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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 30 April 2024

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 7 MAY 2024 at 10.00 am. This is a hybrid meeting and Members may also attend remotely.**

ALAN THOMSON
INTERIM CHIEF OFFICER - GOVERNANCE

B U S I N E S S

1.1 Welcome from the Chair

DECLARATIONS OF INTEREST

2.1 Declarations of Interest and Transparency Statements

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

DETERMINATION OF EXEMPT BUSINESS

3.1 Exempt Business

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

STANDING ITEMS

4.1 Video Presentation - Technology Enabled Care

4.2 Minute of Board Meeting of 6 February 2024 (Pages 5 - 12)

4.3 Minute of IJB Budget of 26 March 2024 (Pages 13 - 18)

4.4 Draft Minute of Risk, Audit and Performance Committee of 2 April 2024 (Pages 19 - 22)

4.5 Draft Minute of Clinical and Care Governance Committee of 27 February 2024 (Pages 23 - 26)

4.6 Business Planner (Pages 27 - 30)

4.7 IJB Insights and Topic Specific Seminars Planner (Pages 31 - 32)

4.8 Chief Officer's Report - HSCP.24.023 (Pages 33 - 60)

GOVERNANCE

5.1 Equality Outcomes and Mainstreaming Framework, Integrated Impact Assessments and Public Engagement Guidance updates - HSCP.24.025 (Pages 61 - 132)

PERFORMANCE AND FINANCE

6.1 Quarter 4 Financial Monitoring Update Report - HSCP.24.041 - to follow as a late circulation

6.2 Annual Resilience Report - HSCP.23.029 (Pages 133 - 142)

6.3 Outcome of Culture Research Project - HSCP.24.024 (Pages 143 - 162)

6.4 Marywell and Timmermarket Integrated Service Review - HSCP.24.027 (Pages 163 - 198)

6.5 Supplementary Work Plan - Care at Home - HSCP.24.026 (Pages 199 - 208)

Please note that there are exempt appendices contained within the Private Section of this agenda below.

6.6 Morse Community Electronic Patient Record Evaluation and Contract Renewal - HSCP.24.030 (Pages 209 - 244)

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

STRATEGY

7.1 General Adult Mental Health Secondary Care Pathway Review - HSCP.24.022 (Pages 245 - 338)

TRANSFORMATION

8.1 GetActive@Northfield Health & Wellbeing Hub Test of Change update Report - HSCP.24.031 (Pages 339 - 356)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

9.1 Supplementary Work Plan - Care at Home - HSCP.24.026 (Pages 357 - 366)

9.2 Morse Community Electronic Patient Record Evaluation and Contract Renewal - HSCP.24.030 (Pages 367 - 368)

DATES OF UPCOMING MEETINGS / SEMINARS

10.1 IJB Insights Session - 11 June 2024

- Culture
- Primary Care
- Annual Performance Report (Timeline & Approach)
- Strategic Plan (Timeline & Approach)
- New Chief Officer

10.2 Topic Specific Seminar - 25 June 2024

- Update on work on reducing Prescribing Spend (10:00 - 11:00)
- Health and Care Staffing Act (11:00 - 12:00)

10.3 Integration Joint Board - 9 July 2024

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

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

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Aberdeen City Health & Social Care Partnership
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ABERDEEN, 6 February 2024. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor John Cooke, Chair; and Councillor Christian Allard (as a substitute for Councillor Fairfull) (to article 9), Professor Siladitya Bhatty, Councillor Jennifer Bonsell, June Brown, Councillor Martin Greig, Jim Currie, Jenny Gibb, Christine Hemming, Maggie Hepburn, Sandra MacLeod, Shona McFarlane, Paul Mitchell, Alison Murray and Graeme Simpson.

Also in attendance:- Kay Diack, Susie Downie (to article 10), John Forsyth, Catherine King, Stuart Lamberton (to article 13), Graham Lawther, Alison MacLeod, James Maitland, Nicola McLean (to article 9), Grace Milne, Lynn Morrison, Katharine Paton, Shona Omand-Smith, Jenny Rae, Sandy Reid, Simon Rayner, Amy Richert (for article 17), Angela Scott, Chris Smillie, Neil Stephenson, Denise Thomson and Julie Warrender.

Apologies:- Fraser Bell, Mark Burrell, Adam Coldwells, Mark Burrell, Councillor Lee Fairfull, Steven Close, Jamie Donaldson, Dr Caroline Howarth and Phil Mackie and Hussein Patwa.

The agenda and reports associated with this minute can be found here.

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

WELCOME FROM THE CHAIR

1. The Chair extended a warm welcome to everyone and in particular to Professor Bhatty who was attending his first meeting of the Integration Joint Board. The Chair thanked Alison Murray who was standing down as Carer Representative on the Board and reiterated his thanks to Chief Officer Sandra MacLeod who was also attending her last meeting as Chief Officer.

The Chair reported that the ACHSCP had won the Bronze Digital Telecare Implementation Award for the Analogue to Digital Switchover in recognition of the progress made on the analogue to digital telecare transition project. Members noted that Bon Accord Care had now replaced 58% of the analogue dispersed alarms estate, with the full rollout of digital alarms expected to be completed by the end of 2024.

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

INTEGRATION JOINT BOARD
6 February 2024

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements.

EXEMPT BUSINESS

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

The Board resolved:-
to consider the exempt appendices during consideration of items 8.1 and 8.2 and the full report at item 8.3 with the press and public excluded so as to avoid disclosure of exempt information of the classes described in paragraphs 6 and 9 of Schedule 7A of the Act.

VIDEO PRESENTATION: CHARLIE HOUSE ACTIVITIES

4. The Board received a video presentation entitled Charlie House Activities which linked to the Carers' Strategy Year 1 progress at article 13 of the minute.

Members heard that Charlie House supported babies, children and young people living with life-limiting or life-threatening conditions and their families.

The Board resolved:-
to note the video.

MINUTE OF BOARD MEETING OF 5 DECEMBER 2023

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

The Board resolved:-
to approve the minute as a correct record.

DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 28 NOVEMBER 2023

6. The Board had before it the draft minute of the Risk, Audit and Performance Committee of 28 November 2023.

The Board resolved:-
to note the minute.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 31 OCTOBER 2023

7. The Board had before it the draft minute of the Clinical and Care Governance Committee of 31 October 2023.

The Board resolved:-
to note the minute.

BUSINESS PLANNER

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

The Board resolved:-
(i) to note the reasons for deferrals identified at lines 12-15; and
(ii) to otherwise approve the Planner.

IJB INSIGHTS AND TOPIC SPECIFIC SEMINARS PLANNER

9. The Board had before it the IJB Insights Sessions and Topic Specific Seminars Planners prepared by the Strategy and Transformation Manager.

The Board resolved:-
to note the Planners.

CHIEF OFFICER'S REPORT - HSCP.24.001

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

The Chief Officer expressed her thanks to the Board for their support and commitment during her time in post.

The report recommended:-
that the Board:

(i) agree to amend its decision of 5 December 2023 in so far as it related to the composition of the Appointment Panel and appoint June Brown, NHS Voting Member to the Panel in substitution of the IJB Vice Chair; and
(ii) otherwise note the detail contained within the report.

The Board resolved:-
to agree the recommendations.

COMPLEX CARE - HSCP.24.006

11. The Board had before it an update on the implementation of the Complex Care Market Position Statement and information regarding plans to develop and build a new facility offering complex care. The Transformation Programme Manager introduced the report and responded to questions from Members.

The report recommended:-
that the Board:
(i) note the update on the implementation of the Complex Care Market Position Statement referred to at Appendix B of the report;
(ii) note the Complex Care Full Business Case at Appendix A of the report;
(iii) agree and approve the proposed financial approach to the Capital Build as detailed in paragraph 4.10 - 4.12 and Appendix D of the report;
(iv) agree the annual budget of £252,000 would be funded by a reduction in the Learning Disability Commissioning Budget;
(v) approve the annual budget of £252,000 to repay Aberdeen City Council for the provision of the facility at Stoneywood as detailed in paragraph 4.12 and Appendix D of the report;
(vi) approve the transfer of Community Living Change Fund and Mental Health Infrastructure and Facilities monies to Aberdeen City Council; and
(vii) instruct the Chief Finance Officer to transfer the Community Living Change Fund and Mental Health Infrastructure and Facilities monies to Aberdeen City Council for the sole purpose of provision of a Complex Care capital build project at Stoneywood.

The Board resolved:-
to agree the recommendations.

ANNUAL PROCUREMENT WORKPLAN 2024/2025 - HSCP.24.004

12. The Board had before it a report prepared by the Strategic Procurement Manager presenting the Annual Procurement Work Plan for 2024/25 for expenditure on social care services, and the associated procurement Business Cases.

The report recommended:-
that the Board:
(a) approve the extension for 1 year, of 24 National Care Home Contracts (NCHC) for residential services for older people, as detailed in Appendices A1 and C of the report;
(b) approve the extension for five years to the existing Housing Support Services contract, as detailed in Appendices A1 and D of the report;
(c) approve the extension for five months to the current Complex Care Support Services framework agreements and, also approve the recommendation to undertake a tender to establish a new framework for complex care support services, as detailed in Appendices A1 and E of the report;
(d) approve the recommendation to undertake a tender to establish a framework for Supported Living Services, as detailed in Appendices A1 and F of the report;
(e) approve the recommendation to undertake a tender for Criminal Justice Support Services, as detailed in Appendices A1 and G of the report;
(f) approve the extension for one year to the five Grant Funded Services, as detailed in Appendices A1 and H of the report;
(g) note the update to Individual Out of Area Placements at 4.6 of the report and note potential supplementary work plans at 4.3 of the report; and
(h) make the Direction, as attached at Appendix B of the report and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

The Board resolved:-
to agree the recommendations.

CARERS' STRATEGY - HSCP.24.003

13. The Board had before it a report prepared by the Transformation Programme Manager, presenting the first annual report on the Carers Strategy 2023 – 2026.

The Senior Project Manager - Strategy and Transformation Programme Manager introduced the report, and responded to questions from Members.

The report recommended:-
that the Board note the progress on the delivery of the Carers Strategy to date.

The Board resolved:-
to note the information provided.

INTEGRATION JOINT BOARD
6 February 2024

DRUG CHECKING PILOT - HSCP.24.005

14. The Board had before it a report prepared by the Alcohol and Drugs Partnership Lead providing an update on the introduction of a drug checking pilot in Aberdeen.

The report recommended:-
that the Board note the information contained in the report.

The Board resolved:-
to note the information provided.

In accordance with Article 3 of the minute, the following three items were considered with the press and public excluded.

COMPLEX CARE - HSCP.24.006 - EXEMPT PAPERS

15. The Board had before it the exempt appendices in respect of the Complex Care report.

The Board resolved:-
to note the recommendations approved at article 11 of this minute.

ANNUAL PROCUREMENT WORKPLAN 2024/2025 - HSCP.24.004 - EXEMPT PAPERS

16. The Board had before it the exempt appendices in respect of the Annual Procurement Workplan 2024/25 report.

The Board resolved:-
to note the recommendations approved at article 12 of this minute.

SUPPLEMENTARY PROCUREMENT WORKPLAN 2024/25 - HSCP.24.007

17. The Board had before it a Supplementary Procurement Work Plan for 2024/25 prepared by Strategic Procurement Manager, in respect of expenditure on social care services, together with the associated procurement Business Case.

The report recommended:-
that the Board:

(a) approve the extension for up to four years of a contract with Bon Accord Support Services for the delivery of adult social care services, as detailed in Appendices A and C of the report;
(b) approve the variation to the Direction regarding Rosewell House at Appendix D of the report; and
(c) make the Directions, as attached at Appendix B and D of the report and instruct the Chief Officer to issue the Directions to Aberdeen City Council and NHS Grampian as appropriate.

The Board resolved:-
to agree the recommendations.

IJB INSIGHTS SESSION - 20 FEBRUARY 2024

18. The Board had before it the date of the next IJB Insights Session 20 February 2024.

The Board resolved:-
to note the date of the IJB Insights Session.

TOPIC SPECIFIC SEMINAR - 5 MARCH 2024

19. The Board had before it the date of the next Topic Specific Seminar as 5 March 2024.

The Board resolved:-
to note the date of the Topic Specific Seminar.

INTEGRATION JOINT BOARD - BUDGET - 26 MARCH 2024

20. The Board had before it the date of the Integration Joint Board Budget meeting as 26 March 2024.

The Board resolved:-
to note the date of the next meeting.
- COUNCILLOR JOHN COOKE, Chair.

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Aberdeen City Health & Social Care Partnership
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ABERDEEN, 26 March 2024. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:-	Councillor John Cooke, Chair; Hussein Patwa, Vice Chair; and Councillor Christian Allard, Professor Siladitya Bhatty, Councillor Jennifer Bonsell, June Brown, Mark Burrell, Councillor Martin Greig, Phil Mackie, Paul Mitchell, Fiona Mitchelhill and Graeme Simpson.
Also in attendance:-	Jess Anderson, Alison Chapman, Gale Beattie, Fraser Bell, Carol Buchanan (as a substitute for Caroline Howarth), Emma Houghton (as a substitute for Caroline Howarth), Emma King, Anne MacDonald (Audit Scotland), Alison MacLeod, Michael Oliphant (Audit Scotland), Shona Omand-Smith and Lesley Strachan.
Apologies:-	Christine Hemming, Maggie Hepburn and Dr Caroline Howarth, Lynn Morrison and Angela Scott.

The agenda and reports associated with this minute can be found here.

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WELCOME FROM THE CHAIR

1. The Chair extended a warm welcome to everyone and in particular to Fiona Mitchelhill who was attending her first meeting of the Integration Joint Board as Chief Officer. He also welcomed Councillor Christian Allard who had returned as a voting member.

The Chair reported that the ACHSCP had been successful with an application to the Economic and Social Research Council/Health Foundation-funded organisation IMPACT for a Facilitator to help develop work in the area of Self-Neglect and Hoarding as part of the broader Adult Support and Protection work. The Facilitator was expected to be in post by September.

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

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements.

INTEGRATION JOINT BOARD
26 March 2024

EXEMPT BUSINESS

3. There was no exempt business.

IJB MEMBERSHIP UPDATE - HSCP.24.010

4. The Board had before it a report prepared by the Committee Services Officer seeking formal approval of the Chief Officer appointment and updating members on a change to voting membership.

The report recommended:-
that the Board:
(a) approve the appointment of Fiona Mitchelhill as Chief Officer of Aberdeen City Health and Social Care Partnership with effect from 19 February 2024;
(b) note the appointment, by Aberdeen City Council, of Councillor Christian Allard as a voting member of the Integration Joint Board; and
(c) appoint Councillor Christian Allard to the Clinical and Care Governance Committee.

The Board resolved:-
to agree the recommendations.

RECRUITMENT AND SELECTION PROCESS FOR CHIEF FINANCE OFFICER - HSCP.24.021

5. The Board had before it a report prepared by the People and Organisational Development Manager, Aberdeen City Council, outlining the proposed approach to recruiting a replacement for the outgoing Chief Finance Officer of the Integration Joint Board (IJB) (Aberdeen City Health and Social Care Partnership).

The report recommended:-
that the Board:
(a) approve the revised job profile attached at Appendix 1 of the report;
(b) note the indicative timeline for the recruitment and selection process;
(c) approve the proposed selection process set out within the report;
(d) establish a temporary Committee of the IJB, to be called an Appointment Panel, constituting the Chair and Vice Chair of the IJB and the Chief Officer (who will act as Chair of the Appointment Panel), to interview candidates and make an appointment;

(e) agree that in the absence of the Chair or Vice Chair of the IJB, the IJB agrees that a voting member of the IJB from the relevant constituent body, substitutes for the Chair or Vice Chair of the IJB at the Appointment Panel;
(f) agree that the appointment of the Chief Finance Officer shall be determined by the Appointment Panel, subject to the approval of the IJB;
(g) agree that the Chief Officer make arrangements for an Interim Chief Finance Officer should they consider it necessary to do so; and
(h) instruct the Chief Officer to update the members of the IJB on any interim appointment.

The Board resolved:-
to agree the recommendations.

AUDITED ACCOUNTS 2022/23 - HSCP.24.011

6. The Board had before it the Audited Final Accounts for 2022/23. The Audit Director, Audit Scotland, introduced the report and responded to questions from Members.

The report recommended:-
that the Board:
(a) agree the Integration Joint Board's Audited Accounts for 2022/23, as attached at Appendix A of the report;
(b) instruct the Chief Finance Officer to submit the approved audited accounts to NHS Grampian and Aberdeen City Council;
(c) instruct the Chief Finance Officer to sign the representation letter, as attached at Appendix B; and
(d) note the recommendations and management comments on the Annual Audit Report, as attached at Appendix C of the report.

The Board resolved:-
to agree the recommendations.

MEDIUM TERM FINANCIAL FRAMEWORK - HSCP.24.012

7. The Board had before it the Medium Term Financial Framework prepared by the Chief Finance Officer which detailed the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2024/25.

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

INTEGRATION JOINT BOARD
26 March 2024

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

The Board resolved:-
to agree the recommendations.

GENERAL PRACTICE VISION - HSCP.24.002

8. The Board had before it a report prepared by the Primary Care Development Manager seeking approval of a new vision and set of objectives for General Practice in Grampian.

The report recommended:-
that the Board:
(a) approve the vision and objectives for General Practice in Grampian as set out in Appendix A of the report; and
(b) instruct the Chief Officer to report back to the Integration Joint Board by end of March 2025 with a progress update on the implementation of the vision and objectives.

The Board resolved:-
(i) to instruct the Chief Operating Officer to provide an update on the governance arrangements to the IJB meeting on 7 May 2024;

(ii) to note that the Risk, Audit and Performance Committee would monitor the risks identified within the report and that a Deeper Dive may be requested should it be deemed necessary; and
(iii) to otherwise agree the recommendations.

IJB MEETING - 7 MAY 2024

9. The Board had before it the date of the next meeting of the Integration Joint Board as 7 May 2024.

The Board resolved:-
to note the date of the next meeting.
- COUNCILLOR JOHN COOKE, Chair.

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Aberdeen City Health & Social Care Partnership
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Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 2 April 2024
10.00 am Virtual - Remote Meeting

ABERDEEN, 2 April 2024. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and June Brown, Councillor John Cooke, Hussein Patwa, Jamie Dale, Anne MacDonald (Audit Scotland), Alison MacLeod, Paul Mitchell and Michael Oliphant (Audit Scotland).

Also in attendance: Martin Allan, John Forsyth, Graham Lawther (from article 6) and Calum Leask.

Apologies: Sandy Reid.

The agenda and reports associated with this minute can be found here.

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DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

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

The Committee resolved:-
to note that there were no Declarations of Interest or Transparency Statements.

EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 28 NOVEMBER 2023

3. The Committee had before it the minute of its previous meeting of 28 November 2023, for approval.

The Committee resolved:-
to approve the minute as a correct record.

RISK, AUDIT AND PERFORMANCE COMMITTEE
2 April 2024

BUSINESS PLANNER

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

The Committee resolved:-
(i) to note that the Chief Finance Officer would discuss with the report author the reason for the removal of item 13 (Navigator Project) and provide an update to members promptly; and
(ii) to otherwise note the Planner.

BOARD ASSURANCE AND ESCALATION FRAMEWORK - HSCP.24.017

5. The Committee had before it the annual review of the Integration Joint Board's Board Assurance and Escalation Framework (BAEF) prepared by the Business and Resilience Manager.

The report recommended:-
that the Committee:
(a) approve the revised Board Assurance and Escalation Framework (BAEF) as attached at Appendix A of the report; and
(b) agree that the Framework continue to be reviewed annually by RAPC.

The Committee resolved:-
(i) to instruct the Business and Resilience Manager to report back to members on the date of the last self-assessment; and
(ii) to otherwise agree the recommendations.

STRATEGIC RISK REGISTER - HSCP.24.015

6. The Committee had before it the Risk Appetite Statement and an updated version of the Strategic Risk Register prepared by the Business and Resilience Manager.

The report recommended:-
that the Committee:
(a) note the Integration Joint Board (IJB) revised Risk Appetite Statement at Appendix A of the report;
(b) agree that the Committee review the Statement at its meeting in September 2024; and
(c) approve the IJB revised Strategic Risk Register at Appendix B of the report.

The Committee resolved:-
to agree the recommendations.

EXTERNAL AUDIT STRATEGY 2023/24 - HSCP.24.014

7. The Board had before it the External Audit – Annual Audit Plan for 2023/24 prepared by Audit Scotland. The Engagement Manager – Audit Scotland, introduced the report.

The report recommended:-
that the Committee note the content of the report.

The Committee resolved:-
to note the information provided.

INTERNAL AUDIT PLAN 2024-27 - HSCP.24.018

8. The Committee had before it the Internal Audit Annual Plan for 2024-27 prepared by the Chief Internal Auditor.

The report recommended:-
that the Committee review, discuss, comment on, and thereafter approve the Internal Audit Plan for 2024-27 as attached at Appendix A of the report.

The Committee resolved:-
to approve the Internal Audit Plan for 2024-27.

INTERNAL AUDIT UPDATE REPORTS - HSCP.24.019

9. The Committee had before it the Internal Audit Update report prepared by the Chief Internal Auditor which provided an update on his team's recent work, detailing progress against the approved Internal Audit plans and follow ups on audit recommendations.

The report recommended:-
that the Committee:
(a) note the contents of the RAPC - Internal Audit Update Report February 2024 ("the Internal Audit Update Report"), as appended at Appendix A of the report, and the work of Internal Audit since the last update; and
(b) note the progress against the approved 2023/24 Internal Audit Plan as detailed in the Internal Audit Update Report.

The Committee resolved:-
to note the information provided.

INTERNAL AUDIT REPORT - IJB HOSTED SERVICES - HSCP.24.020

10. The Committee had before it a report prepared by the Chief Internal Auditor in respect of the planned audit of IJB Hosted Services.

The report recommended:-
that the Committee review, discuss and comment on the issues raised in the report.

The Committee resolved:-
to note the information provided.

QUARTERLY PERFORMANCE REPORTS AGAINST THE DELIVERY PLAN - HSCP.24.013

11. The Committee had before it a report prepared by the Transformation Programme Manager outlining the progress of the Delivery Plan as set out within the Aberdeen City Health and Social Care Partnership Strategy Plan for 2022-2025.

The report recommended:-
that the Committee note the Delivery Plan Quarter 3 Summary, the Tracker and Dashboard as appended to the report.

The Committee resolved:-
(i) to instruct the Strategy and Transformation Lead to assess the requirements of the Health and Care (staffing) (Scotland) Act 2019 and whether these were reflected sufficiently robustly in the planned capture and reporting arrangements within the Workforce Plan; and
(ii) to otherwise note the information provided.

DATE OF NEXT MEETING - 4 JUNE 2024

12. The Committee had before it the date of the next meeting: Tuesday 4 June 2024 at 10am.

The Committee resolved:-
to note the date of the next meeting.
- COUNCILLOR MARTIN GREIG, Chair.

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 27 February 2024. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Mark Burrell Chairperson; and Councillor Christian Allard (as substitute for Councillor Fairfull), Professor Siladitya Bhatty (NHS) and Councillor Jennifer Bonsell.

In attendance: Caroline Howarth, Fiona Mitchelhill, Graeme Simpson, Lynn Morrison, Sophie Beier, Rachael Little, Jane Gibson, Nicola McLean, Grace Milne, Sandy Reid, Julie Warrender, Judith Mclenan and Mark Masson (Clerk).

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

WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Councillor Fairfull, Shona Omand Smith and Claire Wilson.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements intimated.

MINUTE OF PREVIOUS MEETING OF 31 OCTOBER 2023, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 31 October 2023, for approval.

With reference to article 6 of the minute relating to Abortion Care For Patients In Moray, Aberdeen City and Aberdeenshire, the Chair advised that he had written to his counterpart in Moray IJB to seek assurances that a clear governance process would be established for abortion care services across Grampian, but had yet to receive a response.

Sandy Reid intimated that Moray had recently appointed a Consultant Obstetrician and, although not clear at this time, it may be the case that abortion care services would be included within the job plan for the post, which would be beneficial.

The Committee resolved:-
(i) to approve the minute; and

(ii) to note that the Clerk would arrange to circulate the letter referred to above, for information.

BUSINESS PLANNER

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

The Committee resolved:-
(i) to note the planner; and
(ii) to note that in relation to item 8 (Long Covid Project in NHS Grampian), Lynn Morrison would make arrangements to ensure a report was provided for the next meeting and the appropriate staff member was in attendance to respond to any questions.

CCG GROUP MONITORING REPORT - UPDATE - HSCP.24.009

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

The report recommended:-
that the Committee note the contents of the report.

Caroline Howarth provided an overview of the report, making reference to Risks, Adverse Events, Lessons Learned, Quality Improvement, Feedback and/or Duty of Candour from each sector. The full sector reports were appended to the report.

The following sectors were referred to in the report:- Dentistry, Primary Care Psychological Therapies Services, Community Mental Health, Learning Disabilities and Substance Misuse, Rehabilitation, Sexual Health Services, Community Nursing, Vaccinations, Care Home Collaborative, Rosewell house, Allied Health Professionals and Primary Care General Practice.

During discussion, the following was noted:-
- that the shorter report format was well received by the members, noting that it would continue to be developed and adapted to ensure suitability;
- that further context was required for future reports in relation to risks where their position had been identified as being ‘stable’;
- that customer service training and support were being provided to address concerns relating to attitude, communication and behaviour;

- that there was a standard approach for adverse events, with a formal investigatory team undertaking the review process for incidents; and
- that there was pressure on services relating to Speech and Language Therapy.

The Committee resolved:-
to approve the recommendation.

ACHSCP WORKFORCE PLAN ANNUAL UPDATE - HSCP.24.008

6. With reference to article 10 of the minute of the previous meeting of 31 October 2023, the Committee had before them a 'Spotlight' report by Grace Milne, Senior Project Manager and Stuart Lamberton, Transformation Programme Manager – Strategy and Infrastructure, which provided details in relation to the 2022/23 Annual Report for Aberdeen City Health and Social Care Partnership Workforce Plan and provided an overview of the current workforce and the progress made against the Workforce Plan Priorities.

The report recommended:-
that the Committee note the progress contained within the report.

Grace Milne provided an overview of the key information from the Annual Workforce Plan report, noting that it:-

- included updates on a few high level data including headcount, absence rates and staff turnover, although some of these had a positive turn over since the last year, and recognising that there was more work to be done;
- outlined areas of focus for the next 12 months and the approach to supporting the delivery of key aims of the workforce plan (recruitment and retention, health and wellbeing, and growth and development opportunities);
- advised that the three priority workstreams would have responsibility for the delivery of the key aims and actions within the plan and would be made up of relevant representatives from across the workforce; and
- made reference to the Health and Care (Staffing) (Scotland) Act 2019 which would be enacted on 1 April 2024.

The workforce plan priorities for 2023/24 were:-

- Recruitment Events Calendar – including media such as promotion videos for Aberdeen City Health and Social Care Partnership;
- Re-establishment of Workforce engagement events and celebrating achievements; and
- Map and information of resources, training and technologies to support Partnership Staff.

Grace Milne and Sandy Reid responded to questions from members regarding the impact of recruitment and retention levels in terms of the current financial position.

Fiona Mitchelhill made reference to recent discussions with the Senior Partnership Manager, Open University, which revealed that they were keen to work with Aberdeen City Health and Social Care Partnership and Aberdeen City Council in relation to fully funded courses for Health and Social Care staff; and indicated that further discussion would be held with them in this regard.

The Committee resolved:-
(i) to approve the recommendation; and
(ii) to note the information provided.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

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

The Committee resolved:-
that no items be escalated to the IJB; and
- MARK BURRELL, Chairperson

	A	B	C	D	E	F	G	H	I	J
1	INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
2	**Date Created**	**Report Title**	**Minute Reference/Committee Decision or Purpose of Report**	**Report Number**	**Report Author**	**Lead Officer / Business Area**	**ORGANISATION ACHSCP/ACC/NHSG**	**Update/Status**	**Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T**	**Explanation if delayed, removed or transferred**
3	**2024 Meetings**									
4	**7 May 2024**									
5	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.24.023	Roz Harper	Fiona Mitchelhill	ACHSCP			
6	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
7	Standing Item	Equality Outcomes and Mainstreaming Framework, Integrated Impact Assessments and Public Engagement Guidance updates	To note the progress towards evidencing compliance with the Human Rights Act 1998, the Equality Act 2010, the Scottish Specific Public Sector Equality Duties 2012 and the Fairer Scotland Duty 2018, outlining how person-centered equality and human rights culture is being delivered across all services.	HSCP.24.025	Alison Macleod	Alison MacLeod	ACHSCP			
8	29 April 2024	Quarter 4 Financial Monitoring Update Report	To provide an update on the revenue budget performance to 31 March 2024 for the services within the remit of the IJB, to advise on areas of risk and management mitigating action and to seek approval of the budget virements.	HSCP.24.041	Paul Mitchell	Paul Mitchell	ACHSCP	Late circulation		
9	Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004	To provide information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves. Annual report, last considered at IJB on 25 April 2023..	HSCP.24.029	Martin Allan	Martin Allan	ACHSCP			
10	22 March 2024	Outcome of IJB Culture Research Project	To provide feedback on the outcome of the IJB Culture Research Project and seek approval for the proposed actions resulting from it.	HSCP.24.024	Alison McLeod	Alison MacLeod	ACHSCP			
11	29.11.2022	Marywell and Timmermarket Integrated Service Review	Members agreed on 29 November 2022 to instruct the Chief Officer to report to the Integrated Joint Board on the next phase of the redesign of the Marywell Service, with a Business Case to outline the future provision of services within 18 months	HSCP.24.027	Susie Downie / Emma King / Teresa Waugh / Clair Ross / Simon Rayner	Emma King and Kevin Dawson	ACHSCP			
12	26 March 2024	Supplementary Workplan - Care at Home Services	To present a Supplementary Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Case, for approval.	HSCP.24.026	Neil Stephenson	Fiona Mitchelhill	ACHSCP			
13	25.05.2021	Morse Community Electronic Patient Record Evaluation and Contract Renewal	On 25 April 2023 IJB agreed - to instruct the Chief Officer, ACHSCP to present a one-year update report on the progress of the project (HSCP.23.022). M Grant on 19 December 2023: current license term agreement for the Morse product expires in October 2024, proposing to present the paper for the renewal of the contract alongside an evaluation at the May IJB.	HSCP.24.030	Michelle Grant	Alison MacLeod, Strategy and Transformation	ACHSCP			
14	22 February 2024	General Adult Mental Health Secondary Care Pathway Review	To provide an update to the Board on the findings of the pathway review and its recommendations, and actions to be delivered in 2024/25.	HSCP.24.022	Judith McLenan	Judith McLenan	ACHSCP			
15	31.01.2023	GetActive@Northfield Health & Wellbeing Hub Test of Change update Report	On 31.01.2023 members heard that ACHSCP was looking to work with Sport Aberdeen with a test of change at Sport Aberdeen's new facility in Northfield, where the initiative created a health and social care community hub called Get Active @Northfield which included access to community space. It was hoped to support local people to continue to improve their health through sustained physical activity. Members would receive an update on the project and its outcomes towards the end of 2023.	HSCP.24.031	Alison McLeod	Alison MacLeod	ACHSCP	Agreed on 6 February 2024 to defer to May 2024 to allow more time for feedback and due to some delays in start dates.		
16	25.04.2023	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan	To note the annual update on the national Suicide Prevention Strategy & Action Plan presented to IJB on 25 April 2023. Members instructed the Chief Officer to provide an update on progress annually to the Integration Joint Board		Kevin Dawson / Jennifer Campbell	Alison MacLeod and Kevin Dawson	ACHSCP		D	Request to defer to July to provide a more meaningful and full year progress report; as we will not have the pan-Grampian Suicide Prevention update until May 2024.
17	04.01.2024	Market Position Statement on Accommodation	To seek approval of the document, outline accommodation requirements for the City and to provide strategic direction.		Kay Diack	Alison MacLeod, Strategy and Transformation	ACHSCP		D	The project group is requesting deferral to July IJB to allow time to ensure the data collated and information presented within the MPS accurately articulates the specialist provision of housing currently available and what is required in the future.
18	**9 July 2024**									
19	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP			
20	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							

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21	22.08.2023	Memorandum of Understanding with Public Health Scotland	To instruct the Chief Officer to provide a progress report on the strategic partnership agreement at a meeting of the Integration Joint Board in 2024 (agreed on 22 August 2023).		Fraser Bell	Fiona Mitchelhill	ACHSCP	TBC with Fraser Bell if July or September 2024		
22	05.04.2024	Refreshed LOIP and Locality Plans	To provide information on the refreshed Plans.		Iain Robertson	Alison MacLeod	ACHSCP			
23	03.04.2024	Evaluation of Aberdeen City Vaccination & Wellbeing Hub	To provide an evaluation of the Hub and to seek approval for a future venue following an Option appraisal.		Caroline Anderson	Fiona Mitchelhill	ACHSCP			
24	04.11.2022	IJB Scheme of Governance Annual Review	To seek approval of the revised Scheme of Governance. Considered at IJB on 7 June 2022 and 25 April 2023- this is an annual review. On 22 August 2023 members agreed to instruct the Chief Officer to ensure the IJB Carers and Service Users Representatives Expenses Policy was reviewed annually as part of the review of the Scheme of Governance		Jess Anderson/John Forsyth/Vicki Johnstone Alison MacLeod (Carers' expenses)	Jenni Lawson	ACHSCP	ACC Scheme of Governance being considered in July 2024. As this could have an impact on the Chief Officer's delegated powers, deferred from May to July to have the IJB consider its own scheme after ACC has determined what powers they delegate to the CO. Review will begin in April, with a view to updating it as soon as ACC makes its decision.		
25	**24 September 2024**									
26	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP			
27	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
28		ACHSCP Annual Report	To seek approval of the ACHSCP Annual Report		Alison MacLeod / Amy Richert	Alison MacLeod	ACHSCP	Last presented August 2023		
29	07.09.23	Strategic Risk Register	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register.		Martin Allan	Martin Allan	ACHSCP	Expected approx. August 2024		
30	10.10.23	Strategic Review of Neuro Rehabilitation Pathway - Phase 1 Evaluation	On 10 October 2023 IJB agreed to instruct the Chief Officer to report an evaluation of Phase 1 to the Integration Joint Board in August 2024 before Phase 2 commences.		Tracey MacMillan/ Lynn Morrison/ Jason Nicol	Lynn Morrison	ACHSCP	Expected approx. August 2024		
31	**19 November 2024**									
32	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP			
33	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
34	16.08.22	Fast Track Cities	To provide an annual update on the actions against the action plan submitted to the Integration Joint Board (IJB) on 21 January 2020. This is an annual report. Presented to IJB on 30 August 2022 and 10 October 2023.		Daniela Brawley / Lisa Allerton	Sandy Reid				
35	23.09.21	Primary Care Improvement Plan Update	Annual update report. HSCP.23.070 reported to IJB on 10 October 2023.		Emma King / Alison Penman	Emma King	ACHSCP			
36		Health and Social Care Partnership Meeting Dates 2025-26	To seek approval of the Integration Joint Board (IJB), Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC) meeting dates for 2025-26.		Emma Robertson	Jenni Lawson	ACC			
37	29.11.22	Climate Change Project and Reporting	To seek approval for the submission of the attached climate change report to the Scottish Government.		Sophie Beier	Alison MacLeod	ACHSCP	Check with Sophie Beier if 24 September or 19 November 2024 is preferred date to report.		
38	01.11.2023	Chief Social Work Officer's Annual Report	To inform Members of the role and responsibilities exercised by the Chief Social Work Officer; to provide information on the delivery of statutory social work services and decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City. Last presented to IJB on 5 December 2023.		Graeme Simpson	Eleanor Sheppard	ACC			
39	Standing Item	Audited Accounts	To seek approval of the Audited Final Accounts for 2023/24.		Chief Finance Officer	Chief Finance Officer	ACHSCP	Date TBC		
40	**4 February 2025**									
41	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP			
42	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
43	28.09.23	Aberdeen City Vaccination Centre - Priority Intervention Hub - extension of lease	On 5 December 2023 the IJB agreed to approve the extension of the current lease of the Aberdeen City Vaccination Centre at Unit 19 Bon Accord Aberdeen for a further year from 10 May 2024 until 9 May 2025.		Caroline Anderson	Sandy Reid	ACHSCP/ ACVC			

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44	31.01.2023	Carers' Strategy	To provide an update and annual review of the strategy approved by IJB on 31 January 2023. Members agreed on 31.01.23 to instruct the Chief Officer of the IJB to report back on progress with the Carer Strategy and Action Plan annually. Reported to IJB on 6 February 2024.		Stuart Lamberton/ Grace Milne	Alison MacLeod	ACHSCP			
45	Standing Item	Annual Procurement Workplan 2025/202	To present the Annual Procurement Work Plan for 2025/26 for expenditure on social care services, together with the associated procurement Business Cases and Grant funding arrangements, for approval.		Neil Stephenson / Shona Omand-Smith	Fiona Mitchelhill	ACC			
46	26.03.2024	GP Vision Update	On 26 March 2024, the IJB resolved to instruct the Chief Officer to report back to the Integration Joint Board by end of March 2025 with a progress update on the implementation of the vision and objectives.		Alison Chapman/ Emma King	Fraser Bell	ACHSCP			
47	**18 March 2025 (Budget)**									
48	Standing Item	IJB Budget - Medium Term Financial Framework	To approve the Budget.		Chief Finance Officer	Chief Finance Officer	ACHSCP			
49	**2025 and dates TBC**									
50	30.11.22	Biennial Progress report on delivery of our Equality Outcomes and Mainstreaming Framework	To approve publication and submission of the report to the Equality and Human Rights Commission This is a statutory obligation to report on progress every two years after approval; reported in May 2021 and April 2023 (HSCP.23.024)		Alison Macleod	Alison MacLeod	ACHSCP	Expected Spring 2025		
51	22.08.23	Rosewell House - Evaluation	On 22 August 2023 IJB agreed: (1) to approve an extension of the integrated facility at Rosewell House to 31 December 2025; and (2) Request a further report to be brought in Summer 2025 to determine the future direction of Rosewell House with consideration given to the next iteration of the Partnership's Strategic Plan.		Calum Leask / Fiona Mitchelhill	Alison MacLeod and Fiona Mitchelhill	ACHSCP	Summer 2025		

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Topic Specific Seminars April 2024 – March 2025

(NB: all 1000-1200, online only)

Date	Topic	Lead Officer	Comments
25.06.24	Update on work on reducing Prescribing Spend (10-11) Health and Care Staffing Act (11-12)	Caroline Howarth Sandy Reid	Suggested by CO New Legislation
03.09.24	Annual Performance Report	Alison MacLeod	Item going to IJB 24.09.24
05.11.24	Strategic Plan for Public Consultation	Alison MacLeod	Item going to IJB 19.11.24
14.01.25	TBC	TBC	Item going to IJB 04.02.25
11.03.25	MTFF and Strategic Delivery Plan	Paul Mitchell/Alison MacLeod	Item going to IJB 18.03.25
23.04.24	MORSE (10-11) / Marywell (11-12)	Michelle Grant/Teresa Waugh	Item going to IJB 07.05.24

IJB Insights April 2024 – March 2025

(NB: all 1000-1400, hybrid)

Date	Topics	Lead Officer	Comments
11.06.24	Culture	Alison MacLeod	Standing Agenda Item
	Annual Performance Report	Alison MacLeod	
	Development of new Strategic Plan	Alison MacLeod	
	Climate Change	Alison MacLeod	Rescheduled from previously
17.09.24	Culture	Alison MacLeod	Standing Agenda Item
	Development of new Strategic Plan	Alison MacLeod	
	Frailty?		One remaining request from Vice Chair's list
29.10.24	Culture	Alison MacLeod	Standing Agenda Item
	Health Improvement Fund	Alison MacLeod	
	Social Care and Criminal Justice	Claire Wilson	Requested Topic rescheduled from April
28.01.25	Culture	Alison MacLeod	Standing Agenda Item
18.02.25	Culture	Alison MacLeod	Standing Agenda Item
16.04.24	Culture	Alison MacLeod	Standing Agenda Item
	Primary Care	Emma King/Caroline Howarth	Requested Topic (NB: after 1130)
	Annual Performance Report (Timeline & Approach)	Alison MacLeod	
	Strategic Plan (Timeline & Approach)	Alison MacLeod	
	New Chief Officer	Fiona Mitchelhill	

Aberdeen City Health & Social Care Partnership
A caring partnership

Integration Joint Board

Date of Meeting	7th May 2024
Report Title	Chief Officer's Report
Report Number	HSCP.24.023
Lead Officer	Fiona Mitchelhill
Report Author Details	Roz Harper Executive Assistant rosharper@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. Flexible Rostering Evaluation
Terms of Reference	*5*

1. Purpose of the Report

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

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the detail contained within the report.

3. Strategic Plan Context

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

4. Summary of Key Information

Local Updates

1. **Community Nursing Flexible Rostering Evaluation**

A flexible rostering system has been in place across community nursing in Aberdeen City Health and Social Care Partnership (ACHSCP) since January 2023. This was developed in response to the changing needs of the patient population that saw increased demand on the service at the weekends. Compared to the previous system (which adopted a fixed rostering system with less staff working on the weekends), it was thought that a flexible rostering system would allow teams greater agility to respond to projected need.

To ensure these changes were acceptable, effective and sustainable, the Deputy Chief Nurse commissioned an evaluation at the start of 2024, undertaken on a joint basis by Public Health Scotland and the Partnership. The report is attached as Appendix **A** and outlines the approach taken. The findings suggest that the majority of staff who engaged in this evaluation were generally satisfied with the flexible rostering system, commonly due to the flexibility it allows and its ability to let individuals plan in leave at suitable times. The report also provides numerous recommendations that are actively being explored, including making the roster accessible online across all teams to provide greater equity of access and choice to staff.

The findings further our ambitions to be evidence-led in our service development and will help shape community nursing moving forward. We would like to place on record our thanks to Public Health Scotland colleagues for their expertise and support in producing this important piece of work.

2. **Annual Performance Report**

31st March 2024 was the end of the 2023/24 financial year. It was also the end of Year 2 of our Delivery Plan and time to start preparing the Annual Performance Report (APR). As in previous years we have been advised that the data in relation to the national performance Indicators will not be available from Public Health Scotland until after the IJB meeting in July. We will therefore follow our usual timeline and bring the final report, for approval to publish, to the first IJB meeting after the summer recess which this year is 24th September 2024. We have been advised that the Scottish Government intend to amend the publishing deadline for APRs as part of the National Care Service Bill.

We have received some comments on the format of the APR in previous years and would plan to take soundings on any proposed revision to this for this report. In addition to the development process involving the Senior Leadership Team, Strategic Planning Group and Locality Empowerment Groups we have identified three opportunities at Insights Sessions to involve the IJB. The first was at the session on 16th April 2024 where we presented the full timeline and schedule for development of the APR and discussed proposed formats. The second is the IJB Insights session on 11th June where we hope to be able to share an early draft of the report. Finally we would intend to share the near final report at the Topic Specific Seminar Scheduled for 3rd September where the report can be scrutinised, discussed and refined before coming to the IJB meeting on 24th September 2024 for final approval.

3. Strategic Plan 2025-2028

This coming financial year sees the lifespan of the current Strategic Plan coming to an end and we have started preparations for the development of the next Strategic Plan. The ultimate aim is to have a revised Strategic Plan finalised and submitted to the IJB meeting on 18th March 2025. Before that, however, there will be significant consultation and engagement with as wide a range of stakeholders as possible. A draft of the plan will be brought to IJB on 19th November 2024 seeking approval for it to go out for public consultation. Out with the formal meetings, we plan to involve the IJB in the following way: -

Forum	Date	Purpose
IJB Insights	11th June 2024	Agreement of Strategic Context, Direction and Priorities.
IJB Topic Specific Seminar	3rd September 2024	Update on output from consultation and engagement and rough first draft of Plan
IJB Insights	18th February 2025	Details of the outcome of public consultation and sharing final draft of Plan

4. Interim Beds Aberdeen City

Woodlands Care Home opened in 2022, it was the first new care home to open in Aberdeen City in 10 years. At the time of opening, Aberdeen City Health & Social Care Partnership were fortunate enough to be in a position to commission a significant number of emergency discharge beds. The success of the commission has in part been responsible for the reduction of delayed discharges of care and delayed discharges across the city. However, we now need to balance the challenging fiscal situation with the pressures on the acute sector and have therefore extended the commission of seven interim beds in Woodlands and two interim beds in another care home to support the ongoing pressures until March 2025. This is an overall reduction in the number of interim beds in the city in comparison to 23/24. This could increase the rate of delayed discharges from acute settings. The intention is to mitigate the rate of delayed discharges through other means including, further investment in technology enabled care and increasing the number of hospital at home beds in the city.

5. Aberdeen Health & Social Care Partnership Annual Conference

On 29 February 2024, ACHSCP held its first post Covid annual conference. The conference was a great success, with over 200 staff attending to hear presentations, share good practice, develop relationships across services and influence future priorities.

6. Staff Wellbeing

Many staff well-being activities recommenced in February after a winter break with the programme of 2024 activities and opportunities currently under development. The Integration Joint Board (IJB) is very keen that all staff take regular breaks. This is a priority for the IJB, as they recognize the importance of staff wellbeing and the positive impact it can have on the workforce.

7. Collaborative Commissioning

A series of two well attended workshops were held in February and March to help co-design the care at home contract for the next two years. Following these initial workshops, an additional two half day topic specific sessions are being planned for mid April to drill down into the specifics of the contract pathways. This work will be supported by the social care contracts team, social care providers and social work colleagues as well as third sector representation and Scottish Care Independent lead.

8. Complex Care - Stoneywood

The contract letter of award has been issued to Ogilvie Construction. Following receipt of signed acceptance by return, Aberdeen City Council Officers will, in late March, hold a pre-start meeting with the main contractor with a view of starting mobilisation on site within a 4-6 week period thereafter.

9. General Practice Informal List Management Update

All City practices are now open, however 7 are informally managing their lists. Informally managing a list is when a practice list size is at full capacity and the practice are not taking any new patients until their list size has reduced, however they are still open and if required the partnership can proactively assign a new patient if felt appropriate and necessary. The non-movement of patients policy continues to be in place from Scottish Government and we will continue to monitor and review this situation. For further information in relation to practice lists, open status and frequently asked questions, an information page for all has been created, and is published here.

10. RAAC

RAAC (Reinforced Autoclaved Aerated Concrete) was identified in 500 homes by Aberdeen City Council. As this is in the concentrated area of Balnagask in Torry, this will have an impact on the residents within the area and general practices will need to take cognisant of those most vulnerable. Patient registrations will require to be moved in a planned and phased approach to ensure people receive continuity of care and to not overwhelm practices in the receiving areas.

There could be a potential need for increased mental health and wellbeing support in the impacted community's. The HSPC mental health signposting page is linked on the ACC RAAC pages and if further interventions are required, Aberdeen City Council and Aberdeen City Health and Social Care Partnership will work together to explore this.

The main focus will be to minimise any disruption to patients and for practices to able to provide support and ensure people have continued access to healthcare, this will be achieved by working in a collaborative way with Aberdeen City Council colleagues to identify any new or existing vulnerabilities.

11. Asylum Seekers

Currently Aberdeen City is home to 400 asylum seekers, residing across 3 hotels. The team carry out Health Needs Assessments with all new arrivals to the city, to ensure anyone with immediate health needs are seen as soon as possible. To help with any additional work associated with this cohort of individuals, for example longer appointment times due to requirements for interpreters, the primary care team are working closely with practices and the vaccination team to deliver the services required.

12. Place2Be Update

Following recognition of a gap in counselling services for school children under age 10, and inability to recruit school nurses, NHSG in collaboration with Aberdeen City Council's education team invested in Place2Be, a children's mental health charity that provides counselling, mental health support and training in schools. Overall, 14 schools across the city have seen a total of 507 children supported in 683 sessions, the sessions are either 1:1 or Place2Talk drop in sessions. The top concerns discussed were friendships, supporting a friend and emotional issues – worries, sadness.

The top high risk concerns disclosed in 2023, (44) requiring involvement of CAMHS, social work or Police were physical abuse, suicide ideation and self-harm. Provision of Place2Be ensures positive outcomes for children under 10, providing access to services that ensure they have the support they need to thrive.

13. Aberdeen City Vaccination & Wellbeing Hub

The Aberdeen City Vaccination & Wellbeing Hub continues to grow in the number of services and voluntary organisations now attending each week to provide support to visitors focussing on prevention and early intervention. During March the Aberdeen City Central Health Visitors commenced clinics inviting 8 month old babies to the Hub for their developmental review. These clinics have been well received by families and clinics have been extended through April and May.

At the end of March the pre-school immunisation nurses opened walk in clinics on Tuesday and Thursday at the Hub to support families who are new to area, not yet registered with a GP or just looking for advice on their child's immunisation schedule. This has provided a great opportunity for the Health Visitors and Pre-school Immunisation Nurses to work collaboratively. Childsmile have also linked in with this collaboration and are attending the hub during these clinic times to engage with families whilst they are in the post vaccine/community café area.

During April and May, there will be further provision promoting Parkinson's Awareness Week, Learning Disabilities Week, Suicide Prevention Sessions and the Long COVID Practitioner Service will be attending, to promote services and support. May will also see the Hub taking part in the Grampian Wellbeing Festival.

14. NHS Scotland Annual Conference – 10th June

In March 2023, Caroline Anderson, Programme Manager for Vaccination & Wellbeing Hub met with Carol Jack, Policy Manager for Health & Social Care Scotland to put forward a bid to present

at the NHS Scotland Annual Conference on the 10th June. Following a short presentation, it was agreed that this would be put forward as a joint bid with other Partnerships focussing on 3 models of Care:

- Hospital at Home
- Health & Wellbeing Hub (Aberdeen Vaccination & Wellbeing Hub)
- Collaborative working between Health & Sport Organisations

This proposal was submitted and we have now received confirmation that it was successful. Aberdeen City Health & Social Care Partnership colleagues Caroline Anderson & Stephen Main will be presenting on the Main Stage, focussing on our Integrated Model of Care for prevention & early intervention.

15. Digital Investment

At the meeting of the Integration Joint Board (IJB) on 26 March 2024, the IJB earmarked £1.5m of its reserves for investment in digital capability during 24/25. Such investment is a critical component to the IJB meeting an anticipated budget gap of approximately £52m over the next seven years. This is against a backdrop of increasing demand on the health and social care system. The £1.5m fund will be used to create staff capacity and/or reduce contract and/or asset costs associated with existing technology used by ACSHCP. Therefore it is anticipated that any proposed investment will be able to evidence one or more of the following:

- Prevention of current or projected demand on ACHSCP services (or on partner services, particularly where those partners provide a share of upfront investment costs);
- Earlier intervention to meet a need to prevent additional costs associated with later interventions;
- Reduction in time to complete tasks;
- Rationalisation of digital systems to enable more complete records to drive personalised services and demand forecasting;
- Removal of need for humans to do tasks;
- Promoting the principles of 'intelligent government' (e.g., one org experience regardless of customer entry point, data driven decision making, predictive demand etc.);
- Removal of duplication; and
- Reduction of errors.

Following a period of engagement and dialogue with the providers, and with support from Aberdeen City Council and NHS Grampian digital teams, the ACHSCP senior leadership team have endorsed a prioritised set of projects designed to build the partnership's digital capability and deliver benefits listed above. The technical and commercial details are currently subject to a process of due diligence. It is anticipated that following this process recommendations will come before the Integration Joint Board during 24/25 to seek approval for more detailed investment proposals.

