

Public Document Pack



Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 20 March 2024

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 26 MARCH 2024 at 10.00 am.** This is a hybrid meeting and Members may also attend remotely.

JENNI LAWSON
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

1.1 Welcome from the Chair

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

GENERAL BUSINESS

4.1 JB Membership Update - HSCP.24.010 (Pages 3 - 8)

4.2 Recruitment and Selection Process for Chief Finance Officer - HSCP.24.021 (Pages 9 - 18)

- 4.3 Audited Accounts 2022/23 - HSCP.24.011 (Pages 19 - 114)
- 4.4 Medium Term Financial Framework - HSCP.24.012 (Pages 115 - 228)
- 4.5 General Practice Vision - HSCP.24.002 (Pages 229 - 300)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 5.1 There are no reports under this heading

DATE OF NEXT MEETING

- 6.1 JB Meeting - 7 May 2024

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

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



INTEGRATION JOINT BOARD

| | |
|---|---|
| Date of Meeting | 26 March 2024 |
| Report Title | Integration Joint Board Membership - Update |
| Report Number | HSCP.24.010 |
| Lead Officer | Fraser Bell, Chief Operating Officer |
| Report Author Details | Name: Emma Robertson Job Title: Committee Services Officer Email Address: EmmRobertson@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Exempt | No |
| Appendices | None |
| Terms of Reference | 2 |

1. Purpose of the Report

- 1.1. To seek formal approval of the Chief Officer appointment and to update members on a change to voting membership.

2. Recommendations

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

- a) approves the appointment of Fiona Mitchelhill as Chief Officer of Aberdeen City Health and Social Care Partnership with effect from 19 February 2024;
- b) notes the appointment, by Aberdeen City Council, of Councillor Christian Allard as a voting member of the Integration Joint Board; and
- c) appoints Councillor Christian Allard to the Clinical and Care Governance Committee.



INTEGRATION JOINT BOARD

3. Strategic Plan Context

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

4. Summary of Key Information

Appointment of Chief Officer of the ACHSCP

- 4.1. At the IJB on 5 December 2023, members agreed the proposed approach to recruiting a replacement for the outgoing Chief Officer of the Integration Joint Board (IJB) (Aberdeen City Health and Social Care Partnership).
- 4.2. Members also agreed that the appointment of the Chief Officer should be determined by the Appointment Panel, subject to the approval of the IJB.
- 4.3. Assessment Centre and interviews have taken place with Fiona Mitchellhill being appointed as the preferred candidate by the Appointment Panel.
- 4.4. In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB shall appoint its Chief Officer, and as such, the IJB is being asked to formalise the appointment of Fiona Mitchellhill.

Changes to Voting Members of the IJB

- 4.5. As noted in IJB standing order 2.1, the IJB has eight voting Members. Four of these Members are appointed by NHS Grampian (NHSG) and four of these Members are appointed by Aberdeen City Council (ACC). Where a voting Member resigns, a replacement is appointed by the partner organisation that appointed that Member.



INTEGRATION JOINT BOARD

- 4.6. Councillor Lee Fairfull intimated her resignation as a voting member of the IJB with immediate effect from 20 February 2024. Aberdeen City Council is responsible for appointing representatives to sit on the IJB and accordingly appoints Councillor Christian Allard to fill the vacant ACC position on the IJB.

Committee Membership

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

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

- 5.1.1. As per the IJB's standing orders, it is recommended that voting members from Aberdeen City Council and NHS Grampian be equally represented on each committee.

5.2. Financial

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



INTEGRATION JOINT BOARD

5.3. Workforce

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

5.4. Legal

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

5.5. Unpaid Carers

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

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

6. Management of Risk

[Risk Appetite Statement](#)

6.1. Identified risks(s)



INTEGRATION JOINT BOARD

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

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

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

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

This page is intentionally left blank



INTEGRATION JOINT BOARD

| | |
|---|--|
| Date of Meeting | 26 March 2024 |
| Report Title | Recruitment and Selection Process for Chief Finance Officer |
| Report Number | HSCP.24.021 |
| Lead Officer | Fiona Mitchelhill, Chief Officer |
| Report Author Details | Lesley Strachan, People & OD Manager, Aberdeen City Council lstrachan@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Directions Required | No |
| Exempt | No |
| Appendices | 1 Job Profile |
| Terms of Reference | 1 |

1. Purpose of the Report

1.1. This report sets out the proposed approach to recruiting a replacement for the outgoing Chief Finance 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.

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;



INTEGRATION JOINT BOARD

- d) Establishes a temporary Committee of the IJB, to be called an Appointment Panel, constituting the Chair and Vice Chair of the IJB and the Chief Officer (who will act as Chair of the Appointment Panel), to interview candidates and make an appointment;
- e) Agree that in the absence of the Chair or Vice Chair of the IJB, that the IJB agrees that a voting member of the IJB from the relevant constituent body, substitutes for the Chair or Vice Chair of the IJB at the Appointment Panel;
- f) Agrees that the appointment of the Chief Finance Officer shall be determined by the Appointment Panel, subject to the approval of the IJB;
- g) Agrees that the Chief Officer makes arrangements for an Interim Chief Finance Officer should they consider it necessary to do so and;
- h) Instructs the Chief Officer to update the members of the IJB on any interim appointment.

3. Strategic Plan Context

- 3.1. The Chief Finance Officer provides financial leadership to support the Chief Officer and the Integrated Joint Board (IJB). In addition, the Chief Finance Officer is responsible for planning, developing and delivering the IJB's financial strategy, ensuring sound governance and best value. As such, the recruitment of a Chief Finance Officer is integral to the continued delivery of the aims and objectives of the Strategic Plan as well as ensuring clear financial management is in place.

4. Summary of Key Information

- 4.1. The current Aberdeen City Health and Social Care Partnership's Chief Finance Officer has formally tendered his resignation and will leave the organisation in mid July 2024.
- 4.2. The Integration Scheme states that the IJB will appoint a Chief Finance Officer who will be accountable for the annual accounts preparation (including gaining the assurances required for the governance statement) and financial planning (including the financial section of the Strategic Plan) and will provide financial advice and support to the Chief Officer and the IJB. The Chief Finance Officer will also be responsible for the production of the



INTEGRATION JOINT BOARD

annual financial statement in terms of section 39 of the Act.

4.3. Job Profile

4.4. The job profile has been reviewed to ensure that it remains relevant and 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 27 (currently £84,969) / NHS Agenda for Change Band 8C (currently £79,466 - £85,181).

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

4.6. Indicative Timeline for Selection Process

| | |
|-----------------------------|---|
| Advert live | 9 th April 2024 |
| Closing date | 28 th April 2024 (midnight) |
| Shortlisting | w/c 6 th May 2024 |
| Assessment Centre | w/c 20 th /27 th May 2024 |
| Appointment Panel Interview | w/c 20 th /27 th May 2024 |

4.7. Appointment of Chief Finance Officer

As noted above, the appointment of the Chief Finance 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 Finance Officer.

4.8. 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



INTEGRATION JOINT BOARD

Panel shall comprise the Chair and Vice Chair of the IJB, or their nominated substitute, and the Chief Officer of the IJB, who will act as Chair of the Appointment Panel. The Panel will also be supported by an HR advisers from either ACC or 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.

The recruitment and selection of a new Chief Finance 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 Finance Officer is statutory. To not make plans to appoint an incumbent Chief Finance Officer would result in non-compliance with the Public Bodies (Joint Working) (Integrated Joint Boards) (Scotland) Order 2014.



INTEGRATION JOINT BOARD

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

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 Finance Officer together with Chief Officer and the Senior Leadership Team is responsible for the delivery of the Strategic Plan for the JIB. 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 Finance 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

Chief Finance Officer



Aberdeen City Health & Social Care Partnership
A caring partnership



About the Role

To provide financial leadership, high quality professional advice, strategic forward looking finance options and decision support to the Chief Officer and the Integrated Joint Board (IJB).

To plan, develop and deliver the IJB's financial strategy, ensuring sound governance and Best Value. This includes the preparation and presentation of all reports that meet statutory reporting requirements, safeguarding and accurate recording and reporting of all financial information.

| | |
|--------------------------|-----------------------|
| Job Title | Chief Finance Officer |
| Pay Grade | CO Point 27 |
| Service Area/Team | ACHSCP |
| Location | Marischal College |



Key Outcomes and Task Examples

The post holder will deliver the following outcomes:

Examples of related tasks:

Take the lead in long term financial planning for the Aberdeen City Adult Health and Social Care Partnership (ACHSCP), managing the budget setting process and ensuring delivery of a balanced budget

- Create and refresh annually the medium-term financial framework (MTFF) for the IJB
- Link the MTFF to the IJB Strategic Plan
- Facilitate approval of the MTFF from the IJB, including the annual budget
- Work collaboratively across organisational boundaries to promote a whole system approach to service and financial planning.

Provide expert advice and guidance on all financial matters to the Chief Officer and Integrated Joint Board and contribute to strategic decision making.

- Attend leadership team meetings and provide financial advice to senior leadership team of Aberdeen City Health and Social Care Partnership
- Attend the IJB as a non-voting member and provide financial advice
- Act as Executive Lead to and attend the Risk, Audit and Performance Committee and provide financial advice as required.
- Review all reports from a financial perspective prior to discussion at the IJB and its committees.
- Provide advice on financial risks impacting the IJB and implications of changes to legislation changes and national policy

Ensure full and proper completion of all accounting processes and of all statutory reports and financial

- Ensure the completeness and accuracy of all financial information and reports.

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 the business needs.

| | |
|--|---|
| <p>statements including the preparation and presentation of the Annual Accounts.</p> | <ul style="list-style-type: none"> • Provide financial monitoring information to the IJB and Senior Leadership Team regularly • Co-ordinate and participate in the preparation and development of the Annual Accounts for the IJB • Ensure changes to the Accounting Code of Practice and Accounting Standards are incorporated into the Annual Accounts and other financial returns • Lead contact for both external and internal audit within the IJB. • Promotion of sound financial stewardship in alignment with the CIPFA Principles of Good Governance. |
| <p>Develop, implement and enforce policy related to financial governance.</p> | <ul style="list-style-type: none"> • Provide advice on financial regulations of both Council and NHS on how they relate to and are applied by the IJB • Provide advice on procurement regulations of both Council and NHS on how they relate to and are applied by the IJB • Promote and advise on embedding appropriate financial controls and counter fraud actions in the processes and procedures of the IJB |
| <p>Maintain and develop professional accounting standards providing specialist support to senior managers in effective financial management of their area.</p> | <ul style="list-style-type: none"> • Consider the implications of new accounting standards on IJB • Lead officer for the IJB financial regulations • Provide financial advice and information to senior leadership team • Enable and provide scrutiny of service budgets. |
| <p>Actively participate in the development of policy, strategy and other initiatives.</p> | <ul style="list-style-type: none"> • Develop an understanding of national and locally policy initiatives and the financial impact on the IJB • Input into strategic planning process by ensuring that the Strategic Plan is deliverable within the projected financial envelope as set out in the Medium Term Financial Framework. • Lead transformation initiatives for ACHSCP • Develop and maintain close working relationships with neighbouring IJBs and NHSG to ensure regional interests are consistently administered. • Attend national finance group meetings and any relevant Scottish Government working groups • Enable and promote a greater allocation of available financial resources to preventative and early prevention initiatives. • Participate in the Senior Manager On-Call System, which provides 24/7 emergency senior manager support for HSCP healthcare functions and also be part of the ACC senior management response in the event of major incidents in other sectors. |

| Role Requirements | |
|---|--|
| 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. | |
| Minimum Qualification(s) / Certificates / Memberships etc. required | <ul style="list-style-type: none"> • degree level qualification in a discipline relevant to the role • CCAB Qualified Accountant and current membership of a recognised chartered professional body • significant post qualification experience |
| As a minimum, demonstrate skills and experience in | <ul style="list-style-type: none"> • financial planning and leadership at a senior level in a large multi-function organisation • strategic planning and contributing to the development of business strategies • managing and presenting information for reporting, monitoring, analysing and evaluating of finance and financial planning • advising, influencing, persuading, commanding confidence and acting assertively in a high-profile environment • engaging proactively and openly with a wide range of stakeholders • using financial systems to advance underlying business objectives, including improving systems to provide better information for decision making. • the ability to establish, develop and deliver all relevant processes for the delivery of complete financial management systems and financial planning • deploying high level analytical skills and creative problem-solving • meeting deadlines while balancing a range of competing priorities • communicating clearly with colleagues and stakeholders. • thinking strategically with willingness and an ability to deal with day-to-day issues. • ability to manage competing risks in the context of the IJB Risk Appetite Statement |
| As a minimum, demonstrate an understanding of | <ul style="list-style-type: none"> • all statutory legislation relevant to the role. • financial government and regulations • procurement legislation • cross system working |
| Demonstrate commitment to | <ul style="list-style-type: none"> • the IJB's vision, mission and aims • continuing professional development |
| Other requirements | <ul style="list-style-type: none"> • the ability to travel to locations around the city and beyond, to meet the requirements of the role • participate in the Senior Manager On-Call System, which provides 24/7 emergency senior manager support for HSCP healthcare functions and also be part of the ACC senior management response in the event of major incidents in other sectors. |

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 the business needs.

Core Behaviours - Aberdeen City Health and Social Care Partnership

The post holder needs to demonstrate the following behaviours:

| | |
|--|--|
| Creativity and innovation | Finding different ways of thinking and doing |
| Motivating and Inspiring others | Supporting others to be the best they can be |
| Empowering Others | Enabling people to develop and use their leadership capacity |
| Self-Leadership | Recognising, exercising and improving your own leadership |
| Vision | Positive plans for the way ahead |
| Collaborating and influencing | Leading in partnership and taking others with you |

| | | |
|--|--------------|----------------------------|
| Aberdeen City Health and Social Care Partnership | Version Date | March 2024 |
| Service Area/Team | JE Number | Capability Framework Level |



Integration Joint Board

| | |
|---|---|
| Date of Meeting | 26 March 2024 |
| Report Title | Audited Final Accounts 2022/23 |
| Report Number | HSCP.24.011 |
| Lead Officer | Paul Mitchell, Chief Finance Officer |
| Report Author Details | Paul Mitchell, Chief Finance Officer paumitchell@aberdeencity.gov.uk |
| Consultation Checklist Completed | Yes |
| Directions Required | Yes |
| Exempt | No |
| Appendices | A: Audited Final Accounts 2022/23 B: Letter of Representation C: Annual Audit Report |
| Terms of Reference | 1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself; |

1. Purpose of the Report

- 1.1. The Risk, Audit and Performance Committee (RAPC) reviewed and considered the unaudited final accounts at its meeting on the 2 May 2023;
- 1.2. The purpose of this report is to allow the Integration Joint Board (IJB) to consider and approve the audited final accounts for 2022/23.

2. Recommendations

It is recommended that the IJB:

- a) Consider and agree the Integration Joint Board's Audited Accounts for 2022/23, as attached at Appendix A.



Integration Joint Board

- b) Instruct the Chief Finance Officer to submit the approved audited accounts to NHS Grampian and Aberdeen City Council.
- c) Instruct the Chief Finance Officer to sign the representation letter, as attached at Appendix B.
- d) Note the recommendations and management comments on the Annual Audit Report, as attached at Appendix C

3. Summary of Key Information

- 3.1. A great deal of work has been undertaken at a national level to agree on a proposed approach to the Integration Joint Board Accounts. Even then there will be changes in format and the disclosures contained in the accounts based on local circumstances. However, the major disclosures and format is based on a template commissioned by the Scottish Government with the Chartered Institute of Public Finance and Accountancy (CIPFA).
- 3.2. The accounts are based on the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the Code) and follow the format of the accounts used by local authorities as the IJB is recognised as a local government body, under Part VII of the Local Government (Scotland) Act 1973.
- 3.3. The audit of the accounts was conducted from June 2023 to March 2024. The final audited accounts have been brought back to the IJB for approval. During the audit process some minor changes were made to the accounts, largely presentational changes.
- 3.4. Aberdeen City Council have embarked on a process to shorten the timescale for closing the final accounts. As the IJB accounts feed into the Aberdeen City Council accounts, the IJB accounts have been collated quicker than most other IJBs in Scotland. The audited Aberdeen City Council accounts, including the group accounts were approved by the Audit, Risk and Scrutiny Committee on 15 August 2023.



Integration Joint Board

3.5. The accounts follow the following format:

- **Management Commentary** - Explains the performance over the last financial year and highlights some of the potential risks during the next financial year.
- **Remuneration Note** – contains details of the pay and pension benefits accrued by the senior officers of the IJB during 2022/23.
- **Annual Governance Statement** – Highlights the Governance Framework in place and describes performance and improvements against the local code of governance. This contains the assurances from Aberdeen City Council and NHS Grampian. It also contains wording from the Chief Internal Auditor on the internal control environment
- **Financial Statements** – contains details of the financial transactions, including the Income & Expenditure Account, Balance Sheet and Movement in Reserves Statement.
- **Notes to the Accounts** – including the financial policies used by the IJB over this period and the relevant disclosures required through the code.

3.6. At the end of the financial year the IJB had £27,145,850 in its useable reserve, which has largely been allocated for specific projects.

4. Implications for IJB

- 4.1. **Equalities** – There are no equalities implications arising from this report.
- 4.2. **Fairer Scotland Duty** – there are no direct implications for the Fairer Scotland Duty arising from this report.
- 4.3. **Financial** – the financial implications are highlighted throughout the report and in the appendix.
- 4.4. **Workforce** - there are no direct implications arising from this report.



Integration Joint Board

4.5. **Legal** – publishing annual accounts is a requirement under the Local Authority Accounts (Scotland) Regulations 2014, which set out the statutory requirements on the IJB in respect to the annual accounts, their availability for public inspection and the consideration and signing by the IJB.

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

5. Links to ACHSCP Strategic Plan

5.1. Sustainable finance is highlighted as one of the fundamental elements which we need to develop further in order to meet all our strategic objectives. The audited annual accounts provide an independent opinion on the financial statements.

6. Management of Risk

6.1. Identified risks(s) and link to risks on strategic 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.
- **Strategic Risk 4:** There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council and NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.
- **Strategic Risk 6:** There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.
- **Strategic Risk 7:** There is a risk of failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.



Integration Joint Board

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

The audited accounts are an important document for the IJB, demonstrating financial performance over the year and are independently audited. Recommendations could be received from the external auditors which impact on any of the strategic risks highlighted above.

This page is intentionally left blank



Aberdeen City Health & Social Care Partnership
A caring partnership



Aberdeen City Integration Joint Board

Audited Annual Accounts 2022/23



Contents

| | |
|---|------------|
| Management Commentary | 3 |
| Independent auditor's report to the members of Aberdeen City Integration Joint Board and the Accounts Commission | 166 |
| Statement of Responsibilities | 21 |
| Remuneration Report | 23 |
| Annual Governance Statement | 26 |
| Comprehensive Income and Expenditure Statement | 355 |
| Movement in Reserves Statement | 366 |
| Balance Sheet | 377 |
| Notes to the Financial Statements | 388 |
| 1. Significant Accounting Policies | 388 |
| 2. Accounting Standards that have been Issued but have not yet been Adopted | 40 |
| 3. Critical Judgements and Estimation Uncertainty | 40 |
| 4. Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors | 41 |
| 5. Expenditure and Income Analysis by Nature | 42 |
| 6. Taxation and Non-Specific Grant Income | 42 |
| 7. Debtors | 43 |
| 8. Usable Reserve: General Fund | 43 |
| 9. Agency Income and Expenditure | 44 |
| 10. Related Party Transactions | 45 |
| 11. VAT | 477 |
| Glossary of Terms | 488 |

Management Commentary

The Role and Remit of the Integration Joint Board (IJB)

The Integration Joint Board (IJB) was formed as a result of the Public Bodies (Joint Working) (Scotland) Act 2014. The Act provides a framework for the integration of adult community health and social care services. The strategic planning for, and/or delivery of, these services was previously the responsibility of NHS Grampian (NHSG) and Aberdeen City Council (ACC) respectively and was delegated to the IJB with effect from 1 April 2016. Some services such as adult social work, GP services, district nursing, and allied health professionals are fully delegated and the IJB has responsibility both for the strategic planning and governing oversight of these. Other services are Grampian-wide services which Aberdeen City IJB “host” on behalf of all three IJBs in the NHS Grampian area. There are also hospital-based services. Aberdeen City IJB has responsibility for the strategic planning of both hosted and hospital-based services.

Hosted Services

Intermediate care of the elderly and specialist rehabilitation

Sexual health

Acute mental health and learning disability

Hospital-Based Services

Accident and emergency services provided in a hospital

Inpatient hospital services relating to the following branches of medicine:

- (a) general medicine
- (b) geriatric medicine
- (c) rehabilitation medicine
- (d) respiratory medicine
- (e) palliative care
- (f) mental health
- (g) psychiatry of learning disability

The policy ambition is to improve the quality and consistency of services to patients, carers, service users and their families; to provide seamless, joined-up, quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older. The IJB has governing oversight whilst Aberdeen City Health and Social Care Partnership (ACHSCP) has responsibility for the operational delivery of these services.

The IJB sets the direction of ACHSCP via the preparation and implementation of the Strategic Plan and seeks assurance on the management and delivery of the integrated services through appropriate scrutiny and performance monitoring, whilst ensuring the effective use of resources.

Member of the Board for the period 1 April 2022 to 31 March 2023 were as follows:

Voting Members

| <u>Name</u> | <u>Organisation</u> | |
|------------------------------|----------------------------|---|
| Cllr John Cooke | Aberdeen City Council | Vice Chair to – 25/04/23 Chair from – 25/04/23 |
| Luan Grugeon | NHS Grampian | Chair to – 25/04/23 Resigned – 16/10/23 |
| Cllr Lesley Dunbar | Aberdeen City Council | up to 05/05/22 |
| June Brown | NHS Grampian | |
| Kim Cruttenden | NHS Grampian | up to – 06/07/23 |
| Cllr Deena Tissera | Aberdeen City Council | up to – 29/08/23 |
| Cllr Jennifer Bonsell | Aberdeen City Council | from – 10/10/23 |
| Mark Burrell | NHS Grampian | from – 22/08/23 |
| Cllr Christian Allard | Aberdeen City Council | up to – 22/08/23 |
| Cllr Lee Fairfull | Aberdeen City Council | from – 22/08/23 |
| Cllr Martin Greig | Aberdeen City Council | |
| Hussein Patwa | NHS Grampian | from – 22/08/23 Vice Chair from – 10/10/23 |
| Prof. Siladitya Bhattacharya | NHS Grampian | from – 10/10/23 |

Non-Voting Members

| <u>Name</u> | <u>Organisation</u> | |
|---------------------|---|-----------------|
| Jamie Donaldson | Partnership Representative, NHSG | from – 22/08/23 |
| Jim Currie | Trade Union Representative, ACC | |
| Alan Chalmers | Patient and Service User Representative | to – 05/12/23 |
| Steven Close | Secondary Care Advisor | from – 30/08/22 |
| Jennifer Gibb | Professional Nursing Adviser | |
| Maggie Hepburn | Third Sector Representative | |
| Christine Hemming | Secondary Care Advisor | |
| Dr Caroline Howarth | Clinical Director, ACH&SCP | from – 30/08/22 |
| Phil Mackie | NHS Deputy Director of Health, NHSG | |
| Shona McFarlane | Carer Representative | |
| Paul Mitchell | Chief Finance Officer | |
| Alison Murray | Carer Representative | |
| Sandra MacLeod | Chief Officer | |
| Graeme Simpson | Chief Social Work Officer, ACC | |

The IJB's Operations for the Year

The [2023 Economic Policy Panel Report](#) states, a year ago, the Panel noted that the outlook for the global, UK and North East economies was challenging. Most independent forecasters believed the cost of living crisis was likely to tip the UK and Scotland into recession. The UK economy was projected to contract throughout 2023 into 2024, with real household incomes projected to fall by 7.1% over those two years, the largest rate of decline since records began. The annual rate of inflation hit 11.1% in October 2022, a 41-year high and well above the 2% rate aimed for by the Bank of England.

The UK economy continues to work through the cost of living crisis, with the effects likely to linger for some time yet. The medium-term outlook is, however, slightly more optimistic than 12 months ago although the global context continues to remain highly uncertain.

Despite this, a rise in employment and faster-than-expected earnings growth has led to an increase in household incomes, growing 0.9% over the year to 2023 Q1 and averaging 1.4% for the rest of 2023. This does, however, still lag behind historical averages. With the Office for Budget Responsibility predicting that living standards, as measured by real household disposable income per person, are to be 3.5% lower in 2024-25 than their pre-pandemic level, the largest reduction in living standards since records began in the 1950s.

The North East, whilst starting from a strong base, with GVA and average earnings levels higher than the national figures, has faced particular acute challenges in recent years. For example, average real wages declined faster and further in the North East than they did nationally throughout 2022 and into 2023, only beginning to recover in mid-2023

Worker productivity, once the highest in Scotland, has been falling in recent years. Real GVA per head in the North East stood at £31,586 in 2021, the lowest it has been since 2005, bar 2020.

The Panel notes a growing skills shortage across the region, with 83% of North East companies reporting challenges in recruiting suitable staff. This is 10% higher than the rest of the UK. Businesses are responding to this, in part through providing more on-the-job training. Workers report having job-related training at a consistently higher level that exceeds both the Scottish and UK averages. These ongoing demographic pressures and skills shortages highlight the need for a regional skills strategy.

In summary, the macroeconomic outlook remains challenging and is likely to remain so for the foreseeable future. There is little that Aberdeen can do to change that. Where local policymakers can have – and have had – the greatest influence is over the longer-term strategic approach for the region. Key to this long-term success will be diversification, a commitment to making Aberdeen an even more attractive place to live, work, invest and set-up a business, securing a successful transition to renewable energy and developing the core building blocks of a successful regional economic strategy (including skills and infrastructure).

Financial year 2022/23 saw the approval of the latest IJB Strategic Plan for 2022 to 2025 which was based on data in terms of demand for health and social care services plus an acknowledgement of the strategic context, not least the planned implementation of a National Care Service.

The plan was approved at the IJB meeting in June 2022 and has four strategic aims:-

Aim – Caring Together

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

Aim – Keeping People Safe at Home

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

Aim – Preventing Ill Health

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

Aim – Achieving Fulfilling, Healthy Lives

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

A three-year Delivery Plan was also approved, and this details the actions we will take over the next three years to deliver on our Strategic Aims and Priorities. These actions vary in size and complexity and will be delivered using our existing programme and project management approach as appropriate. During 2022/23 the focus was on year one projects although a significant number of projects are ongoing for the three-year lifespan. A reporting framework has been developed which ensures the monitoring of delivery of the projects. The Senior Leadership Team of

Aberdeen City Health and Social Care Partnership have responsibility for delivery of the projects and progress is monitored on a monthly basis. The Risk, Audit and Performance Committee scrutinise performance on a quarterly basis and the [Annual Performance Report](#) published in August 2023, following approval from the IJB, demonstrates the progress made in the first year of the Strategic and Delivery Plan.

Some of the key aspects delivered during 2022/23 include the development of a revised Carers Strategy taking into account both national priorities and local needs particularly in the aftermath of the pandemic; publication of our latest Workforce Plan; and the implementation of a new case management system for Adult Social Work which has transformed the way the service records, accesses and shares information ultimately providing improved outcomes for vulnerable clients. Ongoing activity which was further progressed during 2022/23 include: -

- ethical, creative, and co-designed commissioning
- prevention activity related to our Public Health priorities and our Stay Well Stay Connected Programme
- transformation of Grampian-wide Mental Health and Learning Disability Services
- redesign of our Adult Social Work Service
- review of Adult Social Work Pathways
- review of our Rehabilitation Pathway (particularly Neuro- Rehab)
- continued delivery of our Primary Care Improvement Plan
- further enhancements to our Frailty Pathway in the form of an increase in Hospital at Home beds

The following is an analysis of Aberdeen City's performance against the national and Ministerial Steering Group (MSG) performance indicators as at financial year 2022/23 along with commentary in terms of how this impacts our strategic direction.

There is a decrease in the premature mortality rate (per 100,000 population) (National Indicator 11) for Aberdeen city which is also just below the Scottish average. Whilst it is difficult to pinpoint a specific reason for this it is hoped that the combined effort from community health and social care services are having an impact and this gives us no reason to alter our focus in terms of our Delivery Plan.

Aberdeen City's Emergency Admission Rate (per 100,000 population) (National Indicator 12) and Emergency Bed Day Rate (per 100,000 population) (National Indicator 13) are also on a downward trend and significantly lower than the Scottish average (by 16% and 18.7% respectively). The readmission rate to hospital after 28 days (per 100,000 population) (National Indicator 14) has decreased from previous years but is still higher than the Scottish average and remains an area of focus for us. Previous analysis has indicated no specific reason for this and no particular area of poor performance so we continue to take a City wide approach to improving our performance with our renewed focus on the Hospital at Home service and enhancements being made to the provision of Care at Home (both dependant on funding available).

The Falls Rate (per 100,000 population aged 65+) (National Indicator 16) is also on a downward trend and remains almost 10% below the Scottish average which is

testament to the focus we maintain on our rehabilitation and enablement services. The percentage of adults with intensive care needs receiving care at home remains stable but is significantly below the Scottish average (by 14%). This performance needs to be understood in the context of increasing acuity and complexity of need and should also be considered in relation to the significant reduction in our unmet needs list from over 2,500 hours per week in June 2022 to around 1200 hours in April 2023.

Whilst the number of days people aged 75+ (per 1,000 population) spend in hospital when they are ready to be discharged (National Indicator 19) has increased slightly by 5.7% from the previous year, the Aberdeen City total remains significantly below the Scottish average (by 63.4%) and we continue to perform well in relation to Delayed Discharges in general, consistently recording performance in the top quartile of Scottish Health and Social Care Partnerships.

In relation to the percentage of adults who reported that they are able to look after their health very well or quite well (National Indicator 1); the percentage of adults who agreed that their health and care services seemed to be well coordinated (National Indicator 4); the total percentage of adults receiving any care or support who rated it as excellent or good (National Indicator 5); the percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life the percentage of adults who agreed that their health and care services seemed to be well coordinated (National Indicator 7); and the number of carers who feel supported to continue in their caring role (National Indicator 8); our performance has dipped slightly by 1%, 5%, 3%, 5% and 2% respectively, but in all cases we remain above the Scottish average and have commitments in our Delivery Plan to take action to address performance in all of these areas.

The percentage of adults supported at home who agreed that they are supported to live as independently as possible (National Indicator 2) dropped by 4% and is just below the Scottish average. The percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided (National Indicator 3) dropped by 12% and is 6 % below the Scottish average. The percentage of people with positive experience of the care provided by their GP practice (National Indicator 6) dropped by 11% but is only 1% below the Scottish average. It should be noted that the survey that these figures are taken from related to the period December 2019 to December 2021 and are therefore likely to be skewed by experiences of care provision during the worst of the Covid pandemic. Our Delivery Plan continues to seek to address performance in these areas through our Caring Together (personalisation) aim and our Keeping People Safe at Home aim. The Primary Care Visioning work noted within our Delivery Plan will seek to address issues with the provision of GP services going forward. This work is being carried out in collaboration with a range of stakeholders including community members.

In relation to the percentage of adults supported at home who agreed they felt safe (National Indicator 9) our performance has dipped by 9% and is 4% below the Scottish average. Responses to this question can be very individual and subjective and potentially relate to matters out with the control of health and social care. We

nonetheless aim to address what we can within the Keeping People Safe at Home aim of the Delivery Plan.

The Medium-Term Financial Framework (MTFF) approved by the IJB on 28 March 2023 includes a forecast of the financial position for the next seven financial years and is reviewed annually. Contained in the MTFF were proposals to balance the 2023/24 budget which were fully aligned to the Delivery Plan. The IJB continues to work to deliver on the ambitions of this MTFF and ensure financial balance.

The IJB's Position at 31 March 2023

The accounts for the year ended 31 March 2023 show a usable reserves position of £27,145,850 (2021/22 £51,392,001). The IJB agreed a reserves strategy and previously agreed to hold back as earmarked reserves £2.5 million as a risk fund.

The majority of public sector organisations are facing challenges balancing their budgets in a context of increasing demand and costs, while the funding available is reducing in real terms.

The major risk in terms of funding to the Integration Joint Board (IJB) is the level of funding delegated from the Council and NHS and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.

The IJB has made arrangements with adult social care providers to allow the Scottish Living Wage to be paid in 2022/23. This was possible due to additional funding being made available from the Scottish Government to implement this policy commitment.

Demand is expected to continue to rise given the increase in the number of over-65s forecast. At the same time the complexity of the care required is increasing due to improvements in medicine and the increased average life expectancy evidenced over the last few decades. This is evidenced in by our increasing social care spend on clients with learning disabilities. Also, there are greater expectations being placed on our services by clients and this, along with expectations from our other stakeholders, continues to drive performance on targets such as waiting times.

At the time of preparing the final accounts and producing the 2022/23 Medium Term Financial Framework the impact of the coronavirus on the finances of the IJB remained uncertain. At the end of the financial year both the direct and indirect costs of Covid were fully funded by the Scottish Government. During the financial year a number of reports were taken to the IJB tracking the impact of Covid on the IJB Budget and the treatment of the opening reserve balance of £19,741,000. The Scottish Government issued a letter on the 12 September 2022 stating that they "...will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities". The IJB continued to submit monthly returns to inform the Scottish Government of the outstanding costs relating to Covid, the balance being

£10,057,000. The remainder of the unused reserve total of £9,684,000 was recovered by the Scottish Government in February 2023.

The IJB's Strategy and Delivery Plan

The time period for the current Strategic Plan was designed to take us to the point where the National Care Service (NCS) as proposed by the Independent Review of Adult Social Care, by Derek Feeley, is introduced. It may be that timescale will slip, but we remain connected to various networks where the latest thinking on the development of the NCS is shared and we are mindful of the role that Aberdeen City IJB can play in shaping the discussions. We are confident we will be suitably prepared for implementation of the NCS and equally determined that it will not distract or divert us from our strategic focus.

A full review of the three-year Delivery Plan has taken place and the year two Delivery Plan was approved along with the Medium-Term Financial Framework at the IJB meeting on 28th March 2023. The projects have been streamlined and are now grouped within programmes and categorised as either business as usual or full transformation projects. In line with Aberdeen City Council's approach to Prevention and Early Intervention, a tiered approach to resource management has been adopted allowing a greater understanding of where the balance of our spending lies. As such, a tier has been allocated in terms of whether the work of the project is in relation to Response (Tier 3), Early Intervention (Tier 2) or Prevention (Tier 1). As a result of an internal audit recommendation, the budget allocation for each project, where appropriate, will be recorded by the end of June 2023.

In Aberdeen, to date, we are confident that we have maximised the levers the integration agenda affords us. Our Integration Joint Board (IJB) has made bold and brave decisions resulting in integrated services, positive relationships, and improved outcomes for local communities. It is vital we continue this journey whilst sharing our successes to show what can be achieved when the integration principles are fully embraced.

Key Risks and Uncertainties

The key strategic risks (High risks), as contained in the Strategic Risk Register, along with an assessment of level of risk facing the IJB, are as indicated below.

The Strategic Risk Register is monitored and updated frequently by the Aberdeen City Health and Social Care Partnership Senior Leadership Team, who in turn report to the IJB and Risk, Audit & Performance Committee and the IJB on a regular basis.

The IJB held a workshop in August 2022 on the Strategic Risk Register and the Board's Risk Appetite Statement and made some amendments to these documents to reflect the Board's risk appetite as at August 2022.

Work has been undertaken to edit the content of each risk, as requested by the IJB. The risk owners have undertaken this task as well as making revisions to the description of the strategic risks, following the "case/event/consequence" model.

The IJB at its meeting on 11 October 2022 approved the revised Strategic Risk Register and Risk Appetite Statement. The risks that are classed as **High or Very High** risk on the Strategic Risk Register are detailed below:

- 1. Very High: Cause:** The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people. **Event:** Potential failure of commissioned services to deliver on their contract. **Consequence:** There is a gap between what is required to meet the needs of local people, and services that are available.

Consequences to the individual include not having the right level of care delivered locally, by suitably trained staff.

Consequences: ability of other commissioned services to cope with the unexpected increased in demand.

Consequences to the partnership includes an inability to meet people's needs for health and care and the additional financial burden of seeking that care in an alternative setting.

Mitigating Actions:

- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
 - Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops etc.
 - Agreed strategic commissioning approach for ACHSCP.
 - Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity.
 - Sustainability meetings with all Practices in Aberdeen City.
 - Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads with practices to agree a sustainable way forward using individualised action plans and group discussions.
 - Chief Operating Officer is establishing a task and finish group to review medical cover across care settings in the City with a view to establishing an alternative model for medical cover. The review is due to complete by 30 September 2023.
- 2. High: Cause:** IJB financial failure and projection of overspend. **Event:** Demand outstrips available budget. **Consequence:** IJB can't deliver on its strategic plan priorities, statutory work, and projects.
Mitigating Actions:
 - The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.
 - The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements.
 - 3. High: Cause:** Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City. **Event:** Hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.

Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

Mitigating Actions:

- Development of Service Level Agreements for 9 of the hosted services considered through budget setting process.
- In depth review of the other 3 hosted services.
- Quarterly reporting to ACSPG and annual reporting on budget setting to IJB (once developed).

4. **High: Cause:** Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself. **Event:** There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards. **Consequence:** This may result in harm or risk of harm to people.

Mitigating Actions:

- Continual review of key performance indicators.
- Review of and where and how often performance information is reported and how learning is fed back into processes and procedures.
- On-going work developing a culture of performance management and evaluation throughout the partnership.
- Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development.
- Recruitment of additional resource to drive performance management process development.
- Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams.
- Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards.
- Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support.
- Four focus areas of the system wide critical response to ongoing system pressures.
- All recommendations from the Internal Audit report on Performance Management have been implemented.

5. **High: Cause:** Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. **Event:** Failure to deliver transformation and sustainable systems change. **Consequence:** People not receiving the best health and social care outcomes.

Mitigating Actions:

- Programme management approach being taken across whole of the Partnership.
- Regular reporting of progress on programmes and projects to Senior Leadership Team.

- Increased frequency of governance processes, Senior Leadership Team now meeting weekly.
- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan.

6. Very High: 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.

Mitigating Actions:

- Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received.
- Establishment of ACHSCP recruitment programme, with significantly increased Social Media presence.
- Promotion and support of the 'We Care' and 'Grow of own' approaches.
- Embrace the use of new/improved digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff.
- Flexible/hybrid working options to become 'normal' working practice that benefit staff time & supports their wellbeing as well as helps staff retention.
- Increased emphasis on communication with staff.
- Increased collaboration across the Senior Leadership Team (SLT) and integration between professional disciplines, third sector, independent sector and communities through Localities to help diversity of the workforce.
- Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Senior Leadership Team and daily Operational Leadership Team meetings, identifying trends.
- Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines.
- Partnership to reintroduce staff recognition events to encourage retention.
- Staff Wellbeing budget in 2023/24 of £25,000.
- All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT.

Analysis of the Financial Statements

The accounts show usable reserves of £27,145,850 at 31 March 2023 (£51,392,001 at 31 March 2022).

The level of reserve has decreased significantly due to direction from Scottish Government to use unspent reserves before any further allocations were distributed. Scottish Government reclaimed £9.684m of covid funding that was no longer required. In addition to covid, reserves were also used to cover overspends in

various mainstream services across the IJB, including PCIP (£3.9m), ADP (£1.4m) and Integration & Change (£1.1m).

As at 1 April 2022, the IJB carried forward a Covid Reserve of £19.741m, the majority of this balance was due to a significant funding allocation received in March 2022. Throughout the year, the IJB continued to submit monthly Financial Performance Reports forecasting the extent that the Reserve could be utilised under the strict criteria. It became clear that the Covid allocations would not be fully allocated before the deadline of 31 March 2023 and IJB's would be left with significant balances. In a letter dated 12 September 2022, the Scottish Government wrote to inform all IJB's that it was their intention to reclaim the surplus reserve to be redistributed across the sector to meet current Covid priorities. This was actioned in February 2023 by way of the Scottish Government reducing the monthly allocation to NHSG by the relevant amount. We continue to maintain a detailed list of all the sustainability payments that have been received by the IJB and the reconciliation exercise that took place in April 2023 gave assurance that the level of allocation we have provided for is sufficient to pay these providers.

Budgets for large hospitals are managed by NHS Grampian. The IJB has a notional budget representing the consumption of these services by residents. The IJB is responsible for the strategic planning for these services as a result of the legislation which established the IJBs.

The services covered include:

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

The notional budget and outturn from 2018/19 to 2022/23 is as follows:-

| Set Aside | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|------------------|----------------|----------------|----------------|----------------|----------------|
| Budget | £46,416,000 | £46,410,000 | £47,802,300 | £49,408,000 | £52,719,000 |
| Outturn | £46,416,000 | £46,410,000 | £47,802,300 | £49,408,000 | £52,719,000 |

Chief Officer

Sandra Macleod, has resigned from the post of Chief Officer of the IJB with effect from 15 February 2024. Fiona Mitchelhill was appointed as the Chief Officer with effect from 19 February 2024. In the interim period, Fraser Bell, Chief Operating Officer assumed the duties and responsibilities of the Chief Officer.

John Cooke
IJB Chair



Fiona Mitchelhill
Chief Officer



Paul Mitchell
Chief Finance Officer



Independent auditor's report to the members of Aberdeen City Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Aberdeen City Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of Aberdeen City Integration Joint Board as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 3 April 2023. My period of appointment is five years, covering 2022/23 to 2026/27. I am independent of Aberdeen City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to Aberdeen City Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the board's current or future financial sustainability. However, I report on the board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Aberdeen City Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the board's operations.

The Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to

detect material misstatements in respect of irregularities, including fraud.
Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of Aberdeen City Integration Joint Board;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of Aberdeen City Integration Joint Board;
- inquiring of the chief finance officer concerning the body's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the [council's/body's] controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Michael Oliphant FCPFA
Audit Director
Audit Scotland
4th Floor
102 West Port
Edinburgh
EH3 9DN

26 March 2023

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973); in this authority, that officer is the Chief Finance Officer;
- manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature.

Signed on behalf of the Aberdeen City Integration Joint Board

John Cooke
JB Chair

Responsibilities of the chief financial officer

The chief financial officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the local authority Code (in so far as it is compatible with legislation).

The chief finance officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

With effect from 18th July 2022, Paul Mitchell replaced Alex Stephen as the Chief Finance Officer of the Partnership. Alex Stephen left his post on 7th August 2022.

I certify that the financial statements give a true and fair view of the financial position of the Aberdeen City Integration Joint Board as at 31 March 2023 and the transactions for the year then ended.

Paul Mitchell

Chief Finance Officer

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice-Chair

The voting members of the IJB are appointed through nomination by Aberdeen City Council and NHS Grampian. The positions of IJB Chair and Vice-Chair alternate between a Councillor and a Health Board representative every two years.

