financial plans for the Partnership as required and contribute to financial planning at a corporate level.</li> </ul>

This job profile provides indicative information about outcomes, tasks and activities that may be undertaken as part of this role. It is not intended to be an exhaustive list due to the need for agility and flexibility in our workforce and to be responsive to change and meet business needs.

	<ul style="list-style-type: none"> <li>• Ensure strict compliance with all standing orders and financial regulations of the Council and HNS Grampian, and that appropriate and robust internal controls are in place to support compliance.</li> <li>• Ensure the management of the Information Governance Assurance Framework is appropriately secure and legally compliant.</li> <li>• Develop long-term plans for the Partnership’s physical and information resources, including tendering where applicable, ensuring that resources required to achieve the overall aims of the joint partners are in place.</li> <li>• Ensure that all employees working within the fully integrated Partnership are managed in accordance with the appropriate employer policies and procedures, employee governance frameworks and the application of health and safety, equalities and dignity at work policies and practices</li> <li>• Foster good employee relations with the representative Trades Unions and Staff Side.</li> <li>• Lead people management practices within the Partnership, which encourage a culture of positive internal engagement with employees, promotes development of robust partnership working across both organisations and promotes the achievement of better outcomes for service users.</li> <li>• To generate an ethos of professional and distributive leadership amongst professionals, senior clinicians and managers who form the Partnership with regard to accountability, responsibility, role and contribution.</li> <li>• Ensure arrangements are in place to promote and support the continuing professional and personal development of employees by ensuring that effective performance management systems are in place, which provide development opportunities, enhance performance motivation, and facilitate skill utilisation and flexibility.</li> <li>• Lead, develop and coach a Senior Leadership Team to plan and deliver exceptional performance.</li> <li>• Promote the health, safety and wellbeing of employees at work and of service users through the implementation of the Council and NHS Grampian’s policies on Health, Safety and Wellbeing at work and service Health and Safety arrangements in accordance with all relevant statutory requirements, leading by example.</li> </ul>
<p><b>Managing Performance</b></p>	<ul style="list-style-type: none"> <li>• To provide a point of joint accountability for performance of services to the Integration Joint Board, as well as that required through the respective Council and NHS Grampian governance arrangements.</li> <li>• Develop and set standards for the joint delivery of health and social care services ensuring a robust performance management framework is in place to measure service delivery, and ensure continuous improvement.</li> <li>• Ensure that all statutory clinical and non-clinical governance and professional standards are adhered to and arrangements are established to ensure systems are in place meeting professional and clinical standards.</li> </ul>

This job profile provides indicative information about outcomes, tasks and activities that may be undertaken as part of this role. It is not intended to be an exhaustive list due to the need for agility and flexibility in our workforce and to be responsive to change and meet business needs.

	<ul style="list-style-type: none"> <li>• Establish and implement a robust approach to risk management that will ensure a proactive and coordinated approach to both clinical, care and business risks.</li> <li>• Review and develop, via the IJB, relevant NHS Grampian and Council, policies ensuring that they facilitate delivery of high quality services, consistent with the statutory objectives of both organisations and lie within the resources available to the Board or successor body.</li> <li>• Manage and retain oversight of preparations for inspection and audit activity relating to delivery of services defined in the Integration Scheme and undertaken as part of the Joint Commissioning Plan</li> </ul>
<b>Managing Relationships</b>	<ul style="list-style-type: none"> <li>• Direct and implement an agreed engagement strategy with frontline professionals, locality community leads, and the third and independent sectors which support innovative practice and local solutions to health inequalities and shape the Partnership's Strategic Plan.</li> <li>• Develop and maintain effective partnerships with Scottish Government and MSPs, local elected members, and the media to establish effective communication and engagement with the citizens of Aberdeen.</li> <li>• Develop and secure effective partnership working with a range of key stakeholders, including representatives of people who use services and their carers, voluntary and private sector providers, trades unions and employees to achieve optimum development of services</li> <li>• Create opportunities for integration, continually looking for benefits that can be achieved across organisations, nationally and in collaboration with external partners.</li> <li>• Communicate complex and potentially contentious information in a way that is tailored to meet the needs of a variety of audiences. This includes provision of advice and guidance to NHS Grampian, the Council and its Committees on all aspects of the services provided across the Partnership.</li> <li>• Strengthen partnership arrangements by developing a culture that is inclusive, supportive and high performing to ensure the service we provide results in better outcomes for our service users.</li> </ul>

<b>Role Requirements</b>	
This section includes what the post holder needs to carry out the role or, for recruitment purposes, enables applicants to decide whether they meet these requirements.	
<b>Minimum Qualification(s) / Certificates / Memberships etc. required</b>	<ul style="list-style-type: none"> <li>• A relevant degree/professional qualification</li> <li>• A post graduate management qualification (e.g. MBA) (desirable)</li> <li>• Evidence of continuous professional development</li> </ul>

This job profile provides indicative information about outcomes, tasks and activities that may be undertaken as part of this role. It is not intended to be an exhaustive list due to the need for agility and flexibility in our workforce and to be responsive to change and meet business needs.

<p>As a minimum, demonstrate skills and experience in</p>	<ul style="list-style-type: none"> <li>● Proven extensive experience in: <ul style="list-style-type: none"> <li>○ a senior leadership role, at board level, in a large complex and multi-functional organisation within the health and social care sector</li> <li>○ managing organisational and cultural change</li> <li>○ strategic policy development and implementation</li> <li>○ developing and managing strategic partnerships</li> <li>○ service transformation and quality improvement performance</li> <li>○ developing integrated services</li> <li>○ delivering measurable outcomes</li> </ul> </li> <li>● managing significant financial resources in times of financial constraint, including planning, monitoring, control and reporting</li> <li>● managing and understanding a demanding client base</li> <li>● risk analysis, risk awareness, monitoring and management of risk</li> <li>● business/service improvement methodologies</li> <li>● embracing new technology to deliver services in an innovative way</li> <li>● excellent oral and written communication skills with ability to express views coherently and convincingly to negotiate and influence outcomes in a complex organisation</li> <li>● developing and maintaining effective, positive relationships with key partner organisations providing a positive role model for partnership, relationship and conflict management</li> <li>● finding creative and pragmatic solutions, seeking improvements, adapting to changing situations and working with and through ambiguity</li> <li>● resilience, commitment, and the resourcefulness to operate effectively under pressure</li> <li>● capacity to think strategically and take a whole Selection process system approach</li> </ul>
<p>As a minimum, demonstrate an understanding of</p>	<ul style="list-style-type: none"> <li>● national health and social care partnership legislation, strategic policy, operation, opportunity and challenges</li> <li>● the Health and Social care priorities in Scotland</li> <li>● the political agenda for Health and Social Care</li> <li>● the context and restrictions of working in public sector</li> <li>● integration and collaborative working</li> <li>● key drivers in a business area and working in partnership with stakeholders to measurably improve service delivery</li> </ul>
<p>Demonstrate commitment to</p>	<ul style="list-style-type: none"> <li>● working in partnership</li> </ul>
<p>Other requirements</p>	<ul style="list-style-type: none"> <li>● The ability to travel as required by the job</li> <li>● The ability to work outside normal working hours</li> </ul>

<b>Core Behaviours - Aberdeen City Health and Social Care Partnership</b>	
<b>The post holder needs to demonstrate the following behaviours:</b>	
<b>Creativity and innovation</b>	Finding different ways of thinking and doing
<b>Motivating and Inspiring others</b>	Supporting others to be the best they can be
<b>Empowering Others</b>	Enabling people to develop and use their leadership capacity
<b>Self-Leadership</b>	Recognising, exercising and improving your own leadership
<b>Vision</b>	Positive plans for the way ahead
<b>Collaborating and influencing</b>	Leading in partnership and taking others with you

Aberdeen City Health and Social Care Partnership		Version Date	November 2023		
Service Area/Team	Chief Officer	JE Number		Capability Framework Level	N/A

This job profile provides indicative information about outcomes, tasks and activities that may be undertaken as part of this role. It is not intended to be an exhaustive list due to the need for agility and flexibility in our workforce and to be responsive to change and meet business needs.

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## ABERDEEN CITY COUNCIL

<b>COMMITTEE</b>	Education & Children Services Committee
<b>DATE</b>	21 November 2023
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Chief Social Work Officer Annual Report 2022/23
<b>REPORT NUMBER</b>	HSCP.23.091 (CFS/23/341)
<b>DIRECTOR</b>	Eleanor Shepherd
<b>CHIEF OFFICER</b>	Graeme Simpson
<b>REPORT AUTHOR</b>	Graeme Simpson
<b>TERMS OF REFERENCE</b>	2.5

### 1. PURPOSE OF REPORT

- 1.1 To present Elected Members with the Chief Social Work Officer's Annual Report for year 2022/23. The report is to inform Members of the role and responsibilities exercised by the Chief Social Work Officer; to provide information on the delivery of statutory social work services and decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City.

### 2. RECOMMENDATIONS

- 2.1 That the Committee - notes the content of the Annual Report, as attached at Appendix 1.

### 3. BACKGROUND

- 3.1 The role of the Chief Social Work Officer (CSWO) is a statutory post in accordance with the Social Work (Scotland) Act 1968, as amended by the Local Government etc. (Scotland) Act 1994. This requires Local Authorities to appoint a CSWO for the purposes of listed social work functions.
- 3.2 The required qualifications of the CSWO are set out in regulations and the post holder must be able to demonstrate senior strategic and operational experience. National Guidance on the role was published by the Scottish

Government in 2009, revised in May 2017. It provides an overview of position, outlining the responsibility for values and standards, complex decision making, particularly in relation to deprivation of liberty decisions and professional leadership. The guidance also covers accountability and reporting arrangements.

- 3.3 The CSWO provides advice to the Council on social work matters; undertakes decision making in respect of statutory functions and provides professional governance, leadership and accountability for the delivery of social work and social care services, whether they are provided by the Council or on behalf of the Council by another agency.
- 3.4 In its 2016 report on Social Work in Scotland, Audit Scotland outlined the increased complexity of the role: *“With integration and other changes over recent years, the key role of the Chief Social Work Officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively”*.
- 3.5 This report has been requested by the Scottish Government’s Chief Social Work Advisor to assist with ensuring that, on a national basis key issues are highlighted, and information and learning is shared. This report is consistent with the content and formal guidance laid down by the Chief Social Work Adviser. The annual report cannot provide a complete account of social work activity over the year. It provides an overview of the range of services and initiatives in social work and social care and to highlight key achievements and challenges. On receipt of reports from all 32 CSWO’s, the Chief Social Work Advisor prepares a national overview.

#### **4. FINANCIAL IMPLICATIONS**

- 4.1 There are no financial implications arising out of this report.

#### **5. LEGAL IMPLICATIONS**

- 5.1 There are no legal implications arising out of this report.

#### **6. ENVIRONMENTAL IMPLICATIONS**

- 6.1 There are no environmental implications arising from this report.



## 7. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H)  *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
<b>Strategic Risk</b>	No significant risks identified			
<b>Compliance</b>	No significant risks identified			
<b>Operational</b>	Required improvements and developments in practice are not identified and actioned.	<p>This report provides assurance on the quality of social work services delivered to those who meet the threshold for social work support and intervention.</p> <p>Service users have the opportunity to complain about the quality of social work services directly or via the SPSO. A learning approach is actively taken to all complaints.</p> <p>Service users also contribute to inspections via various feedback opportunities enabling them to know that their views are listened to and considered.</p>	L	Yes
<b>Financial</b>	No risks identified			
<b>Reputational</b>	Organisational failings in relation to the provision of social work services can bring significant media interest and scrutiny.	The delivery of effective social work and social care services is critical to the protection and care of vulnerable children and adults. Failure to discharge our statutory duties effectively can bring significant media interest and scrutiny.	L	Yes

<b>Environment / Climate</b>	No risks identified			
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## 8. OUTCOMES

<b><u>COUNCIL DELIVERY PLAN</u></b>	
<b>Impact of Report</b>	
<b>Aberdeen City Council Policy Statement</b>	The delivery of social work and social care services is aligned to the Integrated Joint Board's strategic plan and the Partnerships Children's Services Plan/ Child Protection Improvement Plan. There is clear and direct alignment with the Council Delivery Plan 22/23 and the Working in Partnership for Aberdeen Policy Statement.
<b>Aberdeen City Local Outcome Improvement Plan</b>	
Prosperous People Stretch Outcomes	Aberdeen City Council's social work and social care services are central to supporting and assuring that the multi-agency Children's and Adult Services partnerships deliver on the LOIP – Prosperous People (Children and Young People) Stretch Outcomes 4 to 9 and to Prosperous People (Adults) Stretch Outcomes 10 – 12. In addition the work of the Adult & Child Protection Committee's is highly relevant to ensure our children and vulnerable adults are safe from harm. Children, young people and adults families who are adequately protected from threats to their health, safety and economic wellbeing are more likely to prosper than those who are not.
<b>Regional and City Strategies</b>	The work of Aberdeen City Council's regulatory care services are relevant to Aberdeen City Council Delivery Plan, the Local Outcome Improvement Plan, the Children's Services Plan and the IJB Strategic Plan.
<b>UK and Scottish Legislative and Policy Programmes</b>	<ul style="list-style-type: none"> <li>• Delivery of The Promise/Plan 21 -24</li> <li>• Whole Family Wellbeing Support</li> </ul>

## 9. IMPACT ASSESSMENTS

<b>Assessment</b>	<b>Outcome</b>
<b>Impact Assessment</b>	Not required for this report.
<b>Data Protection Impact Assessment</b>	Not required for this report.

<b>Other</b>	Not required for this report.
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## 10. BACKGROUND PAPERS



CSWO Annual Report  
Appendix 1 - 2022-2023 Final.pdf

## 11. REPORT AUTHOR CONTACT DETAILS

<b>Name</b>	Graeme Simpson
<b>Title</b>	CO – Children & Family Services/CSWO
<b>Email Address</b>	<a href="mailto:gsimpson@aberdeencity.gov.uk">gsimpson@aberdeencity.gov.uk</a>

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# **Aberdeen City Council's Chief Social Work Officer's 2022/23 Annual Report**

## **1. Foreword**

I am delighted to present my fifth Annual Report as Chief Social Work Officer (CSWO) for Aberdeen City, covering the period 1 April 2022 to 31 March 2023. This report has been requested by the Scottish Government's Chief Social Work Advisor to assist with ensuring that, on a national basis key issues are highlighted, and information and learning is shared. On receipt of reports from all CSWO's, the Chief Social Work Advisor prepares a national overview.

While the shadow of COVID may have diminished during 2022/23 the impact of the cost of living crisis has imposed further pressure on all families, with those living in the most disadvantaged of circumstances being hardest hit. The cost of living crisis has also impacted on the finances of the local authority. Consequently the operating climate within which social work is delivered impacts on its capacity to meet demand.

Social work has always been at its best dealing with uncertainty, ambiguity and indeed a crisis. Our communities have never needed the professional knowledge, skills and experience of social workers more. I am acutely aware of the significant pressures social workers face as a result of increasing workloads and the more complex needs of those they support. These have been exacerbated not just by COVID and the cost-of living crisis but also world events which have contributed to a significant rise in the City's child population.

This operational context occurs at same time as noticeable changes to the legislative and policy context relating to social work. Changes that are occurring at the same time as the overall size of the profession (particularly children's services) has decreased, as services have had to absorb continuing budget pressures.

It is therefore perhaps unsurprising that Aberdeen City, common to other local authority's, has experienced real challenges in the recruitment and retention of social workers. While Justice Social Work frequently reports a low level of vacancies this is not the case for key services (Mental Health and Learning Disability) within Adult Social Work as well as across all of Children's Social Work. Social Work teams often 'carry' vacancies for extended periods which in turn places added demands on the remaining staff who are already carrying full caseloads.

The publication of the Setting the Bar report by Social Work Scotland in June 2022, highlights that to address the recruitment and retention challenges, Scotland faces there is a need to train and employ more social workers, provide enhanced professional and wellbeing support throughout social work careers as well as ensuring the voice of practitioners influences and shapes the design of services. This at a time when there is reduction in the numbers applying to study social work at university.

Despite these challenges, throughout the past year I have been consistently impressed by the capacity and skills colleagues working across all social work areas have demonstrated. Social Work staff, across all aspects of social work in Aberdeen City, have evidenced genuine compassion and empathy as well as resilience to protect and promote opportunities for children, young people and adults to help improve their lives and outcomes.

## 2. Governance, Accountability and Statutory Functions

### **The Role of the Chief Social Work Officer**

There is a statutory requirement for all Local Authorities to appoint a professionally qualified CSWO who is registered with the Scottish Social Service Council (SSSC). The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Elected Members, and Officers in the provision of Social Work Services, whether directly provided or commissioned. The CSWO also has a responsibility for the overall performance and improvement, as well as the identification and management of corporate risks in so far as these relate to Social Work Services.

The role of the CSWO promotes the values and standards of professional practice, ensuring only registered Social Workers undertake those functions reserved in legislation. The role of the CSWO assists the local authority and its partners in understanding the complexities and cross-cutting nature of social work service delivery. Including but limited to issues such as corporate parenting, child protection, adult protection and the management of high risk offenders, but also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.

The governance of social work services in Aberdeen City continues to be undertaken across two discreet structures. Children's Social Work (CSW) is delivered within Aberdeen City Council and is part of the Councils Integrated Children & Family Services cluster (incorporating Education and Children's Social Work). Adult Social Work including Criminal Justice, are part of the Aberdeen City's Health and Social Care Partnership (HSCP) and are overseen by the Integration Joint Board (IJB).

Audit Scotland previously noted the establishment of HSCP's made the role of the CSWO increasingly complex. In doing so they identified two primary challenges a) the CSWO must retain oversight, professional leadership and provide assurance on safety and quality of all social work services across two large and complex organisations and b) the CSWO must step back from the role of Chief Officer to provide independent, professional oversight and challenge.

To deliver on this it is critical that whilst the CSWO sits within Education & Children's Services, a close working relationship exists between the HSCP Chief Officer, Chief Officer for Adult Social Work and other managers across Adult Services. The strength of these relationships was recognised during the Care Inspectorate's 2022 inspection of Adult Protection services.

Following publication of the National Care Service (NCS) Bill leaders from across Aberdeen City Council and the City's Health & Social Care Partnership have come together to proactively plan for the anticipated NCS and the associated implications for existing governance arrangements. While we await clarity from the Scottish Government on the shape and timing of a NCS, the Council and HSCP have actively engaged with the Scottish Government to share work it has progressed locally, with a particular not limited focus on the public protection agenda of which the NCS Bill is largely silent. This example is symptomatic of the close working relationship that exists but also a commitment to work collaboratively to plan for this landmark piece of legislation.

### **Adult & Child Protection**

Aberdeen City continues to engage a single Independent Chair for its Adult and Child Protection Committees. Through this we have deliberately sought to better align governance, structures and system oversight as well as our approaches to risk assurance. We intend to extend this approach during 2023 to ensure greater consistency across all public protection forums including our Violence Against Women and Alcohol and Drugs Partnerships.

The activity of the Chief Officer Group is data and risk lead with Risk Registers and data reports consistently being presented to and considered by them. The strength of this activity and our collective leadership in

relation to public protection was very positively evaluated within our Adult Support and Protection Inspection in 2022.

### **Quality Assurance**

Across all aspects of social work we actively promote a culture of continuous learning. We ensure feedback from the people we work with informs our planning and development of staff and services. This includes utilising complaints resolved at stage 1 or those that escalate to Stage 2 or the Scottish Public Services Ombudsman

There remains commonality in the areas of complaints across children and adult social work with the most common being in relation to the complainers views on quality of service and staff communication. We have worked hard to address some of the specific challenges we have had in engaging with a very small cohort of our service users by referencing that services are finding it hard to reach them, rather than our previous phraseology of non-engaging family/adult.

Significant progress has been made in the year to 31 March 2023 in relation to the monitoring of service quality and performance across the Service. The extended use of data, risk registers, service standards and the continued use of a quality assurance framework have all supported the identification of what is working well and what needs improved. We have a well-established practice of quality assurance across social work teams, which is supported by service wide quality assurance data reporting and analysis.

A multi-agency Quality Assurance Framework, led by Children's Social Work, continues to operate and provides a multi-agency approach to quality assurance across services to embed a culture of service improvement and learning which is consistent and strong across partner agencies. These audits are commissioned by the CPC and the CSB. They utilise The Care Inspectorate "[A quality framework for children and young people in need of care and protection – November 2022](#)" to support self-evaluation.

Quality assurance and learning activity also includes learning from case reviews whether they be service specific or Significant Learning Reviews undertaken in collaboration with our partners. In 2022/23 we engaged Prof Catriona Matheson from Stirling University to support our learning from drug related deaths. In doing so we examined the circumstance relating to the death of young adult with care experience as a means of learning together. This highlighted single and multi-agency learning but also how we systematically consider learning from all drug related deaths.

Separately learning we have taken learning from Significant Learning Reviews relating to Sudden Unexplained Infant Deaths, where there had also been some common contributing social factors – safe sleep; parental drug use and poverty. This has prompted a North East regional learning event in recognition that our neighbouring authorities were reporting similar tragic deaths.

We have recognised that despite a clear emphasis on 'learning together' that for the staff involved in a Significant Learning Review this provokes anxiety and uncertainty. We have therefore continued to ensure that we are cognisant of this impact in our planning for undertaking reviews and that staff feel supported and have a voice in shaping any learning identified. Feedback from staff on this approach has been positive.

### **Risk Oversight**

Managing risk is an integral element of the social work function and our managers take this responsibility seriously to ensure, as far as is practicable and reasonable, the continued wellbeing and welfare of the individuals with whom we work.

Both adult and children's social work services actively track and report risk via Risk Registers which in turn are reported to Council Committee or the IJB's Clinical and Care Governance Committee.

Cluster risk registers are owned by Chief Officers and reviewed monthly by Directors. Cluster risk registers set out the risks that may prevent the delivery of critical services, commissioning intentions and/or strategic outcomes whereas Operational risk registers are risk registers owned by individual teams working within the Clusters. The risks contained within these registers will be localised to individual teams and are owned by team managers and leaders. Risks contained within Operational risk registers may be escalated to cluster risk register when the level and severity of risk increases.

The IJB has in place a Board Assurance and Escalation Framework to provide the necessary assurance that the partnership has put in place the structures, behaviours and processes necessary for setting risk appetite, for delegating the identification of both significant events and trends, for assessment and mitigation of risk, and for putting in place effective controls and assurances, properly owned and actioned.

The Strategic Risk register is owned primarily by the Chief Officer, with individually identified risks assigned to different members of the Leadership Team as appropriate. The Strategic Risk Register is presented to the Audit and Performance Systems Committee (APS) on a quarterly basis and then presented, with any required revisions, to the following IJB meeting thus ensuring regular and robust scrutiny of the assessed risks and the mitigating activities and interventions. The pandemic has arguably brought a greater intensity to this scrutiny and encouraged a whole-system approach to the management of risk in our social work services.

### **3. Service Quality and Performance**

#### **CHILDREN'S SOCIAL WORK**

As noted above Children's Social Work (along with Education Services) sits within the Councils Children and Family Services cluster. This arrangement enables opportunities to integrate to be maximised particularly in relation to supporting children and families on the edges of care but also how we provide early and preventative support to families that mitigates the need for children to be referred to social work.

Children's Social work provides support from pre-birth through to 26 years of age for our care experienced young people.

Our data tells us that locally the demand for social work assessment and intervention remains high. Work within our Intake Service (comprising our Joint Child Protection Team, Children's Reception Team and our Aberdeen Maternity Hospital team) responds to all new referrals. The largest source of new referrals is submitted by Police Scotland followed by Education. Initial assessment and intervention is offered, aimed at allowing families to exit any statutory social work service at the earliest juncture. This year has seen an increase in new and increasing areas of work including –

- migrant families/UASC who arrive spontaneously or with minimal time for planning which compound the challenge
- increased volume of older children who arrive in the city, often from England having become involved in criminal exploitation,
- high levels of substance misuse amongst young people and parents with an associated high level of drug related deaths.
- Increased numbers of children with additional support needs (ASN), significantly those who have autism or are neurodiverse who are referred to the service when families are in crisis and who may require a s23 assessment of need.

Our conversion rate of referrals assessed as requiring medium to longer term social work intervention has grown. This demonstrates an increased intensity of need which requires long term intervention which our staff tell us can be complex and exhausting. Our commitment to keeping children within their family network, where it is safe to do so requires perseverance, skill and a commitment from multi agency partners.



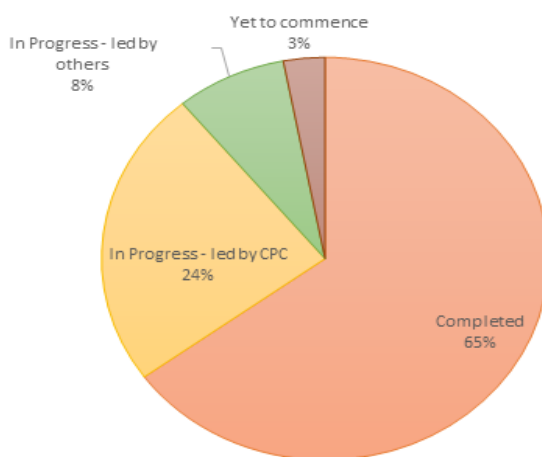
This increased intensity is also evidenced by an increase in the number of Interagency Referral Discussions (IRD), an increase in families requesting s22 financial or practical support, families who are required to access foodbanks and numbers of children accessing mental health supports.

### Child Protection

Child protection processes and administration are well embedded, understood and utilised across all partners in Aberdeen City. Our last Joint Inspection in 2019 noted ***“Recognition of, and responses to, children and young people at immediate risk of harm were very effective and staff were confident in their role, leading to a positive impact on children’s and young people’s safety”***. This standard despite the challenges of COVID, the economic crisis and the associated impact of people and society has continued.

In July 2022, Aberdeen City’s Child Protection Committee (CPC) undertook a review of the partnership’s progress in the implementation of the new National Guidance illustrating that action had been taken to implement 65% of the changes.

Implementation of National Guidance Status % (July 2022)



We continue to make improvements in relation to the identification, collation, reporting and analysing of child protection data both on a single and multi-agency basis. We adhere to, and go beyond, the requirements of the national minimum data set for CPC and have worked with CELCIS on the development of the refreshed national minimum data set which was adopted in November 2022. Detailed consideration of our data takes place at service level and in the multi-agency CPC environment where data reports are scrutinised quarterly. This activity is supported and enhanced by our Data & Insights Team in Aberdeen City Council.

### Child Protection Registration Data

Numbers of children whose names feature on the child protection register in Aberdeen City has remained static when compared to the previous year (244 cf 240 at March 2023). There continues to be an appropriate correlation between the number of initial child protection planning meetings and our registration numbers, aligned to the number of Interagency Referral Discussions (IRD) that have taken place. This strongly indicates that professionals share a common understanding about the threshold of significant harm. Between 91 and 110 children were on the Child Protection Register (CPR) at any one point in time. In March 2023, there was 91 children on Aberdeen’s CPR, representing 2.6 per 1000 children, only slightly higher than the national average rate which at this same period was 2.3.

As in recent years, a significant proportion of registrations relate to children under the age of 4yrs, approximately 50% of all registrations. Whilst this reflect the national picture, work is taking place across the partnership to enhance our collective supports to vulnerable pregnancies in the city. We welcome our Family Nurse Partnership’s extended remit to include care experienced young adults who are expecting their first child.

Analysis of the reasons for registration show that the primary categories of registration have over the past year remained fairly static with Aberdeen City mirroring the most common causes recorded nationally, - neglect, parental mental health, domestic abuse and emotional abuse, the latter often being a factor alongside other concerns.

The data collected and analysed by the CPC's Performance & Quality Assurance Sub Committee plays a pivotal role in continuous improvement of the protection of children and young people in Aberdeen City. These most frequently cited categories also reflect the priorities from our Child Protection Programme for 2021-2024, including working collaboratively with the Aberdeen Violence Against women Partnership in the roll out of the Safe & Together programme across the Partnership.

