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

To: Members of the Risk, Audit and Performance Committee

Town House,  
ABERDEEN 25 April 2023

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

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 2 MAY 2023 at 10.00 am.**

JENNI LAWSON  
INTERIM CHIEF OFFICER – GOVERNANCE (LEGAL)

### **BUSINESS**

#### **DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS**

- 1.1 Members are requested to intimate any declarations of interest or transparency statements

#### **DETERMINATION OF EXEMPT BUSINESS**

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

#### **STANDING ITEMS**

- 3.1 Minute of Previous Meeting of 28 February 2023 (Pages 3 - 8)
- 3.2 Business Planner (Pages 9 - 12)

#### **GOVERNANCE**

- 4.1 Directions Tracker - HSCP.23.032 (Pages 13 - 20)

## **AUDIT**

- 5.1 Approval of Unaudited Accounts - HSCP.23.037 (Pages 21 - 68)
- 5.2 External Audit Strategy 2022/23 - HSCP.23.034 (Pages 69 - 88)

## **PERFORMANCE**

- 6.1 Strategic Plan 2022-2025: Delivery Plan Quarter 4 Update - HSCP.23.028  
(Pages 89 - 118)
- 6.2 Primary Care Improvement Plan Update - HSCP.23.033 (Pages 119 - 136)

## **EXEMPT / CONFIDENTIAL BUSINESS**

- 7.1 None at this time

## **COMMITTEE DATES**

- 8.1 Date of Next Meeting - Tuesday 13 June 2023 at 10am

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



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

### **Minute of Meeting**

**Tuesday, 28 February 2023  
10.00 am Virtual - Remote Meeting**

ABERDEEN, 28 February 2023. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Councillor John Cooke, June Brown (from Article 9), Luan Grugeon, Jamie Dale, Alison MacLeod and Paul Mitchell (until Article 9).

Also in attendance: Martin Allan, Alan Bell (for Article 9), Michelle Grant, Vicki Johnstone, Stuart Lamberton, Graham Lawther and Shona Omand-Smith.

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

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

### **DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS**

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

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

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

### **EXEMPT BUSINESS**

2. There was no exempt business.

### **MINUTE OF PREVIOUS MEETING OF 17 NOVEMBER 2022**

3. The Committee had before it the minute of its previous meeting of 17 November 2022, for approval.

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

to approve the minute as a correct record.

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

28 February 2023

### **BUSINESS PLANNER**

4. The Committee had before it the Committee Business Planner.

In respect of a question regarding whistleblowing, the Business Manager confirmed that this was information collated from the Integration Joint Board, Aberdeen City Council and NHS Grampian.

**The Committee resolved:-**

to approve the content of the Planner.

### **BOARD ASSURANCE AND ESCALATION FRAMEWORK (BAEF) - HSCP.23.009**

5. The Committee had before it the annual review of the Integration Joint Board's (IJB) Board Assurance and Escalation Framework (BAEF) as part of the Risk, Audit and Performance Committee's (RAPC) annual review of the Framework.

Members discussed community empowerment and engagement and the importance of embedding this when connecting with stakeholders.

Members noted that NHS Grampian had set up a Short Life Working group looking at the Collaborative Governance approach, and that the IJB Chair would report to the IJB in this regard.

**The report recommended:-**

that the Committee:

- (a) approve the revised BAEF as attached at Appendix A of the report;
- (b) agree that the Framework continue to be reviewed annually by RAPC; and
- (c) agree that once the IJB approved the revised Scheme of Governance (including the terms of reference for the IJB and its committees) that the BAEF be updated to reflect any changes made to the Scheme.

**The Committee resolved:-**

to approve the recommendations.

### **INTERNAL AUDIT PLAN 2023-26 - HSCP.23.016**

6. The Committee had before it the Internal Audit Update Plan 2023-26 prepared by the Chief Internal Auditor which sought approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2023-26.

**The report recommended:-**

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

28 February 2023

that the Committee approve the Internal Audit Plan for 2023-26 as attached at Appendix A of the report.

**The Committee resolved:-**

to approve the recommendation.

### **INTERNAL AUDIT UPDATE REPORT - HSCP.23.012**

7. The Committee had before it the Internal Audit Update Report prepared by the Chief Internal Auditor which presented an update on Internal Audit's work. Details were provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the Committee to be aware of.

**The report recommended:-**

that the Committee:

- (a) note the contents of the RAPC - Internal Audit Update Report for February 2023 ("the Internal Audit Update Report"), as appended at Appendix A of the report, and the work of Internal Audit since the last update;
- (b) note the progress against the approved 2021-22 and 2022-23 Internal Audit plans as detailed in the Internal Audit Update Report; and
- (c) note the progress that had been made with implementing recommendations agreed in Internal Audit reports as outlined in the Internal Audit Update Report.

**The Committee resolved:-**

to approve the recommendations.

### **INTERNAL AUDIT - TRANSFORMATIONAL PROGRAMME - HSCP.23.013**

8. The Committee had before it a report prepared by the Chief Internal Auditor which presented the outcome from the planned audit of the IJB Transformational Programme that was included in the Internal Audit Plan for Aberdeen City Integration Joint Board.

**The report recommended:-**

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

**The Committee resolved:-**

to note the information provided.

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

28 February 2023

**INTERNAL AUDIT - DATA SHARING - HSCP.23.014**

9. Members welcomed Alan Bell - Head of Information Governance and Data Protection Officer, NHS Grampian, to the meeting.

The Committee had before it an Internal Audit report prepared by the Chief Internal Auditor regarding IJB Data Sharing, which presented the outcome from the planned audit of the IJB Data Sharing that was included in the Internal Audit Plan for Aberdeen City Integration Joint Board.

The Chief Internal Auditor explained that the objective was to ensure that the IJB had appropriate assurance over the arrangements and procedures for data sharing within its partners. He reported that Aberdeen City, Aberdeenshire and Moray Councils had completed their data sharing reviews, however NHS Grampian and its auditors had not been able to facilitate the work due to commitments of the Information Commissioner's recent review. Nevertheless, it was still the intention to provide an overarching executive summary to be presented to Committee on completion.

Members heard from the Head of Information Governance who responded to questions from Members and undertook to bring a position summary back to RAPC once the Information Commissioner's review was complete.

**The report recommended:-**

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

**The Committee resolved:-**

to note the information provided.

**QUARTER 3 FINANCIAL MONITORING UPDATE - HSCP.23.017**

10. The Committee had before it the Quarter 3 (2022/23) Financial Monitoring Update 2022/2023 reporting on the revenue budget performance for the services within the remit of the Integration Joint Board (IJB) for quarter 3 (period ended 31 December 2022).

The Chief Financial Officer presented the report and responded to questions from Members regarding primary care services overspend, prescribing and payments to care homes.

**The report recommended:-**

that the Committee:

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

28 February 2023

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

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

- (i) to instruct the Chief Financial Officer to circulate an update to the Committee following the meeting on 28 February 2023 regarding prescribing; and
- (ii) otherwise approve the recommendations.

### **STRATEGIC PLAN 2022-2025: DELIVERY PLAN QUARTER 3 UPDATE - HSCP.23.015**

11. The Committee had before it the Strategic Plan 2022-2025: Delivery Plan Quarter 3 Update which sought to provide assurance relating to the progress of the Year 1 projects of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan for 2022-2025.

Alison MacLeod - Lead for Strategy and Transformation, ACHSCP, introduced the report and responded to questions from Members regarding the data provided. In respect of data reporting, the Strategy and Transformation team agreed to take on board (1) in respect of falls, reporting of 'falls with harm' to provide more meaningful data to the Committee; (2) reporting of context for comparisons with other regions; (3) where appropriate to append Local Outcome Improvement Plan reports where there was a connection, e.g. in terms of Make Every Opportunity Count (MEOC) training; and (4) going forward to consider a deeper dive of a particular programme of projects.

Members praised the new format and BRAG (blue/red/amber/green) reporting status.

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

that the Committee note the Delivery Plan Quarter 3 Update and Dashboard as appended to the report at appendices a and b respectively.

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

- (i) to note the suggested additions to reporting; and
- (ii) to otherwise approve the recommendation.

### **DATE OF NEXT MEETING - TUESDAY 2 MAY 2023 AT 10AM**

12. The Committee had before it the dates for future meetings, all at 10am:
- 2 May 2023
  - 13 June 2023
  - 19 September 2023

**RISK, AUDIT AND PERFORMANCE COMMITTEE**

28 February 2023

- 28 November 2023
- 23 January 2024
- 26 March 2024

**The Board resolved:-**

to note the future meeting dates.

- **COUNCILLOR MARTIN GREIG, Chair**



	A	B	C	D	E	F	G	H	I	J	K
1	<b>RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER</b>										
2	<b>The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.</b>										
3	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred	
4	<b>2 May 2023</b>										
5	Standing Item	Directions Tracker	To present the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian.	HSCP.23.032	Alison Macleod	Strategy and Transformation Team					
6	Standing Item	External Audit Strategy 2022/23	To provide a summary of the work plan for Audit Scotland's 2022/23 external audit of Aberdeen City Integration Joint Board (IJB).	HSCP.23.034	Anne MacDonald	Audit Scotland	Audit Scotland	2021/22 Strategy considered at April 2022 RAPC.			
7		Approval of Unaudited Accounts	To review and comment on the unaudited final accounts for 2022/23.	HSCP.23.037	Paul Mitchell	Chief Finance Officer	ACHSCP				
8		Strategic Plan 2022-2025: Delivery Plan Quarter 4 Update	To provide assurance relating to progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.	HSCP.23.028	Alison Macleod	Strategy and Transformation Team	ACHSCP				
9	23.09.21	Primary Care Improvement Plan Update	To provide a further update report (last reported at 23 September 21 RACP - HSCP.21.105).	HSCP.23.033	Emma King / Sarah Gibbon/Alison Penman		ACHSCP	Presented to RAPC on 23 June 2022. Members agreed the recommendation: that a further PCIP performance update is presented to the committee in Spring 2023 (unless required by exception)			
10	Standing Item	Review of Financial Governance	To provide assurance on Governance Environment annual report. Last RAPC was 26 April 2022.		Paul Mitchell	Chief Finance Officer	ACHSCP	Several links and references to the full financial year & the MTFF. Move this report to post year-end and take it to the RAPC on 2 May 2023	D	Defer to June 2023 due to absence.	
11		Review of Duties and Year End Report - Annual Review of RAPC	To present a review of reporting for 2022/23 and an early draft intended schedule of reporting for 2023/24 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference.	HSCP.23.031	Alison Macleod	Strategy and Transformation Team			D	Defer to June 2023 as this report should be considered in conjunction with the Review of Financial Governance.	
12	Standing Item	Whistleblowing Updates	Quarterly update		Martin Allan				R	No incidents to report this quarter.	
13		Strategic Risk Register	To seek approval of the Bi-Annual report		Martin Allan				D	Request to defer report to June as author still meeting with the risk owners ahead of the report going to IJB in June, so the same information will go to the RAP Cttee and IJ Board.	
14	24.08.21	Navigator project evaluation	IJB 24.08.21 - NAVIGATOR REPORT - HSCP.21.086 - to instruct the Chief Officer, ACHSCP to present an evaluation and update report to the RAPC prior to conclusion of Year 2 funding. (First two years October 21 to October 23)		Simon Rayner	ADP Strategic Lead	ACHSCP		D	Due to capacity issues, unable to submit for February 2023; asked for it to be deferred until May 2023 meeting. April 2023 - Still awaiting data from the provider, timescale to be advised.	
15	<b>13 June 2023</b>										





	A	B	C	D	E	F	G	H	I	J	K
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred	
3											
40		Annual Review of RAPC			Paul Mitchell / Amy Richert	Chief Finance Officer	ACHSCP		T	As 2023	
41		Approval of Unaudited Accounts			Paul Mitchell	Chief Finance Officer	ACHSCP		T	As 2023	
42											



## RISK, AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	02 May 2023
<b>Report Title</b>	Directions Update Report
<b>Report Number</b>	HSCP23.032
<b>Lead Officer</b>	Paul Mitchell, Chief Finance Officer
<b>Report Author Details</b>	Name: Alison MacLeod Strategy and Transformation Lead <a href="mailto:alimacleod@aberdeencity.gov.uk">alimacleod@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Appendices</b>	Appendix A – Directions Tracker

### 1. Purpose of the Report

- 1.1. This report presents the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian.

### 2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Notes the updates in Appendix A.

### 3. Summary of Key Information

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

As agreed by the RAPC on 23 September 2020 a report will be presented every 6 months to provide assurance to the Committee on the ongoing directions.



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

- 3.2.** The Directions Tracker indicates when they were submitted to the constituent organisation(s), the financial commitment, and the status of each direction. Most of the Directions issued by the IJB are to incur financial expenditure and are therefore centred around commissioning or our transformation programme.
- 3.3.** The Directions Tracker is provided for review at the Chief Officers' monthly performance meeting. This ensures overview from ACC and NHSG Chief Executives and the Chair and Vice Chair of IJB. The tracker is regularly updated by the leadership team and lead officers.
- 3.4.** Members agreed at the RAPC on 23<sup>rd</sup> June 2022 to a new 'traffic lights' system with four classifications to indicate the status of Directions,
- 3.5.** The classifications are as follows;
1. GREEN (Ongoing) represents where the current direction is still valid, in place and not due for renewal or completion.
  2. AMBER (Due) Directions which are due for renewal or completion within the next 6 months including those which are at risk of not being completed within the timescale and / or within the allocated budget. Update to RAPC required.
  3. RED (Concern) Directions which have either
    - a. Not been implemented due to issues with implementation e.g., no service available to deliver on the direction.
    - b. Directions which have expired and have not been reported as renewed or completed.
  4. GREY (Complete) - represents a direction where the date has expired, and the direction is either no longer required or has been superseded by a new direction. It also includes directions which have been completed within a set timescale and will not be required to continue beyond that.
- 3.6.** Appendix A shows all 'open' directions which total 40. 72.5% of these are classified as Green, 17.5% as Amber and 10% as Red. Six, or 15%, of the Directions have an end date of 30th April 2023 or before, and 31, or 90% have an end date of more than six months from the date of this meeting.
- 3.7.** Six of the 11 Red and Amber Directions relate to the Primary Care Improvement Plan (PCIP) and the national Mental Health Strategy Action 15. Plans for these were delayed due to the uncertainty of future funding however



## RISK, AUDIT AND PERFORMANCE COMMITTEE

work is currently being undertaken to clarify a revised plan and a report with the associated Directions will be submitted in due course.

- 3.8. One of the Red and Amber Directions relate to the Neuro Rehabilitation Review which was originally intended to be reported to IJB in April 2023. Further scoping is being undertaken and the report has been deferred until August 2023, at which point the Direction will be superseded. A further two Red and Amber Directions relate to Rosewell House which is in the process of undergoing a full evaluation with a view to making a proposal for future arrangements beyond the expiry date of the Direction of October 2023.
- 3.9. Plans are underway for confirming proposed actions on the final two Red and Amber Directions (one for Project Search – Direction end date 30 July 2023, and one for an Intensive Support Service – Direction end date 30 September 2023).
- 3.10. As part of the 2022/23 Internal Audit Programme an audit was undertaken on Data Sharing. One of the recommendations was to ensure assurance is obtained that Data Protection Impact Assessments (DPIAs) are completed where appropriate and that a register of these is held by each Data Controller. The management response was that DPIA's are undertaken, where relevant for projects which are in turn reported to IJB and the subject of a Direction. It was agreed to explore whether this assurance could be added to the process of capturing and monitoring Directions.
- 3.11. The statutory guidance on Directions states that “Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance”. Ensuring data is shared safely is crucial for patient safety and public protection and it is proposed that the internal guidance on the Directions process and the Directions Tracker are updated accordingly to meet this additional requirement.

### 4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** – there are no direct implications arising from this report.
- 4.2. **Financial** – there are no direct implications arising from this report.
- 4.3. **Workforce** - there are no direct implications arising from this report.



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

**4.4. Legal** – Scottish Government guidance which provides that there should be a log kept of all Directions made - Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020). RAPC monitoring and reviewing Directions issued ensures that the IJB is discharging this requirement.

**4.5. Other** – NA

### **5. Links to ACHSCP Strategic Plan**

**5.1.** Ensuring that the RAPC has overview of the Directions process will help ensure that the IJB achieves the strategic aims and priorities as set out in the strategic plan.

### **6. Management of Risk**

#### **6.1. Identified risk(s):**

Good governance and ensuring that the IJB's committees are delivering on their roles and responsibilities are fundamental to the delivery of the Strategic Plan and therefore applicable to most of the risks within the Strategic Risk Register.

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

This report links to Risk 4 on the Strategic Risk Register,

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.





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

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

This report proposes a revised reporting model for Directions as part of our governance framework, and in the discharge of or requirements within the statutory guidance outline at paragraph 4.4 above.

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Direction	Associated Budget	Report on:	Report Number	Approved at	Lead Officer	Report Author (added Oct 2022 onwards)	ACC/NHSG	Date Submitted	Effective From	Effective Until	Status at Apr 2023	Narrative
Medium Term Financial Framework (MTFF)	£122.6 million	Medium Term Financial Framework	HSCP23.020	LIB 280323	P Mitchell	Paul Mitchell	ACC	28/03/2023	01/04/2023	31/03/2024	Green	
Medium Term Financial Framework (MTFF)	The associated budget for these functions and services is £246m of which approximately £23m relates to Aberdeen City's share for services to be hosted.	Medium Term Financial Framework	HSCP23.020	LIB 280323	P Mitchell	Paul Mitchell	NHSG	28/03/2023	01/04/2023	31/03/2024	Green	
Grants	£661,227.00	Commissioning	HSCP.23.005	LIB 310123	S Omand-Smith	S Omand-Smith	ACC	31/01/2023	01/04/2023	31/03/2025	Green	
Annual Procurement Work Plan (Social Care)	£110,536,534.00	Commissioning	HSCP23.002	LIB 310123	N Stephenson	Neill Stephenson	ACC	31/01/2023	01/04/2023	31/03/2029	Green	
Supplementary Work Plan – Social Care	£42,391,380.00	Commissioning	HSCP.22.098	LIB 291122	N Stephenson	Neill Stephenson	ACC	29/11/2022	01/12/2022	31/03/2028	Green	
Action 15 - Mental Wellbeing - Out of Hours	£659,814.00	Transformation Decisions Required	HSCP.19.058	LIB 030919	C Wilson / K Dawson		NHSG	19/09/2019	03/09/2019	30/04/2023	Red	PCIP - This direction should remain in place until the new PCIP Plan 1 is submitted to UB, timescale to be confirmed.
Chaplaincy Listening Service	£178,369 (4 years)	Transformation Decisions Required	HSCP.18.151	LIB 260319	A Macleod		NHSG	15/04/2019	26/03/2019	31/03/2023	Red	PCIP - This direction should remain in place until the new PCIP Plan 1 is submitted to UB, timescale to be confirmed.
Primary Care Psychologists	£2,514,445.00	Transformation Decisions Required	HSCP.18.059	LIB 280818	A Macleod		NHSG	04/09/2018	28/08/2018	28/08/2022	Red	PCIP - This direction should remain in place until the new PCIP Plan 1 is submitted to UB, timescale to be confirmed.
Musculoskeletal (MSK) Physiotherapy First Contact Practitioner service in Primary Care	£1,184,825.00	Transformation Decisions Required	HSCP.18.059	LIB 280818	A Macleod		NHSG	04/09/2018	28/08/2018	28/08/2022	Red	PCIP - This direction should remain in place until the new PCIP Plan 1 is submitted to UB, timescale to be confirmed.
Project Search	£40,000 to enable the recruitment of young people through Project Search in academic year 2022/23		HSCP.22.040	LIB 070622	S Omand-Smith		ACC	07/06/2022	01/08/2022	30/07/2023	Amber	Project currently being reviewed in relation to return on investment. Initial indications are that alternative means of support will be proposed going forward.
Project Court – Future Plans	1143807.36 per annum	Commissioning	HSCP.22.016	LIB 010322	S Omand-Smith		NHSG	01/03/2022	09/03/2022	09/03/2023	Amber	Neuro Rehab paper delayed from April 2023 to August 2023
Navigator - Unscheduled Care	From existing budgets: Year 1 - £72,000.00; Year 2 - £74,160.00	Commissioning	HSCP.21.086	LIB 240821	P Mitchell		NHSG	24/08/2021	01/10/2021	30/09/2023	Amber	Navigator service to be embedded within the Emergency Department as a test of change for two years.
Rosewell House - Frailty Pathway	From existing budgets - Net Cost £5,598,300.00	Commissioning	HSCP.21.088	LIB 240821	F Mitchellhill		ACC	24/08/2021	23/10/2021	23/10/2023	Amber	Provide an integrated, intermediate care facility by NHSG and ACC, delivered in partnership with Bon Accord Care.
Rosewell House - Frailty Pathway - Provide an integrated, intermediate care facility by NHSG and ACC, delivered in partnership with Bon Accord Care	From existing budgets - Net Cost £5,598,300.00	Commissioning	HSCP.21.088	LIB 240821	F Mitchellhill		NHSG	24/08/2021	23/10/2021	23/10/2023	Amber	Provide an integrated, intermediate care facility by NHSG and ACC, delivered in partnership with Bon Accord Care.
Action 15 - Mental Wellbeing - Out of Hours	£659,814.00	Transformation Decisions Required	HSCP.19.058	LIB 030919	C Wilson / K Dawson		ACC	19/09/2019	03/09/2019	30/04/2023	Amber	PCIP - This direction should remain in place until the new PCIP Plan 1 is submitted to UB, timescale to be confirmed.
Intensive Support Service	Within current LD budget	Learning Disability Commissioning	HSCP.17.116	LIB 300118	K Dawson	J. Rae	ACC	20/02/2018	01/10/2018	30/09/2023	Amber	Approval of option to extend by Strategic Commissioning & Procurement Board on 24/11/21
Supplementary Work Plan – Social Care	£12,887,689.00	Commissioning	HSCP.22.066	LIB 300822	N Stephenson	Neill Stephenson	ACC	30/08/2022	01/09/2022	30/11/2028	Green	
Link Practitioner Service	£6,129,974	Commissioning	HSCP.22.062	LIB 300822	A Macleod	Iain Robertson	NHSG	30/08/2022	01/04/2023	31/03/2030	Green	Details of funding source:- Primary Care Improvement Fund
Dual Sensory Impairment Service (NESS)	additional funding of £215,368 to the existing Dual Sensory Impairment		HSCP22.034	LIB 070622	S Omand-Smith		ACC	07/06/2022	01/07/2022	30/09/2024	Green	
ADP Investment Programme			HSCP.22.037	LIB 070622	K Dawson		NHSG	07/06/2022	07/06/2022	07/06/2027	Green	
ADP Investment Programme			HSCP.22.037	LIB 070622	K Dawson		ACC	07/06/2022	07/06/2022	07/06/2027	Green	
Alcohol Drugs Partnership (ADP) Investment Programme	Alcohol and Drug Partnership	Commissioning	HSCP.21.119	LIB 151221	S Omand-Smith		ACC	15/12/2021	15/12/2021	Ongoing	Green	Drug treatment and support services; majority of funding is recurring