16. Professor Roy Soiza becomes the new Editor-in-Chief of Age and Ageing

Professor Roy Soiza is a consultant geriatrician with NHS Grampian and an honorary professor of ageing and health at the University of Aberdeen. He has been appointed the Editor-in-Chief of the British Geriatrics Society journal, "Age and Ageing", which is the leading scientific journal in the field of geriatric medicine and will take over from Professor David Stott, who has led the journal for the past six years.

Regional Updates

17. General Practice Vision Programme

In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and objectives that capture the changes required to move towards a more sustainable general practice sector within the area. This was approved by the 3 Grampian IJBs in March 2024.
The vision and objectives will be delivered via the creation of a new programme board, which in turn, will be supported by project sub groups. Existing resources within Health & Social Care Partnership teams have been identified and released to deliver on the prioritised objectives.

18. Digital Telecare

The analogue to digital programme is a response to the decision of the UK telephony providers to switch from analogue to digital networks by December 2025, which affects the existing alarm receiving centre (ARC) platform and the connected alarm devices. The programme aims to deliver a reliable and robust digital telecare emergency response service before the deadline.
The programme covers deploying a Digital ARC Platform, replacing analogue dispersed alarm units with digital ones, maintaining connectivity for internal and external customers alarms devices, and various transformation activities.

The project team is working with the Scottish Government Digital Office as an early adopter of the Shared ARC Framework, which was awarded to Chubb Skyresponse in November 2023. The team is in the process of finalising the commercial and technical details before placing the order and starting the rollout by End of May 2024.

50% of the analogue dispersed alarm units were replaced by digitally capable units by end of December 2023 which resulted in the Digital Office awarding Aberdeen City HSCP and Bon Accord Care the Bronze Award for Digital Telecare Implementation. So far, approaching 75% of the analogue dispersed alarms have been replaced with digitally capable units.

The analogue to digital project team is regularly meeting with internal and external customers, such as Aberdeen City Corporate Landlord, Shire, Moray and Registered Social Landlords, to ensure a smooth transition of their alarm devices to the new digital ARC platform.

National Updates

19. National Care Service

On 29 February 2024, the Scottish Parliament agreed the Stage 1 general principles of the National Care Service (Scotland) Bill as introduced. The Bil will now move to Stage 2 of the parliamentary process where amendments will be considered. At the time of writing, the Scottish Government has yet to publish its proposed amendments to the Bill as part of Stage 2. It is anticipated that there will be several amendments to reflect the process of 'co-design' since the Bill was introduced and dialogue between key stakeholders such as the Convention of Scottish Local Authorities (CoSLA) and the National Health Service (NHS).

Aberdeen City's National Care Service Programme Board, chaired by the Chief Operating Officer, will continue to monitor the situation and engage in the process as it develops.

20. Use of Carers Funding 2022/23 – COCIS Report and STV News Article

The Coalition of Carers in Scotland (COCIS) published a recent report on the way the funding provided to support unpaid carers and the implementation of the Carers (Scotland) Act 2016 was utilised across Health and Social Care Partnerships in Scotland in financial year 2022/23. The information was picked up by STV news whose headline claimed that Scotland's carers had been 'short-changed' by £25m. The team implementing the Carers Strategy in Aberdeen City wanted to provide the IJB with comment on this headline to confirm the detail as it relates to Aberdeen.

The COCIS report indicated that around £19m of the funding awarded for carer support had not been allocated to health and social care partnerships. The report does not indicate the source of the information upon which this claim is based so it is difficult to comment on it, certainly in terms of the national picture. The other £6m 'gap' relates to spend that was either not related to carer support or the implementation of the Carers (Scotland) Act 2016, or had not yet been allocated. Details of the way the allocation had been spent were gleaned from a survey sent to health and social care partnerships, all except one of whom responded, so it is believed this aspect of the report is accurate. Aberdeen City Health and Social Care Partnership was one of the partnerships who responded.

In relation to Aberdeen city, as far as we are aware, all of the funding awarded for carers support in 2022/23 was allocated to the partnership. The total funding that year was £2,559,067 and 95% of that funding was used for direct or indirect support for carers and implementation of the legislation. This compares to 91% nationally. £132,604 was unallocated at the end of the year and the reason for this is that there were delays, particularly to respite services, remobilising fully after the pandemic.

100% of the carers support funding allocation was spent in 2023/24 and the Carers Strategy implementation Group continues to have a focus on ensuring that there is oversight of this expenditure on an ongoing basis including the introduction of a new initiative, the Carers Improvement Project Fund. This operates in a similar way to the Health Improvement Fund. Groups or individuals can bid for funding and these bids are assessed and scored against

pre agreed criteria. This ensures that this funding is allocated to the types of support that carers themselves are seeking.

21. <u>The Health and Care (Staffing) (Scotland) Act 2019</u>

The Health and Care (Staffing) (Scotland) Act 2019 (the Act) came into force on 1st April 2024. The Act provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and are able to raise concerns.

For health settings, the Act places a duty on NHS Grampian to ensure both appropriate numbers of staff and appropriate types of professions. It is estimated 80% of health professions in Grampian will be within scope of the Act. Where health care is delegated to an integration authority, the duties and requirements under the Act still apply. To support these duties, the Act lists a number of other requirements that must be followed, such as:

- reporting to Scottish Ministers on the use of high-cost agency staff
- identifying risks relating to staffing in real-time, and having a procedure to address these
- seeking and having regard to advice given by clinicians on staffing
- ensuring adequate time is given to clinicians who lead a team of staff to fulfil their leadership responsibilities
- ensuring staff receive appropriate training for their role
- using the common staffing method (only in certain circumstances)

For care settings, the Act places a duty on those who provide care services to ensure both appropriate staffing and appropriate training of staff. Local authorities and integration authorities will have to consider the requirements of the Act when they plan or secure care services.

Relevant organisations will have to report annually to the Scottish Ministers on how they have carried out their duties in relation to the Act. Healthcare Improvement Scotland is responsible under the Act for monitoring compliance by Health Boards and the Care Inspectorate will continue to register, inspect and monitor care services.

ACHSCP and colleagues in NHS Grampian have been preparing for this legislation for some time now. NHS Grampian have set up a dedicated Programme Board as well as an Implementation Team and an implementation plan has been developed which staff are now working on. ACHSCP are represented on both the Programme Board and the Implementation Team. Guidance for staff has been issued and online training is available. It is particularly important that we are able to meet the reporting requirements, some of which are due on a quarterly basis.

In terms of governance, implementation of the Act will be monitored through our Workforce Plan and both Clinical and Care Governance and Risk, Audit and Performance Committees. It is proposed that time at the Topic Specific Seminar on 25th June is dedicated to providing more detail on the requirements of the Act and our response to it.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

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

5.2. Financial

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

5.3. Workforce

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

5.4. Legal

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

5.5. Unpaid Carers

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

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

5.9. Other

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

6. Management of Risk

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

6.1. Identified risks(s)

There are no identified risks related to this report.

Appendix A.

Flexible Rostering Evaluation

March 2024

Authors:

Dr Aiden Hannah, Principal Information Analyst, Public Health Scotland

Niki Couper, Senior Information Analyst, Public Health Scotland

Dr Calum Leask, Transformation Programme Manager, Aberdeen City Health and Social Care Partnership

Key Points

- A flexible rostering system has been in place across community nursing in Aberdeen City Health and Social Care Partnership (ACHSCP) since January 2023.
- An evaluation was conducted using a staff survey, aiming to understand community nursing staff's perceptions and experiences of the current flexible rostering system.
- Overall, the majority of staff responding to the survey were generally satisfied with the flexible roster, commonly due to the flexibility it allows and its ability to let individuals plan in leave at suitable times.
- The main recommendations are to:
    - Explore making the roster accessible online across all teams, to provide greater equity of access and choice to staff and reduce disparity between part time and full time staff in particular.
    - Explore widening the date range over which staff are able to allocate shifts to enable more advanced planning and support a healthy work/life balance.
    - Explore any variations in local implementation of the flexible rostering system to identify cross-team learnings that could benefit all community nursing staff.
    - Support the implementation of protected time for statutory, mandatory and profession-specific learning, including supervision and monitoring of training completion rates.
    - Review communications around the rostering process to ensure transparency for staff and that the opportunity for regular feedback and involvement in decision making processes is available.

Integration Joint Board

Contents

INTEGRATION JOINT BOARD

1. Background

The Community Nursing Service delivers nursing care to those patients who are unable to have their needs met in a clinic-based setting. Some patients require multiple interventions several times per day, while others can only receive one visit every three months. The caseload of the Community Nursing teams is large (approximately three thousand patients in total) and challenging to manage, with many ad hoc unscheduled visits per day.

Traditionally, the majority of planned care is carried out Monday to Friday, and a smaller community nursing staffing establishment is available at weekends to meet both the unscheduled and scheduled care required. This approach also minimises the cost burden of delivering a community nursing service seven days per week.

Historically, staff were on a fixed roster (working every fifth weekend), which meant that staffing levels could vary from one weekend to the next. Due to the changing needs of the patient population, the demands placed on the service at weekends increased. As a result, there became a need to understand how the service could operate differently to ensure that appropriate levels of patient care remained available every day, in a sustainable manner for staff.

In Summer 2022, three tests of change were carried out to investigate the effect that a change of rostering (rota) system would have on the nursing provision for the Community Nursing Service at weekends. An evaluation was conducted investigating patients' views, staffs' views and service provision over the test period of the different rostering systems implemented.

The flexible rostering system, where no staff member works fixed weekends and everyone who works weekends submits requests for the weekends they wish to work and/or are unavailable to work, was identified as the preferred option from the analysis undertaken. This method of roster means that the number of staff scheduled can be tailored to the projected need. Consequently, a flexible rostering system was adopted across community nursing in Aberdeen City Health and Social Care Partnership (ACHSCP) in January 2023.

This evaluation, therefore, aimed to understand community nursing staff's perceptions and experiences of the current flexible rostering system.

2. Methodology

A working group was developed to create an evaluation framework, based on the previous 2022 evaluation results and the aims of the current flexible rostering evaluation.

The original methodological approach adopted in summer 2022 was first reviewed, with the aim of allowing for comparison over time where appropriate. The original approach involved investigating both patient and staff views. The evaluation showed, however, that patient experience did not significantly change regardless of the rostering model adopted, with each being acceptable to patients. Therefore, this new evaluation focussed solely on staff feedback.

Furthermore, a Microsoft Forms survey was developed to collect feedback from staff working in community nursing in ACHSCP. This was created based on refinements made to the original test of change survey, centred around the principle of asking only the most appropriate questions to minimise the burden on respondents. Moreover, the survey questions were reviewed and validated by an external organisational change group.

The survey was distributed via existing team communication mechanisms, with all community nursing staff given the opportunity to anonymously respond over a two-week period. The data collected was a combination of quantitative and qualitative information, collected between the 19th February 2024 and the 1st March 2024.

The survey data was subsequently analysed using a variety of standard quantitative approaches (averages, ranges and distributions for example) and qualitative approaches (grouping comments by theme and sentiment for example). Where appropriate, results were compared to the 2022 pre-test of change baseline survey results.

3. Results

3.1. Survey respondent demographics

In total, 54 individuals submitted responses to the survey. The majority of respondents were community nurses (70%), with the remaining respondents split between different roles as shown in Figure 1.

INTEGRATION JOINT BOARD

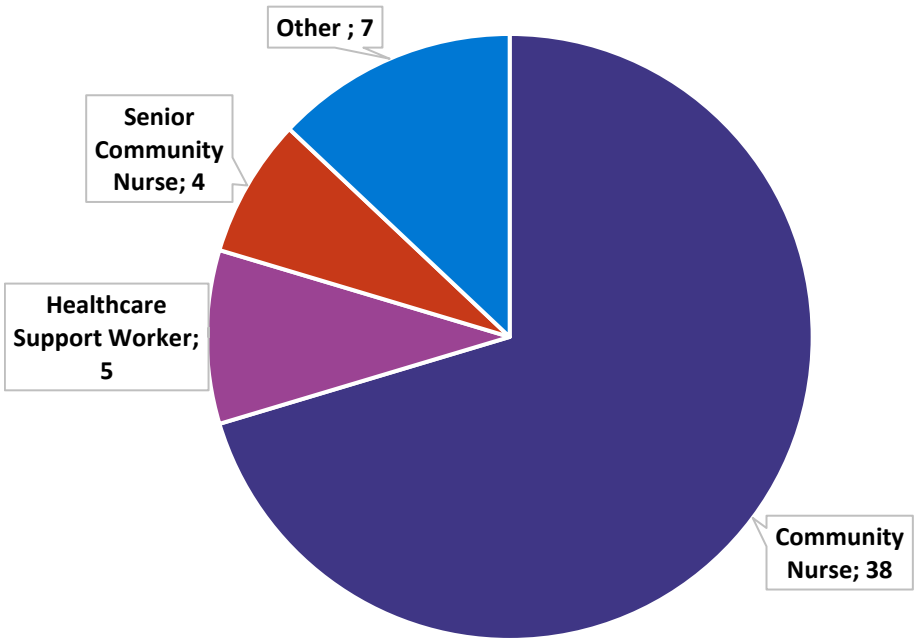


Figure 1. Survey respondent role categories and numbers, with 'Other' including team leaders, district nurses, trainee district nurses and assistant community practitioners.

Representation from each community nursing team (area) varied from one respondent (Bucksburn) to 19 respondents (Foresterhill), as shown in Figure 2. Three respondents worked across more than one team.

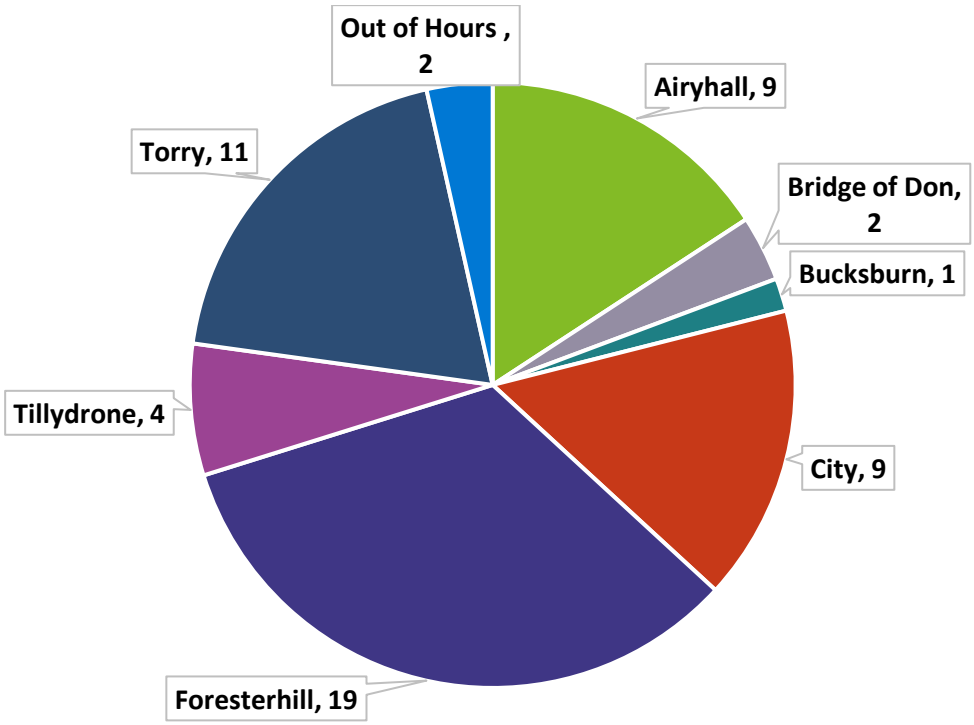


Figure 2. Spread of survey respondents by team (area). Note: respondents were able to select more than one team, with n = 3 selecting two teams.

Furthermore, the majority of survey respondents (78%) joined the community nursing team before the flexible rostering system was implemented in January 2023.

3.2. Overall satisfaction with the flexible rostering system

Overall, survey respondents were generally more satisfied than dissatisfied with the current flexible rostering system, giving it an average rating of **6.7/10** when asked to rate their satisfaction on a 1-10 scale. The spread of responses is shown in Figure 3. Only a minor difference in satisfaction existed between those joining before the implementation of the current flexible rostering system in January 2023 (6.8) or joining in January 2023 or later (6.5)

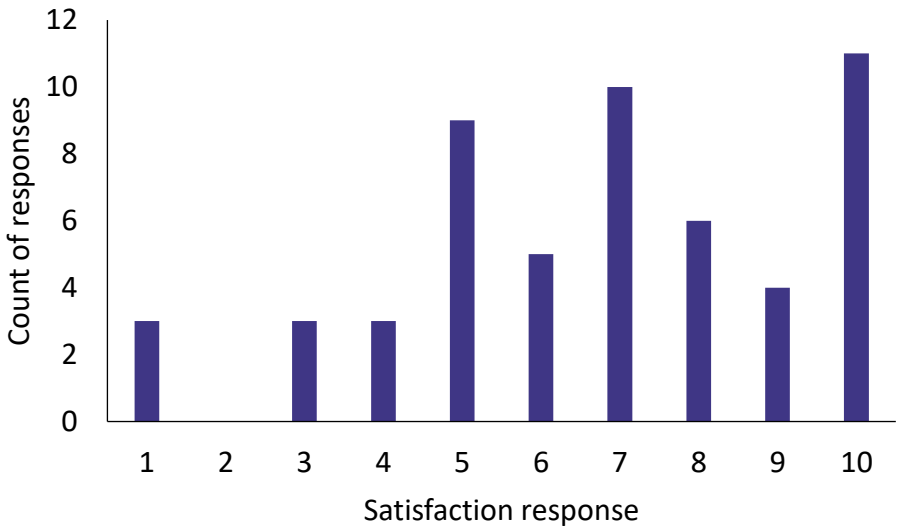


Figure 3. Spread of responses to the question 'Overall, how satisfied are you with the current flexible rostering system?' (1-10 scale).

Most respondents (80%) chose to comment on why they had chosen their selected satisfaction score. Split between positive (47%), negative (37%) and neutral (16%) comments, the most common emerging themes were:

- **Equality/fairness**

  Feedback highlighted that some staff face difficulties in accessing the rostering system in a timely manner to be able to select their preferred shifts. Further, there was a desire to have a greater understanding of how the system operates and how shifts are distributed between staff.

" [Rostering] Sheet cannot be accessed by everyone unless in work. It can be difficult to pick regular weekends and sometimes all the slots are chosen."

"Makes it easier to plan your year and avoid swaps if you can select your own however if the dates go up when you are not at work (part-time working or holidays) it is very difficult to select weekends or you don't get any weekends."

- **Work/life balance**

  Many respondents spoke positively of the flexibility the system allows and its ability to let individuals plan in leave. Some concerns were raised around a lack of knowing when you are working, and for some a reduced ability to plan when compared to fixed rotas. Furthermore, feedback indicated differences in the way some staff experience the system.

"It is good being able to choose which weekends I would like to work to fit in with out of work life"

"[You are] only allocated weekends you can actually work. Very flexible."

"[You] don't know when you are working. People come to community to aid family life, [it is] forcing people out of community which is already so short staffed"

- **Staffing**

Staff highlighted that the flexible rostering system appears to work well when well-staffed, but for some there can be occasions where it is difficult to cover all weekends resulting in some staff working more weekends than others. Others felt more positively about the ability of weekends to be covered but noted feelings of reduced weekday staffing.

"Self rostering works well to cover the weekends, but I feel it could be improved. Maybe part timers could book theirs first"

"I do think that it has decreased staffing during the week"

- **Work pattern**

  Some staff (in particular those working full time) noted they can experience periods of working seven days in a row, highlighting this as *"tiring"* and *"sometimes dangerous".* Although not fully attributable to the flexible rostering system itself, it is important to recognise the impact that flexible rostering may have upon the working patterns available to staff and providing them with adequate time to rest.

"[I] often have days off before the weekend rostered on which can be tiring by Friday day 7. (where as [having] days off after the weekend on, being day 7 [on] a Sunday, is less exhausting)."

3.3. Views on specific elements of the rostering system

To compliment the qualitative feedback presented above, survey respondents were asked to rate their level of satisfaction with a variety of specific aspects of the current flexible rostering system, from one (very dissatisfied) to five (very satisfied). Specifically, their views on: their ability to achieve good work/life balance, their ability to plan in leave/days off when needed, the ease of use of and access to the rostering system, and the fairness of the rostering system.

While the qualitative feedback highlighted a number of potential areas for improvement, when asked to quantify their satisfaction respondents were once more generally more satisfied than dissatisfied (Figure 4).

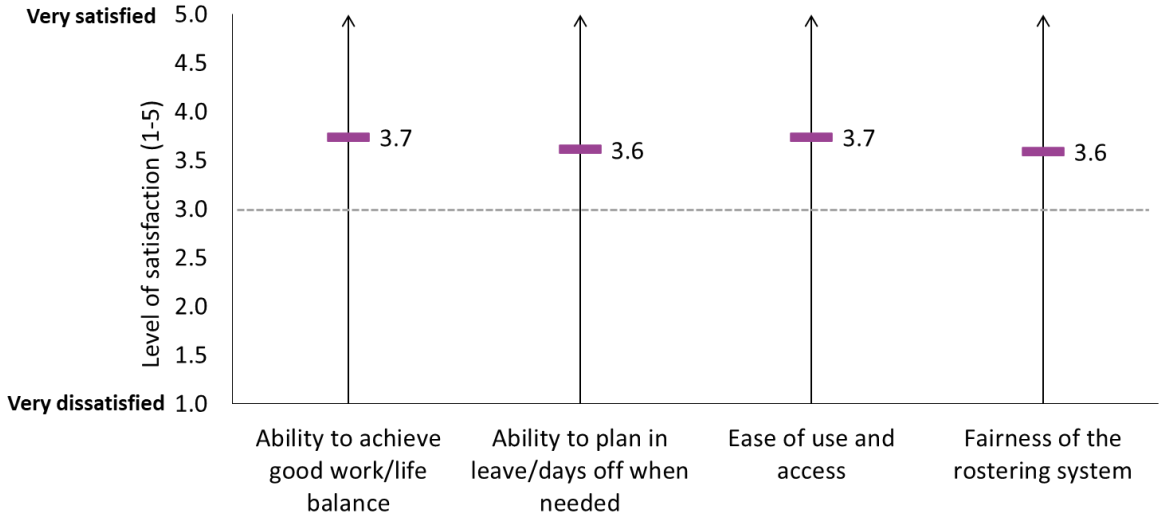


Figure 4. Satisfaction with specific elements of the flexible rostering system (average respondent score).

The majority of respondents were satisfied (selecting four or five) with their **ability to achieve a good work/life balance** (59%), **ability to plan in leave/days off** (57%) and **ease of use and access to the system** (61%). In terms of the **fairness of the rostering system**, respondents were more evenly split between being satisfied (selecting four or five, 44%) and neutral (selecting three, 43%). Crucially, respondents were far less likely to report dissatisfaction (selecting one or two), as shown in Figure 5.

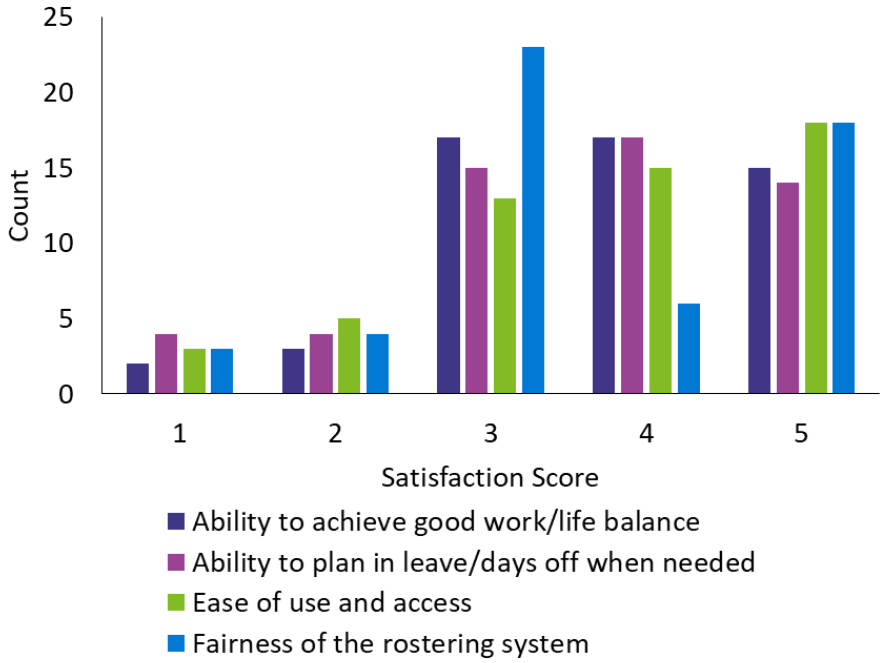


Figure 5. Spread of reported satisfaction scores for various elements of the flexible rostering system, from 1 (very dissatisfied) to 5 (very satisfied).

3.4. Assessment of wider impacts

In a similar manner to the original Community Nursing Seven Day Working Evaluation conducted in 2022, this survey obtained views from staff on a number of key wider aspects of their work that could have the potential to be impacted by a change in rostering system.

3.4.1 Ability to carry out allocated work within working hours

The majority of survey respondents reported being able to carry out their allocated work within working hours on the last weekday (78%, excluding N/A responses) or weekend (85%, excluding N/A responses) that they worked (Figure 6). These rates are slightly lower than the average 2022 pre-test of change baseline survey results (85% average for weekdays and 89% for weekends, excluding N/A responses). However, there there are numerous potential factors unrelated to the rostering system that may have impacted staff's ability to carry out their allocated working within working hours.

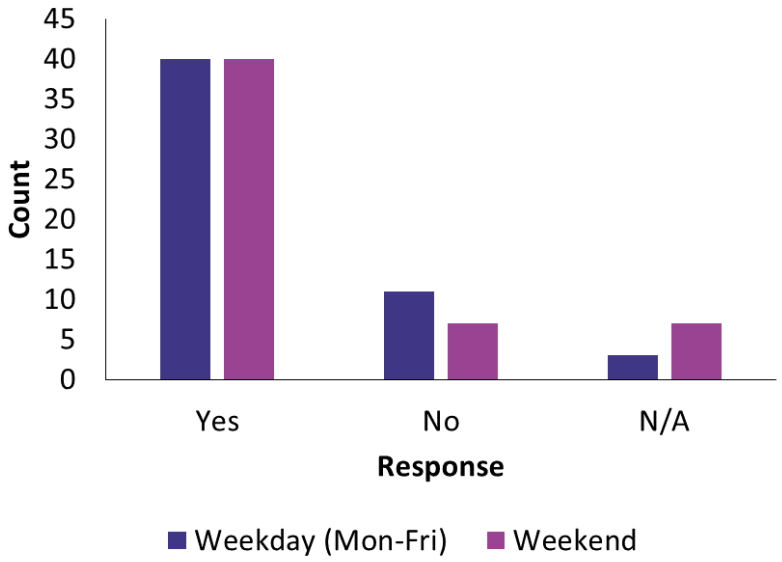


Figure 6. Responses to the question 'Thinking about the last weekday/ weekend you worked, were you able to carry out your allocated working within your working hours?'

3.4.2 Ability to take full break entitlement

The majority of survey respondents reported being able to take their full break entitlements on their last weekday/weekend worked, but less so at weekends than during the week (75% for weekdays vs 70% for weekends, excluding N/A responses) (Figure 7). These rates are, once again, lower than those reported in the 2022 pre-test of change baseline survey results (82% average for weekdays and 84% for weekends, excluding N/A responses), however there are similarly a multitude of potential influencing factors.

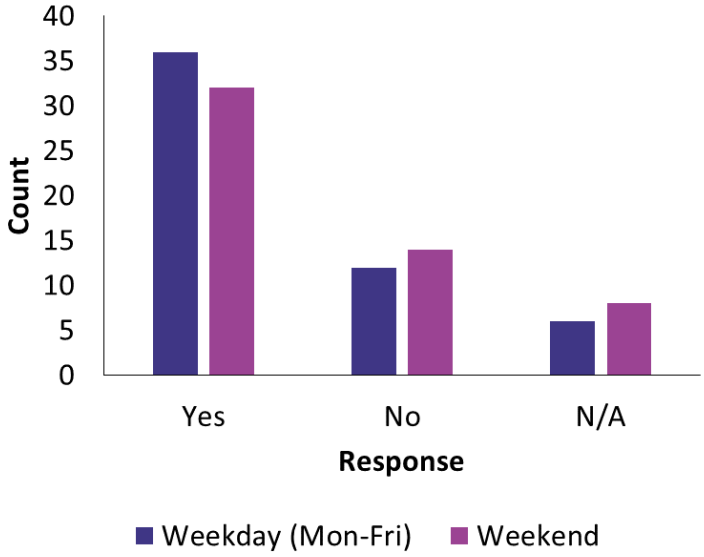


Figure 7. Responses to the question 'Thinking about the last weekday/ weekend you worked, were you able to take your full break entitlement?'

3.4.3 Receiving support from colleagues

A strong majority of staff agree that they received appropriate support from colleagues during their last shift: 100% and 95% of respondents, when referring to weekday and weekend shifts respectively (excluding N/A responses, Figure 8). This result is very similar to the average results obtained during the 2022 pre-test of change baseline survey, indicating that the flexible rostering system has had no significant impact in this area.

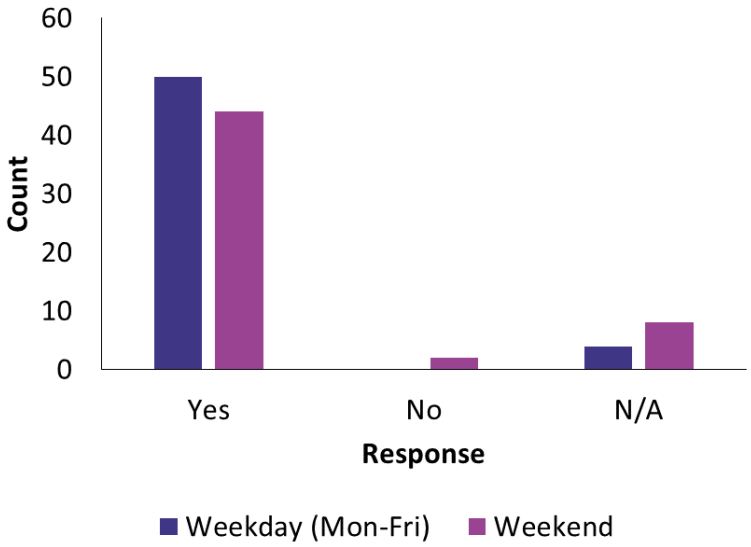


Figure 8. Responses to the question 'Thinking about the last weekday/weekend you worked, did you feel you received the support you needed from your colleagues?'

3.4.4 Time for learning and development

The majority of staff reported not having had time for learning and development during their last weekday/weekend shift (Figure 9). Only 27% of respondents had time for learning and development during weekdays and 11% during weekends (excluding N/A responses). Comparing to the 2022 pre-test of change baseline survey results, a greater proportion of individuals reported time for learning/development during weekdays in 2024 (average 18% in 2022, excluding N/A responses), but fewer reported having time at weekends (average 13% in 2022, excluding N/A responses).

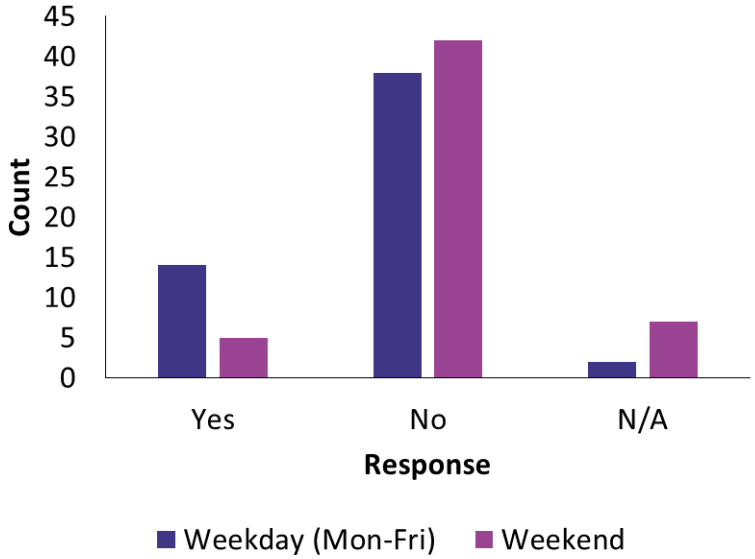


Figure 9. Responses to the question 'Thinking about the last weekday/ weekend worked, did you have time for any learning and development?'

It should be noted that this result represents only a snapshot in time, with staff being asked to recall any time for learning and development during their last working weekday/weekend alone. Furthermore, it is expected that staff will have less time for formal learning and development activities at weekends in order to minimise weekend working. While newer staff are expected to undertake greater volumes of learning and development, all staff require appropriate opportunities for professional learning.

Insufficient opportunities for learning and development activities are more widely recognised as a systemic area for improvement across the NHS. Furthermore, in February 2024 the Scottish Government agreed to the implementation of the Agenda for Change review's recommendations on reform of the NHS pay scheme, including protected time for statutory, mandatory and profession-specific learning. Supporting the implementation of this change within community nursing should stand to improve staff experiences in this regard in future.

4. Conclusions and Recommendations

Overall, the findings of this survey suggest that the majority of community nursing staff are generally satisfied with the flexible rostering system that has been in place since January 2023. The main reported benefits of this system are the flexibility it allows and its ability to let individuals plan in leave at suitable times.

The survey has, however, highlighted a number of potential areas of improvement which, if addressed appropriately, could improve staff experience of using the flexible rostering system and overall satisfaction with its use. Consequently, the following recommendations are proposed:

1. Explore making the roster accessible online across all teams, to provide greater equity of access and choice to staff and reduce disparity between part time and full time staff in particular.

   “The roster needs to be accessible online so everyone can access it if they are not at work and informed it is now available for everyone to choose their shifts.”

2. Explore widening the date range over which staff are able to allocate shifts to enable more advanced planning and support a healthy work/life balance.

   "I believe as much notice as possible of what shifts you are allocated is always beneficial for work/ life balance."

3. Explore any variations in local implementation of the flexible rostering system to identify cross-team learnings that could benefit all community nursing staff.

   "Both teams are trialling different ways of working the weekends to determine the favoured way of working."

4. Support the implementation of protected time for statutory, mandatory and profession-specific learning, including supervision and monitoring training completion rates.

The majority of community nursing staff reported not having had time for learning and development during their last weekday/weekend shift.

5. Review communications around the rostering process to ensure transparency for staff and that the opportunity for regular feedback and involvement in decision making processes is available.

"I don't think it's very fair, some staff members are picking up a lot more weekends than others, [I'm] not sure how it works to be honest."

It should be noted that some limitations to this evaluation exist. Firstly, there were fewer responses to this survey (n = 54) then the 2022 pre-test of change baseline survey (n = 87) and limited representation from some teams. This could have had the potential to skew the results, however it is an expected consequence of the 'survey fatigue' experienced by many individuals in recent months in addition to very busy workloads leaving limited time for survey completion. Furthermore, many of the challenges explored in this evaluation are complex areas that can be impacted by multiple external factors, therefore some of the feedback obtained cannot be directly or solely attributed to the implementation of the flexible rostering system (as highlighted throughout this report).

Acknowledgements

With thanks to the community nursing staff who took part in the survey and shared their views, and all those who were part of the wider organisational change group who supported the development and dissemination of the survey.

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	7 May 2024
Report Title	EOMF, IIA, and Public Engagement guidance updates
Report Number	HSCP24.025
Lead Officer	Alison MacLeod Lead for Strategy and Transformation
Report Author Details	Stuart Lamberton Transformation Programme Manager SLamberton@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a) Equality Outcomes and Mainstreaming Framework b) Assessing the Impact of Policies and Practices Guidance c) Our Guidance for Community Engagement, Human Rights and Equalities
Terms of Reference	1 - Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself

1. Purpose of the Report

1.1. The purpose of this report is to share with the Integration Joint Board (IJB) our progress in relation to the Equality Outcomes and Mainstreaming Framework (EOMF). This report also details updates to the Assessing the Impact of Policies and Practices and our Guidance for Community Engagement, Human Rights and Equalities.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the progress report in relation to the Equality Outcomes and Mainstreaming Framework (Appendix A)
b) Approves the revised 'Assessing the Impact of Policies and Practices' (Appendix B).
c) Approves the revised 'Our Guidance for Community Engagement, Human Rights and Equalities' (Appendix C).

3. Strategic Plan Context

3.1. This report links directly to our vision and the delivery of the strategic aims and priorities within the Strategic Plan. This progress report together with updates to our Assessing the Impact of Policies and Practices and Our Guidance for Community Engagement, Human Rights and Equalities demonstrates the continuing delivery of, and commitment to key actions under the Caring Together and Achieving Fulfilling and Healthy Lives aims, particularly in relation to empowering communities to be involved in planning and leading services locally and tackling inequality.

4. Summary of Key Information

4.1. On 25 May 2021 the IJB approved the EOMF 2021 – 2025 for Aberdeen City. The aim of the EOMF was to embed a culture of equality and human rights across all services. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 places a duty on the IJB to report progress biennially and the previous progress report was presented to the IJB on 25 April 2023 and subsequently published on the Assessing our Impact page of the ACHSCP Website. Although our next biennial report is not due to be published until May 2025, as the equality outcomes had been revised last year it was agreed that IJB would receive an annual report on the progress made against these. The progress report covering the previous 12 months is contained at Appendix A.

4.2. The report at Appendix A shows that all Equalities Outcome actions are in progress and on track to be completed by April 2025. Work on some of these projects has already been completed. Updates are included on the:

- Review of availability of the range of independent advocacy and implementation of the recommendations from that review.
- Development of a Mental Health triage approach in Primary Care to improve patient experience and promote self-management

- Reduction of smoking prevalence across population and prevent e-cigarette and emerging tobacco produce use among young people.

4.3. At the IJB meeting on 25 April 2023 the revised guidance on Assessing the Impact of Policies and Practices was approved which provided guidance to all staff on completing Integrated Impact Assessments (IIAs). Within the guidance is the template for completing IIAs and this has now been updated to include the following:

- Section 21 of the Consumer (Scotland) Act 2020 which places a duty on public bodies to have regard to consumer interests when making decisions of s strategic nature. This duty will apply to the IJB from 1 April 2024.
- The Armed Forces Act 2021 which has created the Armed Forces Covenant Duty. This requires the IJB to have due regard to the particular needs of the Armed Forces Community when making decisions.
- Since the revised guidance on Assessing the Impact of Policies and Practices was approved there have been specific situations that have required multiple IIAs to be considered as part of an overarching report. As such the template has been updated to include a section in the Proportionality and Relevance stage where staff can include relevant documentation which supports the overarching report.

4.4. In June 2023 the EHRC published good practice examples from across Scotland and of the eight examples demonstrated Aberdeen City IJB were highlighted on two of these. These were in relation to taking action in relation to feedback received and building in a specific review stage for all IIAs. The revised Assessing our Impact policy can be found at Appendix B.

4.5. The existing "Our Guidance for Public Engagement, Human Rights and Inequalities" was adopted by the ACHSCP in May 2021. Whilst there are many similarities between it, and the revised Our Guidance for Community Engagement, Human Rights and Equalities detailed in Appendix C, there are some significant updates and additions.

4.6 In regard to Community Engagement, the revised Our Guidance for Community Engagement, Human Rights and Equalities now:

- Places greater emphasis on the legislative and regulatory requirements allied to Community Engagement work.

- Puts greater emphasis on the importance of considering the steps we need take in relation to Data Protection compliance.
- Draws attention to the recently developed IIAs, which supersede the ACHSCP's previous guidance 'Health Inequalities Impact Assessment' (HIIA's). This is an essential foundation to ensure we meet our obligations regarding Human Rights and Equalities.
- Provides an update on how we can value 'lived experience' in our engagement work. It draws attention to recent guidance (February 2024) from the Scottish government on paying people who are contributing their time to participation activities.
- Makes reference to suggested minimum standards for learning and development in relation to Community Engagement work.
- Highlights the process by which organisation can self-evaluate their Community Engagement work at an organisational, rather than project based, level.
- Updates information relating to 'emergency situations' and 'temporary arrangements' as per COSLA and the Scottish Governments updated "PLANNING WITH PEOPLE Community engagement and participation guidance" (April 2023).

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

This report confirms arrangements for the IJB's compliance with the Human Rights Act 1998, Equality Act 2010, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, and the Fairer Scotland Duty (set out in Part 1 of the Equality Act 2010). It also includes updates to our guidance on IIAs in considering the Consumer Scotland Act 2020 and the Armed Forces Act 2021.

5.2. Financial

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

5.3. Workforce

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

5.4. Legal

The risks associated with not implementing the recommendations include; non-compliance with legislation, legal challenges which could impact on service redesign to deliver financial efficiencies, and potential regulatory or enforcement action.

5.5. Unpaid Carers

Unpaid Carers are one of the groups considered in terms of impact assessment and, where relevant, would be consulted on the development of any new policy or practice.

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

6. Management of Risk

6.1. Identified risks(s)

There is a risk that the IJB fails to maximise opportunities to engage with people with protected characteristics when planning and delivering services which could potentially lead to harm or exclusion of certain groups.

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

This report links to Strategic Risk 6.

Cause: Need to involve lived experience in service delivery and design as per Integration Principles.

Event: IJB fails to maximise the opportunities created for engaging with our communities.

Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.

The process, documentation and approach described in this report will improve the IJB's ability to demonstrate its due regard to the equality duty to the Scottish Parliament's appointed regulator. The quality of life for people who share a protected characteristic, have shared lived experiences and groups experiencing inequality will also improve as services are coproduced and become more accessible

Aberdeen City Health and Social Care Partnership

Equality Outcomes and Mainstreaming Framework

Annual Progress Report
May 2024

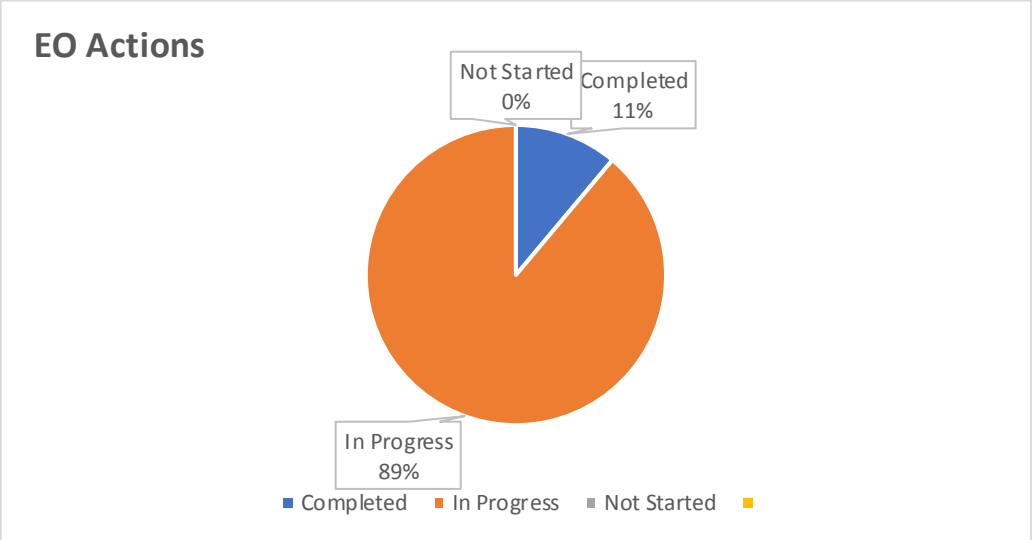
Equalities Outcomes and Mainstreaming Framework

Aberdeen City Health and Social Care Partnership published the Revised Equality Outcomes in March 2024. All Equality Outcome actions are to be all delivered by April 2025. This appendix shows progress each equality outcome action for this year.

Equality Outcomes

1. People with both mental and physical disabilities have improved experiences of care.
2. Older people received the right care, in the right place at the right time.
3. All residents of Aberdeen have equal access to health and care services.
4. The top preventable risk factors are tackled particularly in areas of deprivation (those experiencing health inequality)
5. Service design and delivery is informed by the diversity of experience with Aberdeen communities.

Our equalities outcomes are embedded in the Strategic and Delivery Plan and especially Delivery Plan year 3, within the Medium Term Financial Framework that is going to March 2024 IJB.



Equality Outcome 1:	**People with both mental and physical disabilities have improved experiences of care.**		
Link to General Duty:	Eliminate discrimination and advance equality of opportunity		
Status Key	Completed	In Progress	Not Started
8 Total Actions	**1**	**7**	**0**

Action	Review availability of the range of independent advocacy and implement any recommendations from the review.	Status
		Completed

Review of the Advocacy services took place over 2023, and a new contract was awarded to Aberdeen Advocacy Services.

The new arrangements are now under one contract providing an advocacy service to people with the following health and care needs

- Learning Difficulties
- Mental disorder/mental health problems

- Dementia
- Personality disorder
- Older people with mental disorder/mental health problems
- Children and young people with mental health problems
- People who lack capacity
- Substance misuse problems where there is also a mental health problem
- Carers

Independent Advocacy must be made available to adults and children who may be subject to the 2003 Act or have a mental disorder as defined by the Act. Unmet need will be monitored and data collected.

Medication Assisted Treatment (MAT) standard (8) is that all people have access to **independent advocacy** and support for housing, welfare, and income needs. Therefore, this contract covers this national policy/standard request for clients who are open to Substance Use Services. This part of the independent advocacy contract is funded by the Aberdeen City Alcohol and Drugs partnership. The relevant Scottish Government policy/directive can be found here - https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/documents/

Action	Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements	Status: In Progress

A specialist provision Market Position Statement (MPS) is being developed to determine what housing and accommodation we have, what the current and future needs of our population are and will be, and to forecast future housing requirements for people with a variety of needs in. Aberdeen City Health & Social Care Partnership is undertaking the whole system evaluation on specialist accommodation by identifying more capital or commissioned projects within the Strategic Housing Infrastructure Plan and Local Housing Strategy.

The MPS is considering the following areas of need: - hospital admissions and delayed discharge, care home, care at home and home based short term support, substance use, neurology and acquired brain injury, acute care, complex care from dynamic support register, bariatric care, mental health and learning disability, sheltered housing, very sheltered housing, dementia care, forensic mental health accommodation, palliative end of life care, equipment and housing adaptation, children and young people with lifelong care and support needs

Action	Help people to ensure their current homes meet their needs including enabling adaptations.	Status: In Progress

The Disabled Adaptations Group (DAG) have developed a reporting template to capture accurate information data in relation to adaptations. The DAG comprises of various members from ACC, ACHSCP, Registered Social Landlords, Private Sector housing and more. Thus far for 2023/24 across the City there have been a total of 184 major adaptations completed, these include level access showers, ceiling tack hoists, and ramps. There has also been a total of 1234 minor adaptations completed and these included shower seats, step alterations, grab rails, and electrical work. The DAG now produces regular quarterly reports and provides detail on these quarters throughout the financial year, this is now in its second year of full reporting. The DAG reviews the data

and uses this to challenge performance and lobby for equity in budget and adaptation provision. Currently, the Scheme of Assistance is being reviewed and the group are also working through the new guidance on the provision of equipment for adaptations 2023 and will provide a summary report on compliance once the review has been completed.

Action	Work with Children's Social Work and health services, to predict and plan for future Complex Care demand including developing and implementing a Transition Plan using the GIRFE multiagency approach for those transitioning between children and adult social care services, initially for Learning Disabilities	Status In Progress
Project work has been undertaken within Childrens' services to understand current and future demand for Complex Care services. Predicted need has now been established for the next 3 years and a process for continuing this approach has been established and will be embedded as Business as Usual.		

Action	Undertake and implement a strategic review of the Neuro Rehabilitation Pathway	Status In progress
The outcomes of the Neuro rehabilitation pathway have been presented to ACHSCP IJB in October 2023 who agreed on a two-phase development of pathway. This is a hosted service for Grampian, within the foundations of service delivery being a patient centred accessible service to meet specialist neuro rehabilitation needs across Grampian The proposals presented were the output of a co design approach with patients and staff, linking with both Outcome 1 and Outcome 5, using lived experience to shape pathway. Implementation of the first phase is ongoing with an increased investment into multi-disciplinary staffing roles that will increase access and intensity of support across the pathway. Alongside this, there is early development of increasing TEC options to support patients as appropriate HSCP.23.047 FINAL Neuro Rehab Review Report for IJB 031023.pdf		

Action	Develop a Mental Health triage approach in Primary Care to improve patient experience and promote self-management	Status In Progress
A pilot approach for Mental Health Triage in primary care settings was established aligned to Mental Health funding which was proposed to support this area. The pilot demonstrated small scale improvements. At this time scaling up is not possible to assess wider implications of this pilot and the project is closed.		

Action	Further development of the Autism Assessment service and expansion to include neurodevelopmental assessment.	Status In Progress
Initial work has taken place to bring together services across Grampian to consider approaches to neurodevelopment assessment which are likely to be an outcome of the current Learning Disability, Autism and Neurodiversity Bill consultation. At this time the outcome is not known and further information on resource has not been provided. An extension to the current service has been approved in order to allow further time for national work to conclude.		

Action	Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy	Status
		In Progress

In 2022 the Scottish Government published a 10-year National Strategy for Suicide Prevention called “Creating hope together”. SAMH are the current service provider for suicide prevention work commissioned from May 2023. We have aligned an Aberdeen City Delivery Group to look at local issues, needs and priorities. This has informed the new LOIP project due to be approved at the Community Planning Aberdeen Board at the end of April 2024.

The close report for the previous LOIP project “Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 by 2023” is available via the link below.

11.1-Project-End-Report-120124.pdf (communityplanningaberdeen.org.uk)

Equality Outcome 2:	**Older people receive the right care, in the right place at the right time.**		
Link to General Duty:	Eliminate discrimination and advance equality of opportunity		
Status Key	Completed	In Progress	Not Started
4 Total Actions	**0**	**4**	**0**

Action	Deliver the second phase of the Frailty pathway and undertake a review of implementation to date to identify further improvements to be incorporated into the programme plan.	Status In Progress

Implementation to date has been reviewed and a revised approach to developing Frailty support and services has been implemented.

A Grampian Board has been brought together to support coordination and shared learning between the 3 HSCPs (Moray, Aberdeenshire and Aberdeen City). Additionally each HSCP will develop its own plan focussed on shared priorities which will be implemented in a local context.

Frailty predominantly affects Older people and it is essential to have services in place which focus on reducing the likelihood of developing Frailty (through Early Intervention and Prevention) and suitable care and treatment options for those who are already experiencing Frailty. We continue to progress with meeting Equality Outcome 2 through this ongoing work.

The revised approach also contributes to Outcome 3 – whilst developing Frailty services in line with a set of Grampian priorities the City Frailty Plan will consider how these can be delivered within a City context to ensure they are equitable and accessible across all areas. An example of this is the Hospital at Home Frailty service which already operates on a locality model and is available to communities across the city regardless or individual circumstances.