Re-registration data is an area that Aberdeen City's CPC retains a close eye on. We do this as we strive to ensure that, through relevant interventions, children do not return to being at risk of significant harm. This is in recognition that re-registration may indicate that children's names have been removed from the CPR prematurely, inform about the quality and longevity of support post de-registration, or in decision making at the point of de-registration. Over 2022/23, this is an area of continuing notable improvement within the city.

Previously we had been routinely higher than the national average in relation to re-registrations. During this reporting period, of the 244 children on the child protection register, 50 children had had previous registration history. This represents 20% of children on the register. This is exactly in line with national average. Further, it is noted that 13% of children who had previously been registered, the second registration was within 2 years of the previous one. It is this statistic that can be of greatest significance as it can potentially highlight where registration and post-registration work has not been sufficiently robust to ensure improvement is sustained.

### **Scottish Child Interview Model (SCIM)**

In response to Scotland's commitment to implement the Scottish Child Interview Model (SCIM) for children who are victims of, or witness to abuse or neglect, staff in Aberdeen City have worked with colleagues from Aberdeenshire and Moray alongside Police Scotland and NHSG to make improvements within key child protection processes in preparation for a NE roll out of SCIM. This included a refreshed IRD template, which further enhances the way we elicit and record essential preliminary information. This built on the strengths and areas for learning gleaned from IRD quality assurance.

An options appraisal over 2022 determined how one SCIM model could operate across the 3 local authorities, taking account of the differing governance and accountability arrangements but also the diversity of geographical and demographical challenges. The North East SCIM team went live in November 2022 and is coordinated and managed by a SCIM coordinator/manager employed by Aberdeen City but financed equally by the three local authorities.

Since implementation, the SCIM team have undertaken the interviews of 91% of children requiring interview. This greatly exceeds the initial commitment to undertake 60% of all Joint Investigative Interviews that take place. Our work on SCIM will form the backbone to future planning in relation to Aberdeen City's adoption of a Bairns Hoose. The COG committed to this in November 2022 and a Delivery Group established in March 2023, to drive forward our planning and implementation.

### **Trauma informed and strength based practice**

Children's Social Work continues to strive to work in a trauma informed and strength-based manner, with emphasis on working systemically with families and to work alongside partners to aid them in this journey also. A primary driver for this model is to enable staff to articulate the difference between risk and actual harm, and to understand that risk is not static but can be reduced by the skilled intervention of knowledgeable and confident practitioners. Feedback from families and professionals has illustrated that this approach has encouraged a more ethical and empowering collaboration between service users and professionals.

This cultivates identified strength within families, something which in turn helps to keep children safe. Evidence of this work is highlighted within our Annual Child Protection Report which notes 'services finding it hard to engage' as a category of concern in only 16% of registrations, significantly lower than the national average (26%) for this same period.

We welcome the work of the National Trauma Team, which we are actively connected with, to support the development of trauma practice particular to the needs of social work which will start to be rolled out in the coming year.

### **Quality Assurance Activity**

Our CPC and Children's Services Board (CSB) continue to have responsibility for overseeing delivery of our Quality Assurance Framework. In the current year the CPC have had a focus on Child Protection and Children with Disabilities.

The Children with Disabilities audit highlighted evidence of very good multi agency working, high praise for how the child or young person was supported. The audit also highlighted some areas for improvement which were centred around how disability is recorded and the impact on the child and family. The findings from the audit also concluded that communication with children or young people who are recorded as 'non-verbal' or have significant speech disabilities must be improved through practice sharing and training. Activity to deliver on the improvement areas has been underway with the development and introduction of a multi-agency Child Protection Children with Disabilities module. In addition, the implementation of SCIM has further enhanced and improved communication with children with disabilities.

There has been a helpful coordination of our public protection fora which has seen greater interface of child protection with other strategic partnerships such as the adult protection, alcohol & drugs, and violence against women partnerships. The **Aberdeen City Child Protection Committee Annual Report 2021/22** illustrates the multi-agency work across all child protection services and activity to deliver on our Child Protection Programme 2021/24.

### **Corporate Parenting**

In Aberdeen we believe that corporate parenting is not just a responsibility, it is also a privileged opportunity to improve the futures of our children and young people and ensure they have the love, security and chances every child should have.

The last year has seen increasing diversity in our children and young people with care experience, brought about by the implementation of the National Transfer Scheme (NTS). We have adapted locally, setting up a best practice group, to ensure the specific cultural, language and trauma needs of our unaccompanied children are recognised and met.

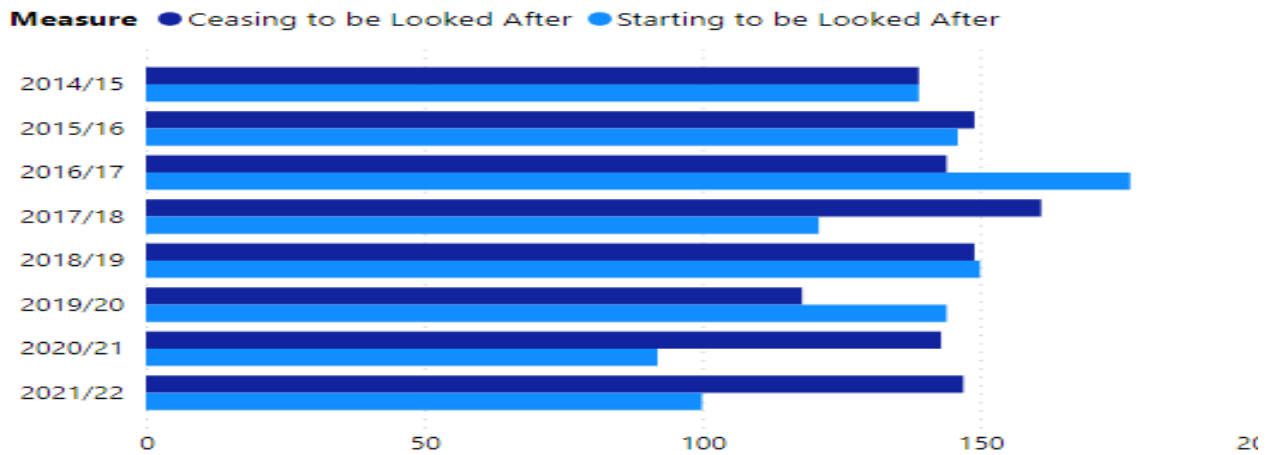
Our use of language continues to evolve. Over the last year we have strived to challenge our use of 'system language' that can have negative effects on our children and young people. Our collective aim is to use language which is easily understood, positive and which does not create or compound stigma. 'Child/ Young person/ Person with Care Experience' is the preferred terminology identified by those with experience of the care system as it is inclusive of those who may no longer be 'looked after' but still require our scaffold of support to thrive. This term includes those currently looked after and those who have been looked after at any time in their life, including adopted children. There are times when the statutory framework in Scotland requires certain terms to be used, such as 'looked-after', however we endeavour to incorporate the preferences and voices of children, young people, and their families into our vocabulary.

Upholding the respective needs and rights of both young parents with care experience and their children whilst realising corporate parenting and safeguarding responsibilities has been a focus of the Corporate Parenting group in 2022/23. Responding to the voices of several of our young parents with care experience, better supporting and preparing our young people with care experience for life beyond care, including parenthood,

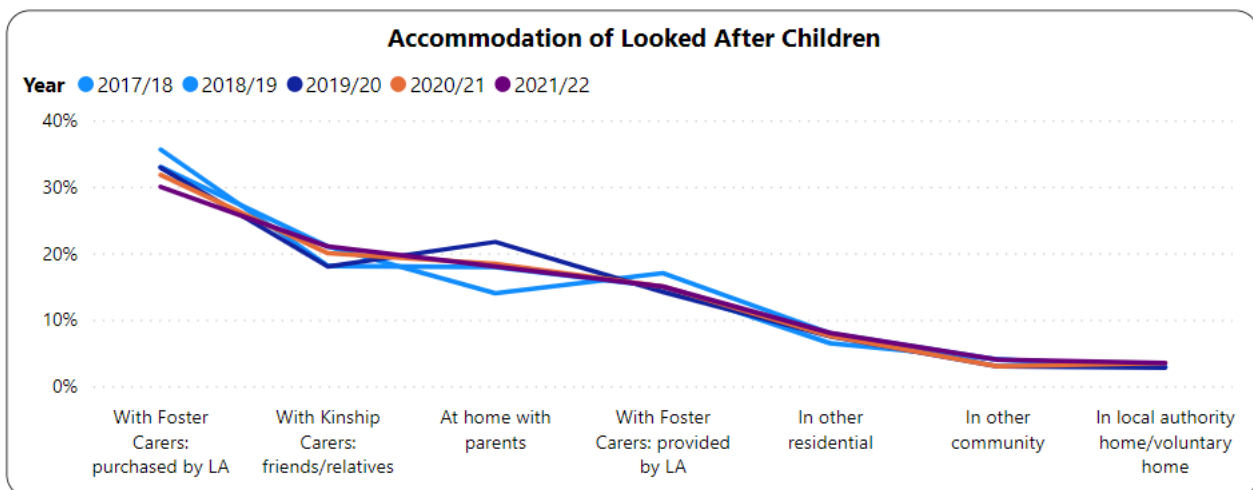
has become a strategic priority in our children's services and corporate parenting planning as we strive to become better Corporate Parents and Grandparents.

Our collective efforts to #KeepthePromise have informed our Corporate Parenting priorities for the next three years with a strategic focus on keeping Brothers and Sisters together and connected, reducing physical restraint and restrictive practices, such as exclusion, across the partnership, and ending the over representation of young people with care experience in the justice system.

### Looked After Status



In 2022, Aberdeen City had an average of 506 infants, children and young people who were ‘looked-after’ in various care settings across the year. We are reducing the number of children and young people coming into the ‘care system’ and are working to support more children and their families to remain together.



Source: Scottish Government/ACC

Aberdeen City’s Corporate Parenting Group has responsibility for:

- delivery of the Corporate Parenting Improvement Plan,
- collation and monitoring of data and quality assurance in relation to children and young people with care experience,
- delivering on identified aims set out in the Local Outcome Improvement Plan (LOIP)
- driving the implementation of The Promise across the Partnership.

The Corporate Parenting Group engages with children, young people and young adults with care experience and seeks to ensure all improvement activity takes full account of their voice, views and lived experiences.

Specifically, the group has oversight of the refreshed LOIP Improvement Project Stretch Aim 6; *“95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026”* and the following improvement projects:

- Reduce by 5% the number of children entering the care system by 2024.
- 100% of children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024.
- Increase the number of young people with care experience by 10% receiving multi-agency throughcare/aftercare support by 2023.
- Reduce the number of children being permanently removed from parents with care experience.
- Increase by 100% the number of partners supporting kinship carers by 2023.
- 80% of the identified multi-agency workforce successfully complete Corporate Parenting training aligned to the Promise by 2025.

### **Alternative Family Care**

For those who cannot stay with their parents, the Alternative Family Care service provides children and young people with safe and nurturing home environments. There is a strong focus on improving outcomes for children and young people supporting them to continue to feel a sense of belonging and connectedness, enabling them to remain in their care setting and experience continuity of care. Our staff and carers are trained and supported to understand the impact of early childhood abuse, neglect, trauma and insecurity of attachment. The Alternative Family Care Service ensures our carers are well supported and have access to a range of training to help them meet the needs of the children they care for.

The number of children placed in residential settings out with Aberdeen City has marginally increased. The cost of such placements are prohibitive and the outcomes for young people can be variable. In view of this reducing the number of children we place in out of authority placements remains a service priority, reflected in our CS Plan and LOIP. In addition to the statutory reviewing process, we have a forum where senior management staff in Education and Children’s Social work scrutinise the quality and planning of individual placements. In addition to our in-house resources we have commissioned **Includem** to provide intensive support to prevent children being placed out with the city but also to support young people who return to the city.

### **Secure Care**

During this year we have had no children or young people in secure care reflecting strong local practice aimed at mitigating the risk of secure care unless this is absolutely necessary to safeguard the young person or others. We have participated in the Care Inspectorate’s review of secure care, with one of our young people who had historical experience of being cared for in a secure setting, having an active voice in the review. We will look forward to the publication of the findings of this Review in the Autumn of 2023.

### **Foster care and Kinship care**

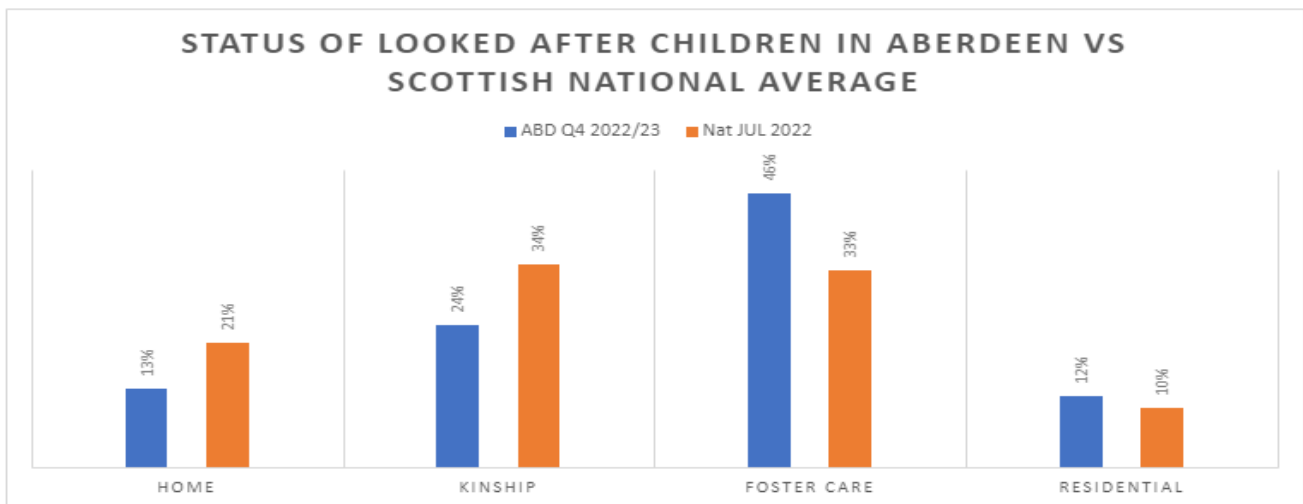
Our embedded new payment for skills scheme in Aberdeen City is proving to be successful, attracting new carers and to provide placements to more than one child or siblings. Although challenging growing our internal capacity remains a continuing focus.

Despite recruitment efforts, the need for foster carers continues to outweigh the number coming forward. Staff have actively engaged in the continuing conversations around a Scottish Recommended Allowance for foster and kinship carers and await the Scottish Government’s decision on this.

Aberdeen City Council foster carers currently care for 100 children in 74 households. There are a further 146 children accommodated with Independent Fostering Agencies. Kinship carers care for 279 children in 224

households. Of this number there are 101 households caring for 124 Looked after children. There are 123 households caring for 155 children who a number have secured Kinship Care orders and are closed to social work.

The Kinship Team has undertaken a range of engagement activities with kinship carers to better understand the support offer and where such could be strengthened. The level of engagement from kinship carers has been very positive and reflects their commitment to the children they care for. In addition, the kinship team has effectively engaged with local partners to broaden and enhance the support offer kinship carers can access. We welcome a partnership with CAMHS to enhance our preventative support offer that can build resilience in kinship placements that supports children to remain within their family network.



Permanence plans over the period were made for 22 children; 14 for adoption (including two sibling groups of two) and 8 children with permanent foster care plans. There have been 12 adoptive matches made (including 3x sibling groups of 2) and 10 permanent foster care matches (includes 3 sibling groups of 2 and one of 3).

**Children’s Residential Care, Care Leavers and Youth Justice**

Our local residential Children’s Homes provision has experienced challenges in 2022/23 with a significant 25% increase in requests for provision, within a challenging context of workforce recruitment. All 5 of our local resources have been operating at full capacity of 31 children in our care, with a need for one home to temporarily exceed registration numbers and request Care Inspectorate agreement for this. The challenging context of matching young people who have complex relational experiences, has tested the resilience of the children’s social work service as a whole, as we attempt to recruit to vacant posts and seek creative means of ensuring safety in our practice.

In January 2023 we had a total of 10 vacant Residential Practitioner posts, with recruitment progressing throughout 2023. As a consequence our smallest residential care home has remained mothballed. Information shared via the Social Work Scotland network reflected a national trend of poor response to vacancies and interest across the children’s residential workforce. Positively our Care Inspection grades have remained Very Good across all five resources.

At 31 March 2023, the NTS had placed 21 Unaccompanied Asylum Seeking Young people in Aberdeen City; five of whom have been 15 years old when placed in our local homes. The over 16 year old age group have been Looked After in Supported Accommodation provision with Aftercare Pathways being developed to support their specific needs. This is an area of demand we anticipate will grow requiring a multi-agency response. This is a national trend which COSLA and the CSWO continue to highlight.

Our residential care service continues to focus on promoting recovery from trauma. [Dyadic Developmental Psychotherapy \(DDP\)](#) remains our core reference point. Our residential service has a clear ethos of care that underpins our admissions procedure, including robust systemically based matching consideration. Young people are supported to Stay Put and remain in local provision, reflected in their Continuing Care Status. At 31 March 2023, 30% of our young people were aged 18 years or older. It is normative that young people will be claimed in our provision with average periods of care exceeding 24 months. We have supported high levels of sustainment and associated low level of disruption. We operate a systemic planning approach to avoid a cliff edge experiences of moving on from our provision. The creation of our Residential Aftercare support team provides enhanced level of relationally driven Throughcare and Aftercare support.

### **Youth Justice**

Positive outcomes have been recorded following practice development in the partnership approach between Police Scotland and local Children's Homes. This has evidenced progress to avoid the criminalisation of looked after young people, recognising that early trauma has a direct impact on development. The outcomes attained are demonstrated in data shared by Police Scotland Youth Justice Management Unit; *The Comparative Report on Juvenile Offenders 2022/23*, was especially significant, as there were no crime reports concerning our local children's homes. Previous years had indicated the reduction in crime files recorded against local children's homes reducing from a high of 122 in 2014/15; 10 in 2018/19 ;3 in 2019/20; 2 in 2020/21; 13 in 2021/22; 0 in 2022/23.

We continue our collaborative commitment to support the number of care experienced young people who are in conflict with the law by agreeing the following improvements stretch outcome 8 of our LOIP; *83.5% fewer young people (under 18) charged with an offence by 2026.*

- Reduce by 15% the number of care experienced young people reported missing from Children's homes to Police Scotland by 2024.
- 90% of 16/17 year olds appearing at Sherriff Court in relation to Lord Advocate's guidance will have had an assessment of their community support needs by 2025.
- Increase by 5% the no. of 16/17 year olds who are diverted from prosecution by 2025.
- Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025.

### **Throughcare & Aftercare**

Supports for Care Leavers have been enhanced with the addition of two additional social worker posts in 2022/23, reflecting the growth of NTS young people and their need for bespoke support. This area will require further strategic and operational development as the dual aspects of young people transferred via the NTS and those who are classified as 'Spontaneous Arrivals' impact on team resources. The local experience in Aberdeen City has been replicated across Scotland, seeking to offer safety and contained connection for a wide range of young people.

In 2022/23 we had approx. 165 young people who had an Aftercare status. The impact of poverty, health and social inequality, inequitable access and social exclusion, continues to be a feature for many care leavers. As mitigation, a Warm Space group was established across the months December 2022 until March 2023. In December we scoped care leavers interest in utilising the space using two themed Christmas Warm Spaces. These sessions were welcomed by young people offering feedback' *I like to come for the company*' and *'More of this please'* and *'safe place to talk'*.

The rate of tenancy sustainment amongst care leavers remains high at over 97% in the first year of allocation, an improvement which can be partly linked to the Housing Support post located in the Youth Team. In 2022/23 there were only 3 tenancies which could not be sustained and where alternative options were sought. An area of innovation has been the Youth Team collaboration with Assertive Outreach preventative interventions which were developed, as a early identifier of those with care experience who were at risk of overdose. The lead worker identified a Substance Use tool to identify with those who engaged how their supports could be arranged while assuming a harm reduction and life preservation approach. This is an area where additional

funding will be pursued from Alcohol and Drugs Partnership to continue to research and consider intervention methodology for those whose trauma experiences have been experienced as over whelming.

### **Children with Disabilities**

Improvement work continues between Children's Social Work and Adult Social Work in recognition that the transition from childhood to young adulthood is cited by many families of children with disabilities as a time of great anxiety as they try to navigate different systems of support. Our collaboration has seen improvements in how we support and recognise the role of unpaid parent carers. This was reflected in our carers strategy which was approved by the IJB in early 2023. We have continued to link in with ARC – the Association for Real Change to embed the principles of good transition.

A Complex Care Programme Board was established in January 2023, with membership across Children and Adult services as well as NHS colleagues, allowing a forecasting of need whilst identifying gaps and considering creative solutions to improve statutory services for those with the most complex of health and disability needs. The motivation for this improvement is unwavering across both Children and Adult social work services however lack of resource financial and staffing, often mean that individuals (adults, children or their unpaid carers) can have protracted delay before their care needs can be met.

Our practice reflects growing appreciation that autism and neurodiversity are incorporated within the spectrum of disability. To support these children and their families, many of whom have extended periods of time on a waiting list for CAMHS, our local partnership secured Scottish Government funding in relation to the implementation of the National Neurodevelopmental Specification. A Test of Change has been developed to implement aspects of the Standards and Principles of Care and has focussed on engaging with children and families alongside key stakeholders who have a role to play in referral, assessment, diagnosis and support.

### **Rights, Voice & Participation**

Our Children's Social Work, Aberdeen Young Person's Rights Service provides independent, relational, trauma-informed advocacy, guidance, and support children, young people and young adults, aged 0-26 years old, who are care experienced or are or have been involved in child protection processes, wherever they live.

The [Aberdeen Young Person's Rights Service Annual Report 2022](#) sets out the main data and themes related to what our children, young people and young adults said matters to them. The report highlights two priority improvement areas:

- Further develop inclusive ways of observing and communicating with, and/or on behalf of children, young people, and young adults which support their rights, participation, and voice.
- Further raise awareness and promote rights through the provision of learning opportunities that translates rights into practice.

Underpinning the report is the criticality of a whole workforce approach which has participation and voice at its centre. During the coming year I intend to engage further with the workforce to identify related improvement actions and which take account of the preparation required for incorporation of the UNCRC into domestic law.

In Aberdeen, we have used a broad range of participative opportunities to engage with and listen to our children, young people and young adults with care experience. We use their voices to inform the work of the Corporate Parenting Group and Champions Board to bring about change. In 2023 we plan to develop a robust means of feeding back to them more routinely on what we have done with what they have told us matters to them.

In 2022, quarterly Champions Boards took place and after adapting to virtual meetings during lockdowns face to face meetings resumed in April 2022. Examples of participation have included:

- Monthly Supper Clubs where young people with care experience, and at times their families, have come along to relax, chat and have some food cooked by various Corporate Parents.



- Monthly walks supported by the Rights Team, providing a social opportunity to be active, share experiences, and enjoy a sense of connection and belonging.
- Aberdeen Care Experienced (ACE) network group and individual support provision.
- Themed engagement events e.g., Advent countdown for Christmas and Christmas Day event, distributing 80 Christmas Meals to young people with care experience and their families.
- Mind of My Own app continues to be utilised across the Children’s Social Work workforce and young people on 31 March 2023 demonstrated a 7% increase on use of the Express app.

## ADULT & JUSTICE SOCIAL WORK

It has been another busy year for our adult and justice social work services as we have juggled increased demand, complexity of client need, and operational challenges. Our [Strategic/ Delivery Plan](#) sets out how we intend to respond to these challenges setting out our aspirations and many new initiatives .We are engaging well with the individuals and their families who need assistance, fulfilling our statutory obligations, delivering positive outcomes and supporting the recruitment and ongoing development of our capable, effective and professional workforce.

Current demand for social care can be expressed in terms of the care that we provide and those waiting to be assessed. Due to increasing complexity of need, we can see a significant increase in both the number of people and the hours of care that are required. There has however been an effective response to this increased demand for social care. We have sought to understand the impact of this increased demand for social care and our ability to respond to this within the wider health and social care system.

Self-directed Support (SDS) underpins operational social work activity across a significant proportion of our children’s and adult services. We are very aware of the fundamental aim of giving individuals greater choice and control over their social care support and strongly believe that a pragmatic, person-centred approach is key to fulfilling this outcome. Our SDS option take-up at the beginning and end of 2022-23 was:

	Option 1	Option 2	Option 3
April 2022	162	389	1145
March 2023	167	459	1148

Table 1: SDS Option Volumes 2022-23

A redesign of the Older People/Physical Disability service resulted in the enhancement of the Care Management Response Team to provide individuals and their families with a consistent entry point for screening, assessment, and care planning. There has been a strong and sustained emphasis on addressing the waiting times for an assessment and the subsequent levels of unmet need. Staff are being encouraged to take an enablement-focused approach which involves a consideration of technological support and the appropriateness of risk assessed care. Through targeted screening and intervention our goal is to complete assessments within 4 weeks of referral.

The flow pressures across the hospital system have been significant and sustained over the past year and this has been an area of priority for the hospital social work team We are committed to maintaining the balance between hospital flow and meeting the needs of vulnerable individuals within the community by continuing to explore all potentially new activities and initiatives to assist with our admission avoidance/hospital discharge challenges such as a new Discharge to Assess project, utilising sheltered housing units for interim provision, and liaising with Care at Home Providers to identify those who could leave hospital for reablement focussed care at home, rather than remain in hospital longer than required.

The HSCP’s Delayed discharge numbers have significantly decreased this past year to the extent that Aberdeen has the second lowest partnership figures in Scotland. . It is worth noting that when health and care integration

went live in 2016, we were amongst the partnerships with the highest delayed discharge volumes, so it is heartening to see the considerable and sustained progress that has been - and continues to be – made in this area

The HSCP commissioned five interim beds within a local Care Home to provide specialist end of life care. The management and care of each individual is person specific, focusing on the needs and wishes of the individual and their families, and concentrations on delivering high quality, rights-based approach to care and support. The overall ambition for the Service is to provide high-quality, person-centred care and support in a homely setting for people reaching the end of their lives. The service is also dedicated to supporting their next of kin and carers during a stressful and challenging time.

We are very aware of the particular importance of social care provision because firstly it has the potential to embrace a strong and effective early intervention and preventative approach and keep people at home for longer, but we are also aware of the impact should care not be in place at the right time. From a study undertaken in Aberdeen we saw that 30% of those waiting for their assessed care to commence had at least one hospital admission. To address delays we have commissioned additional (SDS) Option 3 capacity to enable us to reduce our unmet need.