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice-Chair appointments and any taxable expenses paid by the IJB are shown below.

| Taxable Expenses 2021/22 £ | Name | Post(s) Held | Nominated by | Taxable Expenses 2022/23 £ |
|---------------------------------------|--------------------|--|-----------------------|---------------------------------------|
| Nil | Cllr Lesley Dunbar | Vice Chair to 05/05/22 | Aberdeen City Council | Nil |
| Nil | Luan Grugeon | Chair to 25/4/23 | NHS Grampian | Nil |
| n/a | Cllr John Cooke | Vice Chair from 18/05/22 Chair from 25/4/23 | Aberdeen City Council | Nil |
| Nil | Total | | | Nil |

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice-Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB must be appointed and the employing partner must formally

second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

| Total 2021/22 £ | Senior Employees | Salary, Fees & Allowances £ | Taxable Expenses £ | Total 2022/23 £ |
|--------------------------------|---|--|-----------------------------------|--------------------------------|
| 121,507 | Sandra Macleod Chief Officer | 130,259 | - | 130,259 |
| 89,165 | Alex Stephen Chief Finance Officer to 07/08/22 | 32,895 | - | 32,895 |
| - | Paul Mitchell Chief Finance Officer from 18/07/22 | 56,430 | - | 56,430 |
| - | Fraser Bell Chief Operating Officer From 01/08/22 | 62,781 | - | 62,781 |
| 210,672 | Total | 282,365 | - | 282,365 |

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

| Officer Name | Responsibility | Pension as at 31/3/2023 £000 | Pension Difference from 31/3/2022 £000 | Lump Sum as at 31/3/2023 £000 | Lump Sum Difference from 31/3/2022 £000 | Pension Contribution 2022/23 £ | Pension Contribution 2021/22 £ |
|----------------|---------------------------------------|------------------------------|--|-------------------------------|---|--------------------------------|--------------------------------|
| Sandra Macleod | Chief Officer | 12 | 4 | - | - | 26,192 | 25,213 |
| Alex Stephen | Chief Finance Officer to 07/08/22 | 35 | 1 | 41 | - | 5,888 | 15,961 |
| Paul Mitchell | Chief Finance Officer from 18/07/22 | 1 | 1 | - | - | 10,101 | - |
| Fraser Bell | Chief Operating Officer from 01/08/22 | 23 | 23 | - | - | 11,963 | - |
| | | | | | | 54,144 | 41,174 |

The IJB does not have its own pension scheme, however, details of the Northeast of Scotland Pension scheme can be found in Aberdeen City Council's accounts and details of the NHS pension scheme can be found in NHS Grampian's accounts. Both documents are available on their respective websites. The pension figures for the chief officer and chief finance officer are indicative based on last years.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

| Number of Employees in Band – 2021/22 | Remuneration Band | Number of Employees in Band – 2022/23 |
|---------------------------------------|---------------------|---------------------------------------|
| 0 | £80,000 - £84,999 | 1 |
| 1 | £85,000 - £89,999 | 0 |
| 0 | £95,000 - £99,999 | 1 |
| 1 | £120,000 - £124,999 | 0 |
| 0 | £130,000 - £134,999 | 1 |

Exit Packages

No exit packages were paid to IJB staff during this period or the previous period.

.....

| | |
|-------------------|------------|
| Fiona Mitchelhill | John Cooke |
| Chief Officer | Chair |

Annual Governance Statement

Scope of Responsibility

The Integration Joint Board (“IJB”) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, safeguarding public funds and assets and making arrangements to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which include the system of internal control. This is designed to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The IJB has a reliance on the Aberdeen City Council and NHS Grampian systems of internal control, which support compliance with both organisations’ policies and promote achievement of each organisation’s aims and objectives, as well as those of the IJB.

The result of this is a situation where assurances are required on the effectiveness of the governance arrangements from the three partners. This means that a significant failure in the internal control environment of one of the three partners may require to be disclosed in the accounts of all three partners and not just the IJB and the partner where the issue occurred.

The Governance Framework

In this complex environment of circular assurances, it is important that the IJB has its own local code of corporate governance and regularly reviews performance against the governance principles included within this code. The IJB has developed an Assurance Framework in conjunction with the Good Governance Institute which provides readers with an understanding of the governance framework and the assurances that can be obtained from it.

The IJB agreed on 11 April 2017 at the Audit & Performance Systems Committee to adopt a local code of corporate governance which was built around the principles identified in the CIPFA\SOLACE¹ Delivering Good Governance in Local Government Framework (2016 Edition). The local code of governance is generally reviewed annually and reported to the same audit committee where the annual governance statement is approved. This code provides a list of documents\activities from an IJB, NHS Grampian and Aberdeen City Council perspective which provide assurance on the governance framework.

A review is also undertaken by the Chief Finance Officer evaluating the IJB’s governance environment against the governance principles detailed in the CIPFA document titled the [‘The role of the chief financial officer in local government’](#).

¹ CIPFA - The Chartered Institute of Public Finance and Accountancy

SOLACE – The Society of Local Authority Chief Executives

Whilst both these documents were specifically written for local government, the governance principles can be used by other public sector organisations. Also, the IJB is defined as a local government organisation per the Local Government (Scotland) Act 1973 and Aberdeen City Council has also adopted the governance principles from the delivering good governance document in its own local code of corporate governance.

Seven Governance Principles of local governance framework

Against each of the seven governance principles adopted by the IJB there are key documents, activities, policies and arrangements which help address these. For the IJB some of these documents belong to NHS Grampian and Aberdeen City Council given their operational delivery role and the fact that the staff have remained employed by the partner bodies.

The seven governance principles identified in the local code of corporate governance and recommended in the CIPFA/SOLACE Framework are identified below, along with narratives evidencing compliance with the principles.

Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.

Integrity: The following values of the IJB are indicated in the Strategic Plan:

- caring
- person-centred
- enabling

These values form part of the decision-making process of the IJB and are evident in the actions and decisions made by the Board. The IJB has appointed a Standards Officer who is responsible, amongst other things, for the maintaining of Registers of Interests, Registers of Gifts and Hospitality and training on the Model Code of Conduct for Members of Devolved Public Bodies.

Ethical Values: The IJB has agreed in principle to adopt the Unison Ethical Care Charter and has provided funding to care providers to allow the Scottish Living Wage to be paid.

Rule of Law: A comprehensive consultation process has been developed with officers from Aberdeen City Council and NHS Grampian to ensure that decisions and reports comply with legislation. A member of the Council's Governance Team attends the IJB to ensure that decisions taken are in line with any legislative requirements. The IJB has appointed a Chief Finance Officer to ensure that the accounts and finances are in line with the statutory accounting environment. The IJB has standing orders and an integration scheme which provide information on where decisions can be made. Two sub committees have been created and each has its own terms of reference.

Principle 2 – Ensuring openness and comprehensive stakeholder engagement.

Openness: Pre-COVID the IJB was a public board where members of the public and press could attend and agendas, reports and minutes were available publicly to

review. Therefore, members of the public could assess whether they believe that decisions are being taken in the public interest. As a result of the COVID restrictions IJB meetings were held electronically and were recorded. The recordings are made available to the public shortly after the meeting. The Risk, Audit & Performance Committee is also a public meeting. Recent meetings of the IJB have been operated under a hybrid model with some participants meeting in person and others online. The IJB has its own complaints handling procedure which complies with Scottish Public Services Ombudsman's guidance.

Stakeholder Engagement: The non-voting membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. This comprises six professional members and a minimum of four stakeholder representatives for each of the following groups - staff, third sector bodies, service users and carers. The IJB agreed a budget protocol on the 7 March 2017 which sought to formalise stakeholder engagement with the partner organisations around the budget process. Care providers are very much thought of as a key part of the partnership and invited to the majority of the events the IJB hosts. The IJB has established the Aberdeen City Joint Staff Forum, which includes representation from the trade unions and the staff partnership, as a forum for workforce issues affecting social care and health staff. An engagement and consultation protocol with the trade unions was agreed at the IJB on 21 January 2020.

Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits.

Economic: The IJB has agreed a Medium-Term Financial Framework which is updated annually. The transformation programme and IJB report format specifically highlight the economic impact of the decisions being taken on current and future financial years. Work has been undertaken to establish the financial and operational benefits of the major transformation projects. The partnership has adopted the lean six sigma quality improvement methodology, has trained relevant staff and has undertaken and implemented several improvement projects using this methodology. The outcomes of some of these projects are directly informing, wider transformational activity across the partnership including the redesign of staffing teams aligned to localities and are part of our conditions for change programme. A strategic planning framework has been agreed and implemented for the large hospital services. A governance structure has been implemented to support this work including a cross system transformation board which include senior officers from the Council, NHSG and the IJBs.

Social: The IJB's Strategic Plan identifies outcomes and the direction of travel over the next few years. The majority of outcomes are closely linked to how social care and health services will be delivered and improved over the life of the Strategic Plan.

Environmental: A public bodies climate change duties report is collated and submitted annually on behalf of the IJB.

Principle 4 – Determining the interventions necessary to optimise the achievement of intended outcomes.

Interventions: A transformation programme and senior leadership team objectives have been developed which will help support the delivery of the Strategic Plan. This programme is monitored on a regular basis and information on progress is received by the IJB and the Risk, Audit and Performance Committee for scrutiny and challenge. Decisions to procure services costing over £50,000 are taken by the IJB in so far as they relate to a Direction made to the NHS or Aberdeen City Council in respect of a delegated function and each report contains a section on risk.

Principle 5 – Developing the entity’s capacity, including the capability of its leadership and the individuals within it.

Entity’s Capacity: A workforce plan has been developed for the IJB covering health and social care services. Capacity is further developed and scrutinised by having stakeholders out with those employed by the IJB, ACC or NHS Grampian around the IJB and many of its working groups. The career ready programme and various initiatives through Developing the Young Workforce North East have been developed and established within services. Regular meetings have been held with the direct reports of the senior leadership team to promote the localities model and the senior leadership team objectives. A new senior leadership team structure has been implemented to allow Strategic Plan outcomes to be achieved.

Leadership: The IJB has set itself goals and has evaluated their performance against these goals. An organisational development plan has been developed and agreed which has a focus on leadership.

Individuals: An induction programme has been established for the IJB which complements the induction programmes of NHS Grampian and Aberdeen City Council. Staff surveys have been undertaken for Council staff and the ‘iMatter’ survey is undertaken annually. The outputs from these surveys are discussed by the IJB Senior Leadership Team and any necessary improvement actions implemented. The IJB and SLT have developed a sustainable approach to board development through the creation of a 'culture sounding board' which pays attention to relationships and behaviours to ensure all voices are heard equally, enabling effective challenge and decision making at the IJB.

Principle 6 - Managing risk and performance through robust internal control and strong public financial management.

Risk: Two risk registers have been developed. The first is an IJB Strategic Risk Register and this documents the risk that the IJB may face in delivery of the Strategic Plan. The second register covers operational risks and is a summary of the departmental operational risk registers. The Strategic Risk Register is updated frequently and reported to the Risk, Audit & Performance Committee and the IJB.

Performance: A performance management framework has been developed for the IJB and is reported frequently to the Risk, Audit & Performance Committee and the IJB. Performance is also monitored by bi-monthly city sector performance review meetings, where the Chief Executives and senior finance officers from NHS Grampian and Aberdeen City Council discuss performance and finance in a structured meeting with the Chief Officer and Chief Finance Officer. Performance management

information is provided at a national NHS level and also contained within the statutory performance indicators reported by the Council. An annual performance report is required as defined in the legislation (Public Bodies (Joint Working) (Scotland) Act 2014) underpinning the creation of the IJB.

Internal Controls: The internal control environment is largely delivered by the partner organisations given their operational remit. However, internal controls are evidenced in the IJB integration scheme and financial regulations. A review of the IJB internal controls is undertaken annually by the Chief Internal Auditor and his opinion on the adequacy of the internal control environment is highlighted below.

Financial Management: The IJB has received quarterly reports on the financial position as indicated in the integration scheme. All IJB reports contain a financial implications section advising the IJB on the budget implications of agreeing the recommendations of the report.

Principle 7 – Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Transparency: Recordings of the IJB meetings were made available to the public after the meeting was held due to COVID restrictions and the agendas, reports and minutes are available for the public to inspect. The Risk, Audit & Performance committee is also a public meeting. The IJB has developed a publication scheme as required under the Freedom of Information (Scotland) Act 2002.

Reporting: The annual accounts management commentary section will have a focus on both financial and service performance over the last financial year. A review has been undertaken of the role of the North East Partnership which has strengthened governance arrangements for hosted and large hospital services.

Audit: The 2021/22 accounts received an unqualified audit opinion. The Risk, Audit & Performance Committee has received an internal audit plan from the Chief Internal Auditor and internal audit reports over the last financial year.

Review of Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the IJB Senior Leadership Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditor and the Chief Internal Auditor's annual report; and reports from the external auditor and other review agencies and inspectorates.

Aberdeen City Council's Chief Internal Auditor provides an Internal Audit services to the IJB. The Chief Internal Auditor's annual opinion on the effectiveness of the IJB's governance framework for 2022/23 reported to the Risk, Audit and Performance Committee on [13 June 2023](#).

The Committee received assurance that the IJB had an adequate and effective framework for governance, risk management and control, covering the periods 1 April 2022 to 31 March 2023.

The governance framework was reviewed by the IJB Senior Leadership Team against the governance principles identified in the CIPFA Role of the Chief Finance Officer Framework.

The local code of corporate governance was agreed by the Audit & Performance Systems Committee on 11 April 2017 and progress against the seven principles is detailed above.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within Aberdeen City Council and NHS Grampian places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control and that they have embedded standards for countering fraud and corruption.

At the Council's Audit, Risk and Scrutiny Committee on 14 September 2023, the Internal Auditor issued a report on the [Adults with Incapacity audit](#). This report noted several areas of concern. Management welcomed the report and convened a short life working group to address all the issues raised. This group continues to meet regularly and is confident that all issues raised will be rectified.

Accordingly, the following notes support the reliance that is placed upon those systems:

i. Aberdeen City Council's governance framework

Aberdeen City Council's governance framework comprises the systems and processes, culture and values by which the Council is directed and controlled, and the activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its outcomes given the crucial role of governance, performance management and risk management in improving stewardship and how we do business. Reviewing our governance activity enables us to consider whether those objectives have led to the delivery of appropriate, cost effective services to the citizens of Aberdeen.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives, or comply with controls, and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to: -

- identify and prioritise the risks to the achievement of the Council's outcomes;
- evaluate the likelihood of those risks being realised and the impact should they be realised; and to manage those risks efficiently, effectively and economically.

The Audit, Risk & Scrutiny Committee has a key role in this, and an annual report of its activities and effectiveness will be considered by the committee and referred to Council for its consideration. This demonstrates improved transparency, understanding and challenge of the activity and outcomes from the Audit, Risk & Scrutiny Committee. The Council has an approved Local Code of Corporate

Governance which sets out their commitment to the seven principles recommended in the CIPFA / SOLACE Framework 2016, by citing the primary sources of assurance which demonstrate the effectiveness of the systems of internal control.

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Principle B: Ensuring openness and comprehensive stakeholder engagement

Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes

Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it

Principle F: Managing risk and performance through robust internal control and strong public financial management

Principle G: Implementing good practices in transparency, reporting and audit, to deliver effective accountability

In summary the Council undertakes an annual self-evaluation of its Local Code of Corporate Governance. This demonstrates that reasonable assurance can be placed upon the adequacy and effectiveness of Aberdeen City Council and its systems of governance.

ii. NHS Grampian governance framework

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

1. A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;

2. The Board receives regular reports on Healthcare Associated Infection from the Clinical Governance Committee and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;
3. Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
4. Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations;
5. Dedicated full time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas;
6. A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;
7. Consideration by the Board of regular reports from the chairs of the performance governance, engagement and participation, staff governance, clinical governance, audit committee and from the Chair of the Endowment Trustees concerning any significant matters on governance, risk and internal controls;
8. Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters. In addition, senior leadership arrangements were strengthened during the year to provide additional capacity and support to the Chief Executive;
9. Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance Governance Committee;
10. Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;
11. Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standards by the Staff Governance Committee;
12. An active joint management and staff partnership forum with staff side representation embedded in all key management teams and a dedicated full time Employee Director who is a member of the Board;
13. Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
14. Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance including consultation with all stakeholders on service change proposals to inform decision making;
15. Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief Executives of each of the partner organisations in the regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery; and

16. A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
17. Separate governance arrangements for the NHS Grampian Endowment Funds including a Chair of the Trustees elected from within the body of the Trustees, an annual general meeting of all Trustees to agree all policy matters and an Endowment Sub Committee of Trustees with delegated authority to manage the day to day operational matters of the charity.

Based on the evidence considered during the review of the effectiveness of the internal control environment NHS Grampian has confirmed that there are no known outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance on governance, risk management and control.

Certification: Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and action plans are in place to identify areas for improvement. It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board's systems of governance.

.....

Fiona Mitchelhill
Chief Officer

.....

John Cooke
Chair

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

| 2021/22 | | | | 2022/23 | | |
|----------------------|----------------------|---------------------|--|----------------------|----------------------|--------------------|
| Gross Expenditure | Gross Income | Net Expenditure | | Gross Expenditure | Gross Income | Net Expenditure |
| £ | £ | £ | | £ | £ | £ |
| 36,816,513 | 0 | 36,816,513 | Community Health Services | 40,236,645 | 0 | 40,236,645 |
| 26,329,493 | 0 | 26,329,493 | Aberdeen City share of Hosted Services (health) | 29,125,768 | 0 | 29,125,768 |
| 34,689,647 | 0 | 34,689,647 | Learning Disabilities | 40,665,018 | 0 | 40,665,018 |
| 22,857,455 | 0 | 22,857,455 | Mental Health & Addictions | 24,964,561 | 0 | 24,964,561 |
| 84,433,334 | 0 | 84,433,334 | Older People & Physical and Sensory Disabilities | 97,907,284 | 0 | 97,907,284 |
| 706,721 | 0 | 706,721 | Head office/Admin | 1,889,544 | 0 | 1,889,544 |
| 11,977,726 | 0 | 11,977,726 | Covid | 10,012,029 | 0 | 10,012,029 |
| 4,931,999 | (4,840,312) | 91,687 | Criminal Justice | 5,119,400 | (4,958,384) | 161,016 |
| 1,862,505 | 0 | 1,862,505 | Aids, Adaptations & PSHG | 2,139,020 | 0 | 2,139,020 |
| 40,165,525 | 0 | 40,165,525 | Primary Care Prescribing | 42,928,059 | 0 | 42,928,059 |
| 43,058,027 | 0 | 43,058,027 | Primary Care | 41,544,380 | 0 | 41,544,380 |
| 2,494,721 | 0 | 2,494,721 | Out of Area Treatments | 2,514,611 | 0 | 2,514,611 |
| 49,408,000 | 0 | 49,408,000 | Set Aside Services | 52,719,000 | 0 | 52,719,000 |
| 7,048,615 | 0 | 7,048,615 | Transformation | 12,144,018 | 0 | 12,144,018 |
| 366,780,281 | (4,840,312) | 361,939,969 | Cost of Services | 403,909,337 | (4,958,384) | 398,950,953 |
| 0 | (395,096,188) | (395,096,088) | Taxation and Non-Specific Grant Income (Note 5) | 0 | (374,704,802) | (374,704,802) |
| 366,780,281 | (399,936,500) | (33,156,221) | (Surplus) or Deficit on Provision of Services | 403,909,337 | (379,663,186) | 24,246,151 |
| | | (33,156,221) | Total Comprehensive Income and Expenditure | | | 24,246,151 |

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

| Movements in Reserves During 2022/23 | General Fund Balance | Total Reserves |
|---|---------------------------------|-----------------------|
| | £ | £ |
| Opening Balance at 31 March 2022 | (51,392,001) | (51,392,001) |
| Total Comprehensive Income and Expenditure | 24,246,151 | 24,246,151 |
| Adjustments between accounting basis and funding basis under regulation | - | - |
| (Increase) or Decrease in 2022/23 | 24,246,151 | 24,246,151 |
| Closing Balance at 31 March 2023 | (27,145,850) | (27,145,850) |
| | | |
| Movements in Reserves During 2021/22 | General Fund Balance | Total Reserves |
| | £ | £ |
| Opening Balance at 31 March 2021 | (18,235,780) | (18,235,780) |
| Total Comprehensive Income and Expenditure | (33,156,221) | (33,156,221) |
| Adjustments between accounting basis and funding basis under regulation | - | - |
| (Increase) or Decrease in 2021/22 | (33,156,221) | (33,156,221) |
| Closing Balance at 31 March 2022 | (51,392,001) | (51,392,001) |
| | | |

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

| 31 Mar 2022 | | Notes | 31 Mar 2023 |
|------------------------|-----------------------|--------------|------------------------|
| £ | | | £ |
| 51,392,001 | Short term Debtors | (7) | 27,145,850 |
| <u>51,392,001</u> | Current Assets | | <u>27,145,850</u> |
| <u>51,392,001</u> | Net Assets | | <u>27,145,850</u> |
| | Usable Reserve: | | |
| (51,392,001) | General Fund | (8) | (27,145,850) |
| - | Unusable Reserve: | | - |
| <u>(51,392,001)</u> | Total Reserves | | <u>(27,145,850)</u> |

The unaudited accounts were issued on 5 May 2023 and the audited accounts were authorised for issue on 26 March 2024.

Paul Mitchell
Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2022/23 financial year and its position at the year-end of 31 March 2023.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, Aberdeen City Council and NHS Grampian. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Aberdeen City.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet or a cashflow statement.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken. In the case of Aberdeen City IJB any annual leave earned but not yet taken is not considered to be material.

Reserves

The IJB is permitted to set aside specific amounts as reserves for future policy purposes. Reserves are generally held to do three things:

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

The balance of the reserves normally comprises:

- funds that are earmarked or set aside for specific purposes; and
- funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies.

Reserves are created by appropriating amounts out of the General Fund Balance in the Movement in Reserves Statement. When expenditure to be financed from a reserve is incurred, it is charged against the appropriate line in the Income and Expenditure Statement in that year to score against the Surplus/Deficit on the Provision of Services. The reserve is then appropriated back into the General Fund Balance in the Movement in Reserves Statement.

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Grampian and Aberdeen City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Support Services

Corporate support services (finance, legal and strategy) are provided by Aberdeen City Council and NHS Grampian at no cost to the IJB and it is not possible to separately identify these costs. To the extent that delegated services include an element of overheads and support services costs, these will be included within the appropriate line within the Income and Expenditure statement.

2. Accounting Standards that have been Issued but have not yet been Adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted and could have a material impact on the accounts. This applies to new or amended standards withing the 2022/23 Code.

There are no new or amended Accounting Standards issued but not yet adopted that will have a material impact on the 2022/23 Annual Accounts.

3. Critical Judgements and Estimation Uncertainty

The Financial Statements include some estimated figures. Estimates are made taking into account the best available information, however actual results could be materially different from the assumptions and estimates used. The key items in this respect are listed below.

Provisions

No financial provision for any future events has been made by the IJB in this accounting period.

4. Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the IJB's financial position or financial performance. Where a change is made, it is applied retrospectively by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied.

Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

The unaudited Annual Accounts were authorised for issue by the Chief Finance Officer in April 2023. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2023, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

| 2021/22 | | 2022/23 |
|---------------------|--|-------------------|
| £ | | £ |
| 147,404,475 | Services commissioned from Aberdeen City Council | 170,597,645 |
| 219,334,008 | Services commissioned from NHS Grampian | 233,280,222 |
| 41,796 | Auditor Fee: External Audit | 31,470 |
| (4,840,312) | Service Income: Aberdeen City Council | (4,958,384) |
| (395,096,188) | Partners Funding Contributions and Non-Specific Grant Income | (374,704,802) |
| (33,156,221) | (Surplus) or Deficit on the Provision of Services | 24,246,151 |

6. Taxation and Non-Specific Grant Income

| 2021/22 | | 2022/23 |
|----------------------|---|----------------------|
| £ | | £ |
| (104,113,970) | Funding Contribution from Aberdeen City Council | (118,777,887) |
| (290,982,218) | Funding Contribution from NHS Grampian | (255,926,915) |
| (395,096,188) | Taxation and Non-specific Grant Income | (374,704,802) |

The funding contribution from the NHS Board shown above includes £53 million in respect of 'set-aside' resources relating to acute hospital and other resources. These are provided by the NHS, which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services, such as that provided for Criminal Justice. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

7. Debtors

| 31 Mar 22 | | 31 Mar 23 |
|-------------------|-----------------------|-------------------|
| £ | | £ |
| 40,360,692 | NHS Grampian | 17,210,600 |
| 11,031,309 | Aberdeen City Council | 9,935,250 |
| 51,392,001 | Debtors | 27,145,850 |

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

8. Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a risk fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a risk fund.

| 2021/22 | | | | 2022/23 | | | |
|-------------------------|---------------------|---------------|--------------------------|----------------------------|--------------------|-------------------|--------------------------|
| Balance at 1 April 2021 | Transfers In | Transfers Out | Balance at 31 March 2022 | | Transfers In | Transfers Out | Balance at 31 March 2023 |
| £ | £ | £ | £ | | £ | £ | £ |
| (2,534,327) | (17,206,169) | - | (19,740,496) | Covid | - | 19,740,496 | - |
| (1,007,266) | (783,915) | - | (1,791,181) | Earmarked External Funding | - | 91,078 | (1,700,103) |
| (876,523) | - | - | (876,523) | Community Living Change | - | - | (876,523) |
| - | - | - | - | Primary Care | (1,668,982) | - | (1,668,982) |
| (2,540,833) | (1,718,167) | - | (4,259,000) | PCIP* | - | 3,892,288 | (366,712) |
| (693,049) | (299,951) | - | (993,000) | Action 15 | - | 993,000 | - |
| - | (1,052,874) | - | (1,052,874) | MH Recovery and Renewal | - | 115,230 | (937,644) |
| (1,320,957) | (965,270) | - | (2,286,227) | ADP* | - | 1,355,061 | (931,166) |
| (6,762,825) | (11,129,875) | - | (17,892,700) | Integration and Change | (1,128,794) | 856,774 | (18,164,720) |
| (15,735,780) | (33,156,221) | - | (48,892,001) | Total Earmarked | (2,797,776) | 27,043,927 | (24,645,850) |
| (2,500,000) | - | - | (2,500,000) | Risk Fund | - | - | (2,500,000) |
| (18,235,780) | (33,156,221) | - | (51,392,001) | General Fund | (2,797,776) | 27,043,927 | (27,145,850) |

9. Agency Income and Expenditure

On behalf of all IJBs within the NHS Grampian area, the IJB acts as the lead manager for Sexual Health Services and Woodend Rehabilitation Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the Sexual Health Services agency arrangement is shown below.

| 2021/22 | | 2022/23 |
|--|-----------------------------------|-------------|
| £ | | £ |
| 1,521,455 | Expenditure on Agency Services | 1,615,721 |
| (1,521,455) | Reimbursement for Agency Services | (1,615,721) |
| - Net Agency Expenditure excluded from the CIES | | - |

The amount of expenditure and income relating to the Woodend Rehabilitation Services agency arrangement is shown below.

| 2021/22 | | 2022/23 |
|--|-----------------------------------|----------------|
| £ | | £ |
| 7,950,904 | Expenditure on Agency Services | 8,458,027 |
| (7,950,904) | Reimbursement for Agency Services | (8,458,027) |
| - Net Agency Expenditure excluded from the CIES | | - |

10. Related Party Transactions

The IJB has related party relationships with the NHS Grampian, Aberdeen City Council and Bon Accord Care/Bon Accord Support Services. The nature of these relationships means that the IJB may influence, and be influenced by, these parties. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

NHS Grampian

| 2021/22 | | 2022/23 |
|--|--|---------------------|
| £ | | £ |
| (290,982,218) | Funding Contributions received from the NHS Board* | (255,926,915) |
| - | - Service Income received from the NHS Board | - |
| 219,121,866 | Expenditure on Services Provided by the NHS Board | 233,056,917 |
| 212,142 | Key Management Personnel: Non-Voting Board Members | 223,305 |
| (71,648,210) Net Transactions with the NHS Grampian | | (22,646,693) |

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer and the Clinical Director. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

*Includes resource transfer income of £ 46.0 million.

Balances with NHS Grampian

| 31-Mar-22 | | 31-Mar-23 |
|-------------------|---|-------------------|
| £ | | £ |
| 40,360,692 | Debtor balances: Amounts due from the NHS Board | 17,210,600 |
| - | - Creditor balances: Amounts due to the NHS Board | - |
| 40,360,692 | Net Balance with the NHS Grampian | 17,210,600 |

Transactions with Aberdeen City Council

| 2021/22 | | 2022/23 |
|-------------------|--|-------------------|
| £ | | £ |
| (104,113,970) | Funding Contributions received from the Council | (118,777,887) |
| (4,840,312) | Service Income received from the Council | (4,958,384) |
| 147,329,544 | Expenditure on Services Provided by the Council | 170,512,015 |
| 116,727 | Key Management Personnel: Non-Voting Board Members | 117,100 |
| 38,491,989 | Net Transactions with Aberdeen City Council | 46,892,844 |

Key Management Personnel: The non-voting Board members employed by the Council and recharged to the IJB include the Chief Financial Officer. Details of the remuneration for some specific post-holders is provided in the Remuneration Report. The Chief Social Work Officer is a non-voting member of the IJB and the costs associated with this post are borne by the Council.

| 31-Mar-22 | | 31-Mar-23 |
|-------------------|---|------------------|
| £ | | £ |
| 11,031,309 | Debtor balances: Amounts due from the Council | 9,935,250 |
| - | - Creditor balances: Amounts due to the Council | - |
| 11,031,309 | Net Balance with the Aberdeen City Council | 9,935,250 |

Transactions with Bon Accord Care (BAC) and Bon Accord Support Services (BASS)

Bon Accord Care Limited and Bon Accord Support Services Limited are private companies limited by shares which are 100% owned by Aberdeen City Council. Bon Accord Care provides regulated (by the Care Inspectorate) care services to Bon

Accord Support Services which in turn delivers both regulated and unregulated adult social care services to the Council.

| 31-Mar-22 | | 31-Mar-23 |
|--|---|-------------------------|
| £ | | £ |
| (1,025,658) | Service Income received from the Council | (1,009,657) |
| 34,404,699 | Expenditure on Services Provided by the Council | 37,825,558 |
| <hr/> 33,379,041 Net Transactions with BAC/BASS | | <hr/> 36,815,901 |

11. VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Glossary of Terms

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts, normally a period of 12 months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g., cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

A possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB's control; or

A present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received, or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group.

LASAAC

Local Authority (Scotland) Accounts Advisory Committee.

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than incash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.

Aberdeen City Integration Joint Board
Aberdeen Community Health and Care Village
50 Frederick Street
Aberdeen
AB24 5HY

19 March 2024

Aberdeen City Integration Joint Board Audit of 2022/23 annual accounts

Independent auditor's report

1. Our audit work on the 2022/23 Annual Accounts is now substantially complete. Subject to the satisfactory conclusion of the outstanding matters referred to in paragraph 10 of this letter and final review of the audited Annual Accounts, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 26 March 2024. The proposed report is attached at [Appendix A](#).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Integration Joint Board's consideration our draft Annual Audit Report on the 2022/23 audit. The section headed "Significant findings and key audit matters" sets out the issues identified in respect of the annual accounts.
3. The report also sets out conclusions on the wider scope areas that frame public audit as set out in the Code of Audit Practice.
4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit which are above our reporting threshold of £250,000 and request that these misstatements be corrected.
6. Subject to satisfactory resolution of the outstanding matters in paragraph 10, we have no unadjusted misstatements to be corrected.

Fraud, subsequent events and compliance with laws and regulations

7. In presenting this report to the Integration Joint Board, we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

Representations from Section 95 Officer

8. As part of the completion of our audit, we are seeking written representations from the Chief Finance Officer as Section 95 Officer on aspects of the annual accounts, including the judgements and estimates made.

9. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Chief Finance Officer with the signed annual accounts prior to the independent auditor's report being certified.

Outstanding matters

10. While the audit is substantially complete, we are currently concluding a small number of matters in the following areas:

- Confirmation of the audit trail to support the accrual of £6.9 million in respect of sustainability payments. (Refer draft Annual Audit Report, page 9, Exhibit 2, Number 2)
- Undertaking and concluding final subsequent event transaction testing by 25 March 2024. These are routine checks required to cover the period right up until the date of the independent auditor's report to ensure there are no events which might materially affect the figures in the accounts at 31 March 2023.
- A final review of the board's annual accounts to ensure that all agreed changes have been appropriately reflected in the final version.

Appendix A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Aberdeen City Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Aberdeen City Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of Aberdeen City Integration Joint Board as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 3 April 2023. My period of appointment is five years, covering 2022/23 to 2026/27. I am independent of Aberdeen City Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to Aberdeen City Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the board's current or future financial sustainability. However, I report on the board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Aberdeen City Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the board's operations.

The Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of Aberdeen City Integration Joint Board;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of Aberdeen City Integration Joint Board;
- inquiring of the Chief Finance Officer concerning the body's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Aberdeen City Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements

and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Michael Oliphant FCPFA
Audit Director
Audit Scotland
4th Floor
102 West Port
Edinburgh
EH3 9DN

26 March 2024

Appendix B: Letter of Representation (ISA 580) - to be reproduced on client's letterhead

Michael Oliphant
Audit Director
Audit Scotland
4th Floor
102 West Port
Edinburgh
EH3 9DN

Dear Michael

Aberdeen City Integration Joint Board Annual Accounts 2022/23

1. This representation letter is provided in connection with your audit of the annual accounts of Aberdeen City Integration Joint Board (herein referred to as Aberdeen City IJB or the IJB) for the year ended 31 March 2023 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the board and senior management team, the following representations given to you in connection with your audit of the IJB's annual accounts for the year ended 31 March 2023.

General

3. Aberdeen City IJB and I have fulfilled our statutory responsibilities for the preparation of the 2022/23 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by the IJB have been recorded in the accounting records and are properly reflected in the financial statements.
4. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (2022/23 accounting code), the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the IJB at 31 March 2023 and the transactions for 2022/23.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2022/23 accounting code where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to the IJB's circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed the IJB's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on the IJB's ability to continue as a going concern.

Assets

10. On realisation in the ordinary course of the board's business, the current assets in the Balance Sheet are expected, in my opinion, to produce at least the amounts at which they are stated.

Liabilities

11. All liabilities and contingent liabilities at 31 March 2023 of which I am aware have been recognised in the financial statements.

12. There are no material liabilities requiring a provision to be recognised in the annual accounts. There is no accrual at 31 March 2023 in respect of untaken leave entitlement as the Chief Officer/Chief Finance Officer had minimal outstanding leave at the year end.

13. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

14. I have provided you with all information in relation to:

- my assessment of the risk that the financial statements may be materially misstated as a result of fraud
- any allegations of fraud or suspected fraud affecting the financial statements
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

15. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

16. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2022/23 accounting code. I have made available to you the identity of all the IJB's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

17. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management Commentary

18. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

19. I confirm that Aberdeen City IJB has undertaken a review of the system of internal control during 2022/23 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

20. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. Other than the changes already reflected in the annual accounts, there have been no changes in the corporate governance arrangements or issues identified, since 31 March 2023, which require to be reflected.

Balance Sheet

21. All events subsequent to 31 March 2023 for which the 2022/23 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Paul Mitchell
Chief Finance Officer

This page is intentionally left blank

Aberdeen City Integration Joint Board

2022/23 Annual Audit Report – DRAFT



 AUDIT SCOTLAND

Prepared for Aberdeen City Integration Joint Board and the Controller of Audit
March 2024

Contents

| | |
|---|----|
| Key messages | 3 |
| Introduction | 5 |
| 1. Audit of 2022/23 annual accounts | 7 |
| 2. Financial management | 14 |
| 3. Financial sustainability | 17 |
| 4. Vision, leadership and governance | 20 |
| 5. Use of resources to improve outcomes | 24 |
| Appendix 1. Action plan 2022/23 | 27 |

Key messages

2022/23 annual accounts

- 1** Audit opinions on the annual accounts of the Aberdeen City Integration Joint Board (IJB) are unmodified.
- 2** The management commentary, annual governance statement and remuneration report were consistent with the financial statements and properly prepared in accordance with the applicable guidance. In future years, action is required to improve the management commentary to provide a better overview of service performance.
- 3** The unaudited annual accounts were received in line with our agreed audit timetable. Gaps in the supporting working papers and audit trails combined with incomplete responses to audit queries delayed the conclusion of the audit. Action is required to ensure that unaudited accounts are accompanied by a comprehensive audit trail when submitted for audit.

Financial management and sustainability

- 4** The IJB has appropriate in-year budget monitoring arrangements in place but there is scope to ensure the board receives budget monitoring reports in respect of every quarter.
- 5** A robust approach to medium and longer-term financial planning is in place. A seven-year financial plan is prepared showing the savings required each year to deliver a break-even position.
- 6** Excluding the use of Covid reserves in the year, a small deficit was incurred and was met from reserves. It has never been necessary for the IJB to seek additional funding from partners to cover unexpected deficits.
- 7** Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate.
- 8** Clear aims and actions have been identified to manage future workforce challenges. Targets and measures should now be agreed and reported to demonstrate the effectiveness and impact of the workforce plan.

Vision, leadership and governance, and use of resources to improve outcomes

- 9** Arrangements should be put in place for the Risk, Audit and Performance Committee, as the body charged with governance, to routinely approve the board's annual accounts. Otherwise, governance arrangements are appropriate and operate effectively.
- 10** There is an effective performance reporting framework in place but there is scope to focus more on targets, outcomes and impact.
- 11** Performance in relation to national measures is generally in line with Scottish averages.

Introduction

1. This report summarises the findings from the 2022/23 annual audit of Aberdeen City Integration Joint Board (IJB). The scope of the audit was set out in an annual audit plan presented to the Risk, Audit and Performance Committee in May 2023. This Annual Audit Report comprises:

- significant matters arising from an audit of Aberdeen City IJB's annual accounts
- conclusions on the following wider scope areas that frame public audit as set out in the [Code of Audit Practice 2021](#):
 - financial management
 - financial sustainability
 - vision, leadership, and governance
 - use of resources to improve outcomes.
- conclusions on Aberdeen City IJB's arrangements for meeting its Best Value duties

2. This report is addressed to the members of Aberdeen City IJB and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

Audit appointment from 2022/23

3. The 2022/23 financial year was the first of our five-year appointment. Our appointment coincides with the new [Code of Audit Practice](#) which was introduced for financial years commencing on or after 1 April 2022.

4. We would like to thank the chief finance officer and finance staff from partner bodies for their cooperation and assistance during the year and we look forward to working together constructively over the course of the audit appointment.

Responsibilities and reporting

5. Aberdeen City IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. Aberdeen City IJB is also responsible for compliance with legislation and putting arrangements in place for governance and propriety that enable it to successfully deliver its objectives.

6. The responsibilities of the independent auditor are established by the Local Government (Scotland) Act 1973 and the [Code of Audit Practice 2021](#), and supplementary guidance and International Standards on Auditing in the UK.

7. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management of Aberdeen City IJB from its responsibility to address the issues we raise and to maintain adequate systems of control.

8. This report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, the responsible officers, and dates for implementation.

Auditor Independence

9. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services. Our 2022/23 annual audit plan set out an audit fee of £31,470. This has been increased by £3,500 to £34,970 to reflect the additional work required to complete the audit. We are not aware of any relationships that could compromise our objectivity and independence.

1. Audit of 2022/23 annual accounts

Public bodies are required to prepare annual accounts comprising financial statements and other related reports. These are the principal means of accounting for the stewardship of public funds.

Main judgements

Audit opinions on the annual accounts of the IJB are unmodified.

The management commentary, annual governance statement and remuneration report were consistent with the financial statements and properly prepared in accordance with the applicable guidance. In future years, action is required to improve the management commentary to provide a better overview of service performance.

The unaudited annual accounts were received in line with our agreed audit timetable. Gaps in the supporting working papers and audit trails combined with incomplete responses to audit queries delayed the conclusion of the audit. Action is required to ensure that unaudited accounts are accompanied by a comprehensive audit trail when submitted for audit.

Audit opinions on the annual accounts are unmodified

10. The board is due to approve the annual accounts for Aberdeen City IJB for the year ended 31 March 2023 on 26 March 2024. As reported in the independent auditor's report, the financial statements:

- give a true and fair view of the state of affairs of the IJB as at 31 March 2023 and of its income and expenditure for the year then ended
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Overall materiality was assessed as £7.8 million

11. Broadly, the concept of materiality is applied by auditors to determine whether misstatements identified during the audit could reasonably be expected to influence the economic decisions of users of the financial statements, and hence impact their opinion

set out in the independent auditor's report. Auditors set a monetary threshold when considering materiality, although some issues may be considered material by their nature. It is ultimately a matter of the auditor's professional judgement.

12. Our initial assessment of materiality was carried out during the risk assessment and planning phase of the audit. This was reviewed on receipt of the unaudited annual accounts and remains relevant. This is summarised in [Exhibit 1](#).

Exhibit 1

Materiality values

| Materiality level | Amount |
|---|--------------|
| Overall materiality - The overall materiality threshold for the audit of the annual accounts of Aberdeen City IJB was set with reference to gross expenditure, which we judged as the figure most relevant to the users of the financial statements. | £7.8 million |
| Performance materiality - Performance materiality is used by auditors when undertaking work on individual areas of the financial statements. It is a lower materiality threshold, set to reduce the probability of aggregated misstatements exceeding overall materiality. Performance materiality was set at 65% of overall materiality, reflecting issues noted during planning, e.g., replacement of social care system, reliance on partners' ledger for producing the IJB accounts and return of Covid funding. | £5.0 million |
| Reporting threshold - It is our responsibility to request that all misstatements, other than those below our reporting threshold, are corrected, although the final decision on making the correction lies with those charged with governance. | £250,000 |

Significant findings and key audit matters

13. The unaudited annual accounts were received in line with our agreed audit timetable on 5 May 2023. Due to resource issues within Audit Scotland, we advised the chief finance officer in August that it would not be possible to conduct the IJB's audit by 30 September 2023 and that we would aim to conclude the audit in December 2023.

14. There were however gaps in the working papers and associated audit trails provided for audit which required further information and clarification from officers. A meeting was held with the chief finance officer on 25 January 2024 to discuss the additional information required. A partial response and revised accounts were received on 21 February 2024 but these fell short of expectations. Reaching resolution with officers on the matters which arose from the audit delayed the conclusion of the audit by more than two months.

15. Under International Standard on Auditing (UK) 260 we communicate significant findings from the audit to the board, including our view about the qualitative aspects of the body's accounting practices.

16. The Code of Audit Practice also requires all audits to communicate key audit matters within the annual audit report under International Standard on Auditing (UK) 701. These are matters that we judged to be of most significance in our audit of the financial statements.

17. The significant findings are summarised in [Exhibit 2](#).

Exhibit 2

Significant findings and key audit matters from the audit of the annual accounts

| Issue | Resolution |
|--|---|
| <p>1. Remuneration Report - Disclosure of Chief Operating Officer's (COO) remuneration</p> <p>In August 2022, Aberdeen City Health and Social Care Partnership appointed a chief operating officer. In our view, this role meets the definition of a relevant senior employee as set out in The Local Authority Accounts (Scotland) Regulations 2014 and therefore his remuneration should be disclosed in the Remuneration Report.</p> | <p>The Remuneration Report in the revised accounts have been amended to include the COO's remuneration.</p> |
| <p>2. Use of Covid-19 funding</p> <p>The unaudited accounts included an accrual of £6.9 million in respect of sustainability payments to care providers which have been funded by the Scottish Government's Covid-19 funding. The audit trail between the monitoring spreadsheet where all sustainability payments are recorded and the associated postings in the financial ledger is unclear.</p> | <p>Matter still to be resolved</p> <p>- Finance officers are preparing a reconciliation between claims received and the ledger to demonstrate the accuracy of the year end accrual.</p> |
| <p>3. Working papers</p> <p>There were important gaps in the working papers and associated audit trails provided for audit. E.g. manual adjustments to partner bodies and contras between partners when preparing IJB joint report, movements in individual reserves during the year, source evidence to support the remuneration report disclosures, reconciliation of accounts with partner ledgers.</p> | <p>Additional supporting evidence was requested and obtained during the audit.</p> <p>Recommendation 1</p> <p>(Refer Appendix 1, action plan)</p> |

The management commentary needs significant improvement

18. The Local Authority Accounts (Scotland) Regulations 2014 require the annual accounts to include a management commentary prepared in accordance with statutory guidance. Management commentaries should provide information on the IJB's main objectives and the principal risks faced. It should provide a fair, balanced and understandable analysis of an organisation's performance – both financial and non-financial – as well as helping stakeholders understand the financial statements.