Direction	Associated Budget	Report on:	Report Number	Approved at	Lead Officer	Report Author (added Oct 2022 onwards)	ACCNHSG	Date Submitted	Effective From	Effective Until	Status at Apr 2023	Narrative
Alcohol Drugs Partnership (ADP) Investment Programme	Alcohol and Drug Partnership	Commissioning	HSCP.21.119	LIB 151221	S Omand-Smith		NHSG	15/12/2021	15/12/2021	Ongoing	Green	Drug treatment and support services; majority of funding is recurring
Immunisation Blueprint Refresh	£55,558,291.81	Commissioning	HSCP.21.066	LIB 240821	S Reid		NHSG	24/08/2021	24/08/2021	Ongoing	Green	Immunisation Blueprint - amber - there has been a successful transition of 22 different vaccinations from primary care (agreed national & locally) - the current focus is on the autumn/ winter flu and Covid vaccination programme - this will be completed by Christmas but if instructed to finish earlier, the programme has insufficient staffing to meet these deadlines.
Community Nursing Digitalisation	From existing budgets and change fund. - Net Cost £90,924.78	Commissioning	HSCP.21.069	LIB 250521	F Mitchelhill		NHSG	15/06/2021	25/05/2021	25/05/2024	Green	Procurement of a digital solution to support the modernisation of the delivery of Community Nursing Services.
Supplementary Procurement Plan - Tender for a First Contact Mental Health and Wellbeing Service	£1,462,733.00	Commissioning	HSCP.21.045	LIB 250521	S Omand-Smith		ACC	15/06/2021	01/09/2021	31/08/2025	Green	Budget from Scottish Government (Action 15) provided to HSCPs for the delivery of the National Mental Health Strategy. Contract in place.
Annual Procurement Plan	£56,205,827 -sourced from various budgets	Commissioning	HSCP.21.008	LIB 230221	S Omand-Smith		ACC	23/02/2021	01/04/2021	30/09/2026	Green	Ongoing review of commissioned services, annual workplans
Transformation - Decisions Required: Action 15 (First Contact)	£1,462,733 (for 4 years)	Transformation Decisions Required	HSCP.20.051	LIB 281020	S. Macleod		NHSG	13/01/2021	28/10/2020	01/01/2024	Green	See Supplementary Plan below (Report reference HSCP.21.069)
Transformation - Decisions Required: Action 15 (Prison)	£194,786 (for 4 years)	Transformation Decisions Required	HSCP.20.050	LIB 281020	S. Macleod		NHSG	13/01/2021	28/10/2020	28/10/2024	Green	2 wte, employed though NHS and in post
Alcohol Drug Partnership Update (Blood Borne Viruses)	£85,000.00	Commissioning	HSCP.20.068	LIB 011220	S Omand-Smith		ACC	13/01/2021	01/12/2020	Ongoing	Green	Progressing, no specified end date for expenditure
Alcohol Drug Partnership Update (Blood Borne Viruses)	£85,000.00	Commissioning	HSCP.20.068	LIB 011220	S Omand-Smith		NHSG	13/01/2021	01/12/2020	Ongoing	Green	Progressing, no specified end date for expenditure
Alcohol Drug Partnership Update (tele-health care tech)	£70,000.00	Commissioning	HSCP.20.068	LIB 011220	S Omand-Smith		ACC	13/01/2021	01/12/2020	Ongoing	Green	Progressing, no specified end date for expenditure
Alcohol Drug Partnership Update (tele-health care tech)	£70,000.00	Commissioning	HSCP.20.068	LIB 011220	S Omand-Smith		NHSG	13/01/2021	01/12/2020	Ongoing	Green	Progressing, no specified end date for expenditure
Financial Update and Approvals - National Care Homes	£12,950,000.00	Commissioning	HSCP.20.053	LIB 021020	S Omand-Smith		ACC	21/10/2020	02/10/2020	31/03/2024	Green	Revised contract value
Supplementary Work Plan Report	£3,616,748	Commissioning	HSCP.20.001	LIB 090620	N Stephenson		ACC	26/06/2020	01/07/2020	30/06/2026	Green	Ongoing review of commissioned services, annual workplans. Yes, this is 'green'. Moved on a lot - extensions as noted in the Direction were done; then extensive consultation with a market position statement resulted in direct awards being done going forward. All in place until 30th June 2026
Supplementary Work Plan Report	£2,852,417.00	Commissioning	HSCP.19.121	LIB 240320	N Stephenson		ACC	05/02/2020	01/04/2020	31/08/2024	Green	Ongoing review of commissioned services, annual workplans
Grant to Voluntary Organisation	£276,000.00	Grant Award	HSCP.19.073	LIB 191119	S Omand-Smith		ACC	03/12/2019	01/01/2020	31/12/2023	Green	Ongoing review of commissioned services, annual workplans
Contracts and Commissioning Annual Report	£123,242,747.00	Commissioning	HSCP.19.062	LIB 191119	F Mitchelhill		ACC	03/12/2019	01/04/2020	30/09/2024	Green	Ongoing review of commissioned services, annual workplans
Kingswells Care Home	£3,100,000.00	Commissioning	HSCP.19.032	LIB 110619	S Omand-Smith		ACC	04/07/2019	01/04/2019	30/03/2024	Green	Ongoing (in line with Action 15)
BAC Contract	Within existing budgets	BAC Contract Review	HSCP.18.035	LIB 220518	S Omand-Smith		ACC	05/06/2018	01/08/2018	31/07/2024	Green	Monitored through quarterly process.



## Risk, Audit and Performance Committee

<b>Date of Meeting</b>	2 May 2023
<b>Report Title</b>	Unaudited Final Accounts 2022/23
<b>Report Number</b>	HSCP.23.037
<b>Lead Officer</b>	Paul Mitchell, Chief Finance Officer
<b>Report Author Details</b>	Paul Mitchell, Chief Finance Officer paumitchell@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions</b>	No
<b>Appendix</b>	Appendix A - Unaudited Final Accounts 2022/23

### 1. Purpose of the Report

- 1.1. The purpose of this report is to allow the Risk, Audit and Performance Committee (RAPC) to review and comment on the unaudited final accounts for 2022/23.

### 2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Consider and comment on the Unaudited Final Accounts for 2022/23 at Appendix A.

### 3. Summary of Key Information

- 3.1. This is the seventh time that a full set of accounts have been prepared for the Integration Joint Board (IJB).
- 3.2. 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 are based on a template commissioned by the Scottish Government with the Chartered Institute of Public Finance and Accountancy (CIPFA).



## Risk, Audit and Performance Committee

- 3.3. 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.
- 3.4. There is a possibility that some of the disclosures and the accounts will need to be changed during the audit process. This is particularly pertinent given that there may be changes to the accounts due to the coronavirus and given our accounts are audited sooner than the other IJBs in Scotland. In regard to the set aside figures these have been inflated by inflation, however, the activity data is not available this year due to staff being moved to other duties as a result of the pandemic response. Neither figure impacts on the amount held in reserves.
- 3.5. The audit of the accounts will take place in May 2023. The final audited accounts will be brought back to a meeting of the Integration Joint Board or the Risk, Audit & Performance Committee once the audit has been undertaken.
- 3.6. The Local Authority Accounts (Scotland) Regulations 2014 defines the notice period, the inspection period, the deadline for submission of an objection to the accounts and the information which must be made available for inspection. The inspection must last 15 working days.
- 3.7. Aberdeen City Council have shortened the timescale for closing the final accounts of the Council. As the IJB accounts feed into the Aberdeen City Accounts, the IJB accounts also have to be closed off quicker than in most other IJBs.
- 3.8. 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. Note we are still waiting on the pension information for the Chief Officer, this will be added prior to being sent to auditors.



## Risk, Audit and Performance Committee

**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.

- 3.9. As can be seen through the accounts at the end of the financial year the IJB has £27,110,706 in its useable reserve at the end of the financial year, which has largely been earmarked for activities where we received additional income in 2022/23 and require to allocate funding in 2023/24 to complete the activities associated with this income.

### 4. Implications for IJB

- 4.1. **Equalities** – There are no equalities implications arising from this report.
- 4.2. **Fairer Scotland Duty** – There are no Fairer Scotland Duty implications arising from this report.
- 4.3. **Financial** - The financial implications are highlighted throughout this report and in Appendix A.
- 4.4. **Workforce** – There are no workforce implications arising from this report.
- 4.5. **Legal** – There are no legal implications arising from this report.
- 4.6. **Other** – There are no other implications arising from this report.

### 5. Links to ACHSCP Strategic Plan

- 5.1. Good governance and internal controls are fundamental to ensuring the delivery of the strategic plan.



## Risk, Audit and Performance Committee

### 6. Management of Risk

#### 6.1. Identified risk(s) & Link to risk number of strategic/operational risk register:

- There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend – High (Strategic Risk #2)
- There is a risk that demographic & financial pressures cause the IJB to fail to deliver transformational & sustainable system change resulting in people not receiving the best health and social care outcomes – High (Strategic Risk #5)

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

Approvals	
	Sandra Macleod (Chief Officer)
	Paul Mitchell (Chief Finance Officer)





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



# Aberdeen City Integration Joint Board

## Draft Annual Accounts 2022/23



## Contents

<b>Management Commentary</b> .....	<b>3</b>
<b>Independent auditor's report to the members of Aberdeen City Integration Joint Board and the Accounts Commission</b> .....	<b>13</b>
<b>Statement of Responsibilities</b> .....	<b>14</b>
<b>Remuneration Report</b> .....	<b>16</b>
<b>Annual Governance Statement</b> .....	<b>20</b>
<b>Comprehensive Income and Expenditure Statement</b> .....	<b>29</b>
<b>Movement in Reserves Statement</b> .....	<b>30</b>
<b>Balance Sheet</b> .....	<b>31</b>
<b>Notes to the Financial Statements</b> .....	<b>32</b>
<b>1. Significant Accounting Policies</b> .....	<b>32</b>
<b>2. Critical Judgements and Estimation Uncertainty</b> .....	<b>34</b>
<b>3. Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors</b> .....	<b>34</b>
<b>4. Expenditure and Income Analysis by Nature</b> .....	<b>36</b>
<b>5. Taxation and Non-Specific Grant Income</b> .....	<b>36</b>
<b>6. Debtors</b> .....	<b>37</b>
<b>7. Creditors</b> .....	<b>37</b>
<b>8. Usable Reserve: General Fund</b> .....	<b>37</b>
<b>9. Agency Income and Expenditure</b> .....	<b>38</b>
<b>10. Related Party Transactions</b> .....	<b>39</b>
<b>11. VAT</b> .....	<b>41</b>
<b>Glossary of Terms</b> .....	<b>42</b>

## 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.

## The IJB's Operations for the Year

The 2021 Economic Policy Panel Report notes that the energy sector is critical to the success of Aberdeen with 40% of Scottish energy sector enterprises located in the north-east and about 60,000 jobs supported by the sector in the region.

The downturn in oil and gas, which started in 2014 had not fully recovered even by the start of the pandemic, and this has led to a decline in relative economic performance across the region. The number of employees in the region fell by more than 15,000 between 2015 and the start of the pandemic in early 2020.

Despite this, on a Gross Value Added (GVA) per head basis, the north-east remained some 31% and 19.3% above the Scottish and UK averages respectively in 2019, with earnings also higher than the national average (£32,747 in Aberdeen in 2021 compared with £31,672 in Scotland and £31,285 in the UK).

The estimated population of Aberdeen (2020) is 229,060. The table below shows the anticipated population increase in the next 10 and 20 years in total and by the 65 to 74 and over 75 age groups. The significant rises in the over 75 age group is of concern given their high use of health and social care services.

	<b>2030</b>	<b>2040</b>
<b>Total Population</b>	+0.8%	+1.6%
<b>65 – 74 age group</b>	+10.6%	+4.1%
<b>+75 age group</b>	+20.4%	+46.0%

There is a mixture of affluent and deprived areas in the city. 22 of Aberdeen City's 283 data zones are in the most deprived 20%. Collectively this means a population of 18,055 accounting for 7.9% of the City's total population.

The COVID-19 pandemic has created health debt and additional demand from Long Covid. Alongside this increase in demand there are rising costs and reduced funding available. Continued transformation activity is crucial to ensure the IJB can deliver services and positive outcomes for the people who use them.

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 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 published Annual Performance Report will demonstrate achievements on an annual basis.

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 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 £27,110,706 (£51,392,001 2021/22). 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 2023/24 budget was agreed on 1 March 2023 and included £4.1 million of additional funding.

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 remains uncertain. It was anticipated that some of the financial consequences of the coronavirus would receive additional funding from the Scottish Government, however, where the additional costs would be incurred, and the level of any additional funding required further work. During the financial year a number of reports were taken to the IJB tracking the impact of Covid on the IJB Budget. At the end of the financial year both the direct and indirect costs of Covid were fully funded by the Scottish Government.

### **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 (Tier1). 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 £27,110,706 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 £19.5m 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).

A local mobilisation plan and process was developed by the Scottish Government to show the impact of Covid on the IJB budgets and also to support services during the lockdown. The local mobilisation plan was updated frequently through the financial year and additional funding allocations were made by the Scottish Government on the basis of these updates. For Aberdeen City IJB the final mobilisation plan for 2022/23 was estimated to spend £10 million and this was received from the Scottish Government.

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.

One of the key priorities of the IJB and reasons why the IJBs were established is to improve pathways and reduce the use of these services. It has not been possible to update the days used figures as the data which this information is based on has not be prepared due to staff being allocated to support other parts of the health system due to the impact of Covid. The financial costs have therefore been updated by applying 6.7% to 2021/22 costs shown below.

<b>Set Aside</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Budget	£46,416,000	£46,410,000	£47,802,300	£49,408,000	£52,719,000
Days used	143,055	137,732	n/a	n/a	n/a

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**Luan Grugeon**  
IJB Chair



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**Sandra Macleod**  
Chief officer



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**Paul Mitchell**  
Chief Finance Officer



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

## 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 Financial 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

**Luan Grugeon**  
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 financial 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 18<sup>th</sup> July 2022, Paul Mitchell replaced Alex Stephen as the Chief Finance Officer of the Partnership. Alex Stephen left his post on 7<sup>th</sup> 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.

<b>Taxable Expenses 2021/22 £</b>	<b>Name</b>	<b>Post(s) Held</b>	<b>Nominated by</b>	<b>Taxable Expenses 2022/23 £</b>
Nil	Cllr Lesley Dunbar	Vice Chair 01/04/21 to 05/05/22	Aberdeen City Council	Nil
Nil	Luan Grugeon	Chair 01/04/21 to 31/03/23	NHS Grampian	Nil
Nil	Cllr John Cooke	Vice Chair 18/05/22 to 31/03/23	Aberdeen City Council	Nil
<b>Nil</b>	<b>Total</b>			<b>Nil</b>

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.

<b>Total 2021/22 £</b>	<b>Senior Employees</b>	<b>Salary, Fees &amp; Allowances £</b>	<b>Taxable Expenses £</b>	<b>Total 2022/23 £</b>
121,507	<b>Sandra Macleod</b> Chief Officer 3/09/18 to 31/03/23	130,259	-	130,259
89,165	<b>Alex Stephen</b> Chief Finance Officer 04/07/16 to 07/08/22	32,895	-	32,895
-	<b>Paul Mitchell</b> Chief Finance Officer 18/07/22 to 31/03/23	56,430	-	56,430
<b>210,672</b>	<b>Total</b>	<b>219,584</b>	-	<b>219,584</b>

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 03/09/18 to 31/03/23	12	4	-	-	26,192	25,213
Alex Stephen	Chief Finance Officer 04/07/16 – 07/08/22	35	1	41	-	5,888	15,961
Paul Mitchell	Chief Finance Officer 18/07/22 – 31/03/23	1	1	-	-	10,101	-
						<b>42,181</b>	<b>41,174</b>

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 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	£75,000 - £79,999	1
1	£85,000 - £89,999	0
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.

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Sandra Macleod  
Chief Officer

.....

Luan Grugeon  
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\SOLACE<sup>1</sup> Delivering Good Governance in Local Government Framework (2016 Edition). The local code of governance is 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’](#).

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<sup>1</sup> 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 itself undertook a series of workshops with external support to help aid future decision making.

**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 2020/21 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.

The Chief Internal Auditor's annual opinion on the effectiveness of the IJB's governance framework for 2022/23 will be reported to the Risk, Audit and Performance Committee in June 2023.

The Committee received internal audit reports with recommendations for improvement identified throughout the year, which included identification of areas of good practice, improvement, and procedural compliance. The Senior Leadership Team are also notified of any outstanding audit recommendations.



The governance framework was reviewed by the JJB 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.

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 (pending approval)**

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.

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Sandra Macleod  
Chief Officer

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Luan Grugeon  
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	40,268,789	0	40,268,789
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	40,668,018	0	40,668,018
22,857,455	0	22,857,455	Mental Health & Addictions	24,964,561	0	24,964,561
84,433,334	0	84,433,334	Older People & Physical and Sensory Disabilities	97,907,284	0	97,907,284
706,721	0	706,721	Head office/Admin	1,889,544	0	1,889,544
11,977,726	0	11,977,726	Covid	10,012,029	0	10,012,029
4,931,999	(4,840,312)	91,687	Criminal Justice	5,119,400	(4,958,384)	161,016
1,862,505	0	1,862,505	Housing	2,139,020	0	2,139,020
40,165,525	0	40,165,525	Primary Care Prescribing	42,928,059	0	42,928,059
43,058,027	0	43,058,027	Primary Care	41,544,380	0	41,544,380
2,494,721	0	2,494,721	Out of Area Treatments	2,514,611	0	2,514,611
49,408,000	0	49,408,000	Set Aside Services	52,719,000	0	52,719,000
7,048,615	0	7,048,615	Transformation	12,144,018	0	12,144,018
<b>366,780,281</b>	<b>(4,840,312)</b>	<b>361,939,969</b>	<b>Cost of Services</b>	<b>403,944,481</b>	<b>(4,958,384)</b>	<b>398,986,097</b>
0	(395,096,188)	(395,096,088)	Taxation and Non-Specific Grant Income (Note 5)	0	(374,704,802)	(374,704,802)
<b>366,780,281</b>	<b>(399,936,500)</b>	<b>(33,156,221)</b>	<b>(Surplus) or Deficit on Provision of Services</b>	<b>403,944,481</b>	<b>(379,663,186)</b>	<b>24,281,295</b>
		<b>(33,156,221)</b>	<b>Total Comprehensive Income and Expenditure</b>			<b>24,281,295</b>

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.

<b>Movements in Reserves During 2022/23</b>	<b>General Fund Balance</b>	<b>Total Reserves</b>
	£	£
<b>Opening Balance at 31 March 2022</b>	<b>(51,392,001)</b>	<b>(51,392,001)</b>
Total Comprehensive Income and Expenditure	24,281,295	24,281,295
Adjustments between accounting basis and funding basis under regulation	-	-
<b>(Increase) or Decrease in 2022/23</b>	<b>24,281,295</b>	<b>24,281,295</b>
<b>Closing Balance at 31 March 2023</b>	<b>(27,110,706)</b>	<b>(27,110,706)</b>
<b>Movements in Reserves During 2021/22</b>	<b>General Fund Balance</b>	<b>Total Reserves</b>
	£	£
<b>Opening Balance at 31 March 2021</b>	<b>(18,235,780)</b>	<b>(18,235,780)</b>
Total Comprehensive Income and Expenditure	(33,156,221)	(33,156,221)
Adjustments between accounting basis and funding basis under regulation	-	-
<b>(Increase) or Decrease in 2021/22</b>	<b>(33,156,221)</b>	<b>(33,156,221)</b>
<b>Closing Balance at 31 March 2022</b>	<b>(51,392,001)</b>	<b>(51,392,001)</b>

## 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.

<b>31 Mar 2022</b>		<b>Notes</b>	<b>31 Mar 2023</b>
£			£
51,392,001	Short term Debtors	(6)	27,110,706
<b>51,392,001</b>	<b>Current Assets</b>		<b>27,110,706</b>
-	Short term Creditors	(7)	-
-	<b>Current Liabilities</b>		-
<b>51,392,001</b>	<b>Net Assets</b>		<b>27,110,706</b>
	Usable Reserve:		
(51,392,001)	General Fund	(8)	(27,110,706)
-	Unusable Reserve:		-
<b>(51,392,001)</b>	<b>Total Reserves</b>		<b>(27,110,706)</b>

The unaudited accounts were issued in April 2023.

### **Paul Mitchell**

Chief Finance Officer

Usable reserves may be used to provide services, subject to the need to maintain a prudent level of reserves and any statutory limitations on their use. Unusable Reserves includes reserves relating to statutory adjustments as shown in the Movement in Reserves Statement.

## 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. 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.

## **3. 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.

#### **4. Expenditure and Income Analysis by Nature**

<b>2021/22</b>		<b>2022/23</b>
£		£
147,404,475	Services commissioned from Aberdeen City Council	170,606,768
219,334,008	Services commissioned from NHS Grampian	233,315,366
-	- Employee Benefits Expenditure	-
-	- Insurance and Related Expenditure	-
41,796	Auditor Fee: External Audit	22,347
-	- Auditor Fee: Other	-
(4,840,312)	Service Income: Aberdeen City Council	(4,958,384)
-	- Service Income: NHS Grampian	-
(395,096,188)	Partners Funding Contributions and Non-Specific Grant Income	(374,704,802)
<b>(33,156,221)</b>	<b>(Surplus) or Deficit on the Provision of Services</b>	<b>24,281,295</b>

#### **5. Taxation and Non-Specific Grant Income**

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

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.

## 6. Debtors

31 Mar 22		31 Mar 23
£		£
40,360,692	NHS Grampian	17,175,456
11,031,309	Aberdeen City Council	9,935,250
<b>51,392,001</b>	<b>Debtors</b>	<b>27,110,706</b>

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.

## 7. Creditors

31 Mar 22		31 Mar 23
£		£
	- Aberdeen City Council	-
	<b>- Creditors</b>	<b>-</b>

Amounts owed to the funding partners are stated on a net basis. Debtor 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	-	19,501,211	(239,285)
(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 +Change	(1,093,650)	1,096,059	(17,890,291)
(15,735,780)	(33,156,221)	-	(48,892,001)	Total Earmarked	(2,762,632)	27,043,927	(24,610,706)
(2,500,000)	-	-	(2,500,000)	Risk Fund	-	-	(2,500,000)
<b>(18,235,780)</b>	<b>(33,156,221)</b>	<b>-</b>	<b>(51,392,001)</b>	<b>General Fund</b>	<b>(2,762,632)</b>	<b>27,043,927</b>	<b>(27,110,706)</b>

## 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)
<b>- Net Agency Expenditure excluded from the CIES</b>		<b>-</b>

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

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

## **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

<b>2021/22</b>		<b>2022/23</b>
£		£
(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	233,092,061
212,142	Key Management Personnel: Non-Voting Board Members	223,305
<b>(71,648,210) Net Transactions with the NHS Grampian</b>		<b>(22,611,549)</b>

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

<b>31-Mar-22</b>		<b>31-Mar-23</b>
£		£
40,360,692	Debtor balances: Amounts due from the NHS Board	17,175,456
-	- Creditor balances: Amounts due to the NHS Board	-
<b>40,360,692</b>	<b>Net Balance with the NHS Grampian</b>	<b>17,175,456</b>

### Transactions with Aberdeen City Council

<b>2021/22</b>		<b>2022/23</b>
£		£
(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
<b>38,491,989</b>	<b>Net Transactions with Aberdeen City Council</b>	<b>46,892,844</b>

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.

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

### 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.

<b>31-Mar-22</b>		<b>31-Mar-23</b>
£		£
(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/>		
<b>33,379,041</b>	<b>Net Transactions with BAC/BASS</b>	<b>36,815,901</b>
<hr/>		

## **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.



## Risk, Audit and Performance Committee

<b>Date of Meeting</b>	2.05.2023
<b>Report Title</b>	External Audit – Annual Audit Plan 2022/23
<b>Report Number</b>	HSCP23.034
<b>Lead Officer</b>	Anne MacDonald, Engagement Manager, External Audit (Audit Scotland)
<b>Report Author Details</b>	Anne MacDonald, Engagement Manager, External Audit (Audit Scotland) Email: <a href="mailto:amacdonald@audit-scotland.gov.uk">amacdonald@audit-scotland.gov.uk</a>
<b>Consultation Checklist Completed</b>	No
<b>Appendices</b>	Appendix A – External Audit: Annual Audit Plan 2022/23

### 1. Purpose of the Report

- 1.1. This is the external auditor’s audit plan for the 2022/23 financial year and is provided for discussion and noting by the Risk, Audit and Performance Committee (RAPC). The report sets out the auditor’s plan in respect of the 2022/23 audit and covers both the audit of the board’s financial statements and the auditor’s wider scope responsibilities.