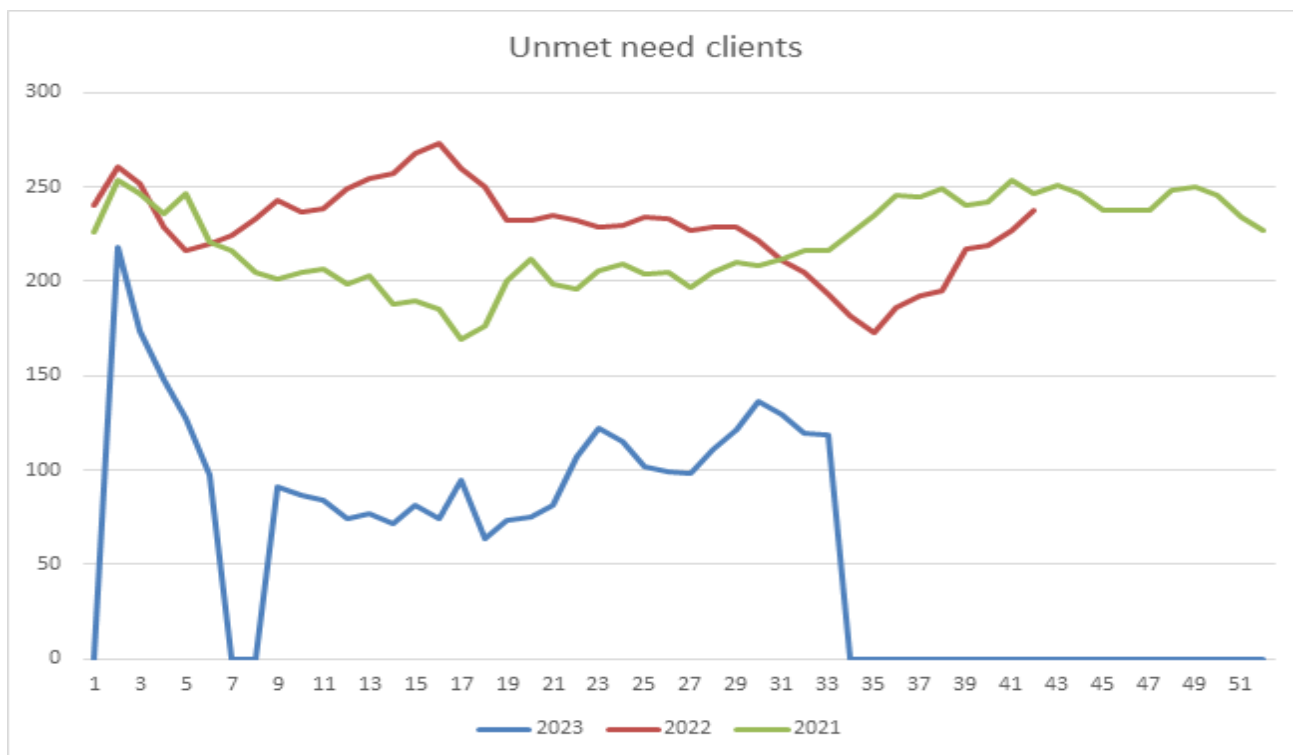


Table 2: Unmet Need Clients 2021-2023

To ensure that appropriate levels of care are being provided we have initiated a strong focus on reablement. This involves working with Granite Care Consortium (GCC) in respect of an Enablement test of change - and digital solutions through the creation of a Community TEC Connector to support individuals at the point of referral to help them access and connect with non-care alternatives.

Taking a collaborative approach to engaging with care homes and setting out broad terms of reference and high-level priorities have enabled our Care Home Oversight team to improve our relationships with care home providers and has at the same time, improved our internal capacity and capability to intervene and support providers when required. There are regular conversations between care homes and the Oversight team to understand their current capacity and to ensure beds are fully utilised. Where this cannot be achieved, we identify the reasons, what support is needed to release the capacity and the timescales for this. We have

also worked through individual care home waiting lists to ensure that these are accurate to enable admissions to occur as quickly as possible. As a consequence of these developments, care home occupancy levels are high (>90%) with individuals being moved swiftly into identified vacancies and the number of enforcement actions initiated by ourselves in the past year very low.

In addition, a Review team was re-established to undertake statutory reviews across our Older People and Physical Disability (OP/PD) Care Management service. These reviews initially focussed on care home individuals before progressing to care at home individuals including the 6-week review following discharge from our Rosewell facility enabling capacity within our hospital social work team to be freed up. Reviews actively consider the greater use of community resources and technological solutions to complement or substitute existing levels of care to create additional capacity within the system. A significant number of reviews have taken place, and the team is on course to achieve its objective of ensuring all individuals open to the OP/PD team have an annual review by the end of 2023.

### Carers Support

The [ACHSCP Carers Strategy 2023-26](#) was developed in partnership with unpaid carers and aims to help them identify and ensure that the right advice and support is available to them when they need it. Prior to the pandemic, carers had access to a dedicated respite facility however because this transitioned to an integrated, Intermediate Care Facility different respite resources were needed, as our provision was not diverse enough or substantive enough to meet demand. A survey was undertaken to establish carer’s priorities when seeking respite and the key theme that emerged from this was access and availability to local respite provision.

Under the strategic umbrella of “Staying Well, Staying Connected”, we subsequently reviewed and then commissioned residential respite and day opportunities in line with those identified carer priorities and to address a long-standing gap in the city’s provision of respite for those aged under 65 and dementia specialist services.

### Mental Health

There has been a continuing increase in the overall workload of our Mental Health Officer (MHO) service which is very much in keeping with the national picture. Due to sustained investment in our MHO capacity we have been able to continue to fulfil our statutory obligations to the required standards and within the required timescales.

Detention in hospital intervention	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Community Treatment Order (CTO)	56	52	62	82	53	70	57	106	113	119
Emergency Detention in Hospital	36	36	28	40	50	53	42	34	31	28
Short-Term	180	157	170	241	203	209	245	222	228	218

Table 3: MH Hospital Detentions 2013-2023

We have an MHO aligned to the Hospital Social Work Team to maintain oversight of all Guardianship applications that are impacting on discharge. Having Social Work involved from the point of admission allows the earliest possible collaborative approach to discharge planning for those who lack capacity; having the aligned MHO enables this process to be as streamlined and effective as possible.

### Adult Support and Protection

A multi-agency inspection of Adult Support and Protection (ASP) took place last year, with the resulting [inspection report](#) highlighting significant positive outcomes; our key processes were found to be effective with

clear strengths supporting positive experiences and outcomes for individuals, and our strategic leadership was found to be very effective with major strengths in evidence. The report commented favourably on our engagement with adults at risk of harm, recognising a ‘golden thread’ that flowed from strategic decision-making to hands-on activity. Positive feedback was also received in relation to the Stakeholder Engagement Sub Committee of the Adult Protection Committee (APC) and the APC’s Lived Experience Forum which evidenced important steps to strengthen the voice of adults and unpaid carers. Key data relating to Adult Protection referrals received, and the outcome of those, can be found in the table below.

			Case Conferences			Investigation Outcomes			
	Referrals	Investigations	Initial	Review	LSI	AP-Action	Non-AP Action	NFA	N/K
<b>20-21</b>	1377	227	34	25	1	51	119	51	6
<b>21-22</b>	1548	248	66	63	1	63	132	51	2
<b>22-23</b>	2226	311	45	25	4	163	54	94	0

Table 4: ASP Referrals and Outcomes

The number of referrals has increased year on year over the three years. The number of Investigations has also increased, however the % of referrals proceeding to Investigation has reduced - from 16% in the first two years, to 14% in 2022-23 - which is likely to reflect the enhanced screening and earlier intervention work undertaken by the dedicated Adult Protection Social Work Team that was formed in October 2021.

Faced with increasing referrals and investigations, we are committed to continue to develop appropriate mechanisms for effective communication:

- i. recognising how diverse our communities are, to ensure the ‘voice’ of all those we aim to support and protect is at the centre of all we do,
- ii. to raise awareness about ASP, so that staff and public recognise the risks of harm to vulnerable adults and know how to respond, report and connect to appropriate supports,
- iii. to ensure we understand each other’s roles, responsibilities and aims.

### Local Learning

We are very keen to showcase our initiatives and developments such as risk-assessed care, ‘discharge to assess’ and locality analysis of unmet need to local and national partners. We recognise the value of these collaborations given the common challenges that we all face.

Our outcomes-focussed Granite Care Consortium was established in 2020 but we still receive regular requests to speak to others about the GCC journey and its achievements to-date, the essence of which has been building relationships, sharing trust and a fundamental reshaping of the ‘traditional’ commissioner/provider relationship.

Our Learning Disability service participated in a pilot project to co-design a Dynamic Support Register which was a requirement of the ‘Coming Home’ report which seeks to address challenges such as out-of-area placements and delayed discharges and improved care for people with complex needs. This register will hold appropriate information about all relevant individuals and what is being done to support them.

### New ways of working

Our Care at Home commissioning model is a consortium of around 10 providers working together to meet the care at home need across the city. This collaborative commissioning model was built on strong integrated principles with its specification co-produced with providers to improve individual outcomes, build a trained and skilled workforce and create enduring market stability. This new model has been part of a wider Frailty Pathway Redesign which envisages even more closely aligned social work, social care and health services - our

intermediate care provision at Rosewell House is a particularly good example of health and social work services being co-located and jointly delivering good outcomes for individuals and their families.

More specifically, we undertook a review of our hospital social work activities and aligned staff to specific high referring wards and at the 'front door' to encourage early intervention and discharge planning. We also identified a social worker to be 'dedicated' to the co-ordination of interim beds to ensure they are utilised as efficiently as possible and introduced a fast-track assessment system for timely flow to these beds. This has proved beneficial, and consideration will be given to further developments such as splitting the team into smaller groups with a particular focus i.e., Frailty and Rehab.

Our Learning Disability service has made changes to its care management structure to enable it to have a greater focus on early intervention. Support Worker roles have been established to provide 'early linkage' between services; to meet with families, build relationships, attend meetings at school, and begin to inform/influence the transition discussion. It is envisaged that these Support Workers will take on all early intervention supports leaving our Social Workers with more capacity to address their statutory responsibilities re Adults with incapacity (AWI), reviewing guardianship, ASP concerns etc.

### **Outcomes**

There is significant evidence of positive collaborations, effective interventions and good outcomes across adult social work. We recognise the need to harness all possible opportunities and use them to our advantage – for example our review of the end-of-life pathway and our subsequent improvements was initiated following a complaint that we received.

It is sometimes difficult to measure satisfaction levels in mental health services as our professional interventions can result in outcomes which individuals do not necessarily agree with, e.g. hospital detention. That said, feedback from our recent Mental Welfare Commission themed visit has been very positive with individuals speaking very highly of how well they have been treated.

Our MH services are fairly responsive to user feedback; they get a lot of queries, concerns and complaints channelled through local Councillors/MSPs but there is robust governance around these issues and weekly learning events are held to take on board all feedback – good and bad – that has been received. For example, 'poor discharges' that lead to subsequent re-admissions are now being recorded as 'adverse event' reports and discussed weekly. It is too early to evaluate this new process, but common themes seem to include poor communication and poor discharge plans. We acknowledge increasing ward pressures – lack of beds/waiting lists – but this leads to the challenge of unwell people in the community needing to be supported/treated by community teams when they should be in hospital.

Our Learning Disability service has worked with ACC housing colleagues and providers to review the properties from which commissioned services were delivered and to consider whether these resources were 'fit for purpose'. The resulting co-produced decommissioning plan has seen five building-based services decommissioned over the past four years with new homes being found for all affected individuals. Crucially, not one complaint has been received in respect of the plan, the process or the outcomes. Identified savings are to be used to provide care at home/housing support for young people who lead chaotic lifestyles and perhaps do not engage with providers as well as we would wish. A provider has been commissioned to deliver innovative, creative and productive ways of supporting these individuals.

In addition, in the past year, two individuals from our Learning Disability service who have been categorized as delayed discharge for more than ten years have been supported to make a successful transition to live in a supported service – one with the in-house service and one with a commissioned provider. Both transitions have went very well and both persons are thriving. A third individual has been in hospital for 15 years and the 'getting to know you' process has commenced with his identified provider and the current hospital-based staff. It is hoped that this person can be discharged at the end of 2023.

From an Oversight and Review perspective, we have been able to deliver better outcomes for individuals because we have more informed insights into provider strengths and weaknesses and a better understanding of service delivery risks. We are confident that people are getting the appropriate level of care for their needs and that there is a greater focus on enablement and TEC. Facilitating provider forums for both care home and care at home provision has meant that our relationships are better and our collaborations more effective, with more open and honest conversations taking place and issues being discussed and resolved more quickly than previously. These forums are also enabling better provider and market intelligence to be shared and facilitating more appropriate and effective contingency planning.

### **Data**

We are striving to be a better data-informed service so that our analysis can drive appropriate service improvement activity and deliver better and more consistent outcomes for the individuals and their families. We also recognise our statutory and regulatory partners are looking for more regular data reporting. Our data collation has been impacted by the introduction of D365 (our new data system for social work). We are committed to using data to identify those operational areas which require to be improved or supported/resourced differently, plan our short-term or long-term mitigating actions, efficiently allocate our resources and address the emerging pressures.

From an Oversight and Review perspective, there is now more significant and current data available in respect of number of reviews undertaken and outcomes achieved etc. that can now be taken with confidence into other discussions about the impact of our social work activity for example, do 6-week reviews show individual's need for step-up/step-down or has care been set at the required level.

### **Challenges**

The implementation of D365 has been a challenge as would any transition of this scale. Supporting and training an entire workforce on the functions and capabilities of a new system was undertaken and completed. . Compared to the our previous system, D365 is a comprehensive and co-ordinated platform which evidences the nature and extent of our multi-layered professional interventions to meet assessed need and fulfil outcomes.

Winter pressures and the demands that were placed on the workforce in terms of crisis management were challenging. Staff have worked hard to prevent individuals being admitted to hospital, , support timely discharges, and keep people safe in the community.

There are still evident pressures and challenges with respect to the sustainability and resilience of our local care provision primarily due to staffing and recruitment difficulties. There have been examples of 'provider failure' with care being discontinued, sometimes at short notice which then leads to additional demands being placed on the remaining providers. Lack of resources in the community impacts on our hospital discharge activities with MH delayed discharges noticeably increasing. Future commissioning needs and these will be incorporated into our Market Facilitation Statement later in the year. .

There is an increased number of individuals needing care with increased complexity of need and levels of care required. These challenges are not only the preserve of an older demographic who are living longer with multiple chronic health issues but also many younger individuals with extreme, complex physical and mental health conditions coming into adult services and for whom significant planning requires to be undertaken so that their needs can be met safely and appropriately.

We acknowledge that these challenges are not unique to Aberdeen. We recognise the need for everyone to think differently about social work and social care. We recognise we need to do things differently by having a stronger preventative emphasis and supporting earlier interventions as well as putting in place alternatives such as self-management, Tec enabled care, , extended family support networks etc. Our improvement and

innovation projects shows how committed we are to finding appropriate and effective solutions to these challenges.

### **Improvement activities**

We are keen to be recognised as an innovative, high-performing, high-quality social work service that consistently delivers better experiences and outcomes for individuals and their families.

- Our portfolio of improvement initiatives and activities in the past year includes:
- Promotion of the 'Home First' model of care where possible, ensuring patients are discharged home or to an interim placement as soon as it is appropriate to do so.
- End of Life Care Home Beds – five beds were commissioned as a test of concept and following a very positive evaluation the IJB approved 5-year funding to enable this provision to continue.
- Increased Capacity in Interim Care Home Beds – negotiations with a new Care Home enabled us to secure up to 49 additional Interim Beds and maintain flow across the system.
- Interim Accommodation in Sheltered Housing – in response to the system pressures, we utilised 12 Sheltered Housing flats as interim accommodation to enable prompt discharge; we are currently expanding this provision to include another 5 units.
- Increased Capacity in Care at Home Provision - four additional providers were commissioned to enhance our Option 3 capacity and target the unmet need list; this additional provision has had a significant positive impact.
- Social Care Sustainability – in conjunction with Aberdeenshire and Moray HSCPs we are working on three approaches to increase capacity using existing resources: Risk Assessed Care, Discharge to Assess and Increased TEC usage.
- Increased Rehabilitation and Enablement Options – the Bon Accord Care Interim Care at Home service is an enablement-focussed project which provides an effective alternative to bed-based rehabilitation within a hospital setting by getting the individual back to their home environment and helping reduce the amount of care they will require.
- Hospital Homecoming – this 3rd sector project connects patients who are due to be discharged and who have no immediate support network with volunteers who can provide appropriate low-level supports. Knowing this support is available provides additional confidence for decisions around discharge to be made.

Further improvement activities that are now underway or in the pipeline include:

As part of a wider Mental Health Modernisation Plan, our Mental Health social work service is implementing a four-locality model each with their own multi-disciplinary team. All open cases are being reviewed to determine which locality they will be aligned with and there is ongoing consultation with staff to determine similar outcomes.

The wide-ranging engagement undertaken by the Oversight and Review team have given care home and care at home providers access to resources, services and intelligence that they might not otherwise have known about so that they can reflect on the possible benefits and collaborations that are open to them. Oversight assurance visits have a strong improvement emphasis, and these have broadened in scope post-pandemic to help the care homes meet the needs of their residents and provide the evidence that they are also meeting the required standards of care.

### **JUSTICE SOCIAL WORK**

Our [JSW Delivery Plan 2021-2024](#) sets out our Justice Social Work (JSW) vision: “Every client achieves the best possible outcome because we respond to the needs and risks of our clients in a trauma-informed way; intervene early where possible; are a professional, highly motivated team, and work in collaboration with partners”.

Delivery of statutory supervision was a huge challenge during the pandemic. There is still a Covid-related backlog in cases coming to Court and we saw a continuing increase in Diversion, Bail Assessments, Bail Supervision as well as an increase in supervised release orders all of which means an increased level of demand for the service.

The continued increase in Diversion from Prosecution is very positive as it enables individuals who have committed offences and have significant underlying needs to be diverted into support and, ideally out of Court involvement and further offending at an early stage. It is very noticeable that Diversion cases are becoming increasingly complex. The number of Structured Deferred sentences (including those imposed in the Problem-Solving Court) are also increasing, albeit slowly, having paused while the courts were closed during Covid. Structured Deferred Sentences are similarly intended to be a lower level, albeit intensive diversion from custody and the volume of these is increasing.

There has previously been an increasingly high percentage of remand prisoners, with the Government and the Scottish Prison Service taking steps to reduce this by promoting Supervised Bail as an appropriate alternative. The pre-disposal team workload has increased because of this and so we have appointed a Senior Support Worker and two Support Workers in the Court specifically for supervised bail. There is evidence that the use of Bail Supervision, while not reducing the number of Aberdeen prisoners, is preventing an increase. It is anticipated that, as the court backlog decreases so will prison numbers.

There remain issues around the high number of Bail/ Electronic Monitoring Order assessments completed by comparison to Orders imposed. This is a national issue which is hoped will be resolved in due course. There has continued to be an increase in the volume of Caledonian assessments undertaken – the Court does not always request these, but the service completes them for most cases of domestic offending and victims are referred to the Domestic Abuse Team for support from a Women's Worker. We are continuing to provide the Moving Forward Making Changes programme for sex offenders. Numbers on this programme have reduced but we are seeing more individuals on the lower-level programme.

The Women Service offers a safe and supportive environment in which appropriate support can be provided to women both in the community and in prison. This also includes support with the Begonia project for those involved in on-street prostitution where police can refer directly to the service and cuckooing links to County lines.

New revised MAPPA Guidance on what partner agencies responsibilities are when individuals are being released from prison was issued in May 2022. This has had an impact on our inter-agency collaborations and resulted in more defensible positions. The Scottish Government has commended the responsiveness and effectiveness of our multi-agency collaborations with colleagues from housing and health that are put in place for individuals coming out of prison. These collaborations are initiated at an early stage when individuals go to prison to ensure that appropriate housing and access to appropriate primary care services are in place when they are released. The ADP/JSW Development Worker has been working closely with the commissioned Assertive Outreach service to support individuals who leave prison and to reduce the risk of drug related deaths. This colleague has also facilitated regular and mandatory Naloxone training for staff.

The JSW service has been one of four areas from across the country involved in a pilot for a new Court Report template that is shorter and more concise. The pilot received very positive feedback from JSW and the Courts, it has been judged to be very successful and is now being rolled out nationally.

It is heartening to see that although there have been many initial notifications of potentially serious incidents, only one case has proceeded to a Serious Case Review from MAPPA. This is an indication of the appropriateness of our interventions as we have sought a balance between our statutory obligations, public protection and the needs of the individuals that we work with.



## Challenges

Last year was a difficult year for the Justice workforce as the post-pandemic recovery meant that they had to work through Covid-related backlogs and manage the increasing demand for services. Morale was also impacted by the national risk management tool (LS/CMI) being off-line since March 2022, although it is now reinstated entirely with national agreement for a staged uploading of current risk/needs assessments. The introduction of D365 impacted on the service in respect of workload, training and data although the very good support that JSW received from its own in-house 'product owner' is recognised.

. The introduction of Bail Supervision has resulted in a requirement for new guidance, templates and additional staff. . Release from custody through virtual Courts has been a good innovation however it has presented some difficulties for our CPOs in respect of engaging with and inducting individuals.

The Unpaid Work Team responded very well to pandemic challenges by developing blended learning packs to enable unpaid workers to undertake their orders at home. This, together with the Covid legislation allowing some unpaid hours to be written off in certain circumstances and for orders to be extended beyond initial completion dates meant that we had a reduced backlog of Unpaid Work Requirements.

## 4. [Resources](#)

Aberdeen is the third largest city in Scotland with an estimated population of circa 230K.

Over recent years the City's population has appreciably grown. As a result of world events, Aberdeen City has welcomed significant numbers of displaced persons from war affected countries. Aberdeen being a city with two universities, our population has been impacted by a high volume of international families coming to the city to study. This has seen a 12% increase to the school roll since 2019 with a 6.7% increase since September 2022.

The gross expenditure on social work and social care services in Aberdeen City during 2022 - 23 was £182.6m on adult services (inclusive of Justice social work) and £46.7m on children's services.

Rising expectations and demand for our services, in both children and adult services, coupled with rising costs and reduced funding presents a significant challenge to our ambitions to deliver effective interventions that lead to improved outcomes. Evidence also suggests that the impact of the pandemic will continue to be felt by all aspects of social work over the coming years. This includes but not limited to increased levels of family fragility and associated poor mental wellbeing/health; delays in the Court system and pressures across the health system all of which directly impact on the demand and delivery of social work services.

The welcome advances in medical treatments and medicines is seeing individuals living for longer with more complex needs. The complexity of need consequently requires greater levels of care and support. This comes with increased costs. Services are also seeing greater levels of expectations from clients and this, along with expectations from our other stakeholders, continues to drive performance on targets such as waiting times. The cost of living crisis in 2022/23 has reinforced the correlation between the impact of poverty and the demand for social work intervention. This can be seen from increased levels of referrals, particularly from the City's most deprived areas. Those accessing money advice services and emergency food provision tell us of the struggles they experience surviving on a daily basis, of the impact on their confidence and mental wellbeing the cost of living is inflicting.

Council budgets continue to face significant pressure and children's social work has had to collaborate on a cross council basis to ensure a balance budget. The Council's medium term financial plan indicates that the pressure on budgets will continue to be considerable over the coming years. This will continue to impact on

our capacity to meet current and future need. It is therefore critical that all new national policy initiatives and legislative duties are fully funded.

Ensuring there are sufficient staffing across all service areas to undertake statutory social work tasks remains key. In doing so a focus on delivering person centred interventions that aim to keep children and vulnerable adults in their own home for as long as it is safe to do so remains critical.

Work to refresh our [Childrens-Services-Plan-2023 - 26](#) reinforces the continuing need to ensure families have access to early and preventative support that mitigates the need for social work intervention. We recognise the partnerships shared responsibility to develop a robust and effective Family Support Model is critical to achieving this. The disparate and multi-faceted funding of Tier 2 family support services presents challenges and opportunities. Our families have told us that they want support earlier and to be able to access support independently of professionals. As we continue to develop our Family Support Model and take forward planning in relation to the Whole Family Wellbeing Fund these principles will remain key.

Our Children's Service Plan has strong alignment with the HSCP's Strategic Plan. More broadly as a partnership we have worked hard to align many of our strategic plans – Local Outcome Improvement Plan; Child Poverty Plan; Carers Plan; Corporate Parenting Plan. This effort seeks to strengthen our strategic coherence but also looks to maximise our resources to deliver on key shared priorities.

We continue to recognise the interconnected nature of social work. The vast majority of children known to Children's Social Work are known as a result of care and protection concerns resulting from challenges in their parents lives. The value of integrated planning, and wherever possible services that support vulnerable parents and their children is a priority. There is a particular focus on supporting families where parental addiction and mental health/wellbeing impact on their children.

Working with partners to deliver early and preventative support that negates the need for crisis and high-cost intervention is a priority across all parts of social work. Improved early intervention is essential to not only to improve outcomes but critical and delivering a sustainable budget position.

The single biggest cost pressure for Children's Social Work continues to be the cost of care, particularly placements out with the authority. In 2022/23 this contributed to an overspend of circa £1.8m. While there was circa a £1.5m underspend in staffing costs.

Our care population has reduced by circa 15% over recent years. This reduction is welcomed and is apparent across all care types particularly foster care and those looked after at home. As a service we are committed to supporting more children to remain within their family, where it is safe to do so, without the need for compulsory measures. However to do this on a sustained basis will require different and in some instances more local multi-agency resource to scaffold around families.

While the level of protection afforded by the Scottish Government to the funding of adult social work services is welcomed, there are recognised and significant cost pressures within the system as a result of service demand and inflationary pressures. One such pressure relates to the placement of adults with complex learning disabilities. Planning is now at an advanced stage to develop local resources that will enable several adults living out of the authority to return to be near family members and their local community whilst also mitigating budget pressures.

Aligned to this is our work in relation to being a Pathfinder for 'GIRFE' (Getting it right for everyone) on the Families with multiple and/or complex needs; and young people in transitions from GIRFEC to GIRFE Pathway. The focus of this pathfinder is ensuring early multi-agency planning for young people where the professional assessment is that they will require care and support throughout their lives. This, we hope will lead to greater integrated planning, supporting those individuals to experience improved transitions while simultaneously allowing resources to be managed more effectively.

Using the Scottish approach to service design, the Aberdeen City Pathfinder team have been working through the design process via a series of design days focusing on four phases, discovery, define, develop and deliver. The intention is to co-design workable prototypes which can be tested with Pathfinder and Partner areas across Scotland. This approach aims to ensure that the voices of the people with lived experiences and their families help to develop and design functional, workable and realistic resources to support them and deliver the care they need in the right place and at the right time.

In October 2022, in partnership with Microsoft, Aberdeen City Council launched 'D365' - its own data system across social work. This system replaced Carefirst which we had been using for over 20 years and was seen to no longer effectively or efficiently serve our needs. The 'D365' system was designed by social workers for social workers. It utilises the existing suite of Microsoft tools but has added functionality and capacity to support real time data reporting.

While the commitment from staff across all parts of social work to support the development of D365 was considerable there are identified aspects post going live that require further development/improvement. The responsiveness and improvement of the inhouse capacity along with our partnership with Microsoft is enabling the workforce to take growing ownership of their D365 system.

One of the key benefits of D365 is its capability to deliver on the Scottish Government's aspiration, as outlined in the NCS Bill, that there is a single health and social care record. The realisation of this for frontline practitioners cannot be understated. At a time when we all need to do more with less resources the integration of key client data in real time will improve planning and decision making. In some cases I believe it has the potential to save lives.

## **5. Workforce**

The Setting the Bar Report, June 2022, whilst welcomed, brought no surprises emphasising that effective social work provision is going to need an increase in staffing levels, all who are suitably skilled and trained to undertake the complex roles they fill. Whilst retention of staff is good, we have been aware of the increasing pressures on our social work staff, as they strive to offer high quality service to our most vulnerable groups of children and adults. This recognition has prompted us to begin exploring with our People and Organisation colleagues how to build increasing psychological resilience in a workforce who are at risk of vicarious trauma on a day to day basis.

### **Children's Social Work Services**

#### **Recruitment**

Staffing pressures across CSW continue to pose challenges to effective service delivery. This issue has become particularly challenging given the impact of COVID and new demand. Vacant posts are not stagnant, some can be predicted, i.e. maternity cover, long term sick leave, families relocating with others less so. Exit interviews ensure we capture any learning from our staff who chose to leave. This continues to highlight that for some, working within statutory children's social work is not something they feel able to sustain in the longer term due to the psychological impact and work-life balance. Many have chosen to leave and join other parts of the social work so are not lost to the profession.

We are continuing to develop a workforce recruitment and succession planning strategy which aims to enhance, develop and retain leaders within our service. We have adapted our interviewing strategies to ensure that values and resilience are prioritised over subject expertise and knowledge. Our biggest challenge is the loss of experienced and confident workers given that recruitment is in the main, drawn from a pool of newly qualified workers, many of whom over this period, have experienced a 'covid' placement experience which unfortunately has resulted in a less robust social work experience.

Not unexpectedly, where there are vacancies, increased workload pressures exist for peers and line managers who remain in post, therefore a strong and persistent focus on health and wellbeing remains paramount.