Action	Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on the prevention agenda.	Status In Progress

Our Stay Well Stay Connected (SWSC) programme has inclusion at its heart, the programme supports older people and those with learning difficulties to improve their wellbeing and become more connected to their communities to avoid loneliness and social isolation. Initiatives such as Boogie in the Bar promote active ageing and community spirit, and enable older people and residents at care homes to meet up and socialise. Our Soup and Sannies programme helps to tackle food poverty and social isolation in our city's most disadvantaged communities. SWSC also targets population groups that don't often engage with health, social care, and wellbeing services such as men (through walking football and health check up sessions), and ethnic minority women who for cultural reasons my struggle to discuss and be treated for the menopause. SWSC ultimately aims to prevent ill health, frailty, and social isolation – and by doing so increases independence, mobility, and confidence and prevents early admission to hospital or care settings.

Project-End-11.3-Promoting-Good-Health-Choices.pdf (communityplanningaberdeen.org.uk)

Action	Explore ways we can help people access and use digital systems.	Status In Progress

SWSC also aims to narrow the digital divide by both increasing digital capacity amongst older people, whilst making sure those who are unable, or unwilling to engage digitally are supported and included in SWSC activities.

Action	Co-design Aberdeen as an Age Friendly City which supports and nurtures people to get ready for their best retirement and promotes the development of a social movement to encourage citizens to stay well and stay connected within their communities.	Status
		In Progress

Age Friendly Aberdeen was launched in June 2023 at the Granite City Gathering which will return as the Grampian Gathering on 28 September 2024. The Gathering promotes active ageing and aims to shift the narrative from retirement is the end of life, to retirement as the beginning of a new chapter. Age Friendly Aberdeen recognises that Aberdeen, like the rest of Scotland has an ageing population and health, social care, wellbeing, and community services need to reflect this fast-moving demographic change. The Gathering also provides ACHSCP with an opportunity to promote community empowerment and preventative approaches, such as completion of wills and Power of Attorney. Research has found that disadvantaged communities are far less likely to have Power of Attorney in place and this can lead to a financial impact, loss of control, and dignity in later years. The Gathering will also give us the platform to discuss sensitive topics like preparing for a good death, and to mainstream these conversations that may be seen as taboo amongst a significant number of the population.

ACHSCP have worked closely with health and social care, and third sector colleagues across Scotland to submit a funding application to the joint EU/UK Government Peaceplus programme to address frailty in Scotland and across the island of Ireland. If the application is successful, the funding would be used to accelerate Aberdeen's transition towards becoming a World Health Organisation recognised Age Friendly City.

ACHSCP also has have a leadership role in delivering the Grampian Wellbeing Festival during May 2024, which has activities for all ages and groups, and has inclusion at its heart.

Equality Outcome 3:	**All residents of Aberdeen have equal access to health and care services.**		
Link to General Duty:	Eliminate discrimination and advance equality of opportunity		
Status Key	Completed	In Progress	Not Started
6 Total Actions	1	5	0

Action	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	Status In Progress

The strategic review of Social Care Pathways is working to improve coordination of both social work delivered and wider health and social care multi-disciplinary services for the benefit of all residents. Access to these services is based on assessed needs for this level of support. This should be adaptable to the changing needs of the individual. Where a person's need does not meet the eligibility threshold for these types of support the Social Care Pathways Board is actively looking to promote and link people to community-based options which are accessible to all. This is with a focus on prevention first which aims to support people to be as well as they can be and therefore able to live independently (without the need for Social Care or similar) for as long as possible.

This contributes to Outcome 3 by looking to remove barriers to accessing these health and care services for those who need them and directing those who do not have that level of need to more appropriate options based on the needs of the individual rather than the needs of the service.

The majority of those adults who are accessing services within the scope of this area of work are over 65. This work therefore also contributes to Equality Outcome 2.

Members of the Middlefield 'Wee Blether' group and representatives of the Locality Empowerment Groups have participated in project development as part of the review. This also contributes to Equality Outcome 5.

Action	Review Care for People arrangements	Status Completed

Aberdeen City's Care For People Plan has been reviewed in each of the last 2 financial years. These reviews reflect the IJB/ACHSCP becoming a Category 1 Responder under the Civil Contingencies Act, in 2021. When faced with a situation that requires the Grampian Local Resilience Partnership (GLRP) to be stood up, ACHSCP will form its own internal governance structures, as well as co-ordinating with either ACC or NHSG with their governance structures to enable an efficient and cross system approach to emergency response. A recent example of this include was Storm Babet in October 2023. When Care For People arrangements are required, the response helps and protects the most vulnerable in the City, allowing these residents to have access to essential services in crisis.

In addition to this the Grampian Care For People Group, chaired by ACHSCP's Business and Resilience Manager have run a tabletop exercise in December 2023 to help define the role of the Group in response mode, as a result the GLRP are in a better position to know when the Group requires to be stood up. These continuous improvements and reviews will continue in 2024/25.

Action	Improve primary care stability by creating capacity for general practice.	Status
		In Progress

General Practice Vision Programme

In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and objectives that capture the changes required to move towards a more sustainable general practice sector within the area. This was approved by the 3 Grampian IJBs in March 2024.

The vision and objectives will be delivered via the creation of a new programme board which in turn will be supported by project sub groups. Existing resources within HSCP teams has been identified and released to deliver on the prioritised objectives.

Action	Ensure all sections of the population have access to Vaccinations	Status
		In Progress

HSCP.23.090 IJB Report - Priority Intervention Hub.pdf
PowerPoint Presentation – Impact Report

There are 3 vaccination hubs within Aberdeen City providing a location within each of the localities - North (Bridge of Don), Central (Aberdeen City Vaccination & Wellbeing Hub, Bon Accord Centre) and South (Airyhall). In addition to these sites, the service undertake pop up clinics in priority neighbourhood areas at the end of each Vaccination Programme to support those people who would not be in a position to travel to a vaccination site.

The Vaccination service visit all Care Homes, & Very Sheltered Housing complexes to deliver vaccinations alongside undertaking housebound visits for those that are unable to leave their home. During 2023 Winter Programme, in collaboration with Bon Accord Care, the Vaccination Team also visited all Sheltered Housing Complexes. The feedback received was very positive highlighting that this model made it much more easier for residents and their carers to be vaccinated within their common room areas and supported good uptake of vaccinations during the winter programme.

They also work closely with the Homeless Service and Aberdeen Links Practitioner covering the homeless service to ensure vaccinations are promoted and that people can walk into any vaccination centre. Pop Up clinics were also arranged at the Marywell Homeless Practice in Timmermarket to promote Uptake.

Working with Maternity Services, midwives and health visitors to support ease of access, guidance and support during programmes where patients are eligible for vaccinations.

Collaborating with Grampian Regional Equality Council (GREC) and Resettlement Officers to promote and vaccinate people who are new to the area. The team also attend the GREC Language Café to promote vaccinations and bring along a range of leaflets in different languages. The vaccination service has also recently opened up a Walk In Clinic for pre-school Immunisations to support people who are new to area or not yet registered with a GP to discuss their vaccination history and prepare a vaccination schedule.

The vaccination service has developed close links with North East Sensory Service who are working with the team to look at improving spaces within the City Centre Hub for those with sensory issues, which will also support work being undertaken to support people attending with anxiety. The City Centre Vaccination & Wellbeing Hub also provides a location for a variety of clinical and non-clinical services to support people's health and wellbeing, focussing on prevention & early intervention. The hub is easily accessible and allows people who are visiting for other services to get their vaccinations at the same time (if eligible).

Action	Deliver the strategic intent for the Primary Care Improvement Plan (PCIP) including specifically arrangements for Refugees and Asylum Seekers and Homeless people	Status: In Progress

The Primary Care Improvement Plan (PCIP) was created to deliver the Memorandum of Understanding (MoU) as part of the 2018 GMS contract and has the following 6 workstreams, the first 3 mentioned being the key deliverables. The aim is to support GP's and practice staff by releasing their time and for GP's to become expert medical generalists.

The workstreams are Pharmacotherapy, Community Treatment and Care, Vaccination Transformation Programme, First Contact Practitioners in Physiotherapy, Link Workers and Urgent Care – Home Visiting service. These services are delivered across Aberdeen City and are either within GP practices or clinics. Delivery of the workstreams is ongoing and within the available Scottish Government funding allocation.

HSCP.23.070 IJB PCIP Report Final Draft.pdf

As part of the current GP Visioning Programme there will be a Grampian wide evaluation and review of the PCIP service.

IJB considered in October 2023, an agreed tender and approach to delivering Primary Care services to Asylum seekers to delivering onsite General Medical Services (GMS). The Health Assessment Team as part of an Aberdeen City Council (ACC) resettlement integrated team approach continues to undertake Health Needs Assessments for Asylum seekers.

Action	Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision	Status: In Progress

Annual update report for the Carers Strategy Implementation was reviewed and agreed at the IJB meeting in February 2024. Significant progress has been achieved over the year with good increase of Carers being and feeling supported across Aberdeen City. the Carers Strategy Action Plan has been reviewed and a plan to progress further actions over the next year is in place.
Some key improvements were

- Quarriers lead a project to Increase the number of unpaid carers feeling supported by 10% by 2023, allowing them to enjoy a life alongside caring and to enable the caring role to be sustained. The overall project increased this carers feeling supported by 32%. Respitality Bureau One notable and novel change made during this project was the introduction of the Respitality bureau.

- The Wee Blether is a test for change pilot scheme aimed to reduce social isolation observed amongst our Carers post-Covid, by bringing Carers together for company and a chat, and to build better links to the local community by working in partnership with local authorities. The Wee Blether groups were targeted at our unpaid Carers aged 55+ who were welcome to bring their Cared-for along.
- Adult Carers Project Charter End Report
- Barnardos leading the Young Carers Charter to Increase by 20% the number of registered young carers accessing support from the Young Carers service by 2025. They are already acheiving this aim ahead of schedule. Think Young Carer Training being implemented in the 'Think Young Carer' training, attendee's find out about Young Carers, how to identify a Young Carer, their right to support in Scotland and about the available support to Young Carers in Aberdeen City.
- Young Carers Charter Update
- Our Consultation and Engagement Development Officer, has been working on establishing a Carers Reference Group. This Group will be a Carers led group, the group met initially in September/ October 2023. It is worth noting this group already has 15-20 regular attendees. A massive effort has been put into creating this a flexible group offering anytime for meeting, levels of engagement and truly appreciating Carers time and availability.

HSCP.24.004 Carers Strategy Annual Report 2023-24.pdf
Appendix A
Appendix B

Equality Outcome 4:	**The top preventable risk factors are tackled particularly in areas of deprivation (those experiencing health inequality)**		
Link to General Duty:	Eliminate discrimination and advance equality of opportunity		
Status Key	Completed	In Progress	Not Started
4 Total Actions	**1**	**3**	**0**

Action	Reduce the use and harm from alcohol and other drugs including through the Drugs Related Deaths Rapid Response Plan.	Status: In Progress

The Drug Deaths Taskforce was set up in September 2019 and prioritised the introduction of standards for Medication Assisted Treatment (MAT) to help reduce deaths, and other harms, and to promote recovery. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person centred to enable people to benefit from treatment for as long as they need. These standards have a significant part to play in helping vulnerable people affected by substance use.

MAT standard (8) is that all people have access to **independent advocacy as mentioned at EO1,** and support for housing, welfare, and income needs. Therefore, this contract covers this national policy/standard request for clients who are open to Substance Use Services. This part of the independent advocacy contract is funded by the Aberdeen City Alcohol and Drugs partnership. I have attached the Scottish Government policy/directive - https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/documents/

Stretch Outcome 12 - Community Planning Aberdeen

Action	Deliver actions to meet the HIS Sexual Health Standards	Status: In Progress

Grampian sexual health services (hosted by Aberdeen city HSCP) continues to provide a comprehensive range of outreach services in areas of high deprivation in Grampian (covering Aberdeen City, Aberdeenshire and Moray). It has recently started regular clinics in Tillydrone and continues to provide outreach clinics in Fraserburgh, Peterhead and HMP Grampian.

HSCP.23.053 Fast Track Cities.pdf

SH HCNA.pdf

This health care needs assessment was undertaken on behalf of NHS Grampian's Managed Care Network (MCN) to inform decision-making regarding sexual health service provision for people living in the Grampian region.

Initial scoping discussions with stakeholders have identified some key areas for focus:
• The need for, and provision of, long-acting reversible contraception (LARC).
• The need for, and provision of, abortion services.
• The need for diagnostic and treatment services for sexually transmitted infections.

Action	Continue the promotion of active lives initiatives with our partners, for example the Physical Activity Academy, Active Travel etc.	Status: In Progress

Our Stay Well Stay Connected and Age Friendly Aberdeen programmes continue to promote the importance of active travel to enhance physical health and mental wellbeing.

Active travel initiatives from ACHSCP and our community planning partners are included in our three Locality Plans. For example, the percentage of people cycling on a regular basis by locality area is set out below:

North Locality – 11.8%
Central Locality – 16.8%
South Locality – 15.6%
Citywide – 14.8%

Our recent project with Sport Aberdeen at the GetActive@Northfield site, saw co-location of ACHSCP Services and Sport Aberdeen programmes alongside to support. Seeing an increase of attendance in community-based settings, activity and sustained self-management of conditions such as COPD and other respiratory issues, feeding into self-management programmes such as Sport Aberdeen Active Lifestyles programmes and RGUs Student led classes for Pulmonary Rehab. This was connected to LOIP Project 11.8 which is now closed. Learnings from this project has rolled into support Chronic Pain pathways for the new refreshed LOIP Project aims in Stretch Outcome 10, Healthy Life Expectancy to increase by 5 years by 2026.

Action	Reduce smoking prevalence across population and prevent e-cigarette and emerging tobacco produce use among young people.	Status: Completed

The previous LOIP aim "Reduce tobacco smoking by 5% overall by 2023" achieved its aim with data from the 2021 Scottish Health Survey published in November 2022.
This shows that the number of smokers in Aberdeen decreased to 15% in 2021, a 6% reduction from 21% in 2018. The 2022 Scottish Health Survey data published in December 2023 shows the number of current smokers in Aberdeen has decreased again to 14%.

Particular focus was given to responding to the evidence of high numbers of children and young people using Vapes within education and community settings. The response included:

- Created and maintained a briefing for education staff to provide quality information, and links to training for staff working in Education or Youth Work.
- Health Improvement and Youth Work working to develop an education resource to use for vaping education in primary schools. This has been piloted in Charleston Primary School with the evaluated resource being made available to all schools.
- Vaping information and links to training have been shared with Community groups and organisations. Youth workers have been supported to undertake the ASH Scotland Young People and Vaping training.

There will be focussed projects within the 2024 LOIP refresh which will aim to

- Reduce the number of 13–18-year-olds in regular use of Vaping products to 4% by 2026
- Decrease the number of women who are smoking in pregnancy in the 40% most deprived SIMD by 5% by 2026.

This work will be aligned with the new Tobacco Strategic Plan for the Northeast of Scotland and the Scottish Governments Tobacco and vaping framework which was published in November 2023.

Project-End-11.4-Reducing-smoking-by-5.pdf (communityplanningaberdeen.org.uk)

Equality Outcome 5:	**Service design and delivery is informed by the diversity of experience within Aberdeen communities.**		
Link to General Duty:	Eliminate discrimination and advance equality of opportunity		
Status Key	Completed	In Progress	Not Started
5 Total Actions	**0**	**5**	**0**

Action	Develop the membership and diversity of our Locality Empowerment Groups.	Status
		In Progress

Attendance and diversity at all three Locality Empowerment Groups (LEGs) have increased since the LEGs recommenced in April 2023. Across all three LEGs, there has generally been a gender parity, with increasing numbers of younger people, working age page, people with disabilities, and ethnic minorities attending the LEGs. More neighbourhoods within our three locality areas are also now represented at LEG meetings, or through the Priority Neighbourhood Partnership. We do recognise there is still work to do to increase attendance and diversity across all three LEGs and there is a dedicated Local Outcome Improvement Project which is tasked with achieving this aim. The project team are planning on delivering a city-wide community event which will promote locality planning and encourage wider participation in civic and community life

Action	Increase community involvement through existing networks and channels.	Status
		In Progress

Community engagement with locality planning continues to grow. Attendance at LEG meetings has increased during 2023-24 and greater numbers of community members and community groups have signed up to our distribution lists and locality planning network. We have a dedicated Locality Planning email inbox which responds to community members and community planning partners on a daily basis. We also have four community members who are members of our Local Outcome Improvement Group on increasing and diversifying Locality Planning membership. The Integrated Locality Planning Team are undertaking a rolling schedule of visits to community councils across Aberdeen City to promote locality planning, community empowerment, and preventative approaches. ACHSCP are key members of the Community Empowerment Group and support the delivery of Aberdeen City's Community Empowerment Strategy.

The Communities Team also deliver Health Issues in the Community (HIiC) training which aims to increase community confidence and capacity and puts recognising and tackling health inequities at the heart of its training. HIiC training was successfully delivered in the Middlefield area of the city during 2023-24 with very positive outcomes and feedback from community members and stakeholders.

Action	Update of our Guidance for Public Engagement and ensure its use is embedded.	Status
		In Progress

Included with the Committee Report is the updated Guidance for Community Engagement, Human Rights and Equalities. There have been significant updates to this.

- Places greater emphasis on the legislative and regulatory requirements allied to Community Engagement work.
- Puts greater emphasis on the importance of considering the steps we need take in relation to Data Protection compliance.
- Draws attention to the recently developed Integrated Impact Assessments (IIA's), which supersede the ACHSCP's previous guidance 'Health Inequalities Impact

Assessment' (HIIA's). This is an essential foundation to ensure we meet our obligations regarding Human Rights and Equalities.

- Provides an update on how we can value 'lived experience' in our engagement work. It draws attention to recent guidance (February 2024) from the Scottish government on paying people who are contributing their time to participation activities.
- Makes reference to suggested minimum standards for learning and development in relation to Community Engagement work.
- Highlights the process by which organisation can self-evaluate their Community Engagement work at an organisational, rather than project based, level.
- Updates information relating to 'emergency situations' and 'temporary arrangements' as per COSLA and the Scottish Governments updated "PLANNING WITH PEOPLE Community engagement and participation guidance" (April 2023).

Health Improvement Scotland (HIS) and the Consultation and Engagement Officer undertook joint training with some ACHSCP Staff, implementing a trail 3 session training programme. Evaluation of the training programme is currently being collated and it is anticipated that learnings will help support a continued roll out of further training to the wider partnership teams and services.

Action	Promote the use of Care Opinion to encourage patient, clients, carers and service users to share experience of services, further informing choice.	Status: In Progress

Care Opinion has be widely promoted within our services, and we there has been an increase of activity across the stories appearing on Care Opinion. There is work however to develop the depth of use in Care Opinion, making sure that we are able to record and report changes to our services as a result of the stories and experiences we have heard through Care Opinion.

In 2024 we are looking to embed Care Opinion during project management or change processes, ensuring we are gathering experiences and recognition of the change process and that our patients/ services user and clients are recognising these changes.

Action	Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities.	Status: In Progress

Event was held with providers on 15 February 2024. This event was to make providers aware of the commissioning plans in regard to the three contracts Supporting Living, Complex Care and Care at Home. This approach to ensure all providers are able to contribute and support the development of the services across the city aligned with the Ethical Commissioning Principles. Questionnaire outputs from service users, providers and wider stakeholders were shared at the event of what's working and what can be improved for the next iteration of the contract.

Care at Home co-design workshop was held 14 March 2024. This session included the current contract holders GCC as well as SDS Option 2 providers and partnership staff. They looked into further the improvements that can be made, continuation of what is working well and shared learning as well as the Huge Unbelievably Great Goals (HUGG) ideas to help support with continuous improvement. This will be followed up with a second

development session to explore the HUGG ideas, allowing all providers to come together and see options around overcoming barriers or potentially "perceived barriers" that can unlock some key opportunities for better community and locality working.

Bon Accord Care and partnership staff have been co-designing service specifications and review over 2023 and into 2024, with the review and new service specifications almost complete. The development plan delivery will have incorporated implementation phases for the new service specs from April 2024 onwards.

In 2024 a Commissioning Academy is to be developed to support the sector get to grips with the Ethical Commissioning Principles as well as anything new which may develop. The aim of the academy is to provide opportunities to network and share learnings and for the partnership to support and hopefully sustain the leadership and management of care providers.

Care at Home Strategic Group continue to meet monthly to be aware of challenges and opportunities to collaborate and work together on emerging issues.

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Aberdeen City Health & Social Care Partnership
A caring partnership

ASSESSING THE IMPACT OF POLICIES AND PRACTICES

APRIL 2024

Context of Impact Assessments

Public Sector Equality Duty

Aberdeen City Integration Joint Board (IJB), and therefore Aberdeen City Health and Social Care Partnership (ACHSCP) have a duty to comply with the Public Sector Equality Duty (PSED). This is defined in The Equality Act 2010, Part 11, Chapter 1, Section 149 which states:"(1) A public authority must, in the exercise of its functions, have due regard to the need to: -

(a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under this Act,
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it,
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

The nine "protected characteristics" as defined by the Equality Act 2010 are:

1. Race
2. Disability
3. Age
4. Sex (male or female)
5. Sexual orientation
6. Gender reassignment
7. Pregnancy and maternity
8. Marriage and civil partnership
9. Religion or belief

Eliminating discrimination includes indirect discrimination and fostering good relations includes tackling prejudice and promoting understanding. Advancing equality of opportunity includes removing disadvantage, taking steps to meet the particular needs of people with protected characteristics, and encouraging their participation in service design and delivery.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

In addition to the PSED under the Equality Act 2010, additional specific duties are placed on Public Sector Bodies under the above Regulations in 2012. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These include: -

- Duty to report progress on mainstreaming the equality duty.
- Duty to publish equality outcomes and report progress.
- Duty to assess and review policies and practices.
- *Duty to gather and use employee information.*
- *Duty to publish gender pay gap information.*
- *Duty to publish statements on equal pay, etc.*
- Duty to consider award criteria and conditions in relation to public procurement.
- Duty to publish in a manner that is accessible, etc.
- Duty to consider other matters.

The duties in italics are not relevant to the IJB as they are not an employer.

The IJB publishes Equality Outcomes at least every four years along with a Mainstreaming Framework (or Action Plan) and reports progress against these every two years as required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The IJB consults with the Equality and Human Rights (EHR) sub group of the Strategic Planning group when preparing these. The EHR consists of representatives from organisations representing people with protected characteristics, who in turn consult with their networks on behalf of Aberdeen City IJB.

In relation to reviewing policies and practices, the above Regulations stipulate that the IJB must consider relevant evidence relating to persons who share a relevant protected characteristic, take into account any assessment made, publish the results of the assessment within a reasonable time period, and make arrangements to review and revise any policy or practice and its impact accordingly.

Whilst the IJB is not a contracting authority it directs both Aberdeen City Council and NHS Grampian to contract on its behalf. It therefore needs to have regard to whether the conditions within contracts should include considerations to enable it to better perform in line with the PSED.

The IJB must publish all relevant information in relation to its PSED in a manner that makes the information accessible to the public and it is recommended that an existing means of public performance reporting is used. As such relevant information will be published on a dedicated page of the ACHSCP website.

Fairer Scotland Duty

The Fairer Scotland Duty places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. To fulfil their obligations under the Duty, public bodies must be able to demonstrate that they actively consider how they can reduce inequalities of outcome in any major strategic decision they make. Strategic Decisions as defined in the guidance are key, high-level such as deciding priorities and setting objectives. In general, they will be decisions that affect how the IJB fulfils its intended purpose for example the Strategic Plan, other strategies, policies and proposals, commissioning decisions and service redesign or transformation.

Public Health Scotland Health Inequalities

The Scottish Government is committed to tackling the significant inequalities in Scottish society and one of Public Health Scotland's objectives is to put reducing health inequalities at the heart of all that they do. Health inequalities - Public Health Scotland

Public Health Scotland (PHS) notes that the fundamental causes of health inequalities are an unequal distribution of income, power and wealth. This can lead to poverty and marginalisation of individuals and groups. These fundamental causes also influence the distribution of wider environmental influences on health, such as the availability of work, education, and good quality housing.
They can also influence access to services and social and cultural opportunities. The wider environment in which people live and work then shapes their individual experiences.

Health inequalities are largely shaped by the social inequalities and life experiences that disadvantage people and limit their opportunities for good health. However, this doesn't mean that ACHSCP has no role to play. Equity - of access to health and social care

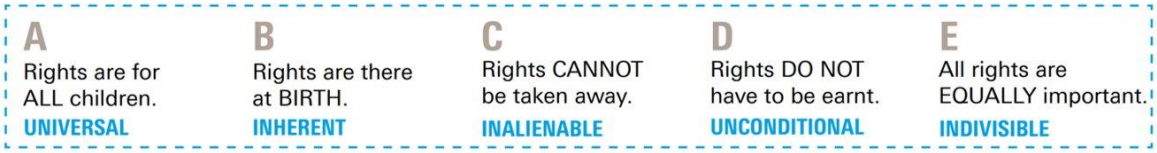
services and in the quality of care that people experience - is as important in reducing unequal health outcomes. Providing services in proportion to need is a fundamental element reducing health inequalities.

Human Rights

The Independent Review of Adult Care in Scotland (the Feeley Report) recommends establishing a consistent and intentional human rights and equality approach to social care service provision, engendering respect for the fundamental dignity of each and every person and ensuring access to services is universal depending on need. Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC is the most complete statement of children's rights ever produced and is the most widely ratified international human rights treaty in history. UN Convention on the Rights of the Child The Convention has 54 articles that cover all aspects of a child's life and is a legally binding international agreement setting out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. The rights are as simple as ABCDE: -



The views of the child have to be seriously considered when taking any decision that directly impacts on their life which includes many of the strategies, policies and practices developed by Aberdeen city IJB . Whilst some services in ACHSCP e.g. Community Nursing do directly deliver services to children, children are generally part of a family group and any decisions we make in relation to service provision to adults in that family group could have a consequential impact on the child and this needs to be specifically considered as part of our impact assessment process. Although the Convention has 54 articles in total, articles 43–54 are about how adults and governments must work together to make sure all children can enjoy all their rights.

Consumer Duty

The Consumer Scotland Act 2020 does two main things. Firstly, it creates a new body called *Consumer Scotland* which has a statutory role of providing consumer advocacy and advice, and secondly, it establishes a duty on public bodies to have regard to consumer interests.

Section 21 of the Act states the following: A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard; the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to consumers in Scotland.

"Relevant public authority" includes IJB's. The definition of consumer can include both individuals and businesses who are purchasing goods and services. In addition to regulations, Consumer Scotland can issue guidance on complying with the duty to have

regard to consumer interests, and relevant public authorities must have regard to that guidance..

The Armed Forces Covenant Duty

The Armed Forces Act 2021 created a legal obligation on specified bodies in all four home nations of the UK. This is known as the Armed Forces Covenant Duty which came into effect on 22 November 2022. The IJB is a 'specified body' subject to this Duty and some of the services ACHSCP provide, or have responsibility for, are deemed to be relevant functions. We must therefore ensure that all relevant staff are aware of the Duty and that we have appropriate arrangements in place to ensure compliance.

The statutory guidance on the Armed Forces Covenant can be found here. Essentially the Armed Forces Covenant Duty is about ensuring decision making in relation to particular service planning, funding and delivery is informed and that specified bodies must have due regard to particular needs of the Armed Forces Community removing any disadvantage that is unique to their experience and linked to the obligations and sacrifices they make and, in some cases making special provision. It is similar to the responsibilities under the Public Sector Equality Duty and the guidance suggests drawing on experience of complying with that when considering the arrangements the IJB make in future.

Complying with the various duties

The following is required to ensure we are adequately discharging the various duties we have to meet: -

Knowledge –awareness of the legislation and duties and a conscious approach and intent that is supported at the highest level. The duties cannot be delegated.
Information –sufficient information must be available to decision makers.
Consideration – this must form an integral part of the decision-making process. It is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
Timeliness – compliance begins at the beginning of the decision process – not once the decision has been made. Retro fitting impact assessments is not acceptable.
Review – the duty continues to apply not only when a policy is developed and decided upon, but also when it is implemented and reviewed.
Impact Assessment Process

The above means that we need to: -

1. Consider equality in the development of any policy or practice referring to the 'areas for consideration' noted at Appendix A and using a proportionality and relevance test (see Stage 1 and Appendix B).
2. Should there be relevant potential equality impact, note which protected characteristic or area for consideration is impacted (from the lists in Appendix A) and engage and consult with relevant stakeholder groups to ensure we have the evidence and information we need to fully assess the impact and put in place relevant mitigation measures. Findings and actions should be summarised and shared as part of the policy or practice proposal. As part of this stage, you should identify any performance measures that will be incorporated into routine reporting to ensure the impact is as anticipated over time and set a date to review the policy or decision (see Stage 2 and Appendix C)
3. Publish the Summary of findings from the Integrated Impact Assessment on the dedicated page on ACHSCP's website.(see Stage 3)
4. Regularly review the policy or decision, reporting on any key performance indicators identified and re-visiting the policy or decision if the evidence indicates that it has had a more significant or detrimental impact than originally envisaged. (See Stage 4 and Appendix D)

Stage 1 – Proportionality and Relevance

The principle of proportionality is at the heart of many human rights claims as any restrictions must be a "proportionate means of achieving a legitimate aim". Consider the aim to be achieved by the policy or practice, and whether or not it is a legitimate aim. Then consider the means which are used to achieve that aim. Are they appropriate and necessary? Proportionality is often most clearly explained through the expression *"don't use a sledgehammer to crack a nut".*

Policies or practice can have positive, negative or no impacts.

- A positive impact would demonstrate the benefit the policy or decision could have for a population group, how it advances equality, fosters good relations, contributes to tackling health inequalities or upholds human rights.
- A negative impact would mean that a population group is at risk of being disadvantaged by the policy, there is a risk of breaching the human rights of people or the requirements of the PSED, or that there is a risk of widening health inequalities.

- If you find that the policy or decision will have no impacts for groups, you should still record this.

At this initial screening stage, the aim is to try to assess whether these could be an actual or potentially negative or adverse impact. If one has been identified (actual or potential) a full Integrated Impact Assessment must be undertaken. If none are arising from the proposal it is not necessary to undertake a full impact assessment. Any positive impacts should be recorded on the Proportionality and Relevance Template regardless of whether a full impact assessment will be carried out or not.

In general, the following questions all feed into whether an Integrated Impact Assessment is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?
- Why are a person's rights being restricted?
- What is the problem being addressed by the restriction on someone's rights?
- Will the restriction lead to a reduction in the problem?
- Does that restriction involve a blanket policy, or does it allow for different cases to be treated differently?
- Are there existing safeguards that mitigate the restriction?

See Appendix B for the template to be used to undertake the Proportionality and Relevance Test.

Stage 2 – Impact Assess

The first step in the impact assessment process is to identify, from the list of Areas for Consideration at Appendix A, which may be impacted negatively from the policy or practice. If you have any evidence that confirms this impact that should be recorded whether that is quantitative data or qualitative information from previous engagement or consultation. You need to also consider cumulative impacts that may arise if this latest policy or practice, added to others that are existing or planned, will have an impact that may not have been the case if it was just this policy or practice that was being introduced.

Next you need to consider which groups of people you still require to consult or engage with and how that will be done. Following engagement and/or consultation you need to record the feedback from each group and also how this was used to inform policy or practice development. There may be multiple entries of this stage as you go back and check out any changes that have been made – each needs to be recorded separately.

Finally you should complete the Summary page at the front of the Impact Assessment confirming that you have considered all of the required areas (in Appendix A) and detailing the key information that you gathered in terms of the groups or rights impacted and what adjustments were made as a result of your engagement and consultation. You must also identify any performance measure that will be used to monitor the impact over time and confirm how and when these will be reported and monitored. You should also identify a review date and confirm the rationale for setting that timescale. This may be based on the length of time the policy is in force or be linked to risk where the higher the risk the shorter the review timescale should be. See Appendix C for the template to be used for Impact Assessment.

Stage 3 - Publish

Impact Assessments should be published where you would expect to find IJB information and where members of the public and other interested parties can easily find and view them. In the case of IJB Impact Assessments, this will be the dedicated Equalities page on the ACHSCP website. When publishing you must consider how the Impact Assessment is named. This should be something people will recognise easily, and which can be found using a simple search function

Stage 4 - Review

Having set a date for review, schedule this so it is not forgotten. If the KPIs indicate the negative impact is greater than originally envisaged consider undertaking an earlier review of the policy or practice and identifying what adjustments could be made to address this. See Appendix D for the Review Template.

Support for Compliance with PSED

The responsibility for compliance with PSED is delegated to the Lead for Strategy and Transformation who is supported by both the Transformation Programme Manager (Strategy and Infrastructure) and the Senior Project Manager (Strategy).

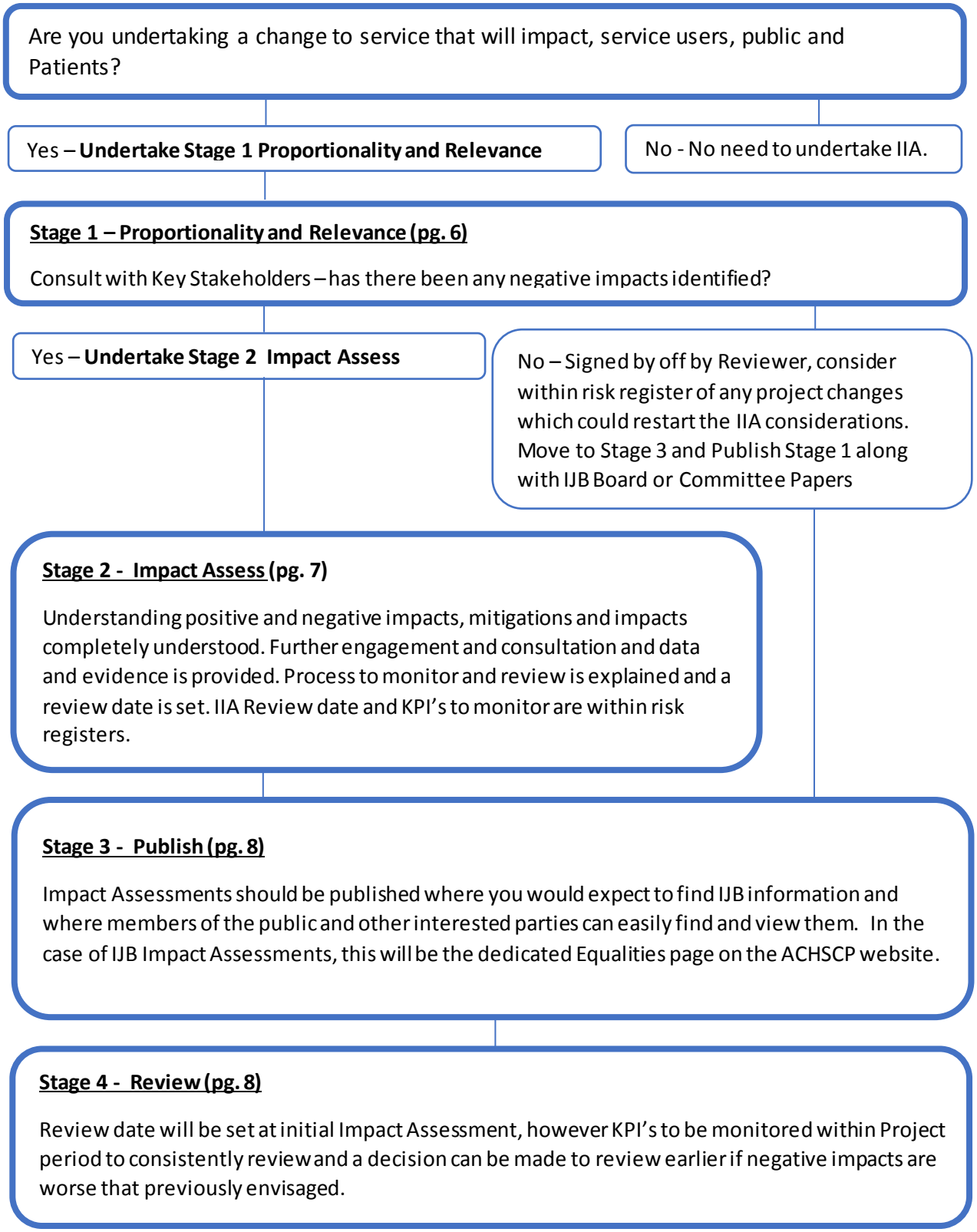
The Equality and Human Rights (EHR) Group is a sub group of the Strategic Planning Group and consist of representatives of minority and seldom heard groups in Aberdeen covering the range of protected characteristics. The group can assist in the development of Impact Assessments by facilitating access to groups they represent and/or undertaking consultation and engagement on our behalf. They also keep ACHSCP up to date with relevant updates or particular concerns emerging.

A DiversCity Officers Group has been constituted which has representatives from each service within ACHSCP. The group support each other in the development of Impact Assessments through sharing knowledge, expertise and good practice, building a bank of exemplar Impact Assessments to assist others.

Accountability and Governance

Ultimately our compliance with the PSED is monitored by the Equality and Human Rights Commission (EHRC) in Scotland who liaise with nominated representatives and provide advice and guidance in improving our compliance. There is an IJB Equality Peer Support Group where IJB representative across Scotland share best practice and learning. The Equality and Human Rights Group review progress against our duty on a quarterly basis, cross referencing the Business Planner of the IJB and its Committees and ensuring that Impact Assessments are carried out where relevant and reviewing the quality of those produced.

Integrated Impact Assessment (IIA) Process flowchart



Areas for Consideration of Impact **APPENDIX A**

Protected Characteristics

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

Fairer Scotland Duty

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

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

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

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

Article 2 - The right to life (absolute right) **–** everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.
Article 3 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) **-** which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.
Article 5 - The right to liberty (limited right) **–** and not to be deprived of that liberty in an arbitrary fashion.
Article 6 - The right to a fair trial (limited right) **–** including the right to be heard and offered effective participation in any proceedings.
Article 8 - The right to respect for private and family life, home and correspondence (qualified right) **–** including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).
Article 9 - The right to freedom of thought, belief and religion (qualified right) **-** including conduct central to beliefs (such as worship, appropriate diet, dress etc.)
Article 10 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference
Article 14 - The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.

UNCRC

Article 2 non-discrimination	**Article 15** freedom of association	**Article 30** children from minority or indigenous groups
Article 3 best interests of the child	**Article 16** right to privacy	**Article 31** leisure, play and culture
Article 4 implementation of the convention	**Article 17** access to information from the media	**Article 32** child labour
Article 5 parental guidance and a child's evolving capacities	**Article 18** parental responsibilities and state assistance	**Article 33** drug abuse
Article 6 life, survival and development	**Article 19** protection from violence, abuse and neglect	**Article 34** sexual exploitation
Article 7 Birth, registration, name, nationality, care	**Article 20** children unable to live with their family	**Article 35** abduction, sale and trafficking
Article 8 protection and preservation of identity	**Article 22** refugee children	**Article 36** other forms of exploitation

Article 9 separation from parents	**Article 23** children with a disability	**Article 37** inhumane treatment and detention
Article 10 family reunification	**Article 24** health and health services	**Article 38** war and armed conflicts
Article 11 abduction and non-return of children	**Article 25** review of treatment in care	**Article 39** recovery from trauma and reintegration
Article 12 respect for the views of the child	**Article 26** Benefit from social security	**Article 40** juvenile justice
Article 13 freedom of expression	**Article 27** adequate standard of living	**Article 42** knowledge of rights
Article 14 freedom of thought, belief and religion	**Article 28** right to education	

Specific groups and duties

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

APPENDIX B

ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

Name of Policy or Practice being developed	
Name of Officer completing Proportionality and Relevance Questionnaire	
Date of Completion	
What is the aim to be achieved by the policy or practice and is it legitimate?	
What are the means to be used to achieve the aim and are they appropriate and necessary?	
If the policy or practice has a neutral or positive impact please describe it here.	
Is an Integrated Impact Assessment required for this policy or decision (Yes/No) ***Note – if multiple assessments are required please complete a separate template for each of these and embed them in the section below 'Rationale for Decision' with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.***	
Rationale for Decision **NB: consider: -** • **How many people is the proposal likely to affect?** • **Have any obvious negative impacts been identified?** • **How significant are these impacts?** • **Do they relate to an area where there are known inequalities?** • **Why are a person's rights being restricted?** • **What is the problem being addressed and will the restriction lead to a reduction in the problem?**	

• Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction?	
Decision of Reviewer	
Name of Reviewer	
Date	

APPENDIX C

ACHSCP Impact Assessment – Stage 2 – Impact Assessment

Description of Policy or Practice being developed including intended aim.	
Is this a new or existing policy or practice?	
Name of Officer Completing Impact Assessment	
Date Impact Assessment Started	
Name of Lead Officer	
Date Impact Assessment approved	

Summary of Key Information

Groups or rights impacted.	
Feedback from consultation and engagement and how this informed development of the policy or practice	
Performance Measures identified, where these will be reported and how impact will be monitored.	

Review

Date the Impact will be reviewed	
Rationale for Date	

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

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	**Yes**		**No**	
Describe what this cumulative impact will be and include evidence mitigations in the sections below				

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

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

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

APPENDIX D

ACHSCP Impact Assessment – Stage 4 – Review

Name of Impact Assessment being reviewed	
Name of Officer completing review	
Date Review Commenced	
Reason for Review (scheduled or accelerated)	
Reason for Accelerated Review	
Name of Lead Officer	
Date Review Completed	

Summary of Key Information

What amendments have been identified to the original Impact Assessment?	
What evidence do you have for these amendments?	
What actions have you taken to review the policy or practice in light of the review?	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	**Yes**		**No**	
Describe what this cumulative impact will be and include evidence mitigations in the sections below				

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

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions

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Aberdeen City Health & Social Care Partnership

A caring partnership

Our Guidance for Community Engagement Human Rights and Equalities

2024 - 2026

ABERDEEN CITY COUNCIL

NHS Grampian

Index

Introduction

"Our Guidance for Community Engagement, Human Rights and Equalities" provides information on how the Aberdeen Health and Social Care Partnership (ACHSCP) will plan and deliver effective engagement. It will also describe why effective community engagement is important in relation to relevant law, policies, guidance, and the values of the ACHSCP.

This guidance is primarily for colleagues who work within ACHSCP.

It can also be used by voluntary sector organisations, community groups and individuals to help plan and inform their engagement work.

> It is important to note some of the links within this document (for example, the template for ACHSCP's "Integrated Impact Assessments") can only be accessed by people working within the ACHSCP. Where possible, publicly accessible alternatives of those documents will be highlighted.

Purpose of this Guidance

1. To ensure that the statutory regulations, national and local standards, and guidance in relation to Community Engagement are clearly described.
2. To provide step-by-step information on how these principles and standards translate into practice.
3. Supporting leadership: to provide accurate, up-to-date information to colleagues within the Aberdeen City Health and Social Care Partnership (ACHSCP) and Integration Joint Board (IJB).

Outcome

For the appropriate steps and processes within this guide to be used consistently in any Community Engagement activity initiated by the ACHSCP when collaborating with their partners (e.g. Aberdeen City Council (ACC)/ National Health Service Grampian (NHSG), other key stakeholders (e.g. Voluntary Sector organisations) and the public.

To achieve the Purpose and Outcome, this guidance will:

1. Define Community Engagement and outline the differing 'levels' of engagement (e.g. from consultation to co-production)
2. Outline our statutory requirements: To make clear the legal requirements upon Health and Social Care Partnerships (HSCP's) and IJB's in respect of Community Engagement.
3. Link our approach to Community Engagement to Human Rights
4. Outline our responsibilities in respect Data Protection and the delivery of Community Engagement activity.
5. Provide information and guidance on the planning, delivery, and assessment of Community Engagement activities.
6. Describe the ways that we will value those who engage with us.
7. Learning & Development: Outline the training required when working with the public and people who may have experienced trauma.

Defining Community Engagement

The Scottish Community Development Centre (SCDC) provide the following definition, and the National Standards for Community Engagement (NSfCE) in Scotland. This definition is supported and cited by: Healthcare Improvement Scotland – Community Engagement (HIS-CE), the 'Convention of Scottish Local Authorities,' (COSLA) and the Scottish Government.

"A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change."[1]

[1] Taken from 'The National Standards for Community Engagement' https://static1.squarespace.com/static/5943c23a440243c1fa28585f/t/63c6badff203e74f2ba4c4d3/1673968356909/NSfCE%2Bonline_October.pdf

Defining Community Engagement

The Scottish Community Development Centre (SCDC) 'National Standards for Community Engagement' (NSfCE) are based upon seven broad principles:

[2]

These principles and the NSfCE will function as a guide for evaluating and improving the quality of our engagement work. They provide us:

- A foundation for effective engagement
- Tools for planning, conducting, and evaluating engagement activities.
- Ways to identify areas for development and ways to improve practice.
- A nationally recognised and accepted framework for all engagement activity

[2] Taken with permission from: https://www.scdc.org.uk/what/national-standards/

Defining Community Engagement

"Effective services must be designed with and for people and communities – not delivered, top down for administrative convenience. To be effective, community engagement must be relevant, meaningful and have a clearly defined focus. NHS Boards, Integration Joint Boards and Local Authorities should engage with the communities they serve, following the principles set out in the National Standards for Community Engagement." [3]

Levels of Engagement

There is a recognition that the length and intensity of engagement activities can vary. This may be due to, for example the…

1. Scope, scale, or complexity of a project
2. Predicted impact of a service change or redesign
3. Sensitivity of the issues being engaged upon
4. Time available for the completion of a project to a set deadline

The ACHSCP will strive to increase the influence and maximise the meaningful involvement people, communities, groups, and organisations in its community engagement work.

Wherever possible we will 'empower' and 'coproduce' with all stakeholders. However, it is important to recognise there will be circumstances where those approaches are not appropriate. For example - when responding to emergency situations (see appendix 1, p23.,) or where strategic decisions and plans have already been made, in which case 'consulting' or 'engaging' would be more transparent, and therefore preferable options.

For any projects that are initiated and managed in the ACHSCP, the following table (based on the IAP2 spectrum of public participation)[4] will be used to help inform the appropriate level of engagement. The ACHSCP will also liaise at an early stage with HIS-CE to help establish the appropriate level of engagement.

[3] Taken from p.5 of : Planning with People – Community Engagement and Participation Guidance (2023)
[4] https://www.iap2.org/general/custom.asp?page=pillars

Defining Community Engagement

Levels of Engagement

Communities and the public have increasing influence and impact on project design and decision making

	Inform	Consult	Involve	Collaborate	Empower
Participation Goal: **We will...**	- Provide accurate, up-to-date information and support on proposals to understand: 1. The issue(s), 2. The solutions being considered 3. The reasoning behind the proposed solutions(s) 3. Any opportunities to shape and influence the proposed solutions	- Obtain public and community feedback on the: 1. analysis, 2. alternatives 3. range of practical solutions... ...that have been considered in relation to a particular project.	- Work directly with affected communities and public members throughout the process. - Ensure that community and public concerns and aspirations are understood and have been thoroughly considered.	- Partner with the public and affected communities in each aspect of a project - Develop alternatives and the identify the preferred solution(s) in partnership with communities and the public.	- Place final decision making in the hands of the communities and public affected by a project
Commitment to those involved: **We will...**	- Keep people regularly updated on the progress of a project	- Regularly update all those involved. - Listen to and acknowledge concerns and aspirations. - Provide feedback on how communities and the public influenced the decision	- Work with communities and the public to ensure that their concerns and aspirations are clearly reflected in any alternatives developed - Provide feedback on how communities and the public input influenced decisions.	- Look to communities and the public to share insights, refine solutions. - Incorporate community and public advice and recommendations into decisions, as far as possible	- Implement what the affected communities and members of the public decide
	Informing	**Consulting**	**Engaging**	**Coproduction**	**Self Determination**

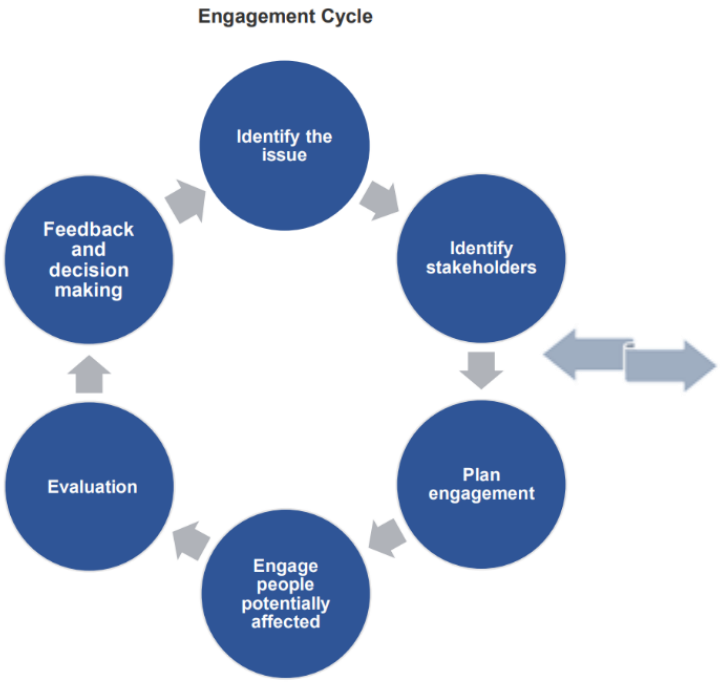
Planning and Delivery of Community Engagement

"There is no point in engagement if the process is not meaningful for participants and effective in terms of outcomes. If an engagement does not have an impact that participants feel is worthwhile, they may lose faith." [5]

Organisations such as HIS-CE, the Scottish Community Development Centre (SCDC) and Convention of Scottish Local Authorities (COSLA) all provide supporting documentation and advice on how we engage effectively with people.

The steps we take to achieve effective meaningful engagement, advocated by these organisations, are outlined in the graphic, and summarised descriptions below.

6



The 'engagement cycle' links strongly to the definition for Community Engagement:

"A **purposeful process** which develops a working relationship between **communities, community organisations and public and private bodies** to help them to **identify and act on community needs and ambitions**. It involves **respectful dialogue** between everyone involved, aimed at **improving understanding** between them and taking **joint action** to achieve **positive change**."

As far as possible, the ACHSCP will seek the early involvement of stakeholders, including people with lived or living experience, in planning the approach to engagement, and in developing solutions to the issues identified.

The ACHSCP will enter into early conversations with HIS-CE regarding any proposed service change or redesign. This partnership working will make agreements on (1) what the appropriate level of engagement will be for health delegated services, and (2) allow HIS-CE and ACHSCP to quality assure the engagement process as it develops.

[5] Taken from 'What Works Scotland,' "How to design and plan public engagement processes," p.16. https://policyscotland.gla.ac.uk/wp-content/uploads/2020/04/WWSPublicEngagementHandbook.pdf
[6] Taken from p.13 of 'Planning with People: Community Engagement and Participation Guidance' (2023)

Planning and Delivery of Community Engagement

The Engagement Cycle

1. **Identify the issue(s):**
    a. Agree a clear purpose to identify engagement objectives and anticipated outcomes to help determine the scope of the engagement.
    b. There should be clarity and a shared understanding of the objectives at the outset to help shape the process and identify the best methods to reach people and communities.

2. **Identify Stakeholders:**
    a. Stakeholder mapping is important to identify all groups and individuals within the community who may be affected, or who might have an interest in the proposal.
    b. Existing networks can help to identify potentially affected people, including those who do not find it easy to share their views.
    c. Representation in planning engagement, at the earliest possible stage, will help to inform the process and ensure an effective approach.