### 2. Recommendations

It is recommended that the Risk, Audit and Performance Committee:

- a) Note the contents of the report.

### 3. Summary of Key Information

- 3.1. The Accounts Commission has appointed Michael Oliphant, Audit Director, Audit Scotland as auditor of the Aberdeen City Integration Joint Board (IJB) for the five-year period covering financial years 2022/23 to 2026/27.



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

3.2. This report to those charged with governance summarises the external auditor's view of the risks of the audit and the approach to be undertaken to gain sufficient assurance over the risks, to allow the auditor to provide an opinion on the IJB's financial statements for the financial year ended 31 March 2023.

3.3. The programme of work within the plan is set in accordance with Audit Scotland's Code of Audit Practice which applies to all public sector audits in Scotland. The plan also sets out the audit fees and the wider scope audit responsibilities.

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

4.1. **Equalities** – there are no direct implications arising from this report.

4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.

4.3. **Financial** – there are no direct implications arising from this report.

4.4. **Workforce** - there are no direct implications arising from this report.

4.5. **Legal** – there are no direct implications arising from this report.

4.6. **Other** - NA

### **5. Links to ACHSCP Strategic Plan**

5.1. The work of external audit is relevant to all of the IJB's strategic aims but there are no expected implications arising from this report.



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

### **6. Management of Risk**

- 6.1. **Identified risks(s):** The External Audit process considers risks involved in the areas subject to review. Any risk implications identified through the External Audit process are as detailed in the attached report.
- 6.2. **Link to risks on strategic risk register:** The risk is for the external auditor not being able to give an opinion on the financial statements before the statutory deadline.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks have been identified by the external auditor, discussions are ongoing with management to mitigate these risks, the sources of management assurance as set out in the plan will be reviewed and relevant audit procedures will be conducted.

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# Aberdeen City Integration Joint Board

Annual Audit Plan 2022/23



Prepared for Aberdeen City Integration Joint Board

April 2023

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# Contents

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<a href="#"><u>Introduction</u></a>	3
<a href="#"><u>Financial statements audit planning</u></a>	5
<a href="#"><u>Wider Scope and Best Value</u></a>	9
<a href="#"><u>Reporting arrangements, timetable, and audit fee</u></a>	11
<a href="#"><u>Other matters</u></a>	13
<a href="#"><u>Appendix 1. Your audit team</u></a>	15

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# Introduction

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## Summary of planned audit work

**1.** This document summarises the work plan for our 2022/23 external audit of Aberdeen City Integration Joint Board (IJB). The main elements of our work include:

- an audit of the annual accounts leading to an independent audit opinion
- independent audit opinions on other statutory information published within the annual accounts including the Management Commentary, the Annual Governance Statement and the Remuneration Report
- consideration of Best Value arrangements and wider scope areas: financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.

## Audit Appointment

**2.** We are pleased to be appointed as the external auditor of Aberdeen City IJB for the period 2022/23 to 2026/27 inclusive. You can find details of your audit team at [Appendix 1](#).

**3.** In the first year of the audit appointment, we invest significant time gaining an understanding of your organisation and identifying and assessing the risks of material misstatement to the financial statements. While we use our initial assessment of risk to inform our planned audit approach, we keep our assessment of risks under review as the audit progresses. We will inform you of any significant changes in assessed risks and any resulting changes in our planned audit work.

**4.** The audit team will actively engage with you over the course of the audit to ensure our work continues to be focused on risk.

## Adding value

**5.** We aim to add value to the IJB through our external audit work by being constructive and forward looking, identifying and encouraging good practice and by making recommendations. In so doing, we will help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

## Respective responsibilities of the auditor and Integration Joint Board

6. The [Code of Audit Practice 2021](#) sets out in detail the respective responsibilities of the auditor and the Aberdeen City IJB. Key responsibilities are summarised below.

### Auditor responsibilities

7. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the [Code of Audit Practice](#) (including [supplementary guidance](#)) and guided by the Financial Reporting Council's Ethical Standard.

8. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the wider scope arrangements in place at the IJB. In doing this, we aim to support improvement and accountability.

### Aberdeen City Integration Joint Board responsibilities

9. The IJB is responsible for maintaining accounting records and preparing financial statements that give a true and fair view.

10. The IJB has the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to deliver their objectives.

# Financial statements audit planning

## Introduction

**11.** The annual accounts are an essential part of demonstrating the IJB's stewardship of resources and its performance in the use of those resources.

**12.** We focus our work on the areas of highest risk. As part of our planning process, we prepare a risk assessment highlighting the audit risks relating to production of the financial statements.

## Materiality

**13.** The concept of materiality is applied by auditors in planning and performing the audit, and in evaluating the effect of any uncorrected misstatements on the financial statements. We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

### Materiality levels for the 2022/23 audit

**14.** We assess materiality at different levels as described in [Exhibit 1](#). The materiality values for the IJB are set out in [Exhibit 1](#).

## Exhibit 1

### 2022/23 Materiality levels for Aberdeen City IJB

Materiality	Amount
<b>Planning materiality</b> – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. Materiality has been set based on our assessment of the needs of the users of the financial statements and the nature of the Aberdeen City IJB's operations. For the year ended 31 March 2023 we have set our materiality at 2% of gross expenditure based on the latest projected outturn for 2022/23.	£7.8 million
<b>Performance materiality</b> – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this could indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 65% of planning materiality.	£5.0 million

Materiality	Amount
<b>Reporting threshold</b> – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£250,000

Source: Audit Scotland

## Significant risks of material misstatement to the financial statements

**15.** Our risk assessment draws on our knowledge of the IJB, its major transaction streams, key systems of internal control and risk management processes. It is informed by our discussions with management, consideration of the work of internal audit and a review of supporting information.

**16.** Audit risk assessment is an iterative and dynamic process. Our assessment of risks set out in this plan may change as more information and evidence becomes available during the progress of the audit. Where such changes occur, we will advise management and where relevant, report them to those charged with governance.

**17.** Based on our risk assessment process, we identified the following significant risks of material misstatement to the financial statements. These are risks which have the greatest impact on our planned audit procedures. [Exhibit 2](#) summarises the nature of the risk, the sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurance over the risk.

### Exhibit 2

#### 2022/23 Significant risks of material misstatement to the financial statements

Significant risk of material misstatement	Sources of assurance	Planned audit response
<p><b>1. Risk of material misstatement due to fraud caused by management override of controls</b></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>Owing to the nature of this risk, assurances from management are not applicable in this instance.</p>	<ul style="list-style-type: none"> <li>• Evaluate assurances from the external auditors of partner bodies, i.e., Aberdeen City Council and NHS Grampian, which will include: <ul style="list-style-type: none"> <li>○ Assessing the design and implementation of controls over journal entry processing</li> <li>○ 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</li> </ul> </li> </ul>

Significant risk of material misstatement	Sources of assurance	Planned audit response
		<ul style="list-style-type: none"> <li>○ Testing journals around the year-end and focusing on areas of risk</li> <li>○ Evaluating significant transactions outside the normal course of business</li> <li>○ Reviewing accounting estimates</li> <li>○ Substantive testing of income and expenditure transactions around the year-end to confirm they are accounted for in the correct financial year</li> <li>○ Focused testing of accounting accruals and prepayments.</li> <li>● Assess the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements.</li> </ul>
<p><b>2. Replacement of social care system</b></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>Project implementation team assurances.</p>	<ul style="list-style-type: none"> <li>● Evaluate assurances from the external auditor of the partner body, Aberdeen City Council.</li> </ul>

Source: Audit Scotland

**18.** As set out in International Standard on Auditing (UK) 240: *The auditor's responsibilities relating to fraud in an audit of financial statements*, there is a presumed risk of fraud over the recognition of revenue. There is a risk that revenue may be misstated resulting in a material misstatement in the financial statements.

**19.** We have rebutted this risk because funding is provided by way of budget allocations from the IJB's partners and can be readily agreed to third party confirmations. Any changes require approval from each partner in line with the IJB's integration scheme. There is no estimation or judgement in recognising this stream of income and we do not regard the risk of fraud to be significant.

**20.** In line with Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom*, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk relating to revenue recognition.

**21.** We have also rebutted the risk of material misstatement caused by fraud because the IJB does not incur expenditure directly and does not operate a bank account. The IJB commissions services from its partner bodies with all IJB expenditure being processed through the financial systems of the partner bodies.

**22.** As a result, we have not incorporated specific work into our audit plan in these areas over and above our standard audit procedures.

### Other areas of audit focus

**23.** As part of our assessment of audit risks, we have identified other areas where we consider there are also risks of material misstatement to the financial statements. Based on our assessment of the likelihood and magnitude of the risk, we do not consider these to represent significant risks. We will keep these areas under review as our audit progresses.

**24.** The areas of specific audit focus are:

- Transactions for the IJB are recorded through the partners' financial ledgers. If robust processes are not in place, there is a risk that expenditure and income is miscoded and IJB accounts are misstated. Since this is the first year of our audit appointment, we will discuss with Finance officers the arrangements in place for pulling together information required to prepare the financial statements and ensuring it is complete and correctly presented. We will also review related party transactions including reconciliation with the relevant balances in the partners' accounts, as appropriate, to ensure accuracy and completeness of reported amounts.
- 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. We will also consider the appropriateness of the accounting treatment and transparency of disclosures around this issue in the annual accounts.



# Wider Scope and Best Value

## Introduction

**25.** The [Code of Audit Practice](#) sets out the four areas that frame the wider scope of public sector audit. The Code of Audit Practice requires auditors to consider the adequacy of the arrangements in place for the wider scope areas in audited bodies.

**26.** In summary, the four wider scope areas cover the following:

- **Financial management** means having sound budgetary processes. We will consider the arrangements to secure sound financial management including the strength of the financial management culture, accountability and arrangements to prevent and detect fraud, error and other irregularities.
- **Financial sustainability** – as auditors, we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years).
- **Vision, leadership and governance** – we conclude on the IJB's arrangements to deliver its vision, strategy and priorities. We also consider the effectiveness of the governance arrangements to support delivery.
- **Use of resources to improve outcomes** – we will consider how the IJB demonstrates economy, efficiency and effectiveness through the use of financial and other resources.

## Wider scope risks

**27.** We have identified wider scope audit risks in the areas set out in [Exhibit 3](#). This exhibit sets out the risks, sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurances over the risks.

### Exhibit 3

#### 2022/23 wider scope risks

Description of risk	Sources of assurance	Planned audit response
<p><b>1. Financial sustainability</b></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</p>	<ul style="list-style-type: none"> <li>• Regular budget monitoring</li> <li>• Medium term financial planning arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion with officers.</li> <li>• Monitor the financial position throughout the year and provide an update in our 2022/23 Annual Audit Report.</li> </ul>

Description of risk	Sources of assurance	Planned audit response
example, through robust financial management, service redesign and innovation.		<ul style="list-style-type: none"> <li>Consider the long-term affordability of budget decisions.</li> </ul>
<p><b>2. Workforce challenges</b></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>	<ul style="list-style-type: none"> <li>Workforce planning arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>Discussion with officers.</li> <li>Review of workforce plan.</li> </ul>

Source: Audit Scotland

**28.** Our planned work on our wider scope responsibilities is risk based and proportionate and in addition to local risks we consider challenges which are impacting the public sector as a whole. In 2022/23, we will consider audited bodies' arrangements in the following area:

- Cyber security** - There continues to be a significant risk of cyber-attacks to public bodies, and it is important that they have appropriate cyber security arrangements in place. A number of recent incidents have demonstrated the significant impact that a cyber-attack can have on both the finances and operation of an organisation. In our 2022/23 audit, we will consider the IJB's arrangements for managing and mitigating such risks.

## Best Value

**29.** Auditors have a duty to be satisfied that bodies that fall within section 106 of the 1973 Act have made proper arrangements to secure Best Value. We will consider how the IJB demonstrates that it is meeting its Best Value responsibilities and we will report our findings as part of our Annual Audit Report.

# Reporting arrangements, timetable, and audit fee

## Reporting arrangements

**30.** All Annual Audit Plans and reports, as detailed in [Exhibit 4](#), and any other outputs on matters of public interest will be published on our website: [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk).

**31.** Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officers to confirm factual accuracy.

**32.** We will provide an independent auditor's report to Aberdeen City IJB and the Accounts Commission setting out our opinions on the annual accounts. We will provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

**33.** [Exhibit 4](#) outlines the target dates for our audit outputs, and we aim to issue the independent auditor's report by the statutory deadline of 30 September 2023.

## Exhibit 4

### 2022/23 Audit outputs

Audit Output	Target date outlined in Audit Scotland Planning Guidance	Date of nearest scheduled Risk, Audit and Performance Committee
Annual Audit Plan	By 31 March 2023	2 May 2023
Independent Auditor's Report	By 30 September 2023	19 September 2023
Annual Audit Report	By 30 September 2023	19 September 2023

Source: Audit Scotland



## Timetable

**34.** To support an efficient audit, it is critical that the timetable for producing the annual report and accounts for audit is achieved. We have included a proposed timetable for the audit at [Exhibit 5](#).

**35.** We intend to take a hybrid approach to the 2022/23 audit with a blend of onsite and remote working. We will continue to work closely with management to identify the most efficient approach as appropriate and will keep timeframes and logistics for the completion of the audit under review. Progress will be discussed with management and finance officers over the course of the audit.

## Exhibit 5

### Proposed annual report and accounts timetable

 Key stage	 Provisional Date
Consideration of the unaudited annual accounts by those charged with governance	13 June 2023
Latest submission date for the receipt of the unaudited annual accounts with complete working papers package	30 June 2023
Latest date for final clearance meeting with the Chief Finance Officer	29 August 2023
Issue of draft Letter of Representation and proposed Independent Auditor's Report	12 September 2023
Agreement of audited and unsigned annual accounts	12 September 2023
Issue of Annual Audit Report to those charged with governance.	12 September 2023
Signed Independent Auditor's Report	19 September 2023

Source: Audit Scotland

## Audit fee

**36.** In determining the audit fee, we have taken account of the risk exposure of the IJB and the planned management assurances in place. The proposed audit fee for 2022/23 is £31,470 (2021/22 £30,660).

**37.** Our fees have increased in 2022/23 and this is a reflection of the current audit market and the rising costs in delivering high quality audit work. There are increased regulatory expectations and risks placed on audit and its quality, as well as a widening in the scope of work audit must cover.

**38.** In setting the fee for 2022/23, we have assumed that the IJB has effective governance arrangements and will prepare comprehensive and accurate accounts for audit in line with the agreed timetable for the audit. The audit fee assumes there will be no major change in respect of the scope of the audit during the year and where our audit cannot proceed as planned, a supplementary fee may be levied.

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# Other matters

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## Internal audit

**39.** It is the responsibility of the IJB to establish adequate internal audit arrangements. Services are provided by the chief internal auditor of Aberdeenshire Council under a shared service arrangement.

**40.** We intend to draw general assurance from internal audit when assessing the IJB's governance arrangements and our wider scope responsibilities. We are not currently planning to use the work of internal audit to provide assurance for our audit procedures on the financial statements

## Independence and objectivity

**41.** Auditors appointed by the Accounts Commission must comply with the [Code of Audit Practice](#) and relevant supporting guidance. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors.

**42.** Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual *'fit and proper'* declaration for all members of staff. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

**43.** The appointed auditor for the IJB is Michael Oliphant, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of the IJB.

## Audit Quality

**44.** Quality is at the core of public audit in Scotland and is the foundation for building consistency and confidence across all audit work. High quality audits provide assurance, add value and can support public bodies to achieve their objectives.

**45.** Until 2021/22, the applicable audit quality standard was International Standard on Quality Control 1 (ISQC (UK) 1). This set out an audit practice's responsibilities for its system of quality control for audits.

**46.** ISQC(UK) 1 has been replaced by two new audit quality standards: Internal Standards on Quality Management (ISQM (UK) 1) applicable from 15 December 2022 and (ISQM(UK) 2) effective for the 2023/24 audits. Work is underway at Audit Scotland to meet the requirements of these quality standards.

**47.** Audit Scotland is committed to delivering high quality audits. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the [Code of Audit Practice](#) (and supplementary guidance) issued by Audit Scotland and approved by the Accounts Commission. To ensure that we achieve the required quality standards, Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of England and Wales (ICAEW) have been commissioned to carry out external quality reviews.

**48.** As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the engagement lead.

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# Appendix 1. Your audit team

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**49.** The audit team involved in the audit of Aberdeen City IJB have significant experience in public sector audit.

Name	Position
Michael Oliphant <a href="mailto:moliphant@audit-scotland.gov.uk">moliphant@audit-scotland.gov.uk</a>	Audit Director/Engagement Lead
Anne MacDonald <a href="mailto:amacdonald@audit-scotland.gov.uk">amacdonald@audit-scotland.gov.uk</a>	Senior Audit Manager/Engagement Manager
Arlene Deeming <a href="mailto:adeeming@audit-scotland.gov.uk">adeeming@audit-scotland.gov.uk</a>	Senior Auditor
Deirdre Sim <a href="mailto:dsim@audit-scotland.gov.uk">dsim@audit-scotland.gov.uk</a>	Auditor

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**50.** The local audit team is supported by a specialist technical accounting team, all of whom have significant experience of public bodies and work with accounting regulatory bodies.

# Aberdeen City Integration Joint Board

## Annual Audit Plan 2022/23

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](http://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](mailto:info@audit-scotland.gov.uk)





## RISK, AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	2 <sup>nd</sup> May 2023
<b>Report Title</b>	Strategic Plan 2022-2025: Delivery Plan Quarter 4 Update
<b>Report Number</b>	HSCP23.028
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Michelle Grant <a href="mailto:migrant@aberdeencity.gov.uk">migrant@aberdeencity.gov.uk</a> Alison MacLeod <a href="mailto:alimacleod@aberdeencity.gov.uk">alimacleod@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Appendices</b>	<ul style="list-style-type: none"> <li>a. <i>Delivery Plan Q4 Updates</i></li> <li>b. <i>Delivery Plan Dashboard</i></li> <li>c. <i>Performance Framework 2023 Refresh</i></li> </ul>

### 1. Purpose of the Report

- 1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) relating to progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategy Plan 2022-2025.

### 2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 4 Update and Dashboard as appended to this report (appendices a and b respectively).
- 2.2. It is recommended that the Risk, Audit and Performance Committee note the performance framework which has been refreshed for 2023-24 in line with Year 2 of the Delivery Plan (appendix c).

### 3. Summary of Key Information



## RISK, AUDIT AND PERFORMANCE COMMITTEE

- 3.1. It is outlined in the Strategic Plan’s Performance Reporting Framework that RAPC should be reported to on a quarterly basis in order to provide assurance on progress being made towards achieving the ACHSCP’s strategic intent as set out within the Delivery Plan.
- 3.2. As was the case with Quarter 3, this assurance is being delivered by displaying delivery plan updates alongside a strategic dashboard which gives access to high level information which the success of the delivery plan intends to positively influence over time.
- 3.3. Appendix A is the Delivery Plan Progress Tracker which is a spreadsheet utilised by our programme and project teams to provide updates to the Senior Leadership Team (SLT). For the purposes of RAPC, an update which spans the full quarter has been submitted to provide an overview of what has been achieved over the period from 1<sup>st</sup> January- 31<sup>st</sup> March and any significant risks or issues encountered during that time. A BRAG (Blue, Red, Amber, Green) status is also provided giving an overarching indication of the health of the delivery plan entry. It should be noted that the status of a particular project may have progressed since the update in the report was given and therefore should be deemed to be historically accurate.
- 3.4. The escalation process as defined by the SLT dictates that where significant risks or issues exist relating to the delivery of intended projects and programmes, or there is a BRAG status of Red assigned, that these are escalated to the SLT in the first instance by means of a Flash Report. In Quarter 4, 2 Flash Reports were submitted as outlined in the table below.

3.5.

Identification Code	Delivery reference	Plan	Overview of Flash Report submitted	SLT Outcome
KPS12	Hospital at Home (H@H)		<p>The planned trajectory for 45 beds in H@H by the end of Feb 2023 can no longer be met due to recruitment issues.</p> <p>Reviewed target for team is to meet 40 beds by mid-March by developing the respiratory H@H pathways.</p>	Approved



## RISK, AUDIT AND PERFORMANCE COMMITTEE

CT01	Redesigning Social Work	Adult	Timeline to be extended in recognition that the project will continue into 2023-24	Approved
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- 3.6. The flash report for KPS12, (the intention to increase the number of beds within the Hospital at Home service to 100 by March 2025) was escalated to the Senior Leadership Team due the impact of the delay in recruiting the consultant role within the H@H team. The resolution for this was to review the target model and reduce the target beds from 45 to 40 by the end of February. This was approved by the Senior Leadership Team and this target was met. This should not significantly impact upon the overall intention to open 100 beds within the service by March 2025.
- 3.7. The Senior Leadership Team were presented with a flash report which detailed the revised timeline related to the CT01 project. This project intends to Redesign Adult Social Work to enhancing the role of Care Managers so that they play a guiding role in the promotion of personalised options for care. The timeline was extended to December 2024 in recognition of the work to be undertaken within this period. This request was approved by the Senior Leadership Team.
- 3.8. Appendix B demonstrates the Delivery Plan Dashboard and this, as with previous quarters pulls together some overarching metrics which the progression of the ACHSCP delivery plan looks to positively impact upon.
- 3.9. Appendix C contains the refreshed Performance Framework for 2023-24. This contains additions from learning gained over the first year of the delivery plan and incorporates recommendations made from the performance management audit carried out in 2022.

### 4. Implications for IJB

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

There are no direct implications arising from this report.

#### 4.2. Financial

There are no direct financial implications arising from this report.

#### 4.3. Workforce

There are no direct workforce implications arising from this report.



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

### **4.4. Legal**

There are no direct legal implications arising from this report.

### **4.5 Unpaid Carers**

There are no implications for unpaid carers as a result of this report.

### **4.6 Covid-19**

There are no implications in relation to Covid-19 as a result of this report.

### **4.7 Other**

None

## **5. Links to ACHSCP Strategic Plan**

This report and its appendices directly link to the ACHSCP Strategic Plan and our performance in achieving the associated Delivery Plan. The Strategic Plan's Reporting Framework outlines our requirement to provide assurance to RAPC on a quarterly basis that progress is being made in achieving the Delivery Plan, and this report ensures that this element of governance is achieved in a robust manner.

## **6. Management of Risk**

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

This report links to Strategic Risk 4 on the Strategic risk Register: -

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.



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

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

The report and its appendices help to mitigate the risk by providing assurance that progress against the Strategic Plan 2022-2025 and the associated Delivery Plan is being achieved, that this is being monitored by the SLT on a monthly basis who consider and direct remedial action and unblock barriers where relevant.