19. We identified scope for improvement in the management commentary included in the annual accounts. In our opinion, the unaudited version of the management commentary did not provide:

- a fair, balanced and understandable analysis of the IJB's performance during 2022/23 and could have done more to help stakeholders understand the financial statements e.g. progress against outcomes, financial outturn against budget, achievement of planned savings.
- an overview of service performance in the year or include relevant indicators to enhance the service 'story'. While the guidance allows flexibility in terms of the level of performance information included, there is an expectation that the commentary includes financial and non-financial performance indicators. The commentary should include both positive and negative aspects.
- references to, or additional explanations of, amounts included in the financial statements. The commentary provided for audit did not explain how the deficit reported in the comprehensive income and expenditure statement related to the outturn position against budget. Also, the initial story provided in the management commentary on the Scottish Government's clawback of unused Covid funding was confusing and not clearly explained.

20. Following discussions with the Chief Finance Officer, limited improvement was made to the disclosures within the revised accounts. Arrangements need to be put in place for a full review of the process and information requirements for the production of future management commentaries.

Recommendation 2

The management commentary should provide a clear and balanced narrative on the performance of the IJB during the year and be supported by financial and non-financial performance information. (Refer [Appendix 1](#), action plan)

Annual Governance Statement

21. The Annual Governance Statement is required to include an assessment of the effectiveness of the key elements of the governance framework and an opinion on the level of assurance that the governance arrangements can provide. The statement relates to the governance system as it applied during

the year but significant events or developments that occur between the reporting date and the date on which the accounts are signed should also be reported.

22. It is customary for an internal auditor's opinion on the level of assurance for the financial year to be included in a governance statement. As the unaudited accounts were submitted for audit before the internal auditor's annual report was available, the opinion was not included.

23. In September 2023, internal audit identified major risks following its review on adults with capacity. Given the limited assurance obtained in this area, we recommended a reference to the findings and proposed actions to address the identified risks be included in the action plan which forms part of the annual governance statement. This has now been reflected in the annual governance statement in the revised accounts.

Our audit work responded to the risks of material misstatement we identified in the annual accounts

24. We have obtained audit assurances over the identified significant risks of material misstatement in the annual accounts. [Exhibit 3](#) sets out the significant risks of material misstatement to the financial statements we identified in our 2022/23 Annual Audit Plan. It also summarises the further audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 3

Significant risks of material misstatement in the annual accounts

| Audit risk | Assurance procedure | Results and conclusions |
|---|--|--|
| <p>1. Risk of material misstatement due to fraud caused by management override of controls</p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p> | <p>Evaluating assurances from the external auditors of partner bodies, i.e., Aberdeen City Council and NHS Grampian, which include:</p> <ul style="list-style-type: none"> Assessing the design and implementation of controls over journal entry processing Making inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments | <p>Appropriate assurances were received from the external auditors of partner bodies who did not identify any evidence of management overriding controls.</p> <p>Related party relationships have been adequately disclosed in the accounts.</p> |

| Audit risk | Assurance procedure | Results and conclusions |
|---|--|--|
| | <ul style="list-style-type: none"> • Testing journals around the year-end and focusing on areas of risk • Evaluating significant transactions outside the normal course of business • Reviewing accounting estimates • Substantive testing of income and expenditure transactions around the year-end to confirm they are accounted for in the correct financial year • Focused testing of accounting accruals and prepayments. • Assessing the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements. | |
| <p>2. Replacement of social care system</p> <p>The health and social care partnership processes social care packages amounting to approx. £90 million each year. The case management system was replaced in October 2022. Changes to systems and processes come with a risk that design and operation of controls may be ineffective, and risk of fraud and error increases. There is also a risk that data migrated from the old to the new system may be inaccurate and/or incomplete.</p> | <p>Evaluating assurances from the external auditor of the partner body, Aberdeen City Council.</p> | <p>Appropriate assurances were received from the external auditor of the partner body.</p> |

25. In addition, we identified “areas of audit focus” in our 2022/23 Annual Audit Plan where we considered there to be risks of material misstatement to the financial statements. These are summarised in [Exhibit 4](#).

Exhibit 4**Areas of audit focus**

| Audit risk | Assurance procedure | Results and conclusions |
|--|---|--|
| <p>1. Transactions for the IJB are recorded through the partners' financial ledgers.</p> <p>If robust processes are not in place, there is a risk that expenditure and income is miscoded and IJB accounts are misstated.</p> | <p>Since this is the first year of our audit appointment, we discussed with Finance officers the arrangements in place for pulling together information required to prepare the financial statements and ensuring they are complete and correctly presented.</p> <p>We also reviewed related party transactions including reconciliation with the relevant balances in the partners' accounts, as appropriate, to ensure accuracy and completeness of reported amounts.</p> | <p>The IJB accounts were prepared from the respective partners' financial ledgers and pulled together via a consolidation spreadsheet. We agreed the figures in the IJB accounts to the said ledgers.</p> <p>Related party relationships have been reconciled to the partners' accounts and appropriately disclosed in the accounts.</p> |
| <p>2. Return of surplus Covid-19 funding to the Scottish Government</p> <p>The Scottish Government has recovered surplus Covid-19 reserves from IJBs. With regard to Aberdeen City, this amounted to £9.6 million. This presents a risk that Covid related expenditure may be misstated to minimise the surplus returned.</p> | <p>We considered the appropriateness of the accounting treatment and transparency of disclosures around this issue in the annual accounts.</p> | <p>The return of Covid funding to the Scottish Government was accounted for by way of a reduced funding contribution from NHS Grampian in 2022/23.</p> <p>We reviewed the accounting entries and disclosures in the annual accounts and considered that they are appropriate and in line with government guidance.</p> <p>The clawback amount of £9.7 million was agreed to correspondence from Scottish Government.</p> <p>The narrative in the management commentary was amended during the audit process to provide a clearer explanation of the clawback process adopted by Scottish Government. (Refer para 19, third bullet)</p> |

26. Based on the findings of the audit procedures performed, there are no further matters which we need to bring to your attention.

2. Financial management

Financial management means having sound budgetary processes, and the ability to understand the financial environment and whether internal controls are operating effectively.

Conclusion

The IJB has appropriate in-year budget monitoring arrangements in place but there is scope to ensure the board receives budget monitoring reports in respect of every quarter.

A seven-year financial plan is in place showing the savings required each year to deliver a break-even position.

Excluding the use of Covid reserves in the year, a small deficit was met from reserves. It has never been necessary for the IJB to seek additional funding from partners to cover unexpected deficits.

Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate.

27. In March 2022, the IJB approved the 2022/23 budget as part of a seven-year Medium Term Financial Framework (MTFF) covering financial years 2022/23 to 2028/29. This identified new budget pressures likely to be faced by the IJB over the next seven years, changes in funding and planned measures to generate budget savings to meet the forecast funding gaps each year. Budget pressures include pay awards, increases in prescribing due to volume and prices, uplifts to care home contracts and direct payments and costs of transforming services to generate required savings.

28. The budget for 2022/23 highlighted budget pressures of £27.8 million, expected funding of £26.6 million leaving a shortfall of £1.2 million to be covered by savings. Quarterly financial monitoring reports set out the budget for the year, budget and actual expenditure for the period with a variance analysis and forecast expenditure for the year. A breakdown for this information is provided across approximately ten service headings.

29. In 2022/23, Q2 monitoring to 30 September was considered by the board in November 2022 and Q3 and Q4 to 31 December and 31 March respectively by the Risk, Audit and Performance Committee in February and June 2023 respectively. Q1 was not formally considered by members during 2022/23. This was potentially an oversight as quarterly reporting appears to be on track for financial year 2023/24.

The IJB reported an overspend in 2022/23 resulting in a decrease in reserves

30. The IJB reported an overspend of £24.2 million against a budgeted breakeven position ([Exhibit 5](#)). This reduced the IJB reserves from £51.4 million to £27.2 million at 31 March 2023. The overspend is attributed to actual expenditure being £4.5 million higher than budget and actual contributions from partners being £19.8 million lower than budget. This was largely due to reduced funding from NHS Grampian because of Scottish Government's requirement for IJBs to fund Covid related expenditure from unspent Covid funding held in reserves and to return any remaining unspent balance to Scottish Government.

31. In September 2022, the Scottish Government had written to IJBs, NHS and Local Government chief finance officers informing them of their intention to clawback unspent Covid reserves in order that they could be redistributed across the sector to meet current Covid priorities. In January 2023, a further update was issued by the Scottish Government including a breakdown by IJB of the funds to be clawed back which had been based on Month 8 monitoring returns.

32. Aberdeen City IJB's Covid opening reserves amounted to £19.7 million, of which £10.0 million was utilised in 2022/23 leaving an unused balance of £9.7 million which was clawed back by the Scottish Government.

Exhibit 5 Performance against budget

| IJB budget summary | Budget £m | Actual £m | Variance £m |
|------------------------------|--------------|---------------|----------------|
| Net Expenditure | 394.463 | 398.951 | 4.488 |
| NHS Grampian | (275.685) | (255.927) | 19.758 |
| Aberdeen City Council | (118.778) | (118.778) | 0 |
| Total Net Expenditure | 0 | 24.246 | 24.246 |

Source: Aberdeen City IJB Annual Accounts 2022/23 (actual) and Quarter 4 2022-23 Financial Monitoring Update (budget)

The IJB has appropriate financial control arrangements in place

33. The IJB is a commissioning body and does not operate its own financial systems directly. The financial statements are produced from the financial systems of its partners.

34. The IJB does not have any assets, nor does it directly incur expenditure or employ staff. All funding and expenditure for the IJB is received/incurred by partner bodies and processed in their respective accounting records including the financial ledger and payroll.

35. Internal control over financial systems sits within the partner bodies rather than the IJB. Information from these systems is used to prepare the IJB's annual accounts. As part of our planned audit approach, we sought assurance from the external auditors of NHS Grampian and Aberdeen City Council, the IJB partner bodies, on the appropriateness of the design and effectiveness of operation of systems of internal control (including those relating to IT) at the partner bodies relevant to the IJB.

36. These assurances confirmed there were no significant weaknesses in the systems of internal control for either the health board or the council that could result in a risk of material misstatement to the IJB's annual accounts.

Internal audit provided a reasonable level of assurance

37. The IJB's internal audit service is provided by the chief internal auditor of Aberdeenshire Council under a shared service arrangement. The internal audit in respect of financial year 2022/23 was reported to the Risk, Audit and Performance Committee during the year. The chief internal auditor's 2022/23 annual report and opinion was subsequently considered by the committee in June 2023 when he confirmed that, in his opinion, the board had operated an adequate and effective framework for governance, risk management and control during the year under review.

Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate

38. Public sector bodies are responsible for implementing effective systems of internal control, including internal audit, which safeguard public assets and prevent and detect fraud, error and irregularities, bribery and corruption.

39. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but takes assurance from those in place at its partner bodies. The assurances provided by the auditors of NHS Grampian and Aberdeen City Council did not highlight any non-compliance with laws and regulations or other significant matters including fraud or suspected fraud. We are not aware of any specific issues we require to bring to your attention.

40. The IJB has a code of conduct for its members which was revised in summer 2022 and provides an annual report to the Risk, Audit and Performance Committee covering both its own whistle blowing arrangements and those of the partner bodies.

3. Financial sustainability

Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.

Conclusion

A robust approach to medium and longer-term financial planning is in place.

Clear aims and actions have been identified to manage future workforce challenges. Targets and measures should now be agreed and reported to demonstrate the effectiveness and impact of the workforce plan.

The IJB has a robust approach to medium and longer-term financial planning including identification of potential savings initiatives to achieve financial balance.

41. Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered. The IJB has a robust approach to medium term financial planning covering a seven-year period which supports its Strategic Plan and assesses the affordability of future service delivery. This serves as an impetus for the board to identify measures at an early stage to plug gaps in achieving financial balance in future years.

42. The Medium Term Financial Framework (MTFF) and reserves strategy is updated every year. The 2022/23 plan showed a shortfall of funding totalling £35.6 million across the seven years covered by the plan. By 2023/24, the plan funding gap had increased to £49.3 million for the subsequent seven-year period. For all years, the intention is meet the shortfall through service redesign and transformation. As well as budget pressures, the MTFF considers the level of reserves, emerging risks, provides an analysis of existing health and social care services and makes assumptions about projected expenditure.

43. The IJB has delivered services either as part of day to day operational service delivery or transformation of services without the need to seek additional funding from partners. Over the seven year period, the IJB has identified approx. £50 million of budget pressures.

44. The MTFF aims to provide potential solutions to be worked on during the timeframe to close the forecast funding gap each year. In order to make services more sustainable, the IJB's focus is on service redesign with a key enabler being the re-commissioning of the care at home contract and the strategic redesign and commissioning of the large hospital services for which the IJB has strategic planning responsibility.

A workforce plan underpinned by clear aims and actions has been approved with work ongoing to develop targets and measurable indicators

45. Health and Social Care Partnerships across Scotland have faced significant workforce pressures for a number of years. From a social care perspective, Audit Scotland's [2022 Social care briefing](#) highlighted that the social care workforce has high vacancy rates with many services facing recruitment problems. Together with the increasing demand for social care, this presents a risk to the capacity and quality of social care services.

46. Around half of Aberdeen City's health and social care staff are aged over 50 with many likely to retire within 15 years. This coupled with an ageing population and increased co- and multi-morbidity will put a strain on the workforce.

47. In November 2022, the IJB approved its Workforce Plan for 2022–2025. In line with Scottish Government requirements, the plan includes population health statistics, an overview of Aberdeen's health and social care workforce, progress since 2019 and there is alignment of the plan with the development of NHS Grampian's Plan for the Future, Aberdeen City Council's workforce plan and the IJB's strategic and financial plans.

48. The plan was informed by the results of the most recent workforce survey, shared learning from the impact of Covid-19 and known workforce challenges faced by partnership. Clear aims and key actions have been set out for the next three years in the following areas:

- recruitment and retention - raising awareness of employment and progression opportunities within the partnership and proposed investment in staff training and development
- mental health and wellbeing - supporting staff to achieve a healthy work/life balance, continuing to make best use of flexible and hybrid working
- transformation and opportunities – embracing the use of digital technologies to develop and support the partnership's infrastructure and focus on staff enablement.

49. The first annual workforce plan update was provided to the Risk, Audit and Performance Committee in November 2023. While the update was informative, the delivery group has yet to develop specific targets and measurable performance indicators in order that the effectiveness of the plan can be assessed and the success of agreed actions monitored.

Recommendation 3

Targets and measures should now be agreed and reported to demonstrate the effectiveness of the workforce plan.

We carried out audit work in response to risks relating to financial sustainability identified in our 2022/23 Annual Audit Plan

50. [Exhibit 6](#) sets out the wider scope risks relating financial sustainability we identified in our 2022/23 audit. It summarises the audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 6

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

| Audit risk | Assurance procedure | Results and conclusions |
|---|---|------------------------------|
| <p>1. Financial sustainability</p> <p>The board acknowledges that while demand for services is increasing, financial resources are not keeping pace. There is a need to explore areas where savings can be made, for example, through robust financial management, service redesign and innovation.</p> | <p>Discussion with officers</p> <p>Monitoring of the financial position throughout the year</p> <p>Consideration of the long-term affordability of budget decisions</p> | <p>Refer to para 41- 44.</p> |
| <p>2. Workforce challenges</p> <p>The recruitment and retention of staff is challenging across all health and social care services, particularly in the areas of trauma informed care, complex care and self-directed support. There is a shortage of clinical staff which is a significant risk for sustainable service delivery.</p> | <p>Discussion with officers</p> <p>Review of workforce plan</p> | <p>Refer to para 45-49.</p> |

4. Vision, leadership and governance

Public sector bodies must have a clear vision and strategy and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation.

Conclusion

Arrangements should be put in place for the Risk, Audit and Performance Committee, as the body charged with governance, to routinely approve the board's annual accounts. Otherwise, governance arrangements are appropriate and operate effectively.

Changes in leadership

51. At the first meeting of the IJB following the local government elections in May 2022, the board agreed the appointment of four elected council members, and two members from the NHS Board. Two elected members and two NHS members were then appointed to the committees which support the board, the Risk, Audit and Performance Committee and Clinical and Care Governance Committee. In August 2022, the board approved the appointment of new Chairs to the two committees for the three-year period from 1 November 2022.

52. There were also changes in the senior leadership team in summer 2023 with the appointment of a new chief finance officer and the creation of a new chief operating officer post. More recently, there has also been change in chief officer.

Revisions to the Integration Scheme have been approved

53. Integration Schemes require to be updated every five years. The Integration Scheme is the legal document through which Aberdeen City Council and NHS Grampian delegate functions to the IJB. Following consultation, the partner organisations have approved a number of changes to the Integration Scheme, the most significant of which are:

- inclusion of the recently approved Whistleblowing Policy
- more robust reflection of the recently agreed joint Locality Planning arrangements
- more community involvement in planning

- inclusion of hosted Mental Health Services
- the addition of pharmaceutical services under 18's
- creation of a new Chief Operating Officer post.

54. The Integration Scheme was approved by the partner organisations and submitted to the Scottish Government for final approval. The Integration Scheme was endorsed by the IJB on 25 April 2023.

55. The Integration Scheme is supported by a suite of documents which set out how the IJB will operate and do business, collectively referred to as Scheme of Governance. These comprise Standing Orders, Terms of Reference, Roles and Responsibilities Protocol and Code of Conduct.

The Risk, Audit and Performance Committee should scrutinise and approve the annual accounts

56. The terms of reference for the Risk, Audit and Performance Committee state that it is responsible for considering and approving the annual financial statements and related matters. In practice, the committee has considered the unaudited accounts but it is the IJB which has approved the audited accounts.

57. An audit committee is usually regarded as the body charged with governance and, as such, would have responsibility for all aspects of a body's financial statements. We would therefore expect that, in this case, the Risk, Audit and Performance Committee would consider the unaudited accounts and, in due course, approve the audited accounts.

58. Alongside the audited accounts, the committee would consider the auditor's report. In our view, the committee has more capacity than the board to dedicate time to scrutinising the detail of the accounts and the auditor's report. This would also bring the board's practices into line with the existing terms of reference and provide a more joined-up approach to their handling of the annual accounts.

Recommendation 4

Arrangements should be put in place for the Risk, Audit and Performance Committee, as the body charged with governance, to routinely approve the board's annual accounts. This would be in line with the committee's existing terms of reference.

Governance arrangements are otherwise appropriate

59. The IJB has a Board Assurance and Escalation Framework (BAEF) which is reviewed annually by the Risk, Audit and Performance Committee (RAPC). The BAEF describes the regulatory framework to support the IJB's visions, values, and principles. Fundamental to the framework are the IJB's strategic priorities and the appetite for risk that exists across said priorities. A key element of the

framework is the risk management system which contributes significantly to assurance on key risks to objectives.

60. As set out in the IJB's Financial Regulations, the IJB commissions services from Aberdeen City Council and NHS Grampian. The management of services within each of these organisations continues to be governed by the existing Standing Financial Instructions, Financial Regulations, Schedule of Reserved Decisions, Operational Scheme of Delegation and any other extant financial procedures approved by their respective Governance structures. Any breach or non-compliance with these Regulations must, on discovery, be reported immediately to the Chief Officer or the Chief Finance Officer of the IJB.

61. The IJB's Scheme of Governance is reviewed annually. In the past few years, the review was limited to the response to the Covid-19 pandemic but this year a more thorough review was undertaken. In addition, the Leadership Team provides the RAPC with the results of a review undertaken against financial governance requirements contained in the Chartered Institute of Public Finance and Accountancy (CIPFA)'s statement on the 'Role of the Chief Financial Officer in Local Government (2016)'. This year's results were reported to the June 2023 RAPC and assurance has been provided against each of the principles.

There is scope to improve the IJB's open and transparent working practices

62. There continues to be an increasing focus on demonstrating the best use of public money. Openness and transparency in how a body operates and makes decisions is key to supporting understanding and scrutiny. Transparency means that the public has access to understandable, relevant, and timely information about how the body is taking decisions and using resources.

63. The IJB's Roles and Responsibilities Protocol has been amended to include the new chief operating officer role created in summer 2022. While registers of interests are retained for board members, we noted that two registers were omitted from the website in respect of two non-voting members. Consequently, there is a risk of undeclared interests by board members in relation to matters where they may have influence.

Recommendation 5

The register of interests should be updated to include all board members and reviewed on a regular basis.

The IJB is committed to delivering Net Zero and produces an annual climate change report in line with Scottish Government guidance

64. The Scottish Parliament has set a legally binding target of becoming net zero by 2045 and has interim targets including a 75% reduction in greenhouse gas emissions by 2030. The public sector in Scotland has a key role to play in

ensuring these targets are met and in adapting to the impacts of climate change.

65. The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 came into force in November 2015, as secondary legislation made under the Climate Change (Scotland) Act 2009. This requires bodies to prepare reports on compliance with climate change duties. This includes Integration Joint Boards established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014.

66. Following a preliminary scoping of work to be undertaken to meet existing and future climate change reporting to Scottish Government, a programme of work was launched in late 2022. The Climate Change Strategic Oversight Group was created to oversee the further scoping and delivery of this work and consists of key members of the partnership's Senior Leadership team and senior climate change representatives from Aberdeen City Council and NHS Grampian.

67. In November 2022, the IJB agreed to commit to becoming Net Zero by 2045, and if possible, earlier; and since August 2023, have integrated an impact section on climate change and net zero in all reporting templates. In October 2023, the IJB approved a climate change report for 2022/23. This was submitted to the Scottish Government by 30 November 2023, as required.

68. The Auditor General and Accounts Commission are developing a programme of work on climate change. This involves a blend of climate change-specific outputs that focus on key issues and challenges as well as moving towards integrating climate change considerations into all aspects of audit work.

5. Use of resources to improve outcomes

Public sector bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities.

Conclusion

There is an effective performance reporting framework in place but there is scope to focus more on outcomes and impact.

Performance in relation to national measures is generally in line with Scottish averages.

There is an effective performance reporting framework in place but there is scope to focus more on targets, outcomes and impact

69. In line with the Performance Reporting Framework for the IJB Strategic Plan, the Risk, Audit and Performance Committee receives quarterly assurance on progress being made against the Delivery Plan. The quarterly report includes:

- a Delivery Plan Status collated by programme which provides context to the progress being made through colour-coding and percentage completion rates
- a Delivery Plan Progress Tracker provides updates for all projects in the plan – project start and finish dates are shown, use of colour-coding and a narrative update for each project.
- a Delivery Plan Dashboard shows the key measures with supporting narrative which the progression of the Delivery Plan seeks to impact upon For example, Delayed Discharges, Care Home Occupancy, Unmet Need, Emergency Admissions, Hospital at Home Occupancy.

70. Colour-coding is used and takes the format of a BRAG (Blue, Red, Amber, Green) status which is useful in assessing progress and highlighting issues requiring more attention. There is an escalation process where significant risks or project delivery concerns are passed to Senior Leadership Team via a Flash Report. This would also apply for any matter assigned a BRAG status of Red. In Quarter 4 for example, two Flash Reports were submitted and these were also included in the performance report to the committee.

71. While there is good use of colour-coding and percentages to highlight the progress being made, there could be more use of success factors – targets and outcomes - to measure the aims and impact of the work being done. The dashboard does provide performance data but its not always clear from the reporting how the strategic plan actions relate to the service areas being reported on.

Recommendation 6

Consideration should be given to the use of success targets and outcomes when reporting on the impact of the delivery of the strategic plan.

IJB performance is generally in line with the Scottish average

72. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services.

73. Aberdeen City's Annual Performance Report 2022/23 was presented to the IJB in August 2023. Performance against the Ministerial Steering Group for Health and Community Care indicators was included but the core national indicators data were not available when the report was published. The report also includes narrative on progress against the strategic priorities as set out in the Strategic Plan.

74. As shown by Exhibit 7, performance against the Ministerial Steering Group for Health and Community Care indicators is generally in line with the Scottish average. The number of unscheduled hospital bed days has reduced by 4.1% in 2022/23 compared to last year. The IJB attributes this to the work undertaken by teams across the partnership to keep people safe at home, reduce hospital admissions and provide care as close to people's home as possible.

75. A&E attendances on the other hand rose by 7.1% but are still around 500 contacts or 12.6% less than pre-Covid figures. Delayed discharge levels have increased by 138 days or 22.7% which is roughly the same result nationally. Initiatives implemented to avoid hospital admissions and reduce delayed discharges include:

- Aligning social work staff to key areas of the hospital, including the frailty wards and at the “front of door” where they can link with community colleagues though locality huddles.
- Building relationships with care at home providers and looking at an enablement focused discharge plan to provide the individual with wrap around support which can be reduced as they regain their independence at home.
- Utilising interim provision at Woodlands Care Home where individuals awaiting care home placement can move to a more homely environment rather than remain in a hospital ward.

Exhibit 7 National indicators

| Indicator | Aberdeen City | | | | | Scotland Average | | |
|---|---------------|---------|---------|---------------|---------------|---------------------------|-----------------------------------|---------------------------|
| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | Overall Trend | Between 2021/22 - 2022/23 | Overall Trend between 2019 - 2023 | Between 2021/22 - 2022/23 |
| 1a. Number of emergency admissions (monthly average) | 1824 | 1582 | 1700 | 1661 | ↓ | ↓ -2.2% | ↓ | ↓ -2.7% |
| 2a. Number of unscheduled hospital bed days; acute specialties (monthly average) | 11943 | 9125 | 10634 | 10194 | ↓ | ↓ -4.1% | ↑ | ↓ -0.9% |
| 3a. A&E attendances (monthly average) | 3972 | 2688 | 3244 | 3473 | ↓ | ↑ +71% | Stable | ↑ +2.2% |
| 4. Delayed discharge bed days (monthly average) | 1023 | 494 | 607 | 745 | ↓ | ↑ +22.7% | ↑ | ↑ +22.4% |
| 5a. Percentage of last six months of life by setting (%) | 88.6 | 91.4 | 91.0 | Not available | Stable | | Stable | |
| 6. Balance of care: Percentage of population in community or institutional settings (%) | 91.6 | 92.3 | 92.1 | Not available | Stable | | Stable | |

Source: Aberdeen City Health and Social Care Partnership Annual Performance Report 2022-23

76. Nine national indicators are usually reported by IJBs. Many are in line with the previous year's results and Scottish averages. Areas where the health and social care partnership do not appear to be performing well is the number of days people spent in hospital when they are ready to be discharged, which is reported at sitting at 336 days per 1,000 population. The emergency day rate (per 1,000 population) has increased from 90,126 to 92,026. Also reduced from the previous year is the proportion of care services graded as good or better in care inspections. These have fallen from 78% to 64% and also fall below the national average of 75.2%.

The IJB has appropriate arrangements in place for securing Best Value

77. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

78. We have not undertaken any specific Best Value work in 2022/23. However, we considered how members received assurance that arrangements are in place to secure Best Value. Based on our review of governance and performance management arrangements, we consider that the IJB has arrangements in place to secure best value.

Appendix 1. Action plan 2022/23

2022/23 recommendations

| Issue | Recommendation | Agreed management action/timing |
|---|---|---|
| <p>1. Working paper package</p> <p>There were gaps in the supporting working papers and audit trails submitted for audit.</p> | <p>Improvement is required to the working paper package provided for audit alongside the unaudited accounts.</p> | <p>Management is currently considering the recommendation and their response.</p> |
| <p>2. Management commentary</p> <p>While guidance allows flexibility in terms of the level of performance information included in the management commentary, the initial version of the annual accounts submitted for audit did not provide sufficient detail to allow a reader to fully assess the board's overall performance.</p> | <p>The management commentary should provide a clear and balanced narrative on the performance of the IJB during the year and be supported by financial and non-financial performance information.</p> | <p>Management is currently considering the recommendation and their response.</p> |
| <p>3. Reporting progress against workforce plans</p> <p>Workforce planning arrangements set out clear aims and key actions. The recent update provides an information narrative on progress but targets and measurable performance indicators have yet to be developed.</p> | <p>Targets and measures should be agreed and reported to demonstrate the effectiveness of the workforce plan.</p> | <p>Management is currently considering the recommendation and their response.</p> |

| Issue | Recommendation | Agreed management action/timing |
|---|--|---|
| <p>4. Arrangements for approving the annual accounts</p> <p>Consideration of the unaudited and audited accounts is currently split between the board and the Risk, Audit and Performance Committee. This is not in line with the terms of reference or standard audit committee practices.</p> | <p>Arrangements should be put in place for the Risk, Audit and Performance Committee, as the body charged with governance, to routinely approve the board's annual accounts. This would be in line with the committee's existing terms of reference <u>and will provide a more joined-up approach.</u></p> | <p>Management is currently considering the recommendation and their response.</p> |
| <p>5. Register of interests</p> <p>The Register of Interests available on the IJB's website is incomplete.</p> | <p>The register of interests should be updated to include all board members and reviewed on a regular basis.</p> | <p>Management is currently considering the recommendation and their response.</p> |
| <p>6. Strategic plan – measuring impact</p> <p>It is not always clear how the strategic planning actions relate to service delivery and improvement.</p> | <p>Consideration should be given to the use of success targets and outcomes when reporting on the impact of the delivery of the strategic plan.</p> | <p>Management is currently considering the recommendation and their response.</p> |

Aberdeen CityAberdeen City Integration Joint Board

Draft 2022/23 Annual Audit Report

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:

www.audit-scotland.gov.uk/accessibility

For the latest news follow us on social media or [subscribe to our email alerts.](#)



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
Phone: 0131 625 1500 Email: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

This page is intentionally left blank



INTEGRATION JOINT BOARD

| | |
|---|---|
| 7.Date of Meeting | 26 March 2024 |
| Report Title | Medium Term Financial Framework (MTFF) |
| Report Number | HSCP24.012 |
| Lead Officer | Paul Mitchell, Chief Finance Officer |
| Report Author Details | Paul Mitchell, Chief Finance Officer |
| Consultation Checklist Completed | Yes |
| Directions Required | Yes |
| Exempt | No |
| Appendices | <p>Appendix 1 - Financial Strategy</p> <p>Appendix 2a - Direction to Aberdeen City Council</p> <p>Appendix 2b - Direction to NHS Grampian</p> <p>Appendix 3 – Year 3 Delivery Plan</p> <p>Appendix 4 – Delivery Plan Projects not carried forward to future years</p> <p>Appendix 5 – Initial Impact Assessment of savings included in the MTFF:-</p> <ul style="list-style-type: none"> Appendix 5a – IIA Interim Beds Appendix 5b – IIA Tech Enabled Care Appendix 5c – IIA Review of Premises Appendix 5d – IIA Mental Health Commissioning Appendix 5e – IIA Charging Policy |
| Terms of Reference | 1 – Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself. |



INTEGRATION JOINT BOARD

1. Purpose of the Report

- 1.1. To update the Integration Joint Board (IJB) on the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2024/25 and to seek final approval of the medium-term financial Framework.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Note the anticipated financial out-turn for 2023/24 and the impact on the Reserves position of the IJB (*para 3.1*);
 - b) Note the financial allocations proposed to be allocated by the partner organisations (*para 3.9*);
 - c) Having regard to the integrated impact assessment at Appendix 5, approves the 2024/25 budget and the Aberdeen City IJB Medium Term Financial Framework included as Appendix 1 of this report;
 - d) Note that £2.5 million is held in a risk fund (*para 3.35*);
 - e) Approve the Bon Accord Contract level for 2024/25 of £34,921,000 and budget assumptions (*para 3.38 and 3.39*);
 - f) Instruct the Chief Finance Officer to apply the national guidance to calculate the level of increase on non-National Care Home Contract services and pass this increase across to providers (*para 3.41*);
 - g) Instruct the Chief Finance Officer to uplift the direct payments for clients with a staffing element included in their payment by the amount calculated using the national guidance (*para 3.42*);
 - h) Make the budget directions contained in Appendix 2 of this report and instruct the Chief Finance Officer to issue these directions to the constituent authorities.
 - i) Approve the Year 3 Delivery Plan at Appendix 3.



INTEGRATION JOINT BOARD

3. Summary of Key Information

Current Context

- 3.1. On 28 March 2023, the IJB agreed its budget for 2023/24. Throughout the year, the IJB has continued to deal with significant financial pressures. This has resulted in a forecast yearend overspend and the IJB agreed at the committee meeting on 5 December 2023 to allow for the use of reserves to balance the yearend position.
- 3.2. The Partnership continued to work with its partners, Aberdeen City Council, NHS Grampian and the third and independent sectors to support the health and social care system within Aberdeen and to maximise the use of the reserve within the strict funding criteria.
- 3.3. Aberdeen City IJB holds a financial reserve that is earmarked for the Primary Care Improvement Fund, Action 15 of the Mental Health Strategy and Alcohol and Drugs Partnership Funds which are underspent. In previous years, the balance carried forward on these Reserves was reclaimed by the Scottish Government and withheld from the allocations during the year. It is anticipated that the same will happen in 2024/25, therefore, no commitments have been earmarked to be funded from these Reserves if the accrue at the year end.
- 3.4. The IJB holds a risk fund of £2.5 million. As stated in the [Reserves Policy](#), the purpose of this reserve is to cushion the impact of uneven cashflows and impact of unexpected events or emergencies. It is not anticipated that this risk fund will require to be used in the financial year 2023/24 and it is not recommended that this is increased above £2.5 million.
- 3.5. In terms of our medium-term financial framework and delivering a financially balanced budget, our focus will be on redesign to make services more sustainable with a key enabler being the re-commissioning of the care at home contract and the strategic redesign and commissioning of the large hospital services for which the IJB has strategic planning responsibility.
- 3.6. Future year inflationary pressures have been accounted for, as detailed in Appendix 1. To maintain a prudent approach to future budgets, the level of assumed funding



INTEGRATION JOINT BOARD

has remained at 2023/24 levels. No additional costs or funding have been added to the MTFF in respect of the transition towards the National Care Service.

- 3.7. To date the IJB has undertaken all of its activities, whether that be operational service delivery or transformation of services without having to approach either NHSG or Aberdeen City Council for additional funding. Due to the challenging financial climate across Scotland, several IJBs have requested additional support from their Boards and Councils to balance 2023/24 overspends and 2024/25 budgets. We do not anticipate a requirement from our partners to do so in the near future.

Funding Context

- 3.8. In terms of the respective grant settlements:

- NHS Grampian did not receive an increase in their financial allocations, therefore the funding allocated to the IJB has remained at the current budget. Given the rate of inflation in the UK is currently 4.2% ([Office of National Statistics at January 2024](#)), this contributes to the challenging financial settlement. The Scottish Government has underwritten the full cost of the pay increase as a result of the Agenda for Change, therefore, zero inflation has been included in the IJB as any increase in staff costs will be fully funded by an additional allocation.
- The Scottish Government published its Resource Spending Review in May 2022 that stated that Local Government should expect to receive a “flat cash” settlement for the period 2023/24 to 2025/26, and that following the publication of the Local Government Financial Settlement for 2023/24. As the IJB cannot receive funding directly from the Scottish Government, funding is received by Aberdeen City Council and passed over to the IJB as part of the annual budget setting process.
- Included within the financial settlement of Aberdeen City Council is additional funding for Integration Joint Boards.



INTEGRATION JOINT BOARD

| | | Scotland Allocation (£m) | Aberdeen Allocation (£'000) |
|---|------------------------|---------------------------------|------------------------------------|
| Adult social care <i>(incl the increase in the Real Living Wage to £12.00)</i> | Council (Recurring) | 230 | 7,393 |
| Inflationary uplift on Free Personal Nursing Care | Council (Recurring) | 11.5 | 449 |
| Funding for Local Government Pay award | Council (Recurring) | 266.2 | 696 |
| | | 507.7 | 8,538 |

The funding allocated to Integration Authorities should be additional and not substitutional to the 2024/25 recurring budgets for services that are delegated.

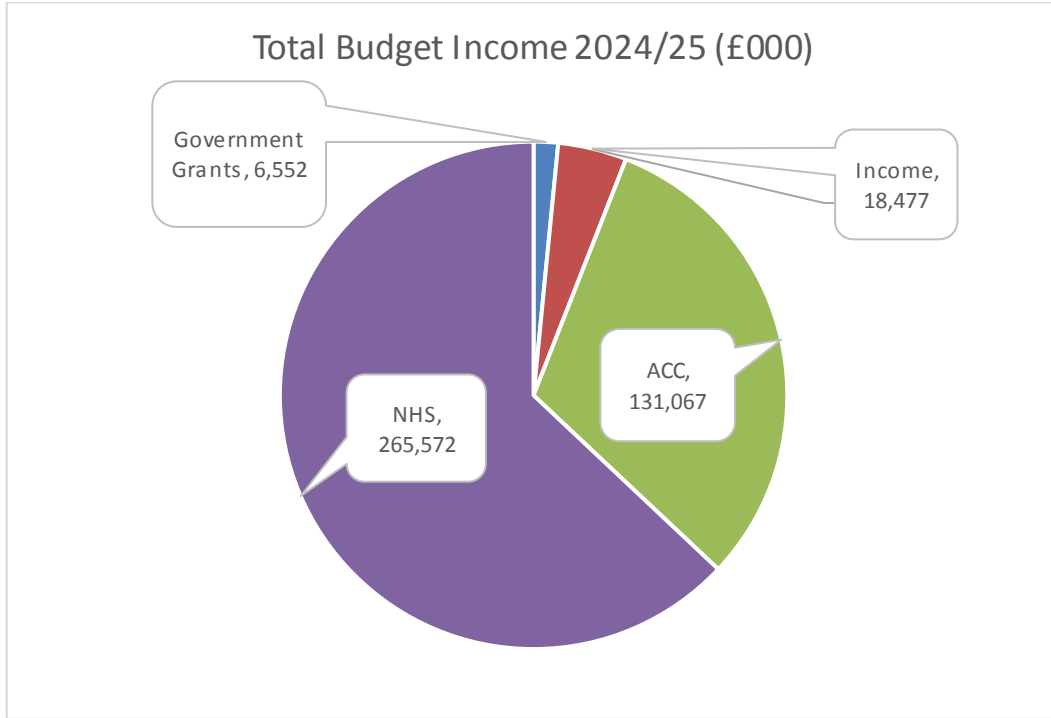
- 3.9. These positions were agreed by the Council on 6 March 2024 and NHSG Budget Steering Group on 25 March 2024.

| | ACC £'000 | NHSG £'000 |
|---|----------------------|-----------------------|
| Base Budget (including HRA) 2023/24 | 122,529 | 265,572 |
| Additional Funding (Aberdeen IJB share) | 8,538 | 0 |
| Provisional Funding 2024/25 | 131,067 | 265,572 |

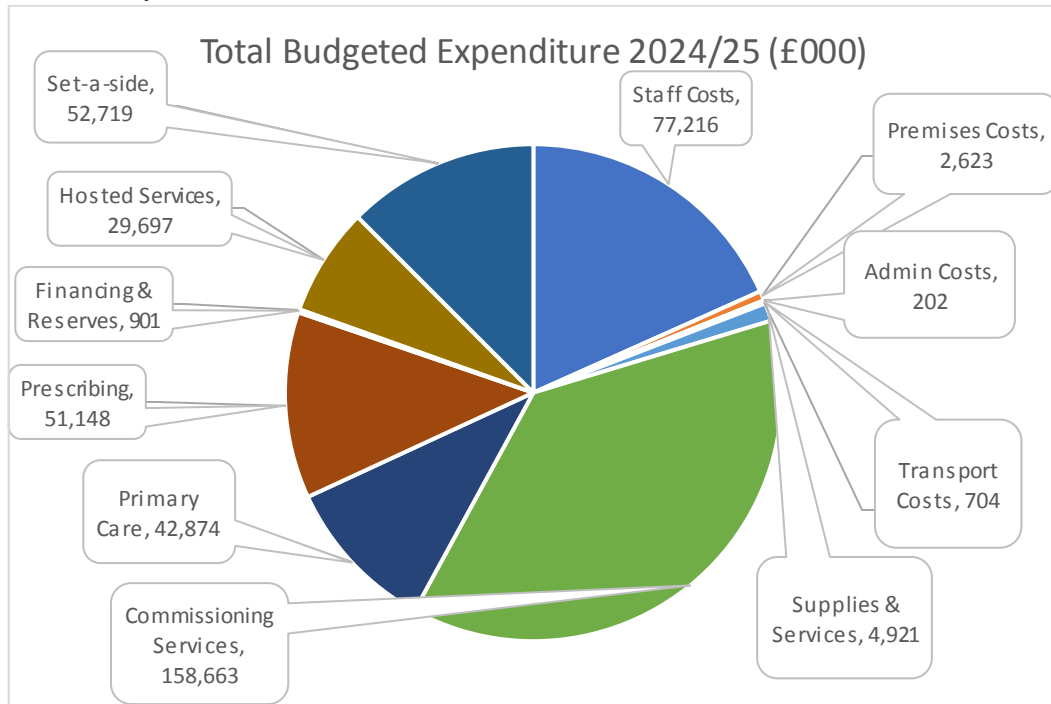


INTEGRATION JOINT BOARD

3.10. The total budgeted income available for the IJB is £421.668m :-



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





INTEGRATION JOINT BOARD

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

| | |
|------------------------|-------|
| Commissioning Services | £0.38 |
| Staff Costs | £0.18 |
| Set-a-side | £0.13 |
| Prescribing | £0.12 |
| Primary Care | £0.10 |
| Hosted Services | £0.07 |
| Other | £0.02 |

3.13. From this we can see that 100% of the Income is utilised, with no uncommitted funding available in 2024/25.

Savings

3.14. To present a balanced budget this year, significant savings have had to be allocated in 2024/25.

3.15. Throughout 2023/24, the Senior Leadership Team have held several workshops where the budget pressures were highlighted and discussed, during this process, the strategic aspirations of the Partnership and the Delivery Plan outcomes were central to any decisions taken.

3.16. The forecasted overspend for 2023/24 informed the initial discussions as it was imperative that these pressures do not continue and cause additional pressures in 2024/25.

3.17. In previous years, Future Service Redesign savings have been included to balance the Budget. Throughout the year, when projects within the Delivery Plan generated a savings, these were allocated to the Redesign balance. For 2024/25, individual projects within the Delivery Plan have been allocated specific savings, it is therefore imprudent to leave savings within Future Service Redesign this year.

3.18. It was agreed at SLT meetings that any budget savings required to balance the budget would be allocated to individual budgets, this has resulted in a savings target of 1.48% being allocated to base.