3. **Plan the engagement.**
    a. Identifying the best approaches to reach the people whose views need to be heard is important.
    b. An early Inequalities Impact Assessment (IIA) will be considered to ensure we are being inclusive. The IIA will help us to identify the people and groups we need to engage with, and to understand the potential impacts upon them.
    c. By involving community representatives, providing any support they may require, will help to encourage ideas and suggestions, resulting in better engagement and robust, sustainable outcomes.

4. **Engage with people potentially affected.**
    a. Every effort should be made to engage with the right people throughout planning, development, and consideration of options/models.
    b. No one method will suit all engagement purposes.
    c. A range of methods should be considered at the planning stage. This ensures that all views are heard and considered.

Planning and Delivery of Community Engagement

The Engagement Cycle

5. **Conduct an evaluation.**
    a. Conduct evaluation throughout the engagement process.
    b. On-going evaluation also demonstrates that people are being listened to by adapting the approach, where appropriate.
    c. All information gathered from the engagement process should be captured and evaluated to support future learning.
6. **Feedback and decision making**
    a. Keep participants informed about a project's development to encourage on-going feedback and two-way communication, continuous review, and reflection.
    b. The quality of the engagement process should be considered by decision makers.
    c. Depending on the scale of a project, it will be the responsibility of the IJB to approve or reject the recommendations that emerge from engagement work. Whether or not IJB approval is required should be clear at the inception of a project.

Planning and Delivery of Community Engagement

VOiCE Planning Tool

To support the planning and delivery of Community Engagement activities, a useful resource is the VOiCE planning software.[7] The VOiCE website is operated by the Scottish Community Development Centre (SCDC).

The VOiCE resource supports us to work through each step of the 'Engagement Cycle' described above, i.e.,

1. Plan community engagement and service user participation.
2. Monitor and record the process.
3. Evaluate the process against the National Standards for Community Engagement (Scotland) and principles for good quality engagement.

If required, paper versions of the VOiCE planning tool are available from the VOiCE website[7].

[7] See https://www.voicescotland.org.uk/

Planning and Delivery of Community Engagement

Options Appraisal

"Engagement plans should consider how and when an 'Options Appraisal' will be used, what will happen with the outcome, and how engagement will influence the selection of options that will then be consulted on"[8]

An Options Appraisal can be part of the engagement process to help develop and assess a range of viable solutions when redesigning or creating new services.

There should be a proportionate representation of people involved from both community and professional groups that the service change may affect.

Those involved should be given enough information to take a balanced view on the options that could realistically be developed. The people potentially affected may have helped to develop those options.

The next step would be to score those options, based on what is best for the communities affected – not the presence of individuals.

The overall scoring from an Options Appraisal does not dictate the final decision. However, the process helps to evidence the views and preferences of those consulted on what the preferred option might be.

Guidance on conducting an Options Appraisal is available from HIS-CE.[9]

Digital Engagement

Our workplace practices have become increasingly reliant on digital forms of communication. As a result, many people are skilled in the setting up and running of online meetings.

Where needed, HIS-CE that provides information for holding meetings online.

Guidance for meetings: https://www.hisengage.scot/equipping-professionals/participation-toolkit/online-meetings/

Guidance or 'digital icebreakers': https://www.hisengage.scot/equipping-professionals/participation-toolkit/digital-ice-breakers/

[8] Taken from p.20 of 'Planning with People: Community Engagement and Participation Guidance' (2023)
[9] https://www.hisengage.scot/service-change/resources/involving-people-in-option-appraisal/

Planning and Delivery of Community Engagement

Social Media

The ACHSCP is making increased use of the social media platforms (X, Facebook, and LinkedIn). Where appropriate, those platforms will be used to help facilitate effective community engagement.

For colleagues who want support to organise, initiate and run online meetings, the ACHSCP 'Development Officer – Consultation and Engagement' will seek, or offer appropriate support and advice.

Organisational Self-Evaluation

Healthcare Improvement Scotland – Community Engagement (HIS-CE) have produced comprehensive guidance on how we can self-evaluate our community engagement work at an **organisational level**.

"*Self-evaluation is a process by which organisations and services reflect on current practice to identify areas where action could drive improvement in service delivery and, in outcomes for people experiencing and accessing their services.*

The process should also celebrate what is going well in terms of community engagement, what can be learned and spread across the organisation." [10]

Taken from: The Quality Framework for Community Engagement and Participation

The self-evaluation tool could enable ACHSCP to broadly evaluate the effectiveness of all the community engagement work it is responsible for. It is recommended that the self-evaluation is conducted on an annual basis, and that it should focus on outcomes, rather than activities. The self-evaluation process is founded on 3 key domains, namely:

The ongoing engagement and involvement of people.

The involvement of people in service planning, strategy, and design.

The governance and leadership- supporting community engagement and participation.

A fuller description of the foundation for, and to access the resources to support the process of organisational self-evaluation can be found here: https://www.hisengage.scot/quality-framework

[10] Taken from p6., of The Quality Framework for Community Engagement and Participation

Legal Obligations, Policy, and Guidance

"NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run" [11]

All our engagement activities must be based on the most recent laws, policies, and national guidance in Scotland. The following section outlines those and summarises their relevance to Community Engagement.

The 'Gunning Principles'

These principles set the legal foundation. As such, they are a useful starting point in considering the lawfulness of any engagement activities initiated by the ACHSCP.

A summary of the 'Gunning Principles':

1. **Proposals are still at a formative stage** – a final decision has not been made, or predetermined, by the decision makers.
2. **There is sufficient information to give 'intelligent consideration'**– the information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response.
3. **There is adequate time for consideration and response** – There must be sufficient opportunity for consultees to participate in the consultation. There is no set period for consultation, despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation.
4. **'Conscientious consideration'** decision-makers should be able to provide evidence that they took consultation responses into account.[12]

Legislation

A. The Local Government (Scotland) Act 2003 seeks to ensure that people and communities are genuinely engaged in decisions made on public services which will affect them.

B. 'Integration Joint Boards' (IJB's) engagement and participation responsibilities are in the Public Bodies (Joint Working) (Scotland) Act 2014. Integration Joint Boards use this guidance to effectively collaborate with colleagues in the NHS and Local Authorities.

[11] Taken from p.27 of 'Planning with People: Community Engagement and Participation Guidance' (2023)
[12] Taken from the Local Government Association: https://www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf

Legal Obligations, Policy, and Guidance

Legislation

B. The following integration principles have been adopted by the ACHSCP from the Public Bodies (Joint Working) (Scotland) Act 2014. Our partnership:

1. Is integrated from the point of view of recipients.
2. Takes account of the needs of different recipients
3. Takes account of the needs of recipients from distinct parts of the area in which the service is being provided.
4. Takes account of the characteristics and circumstances of different service users
5. Respects the rights of service users.
6. Takes account of the dignity of service users
7. Takes account of the participation by service users in the community in which service users live.
8. Protects and improves the safety of service users.
9. Improves the quality of the service.
10. Is planned and led locally in a way which is engaged with the community (including service users, those who look after service users and those who engage in the provision of health or social care)
11. Best anticipates needs and prevents them arising.
12. Makes the best use of the available facilities, people, and other resources.

C. The duty to involve people in the design and delivery of care services is strengthened within the Community Empowerment (Scotland) Act 2015.

Oversight of our Legal Obligations

The Care Inspectorate (CI) conduct joint strategic inspections with Healthcare Improvement Scotland (HIS), based upon length of time since services were last inspected, shared intelligence and the level of any identified risks.

The CI need to see evidence that Health and Social Care Partnerships (HSCP's) are consulting with communities, involving them in planning and improvement activity, and are making changes in respect of those views. They need to understand how communities are being involved, listened to, and valued. The CI will also seek evidence that communities know who the senior leaders are, or where to find this information should they be interested to find out.

Legal Obligations, Policy, and Guidance

Oversight of our Legal Obligations

Healthcare Improvement Scotland – Community Engagement (HIS-CE) has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes proposed by Integration Joint Boards (IJB) and in primary and community health services.

The ACHSCP will routinely liaise and seek advice from HIS-CE at an early stage for advice and support when considering any engagement work.

The CI and HIS use the "Joint Inspection of Adult Services Integration and Outcomes: Quality Improvement Framework" to help assist in, amongst other things, the quality of engagement work within HSCP's.

"This jointly produced quality improvement framework is designed to support health and social care partnerships (HSCPs) to improve integrated health and social care services for adults. It is focused on people's outcomes and experiences and how the HSCP is working to deliver seamless services that achieve good outcomes." [13]

The CI and HIS produce a joint inspection report on integration and outcomes, which is made publicly available and goes before Scottish government ministers.

For any identified areas for improvement in those reports, HSCP's are expected to produce an improvement plan. In those circumstances the CI's Link Inspector would meet with senior leaders regularly and provide support in reviewing the inspection improvement plan.

Please note: additional information and resources relating to our legal obligations, policy, and guidance in respect of community engagement are available in **Appendix 1**

[13] Taken from page 3. of 'Joint Inspection of Adult Services Integration and Outcomes: Quality Improvement Framework'

Human Rights and Equalities

"*The Equality Act 2010 and Human Rights Act 1998 should be considered as early as possible to help identify people and groups who should be involved, as well as highlight any potential barriers or imbalance of power that may need to be considered*".[14]

Participation is a key element of a Human Rights based approach, which requires that people be supported to be active citizens and that they engage in decisions that affect their lives.

The PANEL Principles

'The Panel Principles' are a set of five principles from the Scottish Human Rights Commission (SHRC) which guide a human rights-based approach in policies and practices.

"*Taking a human rights-based approach is about making sure that people's rights are put at the very centre of policies and practices. The PANEL principles are one way of breaking down what this means in practice. These are: Participation, Accountability, Non-Discrimination, Empowerment and Legality.*" [15]

1. **Participation:** People should be involved in decisions that affect their rights.
2. **Accountability:** There should be monitoring of how people's rights could be affected, as well as remedies when things go wrong.
3. **Non-Discrimination and Equality:** All forms of discrimination must be prohibited, prevented, and eliminated. People who face the biggest barriers to realising their rights should be prioritised.
4. **Empowerment:** Everyone should understand their rights and be supported to take part in developing policy and practices which affect their lives.
5. **Legality:** Approaches should be based on the legal rights that are set out in domestic and international laws."

[14] Taken from p.19., "Planning with People: Community engagement and participation guidance" (2023).

[15] Taken from https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/

Human Rights and Equalities

Integrated Impact assessment (IIA)

At an early stage, for any engagement activity, we consider the impact on peoples Human Rights when making strategic decisions (i.e. when creating, redesigning, or decommissioning services). The IIA helps ensure we will take a human rights-based approach in our engagement activities.

To ensure we meet our obligations, an IIA. (insert link) should be completed at an early stage and submitted to the ACHSCP's 'DiverCity Officers Network' (insert link) for review and support to make any necessary changes.

By competing the IIA, we will be considering:

1. Protected Characteristics, [16]
2. The Fairer Scotland Duty, [17]
3. Health inequalities, [18]
4. Human Rights, [19] and.
5. The United Nations Convention on the Rights of the Child [20](UNCRC).

With the completion of an IIA, we can be certain that the ACHSCP is meeting its legal and ethical duties in respect of equalities and human rights.

[16] Link from https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics
[17] Link from https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/
[18] Link from https://www.healthscotland.scot/health-inequalities/what-are-health-inequalities
[19] Link from https://www.scottishhumanrights.com/your-rights/human-rights-in-scotland/
[20] Link from https://www.parliament.scot/bills-and-laws/bills/united-nations-convention-on-the-rights-of-the-child-incorporation-scotland-bill

Data Protection

Data Protection Impact Assessment (DPIA)

A DPIA Screening Questionnaire must be completed before gathering information deemed necessary for engagement activities. Depending on the range/ depth of information required, there will then be a need to complete either a:

- 'Data Protection checklist,' or,
- 'Brief Data Protection Impact Assessment' (DPIA) or.
- 'Full DPIA.'

Please note: For community-based organisations and charities out with the ACHSCP, a DPIA may not be required. Information regarding the need for DPIA's can be found on the Scottish Government website here. Templates for a DPIA can be found on the Information Commissioners Office here.

Privacy Notices

A Privacy Notice is how we tell people how we are managing the information they share.

When we complete a DPIA for a project, and decided how we will gather the necessary data, the next step is to complete the Privacy Notice – these must accompany, for e.g. an online questionnaire hosted on Citizen Space.

Aberdeen City Councils Data Protection Officer, who works withing the "Customer - Data and Insights" team can provide, where necessary, further information and support for the completion of these.

All documents and guidance for DPIA's and Privacy Notices within ACHSCP can be found here.

Out with the ACHSCP, guidance and documentation relating to DPIA's and Privacy Notices can be found on the Information Commissioner's Office (ICO) website here and here respectively.

It is important to note: within the ACHSCP, the use of '3rd party software', such as Microsoft Forms or Eventbrite, are not recommended when gathering information from the public. To ensure we manage such information safely and effectively we must use Citizen Space.

The Benefits of Effective Engagement

By using the steps outlined in the "Planning and Delivery of Community Engagement" section in our engagement activities, and in the spirit of both the ACHSCP values and the 'National Standards for Community Engagement,' we will derive benefits.

"*Evidence shows that when…(people)… are involved, decisions are better, health and health outcomes improve, and resources are allocated more efficiently*." [21]

Effective, ongoing engagement brings many benefits, including:

- Organisations hear innovative ideas and understand all the issues for communities, creating opportunities to identify sustainable solutions to service challenges.
- Communities, especially vulnerable and seldom-reached groups, are connected and engaged with services, improving access to care services and health outcomes.
- Improved public confidence and less resistance to change due to better understanding of the reasons for change.
- Reduced risk of legal challenge resulting from concern about the process of engagement [22]

Quotes taken from training delivered by the SCDC (Scottish Community Development Centre), which was organised by Community Planning Aberdeen for community members and professional groups in early 2023.

[21] Taken from https://www.kingsfund.org.uk/insight-and-analysis/reports/people-control-own-health-care
[22] Tane from p10. of Planning with People - Community engagement and participation guidance (2023)

How we value lived experience

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Maya Angelou

One way in which we value lived experience is in respect of the ACHSCP organisational values of honesty, transparency, respect, equity, and empathy. They guide how all ACHSCP colleagues will work and interact with individuals, groups, communities, and stakeholders in all aspects of our engagement work.

The ACHSCP recognises and respects that importance of peoples lived experiences. The unique insights, ideas, and questions they bring to discussions in the issues they are expert in are vitally important for the Partnership to make robust, effective decisions.

Communication – regular, open, and honest communication is a key ingredient for effective engagement. Regardless of the level, or stage of engagement the Partnership will ensure that the information it provides is relevant, clear, timely and in a format, or language, which is needed by anyone involved in our engagement activities.

Renumeration – recently published guidance on paying people who are contributing their time to participatory activity is being actively reviewed and considered by the ACHSCP.

Learning, Development and Support

It is important to recognise the sometimes-sensitive nature of the issues being discussed with communities and colleagues when there are services being commissioned, decommissioned, and redesigned.

The ACHSCP values will guide our interactions both with colleagues and the public.

When working with the public it is important that **colleagues** have support in the following areas of learning and development:

- **Adult Support and Protection**
- **Child Support and Protection**
  - Both above are a requirement for everyone working within ACHSCP and can be accessed here: https://learn.aberdeencity.gov.uk/login/index.php
- Being **'Trauma Informed'** working. It is recommended that all AHSCP colleagues have accessed and completed the TURAS National Trauma Training Programme (NTTP) and completed the 'Informed' level of training. https://learn.nes.nhs.scot/37898
- Where needed, to become competent in the use of Citizen Space. The ACHSCP 'Development Officer – consultation and engagement' can support this as and when required.
- Bespoke **training, delivered by HIS-CE**, can be arranged on an ad-hoc basis. Training from HIS-CE can cover for e.g., (1) Duties and Responsibilities; (2) the planning of engagement activities and (3) the evaluation process in respect of engagement activities.
  - The HIS-CE website hosts many easily accessible learning resources which describe all aspects of community engagement. https://www.hisengage.scot/equipping-professionals/

It is also important to consider the need for ACHSCP colleagues to be equipped to collaborate with people who could be considered vulnerable, or at risk of harm. For example, when collaborating with people who have been through an Adult Support and Protection process, or when collaborating with people who have experienced trauma. In such instances, colleagues should be…

- **PVG registered** when working with groups who could be considered at risk of harm, it is advised that ACHSCP colleagues are PVG (Protection of Vulnerable Groups scheme) registered. In circumstances where colleagues are not PVG registered and must collaborate with people at risk of harm, they should be supported by a team member who does have this registration.

If there are any concerns regarding the planning, delivery, evaluation and/ or self-assessment of engagement activities, ACHSCP colleagues can call upon the Development Officer – Consultation and Engagement' for advice, information, and operational support.

To help support the above, the 'Development Officer – Consultation and Engagement' will curate the links within this document on a quarterly basis to ensure they are up to date.

Appendix 1

Legal Obligations, Policy, and **Guidance**

Planning with People – Community Engagement and Participation Guidance (2023) – "*sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. the guidance is designed to complement and strengthen organisations' existing engagement strategies.*" [23]

The Quality Framework for community engagement and participation – is designed to support self-evaluation, quality assurance and improvement activity in relation to routine engagement, specific engagement activities (such as service change) and, organisations' governance systems for community engagement activity.

The National standards for community engagement – are good-practice principles designed to improve and guide the process of community engagement.

The Charter for Involvement – was written by the National Involvement Network - a group of people who receive support from different social care organisations across Scotland. It explains how people who use support services want to be involved and details twelve statements to improve involvement practice.

Community Planning Aberdeen's Community empowerment strategy 2023-26: - "*provides a framework to guide how we work together in innovative ways for the benefits of our communities through engagement, participation and empowerment*".[24]

Health and Social Care Standards (H&SCS) – both Healthcare Improvement Scotland (HIS) and Care Inspectorate (CI) use the H&SCS to assess services. The ACHSCP will uphold "*the rights of people to be involved in decision-making regarding the provision of care underpin the joint standards, which also require people to be supported to participate fully*."[25]

Grampian Engagement Standards – the Grampian Engagement Network (GEN) (which is hosted by NHSG, and now includes 40 members e.g., Community Planning Aberdeen, Aberdeenshire and Moray Council's and Aberdeenshire's and Moray's Health and Social Care Partnerships) co-created the 'Charter for Engagement.' The Charter can be used as a benchmark for effective engagement as it has been developed locally and considers: National Standards of Community Engagement, Scottish Approach to Service Design, and "Planning with People: Community engagement and participation guidance."

[23] Taken from p.5 of 'Planning with People – Community Engagement and Participation Guidance' (2023)
[24] Taken from p.3 of Community Planning Aberdeen's 'Community Empowerment Strategy 2023-2025'
[25] https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance/pages/2/

Appendix 1

Legal Obligations, Policy, and Guidance

Major Service Change

"*NHS boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run. "* [26]

"*HIS-CE will not provide a view on whether a change is considered major if a decision on the proposals will be made by an* ***Integration Joint Board (IJB****); as the major service change decision-making process applies only to NHS boards. However, this guidance can also be used by IJBs when considering the potential impact on people and communities of any proposed changes to delegated health services*." [27]

HIS-CE's 'Service Change Team' can provide advice on using the "Guidance on identifying major health service changes"[29] to help support IJB's and Health Boards to identify whether a service change would be deemed as 'major'.

The following is a summary of the areas that will be considered to help identify if a service change is 'major.' A more detailed breakdown can be found in HIS-CE's Guidance and on their website.[28]

1. Impact on patients and carers
2. Change in the accessibility of services.
3. Emergency or unscheduled care services
4. Public or political concern
5. Alignment with national policies or professional recommendations
6. Change in the method of service delivery.
7. Financial implications
8. Consequences for other services

As with any engagement activity within the ACHSCP, we will contact HIS-CE at the earliest possible stage. We will seek their advice and support on all aspects of the subsequent planning, roll-out and evaluation of the required engagement work.

[26] Taken from p.4 of HIS-CE's (March 2023) "Guidance on identifying major health service changes" which cites: the National Health Service Reform (Scotland) Act 2004, section 7 and the Public Bodies (Joint Working) (Scotland) Act 2014 and Planning and delivering integrated health and social care: guidance
[27] Taken from p.4 of HIS-CE's (March 2023) "Guidance on identifying major health service changes"
[28] https://www.hisengage.scot/service-change/resources/identifying-major-service-change/

Appendix 1

Legal Obligations, Policy, and **Guidance**

Temporary Arrangements and Emergency Situations

"It is essential that all planned service change or design, **including temporary arrangements**, must be communicated clearly, and demonstrably influence engagement at the earliest opportunity, to the people who may be affected by the proposal." [29]

Community Engagement may need to take place at short notice, because of, for example.

- Infection prevention and control measures (environmental concern, outbreak of infection/virus, either within a limited or confined space such as a ward or wider community outbreak)
- Interim changes, because of staffing pressures that could impact on service delivery.

Any emergency or temporary engagements should follow the guidance within section 5.2, p28., of "Planning with People," i.e.,

Understand the impact: Identify those people who currently use, or could potentially use, the service(s) that have undergone urgent change and ask them about potential impacts and potential mitigations moving forward.

Communicate clearly: Ensure that communications are clear, transparent, and accessible, and include information on how to access services and the support available.

Use feedback: Seek on-going feedback from people and communities on the interim and urgent changes and consider how this can be used to inform current practice and future service design.

Agree the approach: ACHSCP Colleagues should contact Healthcare Improvement Scotland – Community Engagement (HIS-CE) to discuss our approach in such circumstances.

The 'Planning with People' guidance recognises the need to make temporary changes, but there is an expectation of further engagement if permanent changes are to be made.

In responding to emergency situations and 'temporary arrangements,' the steps outlined on pages 7 – 9 of this document (the engagement cycle), remain as a starting point for ACHSCP engagement activities.

[29] Taken from page 11, section 3.1 of' Planning with People - Community engagement and participation guidance' (2023)

Appendix 1

Legal Obligations – case law.

McHattie v South Ayrshire Judicial Review[30] – this case centred on the closure of The Kyle Centre day care service. It was found to be lacking for an Equalities Impact Assessment (EQIA) and as such, a breach of the local authority public sector duty, and around the specific duties under the 2010 Equality Act.
In this case, Lord Boyd also found the consultation to be lacking.
This case has also been highlighted by the Equality and Human Rights Commission (EHRC)[31]

There was a similar case brought in the Borders around Hawick day care centre.[32]

Appendix 2

[30] . See https://scotcourts.gov.uk/docs/default-source/cos-general-docs/pdf-docs-for-opinions/2020csoh004.pdf?sfvrsn=0
[31] See https://www.equalityhumanrights.com/sites/default/files/mchattie_v_south_ayrshire_council.docx
[32] See https://www.scotcourts.gov.uk/docs/default-source/cos-general-docs/pdf-docs-for-opinions/2022csoh68.pdf?sfvrsn=261fb57a_1

Useful Resources

An overview of the Planning with People guidance in relation to service change/ redesign: The engagement process for service change | HIS Engage

Integrating service change and impact assessment: HIS-CE document includes a useful flowchart that takes account of new guidance and policy: Integrating service change and impact assessment | HIS Engage

Animations that can be used to explain key stages of the engagement process to stakeholders: Animations | HIS Engage

Person-centred design is being embedded across the public sector in Scotland. Information on the design of person centred services for housing social care and health can be found here: Person-centred service design | HIS Engage

There are many tools that can be used art each stage of the engagement design process. This directory indexes the tools and allies them with each design stage: Tool Directory | HIS Engage.

Case Studies which link the value of engagement with Service Design approaches can be found here: Service Design | HIS Engage.

To help consider the needs of the people we work with in our engagement activities, HIS-CE have produced a useful resource: Ethical engagement cards | HIS Engage.

The Health and Social Care Alliance Scotland published a report in 2022 that looked at the best practice, challenges, and opportunities when engaging with people. It looks at both the value that people can bring to engagement work, and how organisations can acknowledge that value.

That report can be found here: https://www.alliance-scotland.org.uk/blog/news/new-report-engaging-people-with-lived-experience/

The Scottish Coproduction Network have a 'resource hub' which provides useful information in respect of working with and valuing: vulnerable groups, peer groups neurodivergent people and younger people. It explores paying participant expenses and the ethical consideration we need to make in all our engagement activities.[33]

[33] https://www.coproductionscotland.org.uk/

Many thanks for reviewing and suggesting amendments to earlier versions of this document to…

- Healthcare Improvement Scotland – Community Engagement
- The Scottish Community Development Centre
- Moray Health and Social Care Partnership
- Aberdeenshire Health and Social Care Partnership
- The Care Inspectorate
- NHSG Public Involvement Team
- ACHSCP colleagues
- Aberdeen City Councils Customer - Data Insights team.
- Aberdeen City Councils Customer – Early Intervention and Empowerment team.

If you want and more information about this document, or if you require it in a different format, please contact:

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X/ Twitter: https://twitter.com/HSCAberdeen/status/1499756723057344521

Facebook: https://www.facebook.com/AberdeencityHSCP/

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INTEGRATION JOINT BOARD

Date of Meeting	7th May 2024
Report Title	Annual Resilience Report
Report Number	HSCP24.029
Lead Officer	Fiona Mitchelhill, Chief Officer
Report Author Details	Name: Martin Allan Job Title: Business and Resilience Manager Email Address: martin.allan3@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	Monitor the IJB's work and performance as a Category One Responder under the Civil Contingencies Act 2004.

1. Purpose of the Report

1.1. To provide the annual assurance report on the Integration Joint Board's (IJB's) resilience arrangements in fulfilment of its duties as a Category 1 responder under the Civil Contingencies Act 2004.

2. Recommendations

2.1. It is recommended that the IJB:

a) notes the progress made in further embedding the IJB's resilience arrangements during 2023/24.

3. Strategic Plan Context

3.1. Ensuring a robust and effective risk management process will help Aberdeen City Health and Social Care Partnership (ACHSCP) achieve the strategic priorities as outlined it its strategic plan, as well as the IJB's duties under the Civil Contingencies Act, as it will monitor, control, and mitigate the potential risks to achieving these. The Operational Risk relating to the IJB becoming a Category 1 Responder has been aligned to the ACHSCP Strategic Plan.

4. Summary of Key Information

4.1. The IJB has emergency planning responsibilities to fulfil as a Category 1 responder, as defined by the Civil Contingencies Act 2004. These responsibilities were confirmed in April 2021. This report provides an annual position statement on our activity and preparedness in the areas set out in the Act, including details of further planned improvements to ensure that the IJB and ACHSCP are in as strong a position as possible to respond to emergencies and incidents affecting the public.

4.2. To recap, our responsibilities under the 2004 Act are as follows:

- To assess the risk of emergencies occurring and using this to inform
- contingency planning.
- To maintain emergency plans and business continuity plans.
- To inform the public about civil protection matters and to maintain arrangements to warn, inform and advise the public in the event of an emergency.
- To share information with other local responders to enhance coordination, and to co-operate with other local responders to enhance co-ordination and efficiency.

4.3. ACHSCP is represented on a variety of governance groups established by NHS Grampian (NHSG) and Aberdeen City Council (ACC), as well as the Grampian Local Resilience Partnership (GLRP).

4.4. ACHSCP's Senior Managers on Call (SMOCs) remain on call 24/7 throughout the year and are responsible for assessing and managing risks during emergency response.

4.5. ACHSCP continues to monitor and manage risks and learnings from the ongoing COVID-19 inquiries. Both Covid and EU Exit risks are now embedded in the Strategic and Operational risk registers as "business as

usual" risk management activity. Strategic risks are monitored by the IJB and the Risk, Audit and Performance Committee, whilst Operational risks are considered by the Clinical Care and Governance Committee.

4.6. Members of ACHSCP's Civil Contingencies Group have met regularly during numerous debriefs, both internal and multi-agency as well as meeting quarterly. The following priority actions have been identified by the Group members based on an assessment of risk to the ACHSCP/IJB. These have been progressed throughout the year and further detail is included later in this report:
Development of a City Persons at Risk Database (PARD)
Power Resilience planning and preparation

4.7. The Emergency Response Team structure has been revised during 2023/24 with a new two-tier approach of Strategic (Senior Manager On Call (SMOC)), and Operational being approved by SLT enabling us to discharge our role as a Category 1 responder. This approach has ensured alignment with other Category 1 responders. This provides real assurance that in the North East we have strong communication links with our partners and common language and understanding in the response to an emergency.

4.8. ACHSCP has responded to a number of incidents / events and effectively managed these through its emergency response structures, including subsequent de-briefs. Improvement actions are identified and overseen by the Civil Contingencies Group

Incident / Event	Activity
Storm Babet	• Incident Management Team (IMT's established by the ACHSCP and Aberdeen City Council) • Grampian Local Resilience Partnership (GLRP) • ACHSCP Debriefs • ACC Debriefs • GLRP Debriefs In terms of lessons learned from Storm Babet (from an internal point of view), the main point arising from the debrief was that SLT (or an IMT) need to meet earlier to specifically discuss the amber/red weather warning and put in contingencies/rota to ensure that

	there is support and relief for those staff assisting in the response. The IMT that was subsequently established managed the response well, however an earlier discussion about initial actions in response to the amber weather warning for the City and the red warning for south Aberdeenshire and Angus would have been beneficial.
Various Weather events – flooding (Storm Isha, Jocelyn and Gerrit)	• Preparatory meetings with GLRP • Incident Management Team (IMT) • GLRP Debriefs Luckily in the main these events were Business as Usual for ACHSCP regarding impact and requirement for single service response.

4.9 Exercising and training continues to be a priority for the organisation, with full support from the Senior Leadership Team which is critical in ensuring engagement from all relevant teams. The following have been completed this year, with a number of the courses being held jointly with the SMOC's and the Council's Duty Emergency Response Coordinators (DERC's):

Training topics	**Completed**	**Agency/staff involved**
Lunch and Learn sessions • How to stand up the Local Resilience Partnership • Joint Emergency Service Interoperability Program (JESIP); Major Incident/Exact Location/Type of Incident/Hazards/Access/Number of Casualties/Emergency Services (METHANE); & Joint Decision Model (JDM) • Council Support Centres - what where and how to activate	Yes	SMOC's and DERCs

• Met office and SEPA alerts explained		
New SMOCs – How to guide	Yes	SMOCs
ACHSCP's Aberdeen Drug and Alcohol Partnership (ADP) led a table top exercise to explore a civil contingencies approach to a new or emerging public health emergency relating to potential threat and mitigations of highly potent substances in Aberdeen i.e. high numbers of drug related deaths, harms and associated consequences.	Yes	SMOC's/ADP/Public Health Scotland/NHS Grampian
Grampian Care for People Group Exercise	Yes	Multi Agency
Winter preparedness – based on Storm Babet learnings	Yes	SMOC's and ACC Emergency Response Teams
Exercise Mighty Oak	Yes	National Multi Agency
AHSCP lead – 'System networking over Winter' (SNOW) events	Yes	Multi Agency
"Page One" training	Yes	SMOCs

4.9. The continued use of the Resilience Hub (set up as a resource for SMOC's and DERC's which provides a toolkit for emergency response teams), has continued with a strong focus over the year and its content is steadily growing. This assists with situational awareness, sharing of historical data and lessons learned, partnership contacts, relevant legislation and regulation reference documents. The Resilience Hub is also a central place to share information and updates on incidents and acts as the single point of contact for current information e.g. emergency plans and activation packs. Some of the content on the Resilience Hub includes:

- Monthly updates posted UK PROTECT Bulletin
- Sharing of partner rotas
- Weather updates, official warnings as well operational updates
- DERC and SMOC channel to allow immediate information flow
- Templates for managing incidents and debriefs from incidents
- Media reports of interest
- Changes in legislation or guidance
- Training opportunities from other partners

4.10. Risks are also assessed and monitored regularly through the GLRP which manages a risk register and resulting workplan. ACHSCP is represented on the GLRP Working Group which meets every six weeks

4.11. ACHSCP and ACC have been working very closely on civil contingency matters. The Care for People Plan was reviewed and updated then approved by the Care for People Group in October 2023. In terms of governance, representatives from ACHSCP are members of various Council groups and boards which helps to further enhance the working arrangements.

4.12. Preparation continues around a National Power Outage Plan (NPO) formally known as National Electricity Transmission System. A National Power Outage is an unplanned prolonged power outage affecting the whole of the UK, or the whole of Scotland. This is a significant piece of work being progressed through a GLRP Task and Finish Group, a separate Resilient Telecommunications Group, and ACHSCP are involved in the Council's NPO planning process, as well as through NHSG's processes. An in person session arranged by ACC, with key officers was held in late March 2024 to encourage input and set actions with a view to have a signed off ACC plan to exercise in Q3 2024.

4.13. As referenced above the ADP held a table top exercise in October 2023 on a new or emerging public health emergency relating to potential threat and mitigations of highly potent substances in Aberdeen i.e. high numbers of drug related deaths, harms and associated consequences. Following the exercise a draft Plan was submitted to the Chief Officer's Group (COG) in March 2024.

Warning and Informing the Public

4.14. ACHSCP's Communications officer operates a 24/7 – 365 days on-call rota (ties into ACC's and NHSG's out of hours rota), part of which they will inform the public and media of any emergency situation.

4.15. The staff member is part of the wider GLRP Public Communications Group – this group plays a crucial role in coordinating of public communications.

Working with Local Responders

4.16. ACHSCP has continued to work closely with all local category one and two responders during the year, particularly to manage the response to Storm Babet and other autumn/winter storms of 2023/2024.

4.17. Key learnings from 2023 storm debriefs included: Building and promotion of Community Resilience (in conjunction with ACC); Aberdeen City PARD

development – priority; and all responders to consider their own Business Continuity Plans

ADDITIONAL PRIORITIES

Persons at Risk Database (PARD)

4.18. Considerable efforts continue to be directed at the development of the **Persons at Risk Database (PARD).** This will allow responders to easily and accurately access and assess the vulnerability of persons affected by an emergency. Officers continue to work on an Aberdeen City PARD, as well as being part of the GLRP PARD working group activities in 2023. Officers are ensuring Aberdeen City, Aberdeenshire and Moray Councils vulnerability categories align to make things more efficient for the responders. PARD has been discussed for many years but lessons learned from the Storms of late 2021 and early 2022 identified a PARD as a priority for all three local authority areas. An interim PARD is in place for the City and is improved from what was available in 2022/23, a more complete and detailed City PARD is aiming to be in place winter 2024.

CONTEST

The UK national strategy which aims to reduce the risk of terrorism through "the four Ps" –

- **Prevent**: stop people from becoming terrorists or supporting terrorism
- **Protect**: improve our protective security to stop a terrorist attack.
- **Prepare**: work to minimise the impact of an attack and to recover as quickly as possible
- **Pursue:** investigate and disrupt terrorist attacks.

4.19. ACHSCP has been working with resilience partners in relevant areas to CONTEST, and plans are in place to ask staff in ACHSCP to complete the online Actions Counter Terrorism (ACT) training and download the Protect UK app (both of which are free). The ACT training takes one hour and is an entry level, interactive, online product designed to provide counter terrorism guidance to help mitigate against current terrorist methodology. The App accesses real-time information from Counter Terrorism (CT) Policing plus the latest protective security advice available at your fingertips 24/7.

4.20. The draft Terrorism (Protective of Premises) Bill sets out the requirements that, under Martyn's Law, venues and other organisations will have to meet to ensure public safety. 'Martyn's Law' is a tribute to Martyn Hett who was killed alongside 21 others in the Manchester Arena terrorist attack in 2017.

4.21. The draft bill was included in the King's Speech on 7 November 2023 as part of the programme of legislation the Government intends to pursue in the forthcoming Parliamentary session. Following important feedback on the requirements of the Standard Tier type of premises (capacity of 100-799 individuals), as part of the pre-legislative scrutiny process, the Government has launched a public consultation on an updated approach to the Standard Tier. Once the consultation process has concluded, the Bill will be introduced as soon as parliamentary time allows. As there is not yet an enforcement agency in place and the Bill is still going through consultation, we understand that we have a year or two before this becomes an enforceable law. In advance of the Bill being passed and the duty becoming law, ACHSCP has been attending meetings of the North East multi-agency sub group which has a strong network of partners across Grampian to discuss impact, guidance on delivery and training opportunities coming from the Bill. ACHSCP (and the 2 other HSCP's) are not employers and do not own any buildings, so discussions are being held around the governance required to be in place to allow HSCP's to adhere to the legislation.

PLANS FOR 2024/2025

4.22. Officers are working on a revised Emergency Plan for ACHSCP and this will be taken through the necessary governance routes in the first quarter of 2024/25. Following this, more work will be undertaken with NHSG and ACC on other ACHSCP Plans that require to be revised.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

While there are no direct implications arising as a result of this report, equalities implications are considered when operating a response to an incident via the current checking of D365 for vulnerable clients and in the future through the use of the PARD.

5.2. Financial

The Senior Managers on Call receive a standby allowance for being on call which equates in total to approximately £10,000 per annum. In addition to this, overtime for major incidents have been claimed, however it is difficult to predict the costs around this.

5.3. Workforce

There are no direct workforce implications arising from this report.

5.4. Legal

This report outlines the duties that IJB's have under the Civil Contingencies Act 2004 and explains how the IJB has been meeting its duties. The report also references the draft Terrorism (Protective of Premises) Bill which sets out the requirements that, under Martyn's Law, venues and other organisations will have to meet to ensure public safety.

Unpaid Carers

There are no direct implications relating to unpaid carers in this report, however the continued development of the PARD will look at how unpaid carers and those that they care for are included in the project.

5.5. Information Governance

There are no direct information governance implications arising from this report, however, it should be noted that information sharing in response mode does have information governance implications which should be addressed by statutory requirements or local arrangements.

5.6. Environmental Impacts

The report outlines ACHSCP's response to adverse weather events as a Category 1 Responder.

5.7. Sustainability

There are no direct sustainability implications arising from the report.

5.8. Other Implications

There are no other implications arising from this report.

6. Management of Risk

6.1. Identified risks(s)

The Risk on the IJB fulfilling its requirements under the Civil Contingencies Act 2004 was de-escalated from the Strategic Risk Register to the operational level and is being monitored through the ACHSCP's Civil Contingencies Group. The controls and mitigating actions that have been outlined in this report around the IJB's duties have managed to reduce the risk. The development of the PARD, continued review of plans and the exercising of these plans will help to further reduce the risk.

Link to risks on strategic or operational risk register:

As detailed above the risk around the IJB fulfilling its duties under the Act are contained at the operational level and are managed by the Business and Resilience Manager and monitored by the ACHSCP's Civil Contingencies Group on a quarterly basis.

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	07 May 2024
Report Title	Outcome of Culture Research Project
Report Number	HSCP24.024
Lead Officer	Alison MacLeod, Lead for Strategy and Transformation
Report Author Details	Name: Alison MacLeod Job Title: Lead for Strategy and Transformation Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. IJB Culture Review – Consolidated Report Summarised b. Culture Sounding Board – Commitments and Progress as at 19th March 2024
Terms of Reference	7. The approval or amendment of the Strategic Plan and ongoing monitoring of its delivery through the Annual Performance Report

1. Purpose of the Report

1.1. The purpose or this report is to feedback to the Integration Joint Board (IJB) on the outcome of the Culture Research Project and seek approval for the proposed actions resulting from it.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the Consolidated Report Summarised attached as Appendix A to this report and the analysis contained within paragraphs 4.9 and 4.10.
b) Approves the proposed actions to be taken as a result of the project findings, noted within the Culture Sounding Board Commitments and Progress document at Appendix B.

3. Strategic Plan Context

3.1. As the current Strategic Plan was being developed, the IJB agreed that improving culture would have a positive impact on our ability to deliver it and developed the following Culture Statement.

"At Aberdeen IJB we are committed to a culture of high trust, built on strong relationships developed through effective conversations.

We believe that in order to be able to develop the most effective strategy and to take brave decisions required to transform health and care in Aberdeen which make it fit for now and the future, we need to foster this culture and support the development of strong, trusting relationships across Aberdeen IJB and HSCP.

Effective relationships are based on building trust between people, which creates psychological safety which in turn enables high quality conversations, honest and open communication, joint problem solving, creative energy and mutual respect.

In order to develop strong relationships, Aberdeen IJB will be intentional in protecting informal spaces for IJB and Leadership team members to come together. The informal spaces will be in the form of seminars, thinking spaces, buddying opportunities and specific joint work-streams on agreed areas of interest. Aberdeen IJB will also encourage IJB members and Leadership team members to connect informally as and when they feel appropriate via email, Teams, or over coffee as an important way of strengthening relationships."

3.2. A series of activity then followed including culture becoming a standing agenda item on the IJB Insights sessions and the creation of the Culture Sounding Board to ensure the implementation of the IJB's intention around culture and the successful delivery of the Strategic Plan.

4. Summary of Key Information

4.1. Over the summer of 2023, two masters students at Aberdeen University were tasked with undertaking a research project to determine whether there was evidence that the focus on culture was positively impacting the IJB's strategic decision making and scrutiny. It was thought that lessons learned could be fed into the development of new arrangements under the National Care Service (NCS). The research brief provided to the students was "To provide evidence of the impact of Aberdeen City Integration Joint Board's culture development work on the effectiveness of strategic decision making and scrutiny to ensure lessons learned are factored into health and care reform under the National Care Service (NCS)."

4.2. In terms of methodology, participants for the research were identified as everyone who had been involved in the IJB both past and present, including voting members, Stakeholder Representatives and members of the Senior Leadership Team (SLT) of Aberdeen City Health and Social Care Partnership (ACHSCP), all including both relatively new members and more experienced members. For those who agreed to take part they were first asked to undertake an online survey where they were given 10 statements and asked to rate their attitude towards these using something called a Likert Scale which involved selecting an appropriate rating along the scale that best indicated their feeling. There was also the opportunity to elaborate on any of their ratings using free text if they wished. The next stage was an interview which was offered online. The interviews were semi structured but had a degree of flexibility. The questions used were open ended to allow participants to respond freely and all participants were assured of being in a safe space where their responses would be treated confidentially. The final report does not personalise any responses nor seek to identify any of the respondents.

4.3. The objectives of the research were: -

- To assess the effectiveness of the culture development work in fostering strong, trusting relationships across the IJB and ACHSCP teams.

- To determine the effectiveness of communication channels within Aberdeen IJB.
- To evaluate the extent to which the IJB's culture development has played a role in achieving its strategic goals and objectives.
- To assess the impact of the culture development work on staff morale, motivation, and engagement.
- To evaluate the impact of the "informal spaces" established by the IJB on promoting collaboration and effective decision making.
- To identify any gaps or areas for improvement in the current culture of the IJB and make recommendations for how these can be addressed.

4.4. The students reported some challenges they encountered before and during the research. A survey of this nature requires ethics approval, and that process required more time than initially anticipated. In terms of the sample size, 28 individuals were invited to participate, however only 11 of them agreed to this. We understand a 39% response rate to these kinds of requests is positive and anecdotally we were advised that a lack of capacity or time was the reason for those not agreeing to participate, rather than a reluctance to do so. Of the 11 participants, two were voting members, and nine were non-voting members. There were also challenges for participants who had agreed to take part finding time in their busy schedules, particularly for the interview part of the process, and this further extended the timescale to complete the research. More than 11 people completed the online survey but these submissions were not considered as participative as they could not be correlated with the interviews. The results of the research need to be considered in the light of these limitations.

4.5. Due to the extended timescales of the research itself and unavoidable delays within the governance and approval processes at the University, the report on the outcome of the research was only received in January this year. The conclusion of the report notes that "Aberdeen IJB's success lies in the deliberate cultivation of a culture of trust, cooperation, and effective communication. Despite challenges, it stands as a remarkable example of integration within healthcare and social services. Valuable insights and recommendations from their experiences can guide future initiatives, including those of the National Care Service, ensuring effective service delivery and operational excellence. The organisation's commitment to continuous improvement and adaptation positions it as a valuable case study for the broader healthcare sector".

4.6. In terms of key findings there was a significant list of positives captured from participants in terms of what they liked about working within the IJB. These included: -

- Reduced formality
- Welcoming, positive atmosphere
- Inclusivity
- Personal Relationships
- Trust
- Promoting collaboration
- Conflict Resolution
- Willingness to Learn
- Efficient Meetings
- Effective Conversations
- Good information
- Ability to focus on issues
- Supportive, Non-Hierarchical Leadership
- Creative Meeting Format
- Constructive Interactions
- Transparency and Accountability

4.7. Three areas for improvement were identified from the Key Findings as well as five Recommendations and three Lessons Learned

Areas for Improvement

1. Attendance at Development (now Insight) Sessions and Seminars
2. Uncertainty on progress towards goals and objectives
3. Hierarchical approach and insufficient structures for non-voting members to actively participate.

Recommendations

1. **Induction and Onboarding**:
   - Strengthen the induction process to provide a comprehensive understanding of the organization's vision and unique culture.
   - Mandate a thorough onboarding process for all newcomers, including the assignment of mentors to guide them.
   - Emphasise the importance of personal connections through buddy systems and informal meetings for smoother transitions.
2. **Culture Workshops and Informal Spaces**:
   - Increase the frequency and purposefulness of culture workshops, ensuring optimal scheduling for maximum participation.

- Enhance the authenticity of informal meetings to foster genuine interpersonal connections and deeper understanding among members.

3. **Politics**:
   - Leaders must proactively safeguard IJB meetings from political influence to maintain a non-partisan atmosphere.
   - Implement careful scrutiny of meeting materials and strategic agenda-setting to prevent political elements from overshadowing organisational objectives.
4. **Public Awareness**:
   - Prioritise public awareness campaigns to educate the general public about the IJB's role and contributions.
   - Organise workshops or open sessions for staff to interact with IJB members, increasing internal awareness of roles and activities.
5. **Meetings**:
   - Prioritise face-to-face meetings to nurture cohesive and trust-driven organizational culture.
   - Advocate for activating cameras during virtual meetings to showcase active participation and engagement.
   - Exercise caution to maintain a balance between meetings and reports to prevent overwhelming workloads.

Lessons Learned

- The pivotal role of proactive leadership in maintaining a politically neutral environment within the organisation.
- The significance of face-to-face meetings in building strong relationships and fostering trust among board members.
- The importance of balancing the quantity of meetings and reports to avoid overwhelming workloads.

4.8. These were all discussed at the last two meetings of the Culture Sounding Board on 23rd January and 19th March and during the culture item at the IJB Insights sessions on 20th February and 16th April. The Culture Sounding Board maintains a 'Commitments and Progress' document which is in effect an action log. The areas for improvement, recommendations and lessons learned were reviewed and where appropriate additional actions recorded. The full document can be found at Appendix B.

4.9. In terms of the Areas for Improvement, it was noted that a hybrid option was now offered for the Insights Sessions and these are also recorded so those who cannot attend can still benefit. Progress against goals and objectives is reported monthly to the Senior Leadership Team, quarterly to the Risk Audit

and Performance Committee (RAPC), and annually to the IJB as agreed when the Strategic Plan was approved. In light of the comment made regarding uncertainty around progress, it was suggested at the Insights session on 16th April that we draw attention to the quarterly reports as they are presented to RAPC and provide the link to the Agenda which is public and can be accessed by anyone. The comment about there being a hierarchical approach and insufficient structures for non-voting members to actively participate contradicts the 'supportive, non-hierarchical leadership' comment in the key findings. During discussion at the Insights session on 16th April, most members present indicated they felt the IJB approach was collaborative and inclusive however we have included an action to investigate ways to ensure non-voting members feel included and fully involved in IJB business.

4.10. With regard to the recommendations, an action has been included to review the induction and onboarding process. At the Insights session on 16th April members were positive about their induction experience but it was felt a review could only strengthen and improve this further particularly linking IJB and the Senior leadership Team. There is already an action to increase public and staff awareness of the IJB, and action has already been undertaken in relation to the workshops and informal spaces. The other points made within the recommendations and the lessons learned served more as a reminder for the continued way IJB undertake their business rather than requiring specific action.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct equalities, fairer Scotland or health inequality implications arising from the recommendations of this report.

5.2. Financial

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

5.3. Workforce

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

5.4. Legal

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

5.5. Unpaid Carers

There are Unpaid Carer representatives on the IJB as Stakeholder Representatives who are non-voting members. Their views will be sought as part of the action to investigate ways to ensure they feel included and fully involved in IJB business.

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

5.9. Other

None

6. Management of Risk

6.1. Identified risks(s)

If the IJB do not get the culture right there is a risk that this will impact strategic decision making and scrutiny which could ultimately impact on successful implementation of the Strategic Plan.

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

This report links to Strategic Risk 5

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

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

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

This report gives the IJB assurance on the work being undertaken to improve culture with a view to improving overall performance.

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Background

It is the belief of the Aberdeen Integration Joint Board (IJB) that culture, as well as forming strong, trusting relationships with partnering organizations, are essential for effective strategic decision-making with regard to the delivery of health and social care services ("Aberdeen IJB Brief…"). In developing strong relationships across the IJB and ACHSCP teams, while also promoting the use of informal spaces, the Board has been able to prioritize the commissioning of "care at home" services under a new consortium arrangement, they have been able to repurpose a care home into a "step-up/step-down care facility", and they have transitioned from exiting "day care provision" to a series of preventative, community-based activities ("Aberdeen IJB Brief…"). The IJB believes that the combination of these decisions and initiatives has led to the ACHSCP's good performance in relation to national indicators ("Aberdeen IJB Brief…"). As a result, the Board has requested for an evaluation to be conducted to assess and observe the IJB culture, identify areas of improvement, and ensure that the "lessons learned" from the Aberdeen IJB's experience are taken into consideration when developing the future National Care Service (NCS) ("Aberdeen IJB Brief…").

Key Theoretical Themes

The theoretical component of the quantitative portion of the study examined academic literature and research studies on the use of surveys as tools for organizational development and efficiency, primarily focused on organizational trust. From the document review, surveys were found to be effective strategic management tools for organizational development, with regard to three (3) main areas:

1. To Improve Employee and Customer Satisfaction: Surveys, particularly employee attitude surveys, are effective in collecting information on employee or customer satisfaction and experiences, which can then be used to inform the appropriate action items. In particular, as examined in the theoretical component of the study, there is a positive relationship between customer and employee satisfaction analysis, and organizational performance.

2. To Inform Organizational Change: Within organizations, surveys are often part of a larger change effort. They are effective in introducing large-scale change, and require action to be taken at multiple levels of the organization.

3. To Improve Organizational Efficiency: Within organizations, surveys are effective tools for strategic action planning, with the findings presenting a diagnostic picture of the organization in question. Survey findings can also provide information on organizational performance, which can then be used to improve organizational effectiveness or efficiency.

There were five (5) main theoretical themes with regard to the qualitative portion of the study, which are as follows:

1. Culture and Trust: This theme examined the formation of trust within organizations, emphasizing the importance of aligning individual conduct with social norms and how trust influences employee engagement.

2. Culture and Effective Communication: Explored the link between organizational culture and communication effectiveness, highlighting the impact of unity and pride on honest communication and the role of culture in creating an inclusive atmosphere for diverse business landscapes.
3. Organizational Culture and Staff Motivation: Focused on how organizational culture motivates employees by fostering internal integration, emphasizing social connections' significance in employee motivation, and exploring culture's role in crisis resolution.
4. Culture and Innovativeness: Examined the role of organizational culture in fostering innovation and emphasized the crucial involvement of senior management in cultivating an innovative culture.
5. Culture and Leadership: Explored the symbiotic relationship between leadership and organizational culture, highlighting how leadership shapes culture and vice versa, and emphasizing the challenge of recognizing cultural limitations for effective leadership and organizational evolution.

Methods (including reference to the subjects engaged and the various difficulties encountered).