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## Delivery Plan Y1 Workplan 2022-23

Blue = complete  
 Red = missed deadline/unable to deliver  
 Amber = at risk of non-delivery/not meeting deadline  
 Green = on track to delivery by deadline

Ref	Programme/Projects	Project Name	Start Date	End Date	BRAG	Latest Update
AFHL01	Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline.	Deliver EOM Framework	01/04/2021	Mar-23	Green	Equality Outcomes and Mainstreaming (EOM) Framework is a standing item of Equalities and Human Rights (EHR) group agenda.  A number of areas being progressed including; DiversCity Officers Network, delivery of the Staff Equality and Human Rights awareness programme, review of the partnership's Equality and Human Rights internal and external webpages, and development of the bi-annual report against delivering our Equality Outcomes (which will be presented to the IJB in April 2023)
AFHL02	Undertake and publish Health Inequality Impact Assessments (HIAs), where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics.	Publish HIAs	01/04/2021	Mar-23	Green	New process and paperwork developed by EHR group and agreed by RAP Committee. DiversCity Officer Network being established and will meet in April 2023.  Initial discussions have been held with report authors (required to provide HIAs) to begin embedding them into the process. Capacity has limited our ability to implement this at a wider scale thus far.  Report Authors have been using the HIAs with Committee reports as required. Further work required to publish HIAs in line with review of website.
AFHL03	Make Every Opportunity Count (MEOC) by identifying any wider determinant issue and ensuring patients, clients and their carers are signposted to relevant services for help.	MEOC	Apr-22	Mar-23	Green	MEOC training has been reviewed and updated. MEOC training delivered by Health Improvement Officers. Roll out of MEOC training to staff groups, volunteers, and community groups.
AFHL04	Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target.	Climate Change and NetZero	Aug-22	Mar-23	Green	Scoping continues to fully assess the work required. Agreement by Climate Change Oversight Group to reschedule culture change/training aspects to later in the programme (second half of FY2024-2025). Climate Change and Sustainability Sections added to IJB template. Scoping/PID for review of business continuity arrangements under development, scoping meeting for Commissioning review scheduled for April. Regular meeting of the oversight group have been rescheduled to ensure better attendance. NB: this project is an ongoing one and features in Y2.
AFHL04a	Engender cultural change around climate change across the Partnership, through effective training and awareness raising, enabling the creation of a climate-literate workforce.	Championing Carbon Literacy	Oct-22	Sep-23	Green	Decision by Climate Change Oversight Group to move this aspect with a more specific focus to a later tranche of the programme when developed (second half of FY2024-25).
AFHL05	Link in with local authority and third and independent sector providers to bring the Complex Care conversation to the fore and bring a degree of pace to achieving a solution for this area of need.	Complex Care Service Design	01/06/2022	Mar-24	Amber	An Outline Business Case (OBC) for complex care accommodation and Stage 1 IIA was submitted on 07/03/2023.  This OBC outlines ACC options as it related to providing accommodation suitable for individuals with complex care needs.
AFHL06	Work with neighbouring areas to understand the scale of current service needs for complex care across Grampian.	Complex Care Partnership Working	01/06/2022	Sep-23	Green	A visit by ACC architects to attend complex care accommodation in Moray, in order to understand the layout and reasons for design choices, which are required to support individuals with complex care needs.  A meeting with Senior Housing Strategy Housing Officer and Housing Strategy Officer for ACC to discuss their latest complex care capital project, discuss funding routes and potential partnerships, to support the development of the complex care outline business case.  There is an informal network for complex care project staff in the North Region HSCPs being convened, with ACHSCP represented dates permitting as well as continuation of more specific networking with Aberdeenshire colleagues.
AFHL07	Work with Children's Social Work and health services, to predict future demand for complex care.	Complex Care Future need/demand	01/06/2022	Mar-24	Green	Governance in place to ensure representation of the childrens service at the Complex Care Programme Board and Learning Disabilities Operational Group.  A work plan and action log supporting the aims of the Complex Care Programme Board and LD Operational Group will be developed. Children's Services will remain a standing agenda item on all future meetings and all actions supporting Children's Services and transitions, as it relates to Complex Care, will be recorded and actioned.  A plan for children transitioning from Camphill is being explored by the Complex Care Programme Board.

AFHL09	Continue to progress Mental Health and Learning Disabilities (MHL) transformation to evidence increased community delivery across secondary and primary care with a clear plan for 2022 and 2023 in place by June 2022.	MHLD Programme	01/06/2022	Mar-24	Amber	The Portfolio continues to operate with minimal financial allocations confirmed from Scottish Government, and those confirmed are for year 22/23 only and suggest that budgets for year 23/24 will not be at a sufficient level to meet the requirements and planning already in place. There is an increasingly likelihood that some 22/23 allocations will not be communicated until 23/24 and 23/24 allocations sometime after that. A funding gap still exists within the MHLD Team, however options are being explored. Further funding concerns also exist relating to the lack of any allocation being uplifted (to date) to cover the enhanced NHS pay offer. Updated reporting plans are in place and via be reviewed via the Portfolio Board in due course.
AFHL09a	Implement the actions in the MHLD Transformation Plan (Forensic Services)	MHLD Programme	01/06/2022	Mar-24	Green	The Forensic Service PID has now been finalised and will be submitted as an update/note to the MHLD Portfolio Board 11/04/2023.  Work continues to identify members of the subgroup to bring forward this work, with the group members identified by 23/03/2023. Representatives will likely include:  > Forensic Services > OT > Housing > External Service Providers > Commissioning > MHLD Programme Team
AFHL09b	Implement the actions in the MHLD Transformation Plan (Psychological Therapies)	MHLD Programme	01/06/2022	Sep-23	Amber	Project Management support continues to be provided for the PT Improvement Board. SLGWs continue as:  - Expanding Our Workforce To Provide High Quality, Safe Effective Care - Improved Data Quality, Evaluation And Monitoring - Performance Compliance - Performance Management - Developing Our Workforce - Improved Accessibility And Patient Flow - Supporting Staff Wellbeing - Improved Whole System / Cross System Working - Strategic Change - Improved Service User Experience  Additional project management support will be provided to the following SLGWs:  • Improved whole system/cross system working • Learning Disabilities Test of Change
AFHL09c	Implement the actions in the MHLD Transformation Plan (L&D Health Checks)	MHLD Programme	Aug-22	Sep-23	Amber	Revised Directions from SG that LD Health Checks are to have been offered by 31 March 2024. Delivery model still in development with a couple of pilot options in City and Shire identified. GP coding and data across several services being reviewed to ensure there is no duplication or missed entries. Electronic version of Health Check form to be filled out being implemented. Also digital solution, similar to Vaccination Centres model which was rolled out nationally, being looked into for booking appointments, recording checks and onward referrals.
AFHL09d	Implement the actions in the MHLD Transformation Plan (Public Empowerment & Engagement)	MHLD Programme	01/06/2022	Mar-24	Green	Monthly PEG meetings continue with representation from ACHSCP:  - work is ongoing to scope support which could be provided by The Alliance to the PEG. A plan of support will be submitted by The Alliance to the PEG.  - Further support and funding options available to support the PEG will be explored and presented to the PEG  - A review of PEG progress will be undertaken to compare with the support on offer from the Alliance and will conclude in April 2023
AFHL09e	Implement the actions in the Mental Health Learning Disabilities (MHL) Transformation Plan (Royal Cornhill Hospital Review)	MHLD Programme	01/06/2022	Mar-24	Green	Complex Care: - See AFHL 5 - 7  Review and Modernisation of MHLD Workforce ( <a href="#">Grampian Wide</a> ) ( <a href="#">Nursing Workforce</a> ): - Work has commenced with Organisational Development Facilitators to embed a change management approach to this work, given the necessary change and it's likely impact on existing staff. - Terms of Reference have been submitted to the Nursing Workforce Meeting for feedback. - work will take place to progress stakeholder mapping, communication planning, and identification of appropriate change management tools.  Review of the Older Adult & Learning Disabilities Service Model (Ward/Day Hospital): - Work has commenced with Organisational Development Facilitators to embed a change management approach to this work. - A meeting was held with PEG/HIS representatives to provide an update to this work. Therefore a presentation on how PEG members could become involved in this project will take place alongside further consideration of wider public involvement - Awaiting confirmation of the Project Sponsor due to the recent recruitment of a new Lead for MHLDS Inpatient, Specialist Services and CAMHS.



AFHL10	Explore opportunities for working with those on waiting lists to help support them while they wait, or divert them from the list	Waiting Lists Support		Mar-23	Not Started	Focus initially on Unmet Needs and responding to current system pressures
AFHL11	Plan service capacity to include the impact of the consequences of deferred care and Long Covid	Impact Deferred Care & Covid		Mar-23	Not Started	Focus initially on Unmet Needs and responding to current system pressures
AFHL12	Remobilise services in line with the Grampian Remobilisation Plan as soon as it is safe to do so	Deliver Remobilisation Plan		Mar-23	Complete	Remobilisation Plan superceded by Grampian Delivery Plan. Relevant ACHSCP actions have been transferred to this and quarterly reports are being provided as per deadlines provided
AFHL13	Develop a plan ready to respond to increased demand due to covid variants or vaccinations	Covid19 Surge Plan		Sep-22	Complete	Plan approved by IJB on 11 Oct 2022
CT01	Redesigning Adult Social Work enhancing the role of Care Managers in playing a guiding role in the promotion of personalised options for care.	Redesigning Adult Social Work		Dec-24	Green	All adult social work teams have continued to receive an increased number of referrals. Some areas of redesign have been slowed down or paused due to operational, strategic and national priorities. The redesign of teams aims to create a different way of working to meet the increased demand and also to have in place a system of early identification and prevention to reduce demand into the system in the long term. A Flash report was presented to SLT on 25th January 23 to extend the timeline from Sep 22 to Dec 24 to enable the above to be completed. This was agreed.
CT02	Undertake a strategic review of specific social care pathways and develop an implementation plan for improving accessibility and coordination.	Strategic Review Social Care	Jul-22	Dec-25	Green	Key tasks for Year 1 are now completed. An implementation plan is in place. 'Preventative and proactive' care approach workshop took place on February 24th with a range of Stakeholders involved. This work is linked to the ACHSCP involvement in the GIRFE pathfinders Scottish Government work and design tools from this involvement were incorporated into the workshop. Work now under way to refine improvement ideas and determine further tests of change. Review of Hospital Social Work Pathways is nearing completion. Review output will feed into further work on 'Hospital discharge pathways' with a view to implementing identified tests of change.
CT04	Implement the recommendations from the current Adult Support and Protection inspection	ASP Recommendations Implementation	Jan-21	Mar-23	Green	<p>Actions relating to improvement in recording by NHS Grampian staff of ASP activity have been completed. The training curriculum has been amended and a specific Practice Note issued to patient-facing staff. Work has been done to address the issue identified in the inspection of "Investigations taking too long, and case conferences taking place when needed". This is being addressed via ASP Operational Procedures, Council Officer support groups, and revised training for Case Conference Chairs. D365 'flags' will also assist, once that functionality is implemented. Data is to be pulled to provide assurance about timescales being met, and to inform any further improvement work required.</p> <p>National work is being progressed, on the back of the revised national Code of Practice for ASP, in relation to improvement in the use of Chronologies &amp; Protection Planning, which has been recognised as an issue national, and across wider public protection agendas (as well as ASP). Resources and examples of good practice are currently being collated, and buy-in of Chief Officers to the work is being sought. This will inform multi agency work at a Grampian level. Currently, use of Chronologies and Protection Plans is covered in Council Officer training and Operational Procedures. With the introduction of D365, it is not currently known to what extent Chronologies are being completed. A Short Life Working Group is to be established by the lead agency to look at improvement in relation to Chronologies.</p> <p>A Strategic Assessment of the use of Advocacy in ASP has been completed and findings taken into account as part of the recommissioning of an independent advocacy service. Findings have also been considered by social work service managers, and actions agreed for progression. Again, it is not currently possible to extract data (from D365) to evidence improvement, although anecdotally, an increase has been seen in the number of referrals for advocacy support.</p> <p>In terms of improvement in relation to Multi Agency Evaluation and the involvement of staff in improvement work, a Performance &amp; QA Sub Committee of the APC is progressing a multi agency QA programme. Follow-up to multi agency events held in October 2022, involving engagement with wider staff, were shared in a multi agency bulletin at end November. The establishment of a lead agency 'Consultation / Reference group' of Council Officers and Seniors to consider proposed changes and improvements is to be progressed once the Adult Protection Coordinator returns from absence – likely mid-2023. (There is no other resource available to progress this currently.)</p>

CT05	Deliver the Justice Social Work Delivery Plan	Deliver JSW Plan		Mar-23	Amber	<p>The JSW Delivery Plan continues to progress with regular Best Practice and Performance Management Board meetings at agreed intervals to monitor progress, highlight issues and identify ongoing actions. A Delivery Plan steering group consisting of Senior Social Workers will take forward the actions identified at the PMB meetings.</p> <p>The Unpaid Work team faced challenges when they had to vacate their premises at the end of January 2023. Temporary arrangements for the service were implemented, surprisingly without a great impact on service users or service delivery. This resulted in there being no need to notify the Court of any expected delays to Community Payback Orders, this is mainly due to the commitment of staff and the Council to facilitate the service in other buildings.</p> <p>JSW is now almost fully staffed and arrangements are in place to facilitate a VISOR/MAPPS terminal within our offices, this is a Police/Home Office information system respectively and will support progress to our commitment to joint working and Multi Agency Public Protection Arrangements.</p> <p>A concern at this point would be in relation to the recently introduced D365 recording system for social work resulting in the lack of access to accurate up to date statistical information and data. We are working closely and meeting with the Analytics and Insight team on a weekly basis regarding data capture and this causes anxiety in terms service planning and reporting. With regard to practical use of the system which has continued to cause some anxiety to staff, a JSW D365 working group with representation from all teams has been created and is led by the JSW development Senior Social Worker.</p> <p>The ongoing withdrawal of the national JSW risk assessment tool LS/CMi has also caused challenges having to utilise paper based assessments and associated resource implications. Aberdeen JSW were not affected by the LS/CMi programme glitch for high risk cases, we take part in the National Service Manager Group hosted by the Scottish Government and LS/CMi is being reintroduced in stages and should be fully operational by the end of the summer 2023.</p>
CT06	Develop and implement a Transition Plan for those transitioning between children and adult social care services, initially for Learning Disabilities	Transition Plan	Jul-22	Nov-23	Green	<p>Project Initiation Documents in place. Project Group set up. Test of change pilot being developed in consultation with main stakeholders from schools; children's and adult services. Three main strategic outcomes set. Project updates will be reported to multi-agency LD Transitions Group. Implementation Plan draft framework proposed and out for review with implementation team. Meetings in place to review and gain feedback from stakeholders. Engagement planning initiated with meetings with engagement officer ongoing. Using the 'voice' event planning tool and communications plan to map out engagement events. Meetings set up with stakeholders to discuss engagement session planning. Project deadline has been approved by SLT to be extended until Nov 2023. Engagement with SG on transitions project looking at GIRFEC to GIRFE ongoing alongside current project work. Journey mapping exercises planning ongoing. Oversight group being convened to review plans and progress to date.</p>
CT07	Develop cross sector, easily accessible, community hubs where a range of services coalesce, all responding to local need	Priority Intervention Hubs		Mar-23	Green	<p>Test of Change established for Get Active@ Northfield - working with Sport Aberdeen co-located services, linked with KPS03, supporting Rehab in Community, and linking with Community First objectives. Services already started are Listening Service, Speech and Language Therapy, Pulmonary Rehab Project SO11 with LOIP with increased classes and assessment space now established at the site. Test of Change with PEEP Programme for Healthy Weights project in place and due to finish April.</p>
CT08	Develop the membership and diversity of our Locality Empowerment Groups (LEGs)	Develop LEGS	Apr-22	Mar-23	Amber	<p>LEG membership survey complete and results collated, findings indicate that number of LEG members has decreased since the pandemic and cost of living may have an impact on this too. Membership list updated. Integrated Locality Planning Team set up with a remit to grow and diversify LEG membership. LEGs and integrated locality planning are standing agenda item on Community Empowerment Group. A LOIP Project Group has been set up to increase the level of participation and diversity at Locality Planning meetings.</p>
CT10	Deliver our Locality Plans and report on progress	Deliver Locality Plans	Apr-22	Aug-22	Complete	<p>Annual Report produced and approved by IJB on 30 Aug 2022. New Integrated Locality Planning Team set up. This includes officers from ACHSCP Public Health team and CPP's Community Learning and Development team. The integrated team will be responsible for organising locality meetings and engaging with LEG and PNP members; Outcome Improvement Groups; and Locality based services to deliver Locality Plans. Health Issues in the Community (HIIC) Training provided to LEG members by Public Health Team.</p>
CT11	Train our staff and embed the use of Our Guidance for Public Engagement	Public Engagement Training		Mar-23	Green	<p>Development Officer (Consultation and Engagement) post filled 21 November 2022 with a view to progressing this training. The Scottish Community Development Centre have delivered two sessions of training for community member's and are due to deliver to ACHSCP and NHSG colleagues this week. This training will help inform the content of a finalised interal training course.</p>
CT12	Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	Care Opinion Promotion		Mar-23	Amber	<p>Development officer (Consultation and Engagement) post was filled 21 November 2022 and this project was commenced thereafter in conjunction with Graduate Intern from the Data and Evaluation team. Initial meeting held with Care Opinion in December 2022. Project plan being compiled and will likely spread into Year 2 as BAU. Met with Care Opinion on 7th March 2023 to discuss the need to deliver training for NHSG colleagues on how to respond to stories on Care Opinion.</p>

CT13	Finalise the arrangements for the closure of Carden Medical Practice and identify an alternative use of the building	Carden House	01/02/2022	Mar-23	Green	The project to manage the closure of Carden Medical Practice was successfully completed in Feb 2022. EPB instructed a mixed model of GMS and Partnership services should be put into Carden. A project team developed robust criteria and application process. Successful applicants were developed into a configuration of building usage which was approved by EPB in July 2022. This consists of a new Medical Practice, District Nursing Team, Health Visiting Team, CTAC and Psychological Therapies/Chaplaincy/Link Workers. Discussions are ongoing with applicants to establish their requirements for moving in and the work that needs done. The Medical Practice has since outlined they would require more space in the building. Associated risks for other services and possible solutions are currently being explored before an SBAR is presented back to SLT. The initial 'moving in' date of November 2022 is no longer achievable due to the negotiations and works required to the building. The second SBAR was presented to SLT in Nov 2022 and they have requested further information to guide their decision. The final SBAR update has been submitted for SLT on 21 Dec 2022. A final allocation of services was agreed by the SLT on 21 Dec 2022. Issues of ventilation are currently being worked through with advice from NHS Scotland's Central Legal Office. This will inform options for a plan of works to complete ventilation before the practice moves in or defer with a commitment to do this at a later time. A report will be submitted to the March NHS Grampian Asset Management Group (AMG) to request funds for completing these works
CT14	Improve primary care stability by creating capacity for general practice	Primary Care Stability		Mar-23	Green	The Aberdeen City Primary Care Team has completed the sustainability study for 2022 which outlines the overall situation in General Practice across the city. The team continues to work with practices on the various challenges and sustainability issues highlighted, with a particular focus on practices most at risk. The Primary Care Contracts Team in conjunction with the Primary Care Team are currently linking with the (LMC) Local Medical Council and the Scottish Government regarding closed lists across the city. A report is being progressed on the current situation and possible options for moving forward.  There is focussed work ongoing in relation to the primary care communications and engagement workstream across the city. This includes a campaign with Northsound 1 radio which has resulted in over 25,000 hits so far to the YouTube video which was produced in conjunction with partnership staff in primary care. In addition key stakeholder meetings have taken place with some Community Councils, Councillors and the Community Council Forum to engage on General Practice demand and capacity. The Primary Care Team continue to develop a comprehensive communication and engagement plan to maximise opportunities with key stakeholders, patients and members of the public.
CT15	Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	Deliver PCIP		Mar-23	Green	The PCIP Programme is at green status overall, with CTAC operating from 5-7 sites across the city. The South side of the city is due to have some capacity implemented in May, 2023. A barrier to full delivery is the lack of accommodation to be able to set up the service and currently only accommodation shared with other services is available.  Vaccinations are fully delivered and is preparing to move into another location and a more suitable building and the Pharmacotherapy service is almost at full capacity.  Urgent Care and Links Practitioners services are fully rolled out.  The Physiotherapy Service has been progressing at a slower pace as we would have liked due to challenges in recruiting the highly-skilled workforce required. However, progress has been made and the level of staff has increased by over 20%.  Bi-annual reporting to IJB/RAPC is in place.
CT16	Develop and deliver a revised Carers Strategy with unpaid carers and providers of carers support services in Aberdeen, considering the impact of Covid 19	Revised Carers Strategy	16/03/2022	Feb-23	Complete	The final version of the Carers Strategy was approved by IJB on 31st January 2023.
KPS01	Commence strategic review of rehabilitation services across ACHSCP\SOARS\Portfolio and have an implementation plan in place to commence by April 2023	Strategic Review Rehab	01/08/2022	Apr-23	Green	A strategic planning framework and phased timeline for the undertaking of strategic reviews across the wider rehabilitation services, drawing on learning from neurorehabilitation review has been created and will be presented to the IJB in due course. Programme board, TOR and developmental workshops pan-Grampian to be developed. Review will draw on the learning from the neurorehabilitation pathway review.
KPS03	Explore how other partners in sports and leisure, can assist in delivering rehabilitation across multiple areas.	Rehab in Sports/Leisure		Mar-24	Green	Sport Aberdeen Northfield site opened 26/9/22, with a plan for programmes starting in studio area and the consultation rooms. Rehabilitation services will be identified from the Strategic Review with timescales in line with the Strategic Review Implementation Plan. Funding agreed until March 2024 to give time to embed new model of working and evaluate. SALT and Listening services and Pulmonary Rehabilitation classes and assessments established within the service.
KPS06	Grow and embed the COPD hotline to support people in their own home.	Grow COPD Hotline	01/08/2022	Mar-23	Not Started	Respiratory Interface Group, reviewing all and prioritising respiratory projects. COPD Hotline will be prioritised as the pathways for Respiratory Projects develop such as Hospital @Home and Community Respiratory Team. Approach to include this as part of the Flow Navigation Centre

KPS07	Undertake a strategic review of the Neuro Rehabilitation Pathway	Strategic Review Neuro-Rehab	01/07/2022	Apr-23	Green	<p><b>Overview:</b> Neurorehabilitation commission approved by SLT in December 2022, marking move to the next phase of the review (Develop Phase). Next key programme milestone is the approval of the programme business case and implementation plan in due course.</p> <p><b>Successes:</b> Proposed change ideas captured from a series of co-production workshops and engagement events for those with lived experience are being developed and refined. Ongoing engagement and communication with wider teams across the neurorehabilitation pathway, and other HSCP / Board areas.</p> <p><b>Barriers:</b> Operational pressures have at times impacted the ability of key stakeholders to participate in the review process. This has been mitigated by a robust communications and engagement process with many different opportunities for views to be represented)</p> <p><b>Issues which could impact delivery:</b> Agreement of the programme business case and implementation plan could be impacted by a possible delay to agreement of the options appraisal around transitional living arrangements as a part of the pathway review. This risk is being monitored and escalated to SROs for appropriate action. Whilst this could result in a minor delay, the value of taking a measured, genuine co-production approach to agreeing the options appraisal will result in much greater system-buy-in and ownership of the outcomes.</p>
KPS11	Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access.	20 Step-Up Beds	01/03/2022	Sep-23	Green	<p>This objective will be delivered in couple of ways with the 20 beds being the aspirational target. The step-up beds at Rosewell House continue to have a positive impact in the flow of patients from Primary Care. Test of change around Step Up beds in Woodlands on hold - may be reviewed as part of the Strategic Review of Medical Cover across the city</p>
KPS12	Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for unscheduled, older people, respiratory and cardiac pathways	H@H Beds 100	Ongoing	Sep-25	Amber	<p>From late September 22 H@H has increased it's capacity from 20 beds to the current capacity of 35 beds (20 frailty consultant led, 5 frailty ANP led, 5 OPAT and 5 End of Life Care). The aim was to increase the capacity to 45 beds by the end of February 23 by implementing acute pathways but this was not possible in this time scale due to no available consultant resource.</p> <p>Focus on the expansion of H@H continues and positive discussions with some areas of the acute sector continue. A Hospital at Home engagement event will take place 17th March to help with the engagement and development of further pathways.</p> <p>Ongoing work after this as per original project plan to deliver 100 beds by Sep-25.</p>
KPS13	Deliver the second phase of the Frailty pathway	Frailty Pathway 2nd Phase	Ongoing	Sep-22	Amber	<p>The Frailty Pathway Oversight group has been focused on a prioritised programme plan with key objectives for the winter period. The pathway remains under intense pressure, along with the rest of the system.</p> <p>A review of the programme has taken place over February and March 2023, with a report, revised programme plan and risk log due to be presented at the Frailty Pathway Oversight Group on 24th March 2023.</p> <p>The Frailty Pathway Oversight Group will also consider how ACHSCP / NHS Grampian can link in with national HIS-iHUB programmes relating to Frailty, with applications due in late April.</p>
KPS16	Develop a flexible bed base within the community that can respond, through secondary and primary care support, to surges in pressure particularly in winter, whilst ensuring that our fixed, unscheduled bed base, is protected for those where hospital treatment is the best option	Flexible Bed Base		Sep-23	Green	<p>The review of interim and respite beds in Aberdeen City is taking place and due for completion mid 2023. An SBAR to confirm the focus/purpose of the review has been submitted to the social care pathway review programme board due to recent changes in the interim and respite bed system, timelines should not be affected. This work is also linked closely with KPS17 below, from these pieces of work, further objectives may be identified.</p>
KPS17	Undertake a strategic review of the data, demographic and demand picture to understand the 'bed base' for unscheduled care across MUSC, SOARS and ACHSCP between 2023-2030	Strategic Bed-Base Review		Dec-22	Complete	<p>Baseline data collected from Health Intelligence and analysed alongside relevant literature. Report presented to SLT 18th January.</p>
KPS18	Working with ACC as a planning authority, create incentives for investment in specialist housing influencing new builds and enabling people to have lifetime homes.	Specialist Housing Investment		Mar-24	Green	<p>Progress is noted in relation specifically to the work for Complex Care, due to be presented at Finance and Resources Committee in March, which may support a model for future development across service areas.</p>
KPS19	Help people to ensure their current homes meet their needs including enabling adaptations and encouraging the use of Telecare where appropriate	Suitable Homes		Mar-23	Green	<p>BAC delivering Telecare Learning and Development sessions April - June 2023 targeted at a wide range of staff groups (NHS, ACC, Third sector). Sessions booked at Woodend Hospital, Ward 102 ARI, RCH and Learning Hub. Promotional poster sent to targeted contacts through ACVO. The next ACVO bulletin includes promotion of BAC Telecare team awareness raising sessions available for voluntary and community groups. Training on Telecare and TEC delivered collaboratively with SRS. BAC visiting all GP surgeries and community Centres to leave leaflets and put up posters promoting Telecare.</p> <p>DAG meets quarterly and considers all major and minor adaptations to meet needs and requirements of people living in their homes. NB: project is ongoing and already features in Y2.</p>