INTEGRATION JOINT BOARD

- 3.19. Budget holders have been allocated saving targets and these will be monitored throughout the year. There is a risk that the allocated savings will not be met. To give budget holders maximum time to account for the savings, it was decided that it would be more beneficial to allocate the savings at the start of the year, rather than during the year.
- 3.20. The level of savings have been reviewed and an Initial Impact Assessment carried out (*Appendix 5*)
- 3.21. To highlight the level of budget commitment allocated to Prevention, the budget this year has been apportioned to 3 Tiers.
- 3.22. Following the same allocation method as adopted by Aberdeen City Council, the JIB budget has been split on the following 3 Tier categories:-

| | |
|------------------------|--|
| 1 - Prevention | Taking action to prevent the occurrence of harm through universal measures |
| 2 - Early Intervention | Intervention that ward off the initial onset of harm and create empowered resilient communities and staff (human demand) Intervening before further harm takes place in a way that avoids the later costs on both human and financial terms of handling the consequences of that harm (resource demand) |
| 3 - Response | Significance harm has occurred or is assessed as being imminent, significant resource is required to provide specialist and / or intensive support to reduce harm and demand |

The total budget expenditure is allocated at follows:-

| | Budget 24/25 | |
|------------------------|----------------|-----|
| | £000 | % |
| 1 - Prevention | 301,803 | 72% |
| 2 - Early Intervention | 111,991 | 27% |
| 3 - Response | 7,873 | 1% |
| | <u>421,668</u> | |



INTEGRATION JOINT BOARD

Medium Term Financial Framework

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

| | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|--|--------------|--------------|--------------|--------------|--------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Budget Pressures | 18,147 | 9,308 | 10,872 | 11,225 | 11,592 |
| Additional Funding | (8,538) | (4,142) | (4,142) | (4,142) | (4,142) |
| Estimated Funding Gap | 9,609 | 5,166 | 6,730 | 7,083 | 7,450 |
| <u>Options to close the gap</u> | | | | | |
| Reshaping our approach to commissioning services | (2,586) | (3,093) | (3,405) | (3,571) | (3,743) |
| Whole system and connected remobilisation | (300) | - | - | - | - |
| Digital Transformation | (250) | - | - | - | - |
| Primary Care | (150) | (150) | - | - | - |
| Superannuation Contributions | (1,400) | - | - | - | - |
| Clear back-log in Financial Assessments will generate increased income | (1,500) | - | - | - | - |
| Saving targets allocated to Services | (3,423) | (1,923) | (3,325) | (3,512) | (3,707) |
| Shortfall | - | - | - | - | - |

3.24. This Framework is based on the funding assumptions which have arisen as a result of the current Scottish Budget process. The MTFF identifies the budget pressures which the IJB will face over the next seven financial years (although only five years are shown above) amounting to over £52 million and provides potential solutions which will be worked on during this timeframe to generate budget savings to close the forecast funding gaps in each year. The document is updated annually to reflect any changes to the baseline assumptions. The Framework is linked to the high-level aims included in the IJB Strategic Plan.



INTEGRATION JOINT BOARD

- 3.25. The issues of rising demand, increasing level of complexity of clients' need and rising prescription costs are well documented. The MTFP shows a direction of travel to reducing the financial pressures it is likely to face and balance the budget over the medium term. However, should the levels of funding identified not be made available to the IJB in future years from either or both partners, then more radical and robust choices will need to be made.
- 3.26. The IJB considered a report on 24 March 2020 on the hosting of the Grampian-wide inpatient and specialist Mental Health and Learning Disabilities (MHL) Services. These services are delegated, and operational responsibility transferred to the Chief Officer on 1 April 2020. The report indicated that NHSG would underwrite any financial loss on inpatient and specialist MHL Services for up to two financial years (from 1st of April 2020 to 31st of March 2022), this has now been extended to March 2025. Work continues on the transformation of these services and identifying options to seek financial balance, a working group having been established to take this forward.

Programme of Transformation \ Year 3 Delivery Plan (Y3DP)

- 3.27. It is essential not only that financial pressures which arise during the financial year are managed, but also that the financial savings required are delivered. During this budget process a review of the Year 2 Delivery Plan has been completed through consultation and engagement with the Senior Leadership Team as lead officers for the plan and with project teams, supported by the Strategy and Transformation Team. Many of the projects in the Delivery Plan were scheduled to be delivered over the three-year lifespan of the Strategic Plan and so would be carried forward to the third year of the plan regardless of the review.
- 3.28. Reference was made to the performance data in the Delivery Plan Dashboard to understand whether the actions we were taking in the Delivery Plan to date were having the desired effect or not. In general this confirmed the actions we have already identified are the right ones particularly in relation to enhancing service provision in Care at Home, Hospital at Home and Interim Beds. The review did indicate that there should be more of a focus on rehabilitation for stroke patients and this will be built into the overall review of rehabilitation services already scheduled.



INTEGRATION JOINT BOARD

- 3.29. Towards the end of 2023 the NHS Grampian Consultant in Public Health aligned to the Aberdeen City IJB undertook an analysis of the Population Needs Assessment (PNA) and highlighted the key messages relevant for Aberdeen City Health and Social Care Partnership. Most of the relevant areas of action required were already picked up either in the existing Delivery Plan or in projects the partnership are involved in within the Local Outcome Improvement Plan. One area that could be enhanced in the Delivery Plan was the partnership working with Aberdeen City Council Education and Children's Services (ECS) and two new lines have been added to the Y3DP within the Prevention and Strategy Programmes. The first is in relation to strengthening prevention and early intervention work, particularly in reducing local variations in health factors, and the second commits to reviewing the work being undertaken with Education and Children's Services and ensuring the Partnership is linked into all of the relevant areas.
- 3.30. Appendix 3 presents the Year 3 Delivery Plan. As last year, the projects have been grouped into programmes of work (the blue headings) but this year a description of the overall aim of the programme has been included. Arranging them this way makes the management and reporting of the projects easier. The total number of projects has increased from 64 in Year 2 to 82 in Year 3. Eleven of the Y2DP projects were closed during the year and four were completed. The main reason for the closure of projects was an amalgamation of the work with other projects although there were a couple where funding was withdrawn and therefore they could not be completed as originally envisaged, however, we are looking at other ways to deliver. There are 12 'completely new' projects (listed below). The other 'new' projects are not new pieces of work. These are projects that were already being undertaken either as business as usual or as part of the programme plan for some of the bigger programmes e.g. Frailty, H@H Expansion, and Social Care Pathways. Adding them to the Delivery Plan under the relevant programme brings more visibility to the work being undertaken and the resource being utilised to deliver.
- 3.31. The Y3DP as presented has been approved by the Senior Leadership Team with reference to the resources currently available in relation to staff capacity and budget. It should be noted that if there are any changes to resource availability a review of the plan may be required in line with changed circumstances. The SLT have also agreed that their responsibilities within the plan will translate to their personal objectives for 2024/25.



INTEGRATION JOINT BOARD

New Projects for Y3DP

| Programme | Project | Rationale |
|----------------|--|---|
| Home Pathways | Review Scheme of Assistance | To manage demand and budget reduction |
| Infrastructure | Rapid Review of Assets | To achieve budget savings |
| MHLD | Post Diagnostic Support | Early Intervention to manage future demand |
| MHLD | Review of NHS OOA Placements | To seek efficiencies |
| Prevention | Develop Public Mental Health Approach | National agenda and significant contribution to long term prevention agenda |
| Prevention | Reducing local variations in health factors (along with Children's Services Board) | Outcome of PNA analysis |
| Primary Care | Initiatives to mitigate increase in prescription costs | Response to budget pressure, ensuring future sustainability |
| Rehabilitation | Review of Wheelchair Services | Achieving improved outcomes for patients, efficiency, and reducing current overspend |
| Resilience | Explore other areas of charging | Potential to increase income offsetting increasing cost of service delivery and ensuring sustainability of services in future |
| Strategy | Develop new Strategic Plan | Statutory requirement for March 2025 |
| Strategy | Review partnership working with ECS | Outcome of PNA analysis but significant early intervention activity to manage future demand |
| Strategy | Deliver relevant recommendations from Hosted Services Internal Audit | To confirm best value and reduce overspends |

3.32. Other minor changes to note are that some projects that previously sat elsewhere in the Delivery Plan have now been brought under the Home Pathways Programme. IJB Members will recall that the Strategic Home Pathways Lead was appointed part way through Year 2 so this is the first opportunity to ensure the responsibility and accountability for these projects is accurately recorded. The Mental Health and Learning Disabilities (MHLD) Programme has been reviewed to align it with the national agenda in this area and the NHS Grampian Portfolio work. The project in relation to developing a Volunteer Protocol has been amended to take cognisance of the recently published Volunteer Charter and the new action is to arrange for Aberdeen City IJB to sign up to this and identify a Volunteer Champion. This is a specific ask from Community planning Aberdeen.

3.33. In addition to confirmation whether a project is Business as Usual (BAU) or a Full Transformation Project (FTP) as considered last year, a further category to confirm



INTEGRATION JOINT BOARD

whether the project has been included to deliver a budget saving, ensure future sustainability, contribute to the prevention agenda (both of the latter will help manage future demand) or whether it is delivering on a national agenda or a statutory requirement has been added. It has been noted that in order to manage the budget in future years some preparatory work will need to be undertaken in financial year 2024/25. Whilst savings will not be released during 2024/25 it is hoped the work undertaken will enable savings to be achieved in 2025/26 and beyond. The budget for those projects where a budget saving has been allocated for 2024/25 will be monitored and reported to the Risk, Audit and Performance Committee quarterly at the same time as the quarterly performance report on Delivery plan progress. The Prevention, Early Intervention, and Response tiers have also been allocated. It is difficult to make direct comparisons with Year 2 in relation to these. Firstly, the allocation of tiers came after the Delivery Plan was agreed and our first attempt at this was not based on any agreed definitions. Comparison is also skewed as we have added projects from the programme plans of some of the bigger programmes and most of these are in the Response Tier 3. Having said that we have increased our Prevention projects from seven to twelve increasing the percentage of the projects in Tier 1 from 16.7% in Year 2 to 18.3% in year 3.

- 3.34. Work is about to begin on developing the next version of our Strategic Plan from 2025 onwards. IJB will be part of the development process but the first year Delivery Plan will be submitted to IJB for approval as part of the MTFP in March 2025.

Reserves

- 3.35. It is recommended that the risk fund reserve should be set at £2.5 million. This will provide the IJB with funding to cover any adverse financial movements that occur and protect partners from having to provide additional funds.
- 3.36. The unallocated balance on the Integration and Change Reserve is currently £5.4m, this is after accounting for the agreed use of the reserve to balance the overspend position in 2023/24, currently forecasted to be £4.5m. At this stage there are no detailed proposals for funding from this Reserve to deliver the projects set out in Year 3 of the IJB's Delivery Plan. However, some initiatives are at an early stage and a provisional amount has been allocated against the Reserve. As the project



INTEGRATION JOINT BOARD

scopes develop, it may prove desirable and appropriate to financially invest in projects to maximise benefit realisation (whether financial or otherwise).

- 3.37. During the budget setting process, it was felt prudent to account for the reinstatement of the Reserves utilised to fund the 2023/24 overspend. A recurring budget of £500,000 has been included to reinstate the Reserves over time.

Social Care Providers

- 3.38. Bon Accord Care (BAC) is an Arm’s Length External Organisation (ALEO) of the Council. As the majority of the funding for Bon Accord Care comes from the IJB, a breakdown of the draft 2024/25 contract value is shown below: -

| | £’000 |
|---------------------------------------|---------------|
| 2023/24 Contract Level | 35,625 |
| SLA amendments | (3,754) |
| Pay Awards (23/24 & 24/25) | 3,050 |
| Total – 2024/25 Contract Level | 34,921 |

- 3.39. To reflect the additional pressure as a result of the pay award for 2023/24 and the estimated effect for 2024/25, it is recommended that the contract value is increased in 2024/25 by the amount highlighted above.
- 3.40. One of the services that form part of the SLA amendments has been delayed and will now take effect from 1 June 2024. To fund this, BAC have agreed to invoice the IJB for the costs rather than amend the annual contract value.
- 3.41. Those providers covered by the National Care Home Contract (NCHC) will receive the level of uplift required per the nationally agreed contract renegotiation process. The current position is that this should see an increase in costs, however, this is still under negotiation. At the time of preparing the MTF, no formal national agreement has been arrived at, therefore, the proposed rate increases of 6.76% for Nursing Care and 8.3% for Residential Care have been included in the budget from 1 April 2024 to account for the statutory pay requirements and the Real Living Wage uplift.
- 3.42. For those providers not covered by the NCHC the IJB is required to agree its position. Recently, guidance has been developed nationally by the Scottish Government which indicates what value of the total contract value should be inflated



INTEGRATION JOINT BOARD

and by what percentage. The Scottish Government allocation has been passported from Aberdeen City Council to the IJB to fund this, it is therefore recommended that the guidance be used to transfer the funding required to facilitate the uplift to a minimum of £12.00 per hour for all adult social care staff. It is recommended that authority be given to the Chief Finance Officer to provide for this in the MTFF. Individual increases to providers will be allocated following scrutiny of financial information provided to supplement any request for an increase in their rates.

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

4. Implications for IJB

- 4.1. **Equalities** – The IJB must have due regard to protected characteristics under the Equality Act 2010. The budget proposals presented in this report have been subject to an Equality Impact Assessment where appropriate. No major service reductions or changes are recommended in this MTFF for 2024/25 and the IJB (via the Risk, Audit and Performance Committee) will receive quarterly reports on the progress of the Plan which will consider any equality implications in detail. The assessments identify any protected characteristics which are likely to be impacted and any associated mitigating actions. The Council have undertaken an assessment in regard to the funds coming across to the IJB.
- 4.2. **Fairer Scotland Duty** – there are no direct implications for the Fairer Scotland Duty. The Fairer Scotland Duty will be engaged as this report relates to the allocation of resources. The onward impact to the client will be mitigated through fair and equality-based commissioning, based on need.
- 4.3. **Financial** – The financial implications are detailed throughout the report and Appendix 1. Aberdeen City Council has a bond registered on the London Stock Exchange which requires the Council to have a credit rating that is reviewed annually. Management of budgets is a component of this assessment. Overspends and lack of recovery plans on the part of the Integration Joint Board may have an impact on the credit rating.
- 4.4. **Workforce** - Employees will receive the national agreed pay awards and any increments due. No redundancies have been anticipated or are expected in



INTEGRATION JOINT BOARD

delivery of the savings. The impact on the workforce is something which will be continually considered by the IJB as it develops and updates its strategic planning and commissioning plans after consultation with its Partners.

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

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

5. Links to ACHSCP Strategic Plan

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

6. Management of Risk

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

Strategic Risk 2

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

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

- The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.



INTEGRATION JOINT BOARD

- This report seeks to set a provisional budget for the JB, which will provide the budget managers with time to start work on delivering savings and services within their allocated budgets.
- The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements.

This page is intentionally left blank



ABERDEEN CITY IJB

MEDIUM TERM FINANCIAL FRAMEWORK

2024/25 – 2030/31



Contents

| | |
|---|-----|
| Executive Summary | 4 |
| Our MTFF Linked to our Strategic Plan | 6 |
| Introduction..... | 7 |
| 1. Key Principles | 8 |
| 2. Context (National and Local) | 9 |
| Legislation Context..... | 9 |
| Scottish Government Context | 9 |
| National Demand Context | 10 |
| Local Context | 11 |
| 3. Planning Assumptions | 14 |
| Reserve Position | 14 |
| 4. Projected expenditure and new resources | 154 |
| Budget Assumptions | 165 |
| Pay Award | 165 |
| Transitioning Children (Learning Disabilities) | 176 |
| Prescribing..... | 176 |
| Demographics..... | 176 |
| Out of Area Placements | 177 |
| Complex Care - Financing | 177 |
| Real Living Wage | 187 |
| Funding Adjustments | 187 |
| 5. Recommendations to close the financial gap | 198 |
| Year 3 Delivery Plan | 19 |
| 6. Risk Assessment..... | 221 |
| Appendix 1: Services Provided by ACHSCP | 243 |
| Community Health Services (£44 million 2023/24) | 243 |
| Hosted Services (£31 million 2023/24) | 265 |
| Learning Disabilities Services (£42 million 2023/24) | 265 |
| Mental Health & Addictions (£26 million 2023/24) | 276 |
| Older People and Physical & Sensory Disabilities (£101 million 2023/24) | 276 |



Aberdeen City Health & Social Care Partnership

A caring partnership

| | |
|---|-----|
| Criminal Justice (£0 net – funded by ring-fenced grant) | 286 |
| Primary Care Prescribing (£45 million 2023/24) | 287 |
| Primary Care (£44 million 2023/24)..... | 287 |
| Set-Aside Notional Budget (£53 million 2023/24) | 297 |



Executive Summary

The seven-year financial framework sets out the forecast income and expenditure for the Integration Joint Board (IJB). Whilst the funding levels contained in this budget have only been set for one year (2024/25) we have based future projections on historic trends and planning assumptions on advice from our key partners.

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

| | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 | 2030/31 |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Budget Pressures | 18,147 | 9,308 | 10,872 | 11,225 | 11,592 | 11,968 | 12,302 |
| Additional Funding | (8,538) | (4,142) | (4,142) | (4,142) | (4,142) | (4,142) | (4,142) |
| Estimated Funding Gap | 9,609 | 5,166 | 6,730 | 7,083 | 7,450 | 7,826 | 8,160 |
| Options to close the gap | | | | | | | |
| Reshaping our approach to commissioning services | (2,586) | (3,093) | (3,405) | (3,571) | (3,743) | (3,853) | (3,969) |
| Whole system and connected remobilisation | (300) | - | - | - | - | - | - |
| Digital Transformation | (250) | - | - | - | - | - | - |
| Primary Care | (150) | (150) | - | - | - | - | - |
| Superannuation Contributions | (1,400) | - | - | - | - | - | - |
| Clear back-log in Financial Assessments will generate increased income | (1,500) | - | - | - | - | - | - |
| Saving targets allocated to Services | (3,423) | (1,923) | (3,325) | (3,512) | (3,707) | (3,973) | (4,191) |
| Shortfall | - | - | - | - | - | - | - |



Based on the detailed projected income and expenditure from 2024/25 to 2030/31, the IJB will require to achieve savings in the following years: -

| Financial Year | Estimated Funding Gap |
|----------------|-----------------------|
| | £'000 |
| | |
| 2024/25 | 9,609 |
| 2025/26 | 5,166 |
| 2026/27 | 6,730 |
| 2027/28 | 7,083 |
| 2028/29 | 7,450 |
| 2029/30 | 7,826 |
| 2030/31 | 8,160 |

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



Our MTFF Linked to our Strategic Plan

Aim – Caring Together

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

Aim – Keeping People Safe at Home

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

Aim – Preventing Ill Health

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

Aim – Achieving Fulfilling, Healthy Lives

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



Introduction

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

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

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

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

1. whether some of the changes in cost profile, demand and services as a result of COVID and COVID rules are recurring,
2. what impact any national care service will have on the IJB and its finances,
3. impact of the health debt caused by COVID and COVID rules on our services,
4. the continuing pressures on Prescribing budgets and
5. the ongoing impact of the increase in the cost of living and inflation rates will have on our third party providers.

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

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



1. Key Principles

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

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

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



2. Context (National and Local)

Legislation Context

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

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

Scottish Government Context

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

The Scottish Government has also indicated that one of its priorities is the adoption of the Scottish Living Wage across the care sector. In this regard, additional funding has been allocated to the IJBs in each of the last seven financial years to help fund this policy commitment. This financial year the level of uplift proposed for adult social care staff is to receive a minimum of £12.00 per hour and additional funding has been received to meet this obligation.

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



One of the Scottish Government's policy commitments is the introduction of a national care service. To date a consultation exercise has been undertaken seeking views on the national care service and the results of the consultation have been published. The creation of a national care service will have implications on the IJB and Adult Social Care Services, however, at this stage the impacts are unknown. It is anticipated that further detail on the future shape of a National Care Service will become more clear during Stage 2 of the Parliamentary process which is due to begin in March 2024.

Context of Demand for Health and Social Care Services in Aberdeen City

The population projections for Aberdeen City suggest that by 2028, the proportion of the over 75s will have increased by 16.1%. Within Aberdeen, the age structure varies considerably by neighbourhood. The proportion of people aged 65+ years ranges from 7.3% in City Centre and Froghall, Powis & Sunnybank to 25.5% in Danestone.

For both women and men increased life expectancy has stalled and healthy life expectancy is declining. Both life expectancy and healthy life expectancy vary across Aberdeen, with people from areas with higher deprivation having shorter lives and being more likely to live with poorer health for longer. Whilst this can be difficult to interpret, these indicators suggest that individuals born in Aberdeen during 2019-21 can expect to live around 20% of their lives in poor health.

Here and now we know that 1 in 4 adults describe themselves as having a limiting, long-term illness. Estimated life expectancy is strongly associated with deprivation. In Aberdeen City in 2017-2021, estimated life expectancy for males in SIMD quintile 1 (most deprived) was 71.7 years compared to 81.7 years for males in SIMD quintile 5 (least deprived) – a difference of 10 years. For females, the difference in estimated life expectancy was less marked, at 76.3 years for females in quintile 1 compared to 84.4 years for females in quintile 5 - a difference of 8.1 years. Comparison with data from 2013-2017 shows that the gap in estimated life expectancy between most and least deprived quintiles in Aberdeen City has increased for males (previously 9.7 years) and females (previously 7.4 years). The relationship between estimated life expectancy and deprivation means that for both males and females there are important differences in estimated life expectancy at birth depending on where you live in Aberdeen City.

Healthy Life Expectancy (HLE) represents the number of years that an individual can expect to live in good health. In 2019-21, males in Aberdeen City had an estimated life expectancy at birth of 76.9 years and a healthy life expectancy of 60.2 years, giving an expected period of 'not healthy' health of 16.7 years. This means that a baby boy born in 2019-2021 could expect to live 78.3% of his life in healthy health. In 2019-2021, females in Aberdeen City had an estimated life expectancy at birth of 81.0 years and a healthy life expectancy of 61.4 years, giving an expected period of 'not healthy' health of 19.6 years. This means that a baby girl born in 2019-2021



could expect to live 75.7% of their life in healthy health. So while on average females have a higher life expectancy than males, they also spend a higher proportion of their lives in 'unhealthy health'.

The health of individuals within the adult population is a complicated area for assessing need. As people age and their life circumstances change, their health will change. In population health terms these changes across the life-course are an important consideration when we think about need and how that translates into the types of health and care services required. As people get older, they tend to need more health and social care support. This is due to a range of reasons including developing long term conditions, or diseases that require ongoing management, or simply a result of increasing frailty. Preventing disease progression or adopting healthier behaviours is therefore an important element of health and health care amongst adults.

The data for selected diseases – cancer registrations, coronary heart disease, and chronic obstructive pulmonary disease – are all indicative of the demands that are being placed on health care services. However, in all cases it is important to note the variation in the indicators across the City. There is unlikely to be a single cause of these health inequalities and we need to understand that such health inequalities happen as a result of wider inequalities experienced over time. As a result, these types of health inequality are challenges not only for treatment here and now, but reflect a need to place a greater emphasis on future disease preventative intervention happening at the same time. Such wider approaches to early intervention are also going to be important in considering health and care demand in a range of settings, especially for those who are in older age. The indicators around hospitalisation show that emergency admissions are reducing, including for older people with multiple needs. However, they also show that for a range of care settings outside of hospital, there are high levels of use, which may suggest that there are pressures in the system which need to be managed.

Aberdeen City has a slightly higher rate of people (known to the local authority) with learning disabilities at 5.5 per 1000, compared to 5.2 for Scotland as a whole. At the time of the 2011 Census, 26.5% of the population reported having one or more long-term health conditions (compared to 29.9% in Scotland) and 16% reported having a long term health condition that limited their activities (compared to 19.7%) in Scotland. In the Scottish Health Survey (2017-21), 26% reported having a limiting long-term illness in Aberdeen City compared to 34% in Scotland. This proportion was higher in females (30%) than males (22%).

Local Context

As with all public sector bodies our partners from whom the majority of our funds are received are facing financial challenges as a result of this period of financial constraint, with demand for budget outstripping the resources available and savings



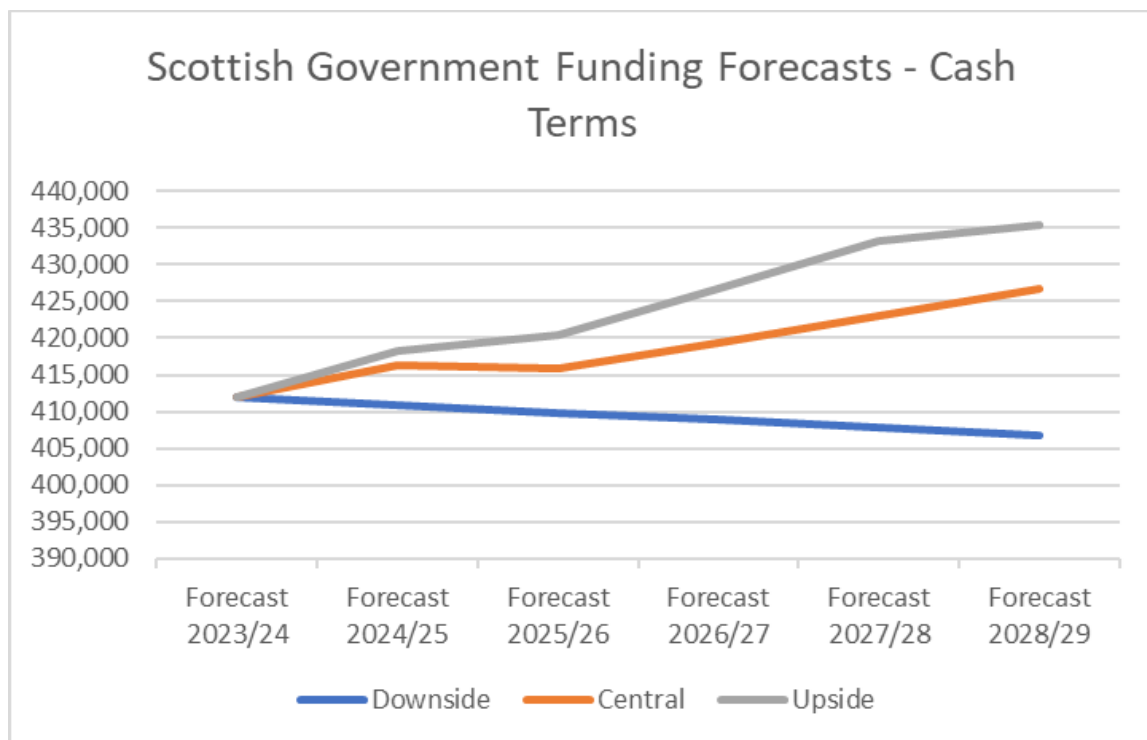
having to be identified annually to balance budgets. Both ACC and NHSG will require to make savings in future years to balance their revenue budgets.

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

In relation to Aberdeen City Council, their Medium-Term Financial Framework (MTFF) sets out some informed assumptions for financial years 2024/25 – 2028/29.

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

Illustrated within the Aberdeen City MTFs, approved in August 2023, is projected financial scenarios depending on the level of Scottish Government funding. The settlement that the Council has received for 2024/25 cannot be compared directly with these scenarios as the level of additional expenditure that will be incurred increases. From the analysis undertaken it can be concluded that the underlying funding for 2024/25 is broadly as expected in the Central Scenario. The chart below has been updated to take account of the 2024/25 Financial Settlement and known changes to future funding streams and presents a forecast of how this may alter over the next five years.





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

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

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

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



3. Planning Assumptions

Reserve Position

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

Reserves are generally held to do three things:

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

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

The level of reserves held at the beginning of the financial year totalled £27m. A significant element of the funds in reserves are ring fenced for specific purposes and can't be used for anything else, these relate to the Primary Care Improvement Fund, Alcohol and Drugs and Action 15.

The unallocated balance on the Integration and Charge Reserve, after the requirement to drawdown £4.5m to balance the current estimated overspend in 2023/24, is currently £5.4m. At this stage, there are no detailed proposals for funding from the Integration & Change Reserve to deliver the projects set out in Year 3 of the IJB's Delivery Plan. However, some initiatives are at an early stage and a provisional amount has been allocated against the Reserve. As project scopes develop, it may prove desirable and appropriate to financially invest in projects to maximise benefit realisation (whether financial or otherwise). Any such proposal will be reported to the IJB for approval as required.

During the budget setting process, it was felt prudent to budget for the reinstatement of the Reserves utilised to balance the forecasted overspend in 2023/24. To



facilitate this, a recurring budget provision of £500,000 has been included in the MTFP.

4. Projected expenditure and new resources

This reflects the known commitments and income likely to be received in 2024/25. Each year cost pressures will arise during the financial year as service delivery moves to cope with demand. The main cost pressures which the IJB will face over the next seven financial years are as follows:-

| | 2024/25 £'000 | 2025/26 £'000 | 2026/27 £'000 | 2027/28 £'000 | 2028/29 £'000 | 2029/30 £'000 | 2030/31 £'000 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| <u>Budget Pressures</u> | | | | | | | |
| Pay Inflation | 582 | 559 | 575 | 592 | 610 | 628 | 646 |
| Transitioning Children - Learning Disabilities | 690 | 711 | 732 | 754 | 777 | 800 | 824 |
| Prescribing | 6,403 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 |
| Demographics 2% Uplift | 1,641 | 1,690 | 1,741 | 1,793 | 1,847 | 1,902 | 1,959 |
| Non-pay inflation | 2,229 | 1,299 | 1,571 | 1,624 | 1,678 | 1,735 | 1,793 |
| Out of Area Placements | 1,000 | (1,000) | - | - | - | - | - |
| Complex Care - Financing Costs | 252 | - | - | - | - | - | - |
| Reinstatement of Reserves | 500 | - | - | - | - | - | - |
| | 13,296 | 4,259 | 5,619 | 5,762 | 5,912 | 6,065 | 6,222 |
| <u>New Requirements</u> | | | | | | | |
| RLW per hour Adult Social Care | 4,851 | 5,049 | 5,253 | 5,463 | 5,680 | 5,903 | 6,080 |
| | 18,147 | 9,308 | 10,872 | 11,225 | 11,592 | 11,968 | 12,302 |
| <u>Funding Adjustments</u> | | | | | | | |
| Estimated New Council Funding | (8,538) | (4,142) | (4,142) | (4,142) | (4,142) | (4,142) | (4,142) |
| Uplift in NHS Funding | - | - | - | - | - | - | - |
| | (8,538) | (4,142) | (4,142) | (4,142) | (4,142) | (4,142) | (4,142) |
| Estimated Funding Gap | 9,609 | 5,166 | 6,730 | 7,083 | 7,450 | 7,826 | 8,160 |



Budget Assumptions

| | 2024/25 | 2025/26 onwards |
|---|---|---|
| Pay & National Insurance | NHS 0% ACC, 3% | NHS 0% ACC, 3% |
| Transitioning Children - Learning Disabilities | Average number of transitioning children by average cost of package | Average number of transitioning children by average cost of package |
| Prescribing | Estimate from Grampian Prescribing group | Previous increases in prescribing |
| Demographics 2% uplift | 2% on older people's budget | 2% on older people's budget |
| Out of Area Placements | Budget increase for one year to enable a full review of all packages | Expected savings from the full review, therefore budget reduced to 2023/24 levels |
| Complex Care – Financing Costs | Agreed at the IJB committee on 6 th February 2023 to fund the borrowing costs for the Complex Care establishment | No specific increase in the budget |
| Non-pay Inflation | Inflationary increases on budget lines other than Payroll costs | Inflationary increases on budget lines other than Payroll costs |
| Real Living Wage for Staff working in Adult Social Care | Uplift for Real Living Wage contained within the uplift funding for Social Care | Based on previous years estimated uplift |
| Funding Adjustments | NHSG – 0% uplift ACC – Previous years budgets plus additional allocations | Flat cash - based on previous estimated grant levels |

Pay Award

- NHS staff
 - Agenda for Change pay increases for 2023/24 were fully funded and the base budget increased accordingly.
 - For 2024/25 we are accounting for a 0%.



- The assumption is that any increase to the final pay settlement for 2024/25 onwards, will again be funded separately by the Scottish Government
- ACC staff

As in previous years, an indicative percentage increase has been included. For 2024/25 onwards, we have estimated 3%.

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

Transitioning Children (Learning Disabilities)

- Children transition into the adult learning disabilities section once they reach a certain age. At this point they are reassessed by the care managers from the adult learning disabilities team and a new care package is created reflecting eligibility criteria.
- Pressure has been experienced on this budget in this financial year and the number of children transitioning has been estimated at £690,000 in 2024/25.
- Please note, this is only an estimate based on an average care package; the care package for some transitioning children will be far higher than the average depending on the complexity of the disability.

Prescribing

- The cost of the drugs prescribed is increasing year on year, and information from NHS Grampian's Pharmacy Group has indicated that additional budget provision is required in 2024/25.
- The IJB has limited control over this budget, as it is unable to control the prices of drugs which are set nationally and influenced by factors such as supply and demand, currency movements and patents. It is also unable to control demand as it is a clinical decision to prescribe a medicine.
- Aberdeen City already performs well nationally in terms of prescribing and has one of the lowest costs per head of population.
- Included in the year three delivery plan, a specific project has been included to develop and implement appropriate initiatives to mitigate increases in prescription costs.

Demographics

- Before someone is provided a care package they are assessed by care managers against the eligibility criteria.
- In Aberdeen City, care is only provided to those who are assessed as having a high or very high need.



- The majority of the Adult Social Care clients are over 65 and given the number of over-65s is forecast to increase year on year, a provision has been added to cover the additional costs anticipated as a result of this.

Non-pay inflation

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

Out of Area Placements

- The IJB has several high cost Out of Area packages.
- There is significant pressure on this budget.
- To allow for a full review of all packages within 2024/25, the budget has been increased to match the current levels of expenditure.
- This temporary increase has been removed in 2025/26 and the budget will return to the 2023/24 levels.

Complex Care – Financing Costs

- The IJB agreed at its Committee on 6th February 2024 to fund the financing costs, relating to the borrowing requirements, to allow the building of a specific Complex Care establishment within the City.

Real Living Wage

This includes the additional cost of inflating social care providers contracts to enable a minimum of £12.00 per hour to be paid to adult social care workers.

Funding Adjustments

- NHSG Funding
 - The NHSG Budget Steering Group has agreed to hold the funding to the all IJBs at current levels.
- ACC Funding
 - ACC funding is calculated as the base budget for the previous year, plus any specific allocation received from the Scottish Government
 - For 2024/25, we have received additional allocations for the increase in the Real Living Wage, inflationary uplift on Free Personal and Nursing Care and a share of additional funding for the 2023/24 pay increases



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

5. Recommendations to close the financial gap

| | 2023/24 £'000 | 2024/25 £'000 | 2025/26 £'000 | 2026/27 £'000 | 2027/28 £'000 | 2028/29 £'000 | 2029/30 £'000 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Strategic Aims | | | | | | | |
| Aim - Caring Together | | | | | | | |
| Reshaping our approach to commissioning services | (2,586) | (3,093) | (3,405) | (3,571) | (3,743) | (3,853) | (3,969) |
| Primary Care | (150) | (150) | - | - | - | - | - |
| | (2,736) | (3,243) | (3,405) | (3,571) | (3,743) | (3,853) | (3,969) |
| Enabling Priorities | | | | | | | |
| Enabler - Workforce | | | | | | | |
| Superannuation Contributions | (1,400) | - | - | - | - | - | - |
| Enabler - Finance | | | | | | | |
| Clear back-log in Financial Assessments will generate increased income | (1,500) | - | - | - | - | - | - |
| Digital Transformation | (250) | - | - | - | - | - | - |
| Saving targets allocated to Services | (3,423) | (1,923) | (3,325) | (3,512) | (3,707) | (3,973) | (4,191) |
| | (5,173) | (1,923) | (3,325) | (3,512) | (3,707) | (3,973) | (4,191) |
| Enabler - Infrastructure | | | | | | | |
| Whole system and connected remobilisation | (300) | - | - | - | - | - | - |
| Total | (9,609) | (5,166) | (6,730) | (7,083) | (7,450) | (7,826) | (8,160) |



Year 3 Delivery Plan

In recognising the impact of the financial position, we have in 2024/25 focused Year 3 Delivery Plan to deliver on redesign, savings, and conditions for future progress. Further information is contained in Appendix 4 of the budget report, on deliverables and measures. There is, of course, a range of Business as Usual (BAU) projects and activities that also contribute to our financial sustainability.

Aim – Caring Together:

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

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

A review of General Practice in Grampian has been carried out by the three health and social care partnerships with a view to developing with General Practice, a new vision for the sector. This has involved significant engagement and consultation with a variety of partners. The vision, and associated objectives, are on the agenda for the Integration Joint Board on 26 March 2024 for consideration. Should the vision be approved, work to implement the vision will begin during 24/25.

Aim - Safe at Home:

During the winter period there has been an increase in demand for medical and unscheduled care, particularly in patients using our Frailty Pathway. We intend to undertake a review of this demand projecting forward to 2030 in order that we can understand any actions we need to implement to meet it. This may require some future decisions around increasing resource allocation to additional services and



support in the community and potentially additional investment in digital solutions. Another area of focus is to ensure we get people home from hospital when they no longer need to be there. This is particularly relevant for those who require complex care who can often be placed in care locations out with Aberdeen. Switching to caring for these people in their own homes can be significantly expensive and the transition is something that will require careful planning in terms of budget allocation.

We plan to undertake a strategic review of rehabilitation services across both internal and hosted services within the partnership with a view to improving both patient and staff experience in this area.

Aim – Improving Quality of Life:

We will continue to progress the Grampian wide Mental Health and Learning Disabilities transformation programme in collaboration with partners with a view to evidencing increased community delivery across secondary and primary care in Aberdeen City. We will remobilise services in line with the Grampian Remobilisation

We have developed a revised Carers Strategy taking cognisance of the impact Covid has had on unpaid carers. This was approved at the IJB meeting in January 2023 and the first Annual Report was considered by IJB in January 2024. The Alcohol and Drugs Partnership continues to progress actions on its Delivery Framework.

Aim – Preventing ill health:

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

The majority of the savings will come from seeking alternatives to medicines (social prescribing), ensuring our prescribing processes and management of patients using medicines is as efficient as it can be and also stopping the prescription of drugs where there is evidence of little clinical value. A cross-Grampian prescribing group provides recommendations to the Partnership on all prescribing matters. In addition, a key driver will be the use of technology to develop more efficient systems across community care which will impact on the key drivers.



6. Risk Assessment

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

- During the previous budget processes a significant level of turnover savings was added to the budget to reflect the current staffing levels; should these staffing levels improve then this could impact on the delivery of this saving. This is monitored during each budget monitoring and all posts are taken through a vacancy control process.
- The proposed pay increase for 2024/25 in this financial framework is based on the information provided by the Scottish Government for planning purposes. This has not been agreed and there is a risk that the percentage agreed could be higher than anticipated.
- The prescribing budget is a high-risk budget for the IJB. Whilst the decisions to prescribe are made locally, the costs of the drugs and the agreement to introduce new drugs are made nationally. To align with our risk appetite statement, an additional budget provision has been included in the MTFF to mitigate the impact of the forecasted increase.
- The increasing level of complexity of need for some of our clients means that major care packages might materialise during the year which we have not budgeted for. The same applies to patients who need out-of-area care and where a clinical decision has been made that this is in their best interests.
- The external care market is fragile, with NCHC providers looking for high inflationary increases to provide stability. These increases are negotiated nationally and may be higher than forecast. Should the national negotiation break down then it is likely that local agreements will need to be negotiated and given the high cost of living in Aberdeen this is likely to be more than what would be agreed nationally.
- The Carers Act and the free personal care to under-65s legislation has increased the demand for these services. Additional funding has been received for these purposes, however demand continues to exceed the resource available and we continue to manage this within the overall budget available



- The Scottish Government has committed to the principle of a national care service, although the scope and function are not yet known. It is likely that the creation of a national care service will have an impact on the Integration Joint Board and ACHSCP, however, at this stage the impact cannot be quantified. Further detail on the future shape and form of a National Care Service is expected to be received from the Scottish Government from March 2024 onwards.
- The rate of inflation and the effect this has on the ongoing cost of living, creates unprecedented pressures for our third-party providers. As no additional funding has been received to mitigate the current level of inflation, this may have an impact on future budgets.

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



Appendix 1: Services Provided by ACHSCP

Information on the services provided by ACHSCP is shown below:

Community Health Services (£44 million 2023/24)

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

- **Community Nursing Services**

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

- **Allied Health Professionals**

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

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



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

- **Public Health and Wellbeing**

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

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

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



Hosted Services (£31 million 2023/24)

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

- Specialist Older Adult and Rehabilitation Services – comprising the Grampian Specialist Rehabilitation Service and the Specialist Older Adults Service across Aberdeen and Aberdeenshire. These services provide a range community rehabilitation, specialist medical consultant liaison (including community consultant geriatrician alignment) and specialist services – dealing with wheelchairs, prosthetics, and orthotics across Grampian. There is also a significant medical in-reach service supporting the acute geriatric service within Aberdeen Royal Infirmary.
- Sexual Health Services – based at the Health Village but providing services across seven locations in Grampian.
- Acute Mental Health and Learning Disabilities – Although this is operationally managed by City IJB, the budget remains and reported via NHS Grampian

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

Learning Disabilities Services (£42 million 2023/24)

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

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

The Care Management Team (20 staff) provide comprehensive assessment, care package commissioning and ongoing support for over 650 adults with learning disabilities and associated complex conditions and needs. This includes



our Transitions Service that works closely with Children's Services in the planning and transfer of young people into adult services.

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

Mental Health & Addictions (£26 million 2023/24)

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

Older People and Physical & Sensory Disabilities (£101 million 2023/24)

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



Criminal Justice (£0 net – funded by ring-fenced grant)

Criminal Justice Social Work provides statutory supervision and court reports from the age of 18. The aim of the service is to reduce the risk of reoffending and harm by those who are supervised in the community and assisting with rehabilitation and monitoring to those released from prison. The service is made up of four community teams, a throughcare team, a pre-disposal/court team, an unpaid work team, and a Women's Service. They also undertake group work programmes for those convicted of domestic abuse offences or sexual offences. At any one time around 1,500 clients are open to justice services.

Primary Care Prescribing (£45 million 2023/24)

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

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

Primary Care (£44 million 2023/24)

Payments made to GPs for provision of services. The costs are largely dictated by the GPs' national terms & conditions of service from the GP contract. Aberdeen has 27 GP practices, providing general medical services to a population of 265,000 registered patients (Jan 2024). Whilst different contractual models operate across the city, all GP practices provide core general medical services together with a range of enhanced services. The above expenditure is drawn from the General Medical Services contract funding stream and represents the payments made to GP practices for the services provided to their registered list of patients.



Set-Aside Notional Budget (£53 million 2023/24)

Budgets for large hospitals are managed by the Acute and Mental Health sectors of NHS Grampian. The IJBs have a notional budget representing the consumption of these services by residents.

The services covered include:

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

This page is intentionally left blank



INTEGRATION JOINT BOARD

DIRECTION

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

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

Services will be provided in line with the Board's Strategic Plan, directions previous issued by the integration joint board and existing operational arrangements pending future directions from the Board.

Approval from IJB received on:- 26 March 2024

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

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

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

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

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



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

Timescales involved:-

Start date: 01 April 2024

End date: 31 March 2025

Associated Budget:- The associated budget for these functions and services is £131.067 million.

This direction is effective from 1st April 2024.

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



INTEGRATION JOINT BOARD

DIRECTION

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

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

Services will be provided in line with the Board’s Strategic Plan, directions previous issued by the integration joint board and existing operational arrangements pending future directions from the Board.

Approval from IJB received on:- 26 March 2024

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

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

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

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

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



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

Timescales involved:-

Start date: 01 April 2024

End date: 31 March 2025

Associated Budget:-

The associated budget for these functions and services is £266m of which approximately £30m relates to Aberdeen City's share for services to be hosted.

£53m is set aside for large hospital services.

This direction is effective from 1st April 2024.