The purpose of this evaluation was to assess the impact of the culture developed by the Aberdeen Integration Joint Board (IJB) on the Board's strategic decision-making, and the performance of the Aberdeen Health and Social Care Partnership (HSCP). In particular, this evaluation had six (6) objectives:

1) To assess the effectiveness of the culture development work in fostering strong, trusting relationships across the IJB and ACHSCP teams.
2) To determine the effectiveness of communication channels within Aberdeen IJB.
3) To evaluate the extent to which the IJB's culture development has played a role in achieving its strategic goals and objectives.
4) To assess the impact of the culture development work on staff morale, motivation, and engagement.
5) To evaluate the impact of the "informal spaces" established by the IJB on promoting collaboration and effective decision making.
6) To identify any gaps or areas for improvement in the current culture of the IJB and make recommendations for how these can be addressed.

To accomplish this, we took a mixed methods approach, using both primary and secondary data sources. To ensure the project was completed efficiently, as well as to ensure all aspects of the individuals' experiences were taken into consideration, the project was divided into two components: a qualitative and a quantitative portion.

The quantitative component of the project consisted of an online, Likert scale-based survey, which was developed using the University-approved survey application "Snap 11", which

ensures the security of survey responses by storing them on the University's "Snap WebHost" server ("SNAP"). The survey included 10 questions, which used a 5-point Likert scale as the response option, while questions #2, #4, and #10 also offered an "explanation box" for participants to elaborate on their responses. In terms of the analysis method utilized, descriptive statistics of the Likert scale-based survey responses were produced using SPSS, through which we were able to determine the average survey responses provided, which translates to the average attitude towards the statement in question, or the average behaviour exhibited by respondents. In addition to the descriptive statistics produced, a content analysis was also conducted using the information provided by respondents in the "explanation boxes" of questions #2, #4, and #10.

For the qualitative component, qualitative interviews were employed as the primary research method to understand how individuals associated with the IJB perceive the board's success. The choice of qualitative interviews aimed to capture personal perspectives and insights, treating interviewees as "conversational partners" to generate trustworthy information. Leveraging online interviews via Microsoft Teams offered convenience, cost-effectiveness, and a relaxed atmosphere conducive to open conversations. The semi-structured interview format allowed for flexibility while ensuring a guiding framework. Microsoft Teams was chosen for its recognition by the University and Aberdeen City Council, emphasizing participant safety and confidentiality. Open-ended questions were utilized to obtain comprehensive data, and the transcriptions, done using Microsoft Word 365, were cross-referenced with Teams recordings for accuracy. Overall, this approach aimed to create a secure and comfortable environment, encouraging authentic exchanges of information, and facilitating a nuanced exploration of perceptions regarding IJB success.

Thematic analysis was employed as the data analysis method in this research. This method allowed for the incorporation of unexpected findings and systematic summarization of data, enhancing transparency in the research process. The theoretical thematic analysis variant was later used to connect findings with existing literature. Open coding was utilized for code development, ensuring flexibility for systematic exploration guided by the evaluation objectives and emerging themes. The inherent flexibility of thematic analysis facilitated a back-and-forth engagement with the data, leading to the identification of suitable codes and themes aligned with the theoretical framework.

Lastly, the population for this evaluation consisted of individuals who are affiliated with, or members of, the Aberdeen IJB, and who have experienced the IJB's culture. To select the participants for this evaluation, we employed purposive sampling, and relied on the expertise of our Aberdeen IJB liaisons to provide us with a list of individuals who met the sampling frame criteria, which included being affiliated with, or members of, the Aberdeen IJB, and having experienced the IJB's culture, as well as individuals that they felt could provide valuable input regarding the impact of the Aberdeen IJB's culture. Our Aberdeen IJB liaisons provided us with a comprehensive list of 28 individuals to invite to participate in the evaluation, 11 of which agreed to participate in the study. Of the 11 participants, two (2) were voting members, whereas nine (9) were non-voting members.

Challenges during Data Collection

Throughout the course of our study, we faced several challenges. While the ethics approval process required more time than initially anticipated, we also grappled with response rate issues. While we had initially invited twenty-eight (28) individuals to participate in the study, for example, only eleven (11) individuals agreed to participate. This not only substantially diminished our expected sample size, but also extended the duration required for data collection. As a result, we found ourselves facing pressing time constraints, and the study's overall timeline was significantly prolonged. Consequently, the results of the study need to be considered in light of these limitations experienced.

Key Findings

As suggested by the quantitative analysis findings, the culture developed by the Aberdeen IJB has been effective in reducing formality, building trust, and fostering personal relationships among Board members. Additionally, the findings indicate that, while the informal spaces developed by the Aberdeen IJB have been effective in promoting collaboration and encouraging effective conversations, the development sessions and seminars are not attended by all IJB members. In terms of the impact of the Aberdeen IJB culture on the Board's strategic decision-making, the analysis findings suggest that respondents are kept informed of any decisions or changes made in the ACHSCP, with decisions being made in a transparent and accountable manner. However, in terms of the Board's progress towards their strategic goals and objectives, the variance in the minimum and maximum responses received, which are "disagree" with the statement and "strongly agree" with the statement, indicates that there could be some uncertainty regarding the Board's progress towards their goals and objectives. However, in terms of the impact of the culture developed by the Aberdeen IJB on the performance of the Aberdeen City HSCP, it is difficult to determine the impact of the culture when there are other key influencing factors, including healthcare-based or socio-economic factors. However, this could be addressed through future research. To assess the impact of the culture developed by the Aberdeen IJB on the ACHSCP National Integration Indicators 1-10, for example, which includes the level of satisfaction reported by patients and carers with regard to the services provided, future researchers could conduct an additional survey, which would allow for patients and carers to identify any improvement or changes experienced since the development of the Aberdeen IJB's culture ("Annual Performance Report 2021-2022", 2022).

In terms of the study's qualitative findings, the analysis of the culture developed by the Aberdeen Integration Joint Board (IJB) focused on five key thematic dimensions: trust, staff motivation, innovativeness, effective communication, and leadership, offering insights into their implications on organizational effectiveness.

<u>Culture and Trust:</u>

The IJB has fostered an informal culture, emphasizing open communication and personal relationships among members. Informal addressing, culture workshops, in-person meetings, and

"boom-boards" contributed to breaking down barriers and building trust. Newcomers noted the welcoming atmosphere, while workshops aided conflict resolution and facilitated open dialogue.

Communication and Culture:
Communication involves a blend of electronic and in-person interactions. While the Senior Leadership Team (SLT) plays a crucial role in disseminating information, challenges included a somewhat hierarchical approach and insufficient structures for non-voting members to actively participate. Suggestions for improvement include a robust intranet system to enhance internal communication.

Culture and Staff Motivation:
Staff motivation is linked to feeling appreciated, supported, and working in a blame-free culture. Leadership support and a focus on inclusivity and equality have contributed to a positive environment. Effective administrative support enhanced meeting efficiency and allowed personnel to concentrate on substantive issues.

Culture and Innovativeness:
Innovation is facilitated by a consultant-led culture clarification initiative, encouraging risk-taking and experimentation. The IJB embraced creative meeting formats, warm-up videos, and "boom-boards" to maintain engagement. The willingness to learn from both successes and failures reflected a key aspect of the IJB's approach to achieving goals.

Culture and Leadership:
Leadership was identified as pivotal in shaping organizational culture, influencing motivation, trust, innovation, and communication. Supportive leaders promoted a non-hierarchical atmosphere, fostering collaboration and constructive interactions. The selection and development of leaders aligned with cultural values were crucial for a thriving organizational culture.

Challenges to Culture Development:
Challenges include operating in silos, turnover affecting consistency, transition difficulties, power dynamics, political influences, and the impact of virtual meetings. Overcoming these challenges requires a focus on breaking down silos, managing turnover, addressing power dynamics, balancing political influences, and prioritizing face-to-face interactions over virtual meetings.

Recommendations, Lessons Learned, and Future Work for Aberdeen IJB:

1. Induction and Onboarding:
    - Strengthen the induction process to provide a comprehensive understanding of the organization's vision and unique culture.
    - Mandate a thorough onboarding process for all newcomers, including the assignment of mentors to guide them.
    - Emphasize the importance of personal connections through buddy systems and informal meetings for smoother transitions.
2. Culture Workshops and Informal Spaces:

- Increase the frequency and purposefulness of culture workshops, ensuring optimal scheduling for maximum participation.
- Enhance the authenticity of informal meetings to foster genuine interpersonal connections and deeper understanding among members.

3. Politics:
    - Leaders must proactively safeguard IJB meetings from political influence to maintain a non-partisan atmosphere.
    - Implement careful scrutiny of meeting materials and strategic agenda-setting to prevent political elements from overshadowing organizational objectives.
4. Public Awareness:
    - Prioritize public awareness campaigns to educate the general public about the IJB's role and contributions.
    - Organize workshops or open sessions for staff to interact with IJB members, increasing internal awareness of roles and activities.
5. Meetings:
    - Prioritize face-to-face meetings to nurture cohesive and trust-driven organizational culture.
    - Advocate for activating cameras during virtual meetings to showcase active participation and engagement.
    - Exercise caution to maintain a balance between meetings and reports to prevent overwhelming workloads.

Lessons Learned:

- The pivotal role of proactive leadership in maintaining a politically neutral environment within the organization.
- The significance of face-to-face meetings in building strong relationships and fostering trust among board members.
- The importance of balancing the quantity of meetings and reports to avoid overwhelming workloads.

Conclusion:

Aberdeen IJB's success lies in the deliberate cultivation of a culture of trust, cooperation, and effective communication. Despite challenges, it stands as a remarkable example of integration within healthcare and social services. Valuable insights and recommendations from their experiences can guide future initiatives, including those of the National Care Service, ensuring effective service delivery and operational excellence. The organization's commitment to continuous improvement and adaptation positions it as a valuable case study for the broader healthcare sector.

Culture Sounding Board – Commitments and Progress – March 2024

Delivering on our Values - honesty, empathy, equity, respect and transparency

Commitment	Progress
1. We will retain a clear focus on culture across the IJB/SLT. We recognise that culture continually evolves, and we will need to ensure this remains visible starting with induction to the IJB/SLT and in how we carry out all of our work.	1. Focus maintained through Induction of new members, Culture Sounding Board (CSB) meetings and standing agenda item on Development Sessions (now IJB Insights). It is recognised that members 'day job' commitments mean these are not always as well attended as we would like and we will continue to promote them at IJB meetings and investigate if there is an alternative day or time that could improve attendance. Note they are now regularly recorded so members can still benefit from the input.
2. We will keep using the short films which showcase local lived experience examples which bring to life who we are all here to serve. We all recognise that this is an important part of grounding us in our shared intent to deliver the best health and care for all people in Aberdeen. CSB 21.11.23 agreed to consider introducing a second video at IJB meetings when the Board reconvenes after a break. This one should try to showcase business as usual which will help inform newer IJB members.	2. Short film features at the beginning of every IJB meeting. We have a significant number of suggestions for these but will continue to seek out any suitable material and will try to select topical issues relevant to the timing of the meeting. It was recognised that it may take some time to build up a stock of 'Business as Usual' videos although we are investigating being able to use some of the footage of the presentations from the Staff Conference on 29th February.
3. The Culture Sounding Board will meet every 2 months and provide a space for reflection for all IJB and SLT members to consider how we are interacting with each other so we can celebrate the positives and identify areas for development. These discussions will be a central platform for considering actions to enable our culture to continue to evolve and improve.	3. Culture Sounding Board meeting schedule now in place for the rest of 2024. The next meeting is scheduled for 14th May. Thereafter there are meetings on 20th August, 22nd October, and 10th December 2024. Currently promoting attendance at these for all IJB and SLT members although 'day job' clashes are a barrier.
4. We will continue to deliver many seminars in person, particularly when considering complex topics, and with all seminars (including those on Teams) we will seek to use	4. Schedule of IJB Insights and Topic Specific Seminars for 2024/25 has now been developed and populated up until the summer. This will be shared with IJB members

Commitment	Progress
techniques which encourage all voices to be heard equally. We will also aim to find times in the week which support good attendance. We will also continue to provide opportunity for BOOM board sessions and other 'getting to know you as people' activities within seminar times. Decision at CSB on 21.11.23 to rename the Development Sessions to IJB Insights incorporating two breaks rather than just one. It was also agreed that involving IJB Members in the selection of topics could foster greater ownership and also improve attendance.	who will be given the opportunity to propose future topics. Currently canvassing for alternative 'getting to know you as people' activities as most BOOM Boards have now been delivered.
5. We will pay attention to our choice of meeting format (virtual, in-person and hybrid) and how this impacts on our behaviours and will seek to evolve our approach to ensure we are inclusive and that we have high quality conversations which challenge/scrutinise effectively. ~~We will trial a hot debrief immediately after the next IJB to sense check how the hybrid arrangement worked for all~~. CSB 21.11.23 noted hot debrief had been undertaken but also suggested continual monitoring is required.	5. IJB Insight sessions now being offered as hybrid as a result of feedback in relation to how this made it easier for members to attend and/or dip in and out according to their interest and schedule. They are also being recorded to allow those who cannot attend to benefit from the input.
6. We aim to encourage a ripple effect to support good cultures and behaviours across the organisation. Recognising that different parts of the system are also on this journey, we will seek to connect with the wider system and share our learning. We will find ways to make explicit how we can live and breathe the organisational values through our behaviours and actions using the Culture Sounding Board as a key platform.	6. Sharing learning with colleagues in NHS Grampian working on culture. Also linked to system wide culture collaborative.

Commitment	Progress
Additional Activity proposed at CSB 21st November 2023	
7. Explore how to achieve visibility of IJB Members similar to NHSG Culture on Tour, Ask Caroline sessions or Talking Heads video.	7. IJB Chair played a prominent role opening the staff conference on 29th February and other IJB members were present. Plan to increase visibility a future staff conferences and explore whether IJB members could visit teams or services on a rolling schedule.
8. Increase public and staff awareness of the IJB.	8. So far SHMU has been used to promote awareness of Health and Social Care Integration, encourage participation in LEGs and the Carers Reference Groups. Consider IJB Members slot on SHMU or development of a 'Who are we?' video. Consider greater participation of IJB members at next Staff conference.
Additional Activity proposed at CSB 23rd January 2024	
9. Ensure smooth transition to a new Chief Officer	9.As Chief Officer is known to both SLT and most of IJB, induction is likely to be lighter touch than originally envisaged. Propose perhaps one to one meetings with IJB members individually (particularly those not so well known) and session at IJB Insights on 16th April. Also consider Podcast.
10. Report outcome of Aberdeen University Research project on IJB Culture to IJB in May 2024.	10. Deadline for report submission 21st March 2024 and on track for that. Presentation given to IJB Insights session and outcome of discussions there and at the Culture Sounding Board will be used to inform the report.
11. Ensure our Culture reflects the people who work in the Partnership	11. Conversation has already started with the wider Operational Leadership Team (OLT) to understand how best to capture views and reflect. Consider how we can capture this at the Staff Conference. Review feedback from conference at next CSB meeting.

Commitment	Progress
Additional Activity proposed at CSB 19th March 2024	
12. Review Induction Process for new IJB members and explore how we can better coordinate this with inductions for SLT.	12. Progress will be reported at next CSB meeting in May.
13. Review reporting arrangements of progress against goals and objectives.	13. Progress will be reported at next CSB meeting in May.
14. Investigate ways to ensure non-voting members feel included and fully involved in IJB business.	14. Progress will be reported at next CSB meeting in May.

Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	7 May 2024
Report Title	Marywell and Timmermarket Integrated Service Review
Report Number	HSCP24.027
Lead Officer	Emma King, Primary Care Lead ACHSCP
Report Author Details	Teresa Waugh Primary Care Development Manager ACHSCP teresa.waugh@nhs.scot Simon Rayner Strategic Lead, Alcohol & Drugs ACHSCP simon.rayner@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. Service User/Patient Questionnaire (Summary) b. IIA (Integrated Impact Assessment)
Terms of Reference	1

1. Purpose of the Report

1.1. This report provides an update to the Integration Joint Board (IJB) on the Marywell and Timmermarket Integrated Service Review progress.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

a) Notes the overall advancements achieved over the past 18 months since the initial report was presented to the IJB on 29 November 2022;

b) Notes the specific advancements and advantages resulting from the two-year Alcohol and Drug Partnership (ADP) funding;

c) Directs the Chief Officer to continue to mitigate health inequalities in Primary Care, in partnership with Aberdeen City Council, NHS Grampian Public Health, and Primary Care General Practice; and

d) Instructs the Chief Officer to proceed with an options appraisal and report back to the meeting of the IJB scheduled for 4 February 2025, outlining the future trajectory of the Marywell Practice.

3. Strategic Plan Context

3.1. The findings and proposals presented in this report are aligned with the strategic objectives in the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2022–2025. These objectives encompass Preventing Ill Health, Caring Together, Keeping the Population Safe at Home and Achieve Healthy Fulfilling Lives.

3.2. The project outcomes, will directly enhance the realisation of the strategic objectives outlined by ACHSP, as follows:

Figure 1: Programme alignment to ACHSCP Strategic Priorities

ACHSCP Strategic Aims	ACHSCP Strategic Priorities (relevant to the programme)	Linked Programme Key Aims/Deliverables
Caring Together	✓ Undertake whole pathway reviews ensuring services are more accessible and coordinated ✓ Empower our communities to be involved in planning and leading services locally ✓ Create capacity for General Practice improving patient experience	Equitable and increased access to GMS services for most vulnerable ✓ Increase resilience and collaboration of cross system services and teams
Keeping People Safe At Home	✓ Reduce the impact of unscheduled care on the hospital	✓ Supporting people in their acute phase of need with support to transition to mainstream services

Preventing Ill Health	✓ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ✓ Enable people to look after their own health in a way which is manageable for them	✓ Improved access for patients to healthcare and drug treatment in line with MAT standards; ✓ Effectively support & empower patients/service users to engage
Achieve Healthy Fulfilling lives.	✓ Help people access support to overcome the impact of the wider determinants of health ✓ Ensure services do not stigmatise people ✓ Improve public mental health and wellbeing ✓ Improve opportunities for those requiring complex care ✓ Remobilise services and develop plans to work towards addressing the consequences of deferred care	✓ Developing a Primary Care Health Inequalities Plan and network ✓ Reduce stigma and increase wider understanding in primary care. ✓ To recognise current resource constraints in terms of staffing, funding, Infrastructure and the need to ensure services are integrated;

4. Summary of Key Information

Background

4.1. On 29 November 2022, the IJB received a report updating them on the progress of the 'Marywell 2c Homeless Practice', Service Redesign. A 2c practice is a health board run practice. This means that the practice is not operated by an independent contractor model like other practices in the city, as per the General Medical Services Contract (2018). The report included several recommendations, one of which was to present updates on the next phase of the redesign to the IJB within 18 months. This report provides updates on the initial phase of the redesign and offers recommendations for the medium to long term to the IJB.

4.2. The Marywell Homeless Practice was established in 2001 to support people who were homeless was and who faced a barrier to registering with a practice when they didn't have an address or were sleeping rough.

4.3. A '2c' redesign of primary care across the city included the Marywell practice as part of a tender process. However, there were no expressions of interest to operate the Marywell practice and so it remains the only '2c' practice within Aberdeen.

4.4. The report to the IJB in November 2022 set out the considerations for this programme of work:

- The changing demographic of homelessness;
- The increased requirement on drug services to meet the complex needs of those at risk of drug related harm;
- The need for Health and Social Care drug treatment services to deliver Medication Assisted Treatment (MAT) Standards including a greater focus on direct access;
- The increasing need to support people facing health inequalities in areas of deprivation and with multiple complex needs;
- Recognise the increased pressure on primary care services and wrap additional support around those with patients in the deepest end of the health inequality spectrum;
- Recognise the increasing demand that health inequalities place on secondary care services and prevent, reduce and provide early intervention to reduce demand in the longer term;
- Recognise other service developments in line with the Community Planning Partnership, the Family Support Model and the work of Early Intervention and Community Empowerment Department;
- Support the development of locality-based care and support;
- Recognise current resource constraints in terms of staffing, funding etc. and the need to ensure services are integrated and supported to be resilient with an aspiration to support the population to access mainstream services where possible; and
- Recognise the strategic direction the Scottish Government has set out in relation to Homelessness, Public Health and Health Inequality, Drug Treatment, and Primary Care Health Inequality.

4.5. An essential aspect of the redesign involves enhancing collaboration among Marywell Practice, Integrated Drug Service (IDS), Aberdeen City Alcohol and Drug Partnership (ADP), and the Community Nursing Outreach Team (CNOT). This aims to prioritise person-centred care, allowing services to work more seamlessly together to meet the needs of the most vulnerable and address local health inequality. This has primarily focussed on the co-location of Marywell Practice and the CNOT at the Timmermarket Drug Treatment Clinic to improve health care for people seeking drug treatment whilst also developing opportunities for community outreach.

General Practice Vision

4.6. The programme of work is taking place in a context where the overall future of primary care is being re-envisioned. This acknowledges the crucial role that General Practice plays, and can play, in the broader health and care system and community planning. In partnership with the Integration Joint Boards of Aberdeen City, Aberdeenshire, and Moray, NHS Grampian commissioned work to develop a new vision along with associated strategic objectives for General Practice across Grampian. On 26 March 2024 the Aberdeen City IJB approved the vision and objectives for General Practice, this was also approved by Aberdeenshire IJB on the 20th of March 2024 and the Moray IJB on the 28 March 2024. This presents an opportunity to deliver General Practice services in a manner that is responsive to local needs and pressures. As a 2c practice in Grampian it is important to align to the general practice visioning programme, with the practice team participating in the various workshop and stakeholder events held.

Drug Related Deaths:

4.7. Aberdeen along with other areas of Scotland have seen an increasing and sustained rate of drug related deaths. In the past 5 years between 2018 and 2023 there have been 332 suspected drug related deaths in Aberdeen. The increase in drug deaths in Scotland has been described by the Scottish Government as a Public Health Emergency with the expectation that local public services collaborate to reduce harm as a priority.

4.8. Specialist drug treatment services in the city are well utilised and provide fast access to integrated multiagency treatment and support, however local reviews of drug deaths show that people at highest risk of death have multiple under diagnosed and undertreated health problems, partly due to substance use but also related to poverty and difficulty engaging. Of the 332 drug related deaths 76% were found to have significant underlying health conditions.

4.9. The situation remains a pressing concern, necessitating ongoing collaboration between primary care and secondary care drug services, social care and third sector services to support affected individuals and families.

4.10. Following a report being presented to the IJB on the ADP Investment Programme in June 2022, a recommendation was to align £480,000 of ADP funding to support the implementation of the Medication Assisted Treatment (MAT) Standards, and contribute funding to a collaborative service redesign, in partnership with primary care to improve primary healthcare outcomes.

4.11. This non-recurring transformational monies has been aligned to explore alternative and new ways of working / tests of change across the Marywell practice, Timmermarket Integrated Drug Service and within wider Primary Care.

Homelessness:

4.12. As highlighted in the IJB report of November 2022 very few people registered with the Marywell Practice were homeless, and this continues to be the case and most people experiencing housing difficulties will continue to be registered in mainstream general practice. The new Housing (Scotland) Bill published on 27 of March 2024 will introduce an 'ask and act' duty on social landlords and bodies, such as health boards and the police, to ask about a person's housing situation and act to avoid them becoming homeless wherever possible.

4.13. Aberdeen has however experienced an increase in homelessness in 2022 – 2023 and Aberdeen City Council continues to make significant innovative progress to reduce rough sleeping and homelessness in the city with a focus on early intervention and wrap around support.

4.14. Homelessness within Aberdeen City continues to be a key priority area of focus with continued effort to move towards a preventative approach, as evidenced, with the recent inclusion of Homelessness as a standalone stretch outcome within the Local Outcome Improvement Plan (LOIP) refresh and underpinned by the Rapid Rehousing Transition Plan 2019-2024.

4.15. Aberdeen City has also been selected to partner with the Royal Foundation as part of their Homewards programme, a 5-year partnership, that is locally led to support the formation of a coalition who will work together to create a plan to prevent and end homelessness, providing further growth and support of the ongoing work in the preventative space.

The Work Programme

4.16. This Integrated Service Review and programme of work outlines specific goals to reduce health inequality, improve life expectancy and improve access to primary health care for the most vulnerable populations in the city in the context of an overall re-envisioning of primary care in Grampian. The project team has adopted a phased strategy over the past 18 months to advance critical priorities (highlighted in bold) and

pilot initiatives during the approved two-year duration of supplementary ADP funding (November 2022 to November 2024).

1. To ensure equitable and increased access to General Medical Services (GMS) services for homeless/vulnerable adults, with multiple complex needs (wrap around);
2. To increase direct access for patients to healthcare and drug treatment in line with MAT standards;
3. To increase resilience and collaboration of Marywell and services currently provided at Timmermarket and staff to ensure outcomes are delivered;
4. To develop a Primary Care Health Inequalities Plan and network to proactively reduce health inequalities for those with complex needs with multiple co-morbidities
5. To effectively support & empower patients/service users to engage with wider relevant service incl. health & social care services, housing, benefits etc (Prevention & Early intervention);
6. To recognise current resource constraints in terms of staffing, funding, Infrastructure and the need to ensure services are integrated;
7. To ensure the service has the capacity to reach-out to people in an acute phase of need and provide interventions as required. Then when appropriate integrate back into mainstream services, to reduce stigma and increase wider understanding of this populations needs within the wider primary care settings.

4.17. To assess the delivery of the aims against the investment and work completed to date, the project team have produced the following information which provides a progress status overview of each aim and key priority. Further detail in relation to each is outlined within sections 4.25 to 4.49 below.

Figure 2: Programme priorities and status overview

Priorities	Aligned Workstream	% Completion	RAG Status
Aim 1: To ensure equitable and increased access to General Medical Services (GMS) for homeless / vulnerable adults, with multiple complex needs;			
✓ Health Assessments	Integrated Pathway	75%	In progress on track
✓ Expanded Patient Criteria	Integrated Pathway	75%	In progress on track
Aim 2: To increase direct access for patients to healthcare and drug treatment in line with MAT standards;			
✓ Direct Access Clinic	Integrated Pathway	50%	On Hold
Aim 3: To increase resilience and collaboration of Marywell and Timmermarket services and staff to ensure outcomes are delivered;			

✓ Integrated Front Door	Access and Outreach	60%	In progress – delayed
Aim 4: To develop a Primary Care Health Inequalities Plan and network to proactively reduce health inequalities for those with complex needs with multiple co-morbidities;			
✓ Aberdeen City GP Network	Data, Evaluation and Engagement	40%	In progress – delayed
Aim 5: To effectively support and empower patients/service users to engage with wider relevant service incl. health and social care services, housing, benefits etc;			
✓ Patient Engagement	Data, Evaluation and Engagement	100%	Completed
✓ Staff Engagement	Data, Evaluation and Engagement	100%	Completed
✓ Project Evaluation	Data, Evaluation and Engagement	50%	In progress on track
Aim 6: To recognise current resource constraints in terms of staffing, funding, infrastructure and the need to ensure services are integrated;			
✓ Options Appraisal (Feb 2025)	Business Modelling	0%	Not Started
Aim 7: To ensure the service has the capacity to reach-out to people in an acute phase of need and provide interventions as required. Then when appropriate integrate back into mainstream services, to reduce stigma and increase wider understanding of this population needs within the wider primary care settings.			
✓ Co-ordination and Transfer of Patients	Integrated Pathway	75%	In progress on track
✓ Hub and Spoke Model	Access and Outreach	50%	In progress on track
✓ Training & Development	Integrated Pathway	50%	In progress on track

Programme Management

4.18. A project team was established in May 2022, with key staff working across health and social care teams, including the independent and third sector, to develop a vision and plan for the short, medium, and longer-term future.

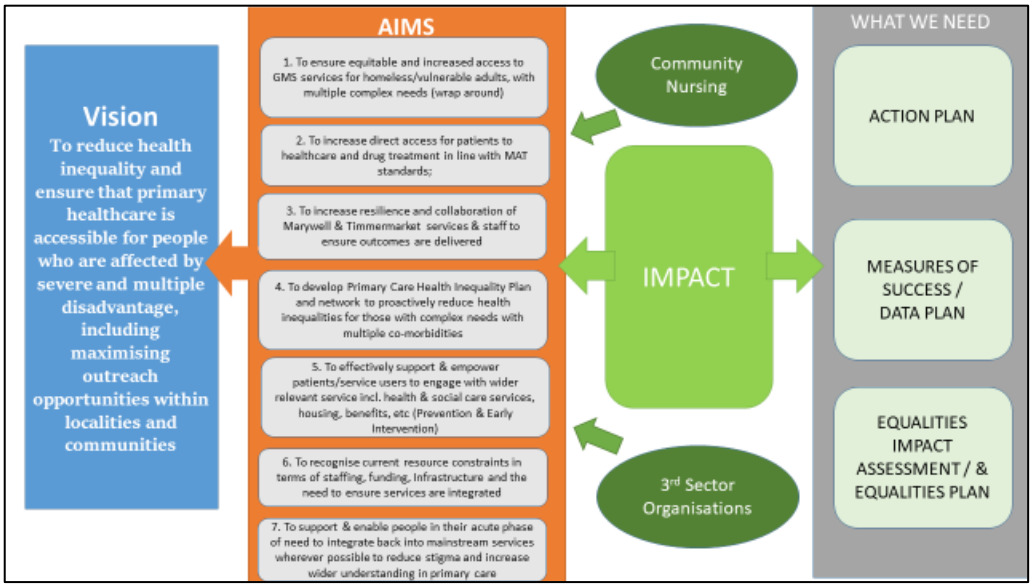
4.19. Through engagement involving multiple stakeholders, the overall vision for the programme has been developed and agreed upon:

"To reduce health inequality and ensure that primary healthcare is accessible for people who are affected by severe and multiple disadvantage, including maximising outreach opportunities within localities and communities"

4.20. It is important to note that this programme of work, associated vision and goals will be aligned to the ongoing work of the primary care visioning programme across Grampian.

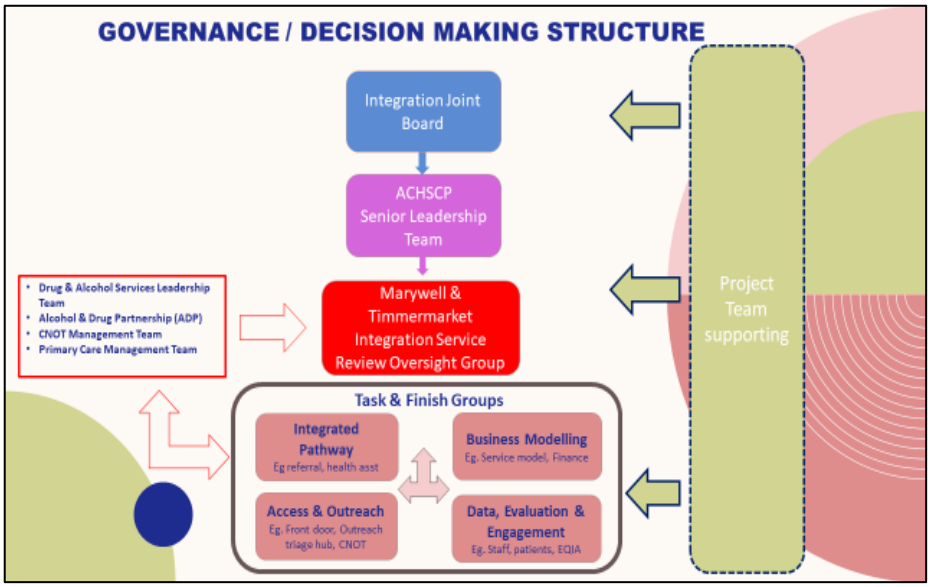
4.21. A redesign framework has been developed to ensure a co-ordinated and systematic approach to achieve the vision and key aims of the programme as follows:

Figure 3: Redesign Framework



4.22. The diagram below outlines the governance and decision-making arrangements to oversee the programme of work as follows:

Figure 4: Governance Arrangements



4.23. Four work stream 'task and finish' groups which have been established:

1. Integrated Pathway

2. Access and Outreach
3. Business Modelling
4. Data, Evaluation and Engagement

4.24. A summary of progress to date is detailed below under the workstream headings.

Workstream 1: Integrated Pathway

4.25. **Health Assessments:** The project team has focused on developing Health Assessments for those entering drug treatment, given the high number of drug-related deaths linked to undiagnosed health conditions. Their aim is to ensure onward referral to suitable services.

4.26. A clinical standard has been established: *'Every patient referred to the Timmermarket IDS/Marywell Practice is offered a physical health check, including same-day reviews for acute illnesses, conducted by the CNOT and Marywell GPs'*.

4.27. A Clinical Lead GP was seconded for 23 months starting from 1 April 2023, to 1 May 2025, to spearhead the health screening initiative, funded through the ADP funding stream. Drawing on an evidence-base from other areas the Clinical Lead GP has advanced the implementation of a health screening initiative by developing a Health Assessment Standard Operating Procedure (SOP) for patients seeking services. All new clients attending the Timmermarket IDS undergo a comprehensive initial assessment by a combination of early intervention workers (EIW) and/or social workers (SW) and a prescriber. As part of this process, every client referred into the Timmermarket IDS is to receive the offer of a physical health check. This would also include the possibility of "same day" physical health reviews if clients present with acute illnesses (for example, wound infections/deep vein thrombosis/breathing concerns)

4.28. The clinical lead has gathered initial findings from completed health assessments. This confirms findings from drug death reviews that individuals having under-diagnosed and under-treated health conditions significantly increase the risk of drug related death. Our findings show specifically:

- 65% of patients had an abnormal BMI (higher or lower than normal)
- 20% had lower than normal oxygen saturation
- 50% had peak flow tests that potentially indicate abnormal respiratory function
- 54% had heightened cholesterol readings
- 15% had abnormal liver function levels

- 90% had Vitamin D deficiencies with potential symptoms including chronic fatigue, low mood and chronic pain
- Folic Acid levels were generally lower

4.29. Findings also show, 35% had an acute/on the day presentations that required immediate attention for physical health conditions at their initial appointment including treatment for:

- injecting-related infection
- respiratory complaints
- skin conditions
- suspected deep-vein thrombosis
- sexually transmitted infection

4.30. During the implementation phase, it has been noted that patients may not always be willing to undergo a full-health check on the same day due to time constraints, personal choice. Hence, a flexible approach is developing, with full health checks completed over multiple appointments to maximise patient engagement.

4.31. A complementary Clinical Lead session has also been funded by ADP, to support **Training and Development** from 1 May 2023, to 1 June 2025, focusing on enhancing links with primary care through individual practice visits to increase understanding and enhanced referral routes and improving substance use prescribing training. This post is part of a wider range of activities which support the integration of drug services and primary care to improve outcomes for the people of Aberdeen city.

4.32. **MAT Standards:** As work has progressed in delivering the Scottish Government Medication Assisted Treatment Standards for drug treatment slower progress has been made in terms of integrating hybrid working between Marywell and Timmermarket to support the delivery of MAT standards. Improvements in service staffing capacity and throughput to mainstream Primary Care are factors that will help support progress on this element.

4.33. The team have been working on creating an integrated shared space and to ensure the clinical and non-clinical space is maximised, this includes; new IT for staff, a new bookable room system throughout, three rooms now upgraded, and creation of two smaller rooms for quiet staff space. The back office open plan space now has a dedicated area for the practice team when not seeing patients.

4.34. New Criteria for Registering with Marywell Practice: The Marywell and Timmermarket Integrated Service Review strives to enhance equitable access to GMS services for homeless with complex needs, alongside improving direct access to healthcare and drug treatment. However, certain patients encountering homelessness or substance use may encounter difficulties registering with a mainstream GP practice, frequently appearing distressed, vulnerable, and with multiple complex needs. In addition, it is extremely high risk for secondary care services to initiate drug treatment without GP registration, therefore the ability to register people reduces clinical risk in those circumstances.

4.35. The project team have revised and expanded the patient criteria to include those who are; homelessness/rough sleeping/residing in temporary accommodation and/or using drugs with a health need and not registered with a GP practice. However, it should be noted that these criteria are not reasons or a requirement to de-register from existing GP registration. Patient registrations will undergo clinical review during biweekly multi-disciplinary team meetings to ensure comprehensive support and inclusive outreach services. The criteria will be implemented in April 2024, with evaluation overseen by the GP Clinical Lead.

4.36. Co-ordination and transfer of patients: Ensuring the service prioritises those most in need during periods of instability, ongoing coordination and transfer of patients to mainstream general practice is crucial. The previously known 'Moving on Policy' has been streamlined into the Co-ordination and Transfer of Patients Protocol, facilitating a seamless transition for patients with clinical input from GPs and aligned CNOT team members. Patients are then supported to transition to mainstream general practice, maintaining ongoing primary care input and continuity of care.

Workstream 2: Access and Outreach

4.37. Integrated 'Front Door': Feedback on ensuring easy to access / trauma-informed approaches has led to discussions to integrate Marywell Practice and Timmermarket Drug Service are merging primary and secondary care processes by integrating their reception areas and streamlining administrative roles. The teams are coordinating tasks and duties to create a single reception area, aiming to provide a more unified front door experience for patients while reducing duplication and improving efficiency. This process involves collaboration with affected staff, HR, and colleagues to ensure a coordinated approach over the next six months.

4.38. **Hub and Spoke Model:** One of the recommendations outlined in the IJB report presented on 29 November 2022 was to establish a triage clinic at West North Street with Aberdeen City Council. During 2023, the project team explored the viability of West North Street initially by scoping clinical reconfiguration designs and then assessing the venue's risks. Due to the high costs received from the design consultants (e.g. ventilation) and limited access for non-residents to this venue, the decision was made to consider alternative options across the city. A short life working group was set up to coordinate this work, as part of the Access and Outreach workstream.

4.39. The group have agreed to do several tests of change over the next 6 months to understand the best location, appropriate clinical input, and which approach should be taken to develop "Spokes". Discussions are exploring potential to focus on specific chronic diseases (e.g. COPD, Diabetes), as well as, on use of current community assets within areas of higher deprivation and consideration of using the existing community networks and teams.

4.40. The new Community Nursing Outreach Team (CNOT) has been developed in parallel with the review to reduce silos and improve integrated services. This team aimed to meet the nursing needs of a vulnerable population who might not engage with traditional health services, aligning well with the Marywell Review.

4.41. To further align the teams, it was agreed for the Marywell practice nurses to become an integral part of the CNOT team. The sharing of staff has allowed a breadth of skills and flexibility within one team as well as allowing for cross-cover to improve service consistency and mitigate downtime. The team works across both services in various locations, including Timmermarket Integrated Drug Service, Marywell Medical Practice, the Middlefield Hub and outreach venues like Alcohol and Drugs Action on Hadden Street, the Toastie Club on Urquhart Road, and the Women's' Centre at Spring Gardens. They also maintain important links with the West North Street Homelessness Hub. A training and skills plan has been developed for the team to enhance the team's capabilities and sharing of skills amongst team members which gives the staff more variety and interest to the role.

4.42. The team is committed to providing excellent care and as such, are currently undertaking additional education and training to further advance their clinical skills and broaden their knowledge to deliver comprehensive care with an enhanced understanding of vulnerabilities.

Workstream 3: Business Modelling

4.43. Considering the changing demographic of homelessness and the changing needs of the patient population this enabled an opportunity to review both the Marywell Practice and the Timmermarket Integrated Drug Services together. ADP funding remains in place until November 2024 with the seconded clinical lead posts funded and committed as part of the ADP funding until May 2025. We will continue to gather evidence and data from this to inform next steps.

4.44. The project team will now develop an options appraisal with key stakeholders to consider sustainable models post-funding November 2024 some of which is committed beyond until June 2025, based on the information gathered. In addition, this may provide opportunities to align to the ongoing visioning work of General Practice and its implementation.

Workstream 4: Data, Evaluation and Engagement

4.45. **Patient Engagement:** The IJB report from November 2022 outlined plans for extensive patient and staff engagement to understand their needs and aspirations.

4.46. The project team have conducted two patient surveys. In November 2022, 23 patients responded, with 74% expressing satisfaction with the Marywell Service, 60% finding the current location adequate, and 65% desiring more outreach clinics. Feedback also included requests for additional services in one location and appreciation for the care received.

4.47. The most recent survey in January and February 2024 received responses from 75 out of 78 patients approached, representing a response rate of 96%. At that time the overall combined patient population of both Marywell and Timmermarket was 526 patients/service users. Of the respondents, 20% were new to the services, 40% had been attending for 1 month to 2 years, and 24% for over 2 years. While 79% were content with the current location, 21% expressed a preference for services closer to home, with specific areas highlighted. Twenty one percent highlighted that they would prefer these services closer to home, specific areas were highlighted as follows; Torry/Kincorth/City Centre/Mastrick/Northfield/Tillydrone and Seaton. A further detailed report available on request.

4.48. **Staff Engagement:** A comprehensive staff engagement period was undertaken between 20 December 2023 until 7 February 2024, with 87% of the combined Marywell and Timmermarket teams involved. This provided a confidential space for open and honest discussion and reflection. Feedback from staff included that the

vision was not clear, staff didn't feel valued, poor communication as well as lack of rooms and space. These matters were addressed by a series of "you said we did" feedback directly to staff as well as an informal coffee catch up early in January 2024 to ensure specific actions and improvements to the concerns raised.

4.49. Stakeholder engagement and communication has included a wide range of teams and individuals with specialist input to the programme of work as follows:

- Aberdeen City Council - Housing Support Services
- Public Health
- Community Nursing Outreach Team
- Aberdeen City GP practices
- Sexual Health/BBV Managed Care Network (MCN)
- Deep End Steering Group
- Those with Lived Experience

Next Steps

4.50. In summary, the project will continue until November 2024 to progress any outstanding actions as described in the workstream updates above. The team will use the data gathered and lessons learned to inform the options appraisal for a sustainable service for this vulnerable cohort. It is clear from the work completed that continued innovation and agility is required to meet the ongoing needs of this group and this approach needs to be embedded as 'business as usual'. Further work to decrease silos and increase integrated working will be progressed through co location and integrated procedures and systems. The programme has been only a crucial, but small, part of addressing wider health inequalities in the city by focussing on those with the most complex needs.

4.51. The project team will provide an options appraisal to the IJB in February 2025 to outline a sustainable model for those with vulnerable complex needs in Aberdeen city.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

To comply with the Equality Act 2010, the project team have been working with NHS Grampian's Equality and Diversity Team to ensure due regard is given to assess the impact of any proposed changes before, during and after the developmental review period, integrated service review and ongoing programme. An Equalities Impact Assessment (EQIA) Rapid Impact Checklist (RIA) has been completed and in addition, an Integrated Impact Assessment (IIA) has also been completed, this is attached as Appendix b.

The RIA assessment concluded as of 21 of March 2023 outline that the programme will proceed as it has the majority of positive impacts and improves opportunity. The necessary mitigating action will be taken for any potential adverse impacts outlined.

In terms of the IIA both stage 1 – Proportionality and Relevance and stage 2 – Impact Assess have been completed.

This documentation highlighted above has been completed as of 21 March 2023, and will be reviewed and updated on an ongoing basis as the programme of work develops.

5.2. Financial

The non-recurring ADP transformation funding of £480,000 is aligned to the programme of work for a 2-year test of change which runs from November 2022 until November 2024, with some of this funding committed until June 2025. The current spend to date is £417,325.

The monies have been utilised to carry out tests of change with a focus on the key aims and priorities of the programme of work including the development of the health screening initiative, direct access clinic, establishing the Aberdeen city GP network as well as training and development across primary care. Only successful and sustainable tests of change/new ways of working will be progressed to provide a legacy for the residents of Aberdeen city, within the current financial envelope and budget as well as within current resources.

Taking the current financial climate into account the Marywell Practice is currently subsidised by the ACHSCP in order to provide services. This report recommends the development of an options appraisal to consider future options following the test of change to mitigate where possible any financial risk.

5.3. Workforce

The programme links to the Aberdeen City Health and Social Care Partnership Workforce Plan 2022 – 2025 key priorities:

- Recruitment and Retention
- Staff Mental Health and Wellbeing
- Growth and Development Opportunities

Any direct workforce implications arising from the recommendations of this report will be progressed in accordance with the relevant policies e.g. NHS Grampian Organisational Change.

5.4. Legal

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

5.5. Unpaid Carers

The Aberdeen City Health and Social Care Partnership has specific duties to support unpaid carers under the Carers (Scotland) Act 2016. This has been fully considered as

part of the EQIA and IIA development. There are no direct implications arising from the recommendations of this report.

5.6. Information Governance

There are no direct implications arising from the recommendations of this report. The project team will liaise with the Information Governance team on any relevant matters as necessary considering General Data Protection Regulation (GDPR), Data Protection Impact Assessment (DPIA) and Information Sharing Agreements (ISA)

5.7. Environmental Impacts

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

5.8. Sustainability

The ACHSCP has a duty to act sustainably. Sustainable development refers to the balancing of social, economic, and environmental impacts. The recommendations from this report aim to have a positive impact on the future sustainability of services.

5.9. Other

6. Management of Risk

The Risk Appetite Statement approved by the IJB has been reviewed by the report authors during the development of this report to ensure the specific identified programme risks are consistent with the Risk Appetite Statement.

6.1. Identified risks(s)

Category	Description of Risk	Mitigation/Actions	Residual Risk
Service Model	Unable to progress the triage clinic at the West North Street facility due to high refurbishment costs which include Infection Prevention	Options Appraisal to consider other hub & spoke locations including costs Venue Risk Assessment Consider derogations of IPC advice	MEDIUM

	and Control (IPC) ventilation requirements		
Operational Delivery	Lack of clinical capacity for transformation project work and sustainable model going forward	Phased plan for the transition of Asylum Seekers to mainstream general practice underway Use of locum GPs to provide additional clinical capacity Vacant GP post advertised for the second time	MEDIUM
Operational Delivery	Lack of available clinical space within the Timmermarket facility	Maximisation of facility with flexible booking system Upgrading of 3 clinical rooms Home Office discussion to relocate the controlled drug cupboard, to free up additional clinical space. Exploring alternative delivery models	MEDIUM
Workforce	Possible lack of workforce engagement of those teams affected by the changes Lack of staff capacity and resilience due to workload constraints and staff absence	Staff feedback interviews undertaken during December 2023 – January 2024 Informal staff engagement sessions/drop in'/staff suggestion box Staff communications	MEDIUM
Communications and Engagement	Hard to engage with this complex vulnerable community	Use of various locations / accessible information and outreach opportunities to engage with patients EQIA/IIA completed to inform strategic and operational redesign High engagement with patient questionnaire demonstrates opportunities with outreach and further innovative approaches	MEDIUM
Finance	ADP funding ending in November 2024 (some committed until June 2025) and current financial landscape. Lack of scope to progress future sustainable model for Marywell Practice due to financial constraints	Due to changing financial landscape, there will be an options appraisal completed to outline the future trajectory of the Marywell Practice post ADP funding.	HIGH

6.2. Link to risks on strategic or operational risk register

Risk 1: The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.

Mitigation: The proposals within this report aims to mitigate this risk by developing a sustainable and integrated service.

Risk 5: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.

Mitigation: The programme will be delivered within current resources and financial envelope / existing budgets and within any additional non-recurring funding aligned.

Risk 6: Need to involve lived experience in service delivery and design as per Integration Principles.

Mitigation: The programme of work has key stakeholder engagement which includes those with lived experience.

Risk 7: The ongoing recruitment and retention of staff.

Mitigation: There are ongoing challenges in terms of the recruitment of clinical staff specifically, however as outlined above the project team are taking the necessary action to mitigate this risk.

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Service User Questionaire – (short summary)

Combined Population Timmermarket/Marywell February 2024 = 526
78 Service Users approached to complete questionnaire = (14% of population)
75 responses received = (96% response rate)

1	Age	81% between 25-65
2	Sex	73% male - 27% female
3	Ethnicity	89% (Scottish/British/Irish)
4/5	Interpretor	99% not required – (Pashdu, Kurdish,Deaf)
6	Health impairment affecting daily life	9% yes - 84% no
7	Own tenancy	66% yes - 30% multiple responses - 0% rough sleeping
8	Timmrmarket - Marywell	68% Timmermarket - 39% Marywell
9	Length attending	20% new to service - 40% between 1 month to 2 years -24% over 2 years
10	Use of other services if available	57% GP - 64% Nurse - 49% Dentist - 59% Chiropodist 30% average (link worker, counselling, mental health, food bags, bus fares, help with managing finances, welfare benefits) 20% average (computer assistance, group sessions, group sessions, food preparation) 10% average (physical needs, recovery communities, peer support, literacy and voluntary)
11	Recent health check	9% last month – 39% last 3 months/2 years – 24% > 2 years – 27% none
12	Location – easy to reach	92% happy with location - 5% not happy
13	Difficulties gaining access	87% no issue - 9% some difficulty (not specified)
14	Preferred location	79% happy - 21% prefer closer to home
15	Ease to find/contact service	70% yes – 5% no – 25% previously knew service

16	How was contact made	37% self walk in/telephone - 35% reffered by GP/SW - 28% other (not declared)
17	Registered with GP	92% yes – 5% no
18	Which GP practice	39% Marywell - 56% other (7% woodside, Links, Calsayseat, Newburn)
19	When last at GP	43% within last month - 30% within last 6 months - 9% > 2 years ago
20	Difficulties accessing GP	16% appointment times not suitable, being asked to call back, attitudes - 72% no problem
21	GP shared treatment	45% don't know - 29% yes - 9% no
22	Drug use	65% opiate - 28% benzodiazapenes - 39% cocaine - 25% alcohol - 12% none – 4% other
23	Info given at 1st visit	65% (naloxone training, supply, safe drug use) - 52% BBV testing - 27% Sexual health advice - 17% injecting equipment - < 5% vaccines/?? choice
24	Experienced near fatal overdose	26% yes - 70% no - 4% other not specified
25	When was this	5% past 6 months - 17% < 2 years ago - 59% not applicable
26	Treatment at first contact	71% yes - 8% no - 21% other not specified
27	Options on treatment	75% yes - 26% no
28	Any delay with treatment	1% yes - 84% no - 13% other not specified
29	Regular review on plan	68% yes - 31% not applicable/other not specified
30	Would you be ok to ask for a change of plan	73% yes - 1% no - 24% not applicable - 1% other not specified
31	Did you miss appointments	53% yes - 39% no
32	Did service reach out to you	46% yes - 5% no - 45% not applicable
33	Support to move on	84% not at that stage
34	Do staff take time to listen to you	92% yes – 3% no – 5% other not specified
35	You aware you can bring someone to appointments	78% yes - 5% no - 15% don't know
36	Would you feel you could make a complaint if necessary	87% yes - 6% no – 7% other not specified

Areas for Consideration of Impact

Protected Characteristics

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

Fairer Scotland Duty

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

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

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

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

Other

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

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

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

UNCRC

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

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	Marywell/Timmermarket Service Review
Name of Officer completing Proportionality and Relevance Questionnaire	Elaine Mitchell
Date of Completion	20/03/2024
What is the aim to be achieved by the policy or practice and is it legitimate?	Homeless people tend to be high service users of both primary and secondary care services with often complex health and social care needs. Supporting Homeless/Vulnerable Adults Health Needs in Primary Care. Recognising the strategic direction the Scottish Government has set out in relation to Homelessness, Public Health and Health Inequality, Drug Treatment and Primary Care Health Inequalities. Many homeless people may have also experienced social exclusion with time spent in institutional care. Poor mental health and substance misuse often precede homelessness within this population. Marywell Health Care Centre (Homelessness Practice), the Community Nursing Outreach Team (CNOT) and the Integrated Drug Service (IDS) are currently undertaking a service redesign. The pooling of resources from this collaboration will provide a reactive and proactive streamlined service which will be beneficial to service users from both Marywell and the IDS within the Timmermarket building, as well as offering an opportunity for people living in known areas of deprivation in Aberdeen to access nursing care in the community. The provision of a better, faster and more effective pathway of care for these vulnerable groups should improve their immediate and long term healthcare needs and in turn help with preventative treatment to reduce harm, morbidity, and drug related deaths (MAT Standards), which will be mutually beneficial to both service users and service providers.
What are the means to be used to achieve the aim and are they appropriate and necessary?	Our focus will always be on improving the health and wellbeing of our citizens and seeking to reduce the health inequalities that exist in our city. The intended outcome/s of the service review is to: - Improve health outcomes for those who live in areas of deprivation and who have multiple complex needs. - Ensure equitable access to General Medical Services (GMS) services for homeless/vulnerable adults, supporting them to engage with health and social care services in Aberdeen City (Long Term Monitoring of Health Inequalities, Hard Edges Scotland).