KPS20	Respond to the national consultation on equipment and adaptations helping to shape future guidance in this area.	National Consultation Equipment/Adaptations		Jun-22	Complete	Submitted on 2 June 2022
KPS21	Work with ACC Housing and RSLs to ensure energy efficient, affordable housing is made available to those who need it most	Efficient, Affordable Housing		Mar-23	Green	The Integration and Housing meeting is being re-established and is where we link with Housing Strategy colleagues to contribute to planning for the availability of suitable housing for the people of Aberdeen
KPS22	Work with the Children Services Board to support the delivery of the Children's Services Plan.	Family Support Model Delivery		Mar-23	Amber	A request has been made to change the following - The project should be delivery of the Children's Service Plan across ACHSCP as appropriate. Update approval of the CSP is expected March 2023 prior to submission to Scot Gov. There are key projects aligned to the LOIP. This will be monitored through the Children's Services Board.
PIH01	Reduce the use and harm from alcohol and other drugs	Alcohol & Drugs Reduction		Mar-23	Green	Update approval of the CSP is expected March 2023 prior to submission to Scot Gov. There are key projects aligned to the LOIP. This will be monitored through the Children's Services Board.
PIH02	Deliver actions to meet the HIS Sexual Health Standards	HIS Sexual Health Standards		Mar-23	Amber	Approval of the CSP is expected March 2023 prior to submission to Scot Gov. There are key projects aligned to the LOIP. This will be monitored through the Children's Services Board.
PIH03	Deliver our Immunisations Blueprint.	Deliver Immunisations Blueprint		Mar-23	Green	Focus has been on delivering Covid and Flu vaccinations over the autumn/winter period. Staffing has been challenging as all NHSG and HSCP services are operating normally and there is not the same pool of staff to deliver the programme as there was during the mass vaccination response. As at 26th January 89,392 Flu Vaccinations and 73,342 Covid Vaccinations have been delivered in Aberdeen City.
PIH04	Continue the promotion of active lives initiatives including encouraging active travel.	Promote Active Lives	Apr-22	Mar-23	Green	Ongoing work has included: 1) Facilitating connections between sport providers, Sport Aberdeen, RGU, OT and other health and social care staff for Specialist Referrals for long term conditions. 2) Community Physical Activity Plan are a kickstart/entry level opportunity to re-join or re-start any physical activity ambitions for older adults. 3)Physical Activity Academy – plans to pilot upskilling of BAC staff in Sheltered Housing in Strength & Balance exercises & delivery. 4)Link with 'Ashgrove Connects' to discuss opportunities for active travel health behaviour change opportunities within project. 5) Working in partnership with Sport Aberdeen delivering classes using PA packs with older people 6) Working in partnership to increase active travel to Foresterhill Campus
PIH05	Continue to contribute to the NHS Grampian Tobacco Strategic Plan for the North East of Scotland particularly in relation to encouraging the uptake of Smoking Cessation Services	Uptake Smoking Cessation Services	Apr-22	Mar-23	Green	Ongoing work has included: Supported Aberdeen Tobacco Alliance to prepare end of project report with key finding that the number of smokers has reduced to 15% in the Scottish Household Survey. Charleston Primary School Pilot on Vaping Prevention being delivered by Youth work and Health Improvement Officers. Grampian Tobacco Strategy Group developed logic model and plan for reducing vaping amongst young people. Strategy has been refreshed with an updated action plan.
PIH06	Continue to deliver our Stay Well Stay Connected Programme of holistic community health interventions focusing on the prevention agenda around achieving a healthy weight through providing advice and support for positive nutrition and an active lifestyle.	Deliver SWSC Programme	Apr-22	Mar-23	Green	Mental Health - Grampian wide PH partnership developing strategic framework to improve mapping of mental health & wellbeing services (non-Clinical) in Aberdeen city, with focus on gaps in perinatal mental health provision. Health Improvement fund: Public Health Team facilitated decision making groups and the last of the HIF money has been allocated for financial year (22/23). We have received applications from various projects including support for asylum seekers, menopause, young people and gardening at sheltered housing complexes. Health Issues in the Community tutor training delivered during March 23. Motivation Action Prompt (MAP) training being delivered by HIOs. Child Healthy Weight tier 1 delivery plan agreed and Peep plans in place for February. b) Wellbeing Coordinators: Preventing ill Health under the program of Stay Well Stay Connected has multiple projects in the last quarter under the following topics with the remit of Early Intervention and Prevention. 1. Social Isolation – Seaton Soup and Sannies has grown to 2 a month, Boogie in the Bar continues to flourish, and a new Boogie in Gerrad Street began in Feb with record attendance. Middlefield Hub is hosting a pilot (Wee Blether) to create a day opportunity resource working alongside other agencies, welcoming over 50's and their carers. Working with care management on having a long term self-sustaining project in future. Aberdeen Befriending Network Chaired by Wellbeing Coordinators work continues recruitment and training of volunteers. Care Home Initiatives started engagement in January with care homes and increase connection with Grampian Meaningful Activity Network (GMAN) by assessing at ability appropriate activity for residents & promote CAPA principles as supported by the Care Inspectorate with a focus to increase PA & reduce falls. 2. Physical Activity- Technogym equipment contracts have been renewed and repairs for affected sets are underway. Other PA programmes in the quarter are stand walking football, feel good football, mens hub activities, Technogym sessions at Horizon. 3. Mental Wellbeing –The Mighty Oaks have new finding and are going on tour to support those going through menopause., Yoga for menopause, Dementia café in Northfield pool, Get together Days in Dyce, ALZ dementia walk, recovery conversation café. RCH dementia, Garden Conversation Cafes – working in partnership with local café in south locality to introduce conversation cafes using tools provided by the scottishrecovery.net. Men's Health provision. reaching men who need support on retirement, those who are bereaved and need connections to community while they adjust to the new way of life. relaxed football experience. 4. Digital Divide - This falls under strategic enablers (SE11). Providing project support on Intergenerational Living and for the Age Well Aberdeen Launch Event in June 2023 to kickstart a social movement on retiring well.

PIH07	Continue to contribute to the Grampian Patient Transport Plan (GPTP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	Contribute to Transport	01/04/2022	Mar-23	Green	Grant letters issued for our contribution to THInC in the City. Bike store installed on Rosewell site to encourage active travel by bike. Work has yet to start on the refresh of the Aberdeen Local Transport Strategy and associated Active Travel Action Plan (ATAP) covering 2021 - 2026. We will contribute to this when the work begins. We are currently exploring the most effective way of linking in with the Grampian Patient Transport Plan. We have met with the Programme Manager for the Health Transport Action Plan (HTAP) and agreed to join the HTAP's Access to Health and Social Care sub-group. The HTAP is also due to be refreshed - partnership colleagues attended a workshop to inform the review of the HTAP in February 2023. We have met with the Council officer for the ATAP and have started to promote its aspirations so that we can try to reflect these generally in our project work. We have linked with public health colleagues to ensure that this action complements other actions in the delivery plan relating to active travel. NB: project is ongoing and already features in Y2. A workshop to focus SLT/Partnership thinking on transport will be carried out in Y2.
SE01	Develop a Workforce Plan taking cognisance of national and regional agendas	Develop Workforce Plan		Nov-22	Complete	A short life working group was established comprising of leads from the various staffing groups across ACHSCP and supported by the Transformation Programme Manager for Strategy to develop the workforce plan. This group initially met every 3 weeks and then weekly in the lead up to the end of July 2022 when the initial draft workforce plan was submitted to the Programme Office. The workforce plan is aligned with the ACHSCP strategic plan 2022 – 2025 and focusses on three essential core elements; recruitment & retention, mental health & wellbeing, and growth & opportunities. A wider workforce consultation has been completed and feedback obtained which was considered alongside feedback from the Programme Office and SLT. The final version of the ACHSCP workforce plan 2022 - 2025 was approved by IJB on 29 Nov 2022. Project marked as complete and will move into implementation phase.
SE03	Continue to support initiatives supporting staff health and wellbeing	Staff Health & Wellbeing		Mar-23	Green	Continuous work ongoing to deliver health and wellbeing initiatives. Focus has recently turned to initiatives that help with winter preparedness. Funding being sought from 23/24 budget process to continue initiatives
SE04	Train our workforce to be Trauma Informed	Trauma Informed Workforce		Mar-23	Amber	Updates being compiled across various staffing groups to establish specifics in relation to % of staff trained. Evaluation and performance measures also to be explored.
SE05	Support the implementation of digital records where possible	Digital Records		Mar-23	Green	Implementation of Morse to Community Nursing completed. Interfaces outstanding and being progressed despite challenges in relation to Information Governance. Evaluation of the implementation to Community Nursing started and due to be presented at IJB in April. RAG Green due to progression of implementation and the evaluation. Pan Grampian discussion on the possibility of Morse being implemented across Community AHP and Community Nursing Services ongoing with Chief Officers and Chief Finance Officers.
SE07	Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	Expanded Use TEC		Mar-23	Green	Use of TEC a focus of the Social Care Sustainability work being reported through Whole System Decision Making Group. The TEC Library is now live. Some evidence of reduction in care hours required through use of TEC recommended by TEC Coordinator. SRS plan to launch Digital Hub in February.  Balnagask Court TEC project in discovery phase with review of current systems and requirements ongoing. Pilot of Everon equipment at Stocket Parade planned for Feb 23 has been delayed due to supplier issues, awaiting updated timeline. Project initiated for the replacement of meal ordering system in very sheltered housing.  TEC Plan 2023-2026 is being updated with final comments. First meeting of the Project board to provide governance for TEC Plan has been arranged for early April.  Scoping of eMAR for Care Homes pilot commenced. Contact made with national colleagues and two Care Homes who would consider being pilot sites identified.
SE08	Support the implementation of the new D365 system which enables the recording, access and sharing of adult and children's social work information	Implement D365		Jul-22	Green	System Went live on the 17th of October. Close board for this phase of the project (Microsoft engagement) was 18th of November This was accepted by all members to close Microsoft engagement for this phase System is now BAU Current areas of focus for the team are •Reporting •Lone working •Retention
SE09	Deliver a single point of contact for individuals and professionals including a repository of information on health and social care services available, eligibility criteria and how to access	SPOC for Individuals/Professionals		Mar-23	Amber	Life events to focus on have been identified- Substance misuse and mental health. Key stakeholder meetings held and user journeys have been mapped with substance misuse. Designed online alcohol self referral form, which has been approved by Integrated Alcohol Service (IAS). Benchmarking completed.
SE11	Explore ways we can help people access and use digital systems	Access to Digital		Mar-23	Green	The major project under bridging the digital divide is AGILE (Aberdeen Guide to Independent Living and Enablement. AGILE is now at the printers to have a hard copy. Focus has moved to the webpage in making it more accessible. Promotion to increase local providers distributing the digital copy in programs such as Abilitynet, Silver City Surfers, City libraries, ECPC, Steering group. The digital team are working to modernise the site and users will be able to have the content read to them should they need that feature. We will have word document that we use the translation tool for those that need it. Care Management TEC@QUAY is encouraging teams to visit and Wellbeing coordinators are planning on holding a meeting there, have a tour the premises and see where the Wellbeing coordinators can support clients. The wellbeing coordinators are supporting the ACC wide digital group in the community.

SE12	Develop and deliver Analogue to Digital Implementation Plan	Analogue 2 Digital		Mar-23	Green	The project team continues to liaise with the Digital Office as an early adopter in the Shared Alarm Receiving Centre (ARC) Framework. The tender is anticipated to be launched this month with contract being awarded in June 2023. Funding arrangements are being finalised for the new ARC deployment and the digital community alarm units rollout
SE13	Monitor costing implications and benefits of Delivery Plan actions ensuring Best Value is delivered	Financial Monitoring		Mar-23	Green	Regular reporting of the forecasted budget position to Senior Leadership Team, Risk, Audit and Performance Committee and the IJB Committee continues. The Delivery Plan Review will form part of the updated MTF. This will be scrutinised by the Senior Leadership Team prior to being formally presented to the IJB in February 2023.
SE15	Develop proactive, repeated and consistent communications to keep communities informed	Community Communications		Mar-23	Green	Secondment of 2nd adviser expires at end of March 2023. Ongoing conversations around handover and cover for internal/social media comms. Comms Adviser has been trained on social media platforms and has received all the invites for the internal comms meetings to allow for attendance and continuity.
SE16	Continue to deliver on our commissioning principle that commissioning practice includes solutions co-designed and co-produced with partners and communities	Deliver Commissioning Principles			Green	Grant funding letters produced and sent for approval/signing with partners. Meeting taken place regarding the move to alliance model. Quarterly reviews ongoing with Grant providers. Quarterly Review template pulled together for Rubislaw Park Nursing Home around upcoming quarterly review of the End of Life Beds. Poster submission accepted for the Quality and Safety in Healthcare event around the End of Life Beds. Ongoing work with Woodlands around the interim beds and also working with stakeholders re IPC recommendations. Confirmation from Primary Care team that notice has been given around the GP Service Level Agreements. Initial conversations have taken place around Advocacy and the social work audit. A review of the commissioning workplan is being undertaken following an initial meeting with the ACC Contracts team.
SE17	Continue to transform our commissioning approach, building on the work we undertook with our Care at Home contract, developing positive relationships with providers, encouraging collaborative approaches and commissioning for outcomes	Transform of Commissioning Approach		Mar-23	Green	Grant funding letters produced and sent for approval/signing with partners. Meeting taken place regarding the move to alliance model. Quarterly reviews ongoing with Grant providers. Quarterly Review template pulled together for Rubislaw Park Nursing Home around upcoming quarterly review of the End of Life Beds. Poster submission accepted for the Quality and Safety in Healthcare event around the End of Life Beds. Ongoing work with Woodlands around the interim beds and also working with stakeholders re IPC recommendations. Confirmation from Primary Care team that notice has been given around the GP Service Level Agreements. Initial conversations have taken place around Advocacy and the social work audit. A review of the commissioning workplan is being undertaken following an initial meeting with the ACC Contracts team.
SE18	Focus on long term contracts and more creative commissioning approaches such as direct awards and alliance contracts which will provide greater stability for the social care market	Long Term and Creative Contracts Focus		Mar-23	Green	Grant funding letters produced and sent for approval/signing with partners. Meeting taken place regarding the move to alliance model. Quarterly reviews ongoing with Grant providers. Quarterly Review template pulled together for Rubislaw Park Nursing Home around upcoming quarterly review of the End of Life Beds. Poster submission accepted for the Quality and Safety in Healthcare event around the End of Life Beds. Ongoing work with Woodlands around the interim beds and also working with stakeholders re IPC recommendations. Confirmation from Primary Care team that notice has been given around the GP Service Level Agreements. Initial conversations have taken place around Advocacy and the social work audit. A review of the commissioning workplan is being undertaken following an initial meeting with the ACC Contracts team.
SE19	Continue to deliver ethical commissioning in relation to financial transparency and fair working conditions for social care staff as well as progressing implementation of Unisons Ethical Care Charter.	Delivery of ethical commissioning		Mar-23	Green	A review of Unisons Ethical Care Charter is being scheduled for the project team to revisit and ensure alignment with ongoing commissioning projects.
SE20	Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long-term solution	Countesswells Housing Development	01/04/2020	Mar-23	Green	A unit at Countesswells has been purchased by NHS Grampian. Initial work has been done to identify suitable services to operate from the unit. The design team have provided a proposed plan for the fit out of the unit. A project team is being established to finalise the configuration of services that will operate from the facility. A paper on the works required to fit out Countesswells is due to go to NHS Grampian's Asset Management Group and SLT in May 2023. A number of potential financial options have been identified to be used for this project. This is in the process of being approved with ACC and will then go to AMG. Once funding has been agreed, it is anticipated that the build/fit out works will take approx 4 months to complete. With this in mind, an entry date for services is estimated at Autumn 2023.
SE21	Continue to review and update the Primary Care Premises Plan (PCPP) on an annual basis.	Primary Care Premises Plan	01/03/2022	Mar-23	Green	A wide range of colleagues from across Grampian were involved in contributing to the 2022 update. This was submitted to the July AMG and approved. They have instructed the Primary Care Premises Group to carry out a major overhaul of the plan for the 2023 update. This has been reported to the PCPPG and remitted to its plan sub-group for action. We are scoping the extent of work that is required to provide the level of detail that AMG expect for the 2023 update. Gathering information from premises across Grampian is required and a questionnaire for all premises is being explored as a feasible way to deliver what is required for the 2023 update. An action paper is being drafted which will give all 6 sectors who contribute to the PCPP a guide on how to carry out this work. NB: project is ongoing and already features in Y2

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CARING TOGETHER

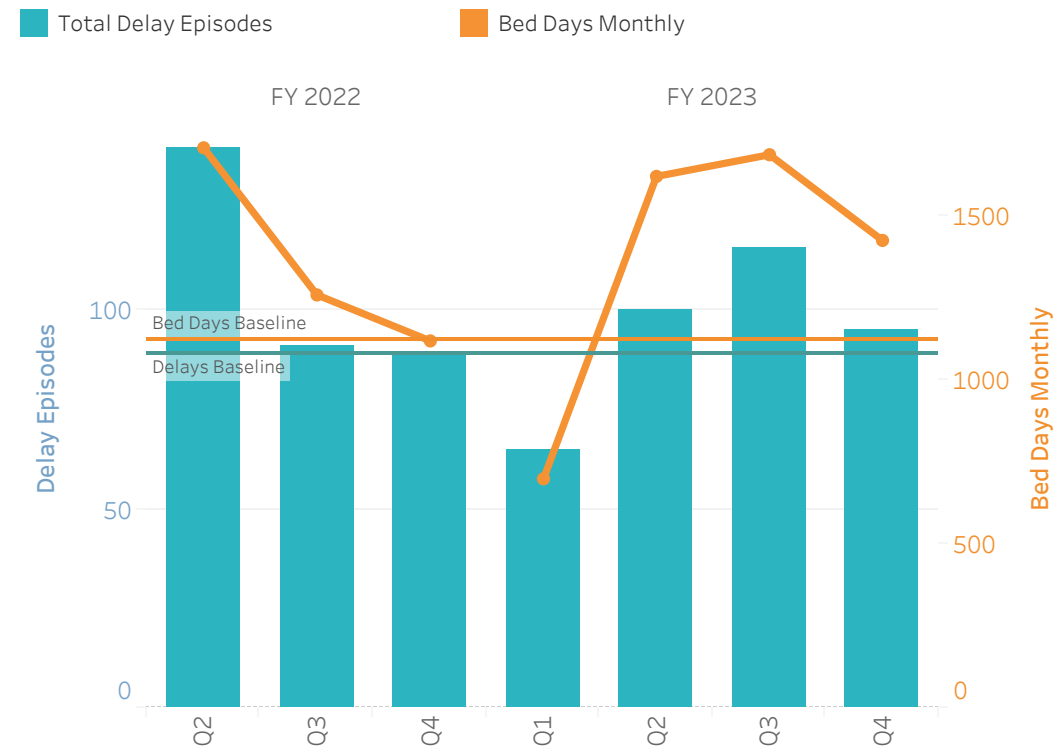
UNDERTAKE SOCIAL CARE PATHWAY STRATEGIC REVIEWS - IMPLEMENTATION PLAN BY NOV 2022

DELAYED DISCHARGES

Baseline Position: Sum of Delays Jan-Mar 2022		Latest Complete Quarter FY 2023 Q4	
Total Delay Episodes	Bed Days Monthly	Total Delay Episodes	Bed Days Monthly
89	1,118	95	1,424

Monthly Breakdown

	Q3 December 2022	Q4 January 2023	Q4 February 2023	Q4 March 2023
Total Delay Episodes	42	52	42	29
Bed Days Monthly	563	579	471	374

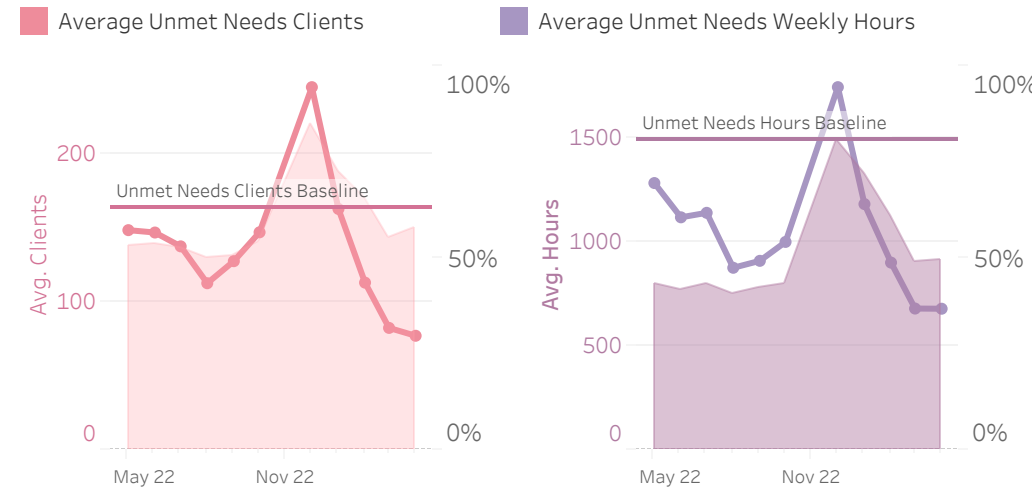


UNMET NEED

Baseline: Average Unmet Needs Clients and Hours March 2022		Latest Complete Quarter FY 2023 Q4	
Average Unmet Needs Clients	Average Unmet Needs Weekly Hours	Average Unmet Needs Clients	Average Unmet Needs Weekly Hours
164	1,489	112.1	876