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

Draft Y3 Delivery Plan

| Project Description | Leadership Team (SRO) | End Date | Saving Allocated | Category | Tier |
|--|-----------------------|----------|------------------|-----------------------|-----------------------------|
| Commissioning (Shona Omand-Smith) - Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities. | | | | | |
| Review of Bon Accord Care contract and redesign of associated service specifications. | Shona Omand-Smith | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Review of GCC Contract to reflect flat cash agreement. | Shona Omand-Smith | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Review of use/availability of Interim Beds | Shona Omand-Smith | Mar-25 | 500,000 | Budget Saving | Tier 3 (Response) |
| Consolidation/streamlining of existing MHLD commissioned services | Shona Omand-Smith | Mar-25 | 65,000 | Budget Saving | Tier 3 (Response) |
| Explore how counselling service can work in a more collaborative, joined up way to support people experiencing care to benefit from a more holistic approach whilst achieving efficiencies | Shona Omand-Smith | Mar-25 | N/A | Future Sustainability | Tier 2 (Early Intervention) |
| Communities (Alison MacLeod) - provide community based services codesigned and codelivered with our communities. | | | | | |
| Continue to develop and evaluate the Northfield Hub as a test of change feeding into the wider initiative on development of Wellbeing Hubs across the City, including exploring support for foot health | Lynn Morrison | Mar-25 | N/A | Prevention | Tier 2 (Early Intervention) |
| Lead on increasing and diversifying the membership of our Locality Empowerment Groups and increasing wider participation in locality planning. | Alison MacLeod | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Deliver North, Central and South Locality Plans and report on progress | Alison MacLeod | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Ensure the use of Our Guidance for Public Engagement is embedded | Alison MacLeod | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice. | Alison MacLeod | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Deliver various events such as Age Friendly Aberdeen, the Gathering and a Well Being Festival to support people to live well and independently as part of their communities. | Shona Omand-Smith | Mar-25 | N/A | Future Sustainability | Tier 1 (Prevention) |
| Digital (Fraser Bell) - maximise the use of technology to support innovation, efficiency and access to services. | | | | | |
| Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes. | Shona Omand-Smith | Mar-25 | TBC | Budget Saving | Tier 2 (Early Intervention) |
| Deliver a Single Point of Contact for individuals and professionals including a repository of information on health and social care services available, eligibility criteria and how to access | Alison MacLeod | Mar-25 | N/A | Future Sustainability | Tier 2 (Early Intervention) |
| Review the future use of Morse in Community Nursing and Allied Health Professionals | Alison MacLeod | Mar-25 | N/A | Budget Saving | Tier 2 (Early Intervention) |
| Deliver Analogue to Digital Implementation Plan | Fraser Bell | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Creation of capacity through targeted digital investment and service redesign. | Fraser Bell | Mar-25 | 250,000 | Future Sustainability | Tier 2 (Early Intervention) |
| Frailty (Chief Nurse) - Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible. | | | | | |
| Ensure that the acute frailty wards within ARI are able to meet patient need and allow flow through the hospital. | Chief Nurse | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Understand the Woodend-based Frailty provision requirement (patients with acuity of need needing in-patient care) - linked to the Review of Rehab | Chief Nurse | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Develop a process map for all City patients flowing in and out of the Frailty Pathway, linking this with wider Grampian work to ensure consistency of | Chief Nurse | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Ensure that there is step up and step down capacity for Frailty patients including the 40 beds within Rosewell and put forward recommendations for | Chief Nurse | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Ensure there are appropriate alternatives to Hospital for Frailty patients (delivering via Expansion of Hospital at Home) | Chief Nurse | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Develop Community, Prevention and Primary Care approaches to the HIS Frailty Standards including those relating to falls, and align with existing | Chief Nurse | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Contribute to, and influence the decision making of, the Grampian Board for Frailty reporting to the USC Programme Board as required. (NB: programme | Chief Nurse | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Home Pathways (Kay Diack) - Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements | | | | | |
| Investigate whether we can bring people back into authority to improve outcomes for them and their families. | Kay Diack | Mar-25 | N/A | Future Sustainability | Tier 2 (Early Intervention) |
| Review Scheme of Assistance with a view to revising criteria for eligibility for funded adaptation support. | Kay Diack | Mar-25 | N/A | Budget Saving | Tier 2 (Early Intervention) |

Draft Y3 Delivery Plan

| Project Description | Leadership Team (SRO) | End Date | Saving Allocated | Category | Tier |
|---|------------------------------|----------|------------------|-----------------------|------------------------------------|
| Help people to ensure their current homes meet their needs including enabling adaptations | Kay Diack | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Hospital at Home Expansion (Chief Nurse) - increase our Hospital at Home base with an ultimate ambition of 100 beds. These will be for Medical and Respiratory Pathways as well as the current Frailty, End of Life Care and OPAT Pathways. | | | | | |
| Monitor use of Hospital at Home beds for the Frailty Pathway. | Chief Nurse | Sep-25 | N/A | National Agenda | Tier 3 (Response) |
| Implement actions in relation to H@H beds available for Respiratory Medicine | Chief Nurse | Sep-25 | N/A | National Agenda | Tier 3 (Response) |
| Implement actions in relation to H@H beds available for Acute Medicine | Chief Nurse | Sep-25 | N/A | National Agenda | Tier 3 (Response) |
| Ensure digital and IT arrangements are in place for H@H expansion. | Chief Nurse | Sep-25 | N/A | National Agenda | Tier 3 (Response) |
| Implement Workforce and Organisational Development actions for H@H expansion. | Chief Nurse | Sep-25 | N/A | National Agenda | Tier 3 (Response) |
| Infrastructure (Alison MacLeod) - Assess future infrastructure needs and engage with partners to ensure these needs are met. | | | | | |
| Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long term solution | Emma King/ Alison MacLeod | Mar-25 | N/A | Statutory Requirement | Tier 3 (Response) |
| Develop Infrastructure Plan for ACHSCP | Alison MacLeod | Mar-25 | N/A | Future Sustainability | Tier 2 (Early Intervention) |
| Rapid Review of Assets | Sandy Reid | Mar-25 | 300,000 | Budget Saving | Tier 3 (Response) |
| MHLD (Judith McLenan/Kevin Dawson) - deliver Grampian wide and City specific MHLD transformation taking cognisance of national strategies, standards and service specifications. | | | | | |
| Progress the Grampian wide MHLD Transformation Programme monitored by the Portfolio Board ensuring project groups are established to ensure delivery and implementation of national Strategies, Delivery Plans, Standards and Service Specifications. | Judith McLenan/ Kevin Dawson | Mar-25 | N/A | National Agenda | Tier 3 (Response) |
| Review strategy and arrangements for Learning Disabilities / Autism and Neurodevelopmental needs. To be informed by new legislation (current consultation on LD, Autism and Neurodivergence Bill) | Kevin Dawson | Mar-25 | N/A | National Agenda | Tier 3 (Response) |
| Deliver a capability framework for a workforce to support complex behaviour. | Kevin Dawson | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy | Kevin Dawson | Mar-25 | N/A | National Agenda | Tier 1 (Prevention) |
| Review arrangements for delivery of Post Diagnostic Support for people newly diagnosed with Dementia. | Kevin Dawson | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Review of NHS Out of Authority Placements | Kevin Dawson | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Prevention (Phil Mackie) - keeping people healthy and avoiding the risk of poor health, illness, injury and early death | | | | | |
| Deliver actions to meet the HIS Sexual Health Standards | Sandy Reid | Mar-25 | N/A | National Agenda | Tier 1 (Prevention) |
| Reduce the use and harm from alcohol and other drugs including through the Drugs Related Deaths Rapid Response Plan | Kevin Dawson | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Contribute towards addressing the obesity epidemic through promotion of healthy food and nutrition, active travel, and place planning | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Increase uptake in Childhood Immunisations | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Contribute towards nicotine cessation agenda in Aberdeen City, for example by scaling up Vaping Awareness work across all localities in the City | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Continue to deliver our Stay Well Stay Connected programme to keep people healthy and in good wellbeing, and avoid the risk of social isolation, poor health, illness, injury and early death. | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Continue to contribute to the Health Transport Action Plan (HTAP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel. | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Contribute towards tackling health inequalities in Aberdeen City through delivery of the Health improvement Fund and wider collaboration with community planning partners. | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Work on a system-wide basis to increase community and professional capacity through community led development approaches such as Health Issues in the Community | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Scale up the Healthier Families PEEP programme to support a whole family approach to health and wellbeing. | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |

Draft Y3 Delivery Plan

| Project Description | Leadership Team (SRO) | End Date | Saving Allocated | Category | Tier |
|---|-----------------------|----------|---------------------|-----------------------|------------------------------------|
| Work with NHSG Public Health Directorate and alongside other Grampian Health and Social Care Partnerships to explore the development of a public mental health approach for Aberdeen City | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Work alongside the Children's Services Board (CSB) on prevention and early intervention particularly in reducing local variations in health factors | Phil Mackie | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Primary Care (Emma King) - identify strategy and actions to improve Primary Care services and ensure future sustainability. | | | | | |
| Deliver City actions in relation to the Grampian vision for Primary Care | Emma King | Mar-25 | TBC | Future Sustainability | Tier 3 (Response) |
| Deliver the strategic intent for the Primary Care Improvement Plan (PCIP) | Emma King | Mar-25 | N/A | National Agenda | Tier 3 (Response) |
| Develop and implement appropriate initiatives to mitigate increase in prescription costs. | Caroline Howarth | Mar-25 | TBC | Future Sustainability | Tier 3 (Response) |
| Redesigning Adult Social Work (Claire Wilson) - enhancing the role of Social Work in playing a guiding role in the promotion of personalised options for care and support. | | | | | |
| Undertake evaluation of redesign work to date ensuring this links to latest service developments particularly in relation to use of digital. | Claire Wilson | Dec-24 | N/A | Future Sustainability | Tier 3 (Response) |
| Rehabilitation Review (Lynn Morrison) - undertake a strategic review of rehabilitation services across Grampian to identify new delivery models. | | | | | |
| Develop a discussion paper to inform a strategic planning framework for the strategic review of rehabilitation across Grampian which will include Specialist Rehabilitation Services hosted by Aberdeen City IJB. This will include consideration of how partners in sports and leisure and wider community resources can assist in delivery of rehabilitation. This will consider rehabilitation delivery models including bed base and community requirements in line with national guidance including SG Progressive Stroke Pathway, SG Neurological Standards and Scottish Trauma Network Major Trauma minimal requirements guidance. | Lynn Morrison | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Implement the outcome of the strategic review of the Neuro Rehabilitation Pathway | Lynn Morrison | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Review of Hosted Wheelchair Services to identify any areas where efficiency could be achieved. | Lynn Morrison | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Resilience (Martin Allan) - ensuring the conditions are in place to maintain our resilience as an organisation. | | | | | |
| Develop proactive, repeated and consistent communications to keep communities informed | Martin Allan | Mar-25 | N/A | Future Sustainability | Tier 2 (Early Intervention) |
| Review Care for People arrangements | Martin Allan | Aug-24 | N/A | Statutory Requirement | Tier 3 (Response) |
| Create and adopt a Generic Emergency Plan to reflect Aberdeen city IJB's Cat 1 Responder responsibilities | Martin Allan | Oct-24 | N/A | Statutory Requirement | Tier 2 (Early Intervention) |
| Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board and other relevant engagement. | Fraser Bell | Mar-25 | N/A | Statutory Requirement | Tier 2 (Early Intervention) |
| Explore other areas where charges could be raised to increase income and contribute to the cost of service delivery. | Paul Mitchell | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Social Care Pathways (Claire Wilson) - Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. | | | | | |
| Deliver the Justice Social Work Delivery Plan | Claire Wilson | Mar-25 | N/A | Statutory Requirement | Tier 3 (Response) |
| Progress a number of priority tests of change to develop a preventative and proactive care approach for Aberdeen City including the development of an Initial Point of Contact (IPOC) | Claire Wilson | Mar-25 | N/A | Prevention | Tier 1 (Prevention) |
| Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen. | Claire Wilson | Mar-25 | Included in Digital | Budget Saving | Tier 2 (Early Intervention) |
| Implement the recommendations from the June 22 Adult Support and Protection inspection | Claire Wilson | Mar-25 | N/A | Statutory Requirement | Tier 3 (Response) |
| Review of social care charging policy and procedures and robust implementation with a view of maximising income | Claire Wilson | Mar-25 | 1,500,000 | Budget Saving | Tier 3 (Response) |
| Streamline processes and pathways for older adults social care in a hospital context. | Claire Wilson | Jul-24 | N/A | Statutory Requirement | Tier 3 (Response) |
| Develop an overview of the Partnership's Discharge to Assess approach incorporating links between Hospital at Home and intermediate Care at Home, enablement approaches, step up and step down and Interim Beds. | Claire Wilson | Mar-25 | N/A | Statutory Requirement | Tier 2 (Early Intervention) |
| Strategy (Alison MacLeod) - develop and implement local strategies to ensure alignment with national and regional agendas. | | | | | |

Draft Y3 Delivery Plan

| Project Description | Leadership Team (SRO) | End Date | Saving Allocated | Category | Tier |
|--|-----------------------|----------|------------------|-----------------------|------------------------------------|
| Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline. | Alison MacLeod | Mar-25 | N/A | Statutory Requirement | Tier 2 (Early Intervention) |
| Undertake and publish Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics ensuring that the requirements of the UNCRC are incorporated. | Alison MacLeod | Mar-25 | N/A | Statutory Requirement | Tier 2 (Early Intervention) |
| Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target. | Alison MacLeod | Mar-25 | N/A | Statutory Requirement | Tier 2 (Early Intervention) |
| Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision | Alison MacLeod | Mar-25 | N/A | Statutory Requirement | Tier 2 (Early Intervention) |
| Develop the revised Strategic Plan for 2025 - 2028 taking cognisance of the strategic context, resources available and views of stakeholders. | Alison MacLeod | Mar-25 | N/A | Statutory Requirement | Tier 2 (Early Intervention) |
| Revisit ACHSCP contributions to early years and school health and wellbeing. | Alison MacLeod | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Deliver relevant recommendations from the Hosted Services Internal Audit | Alison MacLeod | Mar-25 | N/A | Future Sustainability | Tier 3 (Response) |
| Workforce (Sandy Reid) - develop and implement our Workforce Plan | | | | | |
| Ensure our workforce are Trauma Informed | Sandy Reid | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Deliver the relevant actions on each of the three Workstream Action Plans supporting the Workforce Plan. | Sandy Reid | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Continue to support initiatives supporting staff health and wellbeing | Sandy Reid | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |
| Pledge support for Volunteer Scotland's Volunteer Charter and identify and Volunteer Champion for ACHSCP | Sandy Reid | Mar-25 | N/A | National Agenda | Tier 2 (Early Intervention) |

| Programme | Lead | Ref | Description | Closed/Completed | Rationale |
|-------------------|--------------------|--------|---|-------------------|---|
| Commissioning | Shona Omand-Smith | KPS23 | Deliver robust arrangements for medical cover for care settings | <i>Y - Closed</i> | Now part of Interim Bed Review |
| Communities | Alison MacLeod | CT03 | Confirm the accuracy and accessibility of the map of existing universal and social support and work with partners and the community to develop services to meet any identified gaps | <i>Y - Closed</i> | Incorporated into Phase 2 of SPOC (SE09) |
| Communities | Alison MacLeod | CT09 | Increase community involvement through existing networks and channels | <i>Y - Closed</i> | Incorporated into CT07, CT08, CT10 and CT12 (also covered by LOIP) |
| Digital | Fraser Bell | AFHL03 | Make Every Opportunity Count by ensuring patients, clients and their carers are signposted to relevant services for help. | <i>Y - Closed</i> | Incorporated into Phase 2 of SPOC (SE09) |
| Digital | Fraser Bell | SE05 | Support the implementation of digital records where possible | <i>Y - Closed</i> | Activity is incorporated into projects SE09 and SE10 |
| Digital | Alison MacLeod | SE11 | Explore ways we can help people access and use digital systems | <i>Y - Closed</i> | Work is incorporated in a number of other projects within the Digital and Communities Programmes |
| Flexible Bed Base | Fiona Mitchellhill | KPS11 | Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access. | <i>Y - Closed</i> | Work incorporated into frailty and rehab programmes of work. Step up beds must be clearly identified and planned for within these programmes. |

| Programme | Lead | Ref | Description | Closed/Completed | Rationale |
|----------------------|---------------------------------|---------|---|------------------|--|
| MHLD | Judith McLenan/ Kevin Dawson | AFHL07 | Work with Children's Social Work and health services, to predict and plan for future Complex Care demand including developing and implementing a Transition Plan using the GIRFE multi-agency approach for those transitioning between children and adult social care services, initially for Learning Disabilities | Y- Closed | Incorporated into BAU, funding for Project manager withdrawn and switched from GIRFE pathfinder to Partner |
| MHLD | Judith McLenan/ Kevin Dawson | AFHL09f | Develop a Mental Health triage approach in Primary Care to improve patient experience and promote self-management | Y - Closed | Funding no longer available – exploring ways for individual GP practices to fund. |
| Primary Care | Emma King | CT14 | Improve primary care stability by creating capacity for general practice | Y - Closed | Work incorporated into Primary Care Vision Programme |
| Social Care Pathways | Claire Wilson | AFHL10 | Explore opportunities for working with those on Social Work unmet need lists to help support them while they wait, or divert them from the list | Y - Closed | Work incorporated into the Social Care Pathways Review going. |
| Commissioning | Shona Omand-Smith | SE14 | Review availability of the range of independent advocacy and implement any recommendations from the review | Z - Completed | The new contract for advocacy has been awarded and the service commenced as of the 1st October 2023. |

| Programme | Lead | Ref | Description | Closed/Completed | Rationale |
|------------|--------------|------|--|------------------|--|
| Resilience | Martin Allan | SE13 | Develop a critical path for future budget setting and ongoing monitoring | Z - Completed | Timeline and process agreed and implemented. |
| Resilience | Martin Allan | SE24 | Review SMOC arrangements | Z - Completed | Review completed and agreed February 24 |
| Workforce | Sandy Reid | SE22 | Create and implement an SLT Team Development Plan | Z - Completed | Planning is ongoing BAU. |

This page is intentionally left blank



Areas for Consideration of Impact

Protected Characteristics

| |
|---|
| Age: older people; middle years; early years; children and young people. |
| Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions. |
| Gender Reassignment: people undergoing gender reassignment |
| Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership. |
| Pregnancy and Maternity: women before and after childbirth; breastfeeding. |
| Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers. |
| Religion and belief: people with different religions or beliefs, or none. |
| Sex: men; women; experience of gender-based violence. |
| Sexual orientation: lesbian; gay; bisexual; heterosexual. |

Fairer Scotland Duty

| |
|--|
| Low income – those who cannot afford regular bills, food, clothing payments |
| Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future. |
| Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies |
| Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport) |
| Socio-Economic Background - social class, parents' education, employment, income. |

Health Inequality (those not already covered in the Fairer Scotland Duty)

| |
|--|
| Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills. |
| Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation. |
| Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these. |
| Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use. |

| |
|--|
| <p>Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p> |
|--|

Other

| |
|---|
| Looked after (incl. accommodated) children and young people |
| Carers: paid/unpaid, family members. |
| Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs. |
| Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. |
| Addictions and substance misuse |
| Refugees and asylum seekers |
| Staff: full/part time; voluntary; delivering/accessing services. |

Human Rights (note only the relevant ones are included below)

| |
|--|
| <p>Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p> |
| <p>Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p> |
| <p>Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p> |
| <p>Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p> |
| <p>Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.</p> |
| <p>Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p> |
| <p>Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p> |
| <p>Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p> |

UNCRC

| | | |
|---|---|--|
| Article 2 non-discrimination | Article 15 freedom of association | Article 30 children from minority or indigenous groups |
| Article 3 best interests of the child | Article 16 right to privacy | Article 31 leisure, play and culture |
| Article 4 implementation of the convention | Article 17 access to information from the media | Article 32 child labour |
| Article 5 parental guidance and a child's evolving capacities | Article 18 parental responsibilities and state assistance | Article 33 drug abuse |
| Article 6 life, survival and development | Article 19 protection from violence, abuse and neglect | Article 34 sexual exploitation |
| Article 7 Birth, registration, name, nationality, care | Article 20 children unable to live with their family | Article 35 abduction, sale and trafficking |
| Article 8 protection and preservation of identity | Article 22 refugee children | Article 36 other forms of exploitation |
| Article 9 separation from parents | Article 23 children with a disability | Article 37 inhumane treatment and detention |
| Article 10 family reunification | Article 24 health and health services | Article 38 war and armed conflicts |
| Article 11 abduction and non-return of children | Article 25 review of treatment in care | Article 39 recovery from trauma and reintegration |
| Article 12 respect for the views of the child | Article 26 Benefit from social security | Article 40 juvenile justice |
| Article 13 freedom of expression | Article 27 adequate standard of living | Article 42 knowledge of rights |
| Article 14 freedom of thought, belief and religion | Article 28 right to education | |

ACHSCP Impact Assessment – Proportionality and Relevance

| | |
|---|---|
| Name of Policy or Practice being developed | Medium Term Financial Framework (MTFF) |
| Name of Officer completing Proportionality and Relevance Questionnaire | Paul Mitchell, Chief Finance Officer Aberdeen City Health and Social Care Partnership (ACHSCP) |
| Date of Completion | 21 February 2024 |
| What is the aim to be achieved by the policy or practice and is it legitimate? | <p>The MTFF is produced and submitted to the IJB annually and aims to pull together, in one place, all the known factors affecting the financial position and sustainability of the organisation over the medium term. It's ultimate aim is to set out a balanced budget position to the IJB.</p> <p>Five Delivery Plan projects have been identified to deliver savings to help balance the 2024/25 Budget. It is proposed to close the remaining gap by applying a savings target of 1.48% to ACHSCP service budgets. These actions noted in the MTFF have the potential to impact service delivery. These impacts, where known, are detailed in the assessments embedded below. For Digital Investment the only known areas at this moment in time is the increased use of Technology Enabled Care (TEC) and the impact assessment for this has been included below. As additional digital investment opportunities are identified throughout the year impact assessments will be undertaken and any significant impact will be presented to the IJB for prior approval. The efficiency saving arrangement is from the bottom line of budgets and gives the budget holders freedom to manage this in whichever way they feel is best. As the actions of each budget holder become known, an impact assessment will be undertaken and anything of significance will be presented to the IJB for prior approval.</p> |
| What are the means to be used to achieve the aim and are they appropriate and necessary? | The MTFF will establish the estimated level of resources required by ACHSCP to operate its services and also estimate the level of demand pressures likely to be experienced by these services. It takes cognisance of the Strategic Plan and the Integration Scheme as well as any other strategies agreed by the IJB. |
| If the policy or practice has a neutral or positive impact please describe it here. | The MTFF will assist in delivering the IJB strategic intent, further improve strategic financial planning and maximise the use of resources across the medium term. |
| Is an Integrated Impact Assessment (IIA) required for | Yes an IIA is required. |

| | |
|--|---|
| <p>this policy or decision (Yes/No)</p> | |
| <p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? | <p>The MTFF brings together several key components and these have been individually presented below. The potential impacts are wide ranging and each of these assessments are at different stages of the IIA process. When they have been fully completed, they will be submitted to the IJB individually where required as per IJB reporting guidelines.</p> <p><u>Review of Interim Beds</u> As part of a whole system pathway of care and ACHSCP planning for winter surge, approval was given for five interim beds within Rubislaw Park Nursing Home in December 2021 for End-of-Life Care. The current contract for these beds expires on 31 May 2024. An IIA is required and is attached per Appendix 5a.</p> <p><u>Expanding the use of Technology Enabled Care</u> ACHSCP aim to increase the use of technology within the delivery of health and social care services across the City. To achieve this the ACHSCP TEC 2022 – 2025 plan sets out key priorities which include; the Digital Support HUB, upgrading to TEC in Balnagask Court which is a supported living service, Care Assisted Robots, Proactive TEC, and creating a TEC culture. Whilst an IIA is not required for this overall project the Digital Support HUB element will require an IIA. The proportionality and relevance information is attached per Appendix 5b.</p> <p><u>Review of Premises</u> The Review of Premises is seeking to establish how effectively ACHSCP utilise the buildings that services operate from. This process will also consider any efficiency savings that can be made without affecting the delivery of services. Currently there is no known or potential impacts identified as the review has not been completed. Once the review has been finalised specific IIAs, per Appendix 5c will be completed as required for any associated projects that the review may generate.</p> <p><u>Mental Health Commissioning</u> The recommissioning exercise has only recently started and has a savings target of £65k attached. An IIA is required and will be progressed to consider the potential impacts that recommissioning exercise may identify. Currently there are four commissioned providers and exploration is underway to look at consolidation where possible. See Appendix 5d</p> |

| | |
|-----------------------------|---|
| | <p>Social Care Charging Policy This policy is currently being reviewed and an IIA is being progressed. Given that this policy must go through ACC governance routes it is being completed using ACC IIA documentation. The revised policy will make current charging fairer, improve the consistency of future implementation, and make the policy more accessible. The revised policy is due to go to the ACC Policy Group on 9 April 2024 and thereafter it will go to the Risk Board and Finance Committee. The full IIA when completed can be accessed from these governance routes. The proportionality and relevance information is attached per Appendix 5e.</p> |
| Decision of Reviewer | Approved |
| Name of Reviewer | Alison Macleod Lead for Strategy and Transformation ACHSCP |
| Date | 23 February 2024 |

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

Yes and this section has been updated in each assessment embedded above.



Areas for Consideration of Impact

Protected Characteristics

| |
|---|
| Age: older people; middle years; early years; children and young people. |
| Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions. |
| Gender Reassignment: people undergoing gender reassignment |
| Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership. |
| Pregnancy and Maternity: women before and after childbirth; breastfeeding. |
| Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers. |
| Religion and belief: people with different religions or beliefs, or none. |
| Sex: men; women; experience of gender-based violence. |
| Sexual orientation: lesbian; gay; bisexual; heterosexual. |

Fairer Scotland Duty

| |
|--|
| Low income – those who cannot afford regular bills, food, clothing payments |
| Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future. |
| Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies |
| Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport) |
| Socio-Economic Background - social class, parents' education, employment, income. |

Health Inequality (those not already covered in the Fairer Scotland Duty)

| |
|--|
| Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills. |
| Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation. |
| Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these. |
| Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use. |

| |
|--|
| <p>Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p> |
|--|

Other

| |
|---|
| Looked after (incl. accommodated) children and young people |
| Carers: paid/unpaid, family members. |
| Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs. |
| Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. |
| Addictions and substance misuse |
| Refugees and asylum seekers |
| Staff: full/part time; voluntary; delivering/accessing services. |

Human Rights (note only the relevant ones are included below)

| |
|--|
| <p>Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p> |
| <p>Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p> |
| <p>Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p> |
| <p>Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p> |
| <p>Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.</p> |
| <p>Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p> |
| <p>Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p> |
| <p>Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p> |

UNCRC

| | | |
|---|---|--|
| Article 2 non-discrimination | Article 15 freedom of association | Article 30 children from minority or indigenous groups |
| Article 3 best interests of the child | Article 16 right to privacy | Article 31 leisure, play and culture |
| Article 4 implementation of the convention | Article 17 access to information from the media | Article 32 child labour |
| Article 5 parental guidance and a child's evolving capacities | Article 18 parental responsibilities and state assistance | Article 33 drug abuse |
| Article 6 life, survival and development | Article 19 protection from violence, abuse and neglect | Article 34 sexual exploitation |
| Article 7 Birth, registration, name, nationality, care | Article 20 children unable to live with their family | Article 35 abduction, sale and trafficking |
| Article 8 protection and preservation of identity | Article 22 refugee children | Article 36 other forms of exploitation |
| Article 9 separation from parents | Article 23 children with a disability | Article 37 inhumane treatment and detention |
| Article 10 family reunification | Article 24 health and health services | Article 38 war and armed conflicts |
| Article 11 abduction and non-return of children | Article 25 review of treatment in care | Article 39 recovery from trauma and reintegration |
| Article 12 respect for the views of the child | Article 26 Benefit from social security | Article 40 juvenile justice |
| Article 13 freedom of expression | Article 27 adequate standard of living | Article 42 knowledge of rights |
| Article 14 freedom of thought, belief and religion | Article 28 right to education | |

ACHSCP Impact Assessment – Proportionality and Relevance

| | |
|--|--|
| Name of Policy or Practice being developed | End of Life Beds Test of Change |
| Name of Officer completing Proportionality and Relevance Questionnaire | James Maitland (Transformation Programme Manager) |
| Date of Completion | 19/02/2024 |
| What is the aim to be achieved by the policy or practice and is it legitimate? | As part of a whole system pathway of care and ACHSCP planning for winter surge, approval was given for five interim beds within Rubislaw Park Nursing Home in December 2021 for End-of-Life Care. The current contract for these beds expires on the 31st of May 2024. Due to budgetary/financial constraints it has been decided to end the test of change on the 31st of March 2024. |
| What are the means to be used to achieve the aim and are they appropriate and necessary? | Approval has been given through the Senior Leadership Team to end the Test of Change and contract with Rubislaw Park Nursing Home early on the 31st of March 2024. This will happen on a phased approach with the number of available beds in the pathway reducing from 5 to 3 with immediate effect and then to zero by the 31st of March 2024 |
| If the policy or practice has a neutral or positive impact please describe it here. | Positive Impacts Age & Disability / Health and Social Care Provision The end of the test of change will assist in supporting the sector with additional long term bed capacity by releasing contracted beds which are not being used to the full capacity. The learning that has been gained from the test of change will also help to shape how end of life care can be delivered going forward. |
| Is an Integrated Impact Assessment required for this policy or decision (Yes/No) | Yes |
| Rationale for Decision NB: consider: - <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? | <p>The beds were operating as part of a test of change and would have had to go out to the market to re-tender the service to ensure we are adhering to procurement regulations. We have to ensure we are spending the public pound appropriately and getting value for money. The average occupancy level was around 60% for the last few months of the contract. Following the evaluation in 2022 where occupancy was at around 43%.</p> <p>The weekly cost per End-of-Life Bed within Rubislaw Park Nursing home is currently £2400 per week, and these are block funded. This totals £624,000 per year for all 5 beds.</p> |

| | |
|---|--|
| <ul style="list-style-type: none"> • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? | <p>Negative impacts</p> <p>Health and Social Care Service Provision</p> <p>The closing of the end-of-life beds will mean there is a gap in provision of this type of support, effectively removing 5 beds from the system to be used for professional End of Life care, however by ceasing the use of the beds increases general capacity within the sector as there are now an additional 5 long term care places in circulate.</p> <p>Mitigations are in place with alternative provision available for End-of-Life Care within traditional Care Home settings in Aberdeen City, Roxburgh House through McMillan Nursing and community nursing. A number of separate projects are being explored and co-designed by the Lead Nurse who sits within the Collaborative care home support team.</p> <p>Traditionally, all care homes are experts in the provision and support of end-of-life care and are supported locally by the Collaborative Care Home Support team and the Social Care Contracts Team to ensure they have the appropriate level of training and support to enable them to deliver high quality end of life care.</p> |
| <p>Decision of Reviewer</p> | |
| <p>Name of Reviewer</p> | |
| <p>Date</p> | |

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

Yes – The strategic approach to decision making is fully considered under the fairer Scotland duty, aligning with other strategic plans, including: LOIP, the Aberdeen City Health and Social Care Partnership Strategic Plan, ethical commissioning principles and GIRFE principles.

ACHSCP Impact Assessment – The Integrated Impact Assessment

| | |
|--|--|
| Description of Policy or Practice being developed including intended aim. | As part of a whole system pathway of care and ACHSCP planning for winter surge, approval was given for five interim beds within Rubislaw Park Nursing Home in December 2021 for End-of-Life Care. The current contract for these beds expires on the 31st of May 2024. A decision was made by the Senior Leadership Team due to budgetary/financial constraints to end the test of change on the 31st of March 2024. |
| Is this a new or existing policy or practice? | Existing policy |
| Name of Officer Completing Impact Assessment | James Maitland Transformation Programme Manager |
| Date Impact Assessment Started | 19/02/2024 |
| Name of Lead Officer | Shona Omand-Smith |
| Date Impact Assessment approved | |

Summary of Key Information

| | |
|--|---|
| Groups or rights impacted. | Patients/community carers/family Staff |
| Feedback from consultation and engagement and how this informed development of the policy or practice | <p>The test of change looked at a small number of beds within a nursing home in Aberdeen. Given the occupancy rate over the term of the test of change and cost of the beds it has been deemed that the test of change is no longer sustainable. The majority of Care Homes within Aberdeen City manage and support End of Life care which is similar to that provided by Rubislaw Park Nursing Home.</p> <p>All patients referred into the test of change were residents of Aberdeen. The geographic spread of patients and the referring GP practices outlined in the evaluation in 2022 showed that patients were referred from an equal balance of deprived and non-deprived addresses in Aberdeen city.</p> <p>Feedback from the users was gathered throughout the test of change and this forms the information regarding stakeholder groups.</p> |
| Performance Measures identified, where these will be reported and how impact will be monitored. | Referral trends: |

| | |
|--|--|
| | <ul style="list-style-type: none"> · There were 128 total referrals over the 2-year period of TOC · The number of monthly referrals range from 1 – 12, with an average of about 5 referrals per month. · There is some fluctuation month-to-month, but the overall trend seems to be increasing referrals over time. · The larger percentage of referrals across the pathway has come Primary Care (Community) <p>Length of stay:</p> <ul style="list-style-type: none"> · The average length of stay is 17.42 days. <p>Capacity and Utilization:</p> <p>With 5 beds available and average stays of 17.42 days,</p> <ul style="list-style-type: none"> · There were 2,230 occupied bed days from a possible 3,650 bed days. · The average occupancy level was around 60% for the last few months of the contract. Following the evaluation in 2022 where occupancy was at around 43%. |
|--|--|

Review

| | |
|---|--|
| Date the Impact will be reviewed | |
| Rationale for Date | |

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

| | Yes/No | Details | Evidence |
|---------------------------|--------|----------------------------------|---|
| Protected Characteristics | Yes | Age, Disability | |
| Fairer Scotland Duty | Yes | Low Income, Low Wealth | The end-of-life beds within the test of change have been available to all patients at no cost. A traditional Care Home would be dependent on financial assessment whether there would be any cost involved, however accessing of MacMillan / Community Nursing is free of charge at point of access. |
| Health Inequality | Yes | Health and Social Care Provision | The closing of the end-of-life beds will mean there is a gap in provision of this type of support, effectively removing 5 beds from the system to be used for professional End of Life care, however by ceasing the use of the beds increases general capacity within the sector as there are now an additional 5 long term care places in circulate. |
| Other Groups | No | | |
| Human Rights | No | | |
| UNCRC | No | | |

| Will there be any cumulative impacts between this policy or decision and others | Yes | x | No |
|---|---|---|----|
| Describe what this cumulative impact will be and include evidence mitigations in the sections below | This decision has been taken as part of wider decision making on managing the partnership's budget within the MTFF. | | |

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

| Stakeholder Groups | Feedback Received | Influence on Policy or Practice/Mitigating Actions |
|------------------------------------|--|--|
| Staff – Rubislaw Park Nursing Home | <p>The Rubislaw Park team reported that they had enjoyed the experience of taking part in the test of change and felt that it had made a difference to the patients and their next of kin/carer's lives and experience of death and dying. They felt that they were able to provide a service which was "tailored to the needs of their patients" while also helping the family or carer to fulfil their supportive role to the patient without having to worry about administering nursing or personal care, unless they wanted to.</p> <p>The respondents felt that the service was professionally fulfilling for the team as they are already specialists in End-of-Life care. The impact of the service was also discussed in relation to Community Nursing, and it was hoped that it would result in a decrease in unscheduled call outs for Community Nursing to administer break through medication and positively impact on acute admission avoidance. For the patient this would result in the removal of unnecessary delays in receiving medication.</p> | <p>While the service had received positive feedback within the evaluation, following the end of the Test of Change, mitigations are in place with alternative provision available for End-of-Life Care within traditional Care Home settings in Aberdeen City, Roxburgh House through McMillan Nursing and community nursing. A number of separate projects are being explored and co-designed by the Lead Nurse who sits within the Collaborative care home support team.</p> |
| Staff – Hospital @ Home team | <p>The H@H team were also asked what they believe the benefits are of having the End-of-Life Care beds at Rubislaw Park. The following shows some of the responses received:</p> <p>"Beneficial to those who are alone, or have no support, or have family/friends unable to provide support for final days of life. Allows family and friends to leave the carer role and have the family/friend relationship. It's a good service!"</p> <p>"Patients are cared for in a safe environment which can reduce the mental and physical distress and discomfort of the patient and family - allowing them</p> | <p>Mitigations are in place with alternative provision available for End-of-Life Care within traditional Care Home settings in Aberdeen City, Roxburgh House through McMillan Nursing and community nursing. A number of separate projects are being explored and co-designed by the Lead Nurse who sits within the Collaborative care home support team.</p> |

| | | |
|------------------------------|---|--|
| | <p>to spend time together in their final period of life. Rubislaw provides a higher level of care than they can receive at home but still maintains a comfortable homely environment.” When asked about areas about the service that could be improved, the comments largely centred around the referral process. One respondent suggested that the H@H team be removed from the management of patients, suggesting that this may sit better with Community Nursing. While another respondent commented upon that some of the unnecessary delays around the referral process could be due to ambulances/patient transport not being booked and Covid testing swabs not being undertaken in a timely manner. When asked to rate their experience working with the Rubislaw Park team, respondent averaged 9 out of 10 (where 10 was the best). And one respondent commented that “The team at Rubislaw are excellent, motivated, caring and professional at all times”</p> | |
| Carer/Next of Kin | <ul style="list-style-type: none"> • 88% of the Next of Kin surveyed felt that the patients' needs were fully met during their stay • 100% of the Next of Kin surveyed felt that they were involved with the patient's care as much as they would have liked to be. • 88% would recommend the service to others in a similar position | The feedback provided will assist and feed into the additional projects that are being explored and co-designed by the Lead Nurse who sits within the Collaborative care home support team |
| Referrers/other staff groups | <p>“A really useful resource and they have provided excellent care for several of our palliative patients with the help of the H@H team also. Feedback from relatives has been universally positive. A useful additional resource to Roxburgh and essential for our increasingly frail elderly population</p> | As above |

| | | |
|--|---|--|
| | <p>where access to social care can be very difficult.” And that “I think this has been a fantastic initiative and should be continued if not expanded!” “An excellent facility, much needed in the community. Found to be best place of care for end of life for those patients known to our Macmillan team who have been admitted.”</p> | |
| | | |
| | | |
| | | |

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

Yes – The strategic approach to decision making is fully considered under the fairer Scotland duty, aligning with other strategic plans, including: LOIP, the Aberdeen City Health and Social Care Partnership Strategic Plan, ethical commissioning principles and GIRFE principles.