In response, this year, we dedicated our annual practice improvement day in March 2023 on “**Wellbeing and Resilience**”. The event, falling on National Social Work Day, allowed a focus on staff’s own personal wellbeing in recognition that it is only possible to support others when you have acknowledged your own needs. Feedback from staff about the impact of the day was hugely positive and has led to increased awareness of Council supports available as well as the creation of enhanced targeted internal and external supports.



### **Professional Learning & Development**

We have a well-established multi agency child protection learning and development (L&D) programme covering 14 GIRFEC and Child Protection topics. These are consistently quality assured which helps to measure the impact training has had on practitioners’ confidence and capabilities in supporting and improving outcomes for the children and young people they work with. The [CPC Learning & Development Annual Report 2022](#) provides an overview of L&D activity throughout the year.

Work to enhance our learning and development offer within children’s social work services has continued over 2022/23 with a focus on delivering L&D opportunities for all staff, arranging and supporting student placements, embedding a programme of learning for Newly Qualified Social Workers (NQSW), and leading on improvement work around whole service induction, supervision and early implementation of the NQSW Supported Year.

A training needs analysis undertaken with service managers, identified key learning and development priorities for the year as:

- Risk assessment and management of harmful sexual behaviour
- Recommencement of the Post Graduate Certificate in Child Welfare and Protection
- Trauma awareness and recovery principles
- Supervision skills
- Leadership and Management

The development of the Children’s Social Work [Events and Training Calendar](#) on the Intranet and [Learning and Development site](#) makes it simpler for staff to see available L&D opportunities and to book a place.

In 2022, Children’s Social Work hosted 22 social workers in training (SWIT) placements across the service. An increase in the number of staff undertaking the Practice Learning Qualification has enabled us to increase the number of placements offered.

The L&D lead monitors which individuals/service areas have accessed training to ensure equitable access. As part of ongoing monitoring of internal and commissioned L&D opportunities, those who attend training events are asked to complete feedback and identify how they intend to apply learning to practice. Whilst this informs our monitoring activities, it also allows us to make sure we are providing quality L&D opportunities to enable social work staff to meet their registration requirement and to meet the future needs of the social work service. The [CSW L&D Annual Report](#) provides a full overview of learning and development in 2022.

### **Workforce Strategies**

Within Children’s Social Work we have been developing the following strategies:

- Maximise the opportunities to provide placements for SWIT within Children’s Services. We continue to explore with Robert Gordon’s University (RGU) how we maximise the opportunities to convert those who undertake a placement with us into new workers.

- Continuing to prioritise how NQSW's are supported into the profession. Our NQSW's programme fully aligns with the new standards. We are looking to extend this to include 'early career social workers'. Feedback from those who have joined us indicates they feel valued and supported.
- Growing our own – we continue to provide opportunities to support our para-professionals undertake social work training, whilst being paid as social work trainees. Having had some success we are keen to ensure pathways into social work posts.
- Succession planning - We are mindful of the significant loss we will experience by the 'aging out' of a number of leaders over the coming years. Within our residential services, to ensure we have key skills to match posts our succession planning has included realigning job roles and the qualification pathway, allowing progression to promoted posts which recognise the most relevant qualifications, skills and knowledge. We currently have 5 staff members undertaking the PG/MSc Advanced Child Care qualification.
- We are reviewing our approach to supervision to ensure managers feel more confident in delivering supervision that is trauma informed.

### **Adult & Justice Social Work**

In November last year, the IJB approved the [HSCP Workforce Plan 2022 – 2025 - Aberdeen](#) with its key priorities of: recruitment and retention, mental health and wellbeing, and growth and development opportunities. We have recognised the need to ensure that our social work-specific workforce-related activities are aligned to this plan and that the voice, experience and needs of social work are considered in wider HSCP workforce discussions.

The significant impact of COVID on the personal wellbeing and resilience of our workforce has not been forgotten and staff burnout continues to be an ongoing risk. Use of the resilience hub has continued post-pandemic and informal catch-ups, coffee mornings, a buddy system, lunch dates for all staff to attend, Yoga classes etc have been arranged by different services at different times.

A hybrid model that combines office-based and home working arrangements has been adopted with the value of office-based days in terms of face-to-face professional discussions, management and peer support, team meetings and social chat with colleagues emphasised to everyone although it is fair to say that different colleagues and different services are at different stages of their post-pandemic recovery journey.

A member of the Senior Management Team was asked to co-ordinate significant recruitment activity across all services using the available Scottish Government funding to increase adult social work capacity. This resulted in an effective recruitment campaign which succeeded with support from colleagues from across adult services in filling vacant and new posts at all levels using generic social work adverts and aligning staff dependant on skills and experience. This resulted in increased head count/reduced vacancy levels and had a significant impact on staff morale and wellbeing, workloads and our ability to address demands in our services.

To address local recruitment challenges, we have developed our 'Grow your Own' initiative and recruited two colleagues to Trainee Social Worker posts and are supporting them with their professional social work training. Our Learning Disability service has also supported student placements from the Kickstart Programme, Career Ready, Foundation and Modern-Day apprenticeships as well as supporting staff to undertake their Social Work qualification through distance learning. In addition, a core 'Back to Basics' induction training programme has been developed for all new starts.

Retention is an ongoing challenge with some services such as Substance Use, affected more than others. Some staff retired but most have transferred to other services within either children's or adult social work. Secondments have been increasingly offered to give staff the opportunity to sample other services so their experience and skills remains within the Council.

As welcome as these developments have been, we are mindful that a great many colleagues are still holding large caseloads with increasing complexity of need and significant statutory obligations that require appropriate decisions and effective interventions to ensure that needs are met and associated risks are reduced. . We have attempted to support staff with their wellbeing in different ways including, Organisational Development facilitated team building days and sign posting to psychological resilience supports. The recent development of our new Staff Supervision procedure which is due to be rolled out soon has been heavily influenced by trauma-informed and staff wellbeing perspectives. It is noticeable that better absence management has led to a reduction in absence rates which in turn has eased work-based pressures on staff.

The weekly online staff Forum, together with the weekly staff bulletin, has evolved to include all adult Social Work staff and become a real strength; it has provided an opportunity for directed learning as well as creating a culture of peer support and advice. The success of this has been evident through positive feedback from staff and the cross-service support via the Forum chat which provides opportunities for education, communication, networking and peer support. In addition, we have utilised available Scottish Government funding to enter a partnership with our local further education college to enable them to offer access to appropriate training courses, for example, pre-MHO development training, well-being treatments and meals/snacks from their cookery/hospitality students.

### **Professional Learning and Development**

Our Chief Officer for Adult Social Work has been undertaking a review of our services as part of a wider HSCP post-pandemic recovery to fully embed early intervention and prevention across services and maintain the improved relationships and effective collaborations that have been forged in the face of the pandemic. Key elements of this review resulted in the establishment of the Adult Protection Social Work team, the Oversight and Review team and the enhancement of the Care Management Response Team.

Core skills training for our practitioners is linked to their legislative obligations so that there is a greater understanding of the nature and impact of their practice. For the most part, ongoing staff development is guided primarily by supervision and appraisal feedback. Our MH service has created a whole-service training plan in respect of AWI matters as this cuts across all services and all client groups.

Our MH colleagues are very aware of need to monitor their MHO resource to ensure that staff turnover can be mitigated as we know that 25% of the current MHO team are likely to retire in the next 5 years. Three colleagues are just about to finish their MHO training and four colleagues will commence this in September. The LD service has its own designated MHO and as well as progressing the relevant statutory responsibilities has also provided significant peer support to LD care managers in respect of caseload complexities and report-writing and to the wider MHO team in respect of LD matters.

The JSW workforce have completed their statutory training and trauma-informed, Caledonian, MFMC and 'Children in conflict with the law' training. Risk of Serious Harm (ROSH) training delivered by the national Risk Management Agency has also been undertaken.

## **6. Looking ahead**

As noted in my foreword, the policy and legislative landscape as it relates to social work has and continues to change significantly in recent years. As I look ahead this reality is likely to persist:

### **a. National Care Service**

The Scottish Governments intention to establish a National Care Service is potentially the most significant change to directly impact on social work for many years. Whilst a National Care Service has the potential to offer new opportunities, it will also significantly change the social work and social care landscape. The Scottish Government has announced an Independent Review to support the decision making in relation to the inclusion

of Children's and Justice social work within a National Care Service. We await with interest the outcome of these reviews in 2023.

As CSWO it is reassuring that both Reviews will seek to engage directly with the workforce to ensure the workforce has an opportunity to contribute to and help shape decision making. Local social work practitioners are keen for their voice to be heard within this review. However my engagement with frontline staff reflects that social workers do are unsettled by the uncertainty in the planning to the National Care Service.

#### **b. Workforce**

Staff from Aberdeen City have welcomed the opportunity to engage in events to help frame the role and remit of the proposed National Social Work Agency (NSWA). The creation of a NSWA provides opportunities to promote the role of social work and consider what kind of social work service we want for Scotland going forward. To do this well, real investment is required in the service and a move away from non-recurring funding offers which place unsustainable burdens on services.

The NSWA's intention to develop a national approach to workforce development is welcomed. Having a consistency of direction as well as enhanced learning and development opportunities will enable us to have a social work workforce that can continue to deliver on meeting the needs of the Scotland's most vulnerable individuals and families.

It must be hoped that the above will mitigate the current challenges of workforce recruitment, retention, and wellbeing. Social Work leaders in Aberdeen City have and will continue to prioritise and focus on supporting the needs of our workforce. We recognising the interconnected nature of social work. Developing a trauma enhanced workforce that has access to L&D and wellbeing support is critical. In doing so we will continue to engage with and listen to our workforce to help shape our support offer in a way that is deemed authentic ensuring colleagues feel valued and supported.

#### **Social Care resilience**

Significant work has been progressed to support and strengthen the resilience of the social care market in Aberdeen City, however we continue to recognise its vulnerability. Demand for care at home support and personal assistants outstrips capacity. The national spotlight on how we value carers reflects remuneration as well as the societal status given the caring roles.

We have responded proactively to respond to the system challenges of hospital discharge delays. However we are acutely mindful of overly focusing on one area at the expense of attention to focus on other equally important areas but don't demand the same level of Government scrutiny. Working through this over the forthcoming Winter and beyond will be an ongoing challenge.

#### **c. Legislative and Policy Landscape**

##### **Rights Based legislation**

*"Human rights and social justice serve as the motivation and justification for social work action. In solidarity with those who are disadvantaged, the profession strives to alleviate poverty and to work with vulnerable and oppressed people in order to promote social inclusion."* (BASW Code of Ethics)

The incorporation of UNCRC and the proposed Human Rights legislation will strengthen a rights based approach to how public services are delivered. The well published challenges around this legislation reflects the complexity of this work. In many instances intervening to support and protect one individual can often have a corresponding negative impact on another person's rights. This tight rope is not new for social workers to navigate.

While recognising the Scottish Government is committed to enacting the UNCRC principles as far as possible they also recognise that in doing so the "provisions become more complex, uncertain and challenging for

children and young people and their representatives and for public authorities to work with.” It is therefore important that ‘rights’ legislation is both workable for practitioners and affordable by public bodies.

#### **Other Significant Legislative Change**

Social Work can never and should never stand still. In addition to the proposed ‘rights’ legislation there are other significant legislative changes and policy initiatives on the horizon that will directly impact on social work practitioners: Children’s Care & Justice Bill; the anticipated Review of the Children’s Hearing System; Bairns Hoose; Learning Disability, Autism and Neurodiversity Bill; Bail and Release from Custody (Scotland) Bill to note but a few. All of these will continue to require social work services to shift evolve and for the workforce to be enabled to grow to take account of the new and additional duties.

#### **d. Financial Constraints**

With the complexity of care and need increasing, budget pressures are likely to escalate compounded by an increasing deficit in local government funding. A disparity in additional funding streams being provided to HSCP as part of the winter pressures funding has been felt keenly by Children’s Social Work who have equally been impacted by increased demand, complexity and capacity issues but have not had the opportunity to increase the workforce to mitigate the risk this brings.

Whilst there is no easy fix, the Council and the HSCP have in place a Medium-Term Financial Strategy. Programmes of work are focused on delivering early and preventative support to children, young people, vulnerable adults and families that mitigates the need for social work intervention. It will take time to fully deliver on this aspiration. Consequently the fiscal pressures on social work are likely to continue over the coming years. As such retaining a clear focus on our strategic priorities is vital.

I have highlighted throughout this report many examples of effective, innovative, and creative new ways of working and service evolution which are delivering high quality care and support to Aberdeen City’s most vulnerable citizens. The success of these is down to the commitment and determination of social work colleagues delivering social work and social care, despite the challenges, on a day-to-day basis. Their passion to empower and support others to improve their lives of others and improve our communities inspires me as their Chief Social Work Officer.

**Graeme Simpson**  
**CSWO**  
**25 September 2023**





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	5 December 2023
<b>Report Title</b>	Quarter 2 (2023/24) Financial Monitoring Update – period ended 30 September 2023
<b>Report Number</b>	HSCP23.095
<b>Lead Officer</b>	Paul Mitchell, Chief Finance Officer
<b>Report Author Details</b>	Paul Mitchell, Chief Finance Officer PauMitchell@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	<p>Appendix A -Finance Update as at end September 2023</p> <p>Appendix B - Variance Analysis</p> <p>Appendix C - Progress in implementation of agreed savings – September 2023</p> <p>Appendix D - Budget Reconciliation</p> <p>Appendix E - Budget Virements</p> <p>Appendix F - Summary of risks and mitigating action</p>
<b>Terms of Reference</b>	1 - Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself



## INTEGRATION JOINT BOARD

### 1. Purpose of the Report

- a) To summarise the revenue budget performance to 30 September 2023 for the services within the remit of the Integration Joint Board (IJB), to advise on areas of risk and management mitigating action and to approve the budget virements so that budgets more closely align to anticipated income and expenditure.

### 2. Recommendations

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

- a) Notes this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein;
- b) Approves the budget virements indicated in Appendix E; and
- c) Approves the use of uncommitted reserves to balance the final year-end position if required (para 3.10)

### 3. Summary of Key Information

#### Background

- 3.1. During the budget setting process for the financial year 2023/24, significant pressures and savings were highlighted and agreed. These are accounted for in the full year revised budget column per Appendix A.

#### Aberdeen City IJB Financial Information

- 3.2. To maintain a consistent approach with the financial position reported in previous financial years, a prudent methodology continues to be taken in respect of forecasting. The financial position of the IJB as at 30 September 2023 is as follows:



## INTEGRATION JOINT BOARD

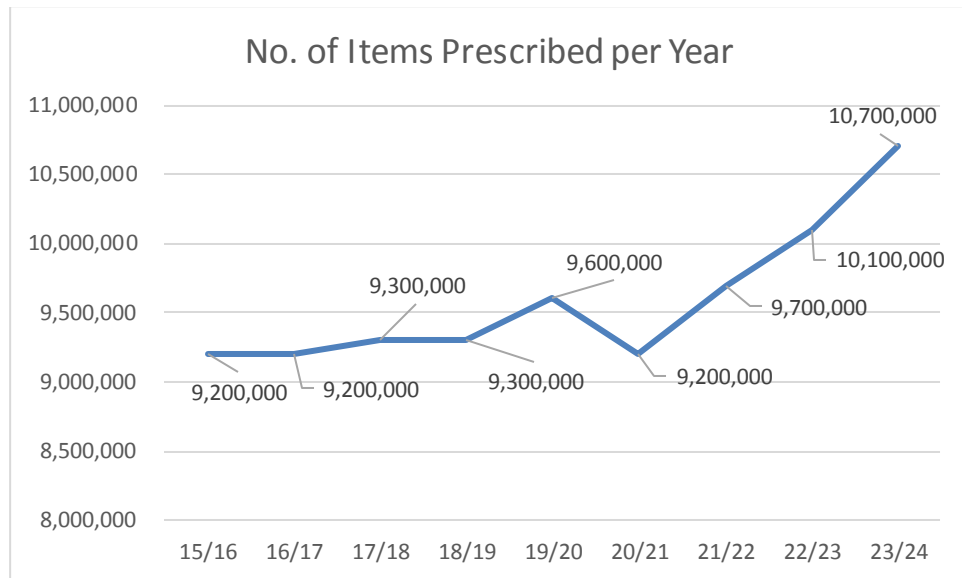
	<b>As at 30 Sep 2023 £'000</b>
<b>Overspend\ (Underspend) as at (Appendices A and B)</b>	<b>5,432</b>
<b>Represented by:</b>	
Overspend on Primary Care Prescribing	4,332
Overspend\ (Underspend) on Mainstream Budgets	1,100
Appendix B	<b>5,432</b>

- 3.3.** The mainstream position is showing an overspend on the budget and information on the individual variances to date are contained in Appendix B.
- 3.4.** Primary Care Prescribing received a significant budget uplift of £4.578m (11.5%) in 23/24. An under provision in 22/23 of £0.570m left £4.008m uplift available for 23/24 (10.0%). The level of uplift for 23/24 was based on the estimates during the budget setting process. Unfortunately this does not appear to have been sufficient as the projected overspend on that budget is £4.332m (9.8%). That means, if forecasts are realised, the prescriptions budget uplift for 23/24 would have required to have been 22.3% in order to balance.
- 3.5.** Pressures on the Prescribing budget are being reported across Grampian and nationally. The matter is being escalated to government levels across various networks including the Chief Officer and Chief Finance Officer networks.

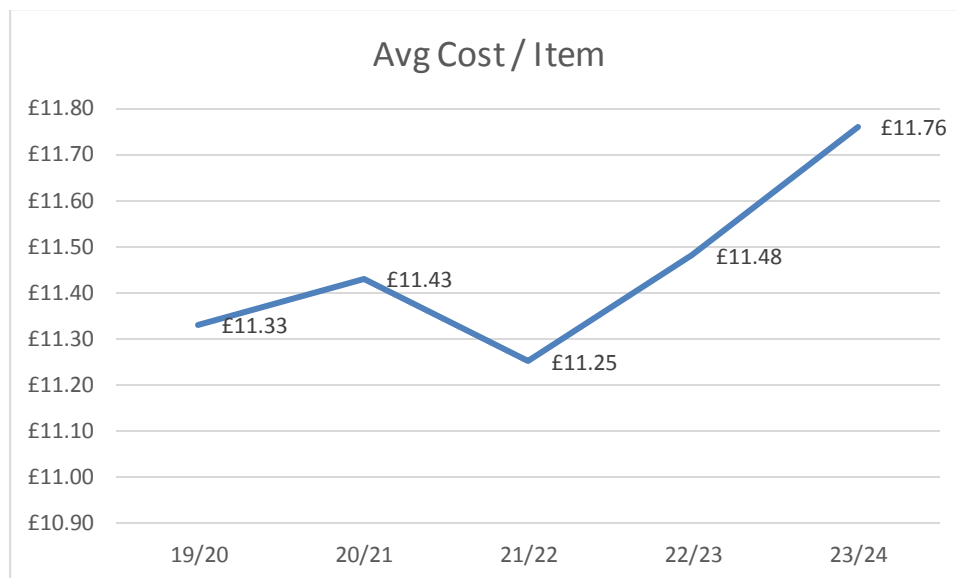


## INTEGRATION JOINT BOARD

- 3.6. The estimated level of items prescribed this year across Grampian is 10,700,000. This is a year on year increase of 5.9%. The trend since 2015/16 is as follows:-



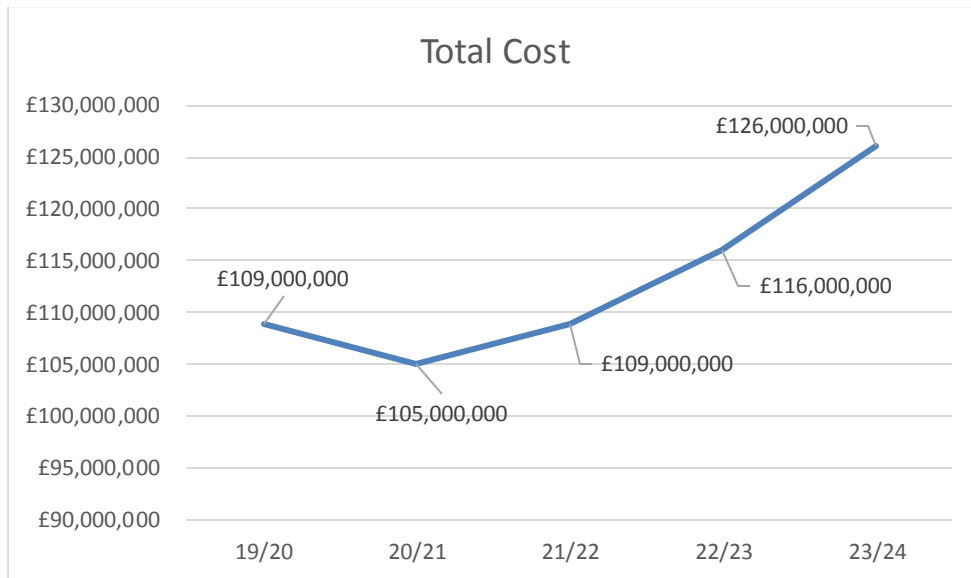
- 3.7. The average cost per item is increasing as follows:-





## INTEGRATION JOINT BOARD

**3.8.** The rising levels of items prescribed, coupled with the increase in the average cost is resulting in the additional spend and budget pressures. Across Grampian the total costs are:-



**3.9.** Section 12.8 of the [Integration Scheme](#) details the required process for dealing with a projected year-end overspend. The Senior Leadership Team continue to monitor the financial position; the expectation is that there will be further savings achieved to mitigate the overspend to Mainstream Budgets as referred to at section 3.2 of this report prior to the year-end.

**3.10.** The likelihood is that the IJB will not be able to mitigate in full the forecasted overspend relating to Primary Care Prescribing by 31<sup>st</sup> March 2024. It is therefore requested, as per section 12.8.4.1 of the Integration Scheme, to allow for the use of uncommitted reserves to balance the year-end position. This would result in the IJB not requiring any financial support from NHS Grampian or Aberdeen City Council. The impact on the reserves would be to reduce the balance from £12.482m to £7.050m. This limits the opportunities for the IJB to innovate and redesign services for the future.

**3.11.** Any final budget overspend for 23/24 will have an impact on the budget requirements for 24/25. As mentioned in paragraph 4.3 above, the increase



## INTEGRATION JOINT BOARD

in the Primary Care Prescribing budgeted spend is significant and the IJB may have to increase their budget provision accordingly.

- 3.12.** The forecast report that forms the basis for our 24/25 budget requirements is still to be prepared by NHSG, it is expected that this report will be available in early January 2024. Scenario planning will be included in the budget workings to give the IJB the ability to determine the final level of the budget increase for Prescribing and the risks and mitigating actions required to balance the overall budget around each of the options. Should prescribing costs for 24/25 continue to increase at the current rate, the IJB will require to reallocate budget from other IJB services so that a balanced budget for 24/25 can be set. This may have a significant impact on the ability to delivery current initiatives set out in the IJB's Delivery Plan and impact on our ability to deliver services as we do currently.

### **4. Implications for IJB**

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

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

- 4.2. Equalities, Fairer Scotland and Health Inequality** – there are no implications arising from this report.
- 4.3. Financial** – the financial implications are contained throughout the report.
- 4.4. Workforce** – there are no workforce implications arising from this report.
- 4.5. Legal** – there are no legal implications arising from this report.
- 4.6. Other** – there are no other implications arising from this report



## INTEGRATION JOINT BOARD

### Links to ACHSCP Strategic Plan

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

### 5. Management of Risk

#### 5.1. Identified risk(s)

See directly below.

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

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

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

Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.

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Appendix A: Finance Update as at end September 2023

Period 6	Full Year	Period	Period	Period	Variance	Forecast	Full Year	App B
	Revised Budget	Budget	Actual	Variance	Percent		Variance	
	£'000	£'000	£'000	£'000	%	£'000	£'000	
Mainstream:								
Community Health Services	43,262	21,446	22,327	881	4.1%	44,574	1,312	a
Aberdeen City share of Hosted Services (health)	30,998	15,605	15,788	183	1.2%	31,577	579	b
Learning Disabilities	40,980	20,500	22,118	1,618	7.9%	41,064	84	c
Mental Health and Addictions	26,217	13,161	13,527	366	2.8%	26,279	62	d
Older People & Physical and Sensory Disabilities	100,485	50,242	54,157	3,915	7.8%	100,570	85	e
Directorate	1,976	988	1,157	169	17.1%	1,968	(8)	
Criminal Justice	167	84	83	(1)	(1.2)%	151	(16)	
Housing	1,750	875	875	0	-	1,750	-	
Primary Care Prescribing	44,003	21,699	23,667	1,968	9.1%	48,335	4,332	f
Primary Care	43,699	21,907	21,617	(290)	(1.3)%	43,234	(465)	g
Out of Area Treatments	1,750	874	1,339	465	53.2%	2,927	1,177	h
Set Aside Budget	52,719	26,360	26,360	0	-	52,719	-	
City Vaccinations	3,094	1,564	1,332	(232)	(14.8)%	2,648	(446)	i
Transforming Health and Wellbeing	3,587	1,739	1,671	(68)	(3.9)%	3,535	(52)	j
Uplift Funding	2,112	0	0	0	-	900	(1,212)	
	<b>396,799</b>	<b>197,044</b>	<b>206,018</b>	<b>8,974</b>	<b>4.6%</b>	<b>402,231</b>	<b>5,432</b>	
Funds:								
Integration and Change	427	197	197	0	-	427	-	
Winter Funding	6,178	2,457	2,457	0	-	6,178	-	
Primary Care Improvement Fund	7,017	3,565	3,565	0	-	7,017	-	k
Action 15 Mental Health	12	12	12	0	-	12	-	
Alcohol Drugs Partnership	1,730	868	868	0	-	1,730	-	
	<b>15,364</b>	<b>7,099</b>	<b>7,099</b>	<b>0</b>	<b>-</b>	<b>15,364</b>	<b>-</b>	
	<b>412,163</b>	<b>204,143</b>	<b>213,117</b>	<b>8,974</b>	<b>4.4%</b>	<b>417,595</b>	<b>5,432</b>	

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

**a Community Health Services (Forecast Position - £1,312,000 overspend)**

Major Variances:

(343,000) Across non-pay budgets  
236,000 Under recovery on income  
(1,205,000) Staff Costs

Staffing costs projected overspend due to unfunded savings target offset by underspends in AHPs and Nursing. This is augmented by an over recovery on income.

Underspend in Non pay is largely due to Property costs and Equipment costs. All savings targets are now realigned to one budget code within community.

**b Hosted Services (Forecast Position - £579,000 overspend)**

The Hosted Services position is now reporting an overspend mainly due to the allocation of cost pressure funding from the Integrated Joint Board.

**Intermediate Care:** Has an overspend position in city despite an allocation of additional funding. The Grampian Wide service has an overspend position due to locum costs, agency nursing costs and an overspend in medical supplies mainly in rehab.

**Grampian Medical Emergency Department (GMED):** Currently underspent as was allocated additional IJB funding. Relates mainly to pay costs and the move to provide a safer more reliable service which has been a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, increased costs on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs.

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

**c Learning Disabilities (Forecast Position - £84,000 overspend)**

**Council:** £282,000 overspent on staffing, as service is almost fully staffed and a 6% pay award has been assumed for the forecast. Offset by £71,000 overrecovery on client receipts and savings on Commissioned Services of £389,000.

**NHS:** A pressure of £262,000 has arisen due to a high dependency patient that is not funded.

**d Mental Health & Addictions (Forecast Position - £62,000 overspend)**

**Council:** £109,000 overspent on commissioned services mainly due to a 6% uplift agreed on NCHC. Offset by £125,000 underspend on staffing due to vacancies & £105,000 income overrecovery, mostly client receipts.

**NHS:** £183,000 over due to various small overspends across the service.

**e Older People & Physical and Sensory Disabilities (Position - £85,000 overspend)**

**Council:** £1,055,000 underrecovery on income, mostly client receipts although 2 new financial assessment officers are being recruited by the IJB (starting on the 3rd January 2024), to reduce the backlog. Offset by £363,000 underspend on direct payments to clients, £329,000 on Commissioned Services and £278,000 underspend on staffing due to vacancies.