Figure

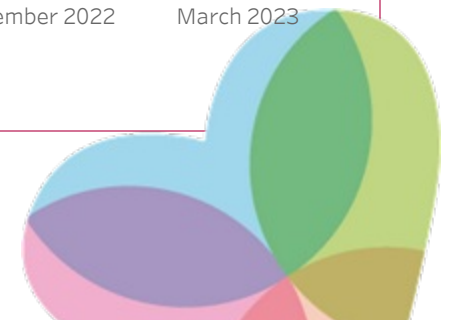
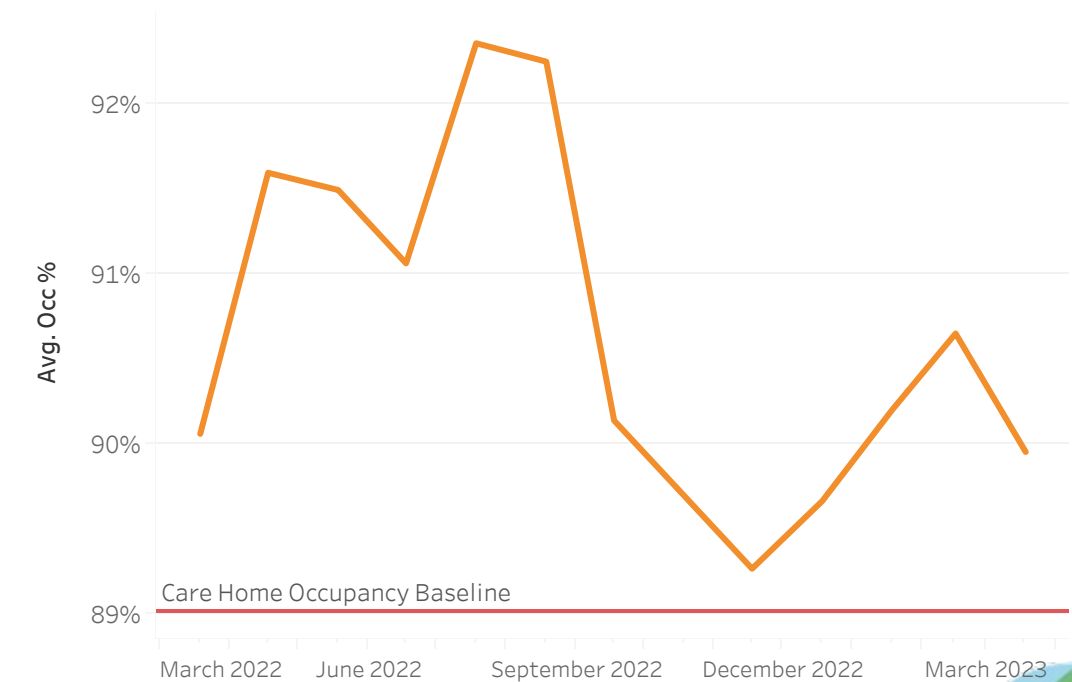
	January 2023	February 2023	March 2023	April 2023
Average Unmet Needs Clients	163	113	82	77
Average Unmet Needs Weekly Hours	1,184	902	681	680



CARE HOME OCCUPANCY

Baseline Position: Avg Occupancy Jan - Mar 2022	Avg Occupancy for Latest Complete QTR FY 2023 Q4
88.62%	90.18%

	January 2023	February 2023	March 2023	April 2023
Average Occupancy	89.67%	90.20%	90.65%	89.96%

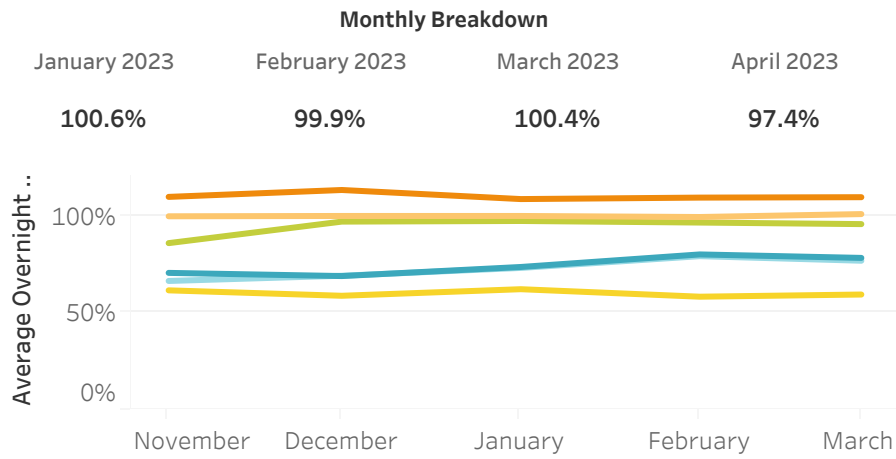


**KEEPING PEOPLE SAFE AT HOME**

**REHABILITATION STRATEGIC REVIEW - IMPLEMENTATION PLAN BY APRIL 2023**

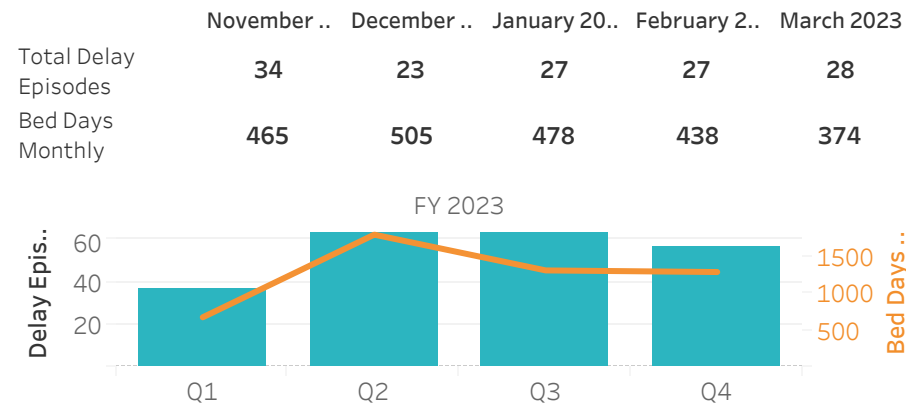
**SOARS OCCUPANCY**

<b>Baseline Position:</b> Average Occupancy for Jan - Mar 2022	<b>Latest Complete QTR</b> FY 2023 Q4
<b>95.0%</b>	<b>100.3%</b>



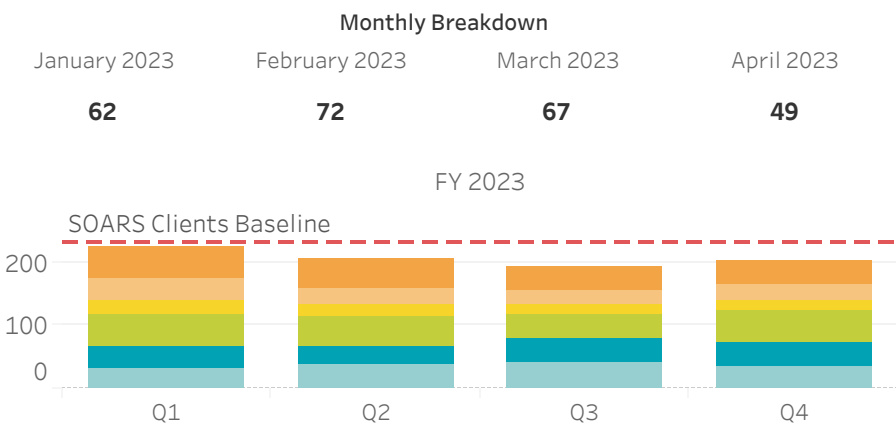
**SOARS DELAYED DISCHARGES (STANDARD AND COMPLEX)**

<b>Baseline Position:</b> Sum of Delays Oct-Dec 2021		<b>Latest Complete Quarter</b> FY 2023 Q4	
Total Delay Episodes	Bed Days Monthly	Total Delay Episodes	Bed Days Monthly
<b>50</b>	<b>928</b>	<b>57</b>	<b>1,290</b>



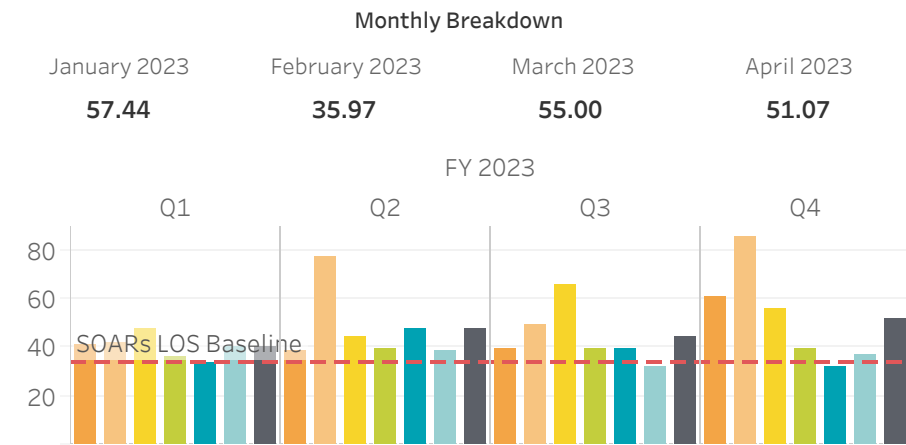
**SOARS ADMISSIONS**

<b>Baseline Position: Admissions Jan - Mar 2022</b>	<b>Current Position: Admissions for Latest Complete QTR</b> FY 2023 Q4
<b>230</b>	<b>201</b>



**SOARS LENGTH OF STAY**

<b>Baseline Position: Average LOS Jan - Mar 2022</b>	<b>Current Position: Average LOS for Latest Complete QTR</b> FY 2023 Q4
<b>33.91</b>	<b>48.59</b>



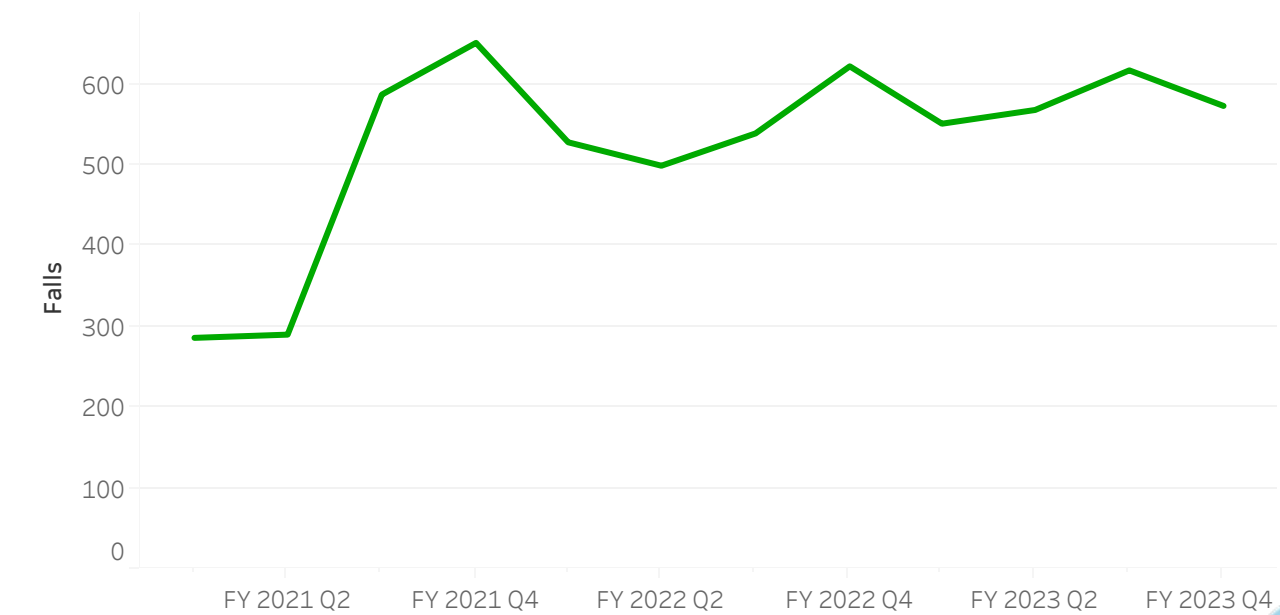
Links Unit At .. Morningfield .. Neuro Rehab .. Orthopaedic R.. Stroke Unit Ea.. Stroke Unit W.. Total

**FALLS**

Falls that have taken place at the listed site reported on DATIX

	<b>Falls</b> Baseline: Jan - Mar 2022		<b>Falls</b> Latest Complete Quarter		
	FY 2022 Q4		FY 2023 Q4		
	622		573		

Hospital	FY 2022		FY 2023		
	Q4	Q1	Q2	Q3	Q4
Aberdeen Royal Infirmary	327	445	444	492	458
Woodend General Hospital	90	106	124	125	115



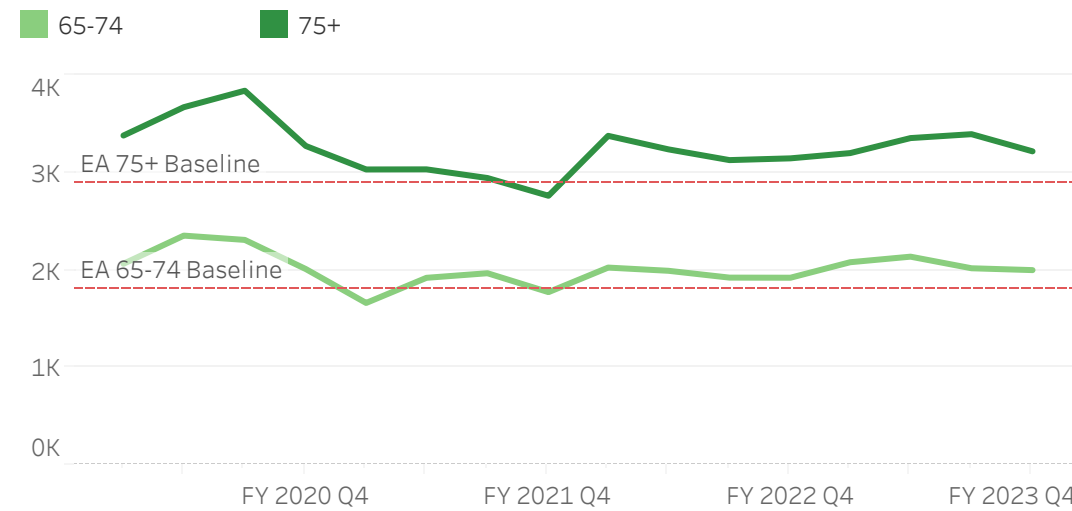
## KEEPING PEOPLE SAFE AT HOME

### UNSCHEDULED CARE

#### EMERGENCY ADMISSIONS

Baseline Position: Jan - Mar 2022		Latest Position: Emergency Admissions	
Q4		FY 2023	
65-74	75+	65-74	75+
1,922	3,147	2,000	3,219

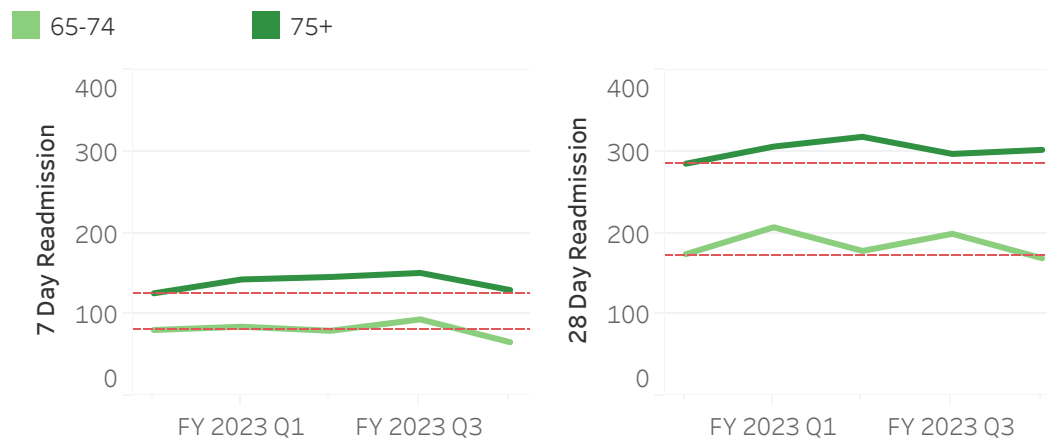
	FY 2023			
	Q1	Q2	Q3	Q4
65-74	2,081	2,138	2,019	2,000
75+	3,201	3,355	3,395	3,219



#### READMISSIONS

Baseline Position: Jan - Mar 2022		Latest Position: Readmissions	
Q4		FY 2023	
65-74	75+	65-74	75+
81	126	66	130
174	285	169	302

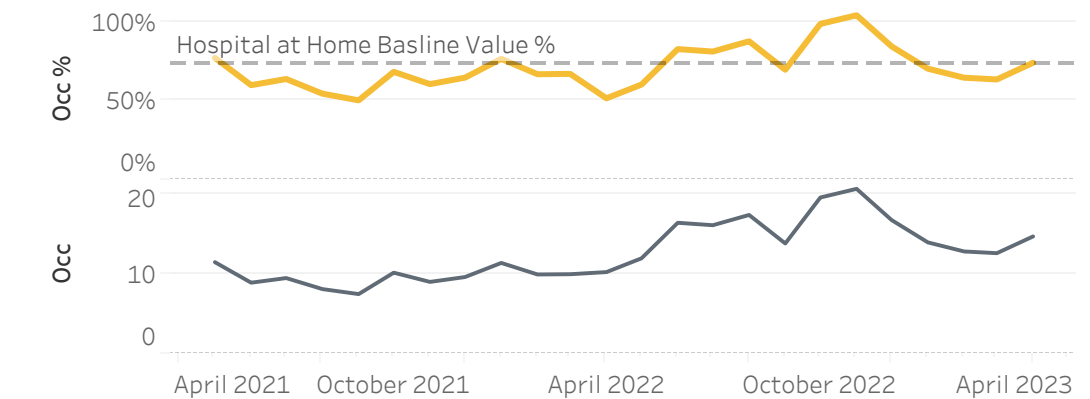
	FY 2023			
	Q1	Q2	Q3	Q4
7 Days	228	226	245	196
28 Days	513	496	496	471



#### HOSPITAL AT HOME OCCUPANCY

Baseline Position: Average Occupancy Jan - Mar 2022		Latest Complete QTR	
FY 2023		FY 2023	
Q4		Q4	
Average Occupancy %	Average Overnight Beds Occupancy	Average Occupancy %	Average Overnight Beds Occupancy
70%	11	66%	13

	Average Overnight Occupancy: Monthly Breakdown		
	January 2023	February 2023	March 2023
Average Occupancy %	70.2%	64.5%	63.4%
Average Overnight Beds Occupancy	14.03	12.89	12.68



#### ADAPTATIONS

Year	Major Adaptations	Minor Adaptations
2019/20	410	654
2020/21	63	295
2021/22	156	610

#### TELECARE

Year	Community Alarm	Telecare package
2018/19	1,569	1,234
2019/20	3,105	1,230
2020/21	1,313	1,230
2021/22	1,365	1,242

#### CARE AT HOME INTENSIVE NEEDS PATIENTS



## ACHIEVING FULFILLING, HEALTHY LIVES

### COMPLEX CARE

Note: Complex code 9 bed days include all complex reasons other than ward and care home closure

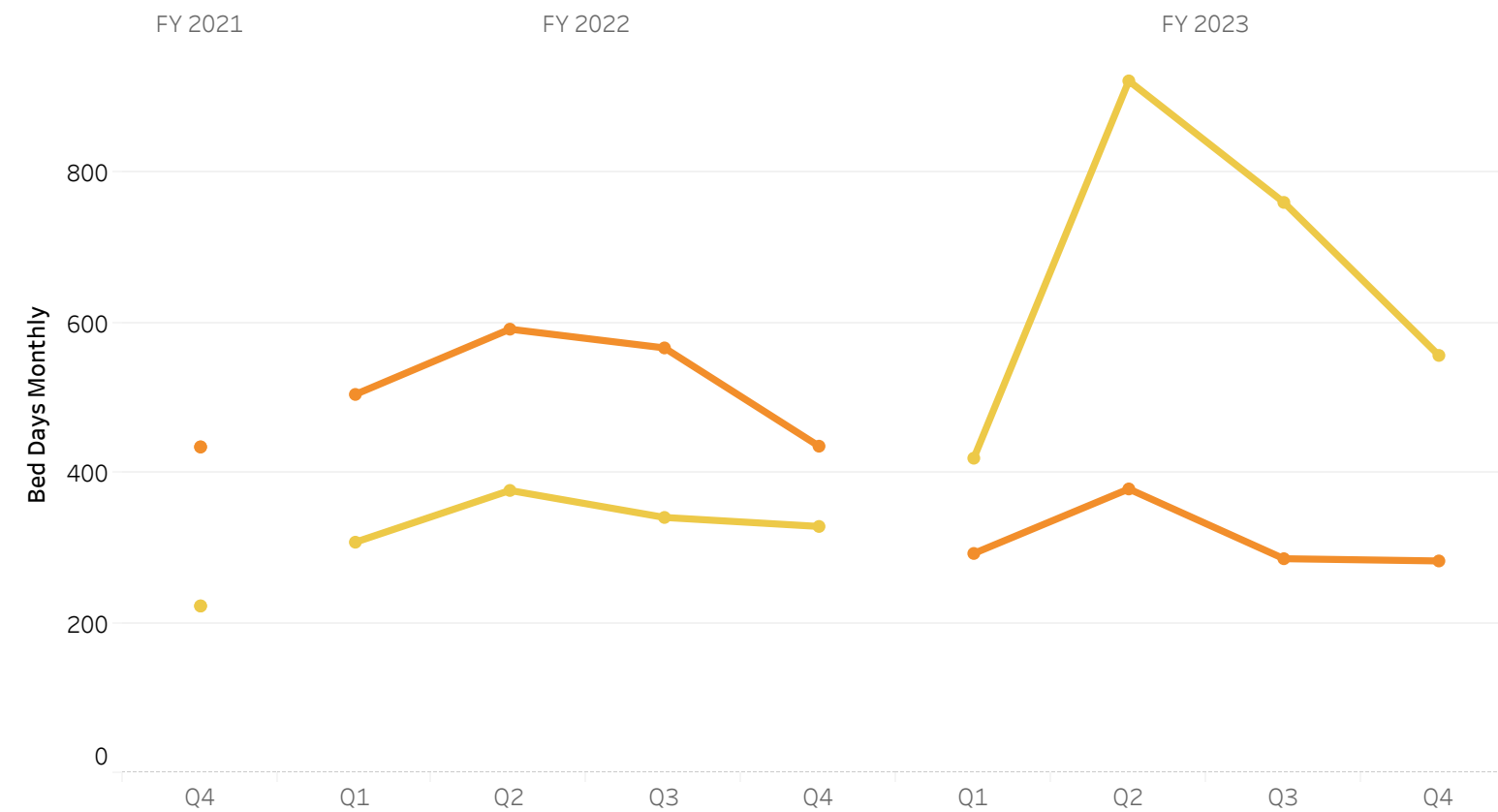
#### COMPLEX AND CODE 100 BED DAYS

Baseline Position: Sum of Bed Days Jan - Mar 2022		Latest Complete Quarter FY 2023 Q4	
Complex-Code 9	Complex-Code 100	Complex-Code 9	Complex-Code 100
329	436	557	283

#### Monthly Breakdown

	January 2023	February 2023	March 2023
Complex-Code 9	251	164	142
Complex-Code 100	97	103	83