This page is intentionally left blank



Areas for Consideration of Impact

Protected Characteristics

| |
|---|
| Age: older people; middle years; early years; children and young people. |
| Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions. |
| Gender Reassignment: people undergoing gender reassignment |
| Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership. |
| Pregnancy and Maternity: women before and after childbirth; breastfeeding. |
| Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers. |
| Religion and belief: people with different religions or beliefs, or none. |
| Sex: men; women; experience of gender-based violence. |
| Sexual orientation: lesbian; gay; bisexual; heterosexual. |

Fairer Scotland Duty

| |
|--|
| Low income – those who cannot afford regular bills, food, clothing payments |
| Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future. |
| Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies |
| Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport) |
| Socio-Economic Background - social class, parents' education, employment, income. |

Health Inequality (those not already covered in the Fairer Scotland Duty)

| |
|--|
| Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills. |
| Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation. |
| Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these. |
| Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use. |

| |
|--|
| <p>Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p> |
|--|

Other

| |
|---|
| Looked after (incl. accommodated) children and young people |
| Carers: paid/unpaid, family members. |
| Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs. |
| Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. |
| Addictions and substance misuse |
| Refugees and asylum seekers |
| Staff: full/part time; voluntary; delivering/accessing services. |

Human Rights (note only the relevant ones are included below)

| |
|--|
| <p>Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p> |
| <p>Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p> |
| <p>Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p> |
| <p>Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p> |
| <p>Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.</p> |
| <p>Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p> |
| <p>Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p> |
| <p>Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p> |

UNCRC

| | | |
|---|---|--|
| Article 2 non-discrimination | Article 15 freedom of association | Article 30 children from minority or indigenous groups |
| Article 3 best interests of the child | Article 16 right to privacy | Article 31 leisure, play and culture |
| Article 4 implementation of the convention | Article 17 access to information from the media | Article 32 child labour |
| Article 5 parental guidance and a child's evolving capacities | Article 18 parental responsibilities and state assistance | Article 33 drug abuse |
| Article 6 life, survival and development | Article 19 protection from violence, abuse and neglect | Article 34 sexual exploitation |
| Article 7 Birth, registration, name, nationality, care | Article 20 children unable to live with their family | Article 35 abduction, sale and trafficking |
| Article 8 protection and preservation of identity | Article 22 refugee children | Article 36 other forms of exploitation |
| Article 9 separation from parents | Article 23 children with a disability | Article 37 inhumane treatment and detention |
| Article 10 family reunification | Article 24 health and health services | Article 38 war and armed conflicts |
| Article 11 abduction and non-return of children | Article 25 review of treatment in care | Article 39 recovery from trauma and reintegration |
| Article 12 respect for the views of the child | Article 26 Benefit from social security | Article 40 juvenile justice |
| Article 13 freedom of expression | Article 27 adequate standard of living | Article 42 knowledge of rights |
| Article 14 freedom of thought, belief and religion | Article 28 right to education | |

ACHSCP Impact Assessment – Proportionality and Relevance

| | |
|--|---|
| Name of Policy or Practice being developed | Expand the use of Technology Enabled Care |
| Name of Officer completing Proportionality and Relevance Questionnaire | Peter McAndrew |
| Date of Completion | 20/02/2024 |
| What is the aim to be achieved by the policy or practice and is it legitimate? | To increase the use of technology within the delivery of Aberdeen City Health and Social Care's health and social care services. |
| What are the means to be used to achieve the aim and are they appropriate and necessary? | <p>There are a range of projects that have been developed to deliver on the aim. These are set out within the Delivery Plan included within the ACHSCP TEC Plan 2023-2025</p> <p>Projects that are currently in progress are:</p> <p>1) Digital Support Hub – Test of Change The Digital Support Hub is a service delivered by Specialist Resource Solutions, Care Provider. This has developed a test of change which integrates the use of technology with in-person care. This service employs a combination of the use of telephone calls to support wellbeing and provide prompts and reminders about personal care and medication. In combination with this, in-person care visits provide assurance with regard to efficacy of prompts and medication use. This service has also provided wearable wristband devices which enable service users to raise an alert for help in an emergency and have other functionality such as 2-way communication with carers, fall detection.</p> <p>The Digital Support Hub is also running a Hospital Discharge project, evaluating the use of the digital Support Hub in facilitating the discharge of patients back home rather than to a care setting using the model described above.</p> <p>The approach of the Digital Support Hub provides a model of care which integrates care at home with TEC in a new hybrid model.</p> <p>2) Upgrade to TEC in Balnagask Court Balnagask Court is a supported living service for people with complex needs. It has been using technology to support the safety and wellbeing of supported people and staff since the site was opened in 2005. Whilst still operational, the current technology is now almost 20 years old and has become obsolete. This project has scoped out options for upgrading this technology, however this project is currently on hold pending decision on availability of funding.</p> <p>3) Assisted Care Robots This project is a 3 month Proof of Concept (POC) of the use of two Mitra Mini care assist robot in care settings in Aberdeen City. One site will be in a Day Care Centre, a second site is still to be agreed. The Mitra Mini provides</p> |

| | |
|---|---|
| | <p>stimulation and interaction with service users through initiating conversation and providing personalised interaction and media content to participants in the POC. The Mitra Mini also provides other functionality which will be tested such as reminders and fall detection. This POC will evaluate the impact of the robots on participants and staff in the care setting.</p> <p>4) Proactive Telecare Following discussion with TEC Scotland about potential funding for a third phase of Proactive Telecare pilots initial discussion were conducted within Aberdeen City Health and Social Care Partnership regarding how these may be delivered. This would involve proactively calling Telecare customers with wellbeing, support calls as a preventative / early intervention approach. Further progression of this proposal is dependent on funding being made available from TEC Scotland. No timeframe for a decision has been provided by TEC Scotland.</p> <p>5) Development of TEC Culture Within the Adult Social Work team there has been a focus on increasing the knowledge and understanding of TEC across the team. This has included recruiting to a TEC Care Coordinator role, having an identified TEC Senior Social Worker, induction training on TEC and online study for Care Managers.</p> |
| <p>If the policy or practice has a neutral or positive impact please describe it here.</p> | <p>The use of technology enabled care provides a range of benefits both for individuals and for ACHSCP.</p> <p>Increased safety and wellbeing - Telecare (Community Alarm) has been used for decades as a method of increasing the safety for vulnerable members of the community living at home or in other settings such as sheltered housing. This has enabled service users to call for assistance in an emergency or for automatic alerts to be raised to summon help when required through use of linked sensors. This has enabled people to remain living in their own home for longer than would be safe to do so otherwise. The Digital Support Hub is now combining this functionality with proactive calling and in-person care in a hybrid approach care model.</p> <p>Increased independence – In addition to the use of technology to raise alerts for assistance in emergencies, technology is used to support increased independence and enablement. For example, the use of reminders and prompts on devices and prompt calls to support people’s ability to meet their own personal care and medication needs promotes greater independence. Greater independence can also be supported through the use of voice controlled devices, such as smart bulbs, and auto-answer video calling devices. These can also provide support to unpaid carers in their role.</p> <p>Reduced service pressure and costs – Health and social care have both faced significant service pressures as a consequence of recruitment and retention challenges</p> |

| | |
|--|---|
| | <p>whilst experience increasing demand on services. The use of TEC provides opportunities to address these challenges through supporting the early intervention / prevention agenda, reducing the demand on services through supporting alternative models of care provision and increasing the opportunities for people with health and social care needs to remain at home for longer. It also provides for a wider range of options in relation to employment within the care sector, such as flexible working use of digital skills.</p> |
| <p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</p> | <p>No. There are a wide range of projects that currently fall within the ‘expand the use of TEC’ programme. Due to the wide differences in type of projects and stage of delivery a preferable approach is to undertake Integrated Impact Assessments for those specific projects where they are required, rather than for the overall programme. Further detail included in Rationale for Decision below.</p> |
| <p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person’s rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? | <p>1) Digital Support Hub</p> <p>Yes, an Integrated Impact Assessment is required for this project. The Digital Support Hub is providing a different model of care to what is currently provided in the city. This service is being delivered to some of our most vulnerable citizens therefore the impact of this change needs to be assessed within an Integrated Impact Assessment. The test of change is due to be completed end of February 2024 with evaluation to follow. Requirement for an IIA to be included in discussion about commissioning of service.</p> <p>2) Upgrade to TEC at Balnagask Court</p> <p>No, an Integrated Impact Assessment is not required for this project. This project is currently on hold as funding has not yet been made available for it to proceed and therefore an Integrated Impact Assessment is not currently required. In addition, although this change affects a vulnerable group, there has been use of a range of technology in this setting over a long period of time. Current options for upgrade provide for replacement of current systems with similar functionality. As no decision has been made regarding the replacement system the specific differences are not certain. However the options do not provide for significant different impact on supported people. The potential different functionality is:</p> <ul style="list-style-type: none"> • Wider range of sensors • Enhanced communication between staff team using hand held devices • Routing of alarms to handheld devices rather than pagers |

| | |
|-----------------------------|---|
| | <p>3) Assisted Care Robots</p> <p>No. The aim of the Proof of Concept is to demonstrate and assess the use of care assist robots in controlled conditions within care settings. This will inform understanding about potential benefits, dis-benefits and the impact and response of service users and staff to the devices in a real world setting. As such, this project is not implementing a change which will be incorporated into business as usual but will provide an evaluation regarding the value of these, or similar, devices in these settings.</p> <p>4) Proactive Telecare</p> <p>No. This project is currently on hold pending funding decision from TEC Scotland. Further work on the model of delivery of a proactive Telecare service will not be progressed prior to the outcome of the decision regarding this potential funding. The requirement for an IIA will be reviewed if this project is restarted.</p> <p>5) Development of a TEC culture</p> <p>No. This work supports the knowledge and understanding of the workforce in relation to the use of technology in care.</p> |
| Decision of Reviewer | |
| Name of Reviewer | |
| Date | |

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

This page is intentionally left blank



Areas for Consideration of Impact

Protected Characteristics

| |
|---|
| Age: older people; middle years; early years; children and young people. |
| Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions. |
| Gender Reassignment: people undergoing gender reassignment |
| Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership. |
| Pregnancy and Maternity: women before and after childbirth; breastfeeding. |
| Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers. |
| Religion and belief: people with different religions or beliefs, or none. |
| Sex: men; women; experience of gender-based violence. |
| Sexual orientation: lesbian; gay; bisexual; heterosexual. |

Fairer Scotland Duty

| |
|--|
| Low income – those who cannot afford regular bills, food, clothing payments |
| Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future. |
| Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies |
| Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport) |
| Socio-Economic Background - social class, parents' education, employment, income. |

Health Inequality (those not already covered in the Fairer Scotland Duty)

| |
|--|
| Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills. |
| Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation. |
| Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these. |
| Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use. |

| |
|--|
| <p>Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p> |
|--|

Other

| |
|---|
| Looked after (incl. accommodated) children and young people |
| Carers: paid/unpaid, family members. |
| Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs. |
| Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. |
| Addictions and substance misuse |
| Refugees and asylum seekers |
| Staff: full/part time; voluntary; delivering/accessing services. |

Human Rights (note only the relevant ones are included below)

| |
|--|
| <p>Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p> |
| <p>Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p> |
| <p>Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p> |
| <p>Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p> |
| <p>Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.</p> |
| <p>Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p> |
| <p>Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p> |
| <p>Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p> |

UNCRC

| | | |
|---|---|--|
| Article 2 non-discrimination | Article 15 freedom of association | Article 30 children from minority or indigenous groups |
| Article 3 best interests of the child | Article 16 right to privacy | Article 31 leisure, play and culture |
| Article 4 implementation of the convention | Article 17 access to information from the media | Article 32 child labour |
| Article 5 parental guidance and a child's evolving capacities | Article 18 parental responsibilities and state assistance | Article 33 drug abuse |
| Article 6 life, survival and development | Article 19 protection from violence, abuse and neglect | Article 34 sexual exploitation |
| Article 7 Birth, registration, name, nationality, care | Article 20 children unable to live with their family | Article 35 abduction, sale and trafficking |
| Article 8 protection and preservation of identity | Article 22 refugee children | Article 36 other forms of exploitation |
| Article 9 separation from parents | Article 23 children with a disability | Article 37 inhumane treatment and detention |
| Article 10 family reunification | Article 24 health and health services | Article 38 war and armed conflicts |
| Article 11 abduction and non-return of children | Article 25 review of treatment in care | Article 39 recovery from trauma and reintegration |
| Article 12 respect for the views of the child | Article 26 Benefit from social security | Article 40 juvenile justice |
| Article 13 freedom of expression | Article 27 adequate standard of living | Article 42 knowledge of rights |
| Article 14 freedom of thought, belief and religion | Article 28 right to education | |

ACHSCP Impact Assessment – Proportionality and Relevance

| | |
|---|---|
| Name of Policy or Practice being developed | Review of Premises 2025 |
| Name of Officer completing Proportionality and Relevance Questionnaire | Stuart Lamberton Transformation Programme Manager ACHSCP |
| Date of Completion | 21 February 2024 |
| What is the aim to be achieved by the policy or practice and is it legitimate? | The Review of Premises is seeking to establish how effectively ACHSCP utilise the buildings that services operate from. This process will also consider any efficiency savings that can be made without affecting the delivery of services. |
| What are the means to be used to achieve the aim and are they appropriate and necessary? | The ACHSCP do not own any buildings as such, these are owned by partners organisations (NHSG and ACC). The review will establish associated running costs of the buildings where ACHSCP services operate from. It will also explore how the space in the buildings is used, how that space is allocated, then identify any potential savings and efficiencies that could be achieved. |
| If the policy or practice has a neutral or positive impact please describe it here. | Currently there is no known or potential impacts identified as the review has not been completed. Once the review has been finalised specific IIAs will be completed as required for any associated projects that the review may generate. |
| Is an Integrated Impact Assessment required for this policy or decision (Yes/No) | No an IIA is not required at this stage, this will be kept under review. |
| Rationale for Decision NB: consider: - <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? | As highlighted the Review of Premises 2025 has not been completed and there are no known or potential impacts that have been identified. At this stage, there are no planned changes in relation to premises where ACHSCP services operate from. Any potential changes and the associated impacts will be considered when the review has been completed. If specific IIAs are required for any projects generated from the review these will be progressed accordingly. |

| | |
|---|--|
| <ul style="list-style-type: none"> • Are there existing safeguards that mitigate the restriction? | |
| Decision of Reviewer | Approved |
| Name of Reviewer | Sandy Reid Lead for People and Organisation ACHSCP |
| Date | 22 February 2024 |

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

No part of this process, to date, has identified that any contractors will carry out the work involved.

This page is intentionally left blank



Areas for Consideration of Impact

Protected Characteristics

| |
|---|
| Age: older people; middle years; early years; children and young people. |
| Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions. |
| Gender Reassignment: people undergoing gender reassignment |
| Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership. |
| Pregnancy and Maternity: women before and after childbirth; breastfeeding. |
| Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers. |
| Religion and belief: people with different religions or beliefs, or none. |
| Sex: men; women; experience of gender-based violence. |
| Sexual orientation: lesbian; gay; bisexual; heterosexual. |

Fairer Scotland Duty

| |
|--|
| Low income – those who cannot afford regular bills, food, clothing payments |
| Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future. |
| Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies |
| Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport) |
| Socio-Economic Background - social class, parents' education, employment, income. |

Health Inequality (those not already covered in the Fairer Scotland Duty)

| |
|--|
| Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills. |
| Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation. |
| Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these. |
| Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use. |

| |
|--|
| <p>Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p> |
|--|

Other

| |
|---|
| Looked after (incl. accommodated) children and young people |
| Carers: paid/unpaid, family members. |
| |
| Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs. |
| Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. |
| Addictions and substance misuse |
| Refugees and asylum seekers |
| Staff: full/part time; voluntary; delivering/accessing services. |

Human Rights (note only the relevant ones are included below)

| |
|--|
| <p>Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person’s different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p> |
| <p>Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p> |
| <p>Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p> |
| <p>Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p> |
| <p>Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.</p> |
| <p>Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p> |
| <p>Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p> |
| <p>Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p> |

UNCRC

| | | |
|---|---|--|
| Article 2 non-discrimination | Article 15 freedom of association | Article 30 children from minority or indigenous groups |
| Article 3 best interests of the child | Article 16 right to privacy | Article 31 leisure, play and culture |
| Article 4 implementation of the convention | Article 17 access to information from the media | Article 32 child labour |
| Article 5 parental guidance and a child's evolving capacities | Article 18 parental responsibilities and state assistance | Article 33 drug abuse |
| Article 6 life, survival and development | Article 19 protection from violence, abuse and neglect | Article 34 sexual exploitation |
| Article 7 Birth, registration, name, nationality, care | Article 20 children unable to live with their family | Article 35 abduction, sale and trafficking |
| Article 8 protection and preservation of identity | Article 22 refugee children | Article 36 other forms of exploitation |
| Article 9 separation from parents | Article 23 children with a disability | Article 37 inhumane treatment and detention |
| Article 10 family reunification | Article 24 health and health services | Article 38 war and armed conflicts |
| Article 11 abduction and non-return of children | Article 25 review of treatment in care | Article 39 recovery from trauma and reintegration |
| Article 12 respect for the views of the child | Article 26 Benefit from social security | Article 40 juvenile justice |
| Article 13 freedom of expression | Article 27 adequate standard of living | Article 42 knowledge of rights |
| Article 14 freedom of thought, belief and religion | Article 28 right to education | |

ACHSCP Impact Assessment – Proportionality and Relevance

| | |
|---|---|
| Name of Policy or Practice being developed | Community Mental Health Commissioning |
| Name of Officer completing Proportionality and Relevance Questionnaire | Alistair Palin, Snr Project Manger, ACHSCP Jenny Rae Programme Manager, ACHSCP Steven Stark, Service Manager, ACHSCP Kate Morton, Consultant Clinical Psychologist, NHSG Catherine King, Commissioning - Commercial and Procurement Services, ACC |
| Date of Completion | 26/02/2024 |
| What is the aim to be achieved by the policy or practice and is it legitimate? | <p>Quality of Life - The approach to mental health provision, the range of care that is available and the quality of care that is delivered has a direct impact on the quality of life that the residents of Aberdeen city will experience.</p> <p>Quality of care – The service specification will aim to clearly set out the non – negotiable elements of which quality of care is one of them. This element is at the heart of service provision.</p> <p>Ability to make and maintain community connections – In line with the Scottish national approach to mental health strategy a community based approach to mental health is proposed to best meet the challenges experienced within Aberdeen city.</p> <p>Support with life skills - Planning and management of resident’s life skills such as financial planning empowers residents to take responsibility of their lives in manageable steps.</p> |
| What are the means to be used to achieve the aim and are they appropriate and necessary? | <p>The strategic approach to decision making is fully considered under the fairer Scotland duty. The strategic approach directly links into the wider national strategy on mental health as well as having full alignment with other strategic plans, including: Local Housing Strategy, LOIP, the Aberdeen City Health and Social Care Partnership Strategic Plan, Strategic Commissioning Strategy.</p> <p>The evidence detailed in the Impact Assessment below demonstrates the high need for effective mental health service provision as well as the variable nature of the care provision required. One of the key ways in which Community Mental Health Interventions will be delivered is through good quality, person-centred partnership working across key stakeholders.</p> |

| | |
|--|---|
| <p>If the policy or practice has a neutral or positive impact please describe it here.</p> | <p>Enhanced quality of life and care resulting in improved outcomes for residents of Aberdeen city. Improved sense of wellbeing and support resulting in improved mental health. Transition towards self-empowerment and confidence in life to make positive decisions. Provision of suitable support from care and family and friend networks is maintained.</p> |
| <p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</p> | <p>Yes.</p> |
| <p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? | <p>The key negative impacts identified are:</p> <p>If quality of care is of a lesser standard there is the potential for negative impacts, social isolation, physical and emotional harm resulting in negative quality of life impacts. Potential for social isolation and poor mental health as a result. Social and economic challenges as a result of poor mental health and impacts on community and family networks. Therefore, a full IIA is required.</p> <p>The cessation of a national pilot without further local consideration would lead to negative impacts, it is proposed to include the key principles and action of this work into the local planning for a revised service provision.</p> |
| <p>Decision of Reviewer</p> | <p>Approved</p> |
| <p>Name of Reviewer</p> | <p>Jenny Rae</p> |
| <p>Date</p> | <p>26 February 2024</p> |

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Yes, as standard, within the procurement activity these duties will be contained within the evaluation process and assessed, so that the successful provider may address these duties.

ACHSCP Impact Assessment – The Integrated Impact Assessment

| | |
|---|---|
| <p>Description of Policy or Practice being developed including intended aim.</p> | <p>Quality of Life - The approach to mental health provision, the range of care that is available and the quality of care that is delivered has a direct impact on the quality of life that the residents of Aberdeen city will experience.</p> <p>Quality of care – The service specification will aim to clearly set out the non – negotiable elements of which quality of care is one of them. This element is at the heart of service provision.</p> <p>Ability to make and maintain community connections – In line with the Scottish national approach to mental health strategy a community based approach to mental health is proposed to best meet the challenges experienced within Aberdeen city.</p> <p>Support with life skills - Planning and management of resident’s life skills such as financial planning empowers residents to take responsibility of their lives in manageable steps.</p> |
| <p>Is this a new or existing policy or practice?</p> | <p>It is the development of existing practice and policy via a review and subsequent reprovision.</p> |
| <p>Name of Officer Completing Impact Assessment</p> | <p>Alistair Palin, Senior Project Manger, ACHSCP Jenny Rae, Programme Manager, ACHSCP Steven Stark, Service Manager, ACHSCP Kate Morton, Consultant Clinical Psychologist, NHSG Catherine King, Commissioning - Commercial and Procurement Services, ACC</p> |
| <p>Date Impact Assessment Started</p> | <p>3 January 2024</p> |
| <p>Name of Lead Officer</p> | <p>Jenny Rae</p> |
| <p>Date Impact Assessment approved</p> | <p>26 February 2024</p> |

Summary of Key Information

| | |
|---|--|
| <p>Groups or rights impacted.</p> | <p>All protected characteristics are potentially impacted by Community Mental Health Interventions.</p> |
| <p>Feedback from consultation and engagement and how this informed development of the policy or practice</p> | <p>3 engagement sessions between November 2023 and February 2024. The engagement sessions were advertised on citizen space and new dates set to allow people to make plans to attend Promotion at the Aberdeen Wellbeing Festival in January to a wider audience for community in engage in the review.</p> <p>Findings from the engagement are to be used in the development of service specification.</p> |

| | |
|--|--|
| | <p>The overarching themes were:</p> <p>The workshop discusses how community mental health and defined as a continuum that fluctuates over time, and how it differs from mental illness or ill health.</p> <p>The review mentions some of the challenges and gaps in the current provision of community mental health services, such as centralisation, phone-based engagement, complex navigation, low awareness, fragmentation, and limited referral opportunities.</p> <p>The DBI service was one that has been referred as needing changes because of the number of people being supported and GP's that are trained in this format of DBI. Other providers had options on how this could look like. A suggestion was to have specification suggest what offer service providers could come up with.</p> <p>3 other services should be considered by splitting 2 services per provider depending on how the spec is written for DBI.</p> <p>explored the current understanding and perception of community mental health among the participants, as well as their expectations and aspirations for the future vision of community mental health services.</p> <p>It also mentions some of the challenges and gaps in the current provision of community mental health services, such as centralisation, phone-based engagement, complex navigation, low awareness, fragmentation, and limited referral opportunities.</p> <p>The workshop outlines some of the key principles and aims that should guide the future vision of community mental health services in Aberdeen, such as accessibility, trauma-informed approaches, person-centred and outcome-focused care, early intervention, prevention, peer support, partnership working, and clear signposting.</p> <p>The workshop suggests some of the recommendations and next steps that should be taken to improve the community mental health services, such as increasing the range of supports, clearing the bottleneck from clinical services, enhancing the provision of distress brief</p> |
|--|--|

interventions, providing a single point of access, and ensuring visibility of services.

The workshop addressed three main questions: what are the elements of good practice that need to be kept or adopted, what are the elements of current practice that require improvement or development, and what are the key outcomes for individuals that should be delivered.

The workshop summarizes the views and experiences of the workshop participants, who represent various mental health services and organisations in the community. The document highlights the importance of inclusivity, hybrid engagement options, non-clinical environments, peer support models, clear purpose and accessibility, single point of entry, and communication and partnership in delivering effective mental health services in the community.

The workshop also identifies the gaps or challenges in increasing community knowledge of available services, reducing waiting times, supporting people with different levels of distress and crisis, assessing and triaging people to the right route, dealing with recurring or carousel clients, and addressing the underlying causes of mental health issues.

The workshop lists some of the desired outcomes for people who access mental health services, such as crisis reduction, resilience building, quality of life, self-management, empowerment, understanding, and social inclusion.

The new service would aim to integrate aspects of the four existing services: 1st Response, NOVA, WELL, and DBI, which provide different levels and modes of support for people with mental health issues in the community.

The workshop 3 participants, who were mostly service providers and staff, discussed various questions and themes related to the new service, such as the number, location, infrastructure, staffing, promotion, access, measurement, and pathways of the service.

The workshop also gave various suggestions and feedback on how to improve the new service, such as having a consistent and flexible team, a single point of contact and a clear pathway for referrals, a regular process of review and outcome

| | |
|---|---|
| | <p>measurement, a DBI type intervention as a foundation, a physical space for compassionate conversations, an evening/weekend provision, and a collaboration with all mental health organisations in Aberdeen.</p> <p>The workshop also identified some challenges and limitations of the current and new service, such as the overlap and duplication between the existing services, the recruitment and retention issues, the dependency on support, the lack of awareness and referral pathways among professionals and community groups, the data protection and information sharing barriers, and the gap in provision for young people under 16.</p> <p>The workshop concludes with the next steps for the commissioning of the new service, which include writing up the service specification, putting out the tender, awarding the tender, and giving time for the new service to embed.</p> |
| <p>Performance Measures identified, where these will be reported and how impact will be monitored.</p> | <p>This will be identified and progressed as the review moves forward and through the commissioning and tendering process for delivery by the successful provider.</p> |

Review

| | |
|--|--|
| <p>Date the Impact will be reviewed</p> | <p>26 February 2024</p> |
| <p>Rationale for Date</p> | <p>A year will allow practice to be sufficiently developed so that impacts on protected groups can be monitored.</p> |

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

| | Yes/No | Details | Evidence |
|---------------------------|--------|---|---|
| Protected Characteristics | Yes | <p>All protected characteristics could potentially be impacted on by this work.</p> <p>The sources for evidence are:</p> <ol style="list-style-type: none"> 1. Aberdeen Local Outcome Improvement Plan 2. ACHSCP Strategic Plan 2022-2025 3. National Mental Health Strategy – Scottish Government | <p>WELL Aberdeen</p> <ul style="list-style-type: none"> • Direct access to support for those in distress • Immediate support • Signposting to other services • Open evenings and weekends • Offers direct line for Police Scotland • Supported offered in Police custody at the weekend <p>Nova</p> <ul style="list-style-type: none"> • 1:1 support to people referred to the service • Face to face or online support • Open-ended access to support • Supported connections and signposting • 7 days per week <p>First Response</p> <ul style="list-style-type: none"> • Direct access to compassionate support • Immediate support • Short term support • Sign posting to other services • Flexible opening hours <p>Distress Brief Interventions (DBI)</p> <ul style="list-style-type: none"> • Compassionate response to distress within 24 hours of referral • Safety planning & safeguarding • Distress management planning • |

| | | | |
|--|--|--|---|
| | | | <p>Supported connections and signposting • 365 days a year.</p> <p>Due to the nature of mental health and its service provision, each of the above services all share commonality around the sensitive nature of the relationships between service users and the service provider. As such each of the 9 protected characteristics is in some way relevant to each of the above services. The historic evidence from each of the services listed above clearly demonstrate this fact, where mental health issues can often directly relate to a protected characteristic. All service users have the right to have their characteristics protected and this is a pivotal mainstay within each of the services listed above.</p> <p>· Aberdeen city has a finite resource available with a continuous demand on mental health services. · Aberdeen city has a diverse population of residents that require specific mental health and or learning disability supported services. · Aberdeen city has a variable community element relevant to specific geographies within the city that are impactful on service users. · Service user needs are highly variable and specific to the individual, requiring varying levels of care and staff with the right skill set.</p> <p>LOIP</p> |
|--|--|--|---|

| | | | |
|--|--|--|---|
| | | | <p>· 11.0 – Healthy life expectancy is 5 years longer by 2026. · 11.1 – Supporting vulnerable and disadvantaged people, families and groups. · 11.2 – Provide individuals and communities with the resources needed to reduce feelings of loneliness and social isolation. · 12.3 – Enhance early intervention and preventable treatment for those at greatest risk of harm from drugs and alcohol.</p> <p>ACHSCP Strategic Plan</p> <p>CARING TOGETHER · Undertake whole pathway reviews ensuring services are more accessible and coordinated. · Empower our communities to be involved in planning and leading services locally.</p> <p>PREVENTING ILL HEALTH · Enable people to look after their own health in a way which is manageable for them.</p> <p>ACHIEVE FULFILLING, HEALTHY LIVES · Help people access support to overcome the impact of the wider determinants of health. · Ensure services do not stigmatise people. · Improve public mental health and wellbeing.</p> <p>RELATIONSHIPS · Transform our commissioning approach focusing on social care market stability. · Design, deliver and improve services with people around their</p> |
|--|--|--|---|

| | | | |
|----------------------|--|--|--|
| | | | <p>needs. · Develop proactive communications to keep communities informed.</p> <p>National Mental Health Strategy – Scottish Government</p> <ol style="list-style-type: none"> 1. Improved overall mental wellbeing and reduced inequalities. 2. Improved quality of life for people with mental health conditions, free from stigma and discrimination. 3. Improved knowledge and understanding of mental health and wellbeing and how to access appropriate support. 4. Better equipped communities to support people’s mental health and wellbeing and provide opportunities to connect with others. 5. Increased availability of timely, effective support, care and treatment that promote and support people’s mental health and wellbeing, meeting individual needs. 6. Better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery. |
| Fairer Scotland Duty | | | |
| Health Inequality | | | |

| | | | |
|--------------|-----|---------------|---|
| Other Groups | | | |
| Human Rights | | | |
| UNCRC | Yes | Young people. | <p>LOIP</p> <p>DBI Aberdeen are part of a project team within the subsection of that is stretch outcome 5 which is that 90% of young people will report they feel listened to at all times by 2026. - Reduce demand on Tier 3 services by 5% by 2026 and reduce waiting times for interventions starting by each tier 2/3 service by 5% by 2026. The project team are working together to identify access to support across the city and how we can ensure these are working effectively for young people.</p> |

| | | | | |
|--|--|--|-----------|--|
| Will there be any cumulative impacts between this policy or decision and others | Yes | | No | |
| Describe what this cumulative impact will be and include evidence mitigations in the sections below | If any are identified these will be progressed as the review moves forward | | | |

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

| Stakeholder Groups | Feedback Received | Influence on Policy or Practice/Mitigating Actions |
|---|--------------------------|---|
| Please see details of learning from engagement in 'Summary of Key Information' above. | | |
| | | |
| | | |

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Yes, as standard, within the procurement activity these duties will be contained within the evaluation process and assessed, so that the successful provider may address these duties.



Areas for Consideration of Impact

Protected Characteristics

| |
|---|
| Age: older people; middle years; early years; children and young people. |
| Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions. |
| Gender Reassignment: people undergoing gender reassignment |
| Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership. |
| Pregnancy and Maternity: women before and after childbirth; breastfeeding. |
| Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers. |
| Religion and belief: people with different religions or beliefs, or none. |
| Sex: men; women; experience of gender-based violence. |
| Sexual orientation: lesbian; gay; bisexual; heterosexual. |

Fairer Scotland Duty

| |
|--|
| Low income – those who cannot afford regular bills, food, clothing payments |
| Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future. |
| Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies |
| Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport) |
| Socio-Economic Background - social class, parents' education, employment, income. |

Health Inequality (those not already covered in the Fairer Scotland Duty)

| |
|--|
| Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills. |
| Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation. |
| Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these. |
| Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use. |

| |
|---|
| Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications. |
|---|

Other

| |
|---|
| Looked after (incl. accommodated) children and young people |
| Carers: paid/unpaid, family members. |
| |
| Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs. |
| Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. |
| Addictions and substance misuse |
| Refugees and asylum seekers |
| Staff: full/part time; voluntary; delivering/accessing services. |

Human Rights (note only the relevant ones are included below)

| |
|---|
| Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified. |
| Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others. |
| Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish. |
| Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion. |
| Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings. |
| Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making). |
| Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.) |
| Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference |

UNCRC

| | | |
|---|---|--|
| Article 2 non-discrimination | Article 15 freedom of association | Article 30 children from minority or indigenous groups |
| Article 3 best interests of the child | Article 16 right to privacy | Article 31 leisure, play and culture |
| Article 4 implementation of the convention | Article 17 access to information from the media | Article 32 child labour |
| Article 5 parental guidance and a child's evolving capacities | Article 18 parental responsibilities and state assistance | Article 33 drug abuse |
| Article 6 life, survival and development | Article 19 protection from violence, abuse and neglect | Article 34 sexual exploitation |
| Article 7 Birth, registration, name, nationality, care | Article 20 children unable to live with their family | Article 35 abduction, sale and trafficking |
| Article 8 protection and preservation of identity | Article 22 refugee children | Article 36 other forms of exploitation |
| Article 9 separation from parents | Article 23 children with a disability | Article 37 inhumane treatment and detention |
| Article 10 family reunification | Article 24 health and health services | Article 38 war and armed conflicts |
| Article 11 abduction and non-return of children | Article 25 review of treatment in care | Article 39 recovery from trauma and reintegration |
| Article 12 respect for the views of the child | Article 26 Benefit from social security | Article 40 juvenile justice |
| Article 13 freedom of expression | Article 27 adequate standard of living | Article 42 knowledge of rights |
| Article 14 freedom of thought, belief and religion | Article 28 right to education | |

ACHSCP Impact Assessment – Proportionality and Relevance

| | |
|---|---|
| Name of Policy or Practice being developed | Charging policy review |
| Name of Officer completing Proportionality and Relevance Questionnaire | Gordon Edgar Project Manager ACHSCP |
| Date of Completion | 12/02/2024 |
| What is the aim to be achieved by the policy or practice and is it legitimate? | The aims are: <ol style="list-style-type: none"> 1. To collect backdated income from charges identified within current policy which has already been approved at Council (and to agree the timescale over which backdated charges can be made). 2. To make current charging practice fairer and more equal. 3. To make the charging policy more transparent to the public and make it more accessible. 4. To improve the consistency of future implementation of the revised charging policy. |
| What are the means to be used to achieve the aim and are they appropriate and necessary? | A range of means will be used: <ol style="list-style-type: none"> 1. Working with internal staff and partner agencies to explore and improve current practice. 2. Start collecting previously agreed charges from clients. 3. Seek legal advice where appropriate. 4. Reporting on progress and following correct governance channels within the City Partnership and Aberdeen City Council. |
| If the policy or practice has a neutral or positive impact, please describe it here. | This work will lead to a fairer application of the charging policy for clients. It will help us to be more person-centred in the assessment by ensuring that we use financial disregards of a person's circumstances appropriately. It will also generate income for the Partnership which could help to protect services. |
| Is an Integrated Impact Assessment required for this policy or decision (Yes/No) | Yes. This is to be on ACC IIA paperwork. |
| Rationale for Decision NB: consider: - <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? | This decision will impact on hundreds of clients receiving services from ACHSCP. A large number of people will have to start paying for services they previously should have been – this will have an obvious financial impact on them, which could be significant for some (however, the housing support charges are means tested). Individuals will be offered a benefit check to provide information, advice, and support to maximise income. This is communicated in |

| | |
|---|--|
| <ul style="list-style-type: none"> • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? | <p>all letters and briefings alongside suggestion to link in with their allocated social worker for support. Further to this Advocacy services and Quarriers, Commissioned Carer Support organisation have been informed when any communications have been made in order that they can support individuals</p> <p>Most people affected by these changes have protected characteristics including age and disability. Following COSLA guidance, a differential rate in income disregard between service users and those under pension age.</p> <p>The policy clearly highlights which aspects of support and service are chargeable</p> <p>Charges are for non-personal care related services.</p> <p>The Carers {Scotland} Act 2016 introduced new rights for unpaid carers and new duties for local authorities and health boards to provide support to carers. Carers respite and replacement care is deemed non chargeable and will be exempt from charging</p> <p>The purpose of revising Charging Policy is to ensure that policy and practice are in line with statutory requirements and national guidance</p> <p>The aim of the policy is to ensure fairness and equity whilst demonstrating consistent decision making. With this ensuring that the cost of charges are transparent to all.</p> <p>With the contributing to care policy, the main principles are that people who use services will not be charged more than cost to deliver service. Alongside services being provided upon assessed need not ability to pay. All people who use services will be offered benefits check and signposted to gain appropriate support and advice.</p> |
| Decision of Reviewer | Approved |
| Name of Reviewer | Tracey MacMillan |
| Date | 12/02/2024 |

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Yes, part of the work involved will be done by partner agencies such as Granite City Consortium, Bon Accord Care, and housing associations. These services will have responsibility to address these duties in accordance with ACHSCP policy in their contracts. Support will also be provided to clients by Quarriers and Advocacy Service Aberdeen.



INTEGRATION JOINT BOARD

| | |
|---|--|
| Date of Meeting | 26 March 2024 |
| Report Title | General Practice Vision and Objectives |
| Report Number | HSCP.24.002 |
| Lead Officer | Emma King |
| Report Author Details | Name: Ali Chapman Job Title: Primary Care Development Manager Email Address: Alison.chapman@nhs.scot |
| Consultation Checklist Completed | Yes/No |
| Directions Required | Yes/No |
| Exempt | No |
| Appendices | a. General Practice Vision Report b. EQIA Checklist c. General Practice Vision One Page Summary |
| Terms of Reference | 1 |

1. Purpose of the Report

- 1.1. To seek approval of a new vision and set of objectives for General Practice in Grampian.

2. Recommendations

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



INTEGRATION JOINT BOARD

- a) Approves the vision and objectives for General Practice in Grampian as set out in Appendix A; and
- b) Instructs the Chief Officer to report back to the Integration Joint Board by end of March 2025 with a progress update on the implementation of the vision and objectives.

3. Strategic Plan Context

3.1. One of the Strategic Priorities set out in the Aberdeen City Health and Social Care Partnership Strategic Plan 2022-2025 is to create capacity for General Practice to help improve patient experience. The delivery of the proposed vision for General Practice in Grampian will contribute to that Strategic Priority.

4. Summary of Key Information

HSCP Chief Officer Objective

- 4.1.** The three HSCP Chief Officers held a shared objective for 23/24 to design and create a delivery plan for a Grampian Primary Care Strategy. This was in response to the challenging implementation of the 2018 General Medical Services (GMS) contract. There are a number of relevant factors, many of which are particularly relevant to Aberdeen and Grampian. This includes challenges around recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. All of which have an impact on the sustainability of general practice and the ability for General Practice to play a key role in preventing ill health in our communities.
- 4.2.** General Practice became the focus of the project due to the particular acute challenges faced by General Practice with primary care providers acting as key stakeholders in the process of determining the vision and associated objectives.
- 4.3.** As a programme we are aware of the cost pressure relating to primary care prescribing and savings plan for 2024/25. Having sustainable general



INTEGRATION JOINT BOARD

practices in the medium to longer term will facilitate continuity of patient care which will contribute to medication reviews and effective prescribing.

Programme Summary

- 4.4.** A Programme Initiation Document was developed and it set out three aims:
- a shared vision for General Practice across Grampian;
 - identification of the challenges to achieving that vision; and
 - a set of strategic objectives to address those challenges in order to realise the vision.
- 4.5.** In July 2023, a programme board was set up for the General Practice Vision Programme, this includes representation from NHS Grampian, the Health and Social Care Partnerships (HSCP's), General Practice Sub Committee (GP Sub) and the Local Medical Committee (LMC).
- 4.6.** A series of facilitated workshop sessions were organised to develop the vision and strategic objectives. The first workshop was for General Practice staff (166 attendees). The second and third workshops included wider stakeholders such as other primary care services (pharmacy, dental, ophthalmology), acute and secondary care representation, patient representation, and Scottish Government representation (208 and 209 attendees respectively). These were held on:
- Wednesday 27th September 2023;
 - Wednesday 8th November 2023; and
 - Wednesday 22nd November 2023.

General Practice Engagement

- 4.7.** A Service Level Agreement (SLA) between NHS Grampian and practices was agreed to ensure appropriate practice staff were able to engage in and codesign the development of a strategic direction and vision of General Practice across Grampian.

Patient engagement

- 4.8.** A Patient engagement plan was developed to ensure that a co-production approach was used, and patients from across the Grampian were involved in the development of the vision and strategic objectives.

A wider patient engagement survey has been circulated via multiple sources including; Locality Empowerment Groups (LEG); Patient Participation



INTEGRATION JOINT BOARD

Groups (PPG's); Social Media and GP practices. A total of 1293 responses were submitted.

- 4.9.** A patient stakeholder group to attend the facilitated stakeholder was created. The aim was to have a cross section of patients from across various communities and age ranges. There were around 25 members of the public on this group from across the Grampian areas
- 4.10.** The patient stakeholder group attended the facilitated events on 8th and 22nd November. There were a total on 24 and 22 patient's representatives at the two workshops respectively.
- 4.11.** Feedback from the patient participation group was overall positive. The themes from the patient feedback was that there was a good mix of roles on the table, the sessions were interactive and there was time for good discussions.

Young Persons Engagement

- 4.12.** Output of the Patient survey showed that there was limited input from young people 16 – 34. Therefore the programme planned and completed further work to reach out to this age range. This included a series of focus groups with senior high school pupils, engagement with university and college students.
- 4.13.** Focus groups at 4 high schools were arranged to ascertain views of the younger generation in relation to 'what matters to them' in general practice. In addition to this a drop in session at Aberdeen university was arranged to engage with students. A survey at these was also shared via QR code to allow for further views to be sought.

Further Stakeholder Engagement

- 4.14.** NHS Grampian Groups - Presentations were given to various groups across the system this includes the NHS Grampian Clinical Board NHS Grampian Pharmacotherapy Group and the Clinical Interface group to provide an overview of progress to date and emerging key themes.
- 4.15.** MP / MSP briefing - a presentation was given to the NHS Grampian MSP / MP Briefing group, including what the current strengths and challenges are, what the summary output from the facilitated sessions was and what local and national action and support is required.



INTEGRATION JOINT BOARD

- 4.16. Aberdeen City HSCP Locality Empowerment groups – a presentation was given to each of the three Locality Empowerment groups to provide an overview of where this work came from, the approach taken and key emerging themes.
- 4.17. Aberdeen City Council Strategy Board – an overview of the work was provided with a view to considering the future role that General Practice can play in with Aberdeen City Council services to deliver the Local Outcome Improvement Plan (LOIP).

GP Vision and Objectives

- 4.18. In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and strategic objectives that capture the changes required to move towards a more sustainable general practice sector within the area.
- 4.19. The proposed Vision Statement, '*A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health*', encapsulates a commitment to fostering health and well-being within our communities. It signifies a commitment to providing comprehensive and accessible healthcare services that not only address illness but also promote preventive care and empower individuals to lead healthier lives.
- 4.20. The Vision is underpinned by 10 Key themes that were highlighted during the stakeholder engagement programme as a problem or challenge to achieving the Vision.



INTEGRATION JOINT BOARD





INTEGRATION JOINT BOARD

4.21. An initial objective has been identified against each of the key themes.

Table 1 outlines the 10 Objectives.

| Theme | Objectives |
|------------------------------------|--|
| Data | Through the Grampian Data Gathering Group, develop a programme of work to: <ul style="list-style-type: none"> • identify and define necessary data sets; • create data gathering processes which enables consistent and consolidated data to be collected across General Practice in a standardised way; and • develop data sharing arrangements with relevant partners where necessary. |
| Models of Contract | Develop a flexible approach to the delivery of the existing GMS contract, using currently available levers, following consultation with relevant stakeholders, including: <ul style="list-style-type: none"> • NHSG Primary care and Contracts representatives; • General Practices; • Scottish Government; • Scottish General Practitioners Committee (SGPC); • Local Medical Committee; • Advisory Committees to the Health Board; and • other relevant stakeholders. |
| Keeping the population well | Develop, in consultation with community planning partners, a programme to deliver targeted and comprehensive health interventions for at risk communities to offer proactive preventative care and empower communities to participate in their own healthcare and wellbeing. |
| Digital | Support the development of a regional Grampian Digital plan, which includes General Practice. This will help to develop a coherent approach to the development of a prioritised set of digital solutions to ensure the wider system is best placed to meet the needs of communities within available resource. |
| Pathways | Review pathways to explore the opportunities, risks and challenges to these pathways. A priority-based implementation plan will be created to improve these pathways. It is anticipated that the plan will include a solution to empower service users to track progress of their situation across the pathways and offer help and advice while on the pathway. This will promote effective communication, collaboration and coordination, ensuring staff and patients are well informed about the pathways.. |
| Multi-Disciplinary Team | Initiate and complete an evaluation and review of PCIP services that are in place across NHS Grampian. Where best practice is identified, learn from this, and facilitate its rollout to other areas if appropriate. |
| Continuity of Care | Create pathways that achieve continuity of care for those who will benefit most from continuity of care. In the context of flexible models of contract, identifying areas that can be used for a test of change to support practices to improved models to support meeting complex care. |



INTEGRATION JOINT BOARD

| | |
|--|---|
| Premises | Via the Primary Care Premises Group, each HSCP, in consultation with practices and relevant partners, will develop an estate plan to meet the needs of our communities. Regard will be had to buildings (where required) being well-equipped, accessible, patient-centred, conducive to partnership working, integrated with advanced and standardised technologies, and in the right place to meet the needs of the communities. |
| Mental Health & Wellbeing | <ul style="list-style-type: none"> • Improve mental health and wellbeing support for schools / young people; making use of technology for adoption and engagement • encourage better wellbeing across patient groups through, for example, supporting social prescribing and realistic medicine where appropriate; and • Identify improvements that will help ensure patients see the most appropriate person the first time to minimise delays in appropriate treatment. |
| Recruitment Retention & Education | <p>Develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and wider MDT and administrative Roles to encourage the retention of talent in Grampian.</p> <p>Future colleagues will have the knowledge and technical and digital skills necessary to meet the vision for General Practice in Grampian.</p> <p>This objective will be delivered in consultation with relevant stakeholders, including:</p> <ul style="list-style-type: none"> • local authorities; • colleges; • universities; • NHS Education for Scotland (NES); and • Royal College of General Practitioners (RCGP). |

4.22. Contribution to other National and Local Priorities

The new vision for General Practice will contribute to both local, regional and national initiatives including:

- The National Health and wellbeing outcomes;
- NHS Grampian Vision, Values and Strategic Themes;
- Aberdeen City, Aberdeenshire and Moray HSCPs; and
- Local Outcome Improvement Plans across Grampian.

Delivery Plan

4.23. It is anticipated that implementation of the vision and objectives will be delivered via the creation of a new programme board which in turn will be supported by project sub groups. Monitoring and evaluation of the programme delivery will be through the programme board structure with annual updates to the three integration joint boards anticipated. This would include updates against, for example, progress against the objectives, the development of new objectives to support the delivery of the vision, and the impact of the objectives as they are delivered. Aberdeen City HSCP's



INTEGRATION JOINT BOARD

contribution to the delivery of the vision will be outlined in future iterations of its Strategic Plan and associated Strategic Delivery Plan.

4.24. Key Metrics have been identified to determine if the programme has had a positive impact on the sustainability of general practice within Grampian. These include:

- Number of 2C practice within Grampian
- % of total 2C practices within NHS Grampian
- Number of GPs / GP head count
- Full Time Equivalent of GPs
- GP headcount by designation
- Practice list size
- Average number of patients per GP
- Inpatient waiting list size
- Outpatient waiting list size
- ED attendance rates
- Emergency admission rates
- General Practice Alert System (GPAS)
- Grampian Operational Pressure Escalation System (GOPES)
- Number of GP List closures
- % of List Closures
- Practices Managing List Informally
- % of practices Managing List Informally
- Number of contracts returned
- % of contracts returned
- British Medical Association staff survey

Next Steps

Lessons Learned

4.25. A lessons learned process will be carried out post consideration of the new General Practice Vision and Objectives. The lessons learned process is crucial for continuous improvement in the development and optimisation of future projects.