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

**f Primary Care Prescribing (Forecast Position – £4,332,000 overspent)**

This position is after an annual budget uplift of £4,578,000 in Aberdeen City IJB.

The year end position for 22/23 included an under accrual of £570,000 which impacts on position for 23/24. (March 2023 was the greatest monthly spend recorded for Prescribing in NHSG in 22/23)

For 2023/24 the number of items prescribed continues to increase and is estimated to be 5.9% greater than 22/23. (The number of items for NHSG may now exceed 10,700,000 in 23/24) This is coupled with a continuance of average item price increase to the current level of £11.76/item.

NHS Scotland Practitioner Services are still in the process of transferring to a new IT system for processing scripts. This new system nDCVP went live on 1st July 2023, and unexpected technical challenges are continuing which delays input of actual data necessitating five months accrual which increases uncertainty in current position.

The position for May to September includes estimated further increase in volume using local derived intelligence in relation to the number of paid items assuming current price will continue. This assumption mirrors separate update information received from Primary Care Technical Group chair in relation to increasing volume. In the absence of any price information the estimate has remained at £11.76/item.

**g Primary Care Services (Forecast Position - £465,000 underspend)**

The GP contract uplift for 23/24 has been concluded and high-level allocation information has been received. Detailed information is to be received to allow delegation to budgets and an overall a breakeven position has been assumed for Global Sum to date.

The reduced cost pressure on enhanced services remains broadly consistent with August following resumption of normal processes for recording and claiming in 23/24. Recalculation in relation to Diabetes Enhanced Service for 23/24 is underway and this will increase the overspend in the second half of 23/24 and will be included in forecast position.

The estimated premises position remains favourable with a reduced underspend as anticipated following budget realignment in 23/24 within City and Shire.

Board Administered funds have a consistent underspend to M6 reflecting the pattern of current expenditure. This includes seniority payments alongside sickness and maternity claims received in M6.

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

- h Out of Area Treatments (Forecast Position - £1,177,000 overspend)**

NHSG Out of area placements to month 6 are reporting a £465,000 overspend for period to date, with a forecast overspend for year of £1,177,000.

This is an increased overspend of £178,000 on the 12 month forecast position of last month, and this change relates to one placement now having additional nursing charges (with assumption made here that these will continue).
  
- i City Vaccinations (Forecast Position - £446,000 underspend)**

**Council:** No variance.  
**NHS:** Underspend in Pay due to vacancies.
  
- j Strategy & Transformation (Forecast Position - £52,000 underspend).**

**Council:** £51,000 overspent on staffing as a 6% pay award has been assumed for the forecast, offset by £10,000 of various small underspends across the service.  
**NHS:** Overspend on pay due to unfunded posts.
  
- k Funds (Forecast Position - balanced)**

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

Appendix C: Progress in implementation of savings – September 2023

Programme for Transformation:	Agreed Target £'000	Status	Forecast £'000
Reshaping our approach to commissioning services	(2,434)	Description - A review of all supplier contracts will take place, with a view to reducing the costs where appropriate.  Status - With the increased level of pay awards, cost of living increases and ongoing inflationary pressures faced by our providers, the full saving is challenging, but the service is confident that this will be made	(2,434)
Primary Care	(650)	Description - Regular yearly savings that were not previously budgeted for were taken this year as permanent savings.  Status - These savings are already being made.	(650)
Out of Area Placements	(600)	Description - To bring clients back with Aberdeen City with a similar level of care for a reduced cost to the Service.  Status - The budget and placements are regularly, unfortunately, no savings are anticipated this financial year. Work continues and it is hoped that savings will materialise in 2024/25	0
Prescribing	(1,350)	Description - To seek alternatives to medicines (social prescribing), ensuring our prescribing processes and management of patients using medicines is as efficient as it can be and also stopping the prescription of drugs where there is evidence of little clinical value  Status - The increase in the number of items prescribed continues to rise along with the average cost per item. Significant pressure is being reported on this budget with no savings being made this year.	0
Vacancy management	(1,000)	Description - With the natural delay in replacing staff, savings have been historically made on vacancy turnover.  Status - As in previous years, regular movement of staff will continue and this saving is expected to materialise.	(1,000)
Increased Income	(1,000)	Description - A back-log in financial assessments has resulted in the IJB failing to maximise their income.  Status - Two additional Finance Assistants are to be employed on a fixed term basis to review all financial assessments and clear the back-log. This will ensure that all clients are paying the correct contribution to their care	(1,000)
Cost recovery from Partners	(888)	Description - To recharge other IJBs for staffing that is paid by Aberdeen City which do work across Grampian.  Status - Regular quarterly recharges have been agreed	(888)
Whole system and connected remobilisation	(1,501)	Description - undertake a strategic review of the data, demographic and demand picture to understand the "bed base" for unscheduled care.  Status - The budget is regularly reviewed and the saving is expected to materialise.	(1,501)
	<b>(9,423)</b>		<b>(7,473)</b>

**Appendix D: Budget Reconciliation**

	<b>NHSG</b> £	<b>ACC</b> £	<b>IJB</b> £
ACC per full council:	0	122,530,373	
NHS per letter from Director of Finance:	255,435,656		
Budget NHS per letter		0	
	<hr/>		
	255,435,656	122,530,373	
 Reserves Drawdown			
Quarter 1	18,079,037		
Quarter 2	16,118,946		
Quarter 3			
Quarter 4			
	<hr/>		
	<b>289,633,640</b>	<b>122,530,373</b>	<b>412,164,013</b>
	<hr/>		

## Appendix E: Budget Virements (balancing)

Social Care 4-6		£
Ijb Budget V2	Learning Disabilities	(70,000)
Ijb Budget V2	Mental Health/Substance Misuse	(3,000)
Ijb Budget V2	Older People and Physical Disability	(64,000)
Ijb Budget V2	Strategy & Transformation	137,000
Ijb Staff Budget Virement	Mental Health/Substance Misuse	(55,172)
Ijb Staff Budget Virement	Older People and Physical Disability	55,172
Total Virements		-

**Appendix F: Summary of risks and mitigating action**

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





## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	5 December 2023
<b>Report Title</b>	Aberdeen City Vaccination Centre & Priority Intervention Hub
<b>Report Number</b>	HSCP.23.090
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	<p><b>Name:</b> <b>Caroline Anderson</b>  <b>Job Title:</b> Programme Manager  <b>Email:</b> caroline.anderson2@nhs.scot  <b>Tel:</b> 07920280212</p> <p><b>Name:</b> <b>Stephen Main</b>  <b>Job Title:</b> Lead Nurse – Immunisations &amp; CTAC  <b>Email:</b> Stephen.main@nhs.scot  <b>Tel:</b> 07772601823</p> <p><b>Name:</b> <b>Sandy Reid</b>  <b>Job Title:</b> Lead for People &amp; Organisation  <b>Email:</b> Sandy.reid1@nhs.scot  <b>Tel:</b> 07876535060</p>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	<p><b>Appendix 1</b> - Direction  <b>Appendix 2</b> – North East Population Health Alliance (NEPHA) Diagrams  <b>Appendix 3</b>– Public Questionnaire  <b>Appendix 4</b> – Walk in Enquiries  <b>Appendix 5</b> – Equality Impact Assessment  <b>Appendix 6</b> – Short Term Impact Report  <b>Appendix 7</b> – Exempt Paper</p>

### 1. Purpose of the Report

- 1.1 This report provides the Integrated Joint Board (IJB) with an update position on the relocation of the Aberdeen City Vaccination Centre and to seek approval to extend the lease of Unit 19 within the Bon Accord Centre.



## INTEGRATION JOINT BOARD

### 2. Recommendations

It is recommended that the IJB:

- a) Notes the progress to date of the relocation of the Aberdeen City Vaccination Centre from the John Lewis building to Unit 19, Bon Accord Aberdeen.
- b) Notes the adoption of community based preventative approaches as set out in the Strategic Plan summary as per section 3.7.2 of this report.
- c) Approves the agreed approach of expanding from a Vaccination Centre to a Priority Intervention Hub Model (as set out in section 3.6 of this report) at the Aberdeen City Vaccination Centre to ensure best use of resources and to mirror the hub model within other areas of Aberdeen City.
- d) Renames the Aberdeen City Vaccination Centre so that it is now called the 'Aberdeen City Vaccination & Wellbeing Hub' based on response from public feedback as detailed in section 3.14 of this report.
- e) Approves the extension of the current lease of the Aberdeen City Vaccination Centre at Unit 19 Bon Accord Aberdeen for a further year from 10 May 2024 until 9 May 2025.
- f) Makes the Direction attached (Appendix 1) to NHS Grampian
- g) Instructs the Chief Officer of the IJB to issue the Direction to NHS Grampian.
- h) Instructs the Chief Officer of the IJB to make and implement any reasonable and necessary arrangements in furtherance of (e) (f) and (g) above.

### Summary of Key Information

#### 3.1 Vaccination Transformation Programme (VTP)

In 2017, the Scottish Government and the Scottish General Practitioners Committee (SGPC) agreed vaccinations would move away from a model based on GP delivery to one based on NHS Board/Health and Social Care Partnership (HSCP) delivery through dedicated teams. The VTP began on 1<sup>st</sup> April 2018 and was expected to be transitioned within a 4 year period by April 2022. Midway through this transition period in December 2020, a dedicated team was recruited for the delivery of the COVID-19 Vaccinations to be delivered as a Mass Vaccination Programme in response to the COVID-19 Pandemic. This programme was delivered from the Mass Vaccination Centre at P&J Live Aberdeen. The roll-out of the VTP was temporarily put on hold during this period.

#### 3.2 Immunisation Blueprint Refresh

In August 2021 the Immunisation Blueprint refresh was presented to the IJB with a direction to agree the implementation of the new service delivery model for Vaccination Services as per the VTP. IJB approved the paper and directed NHS Grampian to



## INTEGRATION JOINT BOARD

deliver the vaccination blueprint as outlined in appendix A of report HSCP.21.066 within the financial budget detailed therein.

### 3.3 Relocation of the Aberdeen Vaccination Team

In September 2021, the Aberdeen City Vaccination Team moved from the Mass COVID Vaccination Centre at P&J Live to the former John Lewis building. This location allowed the service to continue to deliver COVID and flu vaccinations, whilst re-engaging the full roll-out the VTP which was achieved by the April 2022 deadline. In January 2023, a report HSCP23.007, recommending a relocation was presented and agreed to end arrangements at John Lewis in favour of the unit at Bon Accord. NHS Grampian signed a lease with at Unit 19, Bon Accord Aberdeen for an Initial 1 year period.

### 3.4 Aberdeen City Vaccination Centre – Opened Doors

The lease commenced on 10th May 2023, with a short period set aside for maintenance works to ensure the unit was ready to open its doors to the public on the 19<sup>th</sup> June 2023, The centre layout was designed to create sufficient space to deliver the yearly programme of vaccinations as part of the VTP which currently sees a total of around 255,000 vaccination invitations sent out each year (approx. 165,500 of these are invited to attend the City Centre location). This includes:

		Total Co-horts	Aberdeen Vaccination Centre 65%	Bridge of Don 10%	Airyhall 20%	Housebound /Care Home/ Sheltered 5%
Adult Routine	Shingles	2304	1498	230	461	115
Adult Routine	Pneumococcal (65+)	2295	1492	230	459	115
Adult Routine	Pneumococcal (16-64 At Risk & Every 5 years)	750	488	75	150	38
Flu	Influenza*	135,905	88338	13591	27181	6795
Non Routine	GP & Acute Referrals	600	390	60	120	30
COVID	Spring Booster	22,628	14708	2263	4526	1131
COVID	Winter Booster*	90,144	58594	9014	18029	4507
		<b>254,626</b>	<b>165507</b>	25463	50925	12731
	Average Uptake 75%	190,970	<b>124,130</b>	19,097	38,194	9,548

\*124,130 individual vaccinations equates to 80,185 people as the winter flu and COVID Booster vaccinations are predominantly co-administered at the same time. (75% uptake of COVID 58,594 = 43,945 subtracted from 124,130 = 80,185)

### 3.5 Additional requirements of the Centre

The above figures do not include additional vaccination programmes that are held out with the Centre, but are part of the VTP, however planning, administration, staffing,



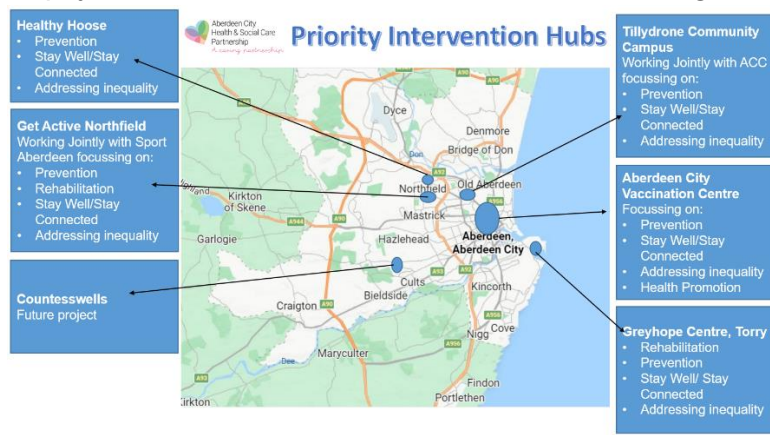
## INTEGRATION JOINT BOARD

vaccine & consumables supply are currently supplied and based at the City Centre Hub.

- **Staff Flu & COVID Clinics** (7,756 Healthcare Staff and 4,387 Social Staff) Clinics held at Aberdeen Royal Infirmary (ARI), Woodend, Royal Cornhill and other various pop up staff clinics around the city.
- **Pre-school Immunisations** – around 38,000 Vaccinations delivered at 7 Aberdeen community Locations throughout the year.
- **School Immunisations** – The School programme delivers around 34,000 vaccinations including Winter Flu, HPV, DTP & MenACWY and MMR catch-ups throughout the year.

### 3.6 Our Aim – What is a Priority Intervention Hub

To ensure best use of resources, and to contribute to the Partnership Strategic Aim CT07: to develop cross sector, easily accessible community hubs where a range of services coalesce, all responding to local need. There are currently priority intervention hub developments throughout Aberdeen City as per the location map below. The focus of the Priority Intervention Hub within the City Centre will be on promoting health and wellbeing through preventative action, support and advice. The centre will provide more upstream support to proactively promote and manage good health in the way that matters to the people of Aberdeen. We will do this by focussing on prevention and early intervention in a way that meets local needs, addresses the widening inequalities gap, and recognising the multiple impacts of long-term ill health on people’s physical health, mental health, and social wellbeing.



### 3.7 Links to Organisational Priorities

**3.7.1 Anchor Organisation** – As an Anchor Organisation, our services should be rooted within our communities, using buildings and spaces to support communities and ensuring these are easily accessible. We should be working more closely with our local partners to learn from others and share ideas.



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**3.7.2 Aberdeen City Health & Social Care Partnership** – The Hub will support the delivery of our Strategic Delivery Plan prioritises as follows:

Aim	Project Name	Delivery Plan Action	Hub Activities to meet Aim
Caring Together	CT07 Priority Intervention Hubs	<ul style="list-style-type: none"> <li>Develop cross sector, easily accessible, community hubs where a range of services coalesce, all responding to local need.</li> </ul>	<ul style="list-style-type: none"> <li>Health, Social Care, Education, Voluntary &amp; third sector organisations working together in one place (one stop shop) to support people's health &amp; Wellbeing.</li> </ul>
	CT09 Increase Community Empowerment	<ul style="list-style-type: none"> <li>Increase Community involvement through existing networks and channels.</li> </ul>	<ul style="list-style-type: none"> <li>Community Planning Aberdeen attending Centre for community engagement workshops &amp; questionnaires</li> </ul>
	CT12 Care Opinion Promotion	<ul style="list-style-type: none"> <li>Promote use of Care Opinion to encourage patients, clients, carers and service users to share experiences of service, further informing choice.</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of Care Opinion and other forms of feedback.</li> <li>Promote Daisy Award.</li> </ul>
Caring Together	CT14 Primary Care Stability	<ul style="list-style-type: none"> <li>Improve Primary Care stability by creating capacity for general Practice.</li> </ul>	<ul style="list-style-type: none"> <li>Immunisations</li> <li>Community Treatment &amp; Care (CTAC)</li> <li>Making every opportunity count</li> <li>Signposting</li> <li>Social Prescribing opportunities.</li> <li>Health Promotions</li> </ul>
	CT16 Revised Carers Strategy	<ul style="list-style-type: none"> <li>Develop and deliver a revised Carers Strategy with unpaid carers and provides carers support services in Aberdeen, consider the impact of COVID 19</li> </ul>	<ul style="list-style-type: none"> <li>Carers Strategy – venue for public engagement and promotion.</li> <li>Weekly Carers Conversation Café</li> </ul>
Keeping People Safe at Home	KPS03 Rehabilitation in Sports/Leisure	<ul style="list-style-type: none"> <li>Explore how others in sports and leisure can assist in delivering rehabilitation across multiple areas.</li> </ul>	<ul style="list-style-type: none"> <li>Working in partnership with Sport Aberdeen to promote Rehabilitation Programmes.</li> <li>Community Adult Assessment &amp; Rehab Service (CAARS) attending Centre weekly in conjunction with Sport Aberdeen to support safer mobility &amp; rehabilitation.</li> </ul>
	KPS05 Community Chronic Heart Failure	<ul style="list-style-type: none"> <li>Increase community capacity to reduce impact on secondary care and increase support for chronic heart failure.</li> </ul>	<ul style="list-style-type: none"> <li>CTAC – chronic disease management</li> </ul>



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Aim	Programme	Project	Hub Activities to meet Aim
	KP206 Grow COPD Hotline	<ul style="list-style-type: none"> <li>Grow and embed the COPD hotline to support people in their own home.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Community Respiratory clinics &amp; promotion of COPD hotline.</li> <li>Making every opportunity count at housebound visits to support &amp; empower people in their own homes.</li> </ul>
	KPS15 Access to unscheduled care	<ul style="list-style-type: none"> <li>Develop clear access routes for unscheduled care pathways so that people receive prompt care from the right person, in the right place, at the right time.</li> </ul>	<ul style="list-style-type: none"> <li>Making every opportunity count</li> <li>Signposting</li> </ul>
	KPS19 Suitable Homes	<ul style="list-style-type: none"> <li>Help people to ensure their current homes meet their needs including enabling adaptations and encouraging the use of Telecare where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Technology Enabled Care</li> <li>Silver City Surfers</li> <li>CAARS attending weekly to support Safer Mobility and discussing possible home adaptations.</li> <li>Scottish Fire &amp; Rescue – promoting house visits</li> </ul>
Preventing Ill Health	PIH01 Alcohol & Drugs Reduction	<ul style="list-style-type: none"> <li>Reduce the harm from Alcohol and other drugs</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol brief intervention training for Vaccinators.</li> <li>Making Every Opportunity Count</li> <li>Aberdeen in Recovery attending centre weekly – Naloxone Training &amp; peer support.</li> </ul>
	PIH02 HIS Sexual Health Standards	<ul style="list-style-type: none"> <li>Deliver actions to meet the HIS Sexual Health Standards</li> </ul>	<ul style="list-style-type: none"> <li>Leaflets / Promotion of Services</li> <li>Free Condoms at Health point area.</li> </ul>
	PIH03 Deliver Immunisations Blueprint	<ul style="list-style-type: none"> <li>Deliver Immunisations Blueprint</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of full Vaccination Transformation Programme including Pre-school, Schools, Adult Routine, Flu &amp; COVID.</li> </ul>
	PIH05 Uptake Smoking Cessation Services	<ul style="list-style-type: none"> <li>Continue to contribute to NHS Grampian Tobacco Strategic Plan for the North East of Scotland – encouraging uptake of Smoking Cessation Services.</li> </ul>	<ul style="list-style-type: none"> <li>Making every opportunity count.</li> <li>Stop Smoking / Mouth Cancer Campaigns – window displays.</li> <li>Health point – information leaflets – Smoking Cessation</li> </ul>
	PIH06 Delivery Stay Well Stay Connected Programme.	<ul style="list-style-type: none"> <li>Continue to deliver our Stay Well Stay Connected Programme of holistic community health interventions focussing on the prevention agenda around achieving a healthy weight through providing advice and support for positive nutrition and an active lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li>Wellbeing Co-coordinators attending centre to promote stay well stay connected activities.</li> <li>Community Area for a Cuppa &amp; Conversation &amp; promoting activities in local communities.</li> <li>Health Point – healthy weight, nutrition advice.</li> </ul>



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Aim	Programme	Project	Hub Activities to meet Aim
Achieving fulfilling healthy lives	AFHL03 Making Every Opportunity Count (MEOC)	<ul style="list-style-type: none"> <li>Make every opportunity Count by identifying any wider detriment issue and ensuring patients, clients and their carers are signposted to relevant services for help.</li> </ul>	<ul style="list-style-type: none"> <li>Staff trained in making every opportunity count to support and signpost whilst people attending for their vaccinations.</li> <li>Health promotion &amp; signposting.</li> </ul>
	AFHL09 Mental Health & Learning Disabilities Programme	<ul style="list-style-type: none"> <li>Continue to progress Mental Health &amp; Learning Disabilities transformation to evidence increased community delivery across secondary and primary care.</li> </ul>	<ul style="list-style-type: none"> <li>Aberdeen Links Practitioner – GP Referrals from centre 5 days per week.</li> <li>Penumbra Mental Health 1<sup>st</sup> Response service weekly.</li> <li>Dementia Advisor attending weekly.</li> </ul>
	ALFL10 Waiting Lists Support	<ul style="list-style-type: none"> <li>Explore opportunities for working with those on waiting lists to help support them while they wait, or divert them from the list.</li> </ul>	<ul style="list-style-type: none"> <li>Supporting Waiting Well Team – evaluation</li> <li>Making every opportunity count.</li> </ul>
	AFHL11 Impact Deferred Care & COVID	<ul style="list-style-type: none"> <li>Plan service capacity to include impact on the consequence of deferred care and long Covid.</li> </ul>	<ul style="list-style-type: none"> <li>Long Covid Practitioner to hold staff awareness sessions to support making every opportunity count.</li> </ul>
	AFHL13 COVID19 Surge Plan	<ul style="list-style-type: none"> <li>Develop a plan ready to respond to increased demand due to COVID Variants of vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Mass Vaccination Plan</li> </ul>
Workforce	SE02 Volunteer Protocol Pathways	<ul style="list-style-type: none"> <li>Develop and implement volunteer protocol and pathway with a view to growing and valuing volunteering within health and social care systems.</li> </ul>	<ul style="list-style-type: none"> <li>Use of volunteers within Aberdeen City Vaccination Centre</li> <li>Promoting Volunteer opportunities within 3<sup>rd</sup> Sector Organisations.</li> </ul>
	SE03 Staff Health & Wellbeing	<ul style="list-style-type: none"> <li>Continue to support initiative supporting staff health &amp; wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of Health &amp; wellbeing initiatives within HSCP.</li> <li>Staff Welfare Area</li> <li>Staff Dedicated training area</li> <li>Staff training and Continued Professional development (CPD)</li> </ul>
Technology	SE07 Technology Enabled Care	<ul style="list-style-type: none"> <li>Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.</li> <li>Explore ways we can help people access and use digital systems.</li> </ul>	<ul style="list-style-type: none"> <li>Technology Enabled Care attending weekly at Centre to support people.</li> <li>Promotion of Services</li> <li>Silver City Surfers attending weekly.</li> </ul>
	SE11 Access to Digital		
Communication	SE15 Community Communications	<ul style="list-style-type: none"> <li>Develop proactive, repeated and consistent communications to keep communities informed.</li> </ul>	<ul style="list-style-type: none"> <li>Consistent social media posts to keep communities informed of what activities and support available at the Hub.</li> </ul>



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3.7.3 **NHS Grampian** – The Strategic Plan “Plan for the future – Healthier together” focusses on a sustainable health & care responding to illness and enabling wellbeing. The centre will focus on:

- **People** – Feedback from citizens with multiple engagement mechanisms. Include those with lived experience, including seldom heard voices as an integral part of service improvements, provide protected time for learning and support colleagues to be included, supported and empowered to make their best contribution.
- **Places** – Open up building and facilities for communities to use. Provides greater multipurpose usage of facility and infrastructure, listen to what is important to people, bring together health, social care and third sector to support communities. Community engagement and improved wellbeing.
- **Pathways** – Care being delivered in the right place by the right people. Support seamless transitions between organisations, empower individuals to manage their own conditions and by making every opportunity count to support people to stay well and recover faster.

3.7.4 **Community Planning / Local Outcome Improvement Plan (LOIP)**– The Hub will not only benefit people who access services, it also has a system-wide benefit – a healthier population that delays access to health and social care services that will create savings for Primary Care, Police, NHS, Council, welfare systems, and keep people in employment with better wellbeing. The hub will particularly provide support and contribute towards the following Stretch Outcomes highlighted within the Local Outcome Improvement Plan (which is currently being refreshed).

Stretch Outcome	Current / Proposed Outcome	Drivers	Hub Links
1	No one will suffer due to Poverty	1.2 – Ensure those who experience in work poverty have access to all appropriate benefits. 1.3 Supporting vulnerable and disadvantages people, families and groups	<ul style="list-style-type: none"> <li>• Link Practitioner</li> <li>• Penumbra 1<sup>st</sup> Response</li> <li>• Pathways</li> <li>• Make Every opportunity Count</li> <li>• Signposting</li> </ul>
2	400 unemployed Aberdeen City Residents supported into Fair Work by 2026. / Working towards 80% employment rate for Aberdeen City by 2036	2.1 Supporting labour market to recover from impact of COVID 19 on employment. 2.2 Increasing the number of people in Aberdeen in sustained, fair work.	<ul style="list-style-type: none"> <li>• Pathways Employment keyworker</li> <li>• Education placements</li> <li>• Signposting</li> </ul>





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Stretch Outcome	Current / Proposed Outcome	Drivers	Hub Links
4	95% of all children will reach their expected development milestones by their 27-30 review.	4.1 Ensuring that families receive the parenting and family support they need. 4.2 Improvement health and reducing child poverty inequalities.	<ul style="list-style-type: none"> <li>• Make Every Opportunity Count &amp; signposting.</li> <li>• Promotion of Services (i.e. Peep, Pathways domestic abuse, addictions etc.)</li> <li>• Childsmile promotion</li> <li>• Pre-school Immunisations</li> </ul>
7	95% of all our children, including those in priority neighbourhoods will sustain a positive destination upon leaving school.	7.1 Improving pathways to education, employment and training for all our children.	<ul style="list-style-type: none"> <li>• Pathways education keyworker.</li> <li>• Education placements</li> <li>• Delivery of co-location and delivered services by health and education.</li> <li>• Promotion of services &amp; training.</li> <li>• Delivery of in school vaccination programme.</li> </ul>
9	100% of our children with additional support needs/disabilities will experience a positive destination	9.1 – Improving pathways to education, employment and training for our children with ASN/Disabilities. 9.2 Ensuring young carers receive the support they need	<ul style="list-style-type: none"> <li>• Making every opportunity count</li> <li>• Pathways Employment Keyworker.</li> <li>• Promotion of Young Carers Services &amp; families support</li> </ul>
10	25% fewer people receiving a first ever Court conviction and 2% fewer people reconvicted within one year	10.3 Change attitudes about domestic abuse in all forms and ensuring victims receive access to the right support.	<ul style="list-style-type: none"> <li>• Pathways Domestic Abuse Support.</li> <li>• Making every opportunity count.</li> <li>• Signposting</li> <li>• Links Practitioner</li> <li>• Penumbra Mental health 1<sup>st</sup> Response</li> </ul>
11	Health Life Expectancy (Time lived in good health) is five years longer.	11.1 Supporting vulnerable and disadvantaged people, families and groups. 11.2 Provide individuals and communities with the social resources needed to reduce feelings of loneliness and social isolation. 11.3 Encouraging adoption of healthier lifestyles through a whole family approach.	<ul style="list-style-type: none"> <li>• Delivery of Adult Routine Vaccinations.</li> <li>• Making Every Opportunity Count</li> <li>• Signposting</li> <li>• Promoting Services &amp; Support – whole family.</li> <li>• Community Space / Community Groups</li> <li>• Social Prescribing</li> <li>• Public Health Promotions</li> </ul>



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Stretch Outcome	Current / Proposed Outcome	Drivers	Hub Links
12	Rate of Harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland.	12.2 Reduce levels of harmful alcohol consumption across the whole population through “making every opportunity count” approaches. 12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol 12.4 Increase visibility and support of recovery in our communities.	<ul style="list-style-type: none"> <li>• Aberdeen in Recovery</li> <li>• ADP &amp; ADA Health Promotion</li> <li>• Peer Naloxone Training</li> <li>• Alcohol Brief Intervention Training for Staff</li> <li>• Making Every Opportunity Count.</li> <li>• Public Health Promotion</li> <li>• Signposting</li> </ul>
14	Increase sustainable travel – 38% of people walking and 5% of people cycling as main mode of travel.	14.1 Supporting different ways for active travel in everyday journeys, using partners and volunteers to address safety, infrastructure, fitness, wellbeing and confidence.	<ul style="list-style-type: none"> <li>• Health Promotion</li> <li>• Central location</li> <li>• Wellbeing Walks</li> <li>• Safety Talks &amp; demonstrations.</li> </ul>
15	Addressing the nature crisis by protecting/managing Aberdeen’s are for Nature.	15.1 Increasing diversity, quality and use of the Aberdeen’s green spaces by facilitating community participation in them to restore nature and increase people satisfaction, health and wellbeing.	<ul style="list-style-type: none"> <li>• Promotion of Community Gardening Groups.</li> <li>• CFINE Growing Room project at Bon Accord – Boxes of perpetual lights &amp; grow cube planned for Jan 2024.</li> </ul>
16	100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better.	16.3 Refresh of Locality Plans and identification of community ideas for improvement that can be co-designed within communities and tested through our LOIP projects and CPA partners.	<ul style="list-style-type: none"> <li>• Public Engagement – LOIP Refresh.</li> </ul>

### 3.7.5 Public Health Scotland – A Scotland where everybody thrives (Public Health Scotland’s three year Plan 2022-25)

The hub also supports with the Public Health Scotland Vision of “A Scotland where everybody thrives” which includes:

- **Preventing Disease** – through vaccination and preventing the spread of infectious diseases
- **Promote Health & Wellbeing** – by strengthening the building blocks of health
- **Promoting healthy life** – improving access to and quality of treatment.