	- Provide a 'one-stop' service to hopefully improve quality of life and ultimately increase life expectancy for this cohort (A Scotland where everybody thrives, Public Health Scotland Strategic Plan 2020-2023) - Reduce Health Inequalities (The Scottish Government Primary care Health Inequalities Short Life Working Group 2022). - Recognise the increasing demand that health inequalities place on secondary care services. - Support the development of locality-based care and support. - Recognise current resource constraints in terms of staffing, funding etc. and the need to ensure services are integrated. - Improve the health (as much as possible), manage health conditions and have the best possible quality of life.
If the policy or practice has a neutral or positive impact please describe it here.	The policy would have a positive impact on the population described: Homelessness in an extremely complex social issue that can have multiple social factors for those living in poverty or being born into poverty. The socially disadvantaged, those lacking in education and experiencing racial, social and cultural discrimination or inequality can all result in homelessness. Non-payment of rent or missing several mortgage payments are the most common reasons for eviction or the loss of someone's home. The rising cost of living, even those with steady incomes can find themselves missing payments and falling into debt. Financial difficulties can also occur as a result of poor financial literacy and poor life choices. This can cause financial stress and hardship that is extremely difficult to escape from. Rental/mortgage arrears can lead to loss of housing as well as resulting in a poor credit rating which in turn makes finding alternative accommodation extremely difficult which in turn means escaping from homelessness also significantly more difficult. Addiction issues can lead to family/relationship/friendship breakdown which may cause loss or difficulty with employment giving greater rise to homelessness. Living in a desperate situation, feeling hopeless, living outside in extreme weather conditions and experiencing stress and trauma may cause people to turn to drugs or alcohol as a coping strategy as a way to escape reality. An estimated 60% of homeless people currently experience a substance misuse problem. Studies have found that 50% of all homeless people experience some type of mental health difficulty, with 25% experiencing a severe mental health condition. This cycle of homelessness, mental health

	issues makes finding stable employment, meaningful relationships difficult to maintain. This may also lead to a distrust of those n authority or unknown people who may simply be trying to help. Violence within the home, including physical and sexual violence and physical, emotional, sexual or financial abuse is also a leading cause of homelessness. Many flee violent or abusive homes, particularly if there is a threat to their or their family's safety. Fleeing domestic or family violence can result in homelessness for many victims because they are likely to have been forced to leave their homes. Their departure is likely to have been quick and secretive (with no opportunity for financial preparation), and they may not have family or social support to rely on. Many women fleeing from domestic violence also leave with their children so they too become homeless.
Is an Integrated Impact Assessment required for this policy or decision (Yes/No)	No
Rationale for Decision **NB: consider: -** • **How many people is the proposal likely to affect?** • **Have any obvious negative impacts been identified?** • **How significant are these impacts?** • **Do they relate to an area where there are known inequalities?** • **Why are a person's rights being restricted?** • **What is the problem being addressed and will the restriction lead to a reduction in the problem?** • **Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?** • **Are there existing safeguards that mitigate the restriction?**	Widespread ill health is common in patients who are homeless and it is common for them to experience acute illness and also long-term disease. This proposal with the collaboration of the services looks to support the homeless population, those with substance and alcohol dependence often also associated with mental health difficulties, those with multiple complex needs especially in areas of known deprivation and who do not normally engage effectively with mainstream primary care services. They tend to use services such as A&E which is not a cost effective use of resources. Having services to meet the needs of this population at areas local to them will hopefully ensure this cohort are seen at the right place, right time by the right professional. Due to lack of finances consideration should be given to ensure services are available in localities known have areas of deprivation or provide money for transport to attend services. Language and communication are major challenges for this cohorts so community engagement is vital to reach out to the intended populations. Community centres/hubs have proved popular places especially since the pandemic and are a good source of information for the local population. At the present time there are around 450 registered service users at the Marywell/Timmermarket clinics. It should be acknowledged that due to different services and IT systems it has been difficult to find accurate data on service use and practice nurse consultations may well be underestimated. Regular and consistent non-judgemental staff presence offering proactive preventative and early intervention are key factors to

	engage with difficult to reach cohorts. Studies have shown that specialist services for this cohorts do result in higher rates of engagement. It would be difficult to predict the numbers of those in the multiple areas of deprivation within the City that may benefit from this type of service and are not engaging with services without some form of service user engagement. GP practices could be contacted to obtain numbers of chronic non-attenders from services. When contact is made to acute services that is thought to be inappropriate could with permission be referred to a centralised point/service. This would of course require investment and administrative support as well as communications, accommodation/IT support etc. The proposals will help with engagement of this cohort to enable access to primary and secondary care as appropriate. The aim will be once engaged and trust established encourage them to take responsibility for their own health and with support help them to move back to mainstream services which should help them lead an improved life with a better standard of living with greater integration within their community. This would have a positive effect on the communities which in turn positively impacts on the longer term benefit of developing future relations with health and social care services.
Decision of Reviewer	No need for stage 2 as there is no negative identified within the report.
Name of Reviewer	Susie Downie
Date	21.03.23

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

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

Not applicable as the Marywell is a 2c Health Board ran practice.

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	07/05/2024
Report Title	Supplementary Procurement Workplan 2024/25
Report Number	HSCP.24.026
Lead Officer	Fiona Mitchelhill, Chief Officer ACHSCP
Report Author Details	Name: Neil Stephenson Job Title: Strategic Procurement Manager Email Address: nestephenson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Exempt	Yes. This report contains exempt information as described in paragraph 6 (Information relating to the financial or business affairs of any particular person (other than the authority)) and paragraph 9 (Any terms proposed or to be proposed by or to the authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services) of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, enacted by the Local Government (Access to Information) Act 1985. This is applied in this case because, in view of the nature of the business to be transacted or in the nature of the proceedings, if members of the public were present, there would be disclosure to them of exempt information as defined in the Schedule.

INTEGRATION JOINT BOARD

Appendices	Non-Exempt: Appendix A1 - Supplementary Work Plan for 2024/25 Exempt: Appendix A - Supplementary Work Plan for 2024/25 Appendix C – Procurement Business Case Appendix B – Direction to Aberdeen City Council
Terms of Reference	5. Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners' own procurement rules and Schemes of Delegation;

1. Purpose of the Report

1.1 The purpose of this report is to present a Supplementary Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Case, for approval.

2. Recommendations

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

a) Approves a **tender** for a period of up to seven (7) years and subsequent award of contract for **Care and Support at Home Services**, as detailed in Appendices A1 and C
b) Makes the Direction, as attached at Appendix B and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

3. Strategic Plan Context

3.1. This report seeks IJB approval for a social care contract which has been commissioned under the eight Ethical Commissioning Principles: person centred care first; full involvement of people with lived experience; high quality care; human rights approach; Fair working practices; financial transparency and commercial viability; climate and circular economy; and shared accountability.

4. Summary of Key Information

4.1 The Integration Joint Board (IJB) directs Aberdeen City Council (ACC) to purchase and enter contracts with suppliers for the provision of services in relation to functions for which it has responsibility. ACC procures services through the Commercial and Procurement Shared Service (CPSS) in accordance with ACC's Scheme of Governance.

4.2 ACC Powers Delegated to Officers includes, at delegation 1 of section 7, that the Chief Officer of the Aberdeen City Integration Joint Board (also referred to and known as the Chief Officer of the Aberdeen City Health and Social Care Partnership (ACHSCP)) has delegated authority to facilitate and implement Directions issued to ACC from the IJB, on the instruction of the Chief Executive of ACC and in accordance with the ACC Procurement Regulations.

4.3 These Regulations require the submission of an annual procurement work plan prior to the commencement of each financial year detailing all contracts to be procured by Aberdeen City Council in the coming year with a value of £50,000 or more, to relevant Boards/Committees. In the case of adult social care services, this is the IJB. The Regulations also require that procurement business cases to support items on the work plan are brought to the IJB prior to any tender being undertaken or contract awarded directly. Although the intention is that all procurement should be planned, there may be occasions, such as with this report, where this is not possible and supplementary work plans and/or business cases may be required.

4.4 This report presents a Supplementary Procurement Work Plan for 2024/25. A supporting procurement business case is attached at Appendix C. The work plan comprises on (1) item, with the recommendation to go out to tender to provide care and support at home services for service users and ensure best value.

4.5 Whilst this expenditure signifies an additional investment, the risks of not making this investment reduce the ACHSCP's opportunity to continue to offer

the highest quality services and, subsequently, the achievement of outcomes for individuals.

4.6 Links with Strategic Commissioning

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

5. Implications for IJB

5.1. Equalities, Fairer Scotland, and Health Inequality

As noted in the Business Case, Health Inequalities Impact Assessment (HIIA) is being carried out by the Senior Project Manager. There are no specific equality or health implications from this report. Nor is there any direct implication for our Fairer Scotland Duty.

5.2. Financial

The estimated contract value is based on current and future need in line with the Market Position Statement (MPS) and we have allowed 3% notional uplifts for each future year to accommodate an annual national increase including the Real Living Wage (RLW). The value of this contract forms part of the recurring base budget of the IJB and the uplift percentages have been considered when calculating future budget requirements within the Medium-Term Financial Framework

5.3. Workforce

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

5.4. Legal

The procurement of care and support services is a complex area, it is given special consideration under procurement legislation, with specific statutory guidance and best practice guidance issued by The Scottish Government. Because of this special consideration, there is a discrete team within the CPSS to support and manage the commissioning, procurement and contract management of care and support services, and the Work Plan for these services is presented separately to other reports. The Business Case has been considered and no risk significant enough to warrant a halt to proceeding has been identified.

5.5. Unpaid Carers

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

5.6. Information Governance

All personal data required by all parties (including NHSG, where appropriate) in respect to contractual arrangements will be managed within Aberdeen City Council's existing procedures and guidelines. Where commissioned services work between ACC and NHSG, input will be sought from the Data Protection Officers (DPOs) of all partners to assure best practice is assured. Contract templates are reviewed and approved by Aberdeen City Council's Legal Services annually and before any contract is enters the signing process. There are no direct information governance implications arising from the recommendations other than what will be managed through contract monitoring once contract are agreed.

5.7. Environmental Impacts

- The business case presented here will deliver care and support to vulnerable people. Whilst travel by car or public transport to provide care and support will have a negative impact on the environment, it is necessary for the services if they wish to fully carry out their statutory duties. The use of technology, such as eHealth, will be considered wherever face-to-face care and support is not required to balance the environmental impact. Any provider who submits a bid on a tender must respond to carbon reduction questions which are scored. The contract will include clauses on carbon reduction and circular economy which are monitored through quarterly and

annual contract monitoring along with business continuity and emergency response planning

- A full Environmental Impact Assessment (EIA) is not required for the direct or indirect implications of the recommendations of this report, as they do not fall within either Schedule 1 or Schedule 2 outlined in the Town and Country Planning (Environmental Impact Assessment) (Scotland) Regulations 2017.

- There is no direct environmental, net zero, and climate change impacts from the recommendations of this report. The recommendations relate to existing services rather than new or additional services. Where a service provider may change as a direct or indirect result of the recommendations of this report, any positive or negative climate change impacts will be captured through the ongoing contract monitoring.

- Commissioned services are key to the Partnership meeting its statutory climate change duties and the Commissioning team are collaborating closely with the ACHSCP Climate change team to develop and implement strategies to identify and reduce GHG emissions and other climate change impacts in support of the Partnership's net zero and climate change adaptation goals.

5.8. Sustainability

- The provision of social care services is key to the sustainable development of Aberdeen City Communities by providing the right care infrastructure for those with care needs. The commissioning of these services through both collaborative and competitive approaches ensures the best value for money and supporting organisational sustainability. While social and economic factors are weighted higher than environmental, considerable work is planned to progress the identification and reduction of climate and environmental impacts as highlighted under 5.7

- All contracted providers must adhere to the Fair Work First dimensions notably the Real Living Wage and providing staff with an effective voice. Additionally, all providers who submit a bid on a tender must respond to questions on community benefits, which are scored, where there is an expectation that providers demonstrate a positive impact on people, communities, and the environment. The potential for environmental impact is noted at 5.7, however the social benefits to in-person participation in social care settings is thought to outweigh this. Outcomes on sustainability will be monitored through quarterly and annual contract monitoring

6. Management of Risk

6.1. Identified risks(s)

a) If the recommendations are not approved, there is a risk that denying both statutory and non-statutory services to vulnerable people will result is a high risk to safety and to life. The IJB has no or low tolerance for risks relating to patient/client safety and service quality.

b) If the recommendations are not approved, there is a medium to high risk of reputational damage. The IJB will accept medium to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. Such decisions will be explained clearly and transparently to the public. In this case, the proposals in this report fit in with the organisation's strategic priorities so non-approval will require considerable work with providers, service users, their families, and the media

c) If the recommendations are approved, there is a risk that contractual requirements are not met resulting in best value concerns. This is usually related to staff and staffing concerns. The IJB has medium to high tolerance for risks relating to service redesign or improvement where, as much risk as possible has been mitigated. By maintaining formal contractual arrangements and robust processes to monitor contracts with external organisations the IJB has assurance not only that it is getting best value but also that this expenditure is aligned to their strategic priorities and is reviewed regularly

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

These proposals are linked to **Risks 1 & 7** on the Strategic Risk Register

Risk 1: Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.

- Event: Potential failure of commissioned services to continue 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.

Risk 7: Description of Risk: 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.

All risks associated with commissioned services, including risks 1 & 7, will be mitigated primarily through collaborative working and relationship management encouraging dialogue to meet challenges together

Neil Stephenson 27th March 2024

Borganised Reference	Service	Team/Client Group	Description of Requirement	Est Contract/Contract Extension Start Date	Est Contract/Contract Extension End Date	Maximum Extension Period (Months)
CPCC016394	H&SCP	Adult Services	Business Case C; Approves the decision to undertake a tender for the provision of care and support at home services across Aberdeen City. The new contract will commence on 1 November 2024 and will operate for five years, plus the option for a two year extension.	01/11/2024	31/10/2031	24

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	Tuesday 7th May 2024
Report Title	Morse Community Electronic Patient Record Evaluation and Contract Renewal
Report Number	HSCP 24.030
Lead Officer	Alison MacLeod, Strategy and Transformation Lead
Report Author Details	Name: Michelle Grant Job Title: Transformation Programme Manager Email Address: migrant@aberdeencity.gov.uk
Consultation Checklist Completed	*Yes*
Directions Required	Yes
Exempt	Partial exemption. Appendix A contains exempt information. The business relates to the commercial interests, contractual terms (whether proposed or to be proposed), financial or business affairs of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
Appendices	a. Financial Information (Exempt) b. Morse Community EPR Evaluation 2024 *c.* Direction to NHSG
Terms of Reference	Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners' own procurement rules and Schemes of Delegation;

INTEGRATION JOINT BOARD

1. Purpose of the Report

1.1. This report is seeking approval from the IJB to renew the contract with Cambric to supply Morse as an Electronic Patient Record for Community Nursing, Hospital at Home (H@H), Macmillan Nursing, Health Visiting and School Nursing Services for a period of up to 3 years (October 2024-October 2027).

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Note the Morse Evaluation appended in Appendix B
b) Approve a further 3 year contract with Cambric, running from October 2024, to supply Morse as an Electronic Patient Record for Community Nursing, Hospital at Home (H@H), Macmillan Nursing, Health Visiting and School Nursing Services.
c) Makes the direction attached at Appendix C, and instructs the Chief Officer to issue the Direction to NHSG

3. Strategic Plan Context

3.1. This report supports the Strategic Enablers portion of the Aberdeen City Health and Social Care Partnership's Strategic Plan 2021-2024. Within the delivery plan, it is noted to investigate the use of Morse within Community Nursing and Allied Health Professionals (AHPs). The appended report in Appendix A assists with the investigation relating to its use.

4. Summary of Key Information

4.1. In 2019, the Integration Joint Board (IJB) approved a business case to procure Morse in order to provide an Electronic Patient Record to the ACHSCP's Health Visiting Service (HSCP.19.052). This was funded through finance made available by unfilled vacancies within the service and facilitated alleviating some of the risks present in the service at that time.

4.2. Morse was obtained through NHSG procurement and is hosted and supported by NHSG eHealth. Information held within Morse is wholly NHSG data controlled health information as was previously recorded in services' paper held records.

4.3. Following an evaluation of the implementation to the Health Visiting service in 2021 (HSCP.21.069), the IJB approved a proposal to implement the use of Morse to Community Nursing, School Nursing, Hospital at Home (H@H) and Macmillan Nursing Services. A second evaluation was conducted in 2023 and presented to the IJB (HSCP.23.022). The IJB requested that a further evaluation was conducted in one year. Appendix B fulfils this request.

4.4. The evaluations presented in 2021 and 2023 demonstrated a reduction in the duplication of information, an increase in effective communication between teams who use Morse and a more efficient means to access information rather than relying on the ability to access paper records.

4.5. The evaluation in Appendix B demonstrates a continued reduction in the duplication of information, increased communication within and between the services who use Morse. It also shows that the digital maturity of the system is starting to further embed. This is most notable in Community Nursing where user feedback demonstrates an increase in positive results received when asked about the impact that the use of Morse has had on communication between and within services and the reduction of the duplication of information. It also demonstrates a marked increase in those willing to recommend the use of Morse to a colleague compared with 2023 results.

4.6. Sixty three percent of users suggest that compared with paper based processes, there continues to be a 30minute reduction in the duplication of information per day. Across all of the services which use Morse, this accounts for 41,780 of hours or £1.06m (based on a Band 5 average)

4.7. As part of the evaluation, Lean Six Sigma principles were used to look at the Universal Health Visiting Pathway and the Initial Community Nursing visit and 9,358 hours are potentially saved as a result of more efficient ways of working when compared with paper-based processes.

4.8. The savings noted within the evaluation are related to each other, for example a more efficient 27-30month Health Visiting pathway visit means that there will be an associated reduction in the duplication of information.

4.9. Feedback was received from users relating to concerns over the speed of the upload of information, this has been discussed with the supplier and eHealth. This was reported mainly by Community Nursing services and is thought to be as a result of their team size and number of patients on their caseload. Steps have been taken to rationalise the list of users to ensure that it is as accurate as possible to minimise disruption. Other suggestions

relate to the increased sharing of information between systems. There are planned interfaces with Trakcare showing inpatient ward details and an interface with SCI Store which will allow forms and documentation to be passed between Morse and Trakcare giving secondary care colleagues access to pertinent information. A list of all feedback has been circulated to the applications user group for further discussion.

4.10. The Partnership Services which use Morse continue to experience high vacancy levels (39% in Health Visiting and almost 20% in Community Nursing) and frequently report a red service risk level. The benefits which the use of a Community EPR brings to the service do not necessarily produce cashable savings in the traditional sense but allow the services to work more efficiently and provide a better quality service despite working in difficult conditions.

4.11. The approved paper presented in 2021 outlined a 3 year license period which is due to expire in October 2024. Based upon the evaluation presented in Appendix A, it is recommended that the IJB approve a further 3 year contract with Cambric to provide Morse, and to eHealth to provide application and facilitation support.

4.12. Table 1 in Section 5.2 displays the costs associated with the renewal of the Morse license and associated eHealth support for a 3 year period. Cambric (supplier of Morse) have agreed to a 3 year contract at 2024 license prices and therefore costs displayed should be relatively static depending on Retail Price Index (RPI) figures and also take into account an expected 3% year on year increase in staffing costs. A year on year rolling contract can also be opted for, but may include a license price increase. A three year term is recommended by eHealth since a decision to exit from using a system would also require significant planning to ensure that historical information remains accessible as per information governance records guidance.

4.13. Following feedback from the evaluation and the Morse User Group, the eHealth application support package also includes support from the eHealth facilitation team. This demonstrates how the system is maturing and how the services are moving from an implementation phase into a Business as Usual state. This is further expanded on in the Service Level Agreement (SLA) between eHealth and the Services.

4.14. Since the 2021 report, further interest in the Morse product and the potential of a Grampian- wide implementation of Morse has been raised. This was further investigated through the NHSG Digital Transformation Delivery Group (DTDG) and a sub group of this investigated the known options available and

recommended to the DTDG that Morse was the preferred option to implement as a Community EPR across Grampian's Health and Social Care Partnership's Adult and Child Nursing Services and Allied Health Professionals. Implementing Morse on this scale would decrease risk in many areas by allowing increased levels of information sharing. However the financial situation has made movement on this challenging at this time. This paper therefore centres on maintaining the status quo for the benefit of the ACHSCP services which currently use it.

4.15. The Family Nurse Partnership (FNP) is a service which is a person centred, preventative programme which is offered to young, first time parents aged 19 or under, and their children up to the age of two. Once the child reaches two years old, the family is discharged to the Health Visiting Service where they continue on the Health Visiting Universal Pathway. The service which employs 16 members of staff operates across Grampian and its main office is based in Tillydrone Health Centre. The service currently operates using paper records and has highlighted a number of benefits which it believes it can recoup from the use of Morse including a reduction in travel, a reduction in risk for their service users and an easier transition to Health Visiting. There are other FNP services in Scotland who also use Morse as their electronic patient record.

4.16. It is proposed that the FNP share the enterprise wide license that ACHSCP has procured through the NHSG procurement framework. This will allow for a reduction in the risk for some of Aberdeen's (and Grampian's) most vulnerable families by allowing easier information sharing and will also facilitate an income stream to assist ACHSCP with the ongoing licensing and support costs of Morse.

4.17. As set out in the Chief Officer's Update Report on today's agenda, the ACHSCP is currently developing a coordinated plan to build its digital capability. A key aspiration is to rationalise the number of digital systems used by health and care services to enable the integration of records and to build a more complete set of information relating to the individual. This would drive a more personalised service and allow for demand forecasting. As mentioned in 4.14, Morse is the recommended application to be used for community health services as part of a 'Once for Grampian' approach. However, at present it is limited in its data sharing capabilities with other systems which are in use and it does not share information with local authority systems. A decision to invest in Morse for a period of three years will provide scope to consider how these aspirations are best met during the term of the proposed contract.

5. Implications for IJB

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

5.1. Equalities, Fairer Scotland and Health Inequality

A test of proportionality and relevance was undertaken in January 2024 and the outcome of this was that a full IIA was not required.

An IIA is not required in this case as the information recorded within an electronic patient record is uniformed in practice across all services and should not differ from the information which is recorded in a paper record as set out by NMC or other governing bodies.

Individuals rights are maintained as per NHSG guidance (more information can be found here Confidentiality, Health Records and Data Protection (nhsgrampian.org)) and the use of an electronic patient record may make it easier for notes to be viewed by a patient if requested to do so through the established routes.

Where required, records can be restricted to a particular team where information is deemed to be sensitive and for the patients benefit. This practice would currently take place with paper records too.

5.2. Financial

This information has been redacted so as to avoid disclosure of exempt information of the classes described in paragraphs 6 and 9 of Schedule 7A of the Act and can be found in Appendix A.

5.3. Workforce

The continued use of Morse supports the growth and development priority by helping to " break down the barriers which cause staff frustration in information sharing and collaborative working between ACC, NHSG, and all ACHSCP partners". Its use also allows ACHCSP to be able to report on data accumulated by the service which was very difficult to obtain prior to its implementation when the services relied on paper records. This allows us to focus our resources on where they are needed most.

5.4. Legal

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

5.5. Unpaid Carers

There is no direct impact on unpaid carers arising from the recommendations of this report.

5.6. Information Governance

There are relevant Data Protection Impact Assessments in place for the use of Morse for the services which currently use it. These are routinely updated if new functionality requires it and a separate DPIA will be agreed prior to the NHSG Family Nurse Partnership Service implementation of Morse. This will have no impact on ACHSCPs continued use of the application.

5.7. Environmental Impacts

A full environment Impact Assessment is not required for the recommendations of this report. The following table shows some of the positive and negative benefits which can come from the use of a Community EPR and the impact that the use of Morse has had on these.

Impact	Services impacted	Positive/Negative	Comment
Reduction of paper resources. As shown in Appendix A, the use of Morse has allowed services to reduce the amount of paper being printed, ink cartridges being used and Paper records being created.	All services who use Morse	Positive	The stationary order within the Health Visiting Service has reduced by over half since its implementation and 88% of users agree that its use helps to reduce the

			environmental impact.
Reduction in unnecessary journeys. By providing an up to date demographic feed, this has allowed practitioners to be confident in the address provided prior to visiting the patient.	All services who use Morse	Positive	Monitor through the life of the product as information sharing continues in order to gauge the impact of this. Half of users agree that the use of Morse helps to reduce unnecessary journeys.
Reliance on Laptop/tablet devices. Laptop and tablet devices use mined material as part of the construction process.	All services	Negative	The carbon footprint of one laptop over a 4 year lifespan (incl production) is 61.5 kgCO2eq. For our approximate 250 laptops in use to allow our services to use Morse this equates to 15.4 tonnes CO2eq.

5.8. Sustainability

As discussed in section 5.7, the use of an Electronic Patient Record has some positive and negative environmental impacts. The social benefit of its use largely resides with the ability to share information easier between and within teams than when paper records were in a fixed place. This allows for a decreased risk to patient safety around the possibility of seeing a patient

without adequate notes to hand, and a higher quality of care for our vulnerable or at risk patients as our clinicians can have more informed conversations. The use of Morse allows the nursing teams to work more efficiently with each other and therefore provide a better informed service to the Partnerships patients.

5.9. Other Implications

No other implications have been identified from the recommendations of this report.

6. Management of Risk

6.1. Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
That Morse supplier (Cambric) collapses	Low	High	-Cambric were acquired by Abingdon Software Group in Summer 2023, a company with multi-million-pound backing. -Cambric's business model is built upon recurring fees and not capital sums unlike other software houses. -Cambric do not outsource any	If approved, this risk will exist but should be managed. If the recommendation is rejected, then this risk will exist only for the period of time until ACHSCP can exit from the platform.

			of our core deliverable -Cambric are currently implementing ISO 27001 and ISO 9001, both of which ensure they are addressing any other identified risk within the company -Morse is used by 8 other Health Board in Scotland and therefore this risk is shared with other Health Boards rather than only ACHSCP.	
That benefits identified within the evaluation do not continue	Low	Mediu m	-Evaluations in place to demonstrate the benefits from Morse's use within services across a significant period of time which shows that the maturity of the system still provides efficiencies and benefits to the service. A further evaluation to	If the recommendatio n is accepted then the controls will be enforced as part of Business as Usual If the recommendatio n is not approved then the benefits found within the evaluations to the services will no longer be in place and the service will likely

			take place at the end of the contract period to assess continuing benefits. - User group in place throughout the life of the group to review concerns, suggested enhancements - Continued involvement in national Steering Group to ensure learning is shared and carried from other Health Boards.	require to revert to paper or another application.
That a different direction is taken by Aberdeenshire Health and Social Care Partnership and Health and Social Care Moray to provide a Community EPR to their services	Low	High	-continue to be involved in discussions relating to a 'Once for Grampian' approach	The recommendation from this report being accepted would be in support of the DTDG recommendation and a Once for Grampian Approach. The recommendation of this report

				not being accepted would mean that the services would revert to paper based processes.
Risk of harm to patients	Medium	High	-Continued use of an Community Electronic Patient Record	The recommendation from this report being accepted would allow for information to continue to be accessible remotely and for increased communication to take place within teams. An example of the impact of the recommendation of this report being refused would be an increased risk for Health Visitors and School Nurses who deal with Interagency Referral Discussions (IRDs) and who would find it difficult to access paper records within the hour timeframe.

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

The recommendation of this report links to the following risks identified on the Strategic Risk Register:

Risk 2- IJB financial failure and projection of overspend
The recommendation of this report will involve spending over the next three years. This risk is lowered as the costs have been included as part of the Medium Term Financial Framework. By renewing the contract for Morse, the benefits which have accrued from its implementation will continue for the services involved and allow them to work in a more efficient manner and also allow for reporting to be conducted in a more streamlined manner to evidence demand and assist with workforce planning.

Risk 4- Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.
The use of a Community EPR allows for reporting to be collated through BOXI or Tableau and support performance standards.

Risk 5- Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.
The implementation of a digital solution for Community electronic Patient Record is a transformation change for the service and the ongoing maintenance and maturity of this system also requires further change and transformation in order to release efficiencies from current processes.

Risk 7- The ongoing recruitment and retention of staff.
The use of a Community EPR assists with the workforce plan as outlined in section 5.3. Investing in digital solutions also assists staff to feel supported in their work and ensuring that the solution is adaptable to suit the services needs allows the users to feel listened to.

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Evaluation of the use of Morse as a Community Electronic Patient Record across Child and Adult Nursing Services in Aberdeen City Health and Social Care Partnership

March 2024

Executive Summary

Morse was procured as a Community Electronic Patient Record to Aberdeen City Health and Social Care Partnership (ACHSCP) in 2019. It was initially implemented to Health Visiting services, followed by Community Nursing, Hospital at Home, Macmillan Nursing and School Nursing in 2021/22.

Evaluations were conducted in 2021 and 2023 and centred on the implementation of the application, whether the expected benefits had been realised and whether there was a return from the investment made by ACHSCP. This evaluation focuses on the continued use of the application, its impact and how it has embedded into the aforementioned services as the use of the application matures.

Evidence for the maturity of the system within the services can be found when looking at the Community Nursing responses to the survey. Users deemed there to be an improvement in communication between and within services. This has more than doubled since the initial evaluation was conducted in 2023 when the application had been in use by the service for around 9 months.

Service efficiencies come from the continued reduction of the duplication of information. Eighty eight per cent of survey respondents agreed that Morse continues to contribute towards this. In 2021, fifty five per cent of users suggested that the use of Morse contributed towards a reduction of the duplication information by thirty minutes per day. Remarkably, this figure has increased to sixty three per cent of respondents who suggest that the use of Morse has contributed to the reduction of the duplication of information by thirty minutes per day, per user. Across the services which use Morse, a thirty minute saving would generate over 40,000 hours of additional capacity:

Other time savings mentioned in the report relate to the streamlining of processes surrounding patient visits. These are also significant, with Health Visiting reporting an average of 36 minutes saved from each core pathway visit and Community Nursing 46 minutes from the initial visits they carry out. This accounts for an average time saving of 6,837 hours of Health Visiting time annually and 2,521 hours for Community Nursing.

The report exercises caution in assuming that these reported savings are cumulative and felt by the service in real time as the complexity of patients has increased at a time when staffing levels have stagnated or fallen. The findings demonstrate that compared with paper based processes, Morse has provided significant time savings and a reduction in risk across the services where it is used.

The evaluation concludes that the use of Morse as a Community Electronic Patient Record has had a positive impact on the services which use it and that the results from this evaluation would support a renewal of the contract with the supplier. It also indicates further benefits could be found from increasing the range of interfaces, and that a facilitation resource should be secured as part of the support package from eHealth. This would assist with the continued digital maturity of the application. Responses from the user survey also suggests that a Grampian approach to utilising a Community Electronic Patient Record would benefit users and lower patient risk by allowing increased information sharing.

Contents

1. Background

In 2019, Aberdeen City Health and Social Care Partnership found that significant risk existed within the Health Visiting Service due to the levels of vacancy within the team. This posed a number of challenges to the service around how to meet the needs of the Scottish Governments Universal Health Visiting Pathway while also responding to their duties for vulnerable children. It was suggested that in order to allow the service to operate more efficiently and share information effectively that implementing an Electronic Patient Record would assist the service to lower their operational risk while working with a reduced workforce. Finances to support this were secured from vacancy underspend to allow the procurement of the application and devices to take place.

The initial implementation of Morse was successful and following an evaluation in 2021 demonstrating a reduction of the duplication of information, improved communications and a reduction of risk around responding to Interagency Referral Discussions (IRDs), the application was further implemented to Community Nursing, School Nursing, Hospital and Home (H@H) and Macmillan Services.

While previous papers presented in 2021 and 2023 looked to evaluate the success of the implementation, this paper looks to evaluate the systems impact to date and reflect on whether the contract with the supplier should be renewed.

Review of Evaluations

In 2021 and in 2023, an evaluation was conducted looking at the implementation of Morse in specific areas. The findings from these evaluations supported the view that the implementation of Morse had reduced the regular duplication of information within the services while increasing levels of communication and information sharing within and between teams.

Table 1. Benefits highlighted within 2021 and 2023 Evaluation of the implementation of Morse.

Number	Service	Benefit
1	Health Visiting	37 minute reduction of time taken to complete the 13-15month review*
2	Health Visiting and Community Nursing	30 minute reduction in the duplication of information
3	Health Visiting and Community Nursing	93% of Health Visitors and 41% of Community Nursing users would recommend the use of Morse to a colleague
4	Health Visiting and Community Nursing	Between a third and a half of users believed that communication between teams had improved.
5	Health Visiting and Community Nursing	70% of users agreed that updating aspects of the patient record was made easier and that the record was more accessible.

*This is a reduction in the time taken to carry out tasks associated with the 13-15 month visit. Patient facing time remains unchanged.

A number of recommendations were made following the 2023 review.

1. Review approaches to training and support as part of the implementation to Community Allied Health Professionals (AHPs) and any further services.
2. Review the ongoing support model for H@H and Community Nursing to ensure that users feel supported on an ongoing basis and that changes to the system are well communicated.
3. Ensure that interfaces to other systems are planned and implemented in order to bring further benefits to users and their patients. This will lower the risk of the system becoming an information silo.
4. That an investigation takes place by the Morse user group looking at the use of the continuation note and forms and whether this process can be slim lined. If appropriate, this discussion may also involve the third party supplier.
5. That this survey is completed again in one years time and directed to all users of the system to ascertain whether benefits are longstanding once Morse has 'bedded into' service processes.
6. To support the implementation of Morse on a Pan Grampian basis and to share knowledge and experience where possible.

2. Methodology

The previous evaluation of Morse reviewed the implementation of the system to the services involved. This evaluation looks to assess the impact that the use of the application has had on the services, and the continued benefits found from using an Electronic Patient Record. As a means to evaluate this, the Scottish Digital Office digital maturity models[1] were reviewed as a way to assess its impact and the digital maturity of the system. Information from these were used to formulate a user questionnaire.

The Health Visiting evaluation which was presented in 2021 used Lean Six Sigma to baseline and assess its impact on processes. This methodology has been used again to demonstrate further impact within the Health Visiting and the Community Nursing Services. Data from neighbouring Health and Social Care Partnerships in Aberdeenshire and Moray were used where this was deemed to be comparable. Service delivery data has also been extracted from Morse to assist with calculations and discussion. Feedback from teams also attempts to answer whether recommendations from the 2023 evaluation have been met.

Where data has been collected and users identified questions as 'not applicable', these have been removed from the data to attempt to give a clearer picture of the outcomes. Where staffing costs have been used, these have been calculated using 2023-24 figures including 'on costs'.

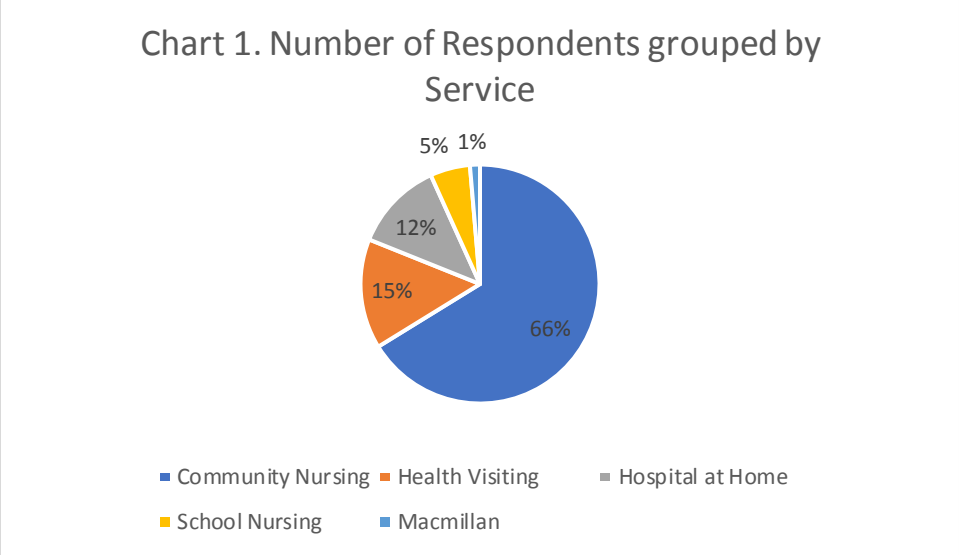
[1] Digital Maturity - Digital Healthcare Scotland (digihealthcare.scot)

3. Results

User Survey Results

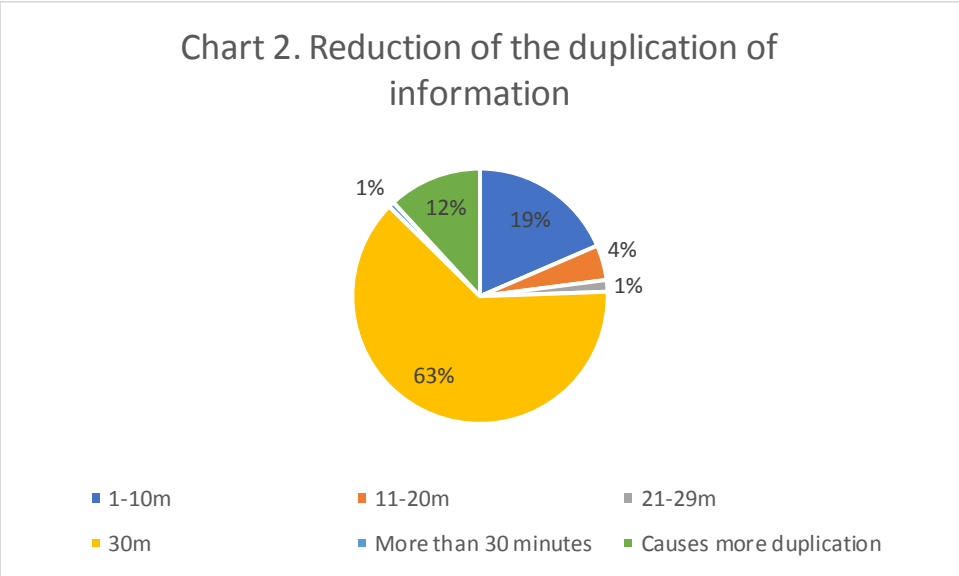
The user survey was completed by 148 individuals spread across the services which use Morse.

The largest proportion of respondents (66%) identified themselves as working within Community Nursing which is in line with the largest cohort of users of Morse.



Reduction of the Duplication of Information

In the 2021 evaluation of Morse, 55% of users indicated that the use of an Electronic Patient Record had led to a 30 minute reduction of the duplication of information on a daily basis. In the 2024 user survey, 88% of respondents agreed that the use of Morse led to a reduction of the duplication of information. Sixty three per cent of respondents suggested that the time saving from this is 30minutes per day.



A Hospital at Home user reported that *"Found that it saved time when conducting a visit. When the notes are filled in at the time of visit I would say that the time saved per visit is greater than 30minutes. Information is fresh in the memory also."*

Based on a 30minutes per day saving across the Whole Time Equivalent (WTE) staff establishment, this would amount to:

- A time saving of 41,780 hours per annum
- Equivalent of £1.06m per annum (Band 5 used as an average)

Communication and Information Sharing

Respondents were asked their opinions related to whether they felt that there was an improvement in information sharing and access to information compared with how services operated prior to the use of Morse. Results suggest that over 70% of users feel that there has been an improvement in communication and information sharing within and between the services which use Morse and that almost 80% believe that there has been an improvement in the access to information.

Table 2. Communication and Access to Information

	Agree	Neither	Disagree
Communication/Information Sharing within teams	77%	12%	12%
Communication/Information Sharing between Services.	70%	16%	14%
Improved access to information	79%	13%	9%

Users commented that:

"I like that you can see the whole caseload for the team so that you can see what has happened prior to you writing your contact. I like that you don't have to look through drawers for notes." Health Visitor

"I like that you can access the patients information at any time to update or read any changes as opposed to notes left in the persons house. Also that we can read what other health professionals have written i.e. - MacMillan/H@H/podiatry" Community Nurse

Impact of the use of Morse

The following set of questions are in line with those asked in the NHS Scotland Digital Maturity assessment and looks to ascertain the impact of Morse on users day to day working life. While all responses are positive, the environmental impact, especially on the use of paper is significant with 88% of responses agreeing that the use of Morse has impacted positively upon this.

Table 3. Impact of Morse and Digital Maturity

	Agree	Neither	Disagree
I am able to spend enough time with my Patients/Service Users	67%	18%	15%

I spend very little time finding information	58%	16%	26%
Morse helps me be productive at work	68%	18%	14%
Morse contributes to keeping my workload manageable	68%	18%	16%
Morse helps to reduce the environmental impact (esp paper) of data and information handling	88%	6%	6%
Morse helps to reduce the amount of (unnecessary) travel of healthcare professionals	50%	23%	27%

"It's easy to find information about different pupils without having to go into various schools where the paper notes are kept." School Nurse

I can see what has happened at previous visits before visiting patient so I feel I'm more informed when I go to see them. Community Nurse

Quite simple to use, less paper notes that can go missing, no repetitive adding of patients names/chi/DOB already populated, saves a lot of time, easy to use on the go, quick syncing of all our information. Community Nurse

Ease of use, All of the patient details are kept together and the access to important information such as Alerts for allergies, key safes are easily accessible, Planet friendly due to less paper being used. Community Nurse

Areas for improvement

Users were asked to suggest elements where the user experience of Morse could be improved. These were themed and the following areas were highlighted. The list of suggested improvements have been passed onto the Morse User Group to review and respond to.

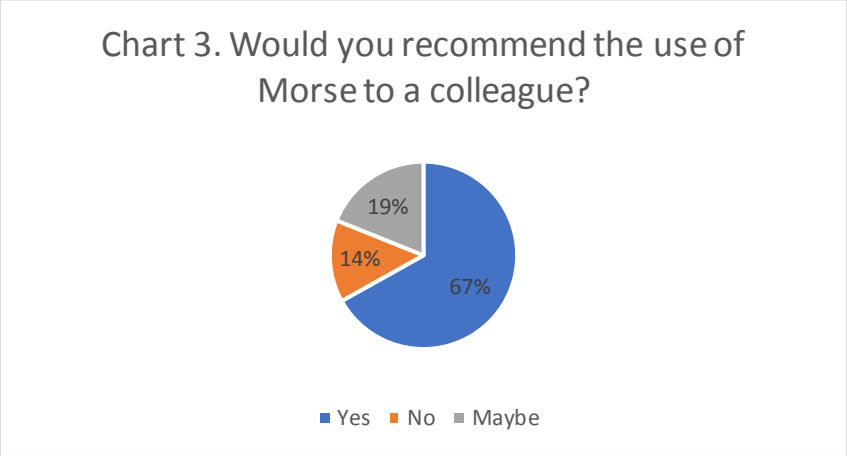
Table 4. Suggestions for improvements

Area	Comments/Suggested improvements
Data	Data enabled devices to allow users to access other applications while working in community
Interfaces	Expand interfaces to Trakcare, SCI Store, o365 calendar
Document upload	Ability to upload documents/pictures and store within Morse
Access to medical history	Medical history can be spread across several applications at present
Speed when Syncing (mostly reported within Community Nursing due to caseload size)	Syncing reported to be time consuming if returning from annual leave
Work Allocation (Community Nursing only)	Can be time consuming
Access to historical information	Paper records to be scanned.

Overall impact

Almost 80% of users suggest that the use of Morse supports their work and patient care, and when asked whether they would recommend the use of Morse to a colleague, 67% agreed. A notable exception to this was in Health Visiting and School Nursing where 91% of responses received from

Health Visiting and 100% from School Nursing answered that they would recommend the use of Morse to a colleague.



Examples of other feedback received relating to the use of Morse:

It's ease of use. The ability to access patient records wherever I am based. The functions of caseload management and calendar tools that enable me to prioritise my workload and work more efficiently. The ability to make patient referrals with all required information at hand within the patients notes, that are sent directly to the recipient service. The positive impact upon communication and information sharing, as well as safer documentation processing/data protection." Health Visitor

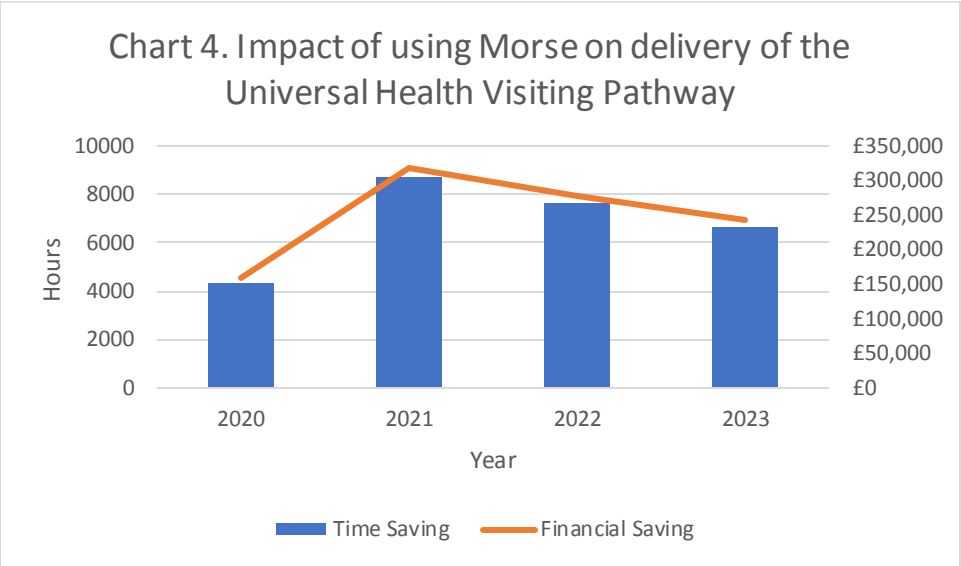
Not looking in drawers for records, accessing and recording data even when in a different base, n slowly growing openness in the team to be aware of each other's workload, easily predicting monthly variations, tracking changes backwards too" Health Visitor

Universal Health Visiting Pathway Delivery.

In 2019, in preparation for a move to an Electronic Patient Record, baseline analysis was conducted using Lean Six Sigma principles to analysis the 13-15 month development review. This was then analysed again after the implementation of Morse to indicate whether there had been a reduction in the amount of time the tasks surrounding the visit to the child had taken. This evaluation has reassessed these processes by using the same Lean Six Sigma principles to analyse the 6-8 week and 27-30month visit. These were baselined against data provided by Health Visiting colleagues in neighbouring Health and Social Care Partnerships which continue to use paper based systems. These three pathway visits were then used as an average for other core visits (omitting 3 and 4 month visits) which have taken place since Morse was implemented to the service in 2020.

This analysis demonstrated that on average by using Morse as a Community Electronic Patient Record that when compared with using a paper record and manual processes the use of Morse saves on average 36 minutes per Universal Health Visiting Pathway Visit. Using information regarding the number of pathway visits undertaken annually since its inception in 2020, an average of 6837 hours of Health Visiting time is annually saved and an associated £249,081 in Band 7 Health Visiting time is saved compared with the previously used paper based processes. Accumulatively, since 2020 this has saved the service 20,803 hours and £760,363 compared with if the service had continued to use

previous processes and paper records. The full data extract from this is available in the appendix of this paper.



Community Nursing Initial Visit

In a similar manner to the approach used in Health Visiting, the following displays the time taken to prepare for and carry out preparatory and follow up activities related to a patient's initial visit. The information is baselined using that from a Community Nursing team in Moray who continue to use the Community Module for scheduling and outcoming interventions which is what the Aberdeen Community Nursing teams used prior to the implementation of Morse.

Table 5. Community Nursing Initial Visit

Visit	Time taken without Community EPR (minutes)	Time taken while using Community EPR	Time saving per visit
Initial Patient Visit	65	19	46

In 2023, there were over 5,000 new patients into the service. By reducing these to a figure where patients had more than five visits (and therefore discounting patients who are likely to be added to the caseload for one off bloods visits) it is assumed that 3,289 initial visits were made in Aberdeen City in 2023. Using the findings from the comparative processes outlined in Table 5, by using Morse compared with previous processes, 2,521 hours of Community Nursing time has been saved which in financial terms equates to £64,047 of a Band 5.

Impact of missing records and Interagency Referral Discussions (IRDs)

The Child Health Records department recorded that between May 2018- July 2020 there were 71 missing records across Aberdeen City and Shire, while in the three and a half year period between July 2020 and December 2023 there have been 26 reported showing a percentage decrease of 63%.

In 2023, School Nurses were asked to input into 433 IRD discussions. Sixteen percent of these occurred out with the school term, and had notes not been electronic, the nurse would have been unable to access the child's notes to take part in these discussions.

Reduction of paper

In line with the user survey results relating to the impact on the use of paper, the use of PECOS (NHSG procurement system) to order stationary supplies has decreased throughout the period while using Morse.

Health Visiting services noted that prior to the implementation of Morse, stationary was ordered every 4-6 weeks while this now takes place quarterly and there has been a 50% decrease in the total amount of stationary ordered through PECOS, from £1030 to £475 per annum.

Printing of formal paper records have also decreased. In 2019, £3,200 was spent procuring Community Child Records which were professionally printed. This cost is no longer in place.

4. Discussion

The following section takes the results of the user survey and other data collected and discusses this in the context of the complexity of the services who use the application and forms a basis for the concluding remarks and recommendations for how benefits can be sustained into the future.

Challenge of measuring benefits

Over the past three to four years during which Morse has been used by ACHSCP nursing services, the teams have gone through a number of changes. For example the Health Visiting Teams localities have been realigned, Community Nursing have changed models for their rostering and Hospital at Home have gone through a number of changes due to expansion. Patients have become more complex (for example there has been a 24% increase in children recorded as being on the additional Health Visiting pathway between 2020 and 2023) leading to increased practitioner time being required to be spent with patients. The impact of these individual changes on the service alongside the implementation of a Community Electronic Patient Record means that it can be challenging to measure and decipher the direct impact which the implementation of Morse has had on these services. Many of the changes are vocalised but challenging to measure, for example the impact of Community Nursing and Macmillan teams being able to see each others records to know when the other is due to visit or what happened at the last visit leading to a decrease in phone calls or a more informed discussion regarding the patient when they occur.

Progress being made on previous evaluation recommendations

A number of points raised relating to the user questionnaire have been picked up previously in the 2023 evaluation. An outline of the recommendations and the progress which have been made against these are outlined in Table 6.