Code 9 reasons Code 100

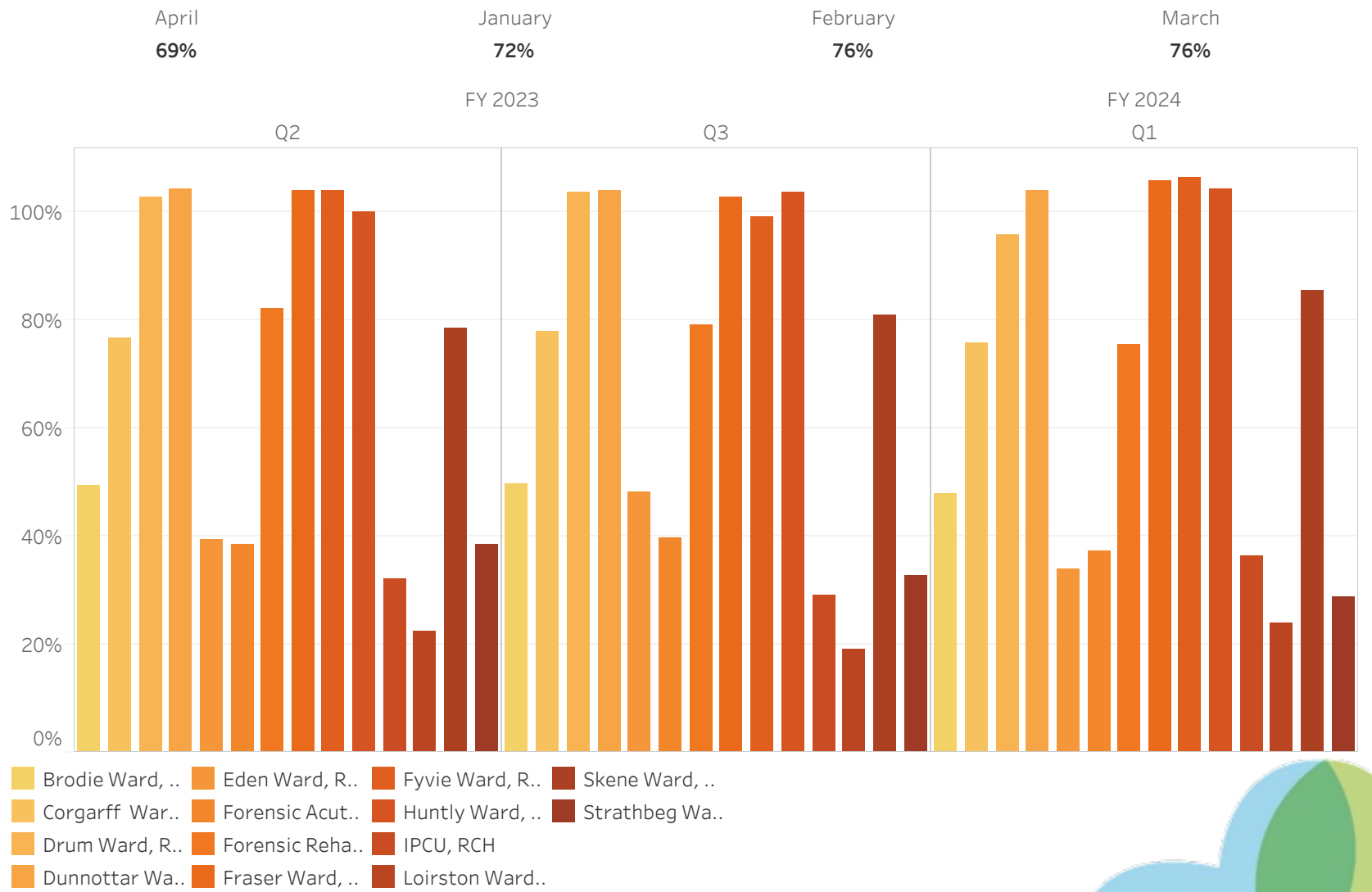


### MHLD TRANSFORMATION

#### ROYAL CORNHILL HOSPITAL OCCUPANCY

Baseline Position: Average Occupancy for Jan - Mar 2022	Latest Complete QTR FY 2023 Q4
87%	74%

#### Monthly Breakdown



- Brodie Ward, ..
- Eden Ward, R..
- Fyvie Ward, R..
- Skene Ward, ..
- Corgarff War..
- Forensic Acut..
- Huntly Ward, ..
- Strathbeg Wa..
- Drum Ward, R..
- Forensic Reha..
- IPCU, RCH
- Dunnottar Wa..
- Fraser Ward, ..
- Loirston Ward..



## PREVENTING ILL HEALTH

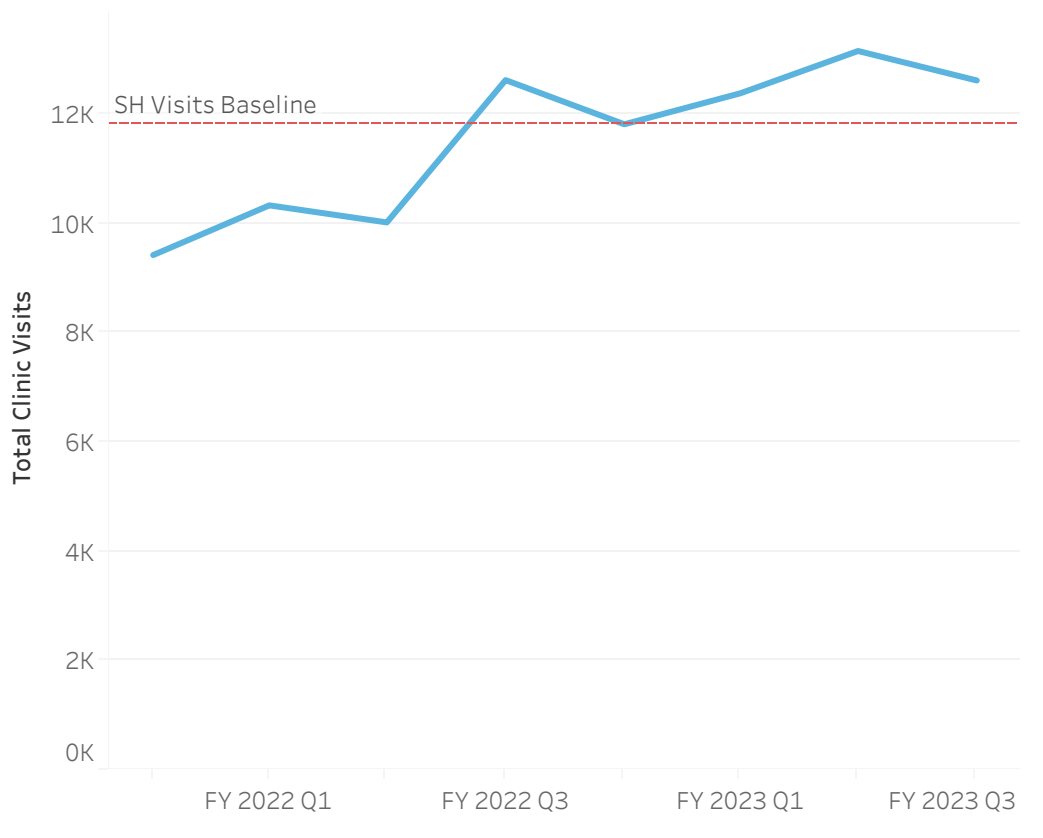
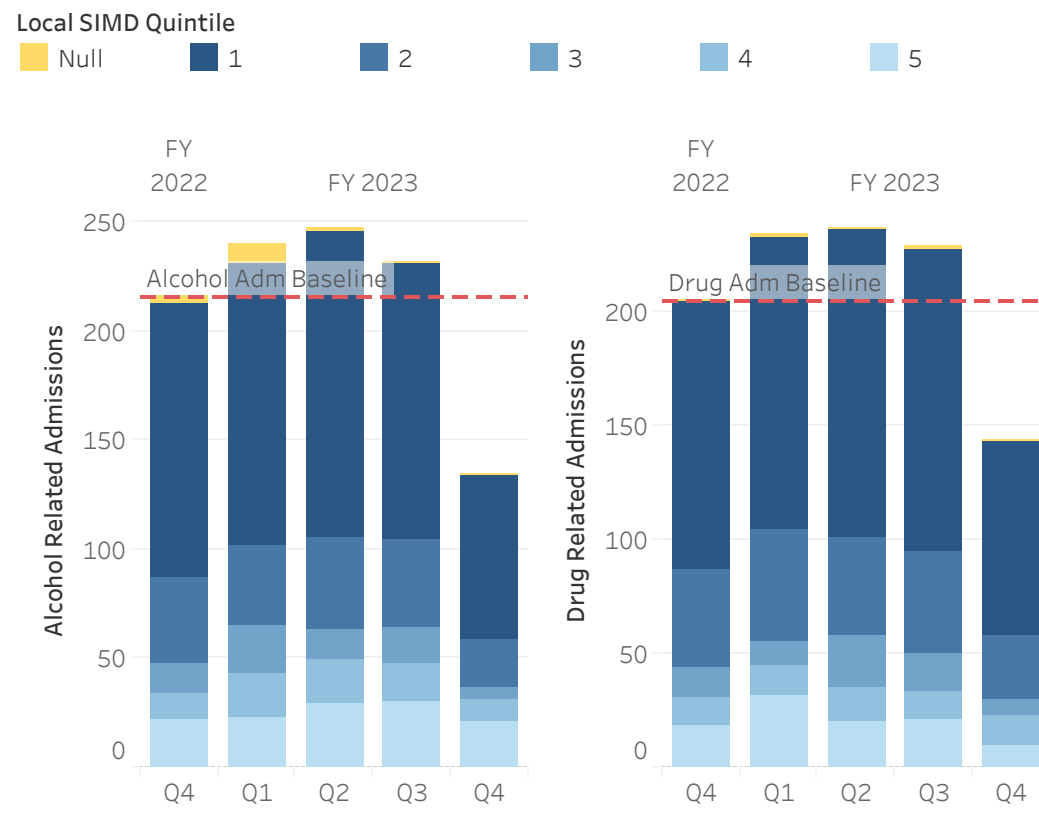
**PREVENTION** Note, coding for alcohol and drug admissions can often lag behind live data as cases are treated. Figures should therefore be viewed as changing until a few months after the given date.

ALCOHOL AND DRUG RELATED ADMISSIONS				SEXUAL HEALTH		IMMUNISATIONS	
Baseline Position: Total Admissions for Jan - Mar 2022		Total Admissions for Latest Complete Quarter		Baseline: Total Clinic Visits Jan - Mar 2022		Latest QTR: Total Clinic Visits	
Alcohol Related Admissions	Drug Related Admissions	Alcohol Related Admi..	Drug Related Admissi..	FY 2022 Q4	FY 2023 Q3		
216	205	135	144	11,805	12,606		

**Monthly Breakdown**

	January 2023	February 2023	March 2023
Alcohol Related Admissions	57	69	9
Drug Related Admissions	67	56	21

October 2022	November 2022	December 2022	January 2023
3,990	4,754	3,862	4,181



## DEFINITION OF KEY METRICS

### INCREASE HOSPITAL AT HOME BY 50%

**Average Overnight Beds Occupancy** - This is a snapshot position, taken at midnight each night of the occupied beds within the selected wards/hospitals. An average of this figure over the defined period is then used.

**Average Overnight Beds %** - The figure calculated for the above metric is then divided by the available beds within the wards (total beds available for use), to determine the occupancy %.

### SOCIAL CARE PATHWAYS STRATEGIC REVIEW - IMPLEMENTATION PLAN BY NOV 2022

**Delayed Discharges** - This is the total number of delay episodes within the given QTR, for standard delays only. Delay episodes which span multiple quarters are counted once for each quarter. When broken down monthly they are counted once for each month. **These are Aberdeen City delays only.**

**Bed Days Monthly** - For each delay episode counted above, the Bed Days Monthly are the number of days within the month for which the patient was delayed. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. **These are Aberdeen City delays only.**

**Unmet Needs** - This figure is from ACHSCP and is the total number of care searches which have been defined as clients with unmet needs. This is the number of care searches open for more than 14 days.

**Unmet Needs Weekly Hours** - This is the number of weekly care hours assessed as required for unmet needs care serches. These are hours that have not been provided.

### Workstream Statuses

**Red:** Serious issues and the project will probably be delayed or have significant budget overrun.  
**Amber:** Potential issues with schedule or budget, but both can probably be saved with corrective actions.  
**Green:** On schedule, on budget, all good.

### REHABILITATION STRATEGIC REVIEW - IMPLEMENTATION PLAN BY APRIL 2023

**Clients Supported** - This is the total number of admissions to SOARs wards for the given time period. SOARs wards include are defined as the following wards and Woodend Hospital: Links Unit, Morningfield House, Orthopaedic Rehab, Neruo Rehab, Stroke Unit East, Stroke Unit West

**Occupancy %** - Calculated similarly to Hospital and Home occupancy by taking the midnight snapshot occupied beds divided by the total available beds in each ward. This is then averaged out across the six wards.

**Length of Stay** - This figure is the average length of stay within the ward for all patients (not just city patients), from the ward start date to the ward end date. **This is not overall admission time to discharge.** Patients who move wards will be included in this figure.

**Delayed Discharges** - This is the total number of delay episodes within the given QTR.. Delay episodes which span multiple quarters are counted once for each quarter. When broken down monthly they are counted once for each month. **For SOARs this figure is standard and complex delays which, at the time of either snapshot or discharge, were located in a SOARs ward. This is for all delays, not just Aberdeen City.**

**Bed Days Monthly** - For each delay episode counted above, the Bed Days Monthly are the number of days within the month for which the patient was delayed. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. **For SOARs this figure is standard and complex delays which, at the time of either snapshot or discharge, were located in a SOARs ward. This is for all delays, not just Aberdeen City.**

### MHLD TRANSFORMATION

**Complex and Code 100 Bed Days** - For each delay episode coded as Complex or Code 100, the Bed Days Monthly are the number of days within the month for which the patient was delayed. Complex delays coded as ward or care home closures are excluded. For delays spanning multiple months, the total bed days for the quarter are all bed days lost for each month of the delay within that quarter. For definitions of Complex and Code 100 delays, please visit ISD Scotland. **These are Aberdeen City delays only.**



# Strategic Plan Reporting Framework 2022-2025

## Year 2 (2023-2024) Refresh

This framework will give an overview on how we intend to report upon the strategic aims of the Aberdeen City Health and Social Care (ACHSCP) Strategic Plan 2022-2025 and the progress being made on the Delivery Plan as outlined within the ACHSCP Strategic Plan. It will also indicate the reporting dashboard and documents which will be produced as part of complying with this framework and where the roles and responsibilities lie to produce these.

### Strategic Aims

The strategic aims of the ACHSCP Strategic Plan are broken down into performance indicators which the ACHSCP will report on annually to the Integration Joint Board as part of the Annual Performance Report.

The performance indicators will be reported on qualitatively or quantitatively dependent upon their nature, and these are outlined below alongside the expectation of where and how these measures are to be displayed.

<b>Caring Together</b>		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.5. Percentage adults receiving any care or support who rate it as good or excellent	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.6. Percentage of people with positive experience of the care provided by their GP practice	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.8. Total combined percentage carers who feel supported to continue in their caring role	Quantitative	ACHSCP Strategic Plan Performance Dashboard



Social Care Unmet Need	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Additional information provided through targeted surveys and patient and service user feedback for example, surveys and Care opinion.	Qualitative	Results to be reported through the ACHSCP Annual Report or relevant Committee

<b>Safe at Home</b>		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI 2 -Percentage of adults supported at home who agree that they are supported to live as independently as possible.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 9 - Percentage of adults supported at home who agree they felt safe.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.12. Number of emergency hospital admissions (over 18s)	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 13 - Emergency bed day rate	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.14. Readmission to hospital after 28 days	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.15. Percentage of last 6 months spent in community setting (all ages)	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 16 - Falls rate per 1,000 population aged 65+	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 18 – Percentage of adults with intensive care needs receiving care at home	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI.19. Delayed Discharge Bed Days (all reasons)	Quantitative	ACHSCP Strategic Plan Performance Dashboard





NI.20. Percentage of health and care resource spent on hospital stays when the patient was admitted in an emergency	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Numbers of specialist housing new build	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Adaptation statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Telecare usage statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Admission and Discharge trend information	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Care Inspectorate Gradings	Quantitative	ACHSCP Strategic Plan Performance Dashboard

<b>Prevent Ill Health</b>		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.11. Premature Mortality Rate	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Improve Healthy Life Expectancy	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage Physical activity meeting national guidelines	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage of Adult population considered obese	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Smoking/Smoking Cessation statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Drug and Alcohol related admissions	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Drug and Alcohol related deaths	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Social Isolation/Connectedness	Qualitative	ACHSCP Strategic Plan Performance Dashboard
Sexual Health Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard



Immunisations Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
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Achieving Healthy, Fulfilling Lives		
What do we measure?	Nature of Performance Measure	Location of Performance Measure
NI.1. Percentage of adults able to look after their health very well or quite well	Quantitative	ACHSCP Strategic Plan Performance Dashboard
NI 7 – Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Percentage of Equality Outcomes and Mainstream Framework delivered.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Number of Health Inequality Impact Assessments published.	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Complex Care Statistics	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Improve Healthy Life Expectancy	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Suicide Rates	Quantitative	ACHSCP Strategic Plan Performance Dashboard
Scottish Index of Multiple Deprivation (SIMD) Indicators	Quantitative	ACHSCP Strategic Plan Performance Dashboard



## **Strategic Plan Annual Report**

The measures outlined above will form the basis of the ACHSCP Strategic Plan Annual Performance Report. These are high level measures directed by the Scottish Government, on the basis of which the success of our Health and Social Care Integration is measured. The data relating to these indicators are usually published annually and we rely on this publication to be able to use this information within the ACHSCP Strategic Plan Annual Performance Report particularly in relation to benchmarking against the Scottish average. The ACHSCP Strategic Plan Dashboard will allow for most of these measures to be collated in one place. Once the ACHSCP Annual Performance Report has been presented to the IJB (usually in August), it will be available publicly on the ACHSCP website for review by the public and other stakeholders.

## **Strategic & Delivery Plan Monitoring**

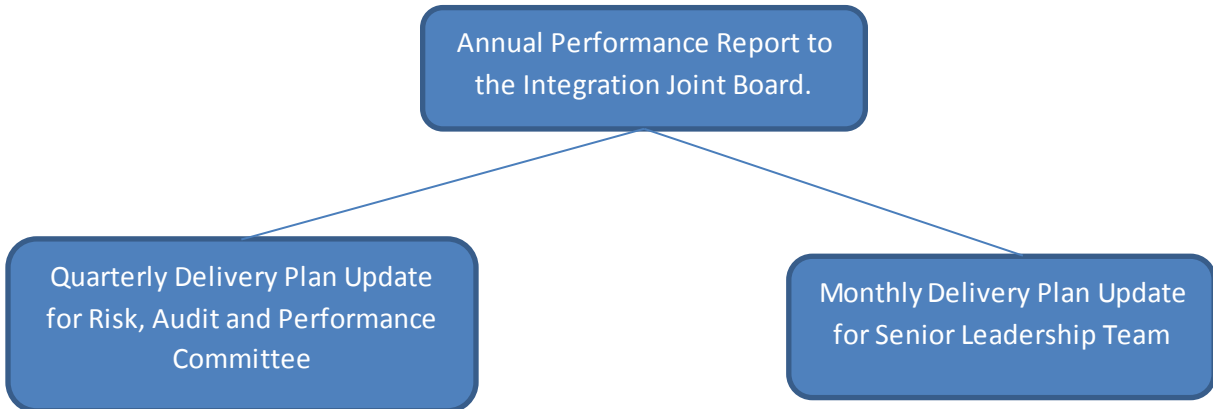
The Strategic Plan provides direction to the ACHSCP. The Delivery Plan details how the Partnership's Strategic Objectives are to be achieved over the next 3 years. The progress and outcomes of the Delivery Plan will be reported on a monthly basis to the Senior Leadership Team and on a quarterly basis to the Risk, Audit and Performance Committee as well as being reflected annually within the Annual Performance Report. An annual review will take place alongside the Medium-Term Financial Framework to ensure our direction and progression aligns.

Progress reports will be based upon a Dashboard created within Tableau (Illuminate) which will provide baselined progress indicators. These are to be annually reviewed to ensure that these are reflective of the Delivery Plan for that financial year. The Performance Framework will also be updated to ensure that it is current and reflective of the reporting position.

As well as the strategic measures we will continue to review our operational risks and performance through our governance routes to Clinical and Care Governance Committee and the Health and Safety Committee.



The diagram below displays the reporting and governance routes for the Strategic Plan Performance Indicators and the associated Delivery Plan.



The reporting timeline below demonstrates our obligation to provide a reporting mechanism for the ACHSCP Strategic measurements.

Reporting Timeline		
Description	When	Where
Strategic Measures Baseline to be taken	31 <sup>st</sup> March 2022	N/A.
Delivery Plan Update for Senior Leadership Team	Monthly	Senior Leadership Team Business Meeting (last Wednesday of the calendar month)
Delivery Plan Quarter 1 Performance Report	Yearly between 2022-2025	August meeting of Risk, Audit and Performance (RAP) Committee
Delivery Plan Quarter 2 Performance Report	Yearly between 2022-2025	November meeting of Risk, Audit and Performance (RAP) Committee



Delivery Plan Quarter 3 Performance Report	Yearly between 2022-2025	January meeting of Risk, Audit and Performance (RAP) Committee
Delivery Plan Quarter 4 Performance Report	Yearly between 2022-2025	April meeting of Risk, Audit and Performance (RAP) Committee
Delivery Plan Annual Review	Yearly between 2022-2025	Integrated Joint Board alongside Medium-Term Financial Framework
Strategic Plan Annual Performance Report	Yearly between 2022-2025	Integration Joint Board (August)

### Roles and Responsibilities for Delivery Plan Reporting

The following table outlines the Roles and Responsibilities for providing reporting measures for the ACHSCP Strategic Plan 2022-2025

Role	Responsibilities
Transformation Programme Manager- Data and Digital	Production of the ACHSCP Annual Performance Report
Senior Project Manager- Data and Digital	Production of Delivery Plan Reporting for RAPC. <i>(post currently vacant, responsibilities fall to Transformation Programme Manager)</i>
Project Support Manager- PMO	Production of Delivery Plan Reporting for SLT
NHSG Health Intelligence Analyst	Technical Creation of the Delivery Plan Dashboard

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**RISK, AUDIT AND PERFORMANCE COMMITTEE**

<b>Date of Meeting</b>	2 May 2023
<b>Report Title</b>	Primary Care Improvement Plan (Update)
<b>Report Number</b>	HSCP.23.033
<b>Lead Officer</b>	Susie Downie, Acting Primary Care Lead susie.downie1@nhs.scot
<b>Report Author Details</b>	Alison Penman, PCIP Programme Manager alison.penman1@nhs.scot
<b>Consultation Checklist Completed</b>	No
<b>Appendices</b>	a. Implementation Tracker b. Urgent Care Review April 2023

**1. Purpose of the Report**

1.1. This report presents the Risk, Audit & Performance Committee (RAPC) with an update regarding progress implementing the Primary Care Improvement Plan (PCIP).

**2. Recommendations**

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Note the update presented on the PCIP, as outlined in this report and its appendices;
- b) Notes that the annual PCIP Update report will be presented to the meeting of the Integration Joint Board at its meeting on 10 October 2023.

**3. Summary of Key Information**

3.1. Background



## RISK, AUDIT AND PERFORMANCE COMMITTEE

The PCIP sets out how the Partnership intends to transform general practice services, utilising the Primary Care Improvement Fund (PCIF) to release capacity of General Practitioners to allow them to undertake their role as Expert Medical Generalists as set out in the new General Medical Services Contract. The initial PCIP was approved by IJB on 28 August 2018, with a revised version approved in 2019. A report on progress is presented 6-monthly to RAPC and annually to the IJB. The PCIP Plan was agreed for a 3 year period however this work was paused due to the COVID-19 pandemic. Work has begun this year on refreshing the plan and review workstream progress and future service developments in line with Scottish Government funding.