### 3.7.6 North East Population Health Alliance (NEPHA)

Extract from Stay Connected Public Health Staff Newsletter – “NEPHA is a North East of Scotland network which the executives of the partner

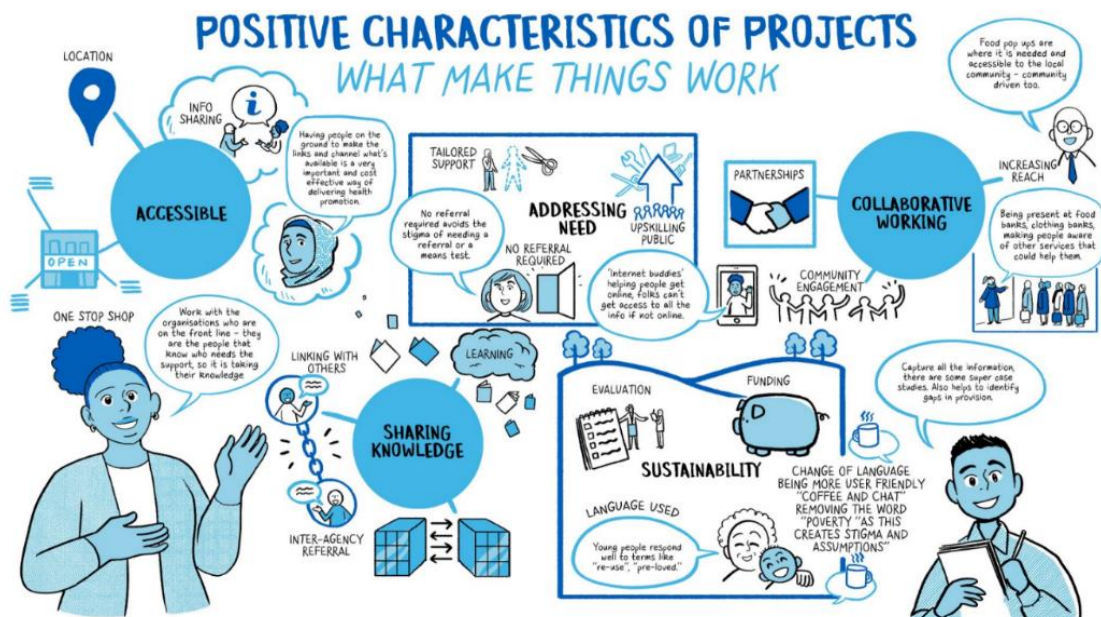


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bodies can use to bring wider benefits by collaborating and learning when taking forward shared priorities across all organisations. Through bringing collective knowledge together with data and evidence NEPHA aims to share and enable more powerful collective conversation and action to achieve our vision of thriving communities living fulfilled lives. During summer 2023, NEPHA colleagues participated in a series of engagement events exploring the cost of living to understand current activity, what is working well and any barriers faced by organisation and communities. Following the consultation, a workshop took place on 25<sup>th</sup> October. The workshop brought together leaders from across the North East where the output of the engagement work was shared to enable shared learning, building on existing knowledge of what works well and identify areas for potential focus.”

The following diagrams demonstrates public opinion on what makes things work which includes many of the attributes of the Aberdeen City Vaccination Centre including:

- One Stop Shop
- Community Engagement
- Collaborative Working
- Increased digital access
- Signposting
- Accessibility



(See Appendix 2 - For full output of engagement workshops graphics)



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


### 3.8 Public Consultation – What do people want to see from the Centre?

The service undertook several pieces of work to identify what services to approach to expand to a priority intervention hub model.

**3.8.1 Questionnaire** - The first was a public questionnaire of people visiting the Centre – asking what they would like to see from a Community Hub. Over a 4 week period, 180 questionnaires were completed. The top 4 requests were (**See Appendix 3 for full breakdown**):

- **Health Checks** including blood pressure, Cholesterol, Weight & BMI
- **Bloods/CTAC Services**
- **Health Information Point**
- **Mental Health Support.**



<b>Health Checks</b>		Links with Health Point & Aberdeen University to progress in 2024.
<b>Bloods / CTAC</b>		CTAC Clinic commenced Oct 2023
<b>Health Information Point</b>		Community Health Information Point in Place
<b>Mental Health Support</b>		Aberdeen Links Practitioner from Sept 2023, Penumbra 1st Response from Oct 2023, Dementia Advisor from Nov 2023

**3.8.2 Walk In Enquiries** – Prior to the Winter Programme commencing, the service took a snapshot of walk in enquiries to identify what the Public were walking up to the Centre to enquire about. Over a 2 week period between 29<sup>th</sup> June and 10<sup>th</sup> August the Centre received 348 people who attended with no appointment. (**See Appendix 4 for full breakdown**)

- 175 were vaccination enquiries
- 86 were visitors requesting health information or leaflets from Health point
- 19 were requests to see a Link Practitioner and
- 68 were various other reason (including access to bloods, CTAC, recruitment, home adaptations, travel vaccinations etc.)



## INTEGRATION JOINT BOARD

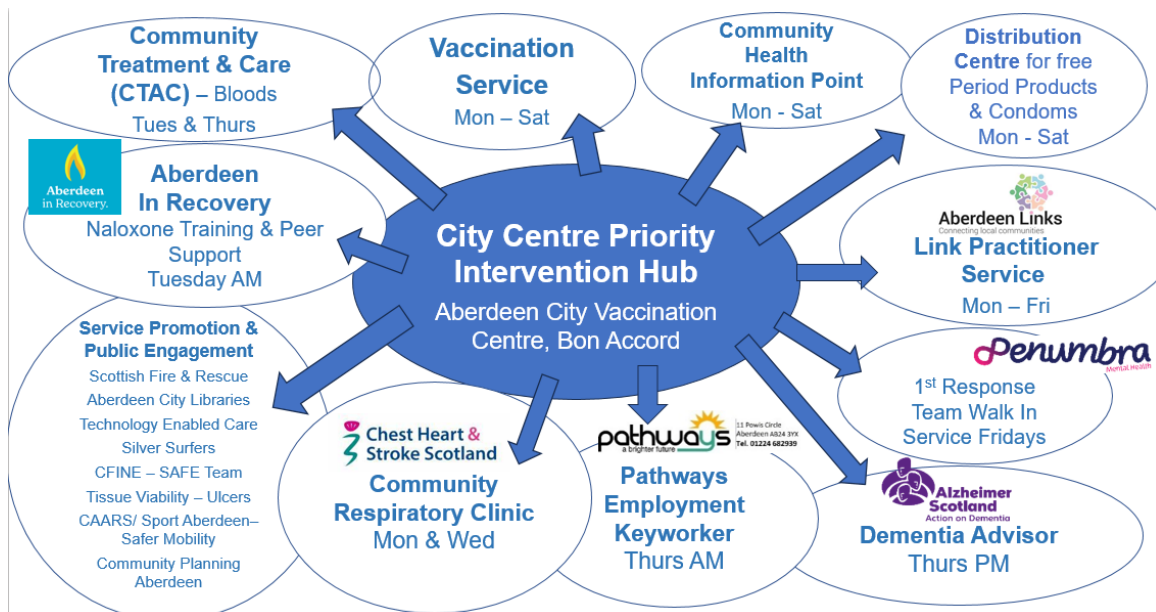
**3.8.3 Make Every Opportunity Count “MEOC” Conversations** – prior to the Winter Programme, ACHSCP Health improvement Officer delivered MEOC Training to vaccination team workforce. This was to support staff to engage with people attending for their vaccination to enquire after their general health, promote general health screenings and support with leaflets or signposting to other services as required. Between the 24<sup>th</sup> July and the 11<sup>th</sup> August – 227 MEOC Conversations were recorded. These conversations also identified where further support or information may be required within the centre. The 3 main priorities areas highlighted were: **(See Appendix 6 (page 5) of Short Term Impact Report for full breakdown)**

- **Mental Health & Wellbeing**
- **Social Isolation**
- **Healthy Eating and lifestyle.**

### 3.9 What have we progressed so Far?

#### 3.9.1 Services currently available at the Centre.

Following information gathering, the service approached several services and voluntary organisations to offer the opportunity to provide or promote their services within the centre. This has resulted in the following services now available.





## INTEGRATION JOINT BOARD

Area	Service	Detail
<b>Mental Health &amp; Wellbeing</b>	Aberdeen Links Practitioner Service	Service using centre 5 days per week as a community hub for seeing GP referrals and service promotion.
	Penumbra – 1 <sup>st</sup> Response	Penumbra Mental Health – 1 <sup>st</sup> Response team providing walk in service every Friday. Providing safe confidential space where people can discuss their worries and receive support.
	Alzheimer's Scotland – Dementia Advisor	Dementia Advisor attending 1 day per week from November 2023.
<b>Drugs &amp; Alcohol</b>	Aberdeen in Recovery – Naloxone Training	Aberdeen in Recovery attending 1 day per week to promote peer support from people with lived experience & peer Naloxone Training.
<b>Make Every Opportunity Count (MEOC)</b>	MEOC Conversations & signposting	Staff training during June/July to support MEOC Conversations. Ongoing conversations with people when they attend for vaccinations.
<b>Public Involvement</b>	Community Planning Aberdeen	Workshops / LOIP Refresh Public Engagement during October 2023
<b>Public Health</b>	Community Health point	Community Health point in place including official distributor of free condoms & period products.
<b>Public Health</b>	Digital Display	Digital TV Displayed at Centre to promote Services and signposting.
<b>PCIP</b>	Immunisations	Providing Adult Routine, Non Routine, Flu & COVID, Pre-school and hub for School Immunisation Team.
<b>PCIP</b>	Community Treatment & Care (CTAC)	CTAC Clinic every Tuesday and Thursday providing - Bloods, Suture Removals and Chronic Disease Management. To move to 5 days per week from early 2024.
<b>Manage Conditions at home and prevent admission.</b>	Community Respiratory Team (Chest Heart Stroke Scotland)	Clinic to run Tuesday and Wednesday from November 2023 onwards supporting people living with lung disease to manage their conditions and keep well at home – prevent re-admission to hospital.
<b>Employment</b>	Pathways – Employment Keyworker	Employment keyworker attending 1 day per week to provide 1:1 support with job searches, CV Creation, preparing for interview, online forms, applying for funding and training.
<b>Social Isolation / Carers</b>	Blether Conversation Café for Carers & over 55's	June – August – Wee Blether Café for Carers & Over 55s to support Social Isolation. Every Friday from 12 – 2. Soup provided by Charlie House – Recharge Café (Bon Accord Centre).
<b>Social Isolation / Stay Well Stay Connected –</b>	Wellbeing Co-ordinators Programme of Activities.	Promotion during Winter period of existing social activities in local communities to support people to stay well and connected and reduce social isolation.

### 3.9.2 Health & Wellbeing Promotion & Public Engagement

During the Winter Programme the Centre is utilised to its full capacity. With between 500 – 700 people attending for appointments per day, the centre provides opportunities for a captive audience whilst people are in the post vaccine area. Health, Social Care and third Sector/voluntary



## INTEGRATION JOINT BOARD

organisations have attended to host a table during this period to promote their services and undertake public engagement. Over the winter period the following services attended regularly. Further detail of the impact of these sessions in **Appendix 6 Short Term Impact Report**.

Scottish Fire & Rescue (Home Fire Safety Aberdeen in Recovery)	Technology Enabled Care (TEC)
Penumbra 1 <sup>st</sup> Response Team	Aberdeen City Libraries
Pathways Employment Keyworker	Aberdeen Links Practitioner
Stand up to Falls Ambassador – Sport Aberdeen	Dementia Advisor – Brain Health
Breast Cancer Awareness Month	Sands – Baby loss Awareness Week
Public Health – Mouth Cancer Awareness	Stay Well Stay Connected Team
Community Chaplaincy Listening Service	Childsmile
Aberdeen Drugs Action – Overdose Awareness	CFINE – Safe Team
Community Adult Assessment and Rehabilitation Services (CAARS) Safer Mobility	Silver City Surfers
	Tissue Viability Nurse Specialist – Preventing Pressure Ulcers

**3.9.3 Community Planning Aberdeen** – Community Planning Aberdeen have also used the Centre to meet with Community Partners for meetings/workshops and attended during October 2023 for Public Engagement as part of their refresh of the Local Outcome Improvement Plan.





## INTEGRATION JOINT BOARD

### 3.10 What Links continue to be made?

We continue to make contacts with various Health, Social Care and third sector /voluntary organisations to further expand the range of services available at the Hub.

- **Vitamin B12** - In addition to delivering CTAC Services, the Lead Nurse of CTAC and Immunisations is currently looking at the potential of the venue being used to deliver Vitamin B12 Injections.
- **Excelerate Programme** – Harlaw Academy and St Machar Academy to explore workplace projects around patient feedback, promoting the centre and health promotion within schools.
- **Aberdeen University** - We have links with Aberdeen University to look at supporting education opportunities and a potential walk in “Long Term Conditions” drop in minor illness clinic being delivered by fourth year medical students.
- **Primary Care – Social Prescribing** – Links with Elmbank Practice to explore opportunities for social prescribing.
- **Secondary Care Blood Hub** – Links with Secondary Care Blood Hubs to run clinics from Centre – processes currently being agreed to finalise dates.
- **Diabetes MCN & Healthier futures** - links with the Diabetes MCN and Healthier Futures Team and Acute Bariatric Surgery – Weight Management Programme to look at potential uses of the space.
- **Long COVID** - exploring opportunities with the Long COVID practitioner for the promotion of clinics and awareness sessions with staff to support MEOC.
- **Financial Inclusion & Housing** - Links have been made with Aberdeen City Council Financial inclusion and Housing Team to look at Monthly Financial Support Clinics.
- **CFINE** - Work is ongoing with CFINE to look exploring Community Groups to commence in early 2024 to support social Isolation & loneliness.
- **Chest Heart Stroke Scotland** will look at the potential of Health Check Clinics during 2024.
- **Aberdeen Drugs Action (ADA) Alcohol and Drugs Partnership (ADP) & Substance Misuse Service** – links made to look at formal Alcohol Brief Intervention (ABI) Training to support MEOC conversations and cascade training for Naloxone to allow the Centre to become an official distributor of Naloxone.
- **Spina Bifida Hydrocephalus Scotland** – discussions ongoing for the provision of health check clinics.
- **ACVO** – Links made with ACVO to promote Services and enhance the promotion of Stay Well, Stay Connected agenda.





## INTEGRATION JOINT BOARD

- **PEEP** – Links have been made with PEEP to look at potential use of space in early 2024 for the provision of groups / activities to support families.

The Service have also built strong links with the Aberdeen Football Club Community Trust, SHMU and Sport Aberdeen to help promote the Centre and Services provided within the Community to support the people of Aberdeen.

### 3.11 Impact of Services Provided

- 3.11.1 Information is currently being gathered in relation to the impact that the Centre is having to people who visit and a full year report will be produced in July 2024. However an interim report has been produced to support this paper highlighting our numbers to date and feedback from service providers and service users. **See appendix 6 Short Term Interim Report.**
- 3.11.2 **Partnership Working** - In summary the Hub has provided the facility for true Partnership working with third sector voluntary organisations and other partners in health, social care, community planning and education to promote their services or undertake public engagement. We are currently connected with 33 partner organisations who have delivered 62 service promotion sessions & 12 community engagement sessions during September and October. These organisations have welcomed the opportunity to engage with people who are visiting for their Vaccination or CTAC appointments and have commented that they would not have been able to reach and support as many people as they have during the timeframe had it not been for the Hub. The City Centre location has also brought the opportunities for people to walk in and engage with services whilst they are in the area.
- 3.11.3 **One Stop Shop** – The centre has provided the opportunity to support the delivery of many of the Partnerships strategic aims and the Community Planning Aberdeen – Local Outcome improvement Plan. In particular the Hub has allowed Services and other organisations to provide support and advice to people to:
- Prevent Ill Health
  - Keeping People Safe at Home
  - Caring Together
  - Achieving fulfilling healthy lives
  - Tackle Poverty & Inequalities
  - Community Empowerment



## INTEGRATION JOINT BOARD

- Employment Support
- Stay Well, Stay Connected
- Provide Mental Health & Wellbeing Support
- Make every Opportunity Count
- Provide the Right Care, at the Right Time, in the Right Place
- Provide Community Space for Groups & Conversation Café's
- Provide Naloxone Training, Alcohol Brief Interventions & Peer Support

3.11.4 **Feedback / People's Stories** – The following is a selection of feedback that has been received as part of the information gathering for the Short Term Impact Report. **See Appendix 6 for full details.**

**Wellbeing Co-ordinators Session – Service User Feedback** – “I had no idea there were so many things going on in the city. I am glad I met you today”

**Wellbeing Co-ordinators Session** – “A gentleman who had recently lost his wife had been feeling cut off from life and social activities, he didn't really know where to start. I told him about things in his area and asked what he was interested in. Music and dancing had been their passions, so he was keen on the Boogies but a bit worried about being on his own and maybe didn't want to dance. I explained that not everyone who comes dances, that for some it is a chance to just meet up, tap your feet, eat lunch together and have a good blether. I am so happy to say he came along to The Abbot boogie and met a friend he used to work with”.

**Community Area – Service User Feedback** – “The community area is a very good idea. It saves people like me who arrive early from having to stand about waiting for my appointment and I got a chance to catch up with a neighbour that I have not seen for a long time for a chat as her appointment was at the same time as mine”.

**Vaccinator** – “I have enjoyed being able to speak to people about their general health and wellbeing and feel that I am making a big difference in people's lives. I recently had a gentleman that divulged he had not eaten for a couple of days and explained he had no family or friends. We were able to supply him with a food package, some wellbeing information of activities and signpost him to be referred to the Links Practitioner who would support him around benefits, food and attending social activities to support him. It has been great finding out about what the voluntary organisations offer to be able to better signpost people for support”.



## INTEGRATION JOINT BOARD

**Pathways** – “Clients have reported that they find the hub a great venue to meet as it is easy to find and also provides anonymity as there are a number of reasons they could be entering the Hub”.

**Service User** – “The new community area is excellent – very friendly staff and no waiting times. Lot of information about other agencies where people can access the help they may need. Also leaflets about community activities on the tables was good – thank you”.

### 3.12 Shared Learning

#### 3.12.1 Shared Learning from other Community Hubs

Shared learning has been derived from the “Get Active Northfield” Community Hub via Sport Aberdeen & ACHSCP Transformation Team, the Tillydrone Community Hub via Aberdeen City Council and the Aberdeen Football Community Trust (AFCCT) Weekly Community Hub via AFCCT Wellbeing Team. Our own experiences have been documented around setting up the Hub and making connections, and we will continue to visit other areas over the coming months to make stronger connections and share learning from other areas of the Country.

#### 3.12.2 Public Health Scotland Visit

On 15<sup>th</sup> August 2023 Public Health Scotland came for a Visit to the Centre. They were very interested to hear about all the connections being made and the breadth of services planned to work out of the Centre. They described the centre as “Innovative” and commented it was great to see we were delivering more than just vaccinations and making the best use of resources to focus on prevention and supporting people within Aberdeen and beyond.

The visiting team were keen to share their experience about how we are encompassing MEOC conversations & a community information Health point to support people’s wider health and wellbeing. The team fed back that the centre felt truly integrated and were glad to see us working closely with health, social care, education and third sector/voluntary organisation to support people in Aberdeen. The team agreed to take away what they had learned from their visit and share this good practice with other areas in Scotland.



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### 3.12.3 Scottish Government

The Vaccination Programme Manager, Lead Nurse and members of the ACHSP Transformation Team met with Scottish Government (SG) colleagues in October 2023 to promote the development of the Priority Intervention Hub Model within Aberdeen City. The SG team were very impressed with the model being implemented and progress made to date and were keen to share this work with other Health Board areas and other colleagues within the Scottish Government. The SG team hope to visit Aberdeen in the near future to see the work first hand at the Hub.

### 3.13 Increased Footfall to Aberdeen City Centre

The Aberdeen City Vaccination Centre is based right in the middle of the city centre, in a busy shopping mall and will get people passing by who may be reluctant to access GP/primary care services. This creates opportunities for prevention and early intervention to better support people and ensure best use of resource.

With the location of the Vaccination Centre in the city centre, the Service can contribute to the potential increased footfall of around **80,185** this year (as document in Section 3.4 of this report). This number may be higher given additional persons may be accompanying those attending an appointment e.g., children, spouse, friends, carers etc. This does not include numbers of people attending for other services within the vaccination centre or dropping in to use the health information point or the community area.

### 3.14 Re-Branding

During the initial relocation from the former John Lewis building over to Bon Accord, a decision was taken to remain using the title “Aberdeen City Vaccination Centre” to support people being familiar with and finding the Centre for their Autumn/Winter Vaccinations. If a further year’s lease is agreed, it is the intention that we look to re-

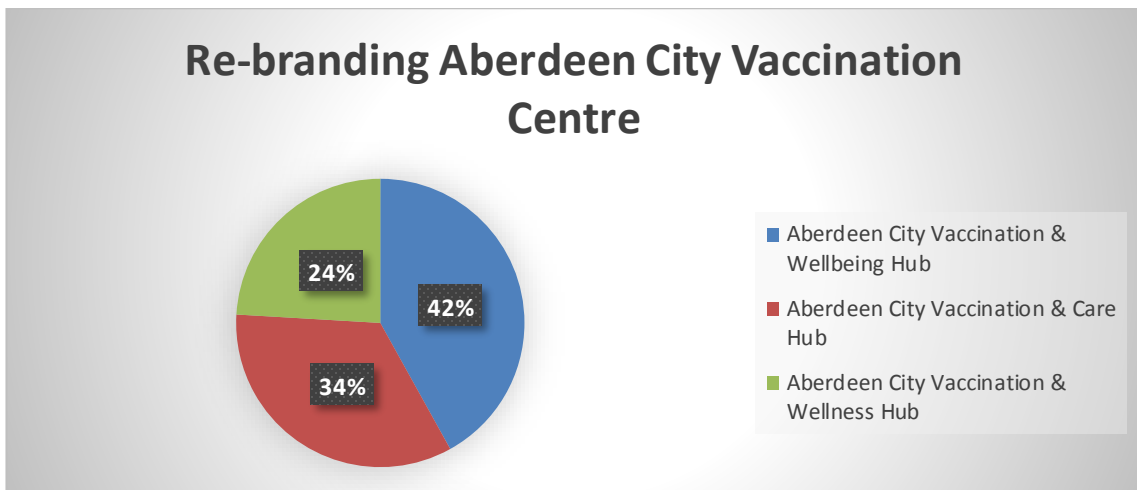


## INTEGRATION JOINT BOARD

brand the Centre to identify that this is more than just a Vaccination Centre. A public consultation questionnaire was distributed during October & November to staff & visitors of the Centre with the following suggestions being made:

- Aberdeen City Vaccination & Wellbeing Hub
- Aberdeen City Vaccination & Care Hub
- Aberdeen City Vaccination & Wellness Hub

**The Results** – 464 people took part in the consultation process, with **Aberdeen City Vaccination & Wellbeing Hub** being the people's favourite with 193 votes (42%). Followed closely by Aberdeen City Vaccination & Care Hub with 147 votes (32%). Aberdeen City Vaccination & Wellness Hub receiving 124 votes (26%).



## 4. Implications for IJB

### 4.1 Equalities, Fairer Scotland and Health Inequality

A number of positive impacts have been identified which should be realised by the service (see appendix 5 for further information)

#### 4.1.1 Protected Characteristics Disability

Disabled people, their carers and families can access the building via the Bon Accord Car Park (Disabled Spaces). The hub is very close to the lifts exiting from the Car Park. The Centre is all on one level and there are the provision of Wheelchairs. There is a wheelchair accessible toilet directly to the right of the Centre (Bon Accord Toilets next to Curated Store). The Hub is fully wheelchair accessible.



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People also have access to the “Transport to Healthcare Information Centre (THInC). THInC can help with information on bus services, train times, dial-a-bus services, taxi companies with wheelchair-accessible vehicles and community transport to support them with travel for their vaccination appointment. The hub provides clinics in conjunction with North East Sensory Services to support those with hearing and sight loss.

### 4.1.2 Age

The service provides vaccination for all age groups including pre-school children, School aged children and Adults. The Hub has a dedicated area for children and has the provision of ADHD friendly packs which include ear defenders & fidget toys to support their experience.

### 4.1.3 Race

The Service has considered how translation services will be provided via “language line” to ensure there is no disadvantage to using a community based model. All vaccination leaflets are available in all languages either in printed format or via a QR code for online availability. The service liaise with GREC, Churches and Mosques to support vaccination & other service promotion to Minority Groups. The service liaise with the Care Navigation Team to promote and undertake clinics to asylum seekers and refugees. The service liaise with the Gypsy/Traveller Lead to ensure services are promoted and seek ways to ensure accessible to all.

### 4.1.4 Sex, Marriage and Civil Partnership, Gender Reassignment, Religion & belief

The creation of the community based hub model, which focusses on individual needs, ensure that there will be no bias towards Sex, Marriage and Civil Partnership, Gender, Religion & belief within the delivery of the service.

### 4.1.5 Pregnancy & Maternity

The service deliver vaccinations during Pregnancy & Maternity and liaise with Maternity Service to support ease of access, guidance and support. The Hub also has a dedicated breastfeeding area for nursing mothers. The Centre is registered with “Breastfeeding Friendly Scotland Scheme”

### 4.1.6 Housebound

For anyone classed as Housebound by the Community District Nurses, Health Visitors, GPs or via screening from a Housebound referrals, Vaccinators will visit them in their own home.