Table 6. 2023 Morse Evaluation Recommendations

Recommendation	**Progress Made**
Review approaches to training and support as part of the implementation to Community AHP's and any further services.	Facilitation support has been agreed as part of the Service Level Agreement (SLA) which ACHSCP has with eHealth for the application support of Morse.
Review the ongoing support model for H@H and Community Nursing to ensure that users feel supported on an ongoing basis and that changes to the system are well communicated.	Cambric, eHealth and the services reviewed their business processes in February 2024 in order to ensure that the product aligned with their needs. A plan is in place for how best to utilise functionality to ensure that the product reflects how the service operates and continues to provide efficiencies.
Ensure that interfaces to other systems are planned and implemented in order to bring further benefits to users and their patients. This	Interfaces are awaiting final Information Governance approval with Trakcare and SCI Store for demographics and document transfer.

will lower the risk of the system becoming an information silo.	Planned interfaces with Office 365 and Fairwarning.
That an investigation takes place by the Morse user group looking at the use of the continuation note and forms and whether this process can be slim lined. If appropriate, this discussion may also involve the third party supplier.	As per the recommendation above, Cambric, eHealth and the services reviewed their business processes in February 2024 in order to ensure that the product aligned with their needs. A plan is in place for how best to utilise functionality to ensure that the product best reflects how the service operates and continues to provide efficiencies.
That this survey is completed again in one years time and directed to all users of the system to ascertain whether benefits are longstanding once Morse has 'bedded into' service processes.	Completed by the creation of this report.
To support the implementation of Morse on a Pan Grampian basis and to share knowledge and experience where possible.	Following the publication of the 2023 evaluation and following approval from the NHSG Digital Transformation Delivery Group, a Transformation Programme Manager was recruited in August 2023 to develop a business case to propose a Grampian Wide implementation of Morse across Community Nursing and Allied Health Professionals. However, the financial situation of the Grampian HSCP's has meant that this has been put on hold. The Family Nurse Partnership service continue to be interested in the use of Morse for their service.

Digital Maturity

There are still many elements of the service which remains paper based (for example recording medication being administered) or not fully incorporated onto IT solutions where one may exist. However, there are signs that Morse is becoming normalised within the service and the continued efficiencies being found by regularly reviewing processes assists this process. The Health Visiting Universal Pathway demonstrates this by showing that the results from the 2021 evaluation continue to be held and even increased when compared to the same visit happening in neighbouring Health and Social Care Partnerships. The results from Community Nursing also assist to demonstrate this with Table 7 demonstrating a significant increase in the positive results relating to communication, the reduction of the duplication of information and whether they would recommend the products use.

These results are impressive when we consider that literature suggests that only 16% of digital transformation improve performance and that these improvements are sustained over time.[2] It would appear that the results from the user survey would support the notion that the improvements related to communication and the reduction of the duplication of information have been sustained from the initial user survey conducted with Health Visiting in 2021.

Table 7. Comparison of results from Community Nursing user survey 2021, 2023 and 2024.

Measure	2021 results (percentage positively agreed with statement)	2023 results (percentage positively agreed with statement)	2024 results (percentage positively agreed with statement)	Increase/decrease between 2023 and 2024 results
Improvement in communication within my team	55%	34%	77%	+43%
Improvement in communication with other services	56%	36%	70%	+34%
Reduction in the Duplication of Information	81%	64%	88%	+24%
Would you recommend the use of Morse to a colleague	93%	41%	67%	+26%

Reduction of Risk

One of the driving forces behind the implementation of an electronic patient record and the attractiveness of Morse was allowing the user to access the record offline in order to reduce the risk of the service user being seen or discussed without the clinician being able to access the patient's record. The results show that this risk has been lowered with no incidents in 2023 of someone being called to an Interagency Referral Discussion (IRD) without being able to access the notes prior to the discussion taking place.

Reported missing Community Child Health records have fallen dramatically by over 60% and those recorded are thought to be those children which reside in Aberdeenshire since the Health Records Department covers Aberdeen City and Aberdeenshire areas. Anecdotally, users report that the

[2] The keys to a successful digital transformation | McKinsey

ability to access patient information from other services e.g. between Macmillan and Community Nursing also helps to inform discussions and further reduce risk.

Service level risk of course still exists and an Electronic Patient Record does not mitigate this and vacancy levels are still high in Community Nursing and Health Visiting in particular. The data which can be reported from Morse helps to inform discussions relating to the efficiency of the service and is used to help service provision, for example giving an overarching view where one team is short staffed and others may be able to assist.

Staff Wellbeing

Nursing teams within ACHSCP are operating with high vacancy levels at present. As of March 2024, the vacancy level within Community Nursing is 15.7% and in Health Visiting the combination of long term leave and vacancy means that there is a 39.2% shortfall from a full establishment of staff with caseload responsibilities. Both services regularly report the their daily service RAG status as Red and occasionally Black. This has made the day to day working conditions challenging, with competing priorities and challenges alongside the knowledge that patients and families require to be seen in order to ensure that health needs are identified and that at caring duties are fulfilled. As a result, many staff report that they do not regularly take breaks or have protected learning time. Although Morse was not implemented as a means to directly improve or manage staff wellbeing, it has allowed services to function more efficiently and share information easier than they otherwise would have meaning that they have managed to endure a higher workload in challenging circumstances. By implementing Morse and responding to suggestions regularly, staff anecdotally report that they feel listened to and invested in as they feel that they have the tools that they need to carry out their jobs well. Additional changes could be made to further support staff, for example integration between Morse and their O365 calendar which will give team leaders oversight to see whether lunch breaks etc are planned in their teams days.

Service Efficiencies

The feedback gathered from the user survey suggests that the use of Morse has continued service efficiencies and the results section from this report supports this with a continued reduction in the duplication on information, a more streamlined process relating to the Health Visiting Universal Pathway and Community Nursing.

In Table 8 there are separate entries for the Health Visiting Pathway, Community Nursing Initial Assessment and Reduction of the duplication of information, however in reality the time saved from the reduction in the duplication of information may cover both of these tasks, however it is challenging to unpick these individual processes from the overall working day. Caution should be exercised when looking solely at the bottom line of the savings without taking these interdependencies into account. As previously discussed, time saved by one process may have been subsumed by another process and is therefore challenging to view in terms of year on year savings. Although these efficiencies have been converted into the equivalent cost, the services feel this day to day as generated capacity to undertake the tasks related to their patient's needs and service delivery.

Table 8. Time and Financial impact in 2023 compared with pre Morse processes.

Area	Time saving (hours)	Associated cost
Health Visiting Pathway	6,656	£243,293
Community Nursing Initial Assessment	2,521	£64,047
Reduction of the duplication of information	41,780	£1,061,229
Reduction in Stationary/Printing Costs		£3,755
Total	**50,957**	**£1,372,324**

Other areas may provide savings which have yet to be fully explored. One example of this is the travel costs. The user survey suggests that 50% of users of Morse believe that its use helps to prevent unnecessary travel. However, it is believed that one of the main sources of wasted journeys in Community Nursing is where a nurse makes a visit to a patient who has been admitted into acute hospital care and they have not been informed. The interface to Trakcare will resolve this issue and will be imminently deployed to the application following Information Governance approval. There is therefore more that can be explored in this area to provide further benefits.

Once for Grampian

Feedback from the user survey suggests that it would be useful for other community based services to be included within Morse, for example Allied Health Professionals, Community Nursing teams in Aberdeenshire and Moray etc. This would support the NHSG 'Service Transformation through Digital Transformation' Strategy alongside individual HSCP Strategic Plans. Following the evaluation in 2021, a short life working group was formed to look at Grampian wide options and a recommendation was made to the NHSG Digital Transformation Delivery Group that Morse was adopted across Grampian as the primary Electronic Patient Record for Community Nursing and AHPs. In August 2023, a Transformation Programme Manager was employed to develop and present a Business Case with this recommendation to HSCP IJBs. Business analysis was conducted in these services and a Business Case was drafted in Winter 2023, however due to the financial situation the project was put on hold with the view that the project would be reviewed in the 2024/25 financial year to see if the partners HSCPs found themselves in a more favourable financial situation.

5. Conclusions and Recommendations

The results from the evaluation demonstrate that the use of Morse as a Community Electronic Patient Record has continued to benefit the services who use it. The results from the user survey show that the use of Morse has matured within these services and continues to reduce the amount of information which is duplicated and increase levels of information sharing and communication within and between services. Many of the services who utilise Morse as a Community Electronic Patient Record have ongoing operational risks with significant vacancy levels within their services and the user of an Electronic Patient Record helps to streamline processes and assist with capacity to ensure that the services time can be most effectively used.

Following this evaluation, the following recommendations are made:

1. That the contract with Morse is continued and an evaluation is completed to ensure value for money at the conclusion of this contract period. The impact on patients and travel costs should also be considered.
2. That the outstanding interfaces are pursued and implemented.
3. That a central eHealth facilitation resource is included from this point forward as part of the ongoing Service Level Agreement
4. A Grampian wide view of electronic patient records in Adult and Child Community Nursing continues to be explored.

Appendix 1.

Universal Health Visting Pathway Visits 2020-2023

Three and four month visits are excluded from this list, as visits at these stages do not involve the same number of assessments to take place and therefore are not felt to be comparable to the other visits.

	2020			2021			2022			2023			**Total**		
	Number of Visits	Time Saved	Financial Saving*	Number of visits	Time Saved	Financial Saving*	Number of Visits	Time Saved	Financial Saving*	Number of Visits	Time Saved	Financial Saving*	Number of Visits	Time Saved	Financial Saving*
NHSG New Primary Visit	980	588	£21,491	2045	1227	£44,847	2084	1250	£45,702	2009	1205	£44,057	7118	3085	£112,775
New baby visit 2	652	391	£14,298	1534	920	£33,641	1653	992	£36,250	1537	922	£33,706	5376	2319	£84,751
New baby visit 3	422	253	£9,254	833	500	£18,268	1061	637	£23,268	892	535	£19,562	3208	1399	£51,116
6-8 week visit	959	432	£15,773	1999	900	£32,879	2042	919	£33,586	2007	903	£33,010	7007	2265	£82,788
8 month Visit	938	563	£20,570	1818	1091	£39,869	834	500	£18,290	280	168	£6,140	3870	2157	£78,831
13-15 month Visit	1115	688	£25,131	1933	1192	£43,568	1996	1231	£44,988	1830	1129	£41,247	6874	3129	£114,375
27-30 month visit	1113	835	£30,510	2132	1599	£58,443	2048	1536	£56,141	1940	1455	£53,180	7233	3994	£145,981
Pre School Visit	1048	629	£22,983	2094	1256	£45,921	941	565	£20,636	565	339	£12,390	4648	2455	£89,747
Total by year	8902	**4378**	**£160,012**	17823	**8685**	**£317,436**	14275	**7630**	**£278,861**	11802	**6656**	**£243,293**	52802	**20803**	**£760,363**

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INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Related Report Number:- HSCP.24.030

Approval from IJB received on:- 7th May 2024

Description of services/functions:-Procurement of license for Morse (supplied by Cambric) to continue to be used as an Electronic Patient Record for Community Child and Adult Nursing Services.

Reference to the integration scheme:- Appendix 1: Part 2: Paragraph 8: District

Services currently provided by the Health Board to those under 18 years of age, which are to be operationally devolved to the Chief Officer of the Integration Joint Board. Part 3, 1 Health Visiting, 2: School Nursing

Link to strategic priorities (with reference to strategic plan and commissioning plan):- Technology is indicated as a Strategic Enabler within the 2022-2025 Strategic Plan and the review of the use of Morse is referenced within the Delivery Plan for 2024.

Timescales involved:-

Start date:- October 2024

End date:- October 2027

Associated Budget:-

Details of funding source:- N32204

Availability:- Available.

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

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INTEGRATION JOINT BOARD

Date of Meeting	7th May 2024
Report Title	General Adult Mental Health Secondary Care Pathway Review
Report Number	HSCP.24.022.
Lead Officer	Judith McLenan
Report Author Details	Name: Judith McLenan Job Title: Lead for Mental Health & Learning Disability (MHLD) Inpatient, Specialist Services and Child and Adolescent Mental Health Services (CAMHS) Email Address: judith.mclenan@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. General Adult Mental Health Secondary Care Pathway Review Summary Report b. General Adult Mental Health Secondary Care Pathway Review Appendices.
Terms of Reference	1

1. Purpose of the Report

This report provides an update to Aberdeen City Health and Social Care Partnership (ACHSCP) on the review of the General Adult Mental Health Secondary Care Pathway, providing an overview of the findings and recommendations." This report is being shared with the other two Integration Joint Boards within Grampian Aberdeenshire Health and Social Care Partnership (AHSCP) and Health and Social Care Moray (HSCM).

INTEGRATION JOINT BOARD

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Note the update of the General Adult Mental Health Secondary Care Pathway Review, provided in the Summary Report (Appendix A).
b) Note the findings and recommendations of the General Adult Mental Health Secondary Care Pathway review as outlined in Section 4.

3. Strategic Plan Context

3.1. The Chief Officers of the three Integration Joint Boards in Grampian, ACHSCP, AHSCP and HSCM commissioned a review of the General Adult Mental Health (AMH) Secondary Care pathway to improve outcomes, efficiency, and governance.

3.2. NHS Grampian have structured their services into Portfolio arrangements. There is a Grampian cross system Mental Health Portfolio Board, to which the Chief Officer from AHSCP holds role of Portfolio Executive Lead for oversight and delivery of strategic transformation projects. All three HSCPs within Grampian have operational responsibility for community MHLDS, including the pathway within this report, i.e. the Adult Mental Health pathway. ACHSCP also has responsibility for hosting Specialist, pan Grampian Mental Health and Learning Disability Services to which the report author is the Senior Operational Manager and Lead, (inpatient, specialist services, and Child and Adolescent Mental Health Services (CAMHS)) this also includes tertiary provision of inpatient and outpatient services to NHS Orkney and NHS Shetland.

3.3. The review included various teams and services within AMH; Unscheduled Care, Adult Liaison Psychiatry, AMH Inpatient Wards, Intensive Psychiatric Care Unit (IPCU), Community Adult Mental Health Teams, and Social Work.

3.4. Key stakeholders were identified and participated in the project through the creation of a Steering Group and associated subgroups e.g., lived experience. A range of methods of engagement were used including meetings, service information forms, workshops, and regular updates. Lived experience participants also contributed to this review through public and inpatient surveys.

3.5. The Scottish Mental Health and Wellbeing Strategy was published in June 2023. This strategy tells us about the long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland. It is intended that the Adult Mental Health Secondary Care Pathway review, and any recommendations for improvement, will allow for better delivery of the Scottish Mental Health and Wellbeing Strategy.

4. Summary of Key Information

4.1. The intention of the AMH Secondary Care Pathway review was to identify improvement opportunities which impact positively on patients, staff, and governance. To meet this aim process and governance mapping of in scope services was undertaken. All three Health & Social Care Partnerships, and their services within the scope of this project, have now completed process maps and Service Information forms. These have assisted in outlining the associated governance structures and how they are connected. This gives a clearer picture of AMH Secondary Care, across Grampian.

4.2. The review has identified key themes arising from engagement with staff and individuals with lived experience. The key themes have been developed into improvement opportunities, with 40 actions which, if taken forward, may realise changes to AMH Secondary Care. These actions align with Scotland's Mental Health Core Standards, Health & Social Care Standards and the national Mental Health and Wellbeing Strategy.

4.3. The key themes arising from staff engagement can be summarised as follows: lack of recruitment and/or poor staff retention, poor communication/ change management, partner/ service relationships, lack of funding, lack of clear processes and resource limitations. The key themes arising from engagement with people with lived experience were related to staff, access to support, service delivery, moving on/reviewing treatment, and how staff, services and patients work together

4.4. Feedback suggests that in relation to governance staff want more clarity on it, across the system, as well as policies and strategies. Most staff understand their local governance but not necessarily where that governance sits within the wider system. The governance pathway is complex when viewed across the system (HSCPs and portfolio level).

4.5. As a part of the review process, a delivery plan summarising the key actions to be undertaken has been developed. The Delivery Plan maps the

creation of 5 workstreams, cognisant of the Mental Health Core Standards, under which the 40 actions identified within the review are aligned. These workstreams will be taken forward as Task and Finish Working Groups. Each group will develop and deliver a workshop by September 2024. These workshops aim to fully identify priority actions and develop how these will be taken forward and implemented; part of this will be identifying which actions are business as usual, to embed these in services, and those which are local or Grampian-wide. Progress on each of these workshops will be reported to the Grampian-wide MHLD Portfolio Board, and in turn the IJBs as required.

4.6. The AMH Steering Group intends to share the final summary report and delivery plan with those who contributed to the Lived Experience engagement by June 2024 i.e., those who contributed to the Lived Experience Survey who have requested follow-up.

4.7. The workstreams of the Delivery Plan will be managed as subgroups under the MHLD Portfolio Board. The Responsible, Accountable, Consulted, and Informed (RACI) model will be applied across all actions:

4.7.1. Responsible: Cross System Strategic Delivery Team
4.7.2. Accountable: MHLD Portfolio Board
4.7.3. Consulted: Frontline Teams, Lived Experience, Public, Partners
4.7.4. Informed: Frontline Teams, Lived Experience, Public, Partners

4.8. There are identified risks in the implementation of the AMH Delivery Plan, in that the MHLD Portfolio Board is currently undertaking an evaluation of its role and function, in addition to the wider Chief Executive Team (CET) review of all portfolios. The current programme plan for the MHLD Portfolio contains pressing priorities for 2024/2025 and beyond. Additionally, there are a large number (24) of national strategies, standards, and specifications in place for MHLD, services are already struggling with capacity because of the necessary work these bring. There will be implications to undertaking the work contained in the AMH Delivery Plan in relation to the demand on capacity and resource i.e. staff workload, and from across the system i.e. data analysts, communications, systems.

5. Implications for IJB

5.1. Equalities, Fairer Scotland, and Health Inequality

At this time, no Integrated Impact Assessment has been undertaken for this review. The nature of the review has been to find opportunities to improve outcomes for people in Grampian, improve efficiency and strengthen governance, within the pathway. Improvement opportunities have been identified, but how these will be addressed, and the implications of any changes have yet to be realised. Therefore, an Integrated Impacted Assessment is not necessary at this stage but would be undertaken as part of the above mentioned workstreams.

5.2. Financial

There are no direct financial implications arising from the recommendations of this report. However, it is recognised that MHLD service already operate within financial pressures and the actions identified in the AMH Delivery Plan will need to adhere to the financial environment.

5.3. Workforce

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

5.4. Legal

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

5.5. Unpaid Carers

There are no recommendations within this report that will impact negatively on Unpaid Carers. There may be positive impacts for Unpaid Carers realised as part of the workstreams identified in Section 4, but these have yet to be realised.

5.6. Information Governance

There are no direct Information Governance implications arising from the

recommendations of this report.

5.7. Environmental Impacts

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

5.8. Sustainability

There are no social, economic, and environmental impacts to consider relating to this report.

5.9. Other Implications

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

6. Management of Risk

6.1. Identified risks(s)

There are risks associated with progressing the workstreams outlined in Section 4.

Identified risk associated with the recommendations of this report are assessed as followed, in line with the Risk Appetite Statement:

Description of Risk	Link to Risk Register	Impact	Mitigation	Likelihood following Mitigation
Prioritisation of AMH Secondary Care Pathway Review Delivery Plan	This is not associated with risk register entry.	High: The 24 national strategies/ specifications aligned to the Grampian Mental Health Portfolio Board may mean the AMH pathway work may have to be reprioritised to accommodate the	AMH actions are to be reviewed and prioritised by each workstream's Task and Deliver Working Group in line with service	Low

		recommendations, which may impact staff, patients, and services, depending on how these are prioritised.	capacity and pressures.	
Priority of the AMH Secondary Care Pathway Review	This is not associated with risk register entry.	Medium: While changes to communication and approach were made to ensure stakeholders were engaged and/or actively involved, this was a challenge that persisted throughout the review. Key information and problems have been missed in this review due to how stakeholders participated in this work i.e. it was not necessarily work stakeholders would have chosen as a priority.	All stakeholders have had an opportunity to: • Review the AMH Summary Report • Provide their feedback to help shape the report • Ensure actions are accurate to the issues gathered throughout the review • Agree/Dis agree with how actions will be progresse d. Consideration may need to	Low

			be given to involving staff early in the prioritising of work.	

General Adult Mental Health Secondary Care Pathway Review

Summary Report

Judith McLenan; Lead for Mental Health & Learning Disability (MHLD) Inpatient, Specialist Services and Child and Adolescent Mental Health Services (CAMHS)

Overview

This document provides a pan-Grampian overview of the current, general adult mental health secondary care pathway. This includes process and governance mapping as well as recommendations and delivery plan for improvement to this pathway. The recommendations will support the implementation of actions outlined in the **Scottish Government Mental Health & Wellbeing Strategy: Delivery Plan 2023 - 2025**.

Contents

Introduction

The Chief Officers of Aberdeen City, Aberdeenshire and Moray Health and Social Care Partnerships were asked to carry out a review of the General Adult Mental Health (AMH) Secondary Care pathway.

The review intended to find any opportunities to improve outcomes for residents, improve efficiency and strengthen governance, within the pathway. Options to re-design the pathway were discussed within the Adult Mental Health Secondary Care Pathway Steering Group and its key recommendations are outlined within this report.

It is important to acknowledge that this review sits within a landscape of varying strategies and initiatives, it is not an isolated activity. The recommendations and actions outlined within this report may link to other activities taking place locally and nationally e.g. the Barron Report therefore, the actions of this review will be considered holistically.

There are many teams and services in Adult Mental Health, but this review looked at the Secondary Care Pathway, which included:

- Unscheduled Care including the Flow Team
- General Adult Mental Health Liaison Psychiatry
- Adult Mental Health Inpatient Wards
- Intensive Psychiatric Care Unit (IPCU)
- Community Adult Mental Health Teams (CMHTs)
- Social Work

Process and governance maps for each of these areas were produced. These maps are visual diagrams of how patients' access, move through and leave this pathway. As well as who is responsible for making decisions about the pathway and its population.

The **Scottish Mental Health and Wellbeing Strategy: Delivery Plan 2023 - 2025** was published in June 2023. This strategy tells us about the long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland. This review and any recommendations for improvement will allow for better delivery of the Scottish Mental Health and Wellbeing Strategy.

Stakeholder Involvement

There were several different ways stakeholders were involved in this review:

- Joining the Steering Group of key stakeholders who were responsible for reviewing the findings of the review and informing the recommendations and 2024/25 delivery plan.
- Joining a subgroup for Lived Experience; sharing research of recent engagement or supporting the development of inpatient and outpatient engagement, to capture lived experience of this pathway.
- Meeting with members of the project team to help them understand a service or how its team works, so a process map can be created.
- Completing a Service Information Form to help the project team understand more about the service or team and how it functions.
- Participating in workshops to deepen the project team's understanding of shared experiences/issues/opportunities across the pathway.
- Receiving regular updates about the progress of the review and providing feedback on findings as and when it was needed.

Stakeholders were kept informed of the progress of this review through a singular SharePoint communication point, monthly newsletter, 1-2-1 or team meetings, as well as at, monthly General Adult Mental Health (AMH) Secondary Care Pathway Steering Group meetings.

Lived Experience of Secondary Care Pathway

Individuals with Lived Experience added to this review in several ways.

- By participating in the review's Lived Experience subgroup and sharing how best to involve more Lived Experienced individuals in this review.
- Through a survey which asked a series of questions relating to an individual's experience accessing and using mental health secondary care pathways. This survey was carried out using Citizen Space, an Aberdeen City Council online consultation tool, and was promoted through the Steering Group and other key stakeholders.
- Through participation in the Royal Cornhill Hospital's Mental Health Inpatient Survey for Quarter 4 in 2023. As a recent review of inpatient experiences this provided valuable insight to the experiences of those residing in hospital.

Individuals who have contributed to this review with their lived experience, and who have requested they be provided with the outcome of this review and kept up to date with its next steps, will be provided with a copy of this Summary Report once all appropriate governance steps have been completed.

Main Points

The following are the summary points gathered from this review and across the range of research and data collected as part of this work including the recommendations to move this work forward:

1. Each Health & Social Care Partnership and the services in those Partnerships, within the scope of this review, have associated process maps and Service Information forms. Process maps can be viewed in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendices A - M.
2. Each Health & Social Care Partnership has outlined its Governance Structure and how these are connected. These can be viewed in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix O: MHLD Grampian Governance Pathways.
3. The themes arising as problems or issues within the secondary care pathway are lack of recruitment and/or poor staff retention, poor communication/change management, partner/service relationships, lack of funding, lack of clear processes and resource limitations.
4. The review has identified 40 actions ('How Might We' statements) which are both directly and indirectly impacting the AMH secondary care pathway; as shared by stakeholders (staff, partners, lived experience). These can be viewed in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix N: Problem Statements/How Might We Statements.
5. The themes arising as problems or improvement opportunities from the Adult Mental Health Secondary Care pathway survey, and Royal Cornhill Hospital's Mental Health Inpatient Survey for Quarter 4 in 2023, were related to staff, access to support, service delivery, moving on/reviewing treatment, and how staff, services and patients work together. These can be seen in Adult Mental Health Lived Experience Engagement
6. Feedback on the AMH governance suggests that staff want more clarity on it (i.e. role and purpose of groups/ boards), across the system, as well as policies and strategies. Most staff understand the governance impacting their own service but not necessarily where that governance sits within the

wider system. The governance pathway is complex when viewed across the system (HSCPs & Portfolio Board level). This can be viewed in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix O: MHLD Grampian Governance Pathways.

7. There is a risk to undertaking this work, largely relating to resource availability, and competing workstreams. The MHLD Portfolio Board is currently undertaking an evaluation of itself and maintains pressing priorities for 2024/2025. Across MHLD, services are struggling with capacity because of the necessary work around 24 national strategies, specifications, and standards.
8. The review itself was requested through the Chief Officers from the North East Partnership Steering Group (NEPSG). As this review wasn't initiated through staff, there were challenges keeping stakeholders engaged and/or actively involved. Changes to communication and approach were made to support the involvement of stakeholders but this largely persisted throughout the review. There is the risk that key information and problems have been missed in this review due to how stakeholders participated in this work i.e. it was not necessarily work stakeholders would have chosen as a priority.

Recommendations

General Actions:

1. Initial steps to implement the April 2024 – March 2025 Delivery Plan outlined below begin as of 1st April 2024.
2. The General AMH Secondary Care Pathway Review is taken as an update to the Aberdeen City, Aberdeenshire, and Moray Health & Social Care Partnerships' IJBs in May 2024.
3. The final Summary Report is shared with contributing Lived Experience by June 2024 i.e., those who contributed to the Lived Experience Survey who have requested follow-up.

April 2024 – March 2025 Delivery Plan:

1. The actions identified within this review will fall under five workstreams which are cognisant with the Mental Health Core Standards; Access, Workforce, Moving Between and Out of Services; Governance & Accountability, and Assessment, Care Planning, Treatment & Support.
2. The 40 actions have been initially prioritised by:
    a. Stakeholders, as part of the review's workshops
    b. By using the How, Wow & Now Matrix as a tool, and the complexity of the action as a guide, to help prioritise actions
    c. By understanding which actions are likely to be met within an existing or upcoming project or workstream.
3. The above workstreams will be undertaken as Task and Finish Working Groups which will be established by June 2024.
4. A workshop will be developed and delivered by each Task and Finish Working Group by September 2024. The purpose of the workshop will be:
    a. To allow the Task and Finish Working Groups to make a more informed decision on the priority of each action within their workstream.

b. For each Task and Finish Working Group to identify actions it would consider ‘Business As Usual’ (BAU) and to pass these actions back, to be embedded, in services.
c. For each Task and Finish Working Group to identify which actions it would consider pan-Grampian or local.
d. Of the remaining, and prioritised actions, for each Task and Finish Working Group to develop how these actions will be achieved.
e. For each Task and Finish Working Group to provide an update through the agreed governance structure on the outcomes of the Task and Deliver Workshop by September 2024.

5. Any changes to be implemented as agreed within these workshops are to be delivered by March 2025 or beyond if this is need is specifically identified.
6. These actions will be considered in line with priority activities identified by the MHLD Portfolio Board. Therefore, the above workstreams should be managed as a programme under the MHLD Portfolio Board as outlined in General Adult Mental Health Secondary Care Pathway Review Appendices - Appendix N: MHLD Grampian Governance Pathways, Cross System Strategic Delivery Team pathway.
7. The RACI model to be applied across all actions are:
    a. Responsible: Cross System Strategic Delivery Team
    b. Accountable: MHLD Portfolio Board
    c. Consulted: Frontline Teams, Lived Experience, Public, Partners
    d. Informed: Frontline Teams, Lived Experience, Public, Partners

A Delivery Plan has been outlined below which will provide an ‘at a glance’ view of:

- All actions to the undertaken
- The workstream each action corresponds to
- Actions considered a priority.
- Actions that may be delivered through other projects/ workstreams

Delivery Plan

Adult Mental Health Secondary Care: Workstreams				
Access	**Assessment, Care Planning, Treatment And Support**	**Moving Between And Out Of Services**	**Workforce**	**Governance And Accountability**
Improving access and understanding of services available across Grampian. Developing consistency of approach and clear processes.	**Build capacity within services and processes to enable person centred approaches to care, from prevention and early intervention to response.**	**Create a holistic approach to person centred care, supporting the movement between and from services in a right care, right time, right service approach.**	**Create a caring skilled workforce which is supported to provide safe, high-quality person-centred care and provided with opportunities for development.**	**Establish and promote clear governance routes which are accessible and promote accountability within service delivery and design.**

Enabling Themes					
Relationships	Funding	Recruitment & Retention	Communication/ Change	Resources	Processes
This primarily focused on the relationship between Primary and Secondary care services; and the difficulty for patients to access services in either primary or secondary care based on where the patient's referral was initially made and what criteria is being met.	This primarily focused on the use of locums and the impact this has on staff morale i.e. pay differences; as well as the pause on project funding and the difference in primary and secondary care funding.	This primarily focused on the morale of staff, work absorption due to staff shortages and the ability to recruit and to retain staff. The impact of not having enough nurses, consultants, retirement and the loss of experience or significant roles e.g. MHO status. The inconsistency in patient/service delivery due to the use of locums.	This primarily focused on the need for improved communication between primary and secondary care. It also highlighted that a lot of staff are unaware of the governance structures of MH and its relevant strategies (that strategies are not clear). The lack of clarity about what programme/project work is taking place across Grampian that should have Grampian-wide input.	This primarily focused on the tools to provide services and support, e.g. supported accommodation, service provision (self-directed support packages). It also looked at the inability to better share or access information across partner services to aid patients. It also highlighted the increase in referrals and diagnosis in specific areas e.g. autism spectrum disorder.	This primarily focused on the lack of clear process mapping, clinical pathways, operational policies and referring across areas.

Workstream Actions				
Access	**Assessment, Care Planning, Treatment And Support**	**Moving Between And Out Of Services**	**Governance and Accountability**	**Workforce**
Bring consistency to CMHT working, incorporating AMH, Older Adult (OA) MH and LD, across Grampian.	Assess our care planning process, to incorporate likely patient escalations/ crisis.	Ensure patients are only discharged because they are ready, they have met their milestones and because an appropriate community care plan is in place.	Make better preparations, when forecasting suggests impending issues or a significant increase in MH diagnoses and any related co-morbidities impacting patients.	Moving between our in-house MH training opportunities to support continuous learning in the workplace.
Improve public understanding of MH services.	Build on existing preventative/ proactive activities to ensure MH care, and support for impacting social issues, can be provided at the earliest opportunity.	Discover what issues are arising in relation to the duty doctor system.	Explore alternative models of practice.	Safeguard time within MH clinical roles, to ensure that any teaching requirements they have, can be met appropriately and without risk to patient care.
Expand or change how we support individuals experiencing MH distress, so their MH condition/ distress does not worsen during periods of wait.	Build capacity into secondary care teams, to be able to follow up with their patients in their community.	Improve the process, for assessing patients at acute sites.	Identify processes or activities, which require Grampian-wide alignment, to ensure patient experiences are consistent.	Minimise the use of, or more effectively make use of, locum medical support to ease the funding pressure.
Reduce wait times to access secondary care services.	Carry out MH assessment within Emergency Department, to improve patient experiences when also presenting with MH issues.	Identify patients impacted by delayed discharge, and the challenges relating to their discharge.	Determine a suitable process, which would allow for primary/secondary care, to refer to third sector organisations.	Improve relationships and communication between fellow secondary care services/ teams and primary care.
Patients have clear and easy access to necessary MH services/support, regardless of where their MH care originated.	Provide access to important patient information, out of hours for key decision makers.	Understand the challenges regarding IPCU interface with AMH.	Review MH strategies, which outline the current situation for MH services and what needs to be done to deliver improvements to these services.	Build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.

Provide easy access, either physically or digitally, to appropriate community resources for patients who could live independently.	Identify the necessary maintenance and changes required to the IPCU.	Understand the challenges regarding the transfer of IPCU patients out of area	Improve the documentation of clinical pathways.	Provide quality support and care to staff, to ensure they feel heard and valued.
Understand the demand for hospital care, treatment, and rehabilitation.	Understand the challenges regarding access to AHP for IPCU patients.	Improve the process, together with [transportation services], for transporting patients to RCH for assessment/ admission.	Clarify the governance structures across Grampian.	Induct locum consultants, to geographical areas they are unfamiliar with, to help build strong peer relationships and maintain a high standard of patient care.
Fair access to in-demand MH services, across Grampian.			Implement a consistent discharge process that is visible and clear to all staff.	
Participate in national discussions regarding forensic pathways for females.				

Action identified as a priority.
Action will be met through an existing or upcoming project/ workstream.

Project Delivery

The General Adult Mental Health Secondary Care Pathway review began in July 2023. The aim of this review was to identify improvements within the secondary care pathway of adult general mental health which would lead to better patient and service outcomes, improve efficiency, and streamline governance.

Systems Mapping

A systems mapping exercise was undertaken by a subgroup of the review's Steering Group early in the review. The aim of this activity was to create a whole system map, across the Grampian AMH Secondary Care services. This map was then shared with all stakeholders of the AMH review to help bring clarity to those participating in the review, about what parts of the pathway would be explored.

The map shows:

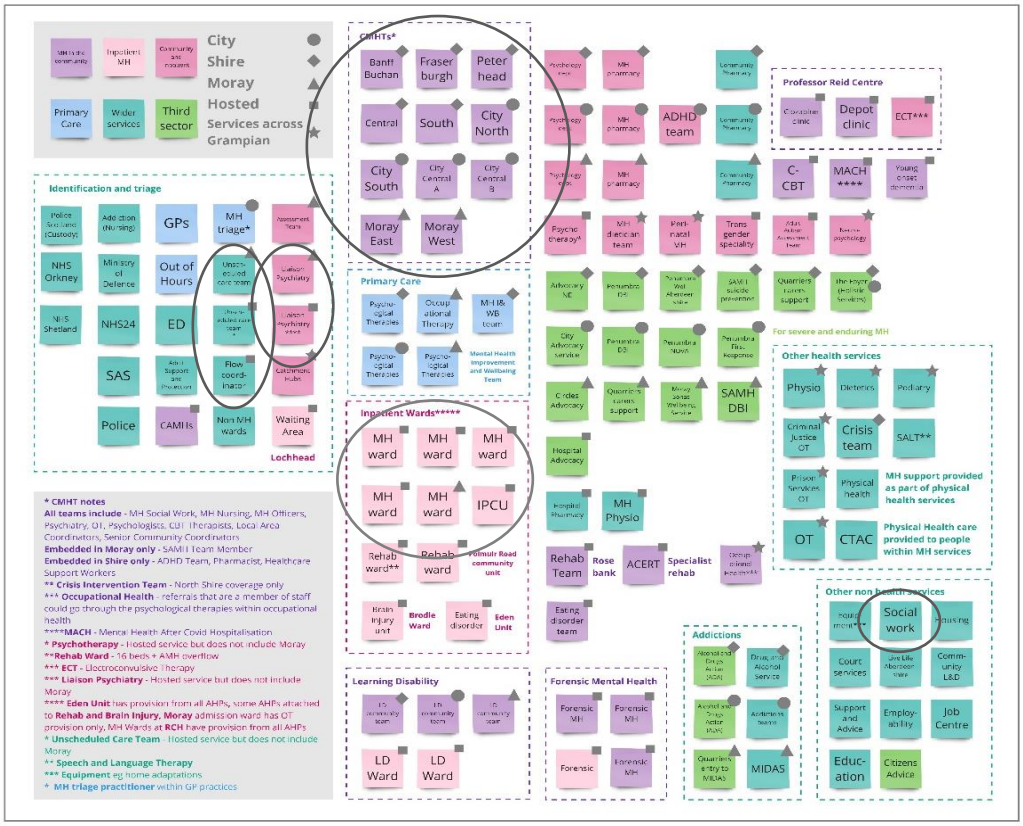
- The AMH secondary care services that exist in each area i.e., Aberdeen City, Aberdeenshire, and Moray, including Hosted services.
- The AMH secondary care services that are part of the pathway review.
- The scale of the review, and that this was only part of a wider AMH secondary care pathway.
- The other services which impact on those within the scope of the review and/or the secondary care pathway itself.

The services within the scope of this review were identified as:

Service/Team	No. of Teams	Location	
Unscheduled Care	2	1 x Royal Cornhill Hospital 1 x Dr Gray's Hospital	Aberdeen City & Aberdeenshire Moray
Flow Coordinator	1	Royal Cornhill Hospital	
Adult Liaison Psychiatry	2	1 x Royal Cornhill Hospital 1 x Dr Gray's Hospital	Aberdeen City & Aberdeenshire Moray

CMHTs	9	1 x Aberdeen City South 1 x Aberdeen City North 1 x Aberdeen City Central A 1 x Aberdeen City Central B 1 x Aberdeenshire Central 1 x Aberdeenshire South 1 x Aberdeenshire North 2 x Moray	Aberdeen City Aberdeen City Aberdeen City Aberdeen City Aberdeenshire Aberdeenshire Aberdeenshire Moray
Adult Mental Health Inpatient Wards	5	4 x Royal Cornhill Hospital 1 x Dr Gray's Hospital	Aberdeen City & Aberdeenshire Moray
Intensive Psychiatric Care Unit (IPCU)	1	Royal Cornhill Hospital	Hosted service
Adult Mental Health Social Work	2	1 x Aberdeen City 1 x Moray	Aberdeen City Aberdeenshire Moray

Grampian-wide Systems Map



Further Mapping Workshops

The review progressed to the completion of Service Information Forms for each of the services within the scope of this review. The Service Information Form aimed to capture:

- Information about the individual completing the form.
- Simple information about the service i.e. operating hours, primary users.
- Purpose of the Service
- Funding/Budget
- Information Sharing
- Governance
- Additional Information including challenges the service is experiencing currently, and/or issues it experiences within the wider secondary care pathway. Information gathered here informed future workshops and the problem statements/'How Might We' statements outlined in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix N: Problem Statements/How Might We Statements.

Where it was identified within the Service Information Form that a service had no process map, one was developed. In addition to capturing how a patient may access, move through, and leave the service the process maps may also identify:

- A stage or role within the process when there is significant information flow.
- A stage within the process that is manual.
- Stages within the process where there is a current limit in resources.

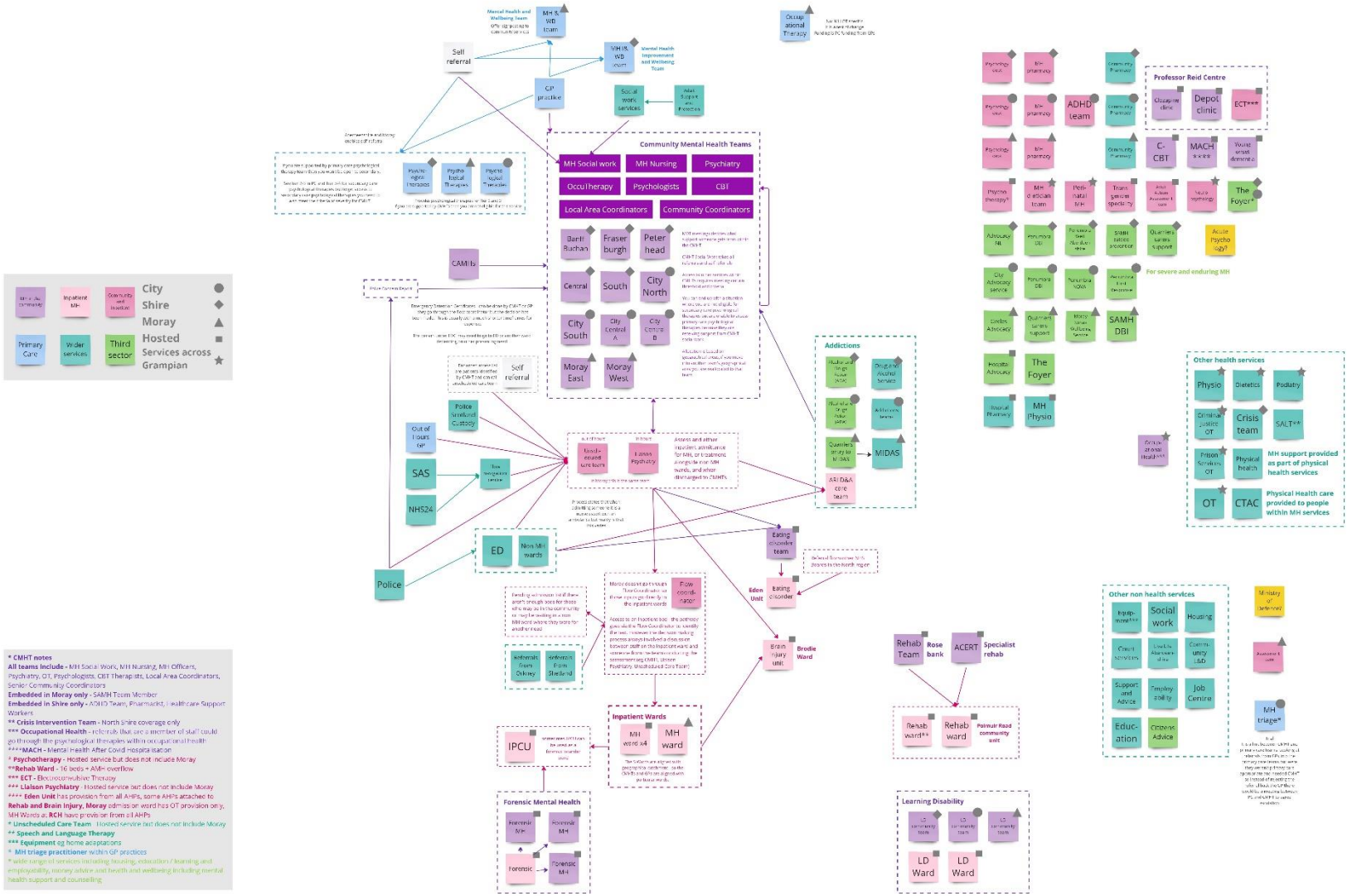
During this time, another workshop was undertaken to add detail to the flow of information between secondary care services. This exercise echoed what was captured within the service process maps regarding information flow:

Team/Role	Information Flow

Unscheduled Care	Significant in relation to triage, assessment, and admission Unscheduled Care: Band 7 • Flow Coordinator	Information is received from: • Out of Hour GPs • Police Scotland: Custody • Police Scotland (via Emergency Department • Emergency Department • Non-Mental Health Wards • Scottish Ambulance Service • NHS24 • Self-Referrals • CMHTs
Community Mental Health Teams	Significant in relation to triage and assessment: • Social Work Team Manager (Aberdeenshire) • Consultants (Urgent Referrals) • CMHT Team (weekly referral meetings)	Information is received from: • Unscheduled Care • Social Work • CAMHs • Self-Referrals • GP Practices • Police Scotland • Referrals within the CMHT • Additions (ADA Quarriers, ARI D & A Team)
AMH Inpatient Wards	Significant in relation to assessment and admission: • Inpatient Ward Consultants	Information is received from: • Consultants (meeting patients at outpatient clinic) • CPN (meeting patients at outpatient clinic) • Unscheduled Care • Adult Liaison Psychiatry

Adult Liaison Psychiatry	Significant in relation to triage, assessment, and admission • Practitioners • Nurse Practitioner Service (Moray)	Information is received from: • Inpatient Wards • Emergency Department s • Secondary care clinicians for outpatients
IPCU	Significant in relation to triage, assessment, and admission • IPCU Team (assessment) • Consultants	Information is received from: • Adult Mental Health Services in Grampian • Other specialist mental health services in Grampian • Out of area IPCUs for Grampian Patients • The local forensic service via the courts, PF, prison, out of area secure placements for the female forensic population.
Social Work	Significant in relation to triage and assessment. • Mental Health Officers (detainment) • Adult Social Work team member (assessment) • AMH Social Work team member (assessment)	Information is received from: • GPs • Self-Referrals • Adult Support & Protection • Access Team • AHP: Self Directed Support • Consultant in clinic • CMHT • Police Scotland • Police Concern Report • Another Local Authority

Flow of Information Map



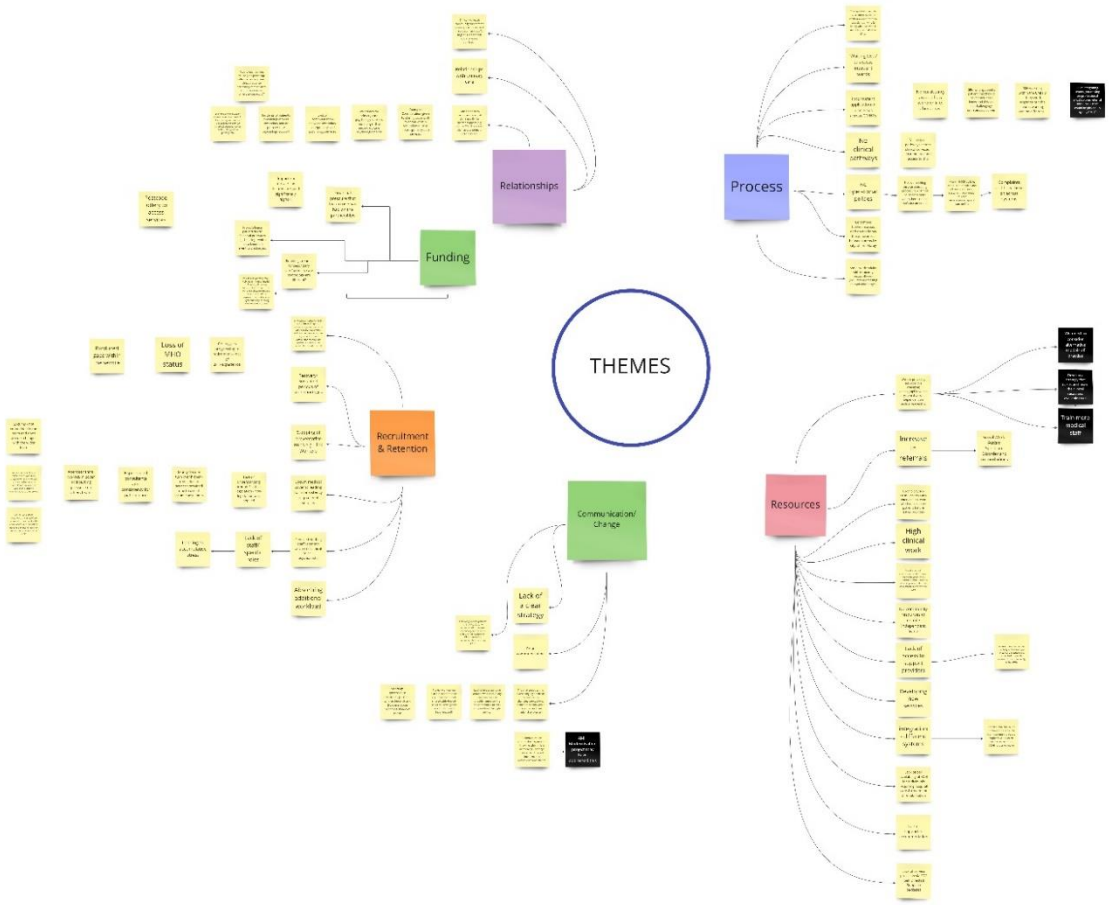
Problem Statements/ How Might We Statements

As part of the Service Information Form completion, and process map development, services identified problems/issues impacting them or how the service was being impacted within the wider secondary care pathway. These initial problems/issues framed a workshop, where stakeholders provided further detail on these problems/issues or identified other problems/issues they wanted to capture. Six themes emerged from the Problems/Issues workshop:

Theme	Brief Explanation of Discussion
Relationships	This primarily focused on the relationship between Primary and Secondary care services; and the difficulty for patients to access services in either primary or secondary care based on where the patient's referral was initially made and what criteria is being met.
Funding	This primarily focused on the use of locums and the impact this has on staff morale i.e. pay differences; as well as the pause on project funding and the difference in primary and secondary care funding.
Recruitment & Retention	This primarily focused on the morale of staff, work absorption due to staff shortages and the ability to recruit and to retain staff. The impact of not having enough nurses, consultants, retirement and the loss of experience or significant roles e.g. MHO status. The inconsistency in patient/service delivery due to the use of locums.
Communication/ Change	This primarily focused on the need for improved communication between primary and secondary care. It also highlighted that a lot of staff are unaware of the governance structures of MH and its relevant strategies (that strategies are not clear). The lack of clarity about what

	programme/project work is taking place across Grampian that should have Grampian-wide input.
Resources	This primarily focused on the lack of community provision which would allow patients to move on from inpatient care, or that would better support them in the community e.g. supported accommodation, service provision (self-directed support packages). It also looked at the inability to better share or access information across partner services to aid patients. It also highlighted the increase in referrals and diagnosis in specific areas e.g. autism spectrum disorder.
Process	This primarily focused on the lack of clear process mapping, clinical pathways, operational policies and referring across areas.

Themes Map



How Might We Statements

Once these problem/issues were collated they were then restructured as ‘How Might We’ statements. ‘How Might We’ statements are a way to reframe problems. As an exercise, it can bring clarity to; what action needs to be taken to address the problem; who would be impacted by the action and the effect to be realised. These ‘How Might We’ statements were then aligned to the appropriate Mental Health Core Standard and Summary Outcome, which could provide a way to measure the impact of addressing a particular action.

In total, 40 different actions (‘How Might We statements) were identified. These actions can be viewed in a table in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix N: Problem Statements/How Might We Statements. The table will show:

- The Mental Health Core Standard the action has been aligned to
- The original problem statement
- The action (‘How Might We’ statement)
- The theme the action falls into
- The Summary Outcome the action has been aligned to

A further workshop with stakeholders was undertaken to determine which of the 40 actions the stakeholders would consider a priority. The workshop also captured any ideas stakeholders had that could deliver the action, as well as sharing any known projects that may be underway or preparing to start, that may also deliver some of the actions.