A new memorandum of understanding (MOU 2021-2023) for the GMS contract implementation for Primary Care Improvement was published, taking into account the learning and experience to inform next iteration. [The MoU2 is accessible via. this link.](#)

All six MoU areas remain areas of focus, however, the focus should be on the following three priority services:

- a) Urgent Care
- b) Community Treatment & Care (CTAC) Services
- c) Pharmacotherapy Service

### 3.2. National Update from Scottish Government - April 2023

Scottish Government requested the next PCIP Tracker report request (PCIP version 6) at the beginning of April 2023. In addition the letter provided a national update noting;

*“ As of March 2022, we have recruited more than 3,220 WTE multi-disciplinary team (MDT) members<sup>1</sup>, working in GP practices and the community and joint work undertaken through Primary Care Improvement Plan trackers indicate that this figure will have increased further over 2022/23, with our next statistical publication due summer 2023. The average GP practice now has over 3 WTE additional professionals available to them – a huge achievement. This MDT workforce is supporting patients to access a wider range of expertise and see the right person, at the right time, for their care. In tandem, these reforms are also helping to reduce GP workload, allowing GPs to focus on patients with more complex needs.”*





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The next PCIP tracker from Aberdeen Health and Social Care Partnership (ACHSCP) is due to be sent to the Scottish Government by the 12<sup>th</sup> May 2023. The PCIP tracker is drafted in collaboration with the Local Medical Committee (LMC) / GP Sub-Committees as well NHS Grampian's Primary Care Contracts.

- 3.3. Furthermore, Scottish Government will also be supplementing the information obtained through the trackers from each Health Board with qualitative interviews that they will be undertaking with HSCPs, as well as wider monitoring and evaluation activity. This includes work in concert with Public Health Scotland and the Primary Care Local Evaluators Network. This is in order to develop a clear and evidence-based understanding of the impact of multi-disciplinary team work, including both the outputs and outcomes for patients, staff and the healthcare system, to support discussions on best practice and future investment.

Any information and feedback regarding the above will be available in the next update report.

3.4. Aberdeen City's PCIP Implementation Update

Please see Appendix A for a summary of progress against MOU2 for all workstreams with more detail commentary in the sections below of operational updates. The Scottish Government letter (April 2023) stated that the 3 Priority Areas which are to be focused on are Vaccination Transformation Programme, Community Treatment & Care centres, and Pharmacotherapy. Therefore our planning process going forward will take cognisance of this (previously Urgent Care was included).

### 3.4.1. Vaccination Transformation Programme

The Vaccination Transformation Programme saw responsibility for delivering the following vaccination services transfer from General Practices to ACHSCP:

- Pre school
- School age
- Out of schedule
- Adult routine immunisations



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- Adult flu
- Pregnancy and travel
- Relocation from ACVC (John Lewis building) – Agreement from ACHSCP for relocation based on an options appraisal. A preferred site is being sourced. This is due to the current premises being at risk of sale. The project team have a one year plan to assess programme provision going forward.
- SIRS (Scottish Immunisation Recall System) booking system changes – The SIRS system facilitates all bookings and this will now be amalgamated into one SIRS team for the whole of Grampian.
- Ongoing Shingles and Pneumococcal backlog programmes – An appointment offered to all patients on the backlog list by the end of August 2023.

### **3.4.2. Pharmacotherapy**

- Although the service has been successful in recent recruitment, the majority of successful candidates do not have any primary care experience so need to ensure they are provided with the appropriate induction training and support as there will be knowledge gaps. This is based on the individual and does not have a definitive timeframe. Although the individual will be a qualified pharmacist/pharmacy technician, working in a GP practice requires a different skillset to operating in a community or hospital pharmacy practice. It is acknowledged that practices prefer to have experienced staff in the pharmacy team but, given the rapid expansion in the workforce, the Pharmacotherapy team have to be mindful that staff need time to learn and gain experience in the new environment.
- The PCIP funded workforce model of 1 pharmacy team member per 10,000 patients is not enough to deliver the full 3 levels of contract. This has been flagged nationally via Directors of Pharmacy and still awaiting output from the National Pharmacotherapy Strategic Implementation Group.
- On reflection, the above workforce model did not include any additional non-clinical time to support the very rapid expansion of the pharmacy team (increase of 400% over 2-3 years). Work needs to be done to scope additional management and administration requirements. Additional funding would be required for the pharmacotherapy workstream and are exploring options to accommodate this.
- Education and Training time – as with other areas of primary care, significant workloads make it challenging to have protected time for self-development and to support other members of the team who require additional training in order that they can fulfil their role to its full potential.



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### **3.4.3. Community Treatment & Care (CTAC) Services**

CTAC services include, but are not limited to, phlebotomy, management of minor injuries and dressings; ear syringing; suture removal; chronic disease monitoring; diabetic foot screening and other locally agreed services. Aberdeen's CTAC service has agreement from LMC to also undertake catheter care; PICC lines; warfarin monitoring and spirometry.

The CTAC service will be delivered through both centralised hubs and through practice-based staff:

- Opening new clinic in south of Aberdeen –. Look to open May 2023
- Standardising appointments in practices for CTAC staff members – Short Life Working Group (SLWG) to be set up and discussion with cluster leads.
- Costings for consumables within the practices – SLWG ongoing and backdated payment to be arranged.

### **3.4.4. Urgent Care**

Through PCIP, Aberdeen provides a 'City Visits' service for general practice. All GP practices now have access to the service, which provides clinical assessment, diagnosis, and initial management in patients' own homes by a team of qualified and trainee Advanced Clinical Practitioners. Healthcare Support Workers provide support to GPs and the City Visits Practitioners with phlebotomy, clinical observations, ECG monitoring and bladder scanning that will contribute to diagnosis for on-the-day urgent consultations. There is an ongoing recruitment drive as vacancies arise for both Health Care Support Workers and Advanced Clinical Practitioners.

A review of the City Visits /Urgent Care service has recently been completed and a report has been produced (please see Appendix B for this report.) The main aim of the review was to give GP practices reassurance in terms of equity of service. The GP Practices agreed for their data to be shared and for the purpose of this review and the Deputy Chief Nurse presented at the recent Primary Care City Wide event.

### **3.4.5. Community Link Workers**



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The Aberdeen City Community Link Workers service has been in place since 2018 and is delivered by the Scottish Association for Mental Health (SAMH) on behalf of ACHSCP.

GPs and Primary Care staff can refer patients when they assess a social issue is having a bearing on a patient's medical condition. The most common referrals are for the following categories: Money and Finance; Benefits; Housing and Homelessness; Mental Health; and Managing Conditions.

The commissioning process has been concluded for the new contract which is signed and the Primary Care team will now manage the contract monitoring as of 1<sup>st</sup> April, 2023.

### **3.4.6. Additional Professional Roles – Physiotherapy / MSK**

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

- The service is currently being delivered within 19 out of 26 practices (73%) within Aberdeen City. Plans for service in 3 further practices by early Summer.
- 11.29 wte staff are now in post and leaving 3.71wte (24.7%) in terms of vacant posts.
- Recruitment to the services is ongoing on a rolling basis and has yielded a higher number of applications, mainly from outwith NHS Grampian.

## **4. Implications for IJB**

- 4.1. Equalities, Fairer Scotland and Health Inequality:** The National Health Service (General Medical Services Contracts)(Scotland) Regulations 2018 (GMS) has had a comprehensive, nationally led Equalities Impact Assessment completed and can be accessed here:



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[https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia\\_20180066\\_en.pdf](https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia_20180066_en.pdf)

This is applicable to the PCIP Programme.

- 4.2. Financial:** There is specific ringfenced funding available in respect to the implementation of the Primary Care Improvement Plan. Whilst the funding is currently non-recurring, HSCPs have been advised by Scottish Government to plan delivery as if the funding was recurrent.

In August 2022 the Scottish Government confirmed that the any PCIP reserves would be part of the allocation of funding for the financial year 22/23. The funding release is in 2 tranches, tranche 1 forms 70% of the funding and tranche 2 forms 30% of the funding.

The indicative allocation for Aberdeen City was £6,480,000 and this will be the same allocation for the financial year 2023/24. See table below.

### Aberdeen City's PCIP Allocation

		£ 000's	£ 000's
INDICATIVE ALLOCATION 22/23			6480
ALLOCATION RECEIVED:	TRANCHE 1	5	
	TRANCHE 2	1599	
	RESERVE	4259	
	BASELINE	298	
	PAY AWARD	341	6502

A review of all workstreams in terms of finance will commence in May 2023 and will be led by the Finance Manager and PCIP Programme Manager, working closely with the workstream leads. This will form the basis for shaping the delivery of services and will be overseen by the PCIP Programme Board.

- 4.3. Workforce:** There is ongoing recruitment to acquire the appropriate workforce with the required skills and experience to support implementation of the PCIP. Recruitment remains a challenge, particularly for pharmacist technician and first contact physiotherapist roles.
- 4.4. Legal:** The PCIP seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. Any commissioning



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and procurement of services is required to implement the plan has and will continue to be progressed in a compliant manner.

4.5. **Other:** NA

### 5. Links to ACHSCP Strategic Plan

5.1. The PCIP is identified as a key delivery plan within both the current and revised ACHSCP Strategic Plan. It is also identified as a key priority within the strategic plan, demonstrating the importance of delivery of the PCIP to achieving ACHSCP's strategic aims and objectives, particularly to *"reshape our community and primary care sectors"*.

### 6. Management of Risk

6.1. **Identified risks(s):**

6.2. **Link to risks on strategic or operational risk register:** There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.

6.3. **How might the content of this report impact or mitigate these risks:** As recorded in the strategic risk register, delivery of the PCIP (and subsequently the implementation of the GMS contract) is a mitigating action against the risk identified above.



## RISK, AUDIT AND PERFORMANCE COMMITTEE

### Appendix A

The following table shows, at a high-level, the progress towards implementation of the PCIP. This performance matrix is based on the Scottish Government tracker updates. (Please note the next tracker report is due imminently in May 2023)

Implementation tracker	Number of Practices	%
Vaccination Transformation Programme		
% practices covered by pre-school service	27	100
% practices covered by school age service	27	100
% of practices covered by out of schedule service	27	100
% of practices covered by adult service	27	100
% of practices covered by adult flu service	27	100
% of practices covered by travel service	27	100
Community Treatment & Care Services		
% of practices with access to phlebotomy service	27	100
% of practice with access to minor injuries & dressings service	27	100
% of practices with access to ear irrigation service	27	100
% of practices with access to suture removal service	27	100
% of practices with access to chronic disease monitoring service	27	100
% of practices with access to other services*	27	100
<i>Note: Practices have partial access to CTAC services. Implementation of hubs will provide additional capacity. *Doppler clinic</i>		
Pharmacotherapy		
% of practices with level 1 service in place	27	96
% of practices with level 2 service in place	27	96
% of practices with level 3 service in place	27	96
<i>Note: Partially delivering elements of each level in 27 Practices</i>		
Urgent Care		
% of practices with urgent care services	27	100
Additional Professional Roles		
% of practices accessing mental health workers / support	27	96
% of practices accessing advanced practitioner physiotherapists	26	73
<i>Note: Marywell declined access to Primary Care Psychological Therapies Service</i>		
Link Practitioners		
% of practices accessing community link workers	27	100



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**APPENDIX B**

# PCIP Urgent Care (City Visits) Review – Report

Author: City Visits Project Team

March, 2023





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

### **Executive Summary**

A project group was set up to take forward a review of the City Visits/ Urgent Care service, in January 2023 looking at performance and how the service is delivered. The service provides support for urgent unscheduled care within Primary Care, such as providing Advanced Clinical Practitioner resource for GP clusters and practices as first response for home visits and responding to urgent call outs for patients, working with practices to provide appropriate care to patients, allowing GPs to better manage and their time to enable them in their role as Expert Medical Generalist.

The model for the City Visits service was set out in the PCIP Plan to deliver on the MoU. The service is funded by PCIF (Primary Care Improvement Fund) and has been implemented and tested. The service is available to 26 out of the 27 GP City GP Practices, the 1 outlying practice has a patient group that have an unstable lifestyle in terms of housing.

The service is commended by the City GP practices in terms of the quality of care delivered and to enable a planning process to future proof the service a review has been undertaken, looking at the current service model and any potential changes going forward.

### **Project Plan**

The aim of the review is to evaluate the process from referral to delivery of care. Extensive work has been carried out to understand the distribution of activity, the type of activity and a questionnaire has been sent to the GP practices. There has also been a request from a number of practices for assurance in terms of equity of allocations for visits.

The project plan was created to review activity and equity to practices as anecdotally there had been concerns raised that some practices felt at a disadvantage in terms of the number of visits they has been allocated. A short life project group was set up with representation from the City Visits team, GP practice personnel and the PCIP project delivery group.

### **Sharing the report**

The report will be shared with all GP practices in Aberdeen City and all practices have been contacted and asked for their permission to share their activity data. The aim of the report is to take a transparent approach and give the practices confidence in the equity of service



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

delivery as laid out in the original plan. This approach will enable changes to be made in terms of improvements, to assist with forward planning and give the practices a platform to share ideas. The aim is to work in collaboration between the GP practice teams, the City Visits team and the PCIP project delivery team.

### **Future proofing the service**

The review gives an insight into the current level of delivery and what it is able to deliver and going forward will assist in planning and shaping future service delivery.

### **Data Evaluation**

#### **Workforce analysis**

The multi-professional team comprises the following:

- **Advanced Clinical Practitioners = 6.5wte** (this includes 1.0 wte Advanced Paramedic Practitioner [APP] and 5.5wte Advanced Nurse Practitioners [ANP])
- **Trainee Advanced Clinical Practitioners = 2.26wte** (this includes 0.5wte Trainee ANP and 1.76wte Trainee APP)
- **Admin = 0.8wte**
- **Healthcare Support Worker = 1.0wte** (this post will become vacant from 13<sup>th</sup> March)
- **Current total WTE in post = 10.56**

#### **Data analysis**

The activity data used for the review was collated by the City Visits admin team and analysed by the project group. The information was taken for a 6 month period from 1<sup>st</sup> June, 2022 – 30<sup>th</sup> November, 2022 and this captured visits to practices and rejected referrals due to lack of capacity. Data was also available for inappropriate referrals and as this data has been collated from a date in September 2 months of data for October and November, 2022 was used for analysis.

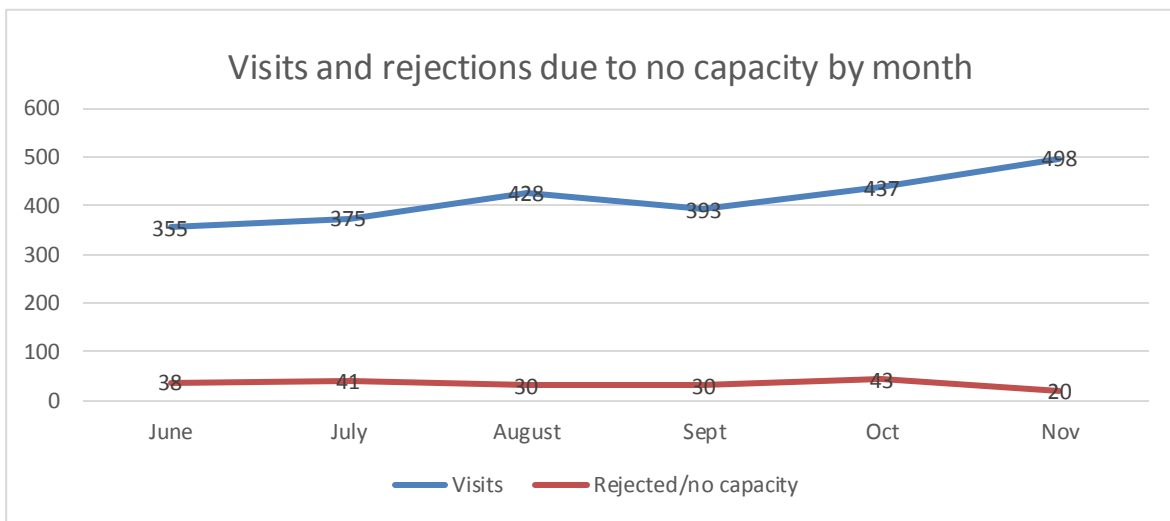
The total number of visits for the 6 month period is **2,486** and graph 1 below shows the number of visits broken down by month and the number of rejected referrals due to lack of capacity.



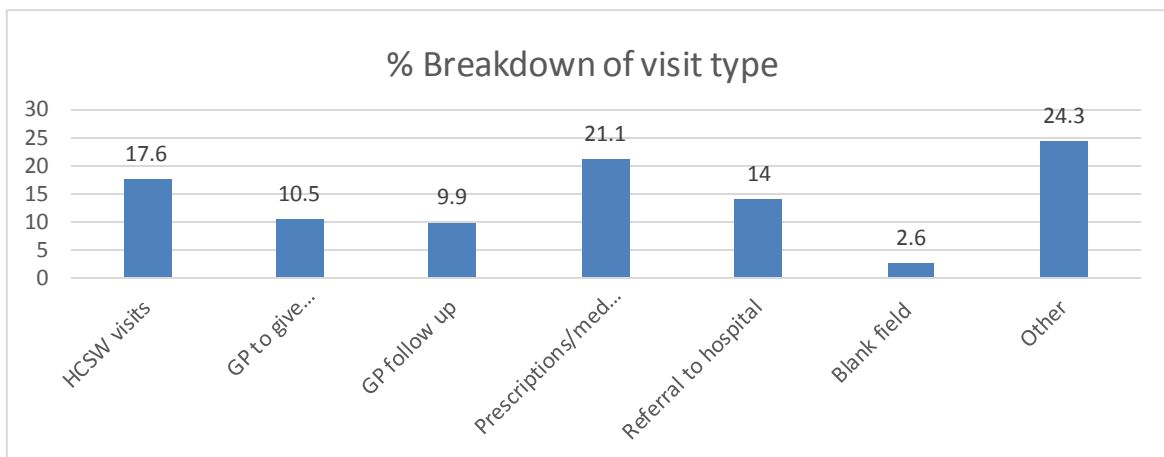
## RISK, AUDIT AND PERFORMANCE COMMITTEE

The data includes the population of the practices and also the number of patients in the older age brackets ie 65 – 74, 75-84 and 85 UP with the % for each age banding. The spreadsheet also gives the number of actual visits for each GP practice and the number of rejected referrals due to lack of capacity with the % of rejections against the total number of requests.

Data was also reviewed for the types of visits e.g. HCSW (Health Care Support Worker) visit and Admission to Hospital and the number of inappropriate referrals.



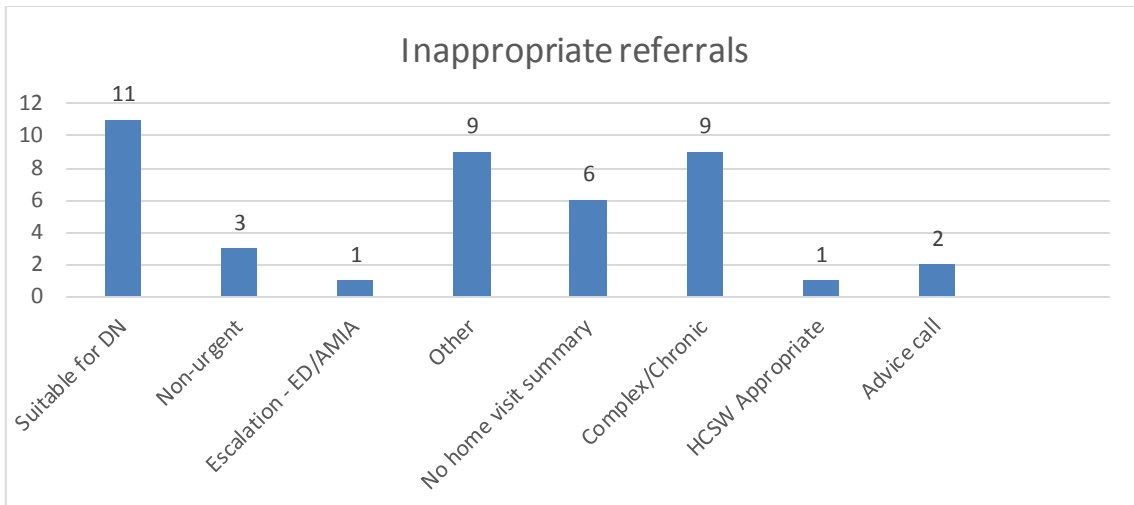
Graph 1



Graph 2



## RISK, AUDIT AND PERFORMANCE COMMITTEE



Graph 3

### Table with GP practice data analysis.

The total data is broken down by practice and the data source for list size and age brackets included was NHS National Services and was accurate as at 12<sup>th</sup> January, 2023.



City Visits Stats.xlsx

### Referral pathway

As part of the project a review of the referral process was undertaken and as agreed by the group will be available for distribution to the GP practices.



City Visits flow chart  
(Draft 2) - January 2023

### Questionnaire sent to GP practices



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A Microsoft Form was adapted to ask the practices for feedback on the City Visit service and the following questions were asked:

- Does your practice use City Visits?
- Tell us if there is anything you particularly like about the service.
- Tell us if there is anything you particularly don't like about the service.
- Are there any improvements you would like to see in the city visits service?
- Do you have any other comments you'd like to make regarding the city visits service?

The return from the practices is 85% and all practices are extremely complimentary of the level of care the patients receive and the efficiency of the process carried out by the City Visits team.

This being said a number of practices felt there was inequity in the allocation of the visits. Some practices suggested more capacity should be available and also regular detail in terms of activity should be available with practice specific information.

The information in the document has been anonymised and will form part of a development session for the City Visits team.



City Visits  
questionnaire feedback

### **Team Feedback**

A survey questionnaire was distributed via a MS Form to the whole team. The following questions were asked:

What is your role within the City Visits team?

- ACP
- Trainee ACP
- HCSW
- Administrator

**Q1.** Do you sometimes use the GMED car and driver? **Yes/No**



## RISK, AUDIT AND PERFORMANCE COMMITTEE

If yes, what, if any, additional treatment and care do you provide on these occasions?  
(Please elaborate by giving examples)

**Q2.** What elements of the service works well that you would like to see continue? (E.g. any specific processes, level of assessment/treatment/care provided)

**Q3.** What are the barriers to you being able to be effective in your role?

**Q4.** What changes do you think could be made that would lead to improvements?

### Summary of responses to the questionnaire from the City Visits team



Summary from the  
City Visits staff survey

### Case Studies

Cases studies have been included to give insight to some of the issues highlighted within the feedback.

Case study 1: Triage information and the importance of the detail.

Case study 2: GP Practice phone availability

Case study 3: Providing care to a complex patient.



Case study 1 Triage  
information.docx



Case Study No 2 -  
Phone Availability.doc



Case study 3 for  
PCIP[10022].docx

### Conclusions and recommendations

#### Recommendations

Using the data and feedback provided from GP practices and the City Visits team the following are recommendations.

- At a recent Citywide event Deputy Chief Nurse gave a presentation to give a flavour for the forthcoming report and this generated constructive discussion around the data and how this could be expanded to include the number of home



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visits were undertaken by the practices and data to reflect the demographics e.g. deprivation.

- A more consistent approach to the planning of capacity and a test of change in terms of staffing levels.
- To take forward a proposal for the City Visits team to arrange further investigations.
- Arrange a development session for the City Visits team with the plan to create a calendar of further planned sessions.
- To review the recruitment of vacant HCSW posts with an option to convert the hours to ACP hours.
- Team Leader now in place and a request for funding to support and embed the role in the long term.
- All GP practices to review the refreshed referral pathway.
- LMC/GP Sub to consider the evolution of the service to align with GMED provision. The highly skilled City Visits team having the capability to administer IV fluids or oxygen should the need arise.
- Change the name of provider in Trakcare.
- Easier contact with GP practices.
- Future proofing the service once mainstreamed, in the context of health and care services
- Review of activity data on a regular basis.

The PCIP City Visits project group will take forward the various work-streams and changes as indicated in the conclusions and recommendations identified within this report.

All progress will be reported through the PCIP Delivery group.

Any questions or queries should be directed to  
[gram.primarycaresupportachscp@nhs.scot](mailto:gram.primarycaresupportachscp@nhs.scot)

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