## INTEGRATION JOINT BOARD

- 4.1.7 Carers: paid/unpaid, family members:** Vaccinations are offered to all paid and unpaid carers. The creation of the communitybased hub model provides the opportunity for Carers Support via input to Carers Strategy consultation and the weekly Carers “Wee Blether” Conversation Café.
- 4.1.8 Homelessness –** The centre works closely with the Homeless Service and Aberdeen Links Practitioner covering the Homeless Service to ensure vaccinations are promoted and that people can walk into any vaccination centre without an appointment at a time that suits them to be vaccinated. The creation of a communitybased hub model provides access to a warm space and information about support and activities within the Aberdeen City.
- 4.1.9 Living in Deprived areas –** The service ensure that there are pop up clinics organised in areas of deprivation and lower uptake to ensure people have access to locally based venues to be vaccinated.

### 4.2 Financial

#### 4.2.1 Funding

The costs for the Lease will be met within the existing Immunisation Blueprint funding for premises as outlined within the Immunisation Blueprint Refresh report HSCP.21.066 as per 3.2 above. The identified risks in 6.1 of this report may result in a reduced Scottish Government funding allocation for 2024/25.

#### 4.2.2 Recommendation

This report requests the IJB to approve the extension of current lease at Unit 19, Bon Accord Centre for a further year from 10<sup>th</sup> May 2024 until 9<sup>th</sup> May 2025. Should we not receive full funding allocation for 2024/25 from Scottish Government, the IJB is being asked to make provision from the shortfall from the IJB reserves.

#### 4.2.3 Sustainability

The ongoing level of funding for the Vaccination Transformation Programme is uncertain at this time, due to the changing recommendations from the JCVI and Scottish Government in relation to COVID19, extended flu programme and additional childhood and adult vaccination programmes being introduced (as set out in section 6.2 of this report). The service therefore require to request extensions on a year on year basis until a more stable funding position has been confirmed. In the meantime, the service continue to be involved in a service wide premises review to consider alternative options as required.



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### 4.4 Legal

NHSG have a lease with Bon Accord Centre for a period of 12 months. The service require to provide 6 months written notice to exit the lease.

### 4.5 Covid-19

All services are being undertaken with cognisance to the relevant COVID guidance around safer workplaces, however many of these restrictions have now been lifted.

## 5. Links to ACHSCP Strategic Plan

- 5.1 The Hub aims to support delivery of the Strategic Plan as set out in Section 3.7.2 of this report.

## 6. Management of Risk

### 6.1 Identified risks(s)

#### 6.1.1 Changes to Vaccination Transformation Programme

The Service is currently awaiting confirmation from JCVI as to whether there will be a spring COVID programme in 2024. NHS Boards have been asked to undertake high level planning for the same eligible groups as the 2023 spring programme until a decision is reached. Further guidance is also awaited on whether the extended flu will continue in the 2024 winter flu programme. Several additional or changes to programmes have also been identified to commence in 2024:

- **Adult - Shingles (Shingrix)** – The use of Zostavax ceased in September 2023 with a move over to Shingrix. This increased from a 1 dose to 2 dose programme for all eligible residents turning 65 (from 1<sup>st</sup> September 2023) and those aged over 50 with a severely weakened immune system. As this programme rolls out over the next 10 years, this programme will become part of a routine vaccine offered to all adults aged 60.
- **Pre-school Chickenpox (Childhood Varicella)** – Universal Chickenpox vaccination programme to be introduced as part of the routine childhood schedule. This is a 2 dose programme offering vaccination at 12 and 18 months using a combined MMRV vaccine. Considerations are currently





## INTEGRATION JOINT BOARD

being explored for children up to 5 years (and potential for children up to 6 to 11 years).

- **Pre-school additional dose of Hib-C** to be given at 18 months and a **second dose of MMR** Vaccine to be brought forward from 3 years 4 months to 18 months. This will result in an additional visit for children to receive their Hib C and MMR 2<sup>nd</sup> dose at the same visit.

Further programmes currently being considered for:

- **Respiratory Syncytial virus (RSV) Immunisation** for Infants and Older Adults (JCVI Full Statement published 11<sup>th</sup> September 2023)
- **Meningococcal B vaccination for the prevention of gonorrhoea** (JCVI Advice Published 10<sup>th</sup> November 2023)

### 6.1.2 Access to Venues

It should be noted that a property search within Aberdeen City has been undertaken by the NHS Grampian Property Asset and Management Team which resulted in no suitable properties available at that time which could accommodate the Vaccination Transformation Programme. Although smaller existing vaccination locations (Bridge of Don Clinic, Airyhall Clinic, Get Active Northfield, and Tillydrone Community Campus etc) could be used to deliver some of the smaller programme, they would be insufficient to deliver the Spring booster and Winter flu and COVID Programmes.

Prior to the COVID Pandemic, the winter programme was previously delivered in Community Centres, Churches, Schools, Sports Centres etc., however many of these locations are no longer available due to organisations setting up more warm spaces and activities to support social isolation and loneliness.

### 6.1.3 Accommodating the Wider Team

The team also consists of admin, management, vaccine supply team, data & digital for scheduling, logistics team, workforce and school admin teams along with a Vaccine Store which can hold up to 13,000 vaccines which would need to be accommodated. Having the team in one central location allows for good team working and is particularly supportive for programme planning, scheduling and staffing the various programmes that require to be delivered throughout the year. The central hub allows for all vaccine and



## INTEGRATION JOINT BOARD

consumables to be held for the delivery of programmes outwith the centre including Housebound, Care Homes, Sheltered Housing Complexes and Schools.

To continue to deliver the Autumn/Winter Programme on a yearly basis, without access to the current Unit in the Bon Accord, would require a temporary lease of around 5 month every year, and similarly if the Spring Booster continues, there may require to be a smaller lease of around 2 months to cover this programme. This location would require space for around 10-12 Vaccination Pods. Each temporary location would also require an element of start-up costs to ensure it met minimum IP&C standards.

### 6.1.3 Risk to Future Developments

Work is currently ongoing between General Practice and CTAC to look at the transfer of all Vitamin B12 Injections to free up capacity within General Practice. The Aberdeen City Vaccination Centre is a location where this work is planned to commence (in addition to the other CTAC clinics throughout the City). This could see real savings in regards to taking pressure off General Practice.

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

Risk Register	Description of risk	Impact	Mitigation	RAG Status
Delivery of Services	JCVI may reach decision on programme which results in reduced funding allocation from Scott Government.	<ul style="list-style-type: none"> <li>Insufficient funding for city centre lease.</li> <li>Impact on delivery of VTP – smaller locations with requirement for larger temporary leased property during winter programme.</li> <li>Priority Intervention Hub would cease.</li> <li>Reduced hub for CTAC, Community Respiratory Team, and Secondary Care Blood Hub etc.</li> <li>Reputational risk from public.</li> <li>Reduce footfall to city centre.</li> </ul>	<p>Contingency funding for shortfall from IJB reserves requested via this report.</p> <p>Input to premises review to identify alternative model.</p> <p>NHS Grampian Property Asset &amp; Management Team property search.</p>	High



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Risk Register	Description of risk	Impact	Mitigation	RAG Status
Workforce	JCVI may reach decision on programme which results in reduced funding allocation from Scottish Government.	<ul style="list-style-type: none"> <li>Reduced Staffing for Vaccination Programme.</li> </ul>	Current vacancies on hold – using bank staff to cover vacancies to ensure future sustainability.	Medium

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

Continuing the lease and having a financial contingency plan in place would mitigate the risks identified in the operational risk above and allow time for future planning in conjunction with Aberdeen City Health & Social Care Partnership, Aberdeen City Council, and NHS Grampian & Community Planning Aberdeen to take place for when JCVI recommendations come forward in regards to future Immunisation Programmes. This would allow the time to look at future sustainability of the service within the financial envelope provided.



## INTEGRATION JOINT BOARD

### DIRECTION

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

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

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

**Related Report Number:-** *HSCP.23.090*

**Approval from IJB received on:-** 5 December 2023

#### **Description of services/functions:-**

- a) The community based services described in section 3.9 of this report will be delivered from the priority intervention hub.
- b) Extend the current lease at Unit 19 Bon Accord Centre for a further year from 10 May 2024 until 9 May 2025 as outlined in the accompanying report HSCP.23.090.

#### **Reference to the integration scheme:-**

##### **Annex 1, Part 2**

- **Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital**
- **Services provided by health professionals that aim to promote public health.**

##### **Annex 1, Part 3**

- **All services provided by Allied Health Professionals, as defined in Part 2A of Annex 1, in an outpatient department, clinic, or outwith a hospital**

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

**Prevention:** The delivery of our vaccination programme directly seeks to address the preventable causes of ill health in our population.

**Personalisation:** The vision of our immunisations service seeks to “providing services at the right time in the right place to meet patient needs.”



## INTEGRATION JOINT BOARD

**Connections:** The continuity of a shift in immunisation delivery into community hubs will help us to develop meaningful community connections with local people which will seek to improve immunisation uptake levels.

### **Timescales involved:-**

Start date:- 5 December 2023 End date:- 9<sup>th</sup> May 2025.

### **Associated Budget:-**

This budget was passported to the IJB as part of the 2023/24 allocation from NHSG. The budget now forms part of the IJB base budget allocation. IJB are directed to make provision within IJB reserves as per appendix 7 of report HSCP.23.090 to cover any potential shortfall during 2024/25.

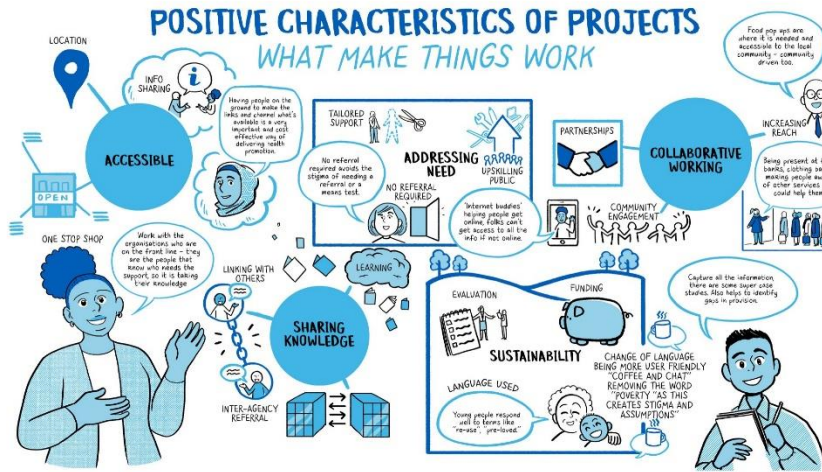
### **Details of funding source:-**

The full year revised budget for 2023/24 is currently £3,094,000

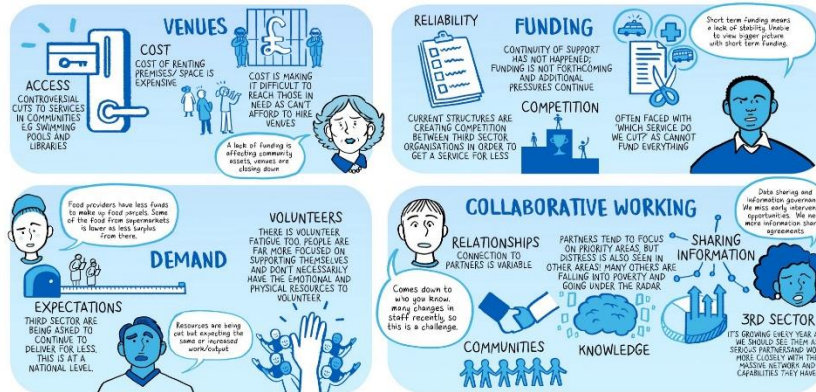


# INTEGRATION JOINT BOARD

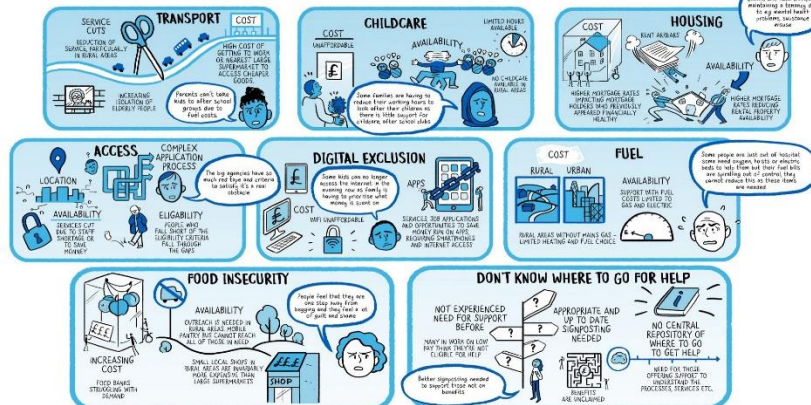
## Appendix 2 – North East Population Health Alliance (NEPHA) Diagrams



### BARRIERS AND CHALLENGES EXPERIENCED BY SERVICE PROVIDERS



### BARRIERS AND CHALLENGES EXPERIENCED BY COMMUNITIES





## INTEGRATION JOINT BOARD

### Appendix 3 - Questionnaire



### We asked our visitors – what

### Would you like to see at the Centre?

From 180 completed forms to date:

**57** requested the provision of **Health Checks** including Blood Pressure, Cholesterol, Weight, BMI

**34** requested the Centre have the ability to take **Bloods / provide CTAC Services**

**17** requested the provision of a **Health Information point**

**15** requested more information or access to walk in **Mental Health support**

**15** requested Information or services focussing on **Diabetes, diet and Lifestyle**

**14** requested access to a **Warm Space / Tea / Coffee & conversation**

**8** requested more information about **Sexual Health & access to contraception.**

**8** requested access to a **nurse practitioner**

**6** requested more support for the **Elderly / Vulnerable population / Dementia Awareness Forum**

**5** requested **Menopause Sessions** or more information about Menopause

**5** requested access to **Pregnancy Tests**

**5** requested **Travel Vaccinations / Travel Advice**

Other comments included having access to **Services under one roof including** a Links Practitioner, Physiotherapy, Cancer Support, Skin/Mole checks Well woman / Men's Health Clinics, Diabetes Screening, Vitamin B12 Injections, Support worker for people who are socially isolated, fitness classes for Cardiac Rehab, Homeless chat/drop in, Weight management, smoking cessation, Autism & Additional needs, Travel Vaccines, Blood donations, Podiatry/Chiropody, Substance Misuse Support, Music



### Appendix 4 – Walk In Enquiries

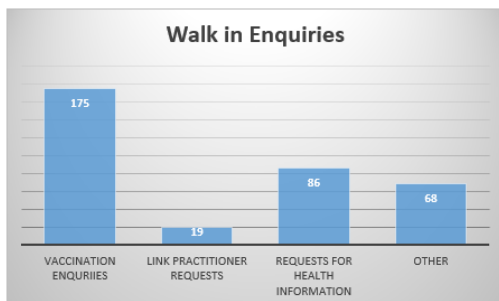


Aberdeen City  
Health & Social Care  
Partnership

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## Walk in Enquiries

Between 29<sup>th</sup> June – 10<sup>nd</sup> August the service have had **348** residents walked into the Centre without appointments. 175 Vaccination enquiries, 86 Requests for Health Information, 19 requests for Link Practitioner & 68 other.



Of the 68 other reasons, these have included enquiries about:

- Recruitment opportunities
- Access to CTAC Services (inc. Ear Syringing & Bloods)
- Asking how to access a GP
- Out of Area – NHS Entitlement
- Home Adaptions
- Location of other Services
- NHS 75 Exhibition Window
- Access to COVID Testing
- Travel Vaccinations
- Tetanus Vaccination
- Asking about what's going on in Centre





## INTEGRATION JOINT BOARD

### Appendix 5 – Equality Impact Assessment

#### ACHSCP Impact Assessment – Proportionality and Relevance

<b>Name of Policy or Practice being developed</b>	Aberdeen City Vaccination Centre & Priority Intervention Hub
<b>Name of Officer completing Proportionality and Relevance Questionnaire</b>	Caroline Anderson Programme Manager – Vaccinations
<b>Date of Completion</b>	10/11/23
<b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>	To create a streamlined and responsive person centred Vaccination Service & Priority Intervention Hub. Some people accessing this service may be considered as having a Disability as defined by the Equality Act 2010
<b>What are the means to be used to achieve the aim and are they appropriate and necessary?</b>	The overall aim of this Review is to ensure that we have an accessible location where a range of health, social care, education and third sector voluntary organisations work together all responding to local need. To provide a one stop shop where people can receive the right service in the right place at the right time no matter their age, sex, gender, religion, disability etc.
<b>If the policy or practice has a neutral or positive impact please describe it here.</b>	A number of positive impacts have been identified which should be realised by the service  <b>Protected Characteristics Disability</b> – Disabled people, their carers and families can access the building via the Bon Accord Car Park (Disabled Spaces). The hub is very close to the lifts exiting from the Car Park. The hub is all on one level and there are the provision of Wheelchairs. There is a wheelchair accessible toilet directly to the right of the Hub (Bon Accord Toilets next to Curated Store). The Hub is fully wheelchair accessible. People also have access to the “Transport to Healthcare Information Centre (THInC). THInC can help with information on bus services, train times, dial-a-bus services, taxi companies with wheelchair-accessible vehicles and community transport to support them with travel for their vaccination appointment. The Hub provides clinics in conjunction with North East Sensory Service to support those with hearing and sight loss.





## INTEGRATION JOINT BOARD

	<p><b>Age</b> – The service provides vaccination for all age groups including pre-school children, School aged children and Adults. The Hub has a dedicated area for children and has the provision of ADHD friendly packs which include ear defenders &amp; fidget toys to support their experience.</p> <p><b>Race</b> – The Service has considered how translation services will be provided via “language line” to ensure there is no disadvantage to using a community based model. All vaccination leaflets are available in all languages either in printed format or via a QR code for online availability. The service liaise with GREC, Churches and Mosques to support vaccination &amp; other service promotion to Minority Groups. The service liaise with resettlement officers to promote and undertake clinics to asylum seekers and refugees. The service liaise with the Gypsy/Traveller Lead to ensure services are promoted and seek ways to ensure accessible to all.</p> <p><b>Sex, Marriage and Civil Partnership, Gender Reassignment, Religion &amp; belief</b> – The creation of the community based hub model, which focusses on individual needs, ensure that there will be no bias towards Sex, Marriage and Civil Partnership, Gender, Religion &amp; belief within the delivery of the service.</p> <p><b>Pregnancy &amp; Maternity</b> – The service deliver vaccinations during Pregnancy &amp; Maternity and liaise with Maternity Service to support ease of access, guidance and support. The Hub also has a dedicated breastfeeding area for Nursing mothers. The Centre is registered with “Breastfeeding Friendly Scotland Scheme”</p> <p><b>Housebound</b>–For anyone classed as Housebound by the Community District Nurses, Health Visitors, and GPs or via screening from a Housebound referrals, Vaccinators will visit them in their own home.</p> <p><b>Carers: paid/unpaid, family members:</b> Vaccinations are offered to all paid and unpaid carers. The creation of the community based hub model provides the opportunity for Carers Support via input to Carers Strategy consultation and a weekly Carers “Wee Blether” Conversation Café.</p>
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## INTEGRATION JOINT BOARD

	<p><b>Homelessness</b> – The centre works closely with the Homeless Service and Aberdeen Links Practitioner covering the Homeless Service to ensure vaccinations are promoted and that people can walk into any vaccination centre without an appointment at a time that suits them to be vaccinated. The creation of a community based hub model provides access to a warm space and information about support and activities within the Aberdeen City.</p> <p><b>Living in Deprived areas</b> – The service ensure that there are pop up clinics organised in deprived areas to ensure people has access to a venue to be vaccinated.</p>
<p><b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b></p>	<p><b>No</b></p>
<p><b>Rationale for Decision</b>  <b>NB: consider: -</b></p> <ul style="list-style-type: none"> <li>• <b>How many people is the proposal likely to affect?</b></li> <li>• <b>Have any obvious negative impacts been identified?</b></li> <li>• <b>How significant are these impacts?</b></li> <li>• <b>Do they relate to an area where there are known inequalities?</b></li> <li>• <b>Why are a person’s rights being restricted?</b></li> <li>• <b>What is the problem being addressed and will the restriction lead to a reduction in the problem?</b></li> <li>• <b>Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</b></li> <li>• <b>Are there existing safeguards that mitigate the restriction?</b></li> </ul>	<p>All residents of Aberdeen City attending the centre will be positively impacted by the increase of services being delivered in one place. With access to Health Information Point and third sector voluntary organisations providing support and advice to help people stay well, connected and stay well in their own home. The Hub provides a level of anonymity when people are entering the centre without people knowing what they are there for. People will be able to access a wide range of support including:</p> <ul style="list-style-type: none"> <li>• Vaccinations</li> <li>• Bloods</li> <li>• Chronic Disease Management</li> <li>• Community Respiratory Clinics</li> <li>• Mental Health &amp; Wellbeing Support</li> <li>• Drug &amp; Alcohol Support (Naloxone Training and Alcohol Brief Intervention)</li> <li>• Employment Support</li> <li>• Benefits Support / Disabilities Benefits</li> <li>• Access to Food Parcels</li> <li>• Safer Mobility Advice &amp; Guidance</li> <li>• Digital Technology Support</li> <li>• Community Groups / Conversation Café</li> <li>• Community Engagement/Empowerment</li> </ul>



## INTEGRATION JOINT BOARD

	<p>The Scottish Government and Scottish General Practitioners Committee agreed vaccination would move away from a model based on GP delivery to one based on NHS Board/Health &amp; Social Care Partnership (HSCP) delivery through dedicated teams. This may negatively impact people for travelling aspects and affordability. To mitigate this, the decision was made to ensure that the location was central where people would only require to take one bus from any location within Aberdeen City. Additional Clinics have been set up in the North (Bridge of Don) and South (Airyhall) as an additional mitigation. Further pop up clinics are arranged in local communities where there are known inequalities and possible lower uptake at the end of each programme to support those people who are unable to travel to a vaccination centre.</p> <p>No one's rights will be restricted by this Service. The changes includes the improvement of person-centred care which includes collaborate working with health, social care and third sector organisations to support people, their carers and families.</p>
<b>Decision of Reviewer</b>	Agreed
<b>Name of Reviewer</b>	Sandy Reid
<b>Date</b>	30.10.23



## **INTEGRATION JOINT BOARD**

### **Appendix 6 – Short Term Impact Report**



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



# Aberdeen City Vaccination Centre & Priority Intervention Hub

# Short Term Impact Report July - Oct 2023 (Planned Full Report July 2024)



# Contents

- Our Mission (P1)
- Our Goals (P2)
- Our Numbers (P3)
- Our Partners (P4)
- Making Every Opportunity Count (p5)
- Keeping People Safe at Home (P6-7)
- Mental Health & Wellbeing Support (P8-9)
- Reducing Stigma – Drugs & Alcohol (P10)
- Tackling Poverty & Inequalities (P11)
- Stay Well, Stay Connected (P12-13)
- Digital Inclusion (P14)
- Preventing Ill Health (p15-16)
- Caring Together (p17)
- Community Empowerment (p18-19)
- Achieving Healthy fulfilling lives (p20)
- Shared Learning (P21)
- Ongoing Developments (P22)



# Our Mission

**Create a Priority Intervention Hub which delivers an easily accessible location where a range of health, social care and third sector voluntary organisations work together all responding to local need.**

Ref: Strategic Delivery Plan - Communities CT07



# Our Goals

The Hub supports the delivery of the Aberdeen City Health & Social Care Partnership Strategic Plan, NHS Grampian “Plan for the Future – Healthier Together” & the Community Planning Aberdeen Local Outcome Improvement Plan focussing on:

**Keeping People Safe at Home**



**Caring Together**



**Preventing Ill Health**



**Achieving fulfilling healthy lives**



**Digital Inclusion**



**Reducing Stigma – Drugs and Alcohol**



**Stay Well, Stay Connected**



**Tackling Poverty & inequalities**



**Community Area Coffee & Conversation**



**Community Empowerment**



**Make Every Opportunity Count**

**MEOC**

**Mental Health & Wellbeing Support**





# Our Numbers

Between 19<sup>th</sup> June – 31<sup>st</sup> October 2023

**27,279**  
Vaccinations  
Delivered



**505**  
Feedback  
Forms



**Working  
with 33  
Partner  
Organisations**



**146** Volunteer  
Hours



**Open 6 days  
per Week**



**62** Service/ Health  
Promotion Sessions  
Held

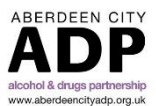
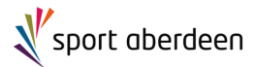


**12** Community  
Engagement  
sessions



# Our Partners

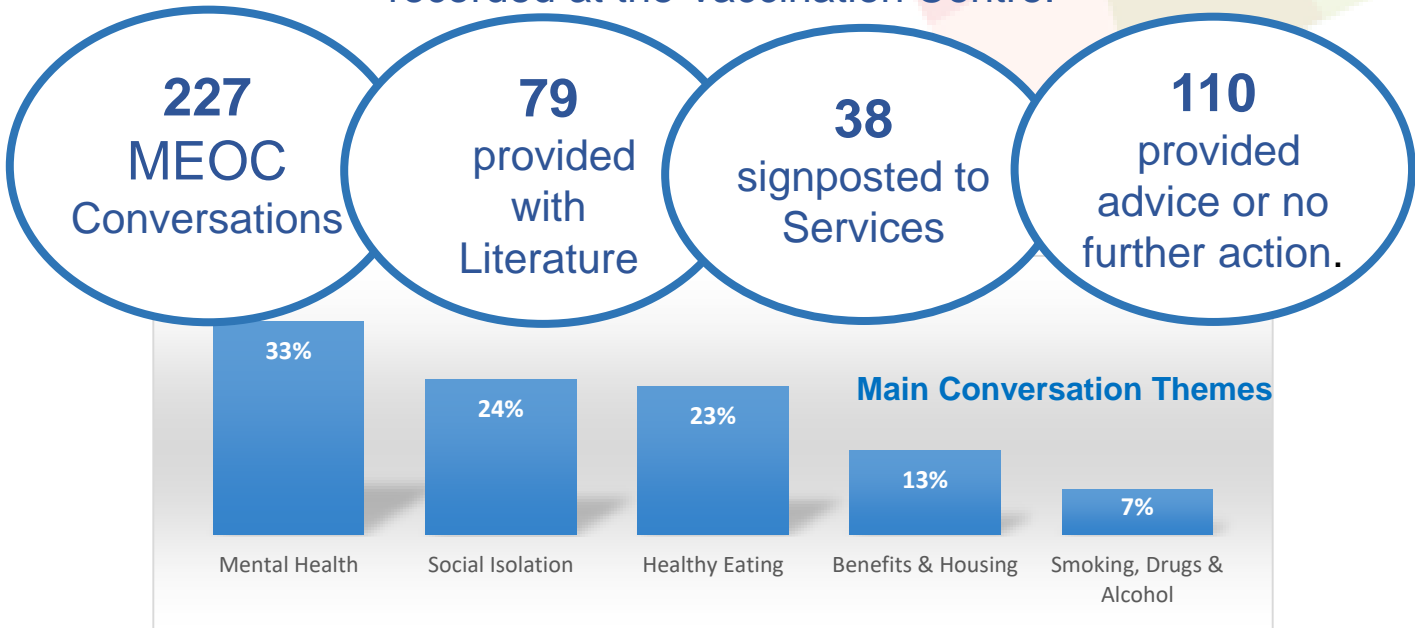
To ensure we are “Caring Together” and providing a wide range of support to the people of Aberdeen, the Hub allows the space for true Partnership working with third sector voluntary organisations and other partners in health, social care, community planning and education to promote their services or undertake public engagement to involve people in what is going on in their local community.



# Making Every Opportunity Count (MEOC)

MEOC encourages staff to engage in conversations on lifestyle and life circumstances. This could include, for example, smoking, healthy eating, healthy weight, being physically active, alcohol intake, money and housing issues. Taking 30 seconds to 3 minutes, the brief conversation makes maximum use of our resources and our positive influence for health, providing information and being able to signpost people to relevant services for further advice or support where appropriate.