Project Closure

4.26. Following on from the IJB meetings in March 2024. The programme in its current state will commence the project closure process to ensure that all aspects of the project are completed, documented, and handed over appropriately into the delivery phase.

4.27. As we move forward with the programme of work, we are fully committed to realising the vision and objectives outlined, with confidence in the ability to drive positive change and enhance General Practice within NHS Grampian, fostering a renewed sense of purpose and determination among all stakeholders involved.



INTEGRATION JOINT BOARD

- 4.28.** Together we will balance financial pressure, clinical governance, patient safety and staff governance with a focus on prevention and services to some of our most deprived communities.
- 4.29.** This programme of work provides the foundations of which the next steps of true aspirational transformational change can flourish from. It will enable partners across all sectors to be able to collectively identify the future model of what is 'the possible' and work towards implementation to create long term sustainability of general practice services for residents of Grampian.
- 4.30.** We extend our deepest appreciation to all stakeholders for their vital contributions, commitment, and ongoing support in our collective pursuit of enhancing patient-centred care and improving health outcomes across the community and look forward to working with those with the vision for 'the possible'.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

An Equalities Impact Assessment (EQIA) has been carried out as part of the development of the proposals set out above. It is included as Appendix B and no impact has been identified at this time.

As described in the EQIA Checklist Any workstreams agreed by the IJBs and Scottish Government will ensure an EQIA specific to that workstreams will be completed. Continued stakeholder engagement and consultation will be critical across all objectives.

5.2. Financial

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

5.3. Workforce

This report links to the following key priority in the workforce plan:
Recruitment and retention The Recruitment, Retention and Education Objective within the General practice vision which aims to develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and Wider MDT Roles so that we can



INTEGRATION JOINT BOARD

retain talent in our area. This will assist with the Recruitment and Retention priority for Aberdeen City HSCP.

5.4. Legal

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

5.5. Unpaid Carers

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

5.6. Information Governance

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

However there is potential considerations around increased data sharing which would require information governance resource.

5.7. Environmental Impacts

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

5.8. Sustainability

The recommendations from this report aim to have a positive impact on General Practice sustainability across Grampian



INTEGRATION JOINT BOARD

6. Management of Risk

6.1. Identified risks(s)

| Category | Description | Mitigation | RAG Status Post Mitigation) |
|----------------|--|--|-----------------------------|
| Sustainability | There is a risk that if the project is not delivered, General Practice within Grampian will continue on an unsustainable basis. This will further exacerbate the challenges outlined above. As the first point of access to healthcare for 90% of the population General Practice delivers early intervention and preventative measures for the whole system and therefore the consequences will not be limited to GP services. Failure to deliver the project will increase the prospect of further increasing demand on secondary care services, unscheduled and urgent care (including PC & OOH), a reduction in NHS performance and poorer outcomes for Grampian's residents across the health and social care system. | <p>The development of a project to deliver a shared vision and strategic objectives for General Practice in Grampian.</p> <p>Adequate funding support from the Scottish Government to build the necessary capacity to deliver this project (which is preventative in nature) to March 2024 and anticipated support to deliver the implementation plan beyond March 2024.</p> <p>Working with public health colleagues to ensure preventative focus of workstreams and focus interventions on need.</p> | Amber |
| Resource | The programme is required to be approved and then delivered within existing resources, therefore there is a risk that the programme is not delivered due to the financial pressures across | Continued highlighting of concerns and engagement with all stakeholders to understand the importance and risks | High |



INTEGRATION JOINT BOARD

| | | | |
|------------------------|---|---|-------|
| | Grampian and other competing priorities. | of not undertaking this project Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme. As well as phasing of timelines to make workloads manageable. | |
| Engagement – Public | Reputational risk due to the potential service changes being disliked by the public Potential increased complaint due to changes to services There are also risks if changes are not made around patient expectations and experience – waiting times etc. | Patient representatives as part of the Programme governance structure moving forward for co-design and engagement Patient stakeholder engagement – working with communications teams, partner agencies, and social media to make sure messages made on an ongoing basis Working with LEGS and working with elected members and community councils to increase understanding for the case to change. | Amber |
| Engagement – Workforce | Risk that key stakeholder do not have the capacity and therefore loose interest in implementation of priorities | Continued highlighting of concerns and engagement with all | High |



INTEGRATION JOINT BOARD

| | | | |
|--|---|--|--|
| | <p>No dedicated resource to release General Practice to implement within an already pressured system</p> <p>Reputational risks with General Practice if programme not implemented</p> | <p>stakeholders to understand the importance and risks of not undertaking this project</p> <p>Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme. As well as phasing of timelines to make workloads manageable.</p> | |
|--|---|--|--|

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

Risk 1: The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.

Mitigation: The proposals within this report aims to mitigate this risk by supporting the sustainability of general practice for the future

Risk 5: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.

Mitigation: The programme board will look to realign workforces within current recourses well as re-prioritising workload

Risk 7: The ongoing recruitment and retention of staff.

Mitigation: The proposals within the reports aims to take a preventative and early intervention approach in general practice to mitigate the demand on the wider system engagement with public to allow for better understanding on challenges on system, creating better working environment.



General Practice Vision 2024-2030

*A sustainable General Practice across
Grampian which enables people in their
communities to stay well through the
prevention and treatment of ill health*

Contents:

| | |
|---|-----------|
| EXECUTIVE SUMMARY | 1 |
| 2 INTRODUCTION | 4 |
| 3 OVERVIEW & BACKGROUND | 5 |
| 3.1 Current Status General Practice within NHS Grampian | 5 |
| 3.2 Aims & Objectives | 5 |
| 3.3 General Practice Vision Programme Methodology | 6 |
| 4 NEW GP VISION AND OBJECTIVES | 16 |
| 4.1 Introducing the new Vision and Objectives | 16 |
| 4.2 Overview of the vision statement | 16 |
| 4.3 Overview of the Objectives | 18 |
| 4.4 How does the vision fit with other Local, Regional and National Priorities | 22 |
| 4.5 Delivery | 29 |
| 4.6 Monitoring and Evaluation | 29 |
| 4.7 Implementation Risks | 31 |
| 5 NEXT STEPS | 33 |
| 5.1 Establish Governance Structures | 33 |
| 5.2 Release Resources | 33 |
| 5.3 Create and action an Implementation Plan | 33 |
| 5.4 Lessons learned | 33 |
| 5.5 Project closure | 34 |
| 6 CONCLUSION | 35 |
| APPENDIX 1: GLOSSARY | 37 |

EXECUTIVE SUMMARY

1.1.1 Introduction

In response to the evolving significant sustainability challenges within General Practice in Grampian, this report was commissioned to outline a new vision and strategic objectives that will guide our future direction

This report aims to synthesise insights gathered from the broad stakeholder engagement, identify key challenges and opportunities facing General Practice, and articulate a clear vision and strategic objectives to guide us moving forward.

1.1.2 Approach

A programme management approach was used to set up the project. This included the following stages:

Project Initiation - This stage included: defining the project scope, objectives, and deliverables; and creation of a Programme Board.

Planning - this stage included creating programme documentation such as a project plan and risk register; conducting stakeholder analysis and planning stakeholder engagement, organisation of facilitated workshops. Planning stakeholder included

- Creating a Service Level Agreement (SLA) for GP practices to ensure capacity within General Practice to participate fully in the programme
- Developing a patient engagement plan to ensure that a co-production approach was used. The patient engagement plan included actions to:
 - Develop and execute a Public Engagement Survey to ascertain views from the general public
 - Create a Patient Stakeholder group to represent the wider general public at the stakeholder events

Execution - A series of facilitated workshop sessions were carried out to develop the vision and strategic objectives. The first workshop was for General Practice staff (166 attendees) whilst the second and third included wider stakeholders such as other primary care services (pharmacy, dental, ophthalmology), acute and secondary care representation; patient representation and Scottish Government representation (208 and 209 attendees respectively). These were held on:

- Wednesday 27th September
- Wednesday 8th November
- Wednesday 22nd November

Stakeholder engagement

- Public engagement survey - To understand the views of the general public on what is important to them in General Practice. This was live from 10th - 30th October 2023.
- Patient stakeholder workshop - To give an understanding of what General Practice and the Primary Care Improvement plan is, and to outline the current challenges in General Practice. The workshop also provided the

group with an understanding of views across NHS Grampian that were represented at the in person facilitated events

- Young person's engagement – this included pupil focus groups at secondary schools and drop in session at Aberdeen University to ascertain views of the younger generation in relation to 'what matters to them' in General Practice
- Further stakeholder engagement - this included an MP / MSP briefing as well as various presentations to key stakeholder groups

1.1.3 Vision Statement & Objectives

A Vision Statement has been created which captures the changes required to move towards a more sustainable General Practice sector within the area.

A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health.

Key themes

The key themes and challenges that were identified throughout the facilitated workshop process and stakeholder analysis were consolidated. Key themes identified throughout the process were identified in response to reasons for change. An objective has been created in relation to each of these:

- Data
- Models of contract
- Keeping the population well
- Digital
- Pathways
- Multi-Disciplinary Team
- Continuity of care
- Premises
- Mental health & wellbeing
- Recruitment, Retention & Education

The new vision for General Practice contributes to local, regional and national initiatives including:

- The National Health and wellbeing outcomes;
- NHS Grampian Vision, Values and Strategic Themes;
- Aberdeen City, Aberdeenshire and Moray HSCPs Vision and Priorities; and
- Local Outcome Improvement Plans across Grampian.

1.1.4 Next Steps

It is suggested that the following high-level actions are progressed to work towards the realisation of the outlined vision and objectives.

- Establish Governance Structures
- Allocate Resources
- Create and action an Implementation Plan

Monitoring and evaluation of the programme delivery will be through the programme board structure with annual updates to the three integration joint boards anticipated. This would include updates against, for example, progress against the objectives, the development of new objectives to support the delivery of the vision, and the impact of the objectives as they are delivered.

A lessons learned process will be carried out post consideration of the new General Practice Vision and Objectives. The lessons learned process is crucial for continuous improvement in the development and optimisation of future projects.

Following on from the IJB meetings in March 2024. The programme in its current state will commence the project closure process to ensure that all aspects of the project are completed, documented, and handed over appropriately into the delivery phase.

1.1.5 Conclusion

After engaging in extensive stakeholder consultation, we have successfully shaped a new vision and set of strategic objectives that reflect the collective aspirations and insights of our diverse stakeholders.

We emphasise the pivotal role of the newly outlined vision and strategic objectives in advancing the quality and accessibility of General Practice services within NHS Grampian.

2 INTRODUCTION

- 2.1.1 In response to the growing sustainability challenges within General Practice in Grampian, this report was commissioned to outline a new vision and strategic objectives that will guide our future direction. There are ongoing recruitment and retention issues, as well as GP practices steadily having handed back their contracts, there is a need for innovative approaches to address the changing needs of our patients.
- 2.1.2 This report aims to synthesise insights gathered from the broad stakeholder engagement, identify key challenges and opportunities facing General Practice, and articulate a clear vision and strategic objectives to guide us moving forward.
- 2.1.3 The outcomes of this work will have far-reaching implications for General Practice, the wider NHS System and patients. From enhancing the quality and accessibility of General Practice services to driving innovation and efficiency in services, the vision and objectives outlined in this report will shape the future of General Practice and the impact on the communities we serve.
- 2.1.4 This report outlines an analysis of the current landscape, highlighting key challenges and opportunities that have been identified through stakeholder consultation. The report sets out the new vision and strategic objectives, followed by the next steps required and considerations for monitoring and evaluation.

3 OVERVIEW & BACKGROUND

3.1 Current Status General Practice within NHS Grampian

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

General Practices in Grampian also share national pressures including:

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

The three HSCP Chief Officers held a shared objective for 23/24 to design and create a delivery plan for a Grampian Primary Care Strategy. This was in response to the challenging implementation of the 2018 General Medical Services (GMS) contract. There are a number of relevant factors, many of which are particularly relevant to Aberdeen and Grampian. This includes challenges around recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. All of which have an impact on the sustainability of general practice and the ability for General Practice to play a key role in preventing ill health in our communities.

3.2 Aims & Objectives

The aim was to develop a local vision with strategic objectives and an associated implementation plan to address the above challenges with a view to creating a more resilient and sustainable sector. It is anticipated that these preventative measures will contribute to the resilience and sustainability of the wider health and social care system in Grampian.

A Programme Initiation Document was developed and it set out three aims:

- a shared vision for General Practice across Grampian;
- identification of the challenges to achieving that vision; and
- a set of strategic objectives to address those challenges in order to realise the vision.

Beyond April 2024, it is anticipated that an implementation plan will be developed. This will consist of the actions necessary to deliver the objectives which in turn will help deliver the vision.

The focus on this is specifically around General Practice and not the wider Primary care, this was due to particular challenges being faced by General Practice, difficulties meeting GMS contract and other challenges. However, key primary care providers have been key stakeholders in the process of determining the vision and associated objectives.

3.3 General Practice Vision Programme Methodology

A programme management approach was used to set up the project. This included the following stages which will be outlined in further detail below:

- Project Initiation
- Planning
- Execution
- Next Steps

3.3.1 Project Initiation

This stage included: defining the project scope, objectives, and deliverables. In the initiation stage there was the creation of a Programme Board which consists of Senior Responsible officers (SRO's) from each Health and Social Care Partnership (HSCP), clinical and Primary care representation from each HSCP, NHS Grampian Primary care, Primary care Contracts (PCCT), Local Medical Committee and GP Sub Committee, NHSG Transformation team and GMED are represented.

The role of the Programme Board was to ensure the required resources were available, ensuring timely progress on actions and overseeing the development and review of the project documents such as the project plan, risk register and communications plan, the Programme Board had responsibility to oversee the development of the shared vision for primary care and to prepare recommendations for the three Integrated Joint Boards (IJBs) and NHS Board.

3.3.2 Planning

The planning stage included creating programme documentation such as a project plan and risk register; conducting stakeholder analysis and planning stakeholder engagement, organisation of facilitated workshops (including content).

3.3.2.1 Stakeholder Analysis and Engagement

There were a number of key audiences, with vested interests in the project, which required to be communicated and engaged with throughout the progress of the project. A Stakeholder Communications Plan was created which highlighted: the key audiences, their stake in the programme, what messages were required for each audience and the channel they would be engaged through.

3.3.2.2 General Practice Engagement

A Service Level Agreement (SLA) between NHS Grampian and GP practices to ensure appropriate practice staff engagement in this programme was implemented. The SLA aimed to ensure participation in events to help set the strategic direction and vision of General Practice across NHS Grampian.

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

3.3.2.3 Patient Engagement

A Patient engagement plan was developed to ensure that a co-production approach was used, and patients from across the Grampian were involved in the development of the vision and strategic objectives. By adopting a co-production approach, it was ensured that decisions affecting people are made with them, not for them.

The patient engagement plan followed the National Standards for Community Engagement. The engagement cycle detailed below is underpinned by principles of the National Standards for Community Engagement, this was followed in to demonstrate good practice. Each stage was important and applied proportionately.

Engagement Cycle

- Identify the issue
- Identify stakeholders
- Plan engagement
- Engage people potentially affected
- Evaluation
- Feedback and decision making

The patient engagement plan included:

Public engagement Survey

A wider patient engagement survey was circulated via multiple sources including; Locality Empowerment Groups; Patient Participation Groups (PPG's); Social Media and GP practices. A total of 1293 responses were submitted.

Patient Stakeholder Group

A patient stakeholder group was created. The aim was to have a cross section of patients from across various communities and age ranges, and ensure a co-production approach. Existing networks were used to identify individuals to take part. This included:

- PPG's
- IJB Membership (i.e. patient representative)
- Public Involvement Team
- Locality Empowerment Group / Community Planning Groups
- Grampian Regional Equality Council (GREC)
- Carers Representatives
- Patient survey

There were around 25 members of the public on this group from across the Grampian area. This group met on 1st of November 2023 for a facilitated workshop session. The aim of this was to:

- Provide an understanding about what General Practice is, the current challenges, an overview the Primary Care Improvement Plan (PCIP) programme and the General Practice Vision Programme.
- Reviewing the survey results from the public survey to determine the key outputs
- Provide the group with an understanding of views across NHS Grampian that can be represented at the in person facilitated events.

The patient stakeholder group attended the facilitated events on 8th and 22nd November. There were a total on 24 and 22 patient representatives at the two workshops respectively.

Feedback from the patient participation group was overall positive. The themes from the patient feedback was that there was a good mix of roles on the table, the sessions were interactive and there was time for valuable discussions.

3.3.3 Execution

Within the execution stage all the planned activities were carried out, and the project deliverables produced. There were fortnightly Programme Board meetings as well as weekly working group meetings to ensure progress of the action plan. The group identified any key risks arising and progressed stakeholder engagement.

During this phase there were 3 workshops, along with a patient stakeholder group workshop as detailed below:

3.3.3.1 **Workshop 1**

Closed space for General Practice to celebrate what is going well from their perspective and to explore the challenges being faced

3.3.3.2 **Public engagement Survey**

A wider patient engagement survey was circulated via multiple sources including; Locality Empowerment Groups (LEG); Patient Participation Groups (PPG's); Social Media and GP practices. A total of 1293 responses were submitted.

3.3.3.3 **Patient Stakeholder Workshop**

Provided the patient group with the current challenges in General Practice. Provided the group with an understanding of views across NHS Grampian that were then represented at the in person facilitated events.

3.3.3.4 **Workshop 2**

Workshop 2 brought together a larger group of stakeholders including wider primary care, Secondary Care, Scottish Ambulance Service, patients and third sector.

To allow all stakeholders to reach agreement on the baseline and consolidate the information from workshop 1 and move towards defining the vision of General Practice.

3.3.3.5 **Workshop 3**

The purpose of this workshop was to begin to define a vision and strategic objectives in relation to themes identified at workshop 2:

- Pathways
- Data
- Models of contract
- Premises
- Keeping the population well
- IT & Technology
- Multi-Disciplinary Team
- Mental health
- Education
- Continuity

3.3.3.6 **Young Persons Engagement**

Outputs of the Patient survey showed that there was limited input from young people, 16 – 34. Therefore, the programme included work to reach this age range, which included focus groups with senior high school pupils, engagement with university and college students.

Focus groups at 4 high schools were arranged to ascertain views of the younger generation in relation to 'what matters to them' in General Practice. In addition to this a drop in session at Aberdeen university was arranged to engage with students. A survey at these was also shared via QR code to allow for further views to be sought.

3.3.3.7 Further Stakeholder Engagement

NHS Grampian Groups - Presentations were given to various groups across the system to provide an overview of progress to date and emerging key themes. This included the NHS Grampian Clinical Board NHS Grampian Pharmacotherapy Group and the Clinical Interface group

MP / MSP briefing - a presentation was given to the NHS Grampian MSP / MP Briefing group, including what the current strengths and challenges are, what the summary output from the facilitated sessions was and what local and national action and support is required.

Aberdeen City HSCP Locality Empowerment groups – a presentation was given to each of the three Locality Empowerment groups to provide an overview of where this work came from, the approach taken and key emerging themes.

3.3.3.8 Workshop 4

Vision Statement and Objectives Development – this was a smaller workshop with the Programme Board.

3.3.3.9 Facilitated Workshop sessions Summary

Table 1: Execution Stage Summary provides a summary overview of the objectives, content and approach as well as the key themes for each of the workshops.

The table also includes the various stakeholder engagement, approach and key themes from this engagement.

3.3.4 Table 1: Execution Stage Summary

| | Details | Key Themes / Output |
|---|---|---|
| <p>Workshop 1 27th September 2023</p> <p>Thainstone House, Inverurie</p> | <p>Objective of Workshop One: This workshop was designed to provide a closed space for General Practice to celebrate what is going well from their perspective and to explore the challenges being faced. Participants were provided with a variety of information in advance to aid discussions.</p> <p>Content and Approach With guidance from the Organisational Development Department of Aberdeen City HSCP the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through five activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.</p> | <p>The main themes discussed were:</p> <ul style="list-style-type: none"> • Workload – increased aging population with comorbidities leading to higher complex demand and long waiting times for Secondary Care leading to increased demand from patients while they wait. • Premises – Insufficient space and aging infrastructure that is non-compliant with new build regulations for healthcare. • IT – Aging infrastructure that slows down the pace at which GP’s can work and does not interface between systems such as with Secondary Care. • Workforce – Numerous aspects: <ul style="list-style-type: none"> - recruitment and retention of GP’s - desire for MDT working – especially increased mental health practitioners in General Practice - variation in remuneration of practice staff and HSCP staff doing the same or similar roles leading to recruitment and retention difficulties • Service Models – Numerous aspects: <ul style="list-style-type: none"> - Dissatisfaction with elements of PCIP in some areas such as provision of vaccination and efficacy and efficiency of Hub and Community Treatment and Care (CTAC) model - Non-consensus around suggestion of implementing an alternative service model for urgent care (of which there are various models such as top up services when practices reach saturation, hubs like GMED but in hours) - Practice contract types <p>Key themes for a vision are:</p> <ul style="list-style-type: none"> • General Practice to be funded appropriately - primary care led NHS • Options for Models of care and an appropriate and flexible MDT with a mix of skills and clear roles • A patient centred approach with consistency of services across the area. • Effective IT systems, electronic prescribing and data • Education and defined career structure for GP’s • Purpose built premises that are funded and fit for purpose • A health aware population that are educated and understand the expectations of what General Practice is and what it is not. • Effective signposting for patients so they can understand the right place, right time, right person. • Collaborative, cross system working with clear pathways - sharing of staff • Services embedded within the community, making use of community networks - community hubs |

| Details | Key Themes / Output |
|--|--|
| <p>Patient Engagement Survey</p> <p>Live: 16th - 30th October 2023</p> | <p>Objective To understand the views of the general public on what is important to them in General Practice To recruit members to the Patient Stakeholder Group</p> <p>Content & Approach Microsoft forms survey with questions around: What's important; What works wells; What could be improved and how we help people to understand they have a responsibility to keep themselves fit and well</p> <p>The survey was shared via various methods including: internally to staff, to GP Practices (including printable version) NHS Grampian daily brief, social media, and via existing networks (eg Patient Participation Groups and Locality Empowerment Groups).</p> |
| | <p>1300 Responses from across Grampian</p> <p>The most important things in General Practice were:</p> <ul style="list-style-type: none"> • Being seen by the right person first time , • Contact my practice with ease ; • Being listened to ; • Able to access same day/emergency appointments and • Book an appointment in advance <p>The key themes that worked well in General Practice were:</p> <ul style="list-style-type: none"> • Reception staff being helpful and supportive • Triaging of appointment and the ability to have an on the day appointment • Prompt responses • e-Consult being a positive in some practices • Being able to see the GP that have asked for • Good decision making by the GP • Having continuity of care, being able to see the same doctors • Being listened to <p>Key themes around what can be improved in General Practice:</p> <ul style="list-style-type: none"> • Getting through on the phone lines, and being able to make an appointment • Not being listened to • Not being able to access face to face appointment • e-Consult no longer being used in some practices • Need for more staff and more appointments • Dissatisfaction around telling receptionist reason for appointment • Unclear role of Reception Staff in relation to care navigation vs triaging <p>Key themes around how we help people to understand they have a responsibility to keep themselves fit and well:</p> <ul style="list-style-type: none"> • Education – including in schools • Media campaign, TV adverts • Social media • Signposting to appropriate services • Self help • Social Prescribing • Annual health MOT |

| | Details | Key Themes / Output |
|--|--|--|
| Patient Engagement Workshop 01 November 2023 Microsoft Teams | <p>Objective of Patient Stakeholder Group Workshop: The workshop provided the group with an understanding of what General Practice and the Primary Care Improvement Plan is, and outlined the current challenges in General Practice. The workshop also provided the group with an understanding of views across NHS Grampian that were then represented at the in person facilitated events</p> <p>Content and Approach: Provided an overview on above points Discussion and questions on content</p> | <p>A post workshop survey showed that participants felt that:</p> <ul style="list-style-type: none"> • They received a clearer understanding of the GP landscape • There were opportunities to bring up points for consideration and these points were adequately answered • The presentations were clear and easy to understand. There was good opportunity for everyone to contribute. • Seeing the statistics and the outcome from the survey helped with the following workshops |
| Workshop 2 08 November 2023 Thainstone centre, Inverurie | <p>Objective of Workshop 2: The purpose of the workshop was enable participants from across a wider stakeholder group to get to the same baseline. Information from workshop 1 was consolidated and the group moved towards defining the vision of General Practice.</p> <p>Content and Approach With guidance from Buchan + Associates the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through five activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.</p> | <p>Key themes identified to determine a vision were:</p> <p>Pathways – There is a need for clear pathways and integrated systems Data – there is a need for data that will support service development and informing evidence based decision making Models of contract – There is a need for a range of diverse and adaptable models of contract that Independent General Practice providers can choose from that accommodate local needs Premises - There is a need for modern, well equipped premises that are accessible, patient centred and equipped with advanced technologies, enabling high quality healthcare services for all. Keeping the population well -There is a need for the general public to be educated about the importance of General Practice, providing resources to participate in their own healthcare, promoting preventative measures, self-care strategies and overall wellbeing. IT & Technology There is a need for integrated IT systems that allow for seamless patient journeys and workflows, facilitated data driven insights and empower patients to actively participate in their healthcare journey Multi-Disciplinary Team - There is a need for the Multi-disciplinary team (MDT) within General Practice to be adequately funded, with clear guidelines, effective training and communication and a focus on efficient use of resources and quality improvement. Mental health - There is a need or mental health practitioners to be embedded into General Practice to ensure integrated care and early intervention. Education - There is a need for comprehensive and accessible training programmes that inspire and equip individuals, to pursue careers in General Practice and other clinical roles, fostering a workforce that is rooted in their communities and committed to working where they live.</p> |

| | | |
|-------------------------|--|---|
| | | Continuity - There is a need for General Practice to be adequately resourced to allow for continuity of care to be offered where appropriate, with GP's having the time and capacity to focus on preventative medicine and invest in Chronic Disease Management (CDM) |
| | Details | Key Themes / Output |
| Young People Engagement | <p>Objective To ascertain views of the younger generation in relation to 'what matters to them' in General Practice</p> <p>Content and Approach Pupil Focus Groups at secondary schools Drop in session at Aberdeen University Survey shared via QR code</p> | <p>Focus Groups: Need for flexibility in appointment type GP's need to have the ability to maintain continuity of care for ongoing conditions Patient education – when to contact a GP & awareness of MDT and appointment system Retention of talent in area Target school pupils to promote positive message of working within own community. Focus at careers fairs / via guidance teachers on how to progressing a career in General Practice Use of TikTok and messenger for communication –Facebook not used by younger generation</p> <p>Survey: What's working well :</p> <ul style="list-style-type: none"> • Positive experiences with phone consultations, quick blood tests, and effective handling of medical issues. • Easy log-in system, helpful reception, and fast appointment scheduling contribute to accessible healthcare. • Patient centred approach with empathetic and understanding interactions with medical professionals. <p>What Could be improved :</p> <ul style="list-style-type: none"> • Flexibility of appointment day & time and able to book in advance • Improved phone systems <p>How might we help people to understand they have a responsibility to keep themselves fit and well:</p> <ul style="list-style-type: none"> • Encourage early intervention in schools and ongoing health education. • Implement practical measures like access to fitness classes, regular reminders, and collaborations with local health initiatives. |

| | Details | Key Themes / Output |
|--|---|--|
| <p>Workshop 3</p> <p>22 November 2023</p> <p>Thainstone centre, Inverurie</p> | <p>Objective of Workshop 3 : The objective was to share draft vision statements derived from workshop 2 outputs, to feedback from stakeholders on draft vision statements and to begin to develop Strategic Objectives based on the draft vision statements.</p> <p>Content and Approach With guidance from Buchan + Associates the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through six activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.</p> | <p>Analysis was conducted and a series of enablers was identified on how to deliver on the 10 vision statements (see workshop 2 section above). This included the below:</p> <ul style="list-style-type: none"> • Integrated collaborative effective IT systems multi-agency with patient access & real-time data • Resources (time; funding) • Standardisation • Patient access/ empowerment • Support future planning • E-prescribing • Equitable access • Effective communication to patients and across care sectors including citizen education & engagement • Core element with practice- dependent modules (use templates) • Cost effective • Workforce flexibility • Support succession planning • Central support • Community hubs/resources • Mobile units • Maximises technology • Triage system |
| <p>Workshop 4 - Extended Programme Board</p> <p>17 January 2024</p> <p>Microsoft Teams</p> | <p>Objective of Workshop 4 : The objective of the workshop was to:</p> <ul style="list-style-type: none"> - To review and agree vision statement - To review the Objectives - To Rank the Objectives in terms of priority - Review Problem Statements and Objectives in group and identify process to achieve (what/how) and leads (who) <p>Content and Approach Presentation and breakout rooms with guidance from Buchan + Associates. Facilitated sessions reviewing the objectives and what, how and who required to deliver these.</p> | <p>The outcome of the workshop was that there was:</p> <ul style="list-style-type: none"> - Agreement to Vision – with minor amendments suggested - Agreement that ‘Data’ is an overarching objective that cross cuts other objectives and should be a priority - Agreement on Problem Statements – with minor amendments suggested - Agreement on objectives – with minor amendments suggested - Commitment to deliver on vision and objectives |

4 NEW GP VISION AND OBJECTIVES

4.1 Introducing the new Vision and Objectives

In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and strategic objectives that capture the changes required to move towards a more sustainable General Practice sector within the area.

The key themes and challenges that were identified throughout the facilitated workshop process and stakeholder analysis have been consolidated. A problem statement for each of the key themes has been documented and a vision and objectives have been created which aims to address these challenges, and have a positive impact on the sustainability of General Practice across NHS Grampian.

4.2 Overview of the vision statement

The Vision Statement *'A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health'*, encapsulates the commitment to fostering health and well-being within our communities. It signifies the dedication to providing comprehensive and accessible healthcare services that not only address illness but also promote preventive care and empower individuals to lead healthier lives

Our vision is to provide the foundations for transforming General Practice into a sustainable service that provides the residents of Grampian with the right services in the right place by the right person. In line with the NHSG commissioned vision work with General Practices, Grampian practices will be aligned to 10 joint objectives which aim to increase sustainability of services and improve patient and staff satisfaction, patients will be empowered to stay well; when required they will have access to tailored services through clear pathways and integrated systems. This will be supported by flexible approaches, modern premises, Integrated IT Systems, data-driven decisions, and a robust education and workforce development plan.

The new vision stems from the pressing sustainability challenges facing General Practice within the Grampian region. Recognising the need for transformative action in response to resource constraints, demographic shifts, and evolving healthcare demands. The vision aims to chart a sustainable path forward for our practices. It highlights the commitment to delivering high-quality healthcare services that meet the needs of current and future generations.

At the core of the vision are 10 key objectives aimed at transforming the General Practice services across Grampian which address the sustainability challenges identified, table 2 on the next page shows each of these themes, how they relate to reasons for change and what an impact of change would be:

Table: 2 Reasons for Change, Key themes and Impact of Change



4.3 Overview of the Objectives

Delivery of the new vision for General Practice will be through the delivery of 10 objectives which are based on the key themes identified throughout the programme. The objectives were prioritised at workshop 4 and will be documented in order of priority.

These objectives represent the commitment to transforming General Practice across Grampian, fostering sustainability, resilience, and excellence in healthcare delivery for our community.

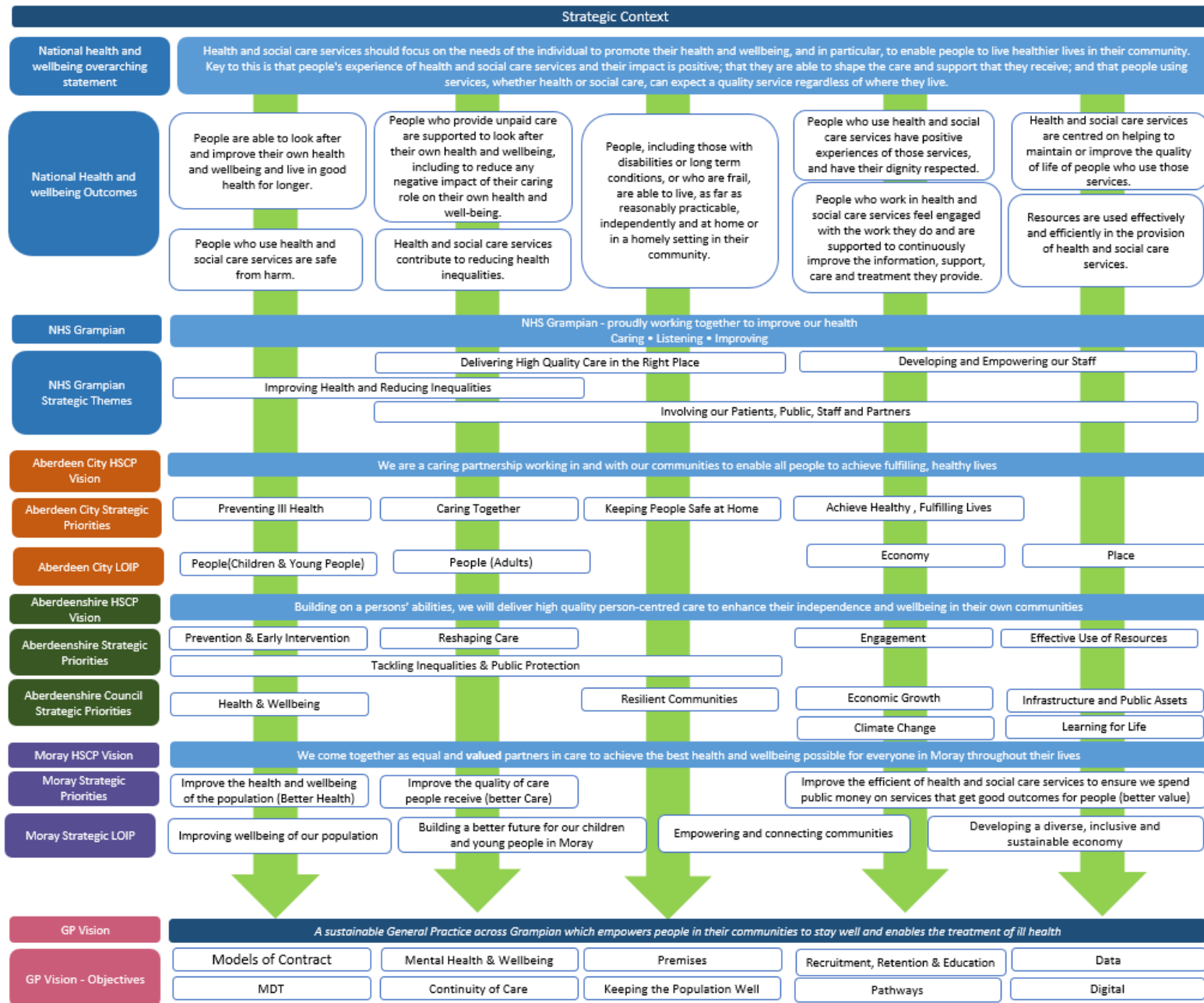
| Theme | Objective | Rationale | Impact |
|--------------------|--|---|---|
| Data | <p>Through the Grampian Data Gathering Group, develop a programme of work to:</p> <ul style="list-style-type: none"> • identify and define necessary data sets; • create data gathering processes which enables consistent and consolidated data to be collected across General Practice in a standardised way; and • develop data sharing arrangements with relevant partners where necessary. • | <p>There is currently no standardisation in the way data is coded and collected across General Practices and shared with relevant partners to inform resource allocation to help deliver better outcomes for our communities.</p> | <p>By harnessing data-driven insights, we aim to optimise clinical decision-making, improve patient outcomes, and enhance operational efficiency within our practices</p> |
| Models of Contract | <p>Develop a flexible approach to the delivery of the existing GMS contract, using currently available levers, following consultation with relevant stakeholders, including:</p> <ul style="list-style-type: none"> • NHSG Primary care and Contracts representatives; • General Practices; • Scottish Government; • Scottish General Practitioners Committee (SGPC); • Local Medical Committee; • Advisory Committees to the Health Board; and • other relevant stakeholders. • | <p>There is growing evidence that the current 2018 General Medical Services (GMS) contract is not best placed to meet patients' needs in an efficient and effective manner in Grampian. There are significant ongoing difficulties with recruitment and retention and therefore sustainability across General Practice in the northeast of Scotland. There is evidence that the ambitions of the Primary Care Improvement Programme are yet to be fully realised.</p> | <p>By developing flexible contract frameworks, we aim to improve sustainability, support financial viability, and foster stronger GP partnerships within the area.</p> |

| | | | |
|-----------------------------|---|--|--|
| Keeping the population well | Develop, in consultation with community planning partners, a programme to deliver targeted and comprehensive health interventions for at risk communities to offer proactive preventative care and empower communities to participate in their own healthcare and wellbeing. | <p>Due to the increasing and more complex demands on our health service it is becoming increasingly difficult to keep our population well, and in the current system, General Practice is looking after people who are ill rather than keeping healthy in the first place.</p> <p>Due to an increase in demand, many GP's are unable to dedicate time and resources to managing the effects of health inequalities or designing services that take a more proactive population based approach to the health of their patients.</p> | By prioritising preventive care and health intervention initiatives, we aim to improve population health outcomes and reduce healthcare disparities. |
| Digital | Support the development of a regional Grampian Digital plan, which includes General Practice. This will help to develop a coherent approach to the development of a prioritised set of digital solutions to ensure the wider system is best placed to meet the needs of communities within available resource. | The digital programme is not meeting the requirements of General Practice or our communities. This including: inadequate resource for service design and business analysis; no uniform approach to citizen-facing digital services. There is no clear plan to integrate patient data across health and social care and there is insufficient focus on automation. There are delays in implementing agreed solutions and capacity issues in relation to data protection compliance | By supporting the development of a digital plan for Grampian, we aim to improve access to care, streamline administrative processes, and enhance communication between General Practice and patients and other areas of the system alike. Standardising technologies to make best use of resource and to improve patient experience. |
| Pathways | <p>Review pathways to explore the opportunities, risks and challenges to these pathways. A priority-based implementation plan will be created to improve these pathways.</p> <p>It is anticipated that the plan will include a solution to empower service users to track progress of their situation across the pathways and offer help and advice while on the pathway. This will promote effective communication, collaboration and coordination, ensuring staff and patients are well informed about the pathways..</p> | The patient pathways between General Practice and Secondary Care are not standardised, and often unclear to the patient. There is no digital way from General Practice Clinicians and patients alike to track their progress along the pathway. There is evidence that suggests that patients often repeat contact with their General Practice while on a Secondary Care waiting list for an updated position on progress, which General Practices are unable to provide. | By enhancing care pathways between acute and General Practice settings, we aim to improve patient experience and health outcomes. |

| | | | |
|---------------------------|--|---|--|
| Multi-Disciplinary Team | Initiate and complete an evaluation and review of PCIP services that are in place across NHS Grampian. Where best practice is identified, learn from this, and facilitate its rollout to other areas if appropriate. | There have been recruitment challenges within Grampian. This has led to MDTs often being understaffed and unable to achieve the full breadth of services that they could deliver on. This has a knock on impact on General Practice and the ability to deliver proactive health care. | By assessing existing PCIP services, we aim to identify opportunities for enhancing collaboration and improving patient care delivery. |
| Continuity of Care | Create pathways that achieve continuity of care for those who will benefit most from continuity of care. In the context of flexible models of contract, identifying areas that can be used for a test of change to support practices to improved models to support meeting complex care. | With an increasing and ageing population, sociodemographic factors, more complex illnesses and greater comorbidities, there is increasing demand on primary care services. Urgent and unscheduled care provision often takes president over routine, longer term chronic and complex disease management, which means there is an impact on patients long term health. | By prioritising continuity of care, we aim to improve care coordination, and enhance patient satisfaction. |
| Premises | Via the Primary Care Premises Group, each HSCP, in consultation with practices and relevant partners, will develop an estate plan to meet the needs of our communities. Regard will be had to buildings (where required) being well-equipped, accessible, patient-centred, conducive to partnership working, integrated with advanced and standardised technologies, and in the right place to meet the needs of the communities. | There is pressure on the sustainability of General Practice which is linked to liabilities arising from GP contractors' premises. Within the current infrastructure there is insufficient space and the internal structure of premises impedes alternative ways of working which can best meet the needs of the communities. | By addressing infrastructure needs, we aim to create environments that promote patient-centred care and support the well-being of our workforce. |
| Mental Health & Wellbeing | <ul style="list-style-type: none"> • Improve mental health and wellbeing support for schools / young people; making use of technology for adoption and engagement • encourage better wellbeing across patient groups through, for example, supporting social prescribing and realistic medicine where appropriate; and • Identify improvements that will help ensure patients see the most appropriate person the first time to minimise delays in appropriate treatment. | A number of factors have led to a growing need for mental health and wellbeing support for our communities. This contributes to an unsustainable demand on General Practitioners, an impacting on their ability to perform proactive and preventative health care. | By prioritising mental health support, we aim to improve mental health outcomes, reduce stigma, and foster a culture of well-being within our community. |

| | | | |
|--|---|--|---|
| <p>Recruitment Retention & Education</p> | <p>Develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and wider MDT and administrative Roles to encourage the retention of talent in Grampian.</p> <p>Future colleagues will have the knowledge and technical and digital skills necessary to meet the vision for General Practice in Grampian.</p> <p>This objective will be delivered in consultation with relevant stakeholders, including:</p> <ul style="list-style-type: none"> • local authorities; • colleges; • universities; • NHS Education for Scotland (NES); and • Royal College of General Practitioners (RCGP). | <p>The total head count is falling for General practitioners. The full time equivalent (FTE) is down even further as the nature of the workforce has changed over the last few decades to more part time workers. Those working full time often have a more diverse work portfolio to provide variety of work and importantly guard against burn out. This all decreases patient facing time.</p> <p>There are recruitment challenges for attracting new staff to come to the Grampian region including as new and experienced for GP's.</p> | <p>By prioritising workforce development, we aim to address workforce shortages, enhance team cohesion, and ensure the sustainability of our General Practice workforce</p> |
|--|---|--|---|

4.4 How does the vision fit with other Local, Regional and National Priorities



4.4.1 How does the vision support other National and Local Priorities – detailed information

National Health and wellbeing Outcomes - There are nine national health and wellbeing outcomes which apply to integrated health and social care.

The General Practice Vision and objectives will contribute to the following national health and well-being outcomes as a direct result of the implementation of the objectives.

| <u>National Outcome</u> | <u>NHSG GP Vision Objectives</u> |
|---|--|
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | <ul style="list-style-type: none"> ✓ Keeping the Population Well, ✓ Pathways ✓ Data ✓ Digital ✓ Mental Health & Wellbeing |
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | <ul style="list-style-type: none"> ✓ Keeping the Population Well ✓ Pathways, ✓ Models of Contract, ✓ MDT ✓ Continuity of Care ✓ Data |
| Health and social care services contribute to reducing health inequalities | <ul style="list-style-type: none"> ✓ Keeping the Population Well, ✓ Pathways, ✓ Mental Health & Wellbeing ✓ Continuity of care ✓ Data |
| People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide | <ul style="list-style-type: none"> ✓ Recruitment, Retention & Education ✓ Data |
| Resources are used effectively and efficiently in the provision of health and social care services | <ul style="list-style-type: none"> ✓ Models of Contract ✓ MDT ✓ Mental Health & Wellbeing ✓ Premises ✓ Data |

4.4.2 Scottish Government – 10 National Drivers of Recovery

The Scottish Government has set out 10 National Driver of Recovery. The table below outlines how the vision and objectives will aid the implementation of the drivers of recovery.

| <u>National Driver</u> | <u>NHSG GP Vision Objectives</u> |
|--|--|
| Improved access to primary and community care to enable earlier intervention | <ul style="list-style-type: none"> ✓ Keeping the Population Well, ✓ Pathways ✓ Data ✓ Digital ✓ Mental Health & Wellbeing |
| Urgent & Unscheduled Care – Provide the Right Care, in the Right Place, at the right time | <ul style="list-style-type: none"> ✓ Keeping the Population Well, ✓ Pathways ✓ Data ✓ Digital ✓ Premises |
| Improve the delivery of mental health support and services | <ul style="list-style-type: none"> ✓ Mental Health & Wellbeing ✓ Digital ✓ Data |
| Recovering and improving the delivery of planned care | <ul style="list-style-type: none"> ✓ Models of Contract ✓ Continuity of care ✓ MDT ✓ Mental Health and Wellbeing |
| Enhance planning and delivery of the approach to health inequalities | <ul style="list-style-type: none"> ✓ Keeping the Population Well, ✓ Pathways ✓ Data ✓ Digital |
| Implementation of the Workforce Strategy | <ul style="list-style-type: none"> ✓ Recruitment, Retention and Education |
| Optimise use of digital and data technologies in the design and delivery of health and care services | <ul style="list-style-type: none"> ✓ Digital ✓ Data ✓ Premises |

4.4.3 NHS Grampian Vision and Strategic themes

The NHS Grampian vision '*Proudly Working Together to improve our health*' is underpinned by 3 values, which are Caring, Listening and Improving.

There are 4 Strategic themes. Set out to deliver on this vision and values. These are set out in the table below along with what objectives will aid the delivery of these objectives:

| <u>NHS Grampian Strategic Theme</u> | <u>NHSG GP Vision Objectives</u> |
|--|--|
| Improving Health and reducing Inequalities | <ul style="list-style-type: none"> ✓ Keeping the population well, ✓ Pathways ✓ Mental health and wellbeing ✓ Continuity of care ✓ Data ✓ Digital |
| Delivering High Quality Care in the right place | <ul style="list-style-type: none"> ✓ Continuity of care, ✓ Data ✓ Digital ✓ Premises ✓ Models of contract |
| Improving our patients, public, staff and partners | <ul style="list-style-type: none"> ✓ Recruitment, retention & Education ✓ Models of contract ✓ Pathways ✓ Digital ✓ Data, |
| Developing and improving our staff | <ul style="list-style-type: none"> ✓ Recruitment, retention & Education ✓ Data |

4.4.4 Aberdeen City HSCP Strategic Priorities

The Aberdeen City HCP Vision is: *We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives*

This is underpinned by 4 strategic aims. Preventing Ill Health, Caring Together, Keeping the Population Safe at Home and Achieve Healthy Fulfilling Lives.

The recommendations within this report will directly assist in the delivery of the Primary care Strategic Priority to improve primary care stability by creating capacity for General Practice improving patient experience

The vision and objective will also contribute to the delivery of the Aberdeen City HSCP Strategic priorities and the Aberdeen City LOIP Key Drivers.

| HSCP Strategic priorities | Aberdeen city LOIP - Key Drivers | NHSG GP Vision Objectives |
|-----------------------------------|---|--|
| Preventing Ill health | 11.3 Encouraging adoption of healthier lifestyles through a whole family approach. 12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol. | <ul style="list-style-type: none"> ✓ Keeping the population well ✓ Pathways ✓ Continuity of care ✓ Mental health and wellbeing |
| Caring together | 4.2 Improving health and reducing child poverty inequalities | <ul style="list-style-type: none"> ✓ Models of Contract ✓ Multidisciplinary Team ✓ Mental Health and Wellbeing ✓ Pathways ✓ Digital |
| Keeping people safe at home | 5.1 Improving timely access to support. | <ul style="list-style-type: none"> ✓ Digital ✓ keeping the population well ✓ Continuity of Care ✓ Pathways |
| Achieve healthy Fulfilling lives. | 6.1 Improving education and health outcomes for care experienced children and young people. | <ul style="list-style-type: none"> ✓ Keeping the population well ✓ Mental health and wellbeing ✓ Digital |

4.4.5 Aberdeenshire HSCP Strategic Priorities

The Aberdeenshire HSCP vision is to *'Building on a person's abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities'*, this is underpinned by 5 Strategic priorities. The table below sets out how the General Practice vision and objective are in line with the Aberdeenshire HSCP Strategic priorities as well as the Aberdeenshire Council Priorities.

| Aberdeenshire HSCP Strategic Priorities | Aberdeenshire council Priorities | NHSG GP Vision Objectives |
|---|--|--|
| Prevention & Early Intervention | Health and wellbeing | <ul style="list-style-type: none"> ✓ Data ✓ Pathways ✓ Continuity of Care ✓ Keeping the Population well |
| Reshaping Care | Economic growth | <ul style="list-style-type: none"> ✓ Data ✓ Premises ✓ Models of Contract, ✓ MDT ✓ Mental Health and Wellbeing |
| Engagement | Learning for life | <ul style="list-style-type: none"> ✓ Recruitment retention and Education ✓ Data |
| Effective use of resources | Infrastructure and public assets Climate change | <ul style="list-style-type: none"> ✓ Models of Contract ✓ MDT ✓ Mental health and Wellbeing ✓ Digital ✓ Continuity of Care ✓ Pathways ✓ Recruitment and retention & Education ✓ Data |
| Tackling inequalities & Public Protection | Resilient communities | <ul style="list-style-type: none"> ✓ Data ✓ Pathways ✓ Continuity of Care ✓ Keeping the Population well |

4.4.6 Moray HSCP Strategic Priorities

Moray HSCP vision is: *'We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives'* This is underpinned by three strategic priorities, the vision and objectives will support the delivery of these as shown in the below table.

| Moray HSCP Strategic Priorities | Moray council LOIP | NHSG GP Vision Objectives |
|---|---|--|
| Improve the health and wellbeing of the population (Better Health) | Building a better future for our children and young people in Moray. Improving wellbeing of our population | <ul style="list-style-type: none"> ✓ Data ✓ Pathways ✓ Keeping the Population well ✓ Models of Contract ✓ MDT ✓ Mental Health & Wellbeing ✓ Continuity of Care ✓ Digital |
| Improve the quality of care people receive (better Care) | Empowering and connecting communities | <ul style="list-style-type: none"> ✓ Data ✓ Digital ✓ Models of Contract ✓ MDT ✓ Mental Health & Wellbeing ✓ Continuity of Care ✓ Premises |
| Improve the efficient of health and social care services to ensure we spend public money on services that get good outcomes for people (better value) | Developing a diverse, inclusive and sustainable economy | <ul style="list-style-type: none"> ✓ Data ✓ Models of Contract ✓ MDT ✓ Mental health and Wellbeing ✓ Continuity of care ✓ Premises ✓ Digital |

4.5 Delivery

The programme of work will be delivered within existing resources, with resources being released from the following teams:

- NHS Grampian Primary Care Contracts Team (Contract Management)
- Aberdeen City HSCP Primary Care Team (Programme Management & PCIP lead)
- Aberdeenshire HSCP Primary Care Team (PCIP lead)
- Aberdeen City Transformation Team (Project Management & Evaluation)

With the above resources that have been identified the following priorities can commence delivery in April 2024:

- Data
- Models of Contract
- MDT (PCIP review)

In line with what resources we have there will be regular reviewed which will monitor progress and objectives will be pulled down when progress is made and resource is available.

4.6 Monitoring and Evaluation

Monitoring and evaluation of the programme delivery will be through the programme board structure with annual updates to the three integration joint boards anticipated. This would include updates against, for example, progress against the objectives, the development of new objectives to support the delivery of the vision, and the impact of the objectives as they are delivered.

By 2023, how will we know if we have made a difference?

- There will be standardised data sets, data gathering process and data sharing agreements in place to facilitate data sharing across community planning partners;
- General Practices will be able to utilise a flexible approach to the GMS Contract;
- Patients will be able to digitally track where they are on a secondary care waiting list;
- Increased use of automation in General practice to increase efficiency;
- A successful pathways test of change will be implemented improving efficiency, patient safety and wellbeing;
- A review and evaluation of PCIP within Grampian will be complete with recommendations implemented;
- A successful test of change for continuity of care will be identified and implemented; and
- A detailed services and estate plan will be included within the 2025 Primary Care Premises Plan;
- People will have access to a range of mental health and wellbeing interventions; and
- General Practice and other clinical roles vacancy rates will be reduced.

Key Metrics

The table below outlines the key metric that will be used to review the current sustainability levels within General Practice.

| | Data | Models of Contract | Keeping the population well | Digital | Pathways | MDT | Continuity of care | Premises | Mental Health & Wellbeing | Recruitment, Retention & Education |
|---|------|--------------------|-----------------------------|---------|----------|-----|--------------------|----------|---------------------------|------------------------------------|
| Number of 2C practice within Grampian | | x | x | | x | x | x | x | | x |
| % of total 2C practices within NHS Grampian | | x | x | | x | x | x | x | | x |
| Number of GPs / GP head count | | x | x | | | x | x | | x | x |
| FTE of GPs | | x | x | | | x | x | | x | x |
| GP headcount by designation | | x | x | | | x | x | | x | x |
| Practice list size | | x | x | | | x | x | | x | |
| Average number of patients per GP | | x | x | | | x | x | | | x |
| Inpatient waiting list size | x | | x | x | x | | x | | | |
| Outpatient waiting list size | x | | x | x | x | | x | | | |
| ED attendance rates | x | | x | x | x | | x | | | |
| Emergency admission rates | x | | x | x | x | | x | | | |
| General Practise Alert System (GPAS) | x | x | x | | | x | x | | x | |
| Grampian Operational Pressure Escalation System (GOPES) | x | x | x | | | x | x | | x | |
| Number of GP List closures | | x | x | | | x | x | x | x | x |
| % of List Closures | | x | x | | | x | x | x | x | x |
| Practices Managing List Informally | | x | x | | | x | x | x | x | x |
| % of practcies Managing List Informally | | x | x | | | x | x | x | x | x |
| Number of contracts returned | | x | x | | | x | x | x | x | x |
| % of contracts returned | | x | x | | | x | x | x | x | x |
| BMA staff survey - Low Morale | | x | | | | x | x | | | x |

4.7 Implementation Risks

| Category | Description | Mitigation | RAG Status |
|---------------------|--|---|------------|
| Sustainability | <p>There is a risk that if the project is not delivered, General Practice within Grampian will continue on an unsustainable basis. This will further exacerbate the challenges outlined above. As the first point of access to healthcare for 90% of the population General Practice delivers early intervention and preventative measures for the whole system and therefore the consequences will not be limited to GP services.</p> <p>Failure to deliver the project will increase the prospect of further increasing demand on Secondary Care services, unscheduled and urgent care (including PC & OOH), a reduction in NHS performance and poorer outcomes for Grampian's residents across the health and social care system.</p> | <p>The development of a project to deliver a shared vision and strategic objectives for General Practice in Grampian.</p> <p>Adequate funding support from the Scottish Government to build the necessary capacity to deliver this project (which is preventative in nature) to March 2024 and anticipated support to deliver the implementation plan beyond March 2024.</p> <p>Working with public health colleagues to ensure preventative focus of workstreams and focus interventions on need</p> | Amber |
| Resource | <p>The programme is required to be approved and then delivered within existing resources, therefore there is a risk that the programme is not delivered due to the financial pressures across Grampian and other competing priorities.</p> | <p>Continued highlighting of concerns and engagement with all stakeholders to understand the importance and risks of not undertaking this project</p> <p>Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme. As well as phasing of timelines to make workloads manageable.</p> | High |
| Engagement – Public | <p>Reputational risk due to the potential service changes being disliked by the public</p> <p>Potential increased complaint due to changes to services</p> | <p>Patient representatives as part of the Programme governance structure moving forward for co-design and engagement</p> <p>Patient stakeholder engagement - working with communications team and social media to make sure messages made on an ongoing basis</p> | Amber |

| | | | |
|------------------------|---|---|------|
| | There are also risks if changes are not made around patient expectations and experience – waiting times etc... | Working with LEGS and working with elected members and community councils to increase understanding for the case to change | |
| Engagement – Workforce | <p>Risk that key stakeholders do not have the capacity and therefore loose interest in implementation of priorities</p> <p>No dedicated resource to release General Practice to implement within an already pressured system</p> <p>Reputational risks with General Practice if programme not implemented</p> | <p>Continued highlighting of concerns and engagement with all stakeholders to understand the importance and risks of not undertaking this project</p> <p>Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme. As well as phasing of timelines to make workloads manageable.</p> | High |

5 NEXT STEPS

Based on the findings presented in this report, consideration will be given to the following high-level actions to progress towards the realisation of the outlined vision and objectives. Key actions work towards its vision and strategic objectives include:

5.1 Establish Governance Structures

- Define roles, responsibilities, and decision-making processes to ensure effective coordination and accountability.
- Ensure representation from all relevant stakeholders to promote shared ownership and commitment (including LMC / GP Sub and Patient representatives)
- Agree a set of principles and ways of working as a system to maximise shared resource for the shared purpose
 - Identify opportunities for pooling resources
 - Ensure fairness and equity in resource distribution
- Establish regular forums for communication, collaboration, and joint planning
- Establish reporting structures and provide regular updates on progress
- Agree principles for patient involvement group going forward
- Agree escalation processes
- Agreement on what priorities across system to pause to enable resource to be allocated to move work forward

5.2 Release Resources

- Release resource allocation as per 4.5 to ensure delivery of the prioritised objectives
- Clearly define roles and expectations to ensure accountability and effective coordination

5.3 Create and action an Implementation Plan

- Identify specific actions required to achieve each strategic objective outlined in the vision
- Establish realistic timelines for each action, including resource availability, dependencies between tasks, and external constraints
- Assign actions to individuals or teams identified during resource allocation.
- Make use of governance structures for monitoring progress and evaluating the effectiveness of the implementation plan.
- Communicate the implementation plan clearly and transparently to all stakeholders

5.4 Lessons learned

A lessons learned process will be carried out post approval of the new General Practice Vision and Objectives. The lessons learned process is crucial for continuous improvement and the optimisation of future projects.

The lessons learned process and report will include the following stages:

- Define Objectives and Scope
- Engage Stakeholders
- Conduct a Comprehensive Review
- Document and categorise findings
- Share Lessons across Teams and Incorporate Lessons into Future Planning
- Celebrate Successes

Initial work will commence in April 2024, and a full lessons learned report will be completed by the end of June 2024.

5.5 Project closure

Following on from the IJB meetings in March 2024. The programme in its current state will commence the project closure process to ensure that all aspects of the project are completed, documented, and handed over appropriately. The project closure will include:

- Ensure all new governance arrangements are in place to deliver on the objectives
- Ensure all project groups have been set up and provided with appropriate information to deliver on the objectives
- Complete all outstanding financial activities in relation to the GP Vision budget
- Release any resource that is no longer required
- Complete lessons learned process
- Conduct programme closure meeting

6 CONCLUSION

After engaging in extensive stakeholder consultation, we have successfully shaped a new vision and set of objectives that reflect the collective aspirations and insights of our diverse stakeholders.

A co-production approach was taken ensuring that the voice of key stakeholders was heard throughout the process. Key stakeholders included, GP's and other GP staff such as Practice Managers, representatives from other areas of primary care, Secondary Care and other services within the NHS System (i.e. property, public health, e-health), the LMC and GP Sub, third sector and patient representation.

Delivery of the new vision for General Practice will be via by 10 objectives which are based on the following key themes identified throughout the programme:

- Data
- Models of Contract
- Keeping the Population Well
- Digital
- Pathways
- Multi-disciplinary team
- Continuity of Care
- Premises
- Mental Health and Wellbeing
- Recruitment, Retention & Education

A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health

The General Practice Vision Programme values and acknowledges the invaluable contributions of the stakeholders who contributed to this programme of work. The diverse perspectives and active participation have been instrumental in shaping the vision and strategic objectives. This exemplifies the collaborative ethos that defines the approach to healthcare delivery in the region

The new vision for General Practice is in alignment with both national and local strategies and priorities including:

- The National Health and wellbeing outcomes
- NHS Grampian Vision, Values and Strategic Themes
- Aberdeen City, Aberdeenshire and Moray HSCPs Vision and Priorities
- The 3 Local Authorities plans and Locality Improvement Plans

Consideration has been given to the creation of a new Programme Board and associated project sub groups that will lead the delivery of the objectives.

Monitoring and evaluation of the programme delivery will be through the Programme Board structure, and quarterly reporting will be made via IJB Chief Officers reports and quarterly updates to the NHSG CET. Periodic evaluations will be conducted to ensure alignment with evolving needs and changing circumstances

As we move forward with the programme of work, we are fully committed to realising the vision and objectives outlined, with confidence in the ability to drive positive

change and enhance General Practice within NHS Grampian, fostering a renewed sense of purpose and determination among all stakeholders involved.

Ongoing feedback and engagement from stakeholders is encouraged as we embark on the implementation phase, ensuring that the vision remains aligned with the evolving needs of our community.

In conclusion, we emphasise the pivotal role of the newly outlined vision and strategic objectives in advancing the quality and accessibility of General Practice services within NHS Grampian. We extend our deepest appreciation to all stakeholders for their vital contributions, commitment, and ongoing support in our collective pursuit of enhancing patient-centred care and improving health outcomes across the community.

APPENDIX 1: Glossary

Glossary

| | |
|----------------------------|--|
| 17c | A 17C contract is a locally-agreed alternative to the nationally agreed General Medical Services |
| 17j | A 17J contract is a GP Practice run under the General Medical Services (GMS) contract |
| 2C | NHS Board run practices |
| AFC | Agenda for Change: A framework that applies to all NHS staff (except doctors, dentists, and very senior managers) to ensure fair pay and conditions. |
| AHP | Allied Health Professional: Refers to a diverse group of healthcare professionals, excluding doctors and nurses, involved in the delivery of rehabilitation, diagnostic, technical, therapeutic, and direct patient care services. |
| AI | Artificial Intelligence: Refers to the simulation of human intelligence in machines programmed to think and learn like humans. |
| AMIA | Acute Medical Initial Assessment: The initial evaluation of patients presenting with acute medical conditions. |
| ANP | Advanced Nurse Practitioner: A registered nurse with advanced education and clinical training, allowing them to diagnose and manage common medical conditions. |
| ARI | Aberdeen Royal Infirmary |
| Automation | The use of technology and machinery to perform tasks with minimal human intervention. |
| AWI | Adults with Incapacity: Legislation in Scotland that protects the welfare and financial affairs of adults who lack capacity to make decisions for themselves. |
| BMA | British Medical Association: A professional association and trade union representing doctors and medical students in the United Kingdom. |
| Buchan + Associates | Specialist Health and Social care consultancy |
| Care Navigator | A professional who assists patients in navigating the healthcare system to access appropriate services and resources. |
| CBT | Cognitive Behavioural Therapy: A psychotherapeutic treatment that focuses on changing negative thought patterns and behaviours. |
| CDM | Chronic Disease Management: Strategies and interventions aimed at managing chronic health conditions to improve patient outcomes and quality of life. |
| CET | Chief Executive Team: The executive leadership team responsible for decision-making and strategic direction within NHS Grampian |

| | |
|------------------------------|---|
| CIG | Clinical Interface Group: A multidisciplinary group that coordinates and improves the interface between different clinical services. |
| CMHT | Community Mental Health Team: A team of healthcare professionals providing mental health services in the community. |
| Community Nursing | Nursing care provided to individuals, families, and communities in their homes or community settings. |
| Community Pharmacist | A pharmacist who provides pharmaceutical services and advice within a community setting. |
| COPD | Chronic Obstructive Pulmonary Disease: A group of progressive lung diseases, including emphysema and chronic bronchitis, characterised by airflow obstruction. |
| Co-Production | A collaborative approach where service users and providers work together to design and deliver services. |
| CPD | Continuous Professional Development: The ongoing process of learning and skill development to maintain and enhance professional competence. |
| CPN | Community Psychiatric Nurse: A mental health nurse specialising in providing care and support to individuals in community settings. |
| CPP | Community Planning Partnership: A partnership between local authorities, public sector agencies, and community representatives to plan and deliver services at the local level. |
| CTAC | Community Treatment and Care |
| D&V | Diarrhoea and Vomiting: Symptoms often associated with gastrointestinal illnesses. |
| Dental | Relating to oral health and dental care services. |
| DES | Directed Enhanced Service: Additional services provided by general practitioners (GP's) beyond the core contract with the NHS. |
| Developer Obligations | Financial contributions sought from a developer to mitigate the impact of their development on the community |
| DN | District Nurse: A nurse who provides nursing care and support to individuals in their own homes or within the community. |
| DNACPR | Do Not Attempt Cardiopulmonary Resuscitation: A medical order indicating that cardiopulmonary resuscitation should not be attempted if a patient's heart stops beating. |
| DWP | Department of Work & Pensions: A government department responsible for welfare, pensions, and child maintenance policy in the United Kingdom. |
| EH | Extended Hours: Additional hours beyond standard working hours, often offered by healthcare providers to increase accessibility. |

| | |
|----------------------------------|--|
| e-Health | Department within NHS Grampian to make best use of information and communication technologies (ICT) to support and improve healthcare delivery and patient outcomes. |
| Emis | General Practice IT System: A software system used by general practitioners (GP's) to manage patient records, appointments, and clinical information. |
| ES | Enhanced Services - Additional healthcare services provided by general practitioners (GP's) beyond the core contract with the NHS. |
| Expert Medical Generalist | A healthcare professional with broad expertise and experience in managing a wide range of medical conditions. |
| FCP | First Contact Physio: A physiotherapist who serves as the first point of contact for patients seeking musculoskeletal care. |
| FTE | Full-Time Equivalent: A measure of an employee's workload or unit of service expressed as the equivalent of a full-time worker. |
| FY1 | Foundation Doctor - Year 1 |
| FY2 | Foundation Doctor - Year 2 |
| Gap Analysis | A technique used to assess the disparity between current performance and desired outcomes, often used to identify areas for improvement. |
| GMED | Out of Hours Primary care Service |
| GMS | General Medical Services: A range of primary healthcare services provided by general practitioners (GP's) under contract with the NHS. |
| GOPES | Grampian Operational Pressure Escalation System |
| GP Cluster | A grouping of general practitioner (GP) practices working together to coordinate and improve healthcare services at the local level. |
| GPAS | General Practice Alert State: A system designed to monitor and report the resilience of General Practice across a region. |
| GP | General Practitioners: Healthcare professionals who provide primary medical care to patients. |
| GREC | Grampian Regional Equality Council: An organisation promoting equality and human rights in the Grampian region of Scotland. |
| HCP | Health Care Professional: Any individual involved in providing healthcare services, including doctors, nurses, therapists, and allied health professionals. |
| HR | Human Resources: The department responsible for managing personnel, recruitment, training, and employee relations within an organisation. |
| HSCP | Health and Social Care Partnership: A collaborative partnership between local authorities and health boards to integrate health and social care services. |

| | |
|------------------------------------|--|
| HV | Health Visitor: A registered nurse or midwife with additional training in public health nursing, specialising in supporting families with young children. |
| IA | Integration Agreement: A formal agreement outlining the integration of health and social care services within a region or jurisdiction. |
| IG | Information Governance: Policies and practices for managing and protecting sensitive information within an organisation. |
| IJB | Integrated Joint Board: A governing body responsible for overseeing the integration of health and social care services. |
| Improvement Grants | NHS Improvement Grants for General Practice premises are available under the National Health Service |
| IPC | Infection Prevention Control: Measures and protocols aimed at preventing the spread of infections within healthcare settings. |
| LES | Local Enhanced Service: Additional services provided by general practitioners (GP's) to meet specific local healthcare needs. |
| Lessons Learned | Insights and knowledge gained from past experiences or projects, used to inform decision-making and improve future performance. |
| LMC | Local Medical Committee: Representative bodies for general practitioners (GP's) at the local level, responsible for negotiating with health authorities and representing GP interests. |
| Locum | A temporary healthcare professional who fills in for regular staff during their absence or when additional support is needed. |
| LOIP | Locality Improvement Plan: A strategic plan outlining improvement priorities and objectives within a specific geographic area or locality. |
| MCR | Medicines Care & Review: A service provided by pharmacists to review patients' medications and ensure safe and effective use. |
| MDT | Multi-Disciplinary Team: A team of healthcare professionals from different disciplines collaborating to provide comprehensive care and treatment to patients. |
| Mental Health Practitioners | Healthcare professionals specialising in the assessment, diagnosis, and treatment of mental health conditions. |
| MH | Mental Health: The state of psychological well-being and functioning, encompassing emotional, cognitive, and social aspects. |
| MOU | Memorandum of Understanding: A formal agreement between parties outlining mutual goals, objectives, and responsibilities. |
| National code of practice | The Code of Practice sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GP's providing their practice premises. |
| NES | NES Education for Scotland |

| | |
|-----------------------------------|---|
| NHS | National Health Service: The publicly funded healthcare system in the United Kingdom, providing medical services free at the point of use. |
| OOH | Out of Hours: Healthcare services provided outside of regular working hours, often during evenings, weekends, and holidays. |
| Optometry | The healthcare profession concerned with examining the eyes for defects and abnormalities and prescribing corrective lenses or other treatments. |
| Organisational development | Strategies and initiatives aimed at enhancing organisational effectiveness, performance, and resilience. |
| PA's | Physician Associate: A healthcare professional who works under the supervision of a doctor to provide medical care and support to patients. |
| Pathway | A structured approach or plan outlining the steps and interventions involved in the diagnosis, treatment, and management of a particular health condition or patient population. |
| PC | Primary care |
| PCCT | Primary care Contracts Team: the team responsible for managing contracts and agreements between primary care providers and NHS organisations. |
| PCIF | Primary care Improvement Funding |
| PCIMT | Primary care Information Management Team |
| PCIP | Primary Care Improvement Plan |
| PCPG | Primary Care Premises Group |
| Pharmacotherapy | The use of medications or drugs to treat diseases, alleviate symptoms, or manage health conditions. |
| Pharmacy first | A service provided by community pharmacies to offer advice, treatment, and medications for minor ailments and conditions without the need for a doctor's prescription. |
| PLT | Protected Learning Time: Designated time for healthcare professionals to engage in continuing education, training, and professional development activities. |
| POA | Power of Attorney: A legal document granting someone the authority to make decisions on behalf of another person, often used in healthcare and financial matters. |
| POC Testing | Point of Care Testing: Diagnostic tests performed at or near the point of patient care, providing rapid results to inform immediate clinical decisions. |
| PPG | Patient Participation Group: A group of patients and healthcare professionals working together to improve patient care and services within a healthcare practice or organisation. |

| | |
|----------------------------|--|
| Practice manager | An administrative professional responsible for managing the operations and business aspects of a healthcare practice or clinic. |
| QR code | Quick Response Code: A two-dimensional barcode that stores information and can be scanned using a smartphone or other devices. |
| SAS | Scottish Ambulance Service: The national ambulance service in Scotland, responsible for providing emergency medical services. |
| Secondary Care | Specialised medical services provided by hospitals and healthcare professionals for patients requiring more complex or intensive treatment. |
| SGPC | Scottish General Practitioners Committee represents all general practitioners working in Scotland. |
| SLA | Service Level Agreement |
| SLWG | Short Life Working Group: A temporary group established to address specific issues or tasks within a defined timeframe. |
| SMART | Specific, Measurable, Attainable, Realistic, Time-Bound: Criteria used for setting objectives and goals to ensure they are clear, achievable, and trackable. |
| Social prescribing | A non-medical approach to healthcare that involves connecting patients with community-based resources and activities to improve their health and well-being. |
| SOP | Standard Operating Procedures: Established protocols and guidelines for performing routine tasks and procedures in a consistent and standardised manner. |
| SPOC | Single Point of Contact: A designated individual or entity responsible for handling communications and coordination for a specific issue or service. |
| SRO | Senior Responsible Officer: An individual with overall accountability and authority for the successful delivery of a project or initiative. |
| Sustainability loan | These are government interest-free loans are intended to make GP practices that own their practice premises more viable. Qualifying practices can use these sustainability loans in any way they want, provided it is 'for the purpose of the practice |
| Test of change | A structured approach to implementing and evaluating small-scale changes or innovations within a healthcare setting before broader implementation. |
| TOR | Terms of Reference: A document outlining the scope, objectives, and responsibilities of a project, committee, or working group. |
| TrakCare | Electronic Patient Management System: A software system used for managing patient records and clinical information within healthcare organisations. |
| Unscheduled care | Healthcare services provided to patients who require immediate or urgent medical attention, often outside of scheduled appointments or clinics. |

| | |
|---------------|---|
| UTI | Urinary Tract Infection: An infection affecting any part of the urinary system, including the kidneys, bladder, ureters, and urethra. |
| Vision | General Practice IT System: A software system used by general practitioners (GP's) to manage patient records, appointments, and clinical information. |
| VTP | Vaccination Transformation Programme: A program aimed at improving vaccination coverage and delivery within a healthcare system. |
| WT | Waiting Time: The length of time a patient must wait for an appointment, treatment, or service within the healthcare system. |
| WW | Waiting Well |

This page is intentionally left blank

Equality Impact Assessment (EQIA) Rapid Impact Checklist

Completing this form will help decide whether the policy will further require a Full EQIA and/or integrated Impact Assessment. *Policy refers to service, function, policy, framework, strategy, new service, service redesign, and programmes.

| | |
|------------------------------------|---|
| Title | General Practice Vision |
| Directorate, service or department | Aberdeen City Primary Care Team, ACHSCP on behalf of 3 x HSCP's |

Main contact of the policy*

| | | | |
|------------|----------------------------------|--------|--|
| Name | Ali Chapman | Tel No | |
| Job Title | Primary Care Development Manager | Email | Alison.chapman@nhs.scot |
| Department | Primary Care, ACHSCP | | |

Policy

| | |
|----------------------------------|---|
| Aim | In June/July 2023, the three HSCP Chief Officers were set an objective to design and create a SMART delivery plan for a Grampian Primary Care Strategy. This was in response to the challenging implementation of the 2018 GMS contract, due to a number of factors, including, recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. All of which have an impact on the sustainability of general practice. |
| Purpose | Due to the continuing pressure being faced across General Practice, the project brought together key stakeholders, teams and colleagues from across the system for the opportunity to help shape the future of General Practice. |
| Intended/desired outcomes | A High level strategy and vision will be created for Grampian with associated objectives and Delivery plan |

Part 1. Which groups of the population do you think will be affected by the proposal?

| | |
|--|--|
| People and Groups: <ul style="list-style-type: none"> • Staff • Patient • Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers) • Women and men • People in religious/faith groups | <ul style="list-style-type: none"> • People of low income • Homeless people • People involved in criminal justice system • People with mental health problems • Carers (paid or unpaid, family member) • People affected by substance misuse or addictions |
|--|--|

- Disabled people
- Older people, children and young people
- Lesbian, gay, bisexual and transgender
- Low literacy/health literacy
- Living in deprived area, remote or rural area
- Unemployed
- Any other groups

The proposal/policy will affect

This proposal may affect all residents of the Grampian area, as well as all staff within General Practice and the wider Primary Care and NHS system.

The output of the programme will be a vision and associated series of objectives that will be presented to the three IJBs. At this time we are unable to determine if there is one (or more) specific group that will be negatively impacted with any future changes, as there may be a range of programmes and projects that could be a result of this work.

It is anticipated that this programme of work may allow General Practice in Grampian to deliver services differently in Grampian, in a way that is more representative of the needs of those in the north east, coupled with the local challenges around recruitment, retention and the rurality of some areas within the Grampian area. This would be seen as having a positive impact on patients across Grampian.

Any workstreams agreed by the IJBs and Scottish Government will ensure an EQIA specific to that workstreams will be completed.

Part 2. Identifying the impacts (in brief) on groups with protected characteristics, including economic impact and human rights.

| Protected Characteristic | Positive or Negative Impact Social and Economic, Human Rights Additional Information [Positive impact/Negative Impact/No adverse impact has been identified. Briefly explain the impact, including any social, economic or human rights] |
|--|--|
| Age (early years, children, young people, middle years, older people) | At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known |
| Disability (physical disability, learning disability, neurological, sensory loss, mental health, long term conditions) | At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known |
| Gender (male, female) | At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known |

| | |
|---|--|
| <p>Gender Reassignment (people who have proposed, started, in the process or completed a process to change their sex)</p> | <p>At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known</p> |
| <p>Marriage or Civil Partnership (people who are married, unmarried or in civil partnership)</p> | <p>At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known</p> |
| <p>Pregnancy or Maternity (pregnant and/or on maternity leave, including breastfeeding)</p> | <p>At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known</p> |
| <p>Race (minority ethnic people, racial groups, national origins, gypsies/travellers, refugees, asylum seekers, migrant workers)</p> | <p>At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known</p> |
| <p>Religion or Belief (different religions or beliefs, including non-belief)</p> | <p>At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known</p> |
| <p>Sexual Orientation (e.g. lesbian, gay, bisexual, heterosexual)</p> | <p>At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known</p> |

Part 3. Any adverse or potential adverse impact identified? Yes No

| |
|---|
| <p>Briefly describe the adverse or potential impact and how it will be addressed or mitigated</p> |
| <p>At the current stage of the project we are unable to determine any adverse or potential impact. Once the delivery plan has been developed the EQIA will be revisited to look at this in more detail and how this will be addressed or mitigated.</p> |

Part 4. Health Determinants/Health in All. Identify the positive and negative impacts and which groups will be affected?

| What impact will the proposal have on lifestyles? | |
|--|---|
| • Diet and nutrition | No Impact |
| • Exercise and physical activity | No Impact |
| • Substance use: tobacco, alcohol and drugs | No Impact |
| • Risk taking behaviour | No Impact |
| • Education and learning or skills | No Impact |
| Will the proposal have any impact on the social environment? | |
| • Social status | No Impact |
| • Employment (paid or unpaid) | Possible impact to NHS and GP Staff |
| • Social/family support | Possible impact to those who provide social /family support |
| • Stress | Possible impact |
| • Income | No Impact |
| Will the proposal have an impact on the physical environment? | |
| • Living conditions | No Impact |
| • Working conditions | Possible impact to NHS and GP Staff |
| • Pollution or climate change | Possible impact |
| • Accidental injuries or public safety | No Impact |
| • Transmission of infectious disease | No Impact |
| Will the proposal affect access to experience of services? | |
| • Health care | Yes |
| • Transport | No |
| • Social services | No |
| • Housing services | No |
| • Education | No |

Part 5. Will it have any impact on the following?

| | | Describe or summarise how this policy will contribute to or achieve |
|--|---|---|
| <p>Eliminate discrimination? If you answer YES, explain if it is a positive or negative effect. It can be YES because (a) it eliminates or reduce discrimination or (b) enhance/promote discriminatory practice</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> | |
| <p>Equality of opportunity? Does the policy offer equality to all without discrimination on the protected characteristics or other groups How does it remove or minimise disadvantages? What steps were taken to meet the needs of people who share protected characteristics? How does it encourage persons who share protected characteristics participate in the activity?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> | <p>This programme aims to create a vision of how general practice is delivered in Grampian to meet the needs of the population. Therefore it is anticipated that there would be the potential to redesign services which would provide an opportunity to look at new ways of working, access to services and additional opportunities for improving the overall patient experience.</p> |
| <p>Foster good relations between groups? Does it foster good relations between groups e.g. promote positive attitudes, having due regards to tackle prejudice, promote understanding, interactions, personal security or participation</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> | <p>The project team are taking a co-production approach in conjunction with the NHS Grampian Public Involvement Team. This will foster good relations between key stakeholders including patient groups, NHS and General Practice</p> <p>This will allow for a common understanding of the challenges facing general practice from a range of different perspectives with the opportunity to shape services together moving forward</p> |

Part 6. Rapid Impact Checklist: Summary Sheet

| Positive Impacts (Note the groups affected) | Negative Impacts (Note the groups affected) |
|--|---|
| At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known | At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known |
| Additional Information and Evidence Required | |
| n/a | |
| Recommendations | |
| At this time this policy does not adversely impact any of the protected characteristics. It is recommended each project group re-visits the HIIA to ensure any service change is considered on a case by case basis. | |
| From the outcome of Parts 1-5, have negative impacts been identified for groups with protected characteristics or other groups? Has a full EQIA process been recommended? If not, why not? | |
| No. As above will be revisited on case by case basis for each service re-design. | |

Part 7. Is this policy* a strategic decision? Yes No

If No, go to Part 9.

If **Yes, go to Part 8**. A policy* that has a potential to impact on health and widen health inequalities must have “due regard” for the Fairer Scotland Duty. A policy that is a “strategic decision” must take into account how they can **reduce inequalities of outcome caused by socio-economic disadvantage**. See page 15 of the FSD Guidance for the definition of ‘strategic decision.’

The Fairer Scotland Duty places a legal responsibility on public bodies to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage. The Duty applies at strategic level, which normally include decisions around setting priorities and targets, allocating resources and commissioning services. To assess if your policy is a strategic decision, please refer to: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)

Part 8. Fairer Scotland Duty. What likely will this policy have on people experiencing different kinds of social disadvantage?

| Socio-Economic Disadvantage | Positive impact/Negative Impact/No adverse impact has been identified |
|--|---|
| Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing | No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known |
| Low and/or no wealth – enough money to meet Basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future | No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known |
| Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure/hobbies | No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known |
| Area Deprivation – where you live (rural areas), where you work (accessibility of transport) | No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known |
| Socio-economic Background – social class i.e. parent’s education, employment and income | No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known |

Part 9. Does the policy need to consider the impact on other areas?

| | |
|---|---|
| Human Rights (Human Rights Assessment) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Children's rights and welfare (Children's Rights Impact Assessment) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Environment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Financial | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Island or Rural Communities | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Part 10. Children and Young People (Scotland) Act (2014)

The Child Rights and Wellbeing Impact Assessment (CRWIA) is a process which you can identify, research, research and record the anticipated impact of any proposed policy on children's human rights and wellbeing.

Check the CRWIA Screening Sheet – this asks you to consider:

- What aspects will affect children and young people up to 18 year
- What likely impact will be
- Which groups of children and young people will be ore affected

[Children's Rights & Wellbeing Impact Assessment \(CRWIA\) - Children's Rights and Wellbeing Impact Assessment guidance - gov.scot \(www.gov.scot\)](http://www.gov.scot/Topics/childrenandyoungpeople/crwia)

Part 11. Has your assessment been able to demonstrate the following and why?

- Option 1. No major change** (where no impact or potential for improvement is found, no action is required)
- Option 2. Adjust** (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3. Continue** (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes.)
- Option 4. Stop and remove** (where a serious risk of negative impact is found, the plans, policies etc being assessed should be halted until these issue can be addressed)

Explain decision

At this time the programme is focussed on determining a high level vision and smart objectives for the delivery of general practice in Grampian. No service changes have been determined or commission at this stage. Therefore it is suggested that the programme continues with no major change.

At a time that any programmes of work, including any service change are agreed by the IJBs and the Scottish Government the EQIA will be revisited,

To be completed by Team Lead of the policy/proposal

| | |
|-----------|----------------------------------|
| Name | Alison Chapman |
| Job Title | Primary Care Development Manager |
| Email | Alison.chapman@nhs.scot |
| Date | 30/08/2023 |

Part 12. Has the policy document been checked by a Level 1 EQIA assessor?

Yes No

If yes, please fill in details

| | |
|-----------|----------------------------------|
| Name | Teresa Waugh |
| Job Title | Primary Care Development Manager |
| Email | teresa.waugh@nhs.scot |
| Date | 12/09/2023 |

Return to Equality and Diversity at roda.bird@nhs.scot

- Completed form
- Copy of final draft/version of any documentation

To be completed by Equality and Diversity – for quality control purposes and recording

| | |
|---|--|
| Recommendations <input type="checkbox"/> Rapid EQIA <input type="checkbox"/> Full EQIA <input type="checkbox"/> Fairer Scotland Duty | |
| | |
| Name | |
| Job Title | |
| Email | |
| Date | |

Reasons for Change

- No standardisation in the ways data is coded and collected across General Practice. Due to this resource allocation is not well informed
- The 2018 GMS Contract is not best placed to meet patients needs in an efficient and effective manner in Grampian.
- There are increasing and more complex demands on our health service
- The digital programme is not meeting the requirements of General Practice
- The patient pathways between GPs and secondary care are not standardised and patients are unable to track their progress on a waiting list
- MDTs are understaffed so unable to achieve the full breadth of service delivery.
- Urgent and unscheduled care provision often takes president over routine, longer term CDM, this impacts on patients long term health.
- Current premises are not fit for new ways of working which best meet the needs of our communities.
- There is a growing need for Mental Health and Wellbeing support for our communities.
- There are recruitment challenges for attracting new staff to come to the Grampian region including as new and experienced for GPs.

Our Key Themes to work towards Sustainability for General Practice

Data: Develop a programme of work to identify and define data sets, create data gathering processes which allow for standardised data and develop relevant data sharing agreements where necessary.

Models of Contract: Develop a flexible approach to the delivery of the existing GMS contract, using currently available levers to support practice sustainability.

Keeping the Population well: Develop a programme to deliver targeted and comprehensive health interventions for at risk communities to offer proactive preventative care and empower communities to participate in their own healthcare and wellbeing.

Digital : Support the development of a digital plan for Grampian. Including the development of a prioritised set of digital solutions to ensure the wider system is best placed to meet the needs of communities.

Pathways: review pathways to explore the opportunities, risks and challenges and create priority-based implementation plan to improve these pathways.

Multi-disciplinary team: initiate and complete an evaluation and review of PCIP services that are in place across NHS Grampian.

Continuity of Care: Through tests of change, create pathways that achieve continuity of care for those who will benefit most from continuity of care.

Premises: Produce a detailed service and estate plan detailing the requirements for our premises to support the delivery of high-quality, patient-centred healthcare services for our communities.

Mental Health and Wellbeing: Improve mental health and wellbeing support, encourage better wellbeing across patient groups and identify improvements that will ensure patients see the most appropriate person the first time, for example, supporting social prescribing and realistic medicine where appropriate

Recruitment, Retention & Education: develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and wider MDT and practice management roles to encourage the retention of talent in Grampian.

Impact Of Change

- Optimise clinical decision making, improve patient outcomes and enhance operational efficiency
- Improve sustainability, support financial viability, and foster stronger GP partnerships within the area.
- Improve population health outcomes and reduce healthcare disparities.
- Streamline administrative processes, and enhance communication between general practice and patients and other areas of the system alike
- Improve patient experience and health outcomes.
- Identify opportunities for enhancing collaboration and improving patient care delivery.
- Improve care coordination, and enhance patient satisfaction.
- Create environments that promote patient-centred care and support the well-being of our workforce.
- Improve mental health outcomes, reduce stigma, and foster a culture of well-being within our community.
- Address workforce shortages, enhance team cohesion, and ensure the sustainability of our general practice workforce



How will we know if we have made a difference ?

- There will be standardised data sets, data gathering process and data sharing agreements in place to facilitate data sharing across community planning partners;
- General Practices will be able to utilise a flexible approach to the GMS Contract;
- Patients will be able to digitally track where they are on a secondary care waiting list;
- Increased use of automation in General practice to increase efficiency;
- A successful pathways test of change will be implemented improving efficiency, patient safety and wellbeing;
- A review and evaluation of PCIP within Grampian will be complete with recommendations implemented;
- A successful test of change for continuity of care will be identified and implemented; and
- A detailed services and estate plan will be included within the 2025 Primary Care Premises Plan;
- People will have access to a range of mental health and wellbeing interventions; and
- General Practice and other clinical roles vacancy rates will be reduced.

This page is intentionally left blank