During a 3 week period the following MEOC conversations were recorded at the Vaccination Centre:



During the same timeframe **180 public engagement** forms were completed by people attending for their vaccination appointment, highlighting what they would like to see at the Hub. The 4 top areas requested were:

**Health Checks, Bloods, Mental Health Support & a Health Information Point**



<b>Health Checks</b>	→	Links with Health Point & Aberdeen University to progress in 2024.
<b>Bloods / CTAC</b>	→	CTAC Clinic commenced Oct 2023
<b>Health Information Point</b>	→	Community Health Information Point in Place
<b>Mental Health Support</b>	→	Aberdeen Links Practitioner from Sept 2023, Penumbra 1st Response from Oct 2023, Dementia Advisor from Nov 2023

# Keeping People Safe at Home

The CAARS service in conjunction with sport Aberdeen and our falls prevention ambassador attended the hub for safer mobility week (previously known as Falls Prevention week) from the 18<sup>th</sup> to 22<sup>nd</sup> September to raise awareness regarding safer mobility, engagement in occupation and general health and wellbeing .

These information and education sessions continued in October, November and dates planned in December.



10 Sessions

236 meaningful conversations

83 People experienced falls

27 people had a falls plan in place.

285 pieces of literature handed out

20 Walking aids handed out and 26 replacement ferrules

70 Reported that they exercise

It was really helpful to be able to engage in conversation with members of the public regarding safer mobility, community services and engagement in meaningful activity. We were able to share information with people who may not otherwise access our services. The relaxed atmosphere over a cup of tea allowed everyone to relax and engage better.  
**Staff Member**

One visitor expressed their thanks for information to help support their family member who was starting to struggle at home. They now had a greater understanding of how to help prevent falls and encourage safer mobility.

# Keeping People Safe at Home



**SCOTTISH  
FIRE AND RESCUE SERVICE**

Working together for a safer Scotland



This has been very worthwhile attending the centre and we would definitely want to come back next year.

We find the hardest group of people to get our message to are older adults, so to have an opportunity to be in a place where a large proportion of older adults are attending for their vaccination is an excellent opportunity for us – many thanks for having us at your centre.

**Station Commander**

The Scottish Fire and Rescue Service work tighter for a safer Scotland and are committed to ensure the safety and wellbeing of the people of Scotland. The Service offer free home fire safety visits where they will take you through a questionnaire to help people sort out a fire escape plan and provide information about smoke, heat and carbon monoxide alarms. The Team have attended 7 Sessions during September and October to promote services to keep people safe at home.

**7**

Sessions

**350**

Meaningful  
Conversations

**500**

Leaflets  
handed out

I had heard about the new Detector Legislation, but I didn't know how to go about getting the detectors in my house. The Fire Service people gave me advice on what I needed and how to go about getting them fitted.

**Service User**

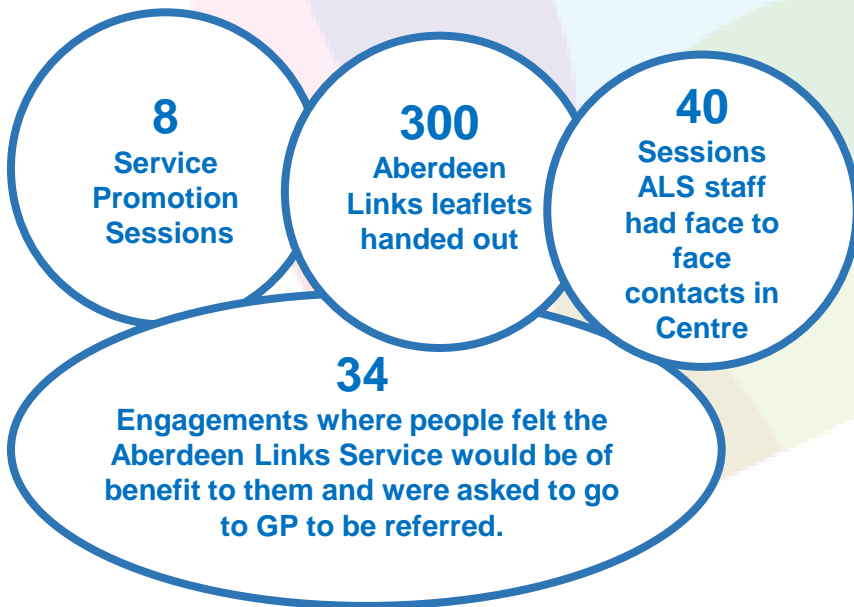
The Fire Service staff took the time to go through booking a Home Fire Safety Visit for me at the vaccination centre. When they were at my house, they gave me some good advice on electrical safety.

**Service User**

# Mental Health & Wellbeing



**Aberdeen Links**  
Connecting local communities



We were able to speak with a gentlemen who does not attend his GP Practice and was extremely upset about his condition getting out of control. Simple signposting and talking through his concerns, having time to chat to him reassured him that there are services to be signposted to.

**Links Practitioner**

The Aberdeen Links Service were the first Voluntary Organisation to join the team at the Hub in July 2023. The team undertook a staff awareness session of the Service and used the Centre as a community hub for seeing GP Referrals and Service Promotion during the Winter Vaccination Programme. Aberdeen Links aims to support people to live well by strengthening connections between community resources, third sector organisations and primary care to enhance social prescribing in Aberdeen. Link working aims to reduce the negative impact of social and economic circumstances on someone's health & wellbeing.

Being part of the Centre has allowed us to provide information to the Vaccination Service staff about Aberdeen Links Practitioners to allow them to signpost people to their GP for referral. **Link Practitioner**

The Centre is a great resource for seeing people when we are unable to meet them at their GP Practice or when they would prefer to meet up in a local community setting. It has provided us with opportunities to speak to people whilst promoting our Service that we may not have otherwise had contact with.

**Links Practitioner**



# Mental Health & Wellbeing



Penumbra Aberdeen 1st Response Service commenced sessions at the Hub on the 2<sup>nd</sup> of October. This service provides compassionate support for those facing emotional distress or living with thoughts of suicide. Anyone aged 16 or older and in Aberdeen City, can connect the service using any of these options:

- call on our Freephone number at 08002343695
- Email [aberdeen1stresponse@penumbra.org.uk](mailto:aberdeen1stresponse@penumbra.org.uk) at [penumbra.org.uk](http://penumbra.org.uk)
- Visit in person for a walk-in to speak with our friendly team.

The service can help people plan their next steps safely. The Aberdeen Nova and Self Harm team will also host group workshops on wellbeing and self harm awareness sessions for both staff and the public in early 2024.



4

Sessions  
In October

1

Walk In Face  
to Face  
Contacts

12

Telephone  
Contacts

The centre has provided us with a valuable opportunity to engage with individuals who may not have been previously aware of our services. We also marked world mental health day on the 10<sup>th</sup> of October where we engaged with the general public and staff at the centre to raise awareness of mental health and the support we offer. We were able to reach and connect with a broader audience, expanding awareness about the support and assistance we offer. Feedback from the people that we engaged with has been positive, highlighting the service's central location and accessibility. Some individuals took details of the service, recognising its potential benefits for themselves, friends, and family.

**Service Manager – Aberdeen Nova 1<sup>st</sup> Response**

# Reducing Stigma Drugs & Alcohol Services



A chap who attends the AFCCT Community Hub on Thursday afternoons told me a story of how amazing the vaccination centre and all the workers are. He had approached one of the Vaccination team during a session at Pittodrie about some questions and worries he had and was signposted to the Vaccination Centre. He said it was really easy for him to get there as it was nice and central. When there he got to speak to someone at CTAC who could answer all the questions he had and address all his concerns and he left feeling relieved. In his words – “the place is brilliant, and all the people are brilliant, just brilliant”!

Aberdeen in Recovery (AiR) is a Lived Experience Recovery Organisation and a Recovery Community in Aberdeen City Centre. We offer peer support to those in recovery from addiction and their families through a variety of groups and meetings as well as social events. One of our aims is to make recovery visible to show others that recovery really is possible. We offer peer Naloxone training to “Help Save a Live” and “End Overdose”

A separate session was held during a staff training event where three AiR members had the opportunity to speak to 63 members of the Vaccination Team. During the sessions we introduced them to Naloxone as well as highlighting the importance of trauma and the effects stigma can have. Changing the way people are approached can have a huge effect on individuals who are sadly caught in the chaos of addiction. Letting key workers know that, often times someone simply being asked ‘how are **you**’, with the emphasis being on the ‘you’, and actively listening to the reply can let that person know they are really being seen and heard as a human being – beyond their addiction. There is true power in this which can make a life-changing, and potentially life-saving difference to someone! “We would like to thank you for this opportunity, and we look forward to being able to contribute again to more sessions in the future!”



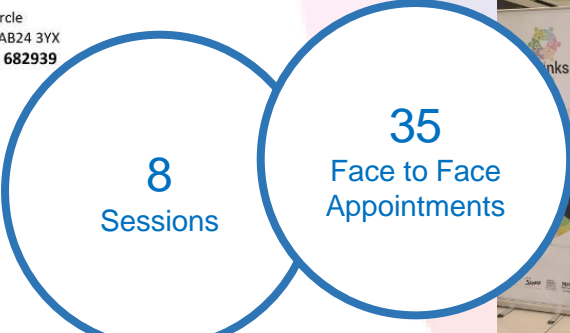
Having access to the vaccination centre every Wednesday morning has given AiR a great opportunity – not only to offer Naloxone, but to make recovery visible. Making recovery visible is a key driver for tackling stigma as we know this is one of the biggest barriers for people seeing help. By using ourselves as an example that recovery really is possible, it makes it tangible and helps break down those barriers.



# Tackling Poverty & Inequalities



11 Powis Circle  
Aberdeen AB24 3YX  
Tel. 01224 682939



Clients have reported that they find the Centre a great venue to meet, as it is easy to find and also the anonymity of going into the Centre provides them as they could be attending for a number of reasons.

**Pathways Manager**

**Pathways** recently started to meet clients in the Aberdeen City Vaccination Centre. Clients are supported one-to-one to help them return to work.

The Pathways Employment keyworker has also been working with our vaccination team to raise awareness of Pathways' support, so that anyone who discloses during their appointment that they are looking for work can be referred immediately to the keyworker. Leaflets are also available in the Health Information Point.

The location is ideally suited for Pathways to meet with city centre clients and also benefits from being easy to find for first time users.



The sessions have resulted in requests from people about volunteering to reduce social isolation, and a request to attend a Parkinson's support group and offer the families financial information.

**Senior SAFE Team Advisor**

**CFINE SAFE Team** have attended for 2 Sessions to date and will continue through November and December. The SAFE Team help people navigate the welfare systems and ensure they are claiming the benefits they are entitled to, aiming to improve people's household income. They provide benefits and budgeting advice, support with applying for crisis loans and community care grants, promote volunteering opportunities, support to ensure people have access to technology to manage budgets and guidance and support filling out forms.



# Stay Well / Stay Connected



**Stay Well  
Stay Connected**

*Age Friendly Aberdeen*



Wellbeing Co-ordinators attended the Hub to help people to stay connected in their communities. Promoting local free or low cost social activities & groups, Conversation café's, health walks, Boogie in the bar and many more to support better health and wellbeing and reducing social isolation and loneliness.

This is such an amazing asset for the wellbeing co-ordinators. Even through we try to make sure that we target as many citizens in Aberdeen to let them know what activities, events, socials etc are going on, we cant reach everyone. The Aberdeen Vaccination Centre is a way for us to close the gap and reach people we may never have met.

**Wellbeing Co-ordinator**

**2  
Sessions**

**95  
Meaningful  
Conversation**

**120  
Pieces of  
literature  
handed out**

A lady at today's session spoke about her husband that had not long been diagnosed with Parkinson's. He has been going to a few things and getting some professional help. She was looking for things they could do together that didn't just focus on Parkinson's. When I showed her the Wellbeing table and all the flyers of things going on in Aberdeen, she was amazed. She said "I had no idea there were so many things going on in the city. I am so glad I met you today" She took details of everything and also said she hoped to see me at one of the Boogies so she could introduce her husband.

**Wellbeing Co-ordinator**

A gentleman who had recently lost his wife had been feeling cut off from life and social activities, he didn't really know where to start. I told him about things in his area and asked what he was interested in. Music and dancing had been their passions, so he was keen on the Boogies but a bit worried about being on his own and maybe didn't want to dance. I explained that not everyone who comes dances, that for some it is a chance to just meet up, tap your feet, eat lunch together and have a good blether. I am so happy to say he came along to The Abbot boogie and met a friend he used to work with.

**Wellbeing Co-ordinator**

# Stay Well, Stay Connected



**Stay Well  
Stay Connected**  
*Age Friendly Aberdeen*



A “A Wee Blether” - Conversation Café for Carers and people aged 55 and over was set up at the Hub from mid July to end of August in conjunction with Quarriers. Catering was sourced via Charity Charlie House Recharge Café. The hub has provided a great city centre venue to meet, support and signpost.

Carers have found the drop in format in the city centre venue beneficial, in that they can pick up a prescription, shop then drop in for advice and support. The venue has enabled a wider exposure to a range of health and social care supports that could enhance a carers wellbeing.

**Service Manager**

6

“Wee Blether”  
Conversation  
Cafes



## Community Area



The **Community Area** was opened on the 6<sup>th</sup> November to provide a warm space for people to wait before or after their appointment. It is also open to any member of the public to come in and have a cuppa and conversation to support people to stay well and connected within their community. This area has a “Wellbeing Wall” of information about health & wellbeing activities in the community.

Excellent Idea with lovely friendly and informative staff. The city needs a wee hub like this for people to pop into for advice etc.

**Service User**

Arrived a little early and the hub was a lovely surprise. Staff are warm and friendly and were able to ease my anxiety with a cuppa and chat before I went through for my vaccine. Thank you

**Service User**

It was so nice to get a hot cup of tea. It was raining when I came and it was so welcoming.

**Service User**

The new community area is excellent – very friendly staff and no waiting times. Lot of information about other agencies where people can access the help they may need. Also leaflets about community activities on tables was good. Thank you

**Service user.**

The community area with café is a great idea! Somewhere less clinical to wait after our girls injections. Also appreciated toys/colouring in resources for children and they enjoyed seeing the Therapet today.

**Parent**

# Digital Inclusion



**4 Sessions**

**12 Meaningful Conversations**

**10 Pieces of Literature handed out.**

I just wanted to thank the chap from Technology Enabled Care. I am very nervous of needles and he completely put me ease before and after my appointment. It was lovely chatting with him.

The hub has provided a useful connection to the public by highlighting how TEC can support with maintaining independence. Sessions have allowed attendee's to play, explore and try out TEC and consider how it may benefit them or their loved ones.

**Service Provider**

**Service User**

The Technology Enabled Care Team promote digital inclusion ensuring that everyone has the opportunity to develop their skills and confidence and can access an appropriate device and connectivity to do thing they want to do online. The Technology Enabled Care Library provides a resource for all people of Aberdeen City. The resource allows individuals to borrow devices to experience how they may support their health and wellbeing at home. The Team have attended 4 sessions during September & October to promote the Library and provide demonstrations.

I arrived to one session to find a lady writing down the telephone number from our Pull up banner and was able to chat with her at length. We discussed her son who may be interested in becoming a volunteer tutor and by the end of our conversation she was planning to attend a session and considering tutoring herself. Great News for Us.

**Silver City Surfers**

The Community Café area is such a welcoming space and is lovely to see people recognising each other and chatting away getting to know one another. Your staff are clearly encouraging and enjoying this interaction, and helping in enabling conversation with the organisations in attendance. It is all feeling like such a positive place for people to be and particularly for older people.

**Silver City Surfers**



**3 Session**

Silver city Surfers is a small local charity which aims to help older people with modern technology. They provide free tutoring and support on all forms of modern technology (e.g. laptops, ipads & other tablets, smartphones, digital cameras etc) through mentoring and one-to-one support sessions provided by experienced volunteers.



# Preventing Ill Health



Open  
**6**  
Days per  
Week

**27,279**  
Vaccinations  
Delivered  
In Hub  
July - Oct

Vaccine Store  
with Capacity  
for  
**13,000**  
Vaccines

**32**  
Staff Trained  
In  
MEOC



**Capacity for Vaccine & Consumables**  
At Hub for the planning & delivery of  
Vaccine Transformation Programme  
to:

**2,300** Housebound Patients  
**15,200** Primary School Pupils  
**14,400** Secondary School Pupils  
**2,700** Care Homes Residents  
**1,900** Sheltered Housing  
Residents

In 2017, the Scottish Government and the Scottish General Practitioners Committee (SGPC) agreed vaccinations would move away from a model based on GP delivery to one based on NHS Board/Health and Social Care Partnership (HSCP) delivery through dedicated teams. The Vaccine Transformation Programme (VTP) began on 1<sup>st</sup> April 2018 with an aim to be transitioned within a 4 year period by April 2022. The VTP was put on hold during the COVID Pandemic which saw a dedicated team recruited to deliver the COVID19 mass vaccination programme. The full VTP was successfully transferred with the full programme of vaccines being delivered from 3 City Vaccination Centres with Aberdeen City Vaccination Centre in Bon Accord delivering around 65% of the programme.

Following a relocation to the Bon Accord Centre, the team undertook MEOC Training to ensure they were making every opportunity count to speak to the public about their health & wellbeing and support them with advice, guidance and signposting.

I have enjoyed being able to speak to people about their general health and wellbeing and feel that I am making a big difference in peoples lives. I recently had a gentleman that divulged he had not eaten for a couple of days and explained he was feeling very lonely. We were able to supply him with a food package, some wellbeing information of activities and signposted him to his GP to be referred to the Links Practitioner who would support him around benefits, food and attending social activities. It has been great finding out about what the voluntary organisations offer to be able to better signpost people for support.

**Vaccinator**

Being pregnant it was great to have someone come over who had been a midwife, to explain more in detail about Flu & COVID. Very helpful and reassured.

**Service user**

Thank you so much. I asked for extra info about anorexia for a relative and the staff were so kind and helpful. I really appreciate their help. Also delighted by the leaflets all the information available.

**Service User**  
Page 149

My appointment included incredibly valuable advice on the use of my asthma inhalers. Focussed, conscientious care from a lovely nurse.

**Service User**

# Caring Together

## Community, Treatment & Care (CTAC)



**Community Treatment and Care (CTAC)** is a nurse-led service provides a specialist range of services, some of which you may have been more familiar with receiving from your GP. Patients will benefit from having access to expertly trained nursing staff at the CTAC Clinics for assessment and treatment, in addition to your GP Practice. This will offer you more options of locations to attend your healthcare needs, across the City.

Your GP Practice will be kept up to date on your management, and involved in your care, should it be necessary.

Its a new way of receiving care - one which helps us ensure people are able to see the right person at the right place at the right time, and one which we are sure the community will come to value.

It is great to hear that I can now book my bloods in the Centre when I am attending for other appointments. The centre is easy to get to by bus.

**Service User**

6

Clinic Days During Sept/Oct

Establishing CTAC within the vaccination centre in the heart of the city is an excellent opportunity for a central clinic. This arrangement allows residents to easily schedule appointments, potentially reducing the need for travel and time away from work for those in the city centre. Moreover, it provides a valuable avenue for staff to enhance their professional skills, fostering ongoing development and readiness to support additional services during periods of increased demand. **Nurse Lead**

86

Appointments attended

## Community Respiratory Team

The Community Respiratory team commenced clinics in November from the Vaccination Centre. The team improve community care for people living with chest conditions in the Grampian areas and better integrate third-sector support with NHS services to help alleviate pressures.

The partnership between Chest Heart & Stroke Scotland and NHS Grampian/Aberdeen City Health & Social Care Partnership will provide people living with chronic chest conditions to better manage their conditions at home, improving their quality of life and preventing them from returning to hospital.



**Chest Heart & Stroke Scotland**

It was great to be able to arrange my vaccinations & CRT appointment on at the same place on the same day.

**Service User**

2

Clinics per Week

# Community Empowerment



7  
Sessions

643  
Meaningful  
Conversations

639  
Adults  
7  
Children

The sessions at the Vaccination Centre provided a great opportunity for Aberdeen City Libraries staff to engage with members of the public and to promote the future libraries consultation and promote library services generally

**Early Years Librarian**

I do want to thank you for allowing us the opportunity to promote services via the Vaccination Centre it was very useful and interesting to hear peoples views. One of my staff did raise the point that several people clearly wanted someone to talk to and wondered if it would be worth having a mental health practitioner/ befriender type service for people who just need a 5 minute chat with another person.

**Early Years Librarian**

In addition to highlighting the consultation on both the library closures and on the future of the library service in Aberdeen the we were able to answer questions on library opening hours, services provided and membership. We found that many people did not know that there are 11 libraries across the City so we were able to clarify this and to direct people to our website and social media.

We were also able to promote our 24/7 digital offer of e-books, e-audio books free via Borrow box and free access to newspapers and magazines via Press reader which, again, many people did not know about but responded positively to.

In addition we were able to direct a number of people to the Home Service which delivers books/talking books to those who are unable to visit a library. We also provided information to a couple of people in languages other than English.

# Community Empowerment



Community Planning  
Aberdeen

“Being present in the Centre was a great opportunity to engage with people and to explain how their voice helps shape our plans. It also enabled us to share the opportunities available for them to get involved in Community Planning, both within their own community and on a city wide basis. The Centre was a hub of activity and it was great to be part of it”

**Community Planning**



**2  
Sessions**



Aberdeen City  
Health & Social Care  
Partnership

*A caring partnership*

Colleagues at the vaccination centre provided me a great deal of support in helping to make connections with people who provide unpaid care.

I was given space and time at each of the vaccination centres including the one based in the Bon Accord Centre, to lay out posters and leaflets regarding the ACHSCP desire to create a ‘Carers Reference Group’ for Aberdeen City. I also attended the weekly “Wee Blether” Conversation Café’s for Carers at the Hub to further engage with people.

My presence at these venues allowed me to communicate with many unpaid Carers. I was able to draw attention to our need to create the ‘Reference Group’ and invite relevant and interested people to the initial meetings.

The atmosphere and environment within the vaccination centres were ideal for having those conversations’

**Development Officer,  
Consultation & Engagement**

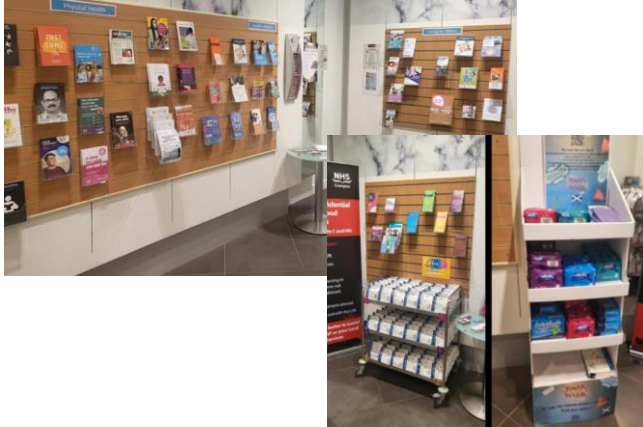
**6  
Sessions**





# Achieving Healthy Fulfilling Lives

The Centre hosts a large **Community Health Information Point** with access to free Period Products, condoms and a range of leaflets to promote Healthy fulfilling lives. The centre also promotes Health Campaigns throughout the year as part of the Centre Window Displays.



**Winter Campaign**  
Sept onwards



**Breast Cancer Awareness Month**  
(October)



**Sands – Baby loss Awareness Week**  
(13th October)



**Overdose Awareness Day –**  
31st August



**Alzheimer Awareness Day**  
21st Sept



**Mouth Cancer Awareness Month**  
(November)



**Childsmile**



**Wellbeing Wall**  
Our Wellbeing Walls promoting free or low cost activities within local communities to support people to stay well & connected.

Over  
**2,000**  
AGILE Booklets  
Distributed

**AGILE**

# Achieving Healthy Fulfilling Lives

6  
Regular  
Volunteers

149  
Volunteer Hours  
during Sept &  
October

## Our Volunteers

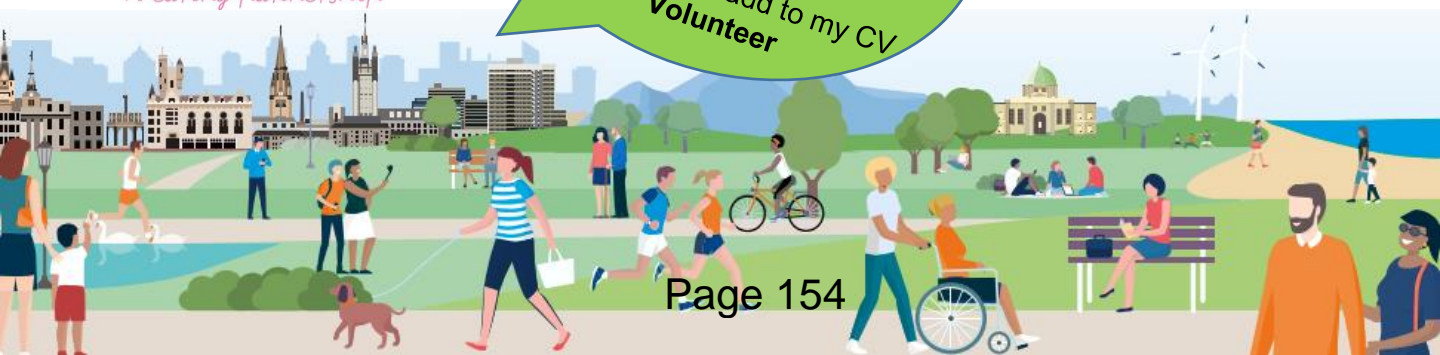


Our Volunteers deliver an invaluable service at the Hub – meeting and greeting visitors with a friendly smile and supporting them during their visit. They also support in our Community Area serving tea & coffee and chatting with people while they wait. **I don't know what we would do without them.**  
**Programme Manager**

I enjoy my time volunteering at the vaccination centre. It gets me out of the house. I enjoy speaking to people and supporting them while at the centre.  
**Volunteer**

Thank you for giving me the opportunity to volunteer at the Vaccination Centre. It has helped me get some customer service experience to add to my CV  
**Volunteer**

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



Shared learning has been derived from the “Get Active Northfield” Community Hub via Sport Aberdeen & the ACHSCP Transformation Team, the Tillydrone Community Hub via Aberdeen City Council, Station House Media Unit (SMHU) and the Aberdeen Football Community Trust (AFCCT) Weekly Community Hub via AFCCT Wellbeing Team. The team have made these connections to share learning and promote one another services & events. Our own experiences have been documented around setting up the Hub and making connections, and we will continue to visit other areas over the coming months to make stronger connections and share learning from other areas of the Country.



## Public Health Scotland Visit

On 15<sup>th</sup> August 2023 Public Health Scotland came for a Visit to the Centre. They were very interested to hear about all the connections being made and the breadth of services planned to work out of the Centre. They described the centre as “Innovative” and commented it was great to see we were delivering more than just vaccinations and making the best use of resources to focus on prevention and supporting people within Aberdeen and beyond. The visiting team were keen to share their experience about how we are encompassing MEOC conversations & a community information Health point to support people’s wider health and wellbeing. The team fed back that the centre felt truly integrated and were glad to see us working closely with health, social care, education and third sector/voluntary organisation to support people in Aberdeen. The team agreed to take away what they had learned from their visit and share this good practice with other areas in Scotland.



## Scottish Government

The Vaccination Programme Manager, Lead Nurse and members of the ACHSP Transformation Team met with Scottish Government (SG) colleagues in October 2023 to promote the development of the Priority Intervention Hub Model within Aberdeen City. The SG team were very impressed with the model being implemented and progress made to date and were keen to share this work with other Health Board areas and other colleagues within the Scottish Government. The SG team hope to visit Aberdeen in the near future to see the work being carried out at the hub.



# Ongoing Developments

Continue to make connections & working in Partnership



Community Space Workshops/ Groups



Secondary Care Blood Hub Venue



Social Prescribing



Long Term Conditions Drop In Health Checks / Minor Illness Clinic




Public Health Blood Borne Virus Testing Distribution Centre

Strengthen Links with Education providers



CTAC Vitamin B12 Injections



Alcohol Brief Intervention & Naloxone Distribution



Exempt information as described in paragraph(s) 9 of Schedule 7A of the Local Government (Scotland) Act 1973.

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