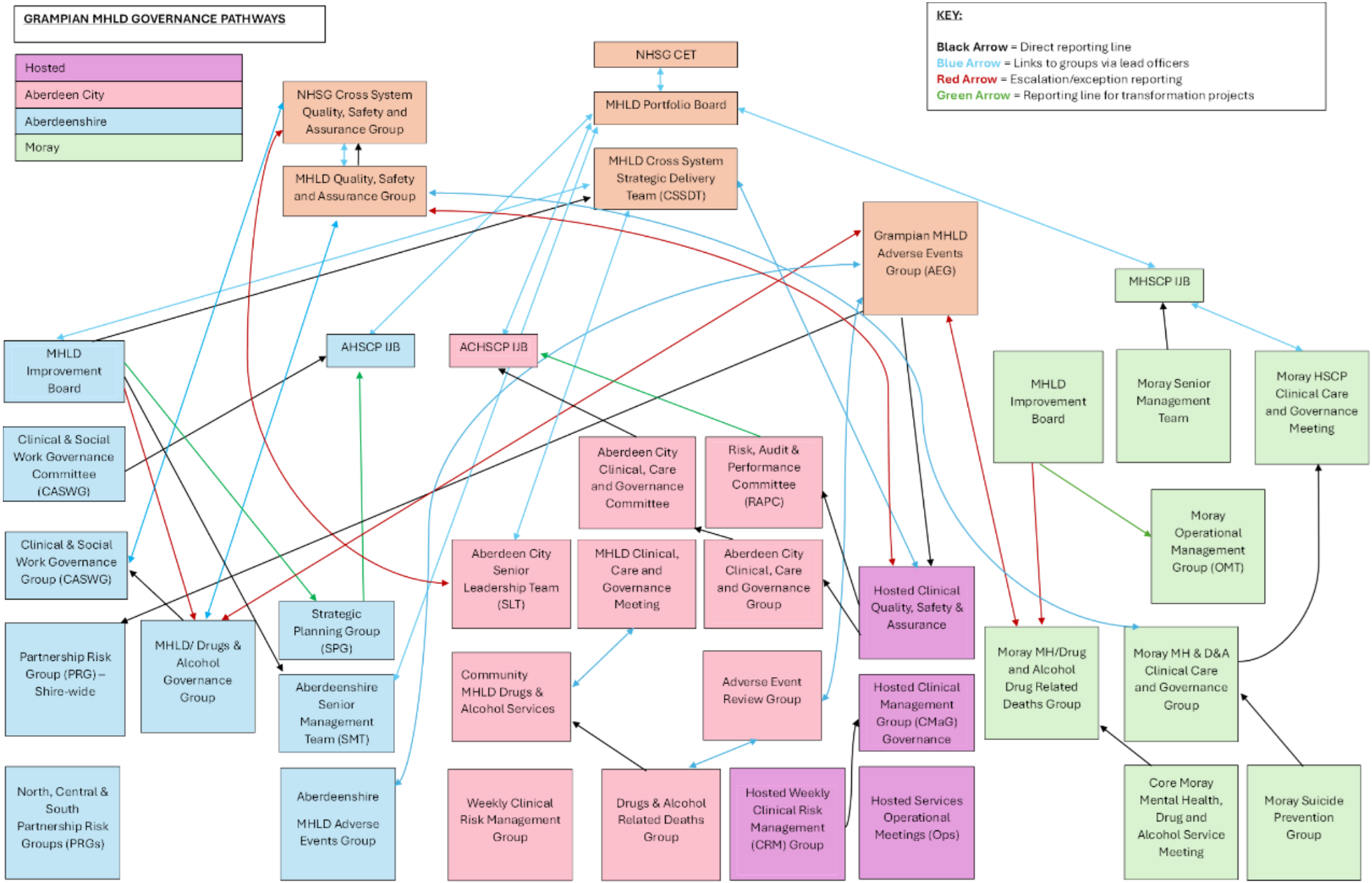
These actions have been grouped under each Mental Health Core Standard, which will form a workstream e.g. any actions aligned to the Mental Health Core Standard ‘Access’ will be grouped together, and this will form a workstream. Each workstream will have its own Task and Finish Working Group. These working groups will each undertake a workshop which will review all actions under that workstream and determine what changes, if any, could be undertaken to make improvements to the secondary care pathway.

Adult Mental Health Governance Mapping

Captured under the Communication/Change theme of the problem statements/'How Might We' statements is a lack of understanding of Adult Mental Health governance i.e., a lack of awareness of the pathway and a lack of knowledge of the responsibilities within the governance pathway. In short, there lacks transparency around mental health governance, as with policies and strategies, across the system.

Completion of the Service Information forms highlighted that staff are very familiar with their individual services governance pathway, although less was demonstrated around its position within the wider Adult Mental Health governance pathway, either within each Health & Social Care Partnership or across the system. Therefore, less was shared within the Service Information forms and workshops regarding where improvements to the governance pathway could be made. Of course, it would be difficult for staff to share improvement opportunities or ideas for a governance pathway that they do not know enough about.

Certainly, the risks raised by staff appeared to be that they could not contribute to changes taking place across the system, which may have a wider impact, because they are unaware of work taking place and who has the responsibility to oversee and collaborate on work that has a cross-system impact. As demonstrated in the image below the cross-system view of the governance pathway is complex. This is fully recognised within the MHLD Portfolio Board and, where possible, there is commitment to make improvements to this pathway.


GRAMPIAN MHLD GOVERNANCE PATHWAYS
Hosted
Aberdeen City
Aberdeenshire
Moray
KEY:
Black Arrow = Direct reporting line
Blue Arrow = Links to groups via lead officers
Red Arrow = Escalation/exception reporting
Green Arrow = Reporting line for transformation projects
NHSG CET
MHLD Portfolio Board
NHSG Cross System Quality, Safety and Assurance Group
MHLD Quality, Safety and Assurance Group
MHLD Cross System Strategic Delivery Team (CSSDT)
Grampian MHLD Adverse Events Group (AEG)
MHSCP IJB
MHLD Improvement Board
AHSCP IJB
ACHSCP IJB
MHLD Improvement Board
Moray Senior Management Team
Moray HSCP Clinical Care and Governance Meeting
Clinical & Social Work Governance Committee (CASWG)
Aberdeen City Clinical, Care and Governance Committee
Risk, Audit & Performance Committee (RAPC)
Moray Operational Management Group (OMT)
Clinical & Social Work Governance Group (CASWG)
Aberdeen City Senior Leadership Team (SLT)
MHLD Clinical, Care and Governance Meeting
Aberdeen City Clinical, Care and Governance Group
Hosted Clinical Quality, Safety & Assurance
Strategic Planning Group (SPG)
Partnership Risk Group (PRG) – Shire-wide
MHLD/ Drugs & Alcohol Governance Group
Aberdeenshire Senior Management Team (SMT)
Community MHLD Drugs & Alcohol Services
Adverse Event Review Group
Hosted Clinical Management Group (CMaG) Governance
Moray MH/Drug and Alcohol Drug Related Deaths Group
Moray MH & D&A Clinical Care and Governance Group
North, Central & South Partnership Risk Groups (PRGs)
Aberdeenshire MHLD Adverse Events Group
Weekly Clinical Risk Management Group
Drugs & Alcohol Related Deaths Group
Hosted Weekly Clinical Risk Management (CRM) Group
Hosted Services Operational Meetings (Ops)
Core Moray Mental Health, Drug and Alcohol Service Meeting
Moray Suicide Prevention Group

Adult Mental Health Lived Experience Engagement

Lived Experience contribution to this review was undertaken in a several ways. The first was the creation of a Lived Experience Subgroup which pulled together members from third sector organisations, advocacy groups, the Grampian Public Empowerment Group, and other key roles from across the relevant Health & Social Care Partnerships and NHS Grampian.

Members of the Lived Experience Subgroup provided access to the 'In Their Words,' Royal Cornhill Hospital's Mental Health Inpatient Survey for Quarter 4 in 2023/2024. This provided to the review recently gathered feedback from individuals residing within wards at the Royal Cornhill Hospital.

Members also helped to create, or provided feedback on the development of, an AMH Lived Experience Survey which went live in January 2024. The survey was available to complete until the end of February 2024. A Data Protection Impact Assessment (DPIA) and Privacy Notice were completed ahead of this public engagement. In total, 38 responses were received for this survey.

The primary themes arising from these Lived Experience feedback tools were:

Theme	Brief Explanation of Discussion
Staff	This primarily focused on the need for more staff and resources within the pathway. Individuals felt staff behaviours and their relationship with their patients could be improved upon. Training was also raised as an opportunity for improvement, particularly around co-morbidities and support for individuals challenged with managing multiple issues.
Access to Support	This primarily focused on individuals looking for support at the earliest opportunity, with suggestions that if help could have been provided earlier, it may have prevented an escalation in their mental health. Individuals felt they did not understand why they were not eligible for particular

	support, that there was still stigma attached to asking for support, and that more transparency was needed here. Overall, individuals felt that wait times for support were too long.
Service Delivery	This primarily focused on the limited access to mental health services in rural locations and how this impacted/ impacts the individual's life. Individuals also mentioned they would like to see the type of mental health services expand into other areas e.g. hypnotherapy, TheraPets or through the provision of drop-in mental health support.
Moving On	This primarily focused on medication; that it was all that was given, that it didn't work or that the individual had been on it for considerable time with no invitation to review their mental health or medication, extended from their GP.
Working Together	This primarily focused on the need for person centred care. Individuals mentioned that less focus on medication was needed, that longer appointments to talk to their GPs would be helpful, faster access to assessments e.g., Autism, and to see more multi-disciplinary working. Individuals wanted to be more involved and informed about their care, to see better communication between patients and staff, to see better communication between services and be able to express their emotions/feelings freely.

Please note: The outcomes of the lived experience surveys have not been included, to ensure the anonymity of those that participated in this review.

Summary of Workstreams

Workstream: Access	Status of Action
Bring consistency to CMHT working, incorporating AMH, OAMH and LD, across Grampian.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Improve public understanding of MH services.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Expand or change how we support individuals experiencing MH distress, so their MH condition/ distress does not worsen during periods of wait.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Reduce wait times to access secondary care services.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Patients have clear and easy access to necessary MH services/support, regardless of where their MH care originated.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Provide easy access, either physically or digitally, to appropriate community resources for patients who could live independently.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Understand the demand for hospital care, treatment, and rehabilitation.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Fair access to in-demand MH services, across Grampian.	Applying the How, Wow, Now Matrix the following action was identified as How (Medium to High Difficulty/ Medium to High Innovation)
Participate in national discussions regarding forensic pathways for females.	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).

Workstream: Assessment, Care Planning, Treatment And Support	Status of Action
Assess our care planning process, to incorporate likely patient escalations/ crisis.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Build on existing preventative/ proactive activities to ensure MH care, and support for impacting social issues, can be provided at the earliest opportunity.	Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)
Build capacity into secondary care teams, to be able to follow up with their patients in their community.	Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)
Carry out MH assessment within Emergency Department, to improve patient experiences when also presenting with MH issues.	Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)
Provide access to important patient information, out of hours for key decision makers.	An EPR roll out will take place this year. Data Information Governance Procedures are being explored with Caldicott Guardian
Identify the necessary maintenance and changes required to the IPCU.	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).
Understand the challenges regarding access to AHP for IPCU patients.	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).

Workstream: Moving Between And Out Of Services	Status of Action
Ensure patients are only discharged because they are ready, they have met their milestones and because an appropriate community care plan is in place.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Discover what issues are arising in relation to the duty doctor system.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Improve the process, for assessing patients at acute sites.	Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)
Identify patients impacted by delayed discharge, and the challenges relating to their discharge.	Optimising Patient Flow Program crosses whole Grampian system, acute, community, mental health, and other public services all members
Understand the challenges regarding IPCU interface with AMH.	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).
Understand the challenges regarding the transfer of IPCU patients out of area	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).
Improve the process, together with [transportation services], for transporting patients to RCH for assessment/ admission.	This action is currently included as a commitment in Finance Planning and could be actioned under this workstream.

Workstream: Governance and Accountability	Status of Action
Make better preparations, when forecasting suggests impending issues or a significant increase in MH diagnoses and any related co-morbidities impacting patients.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Explore alternative models of practice.	Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)
Identify processes or activities, which require Grampian-wide alignment, to ensure patient experiences are consistent.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Determine a suitable process, which would allow for primary/secondary care, to refer to third sector organisations.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Review MH strategies, which outline the current situation for MH services and what needs to be done to deliver improvements to these services.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Improve the documentation of clinical pathways.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Clarify the governance structures across Grampian.	This action is a responsibility of the Cross System Strategic Delivery Team.
Implement a consistent discharge process that is visible and clear to all staff.	The AMH Modernisation (Hosted) was created to address this challenge and was implemented as of November 2023. There is a cross Grampian Mental Health Discharge Planning and Improvement Group who meet monthly and report into the Optimising Patient Flow Program (Government Strategic Program)

Workstream: Workforce	Status of Action
Moving between our in-house MH training opportunities to support continuous learning in the workplace.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Safeguard time within MH clinical roles, to ensure that any teaching requirements they have, can be met appropriately and without risk to patient care.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Minimise the use of, or more effectively make use of, locum medical support to ease the funding pressure.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Improve relationships and communication between fellow secondary care services/ teams and primary care.	Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.
Build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Provide quality support and care to staff, to ensure they feel heard and valued.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)
Induct locum consultants, to geographical areas they are unfamiliar with, to help build strong peer relationships and maintain a high standard of patient care.	Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)

Evaluation

Several key themes emerged from this review, in addition to how work is prioritised by the MHLD Portfolio Board, and any actions to address these themes will be delivered in the context of other local and national strategies/initiatives and resource constraints.

This is first pathway review that has taken place within MHLD and there will be learning to capture as part of delivering this review. There is commitment to do this, and to use this opportunity to develop best practice, which could help inform any future pathway reviews.

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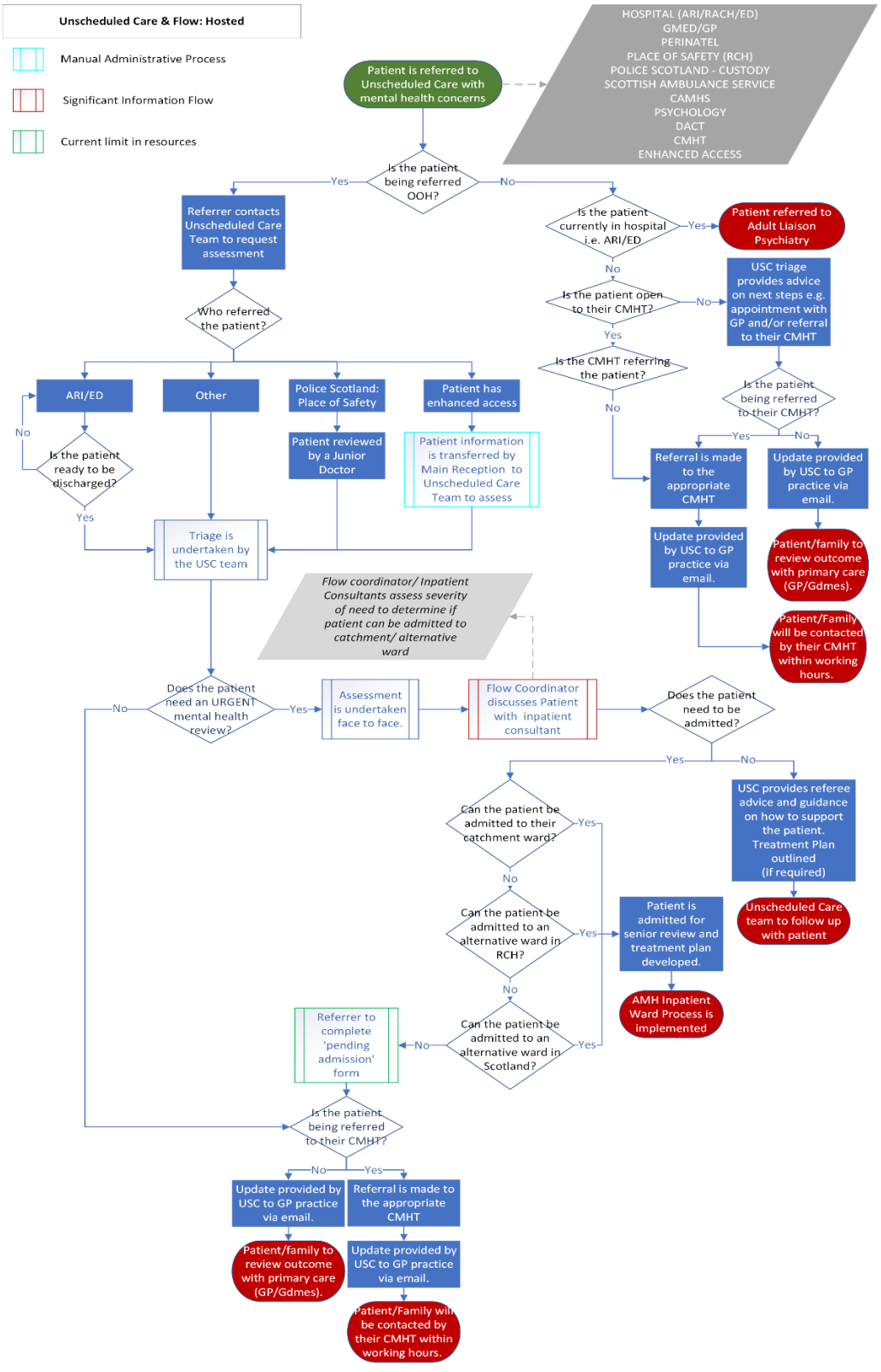
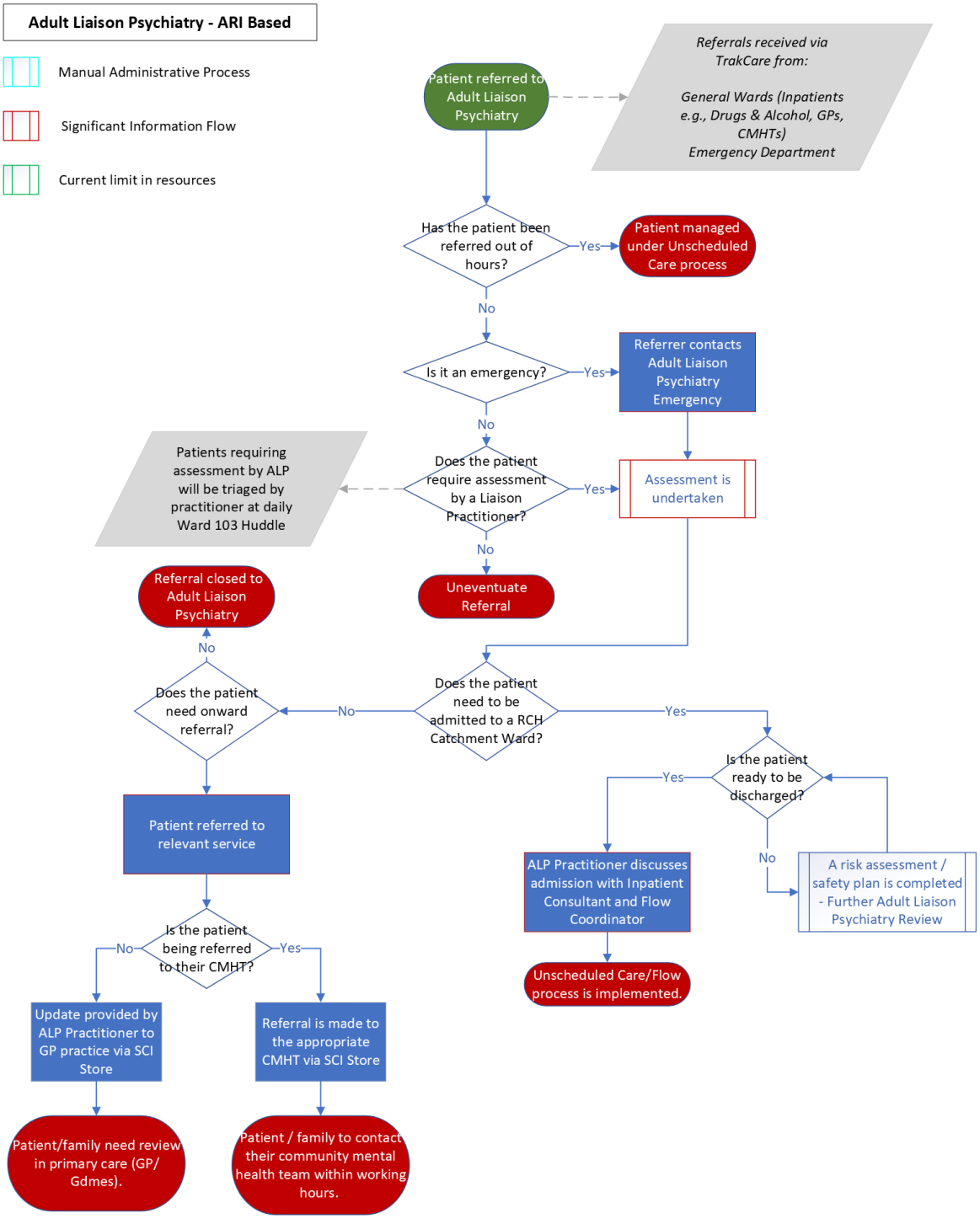
General Adult Mental Health Secondary Care Pathway Review

Appendices

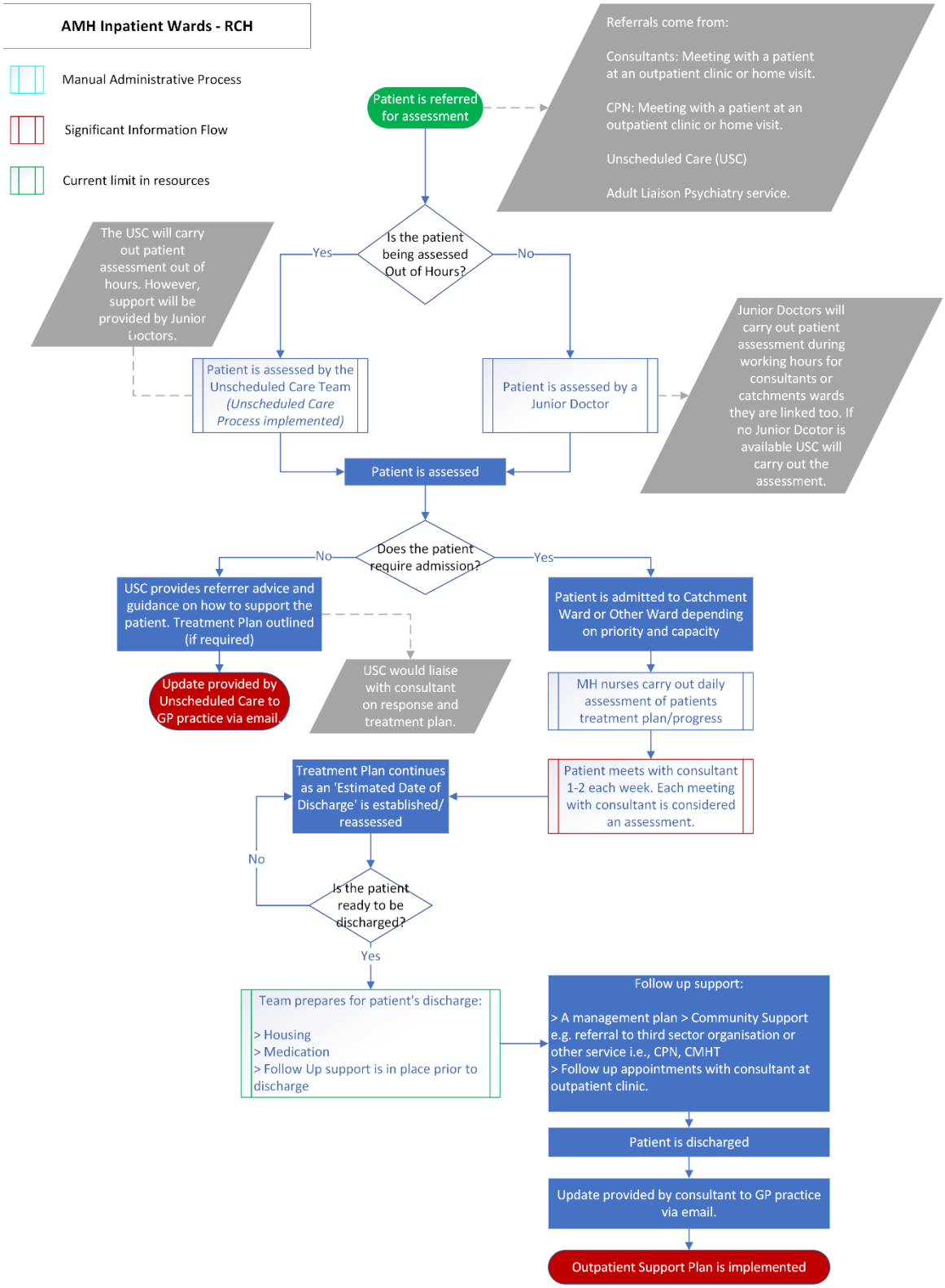
Appendix A: Unscheduled Care & Flow (Aberdeen City & Aberdeenshire)



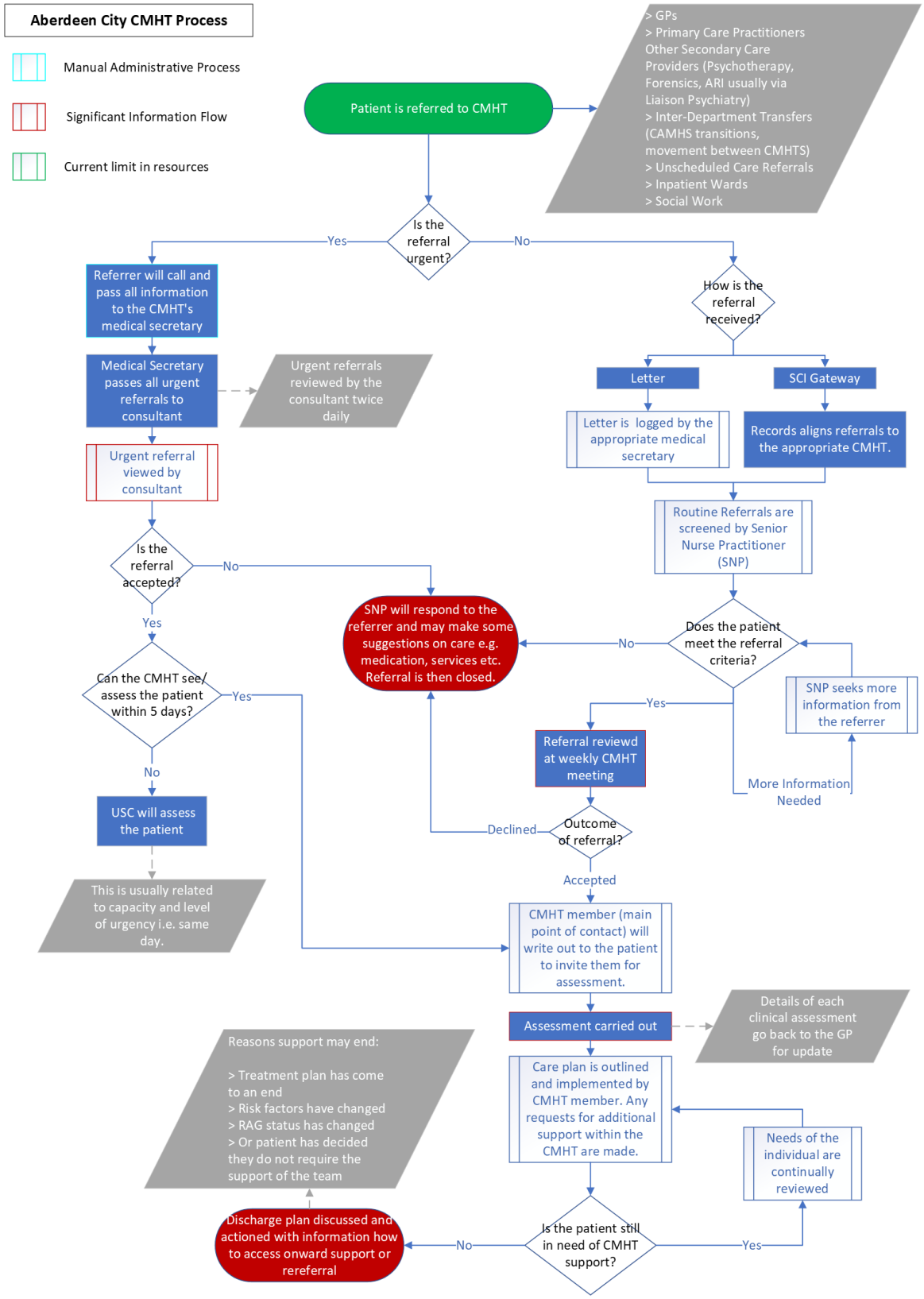
Appendix B: Adult Liaison Psychiatry (Aberdeen City & Aberdeenshire)



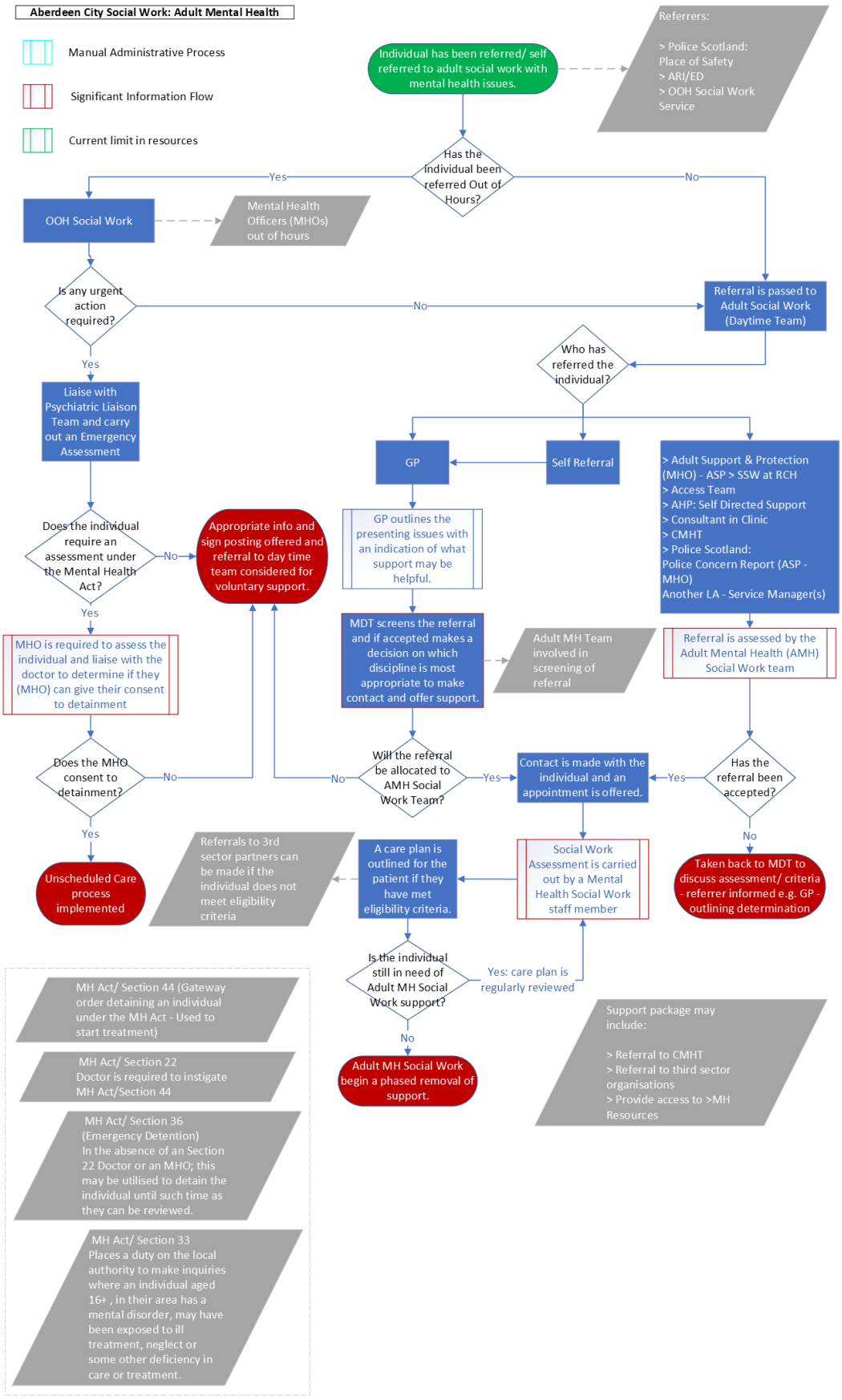
Appendix C: AMH Inpatient Wards (Aberdeen City & Aberdeenshire)



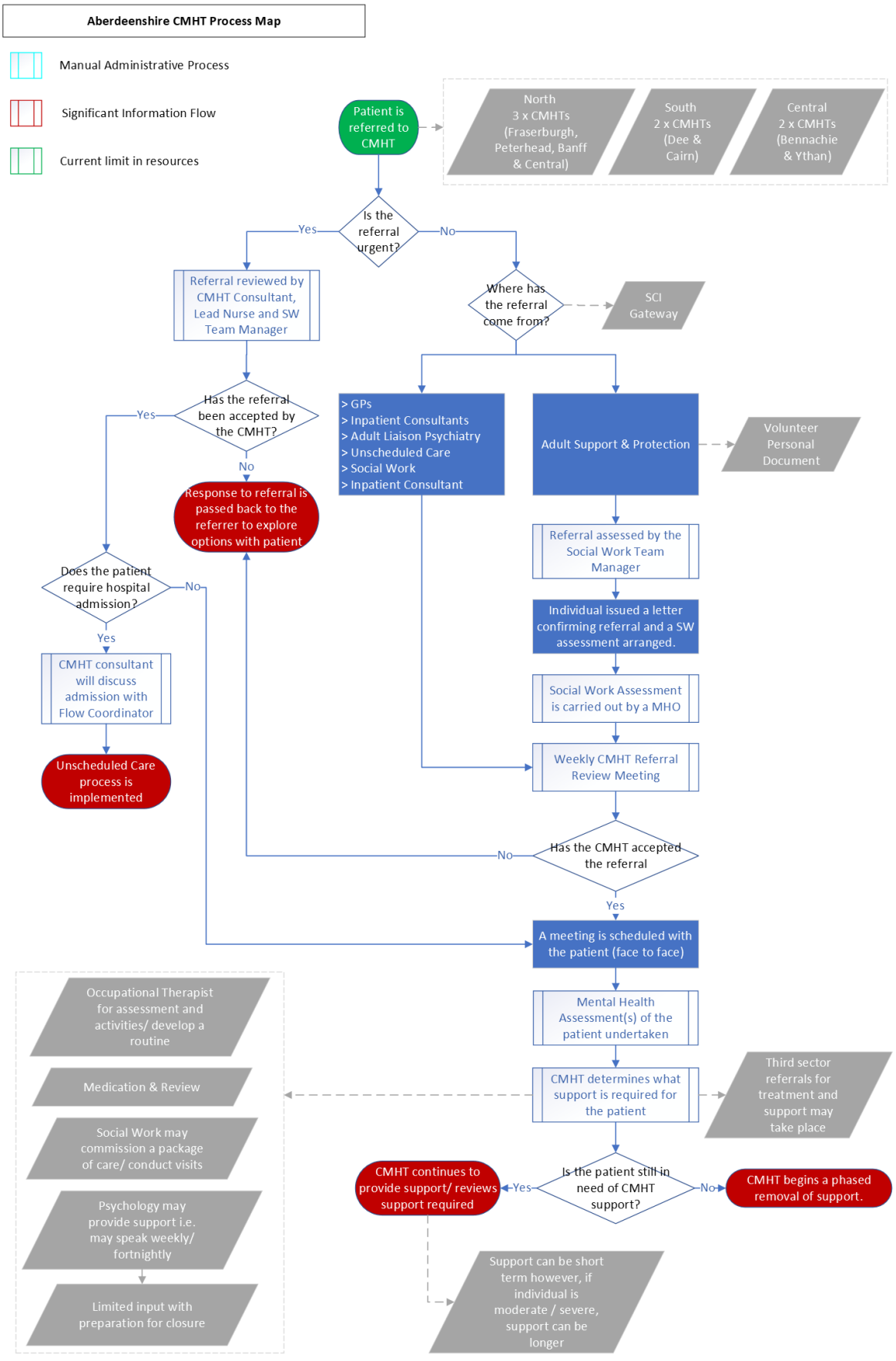
Appendix D: Community Mental Health Teams (Aberdeen City)



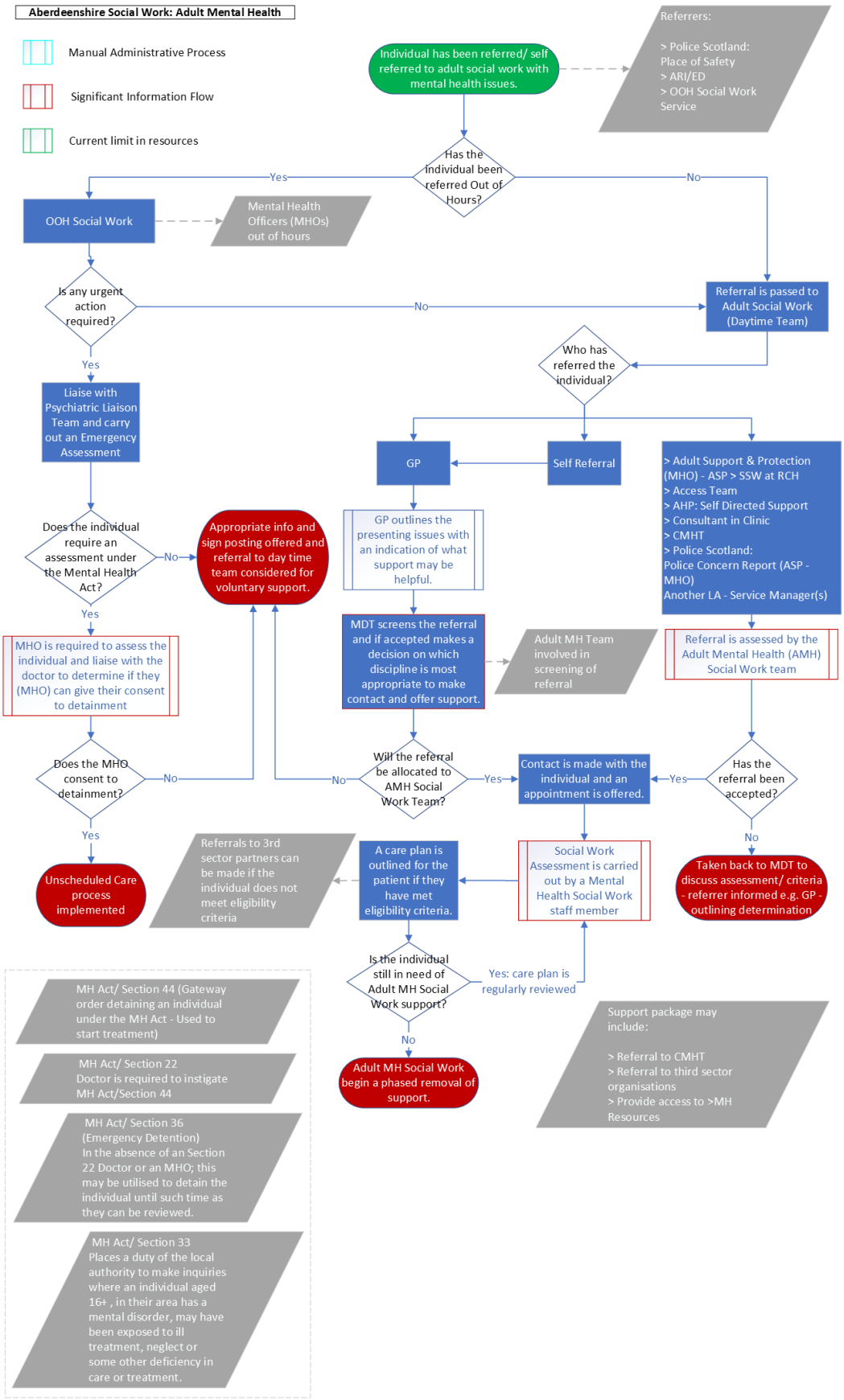
Appendix E: Adult Mental Health Social Work (Aberdeen City)



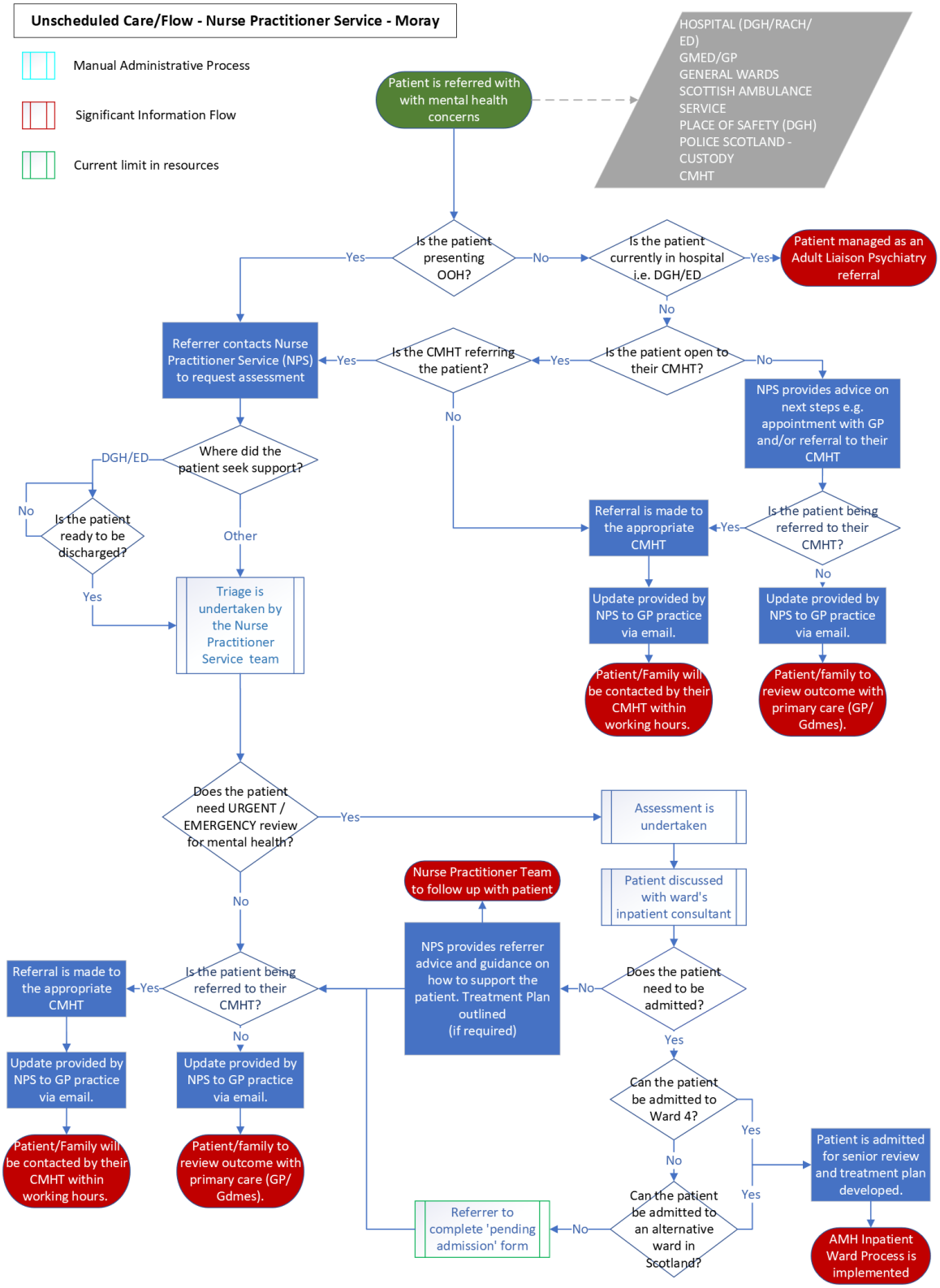
Appendix F: Community Mental Health Teams (Aberdeenshire)



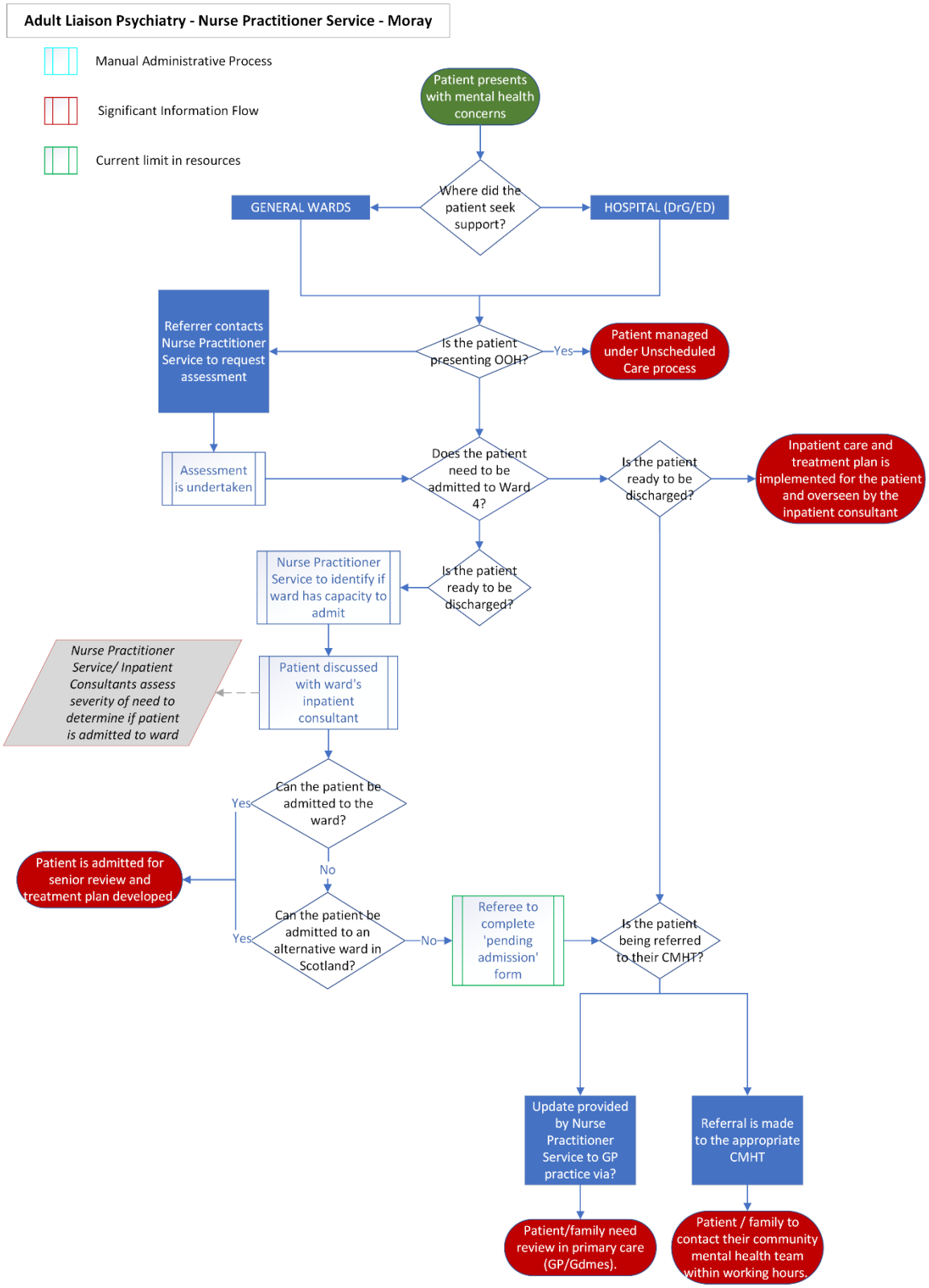
Appendix G: Adult Mental Health Social Work (Aberdeenshire)



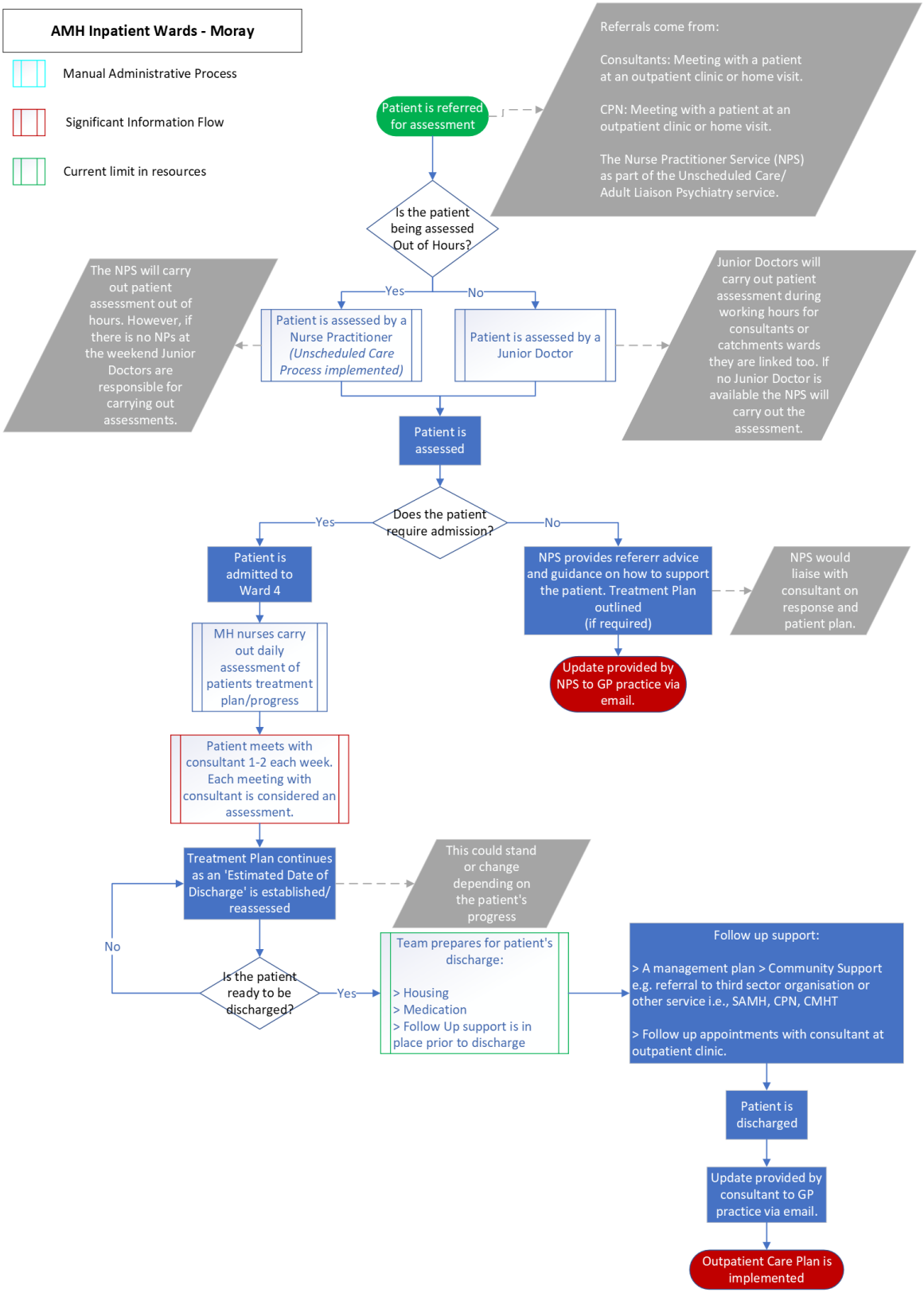
Appendix H: Unscheduled Care & Flow – Nurse Practitioner Service (Moray)



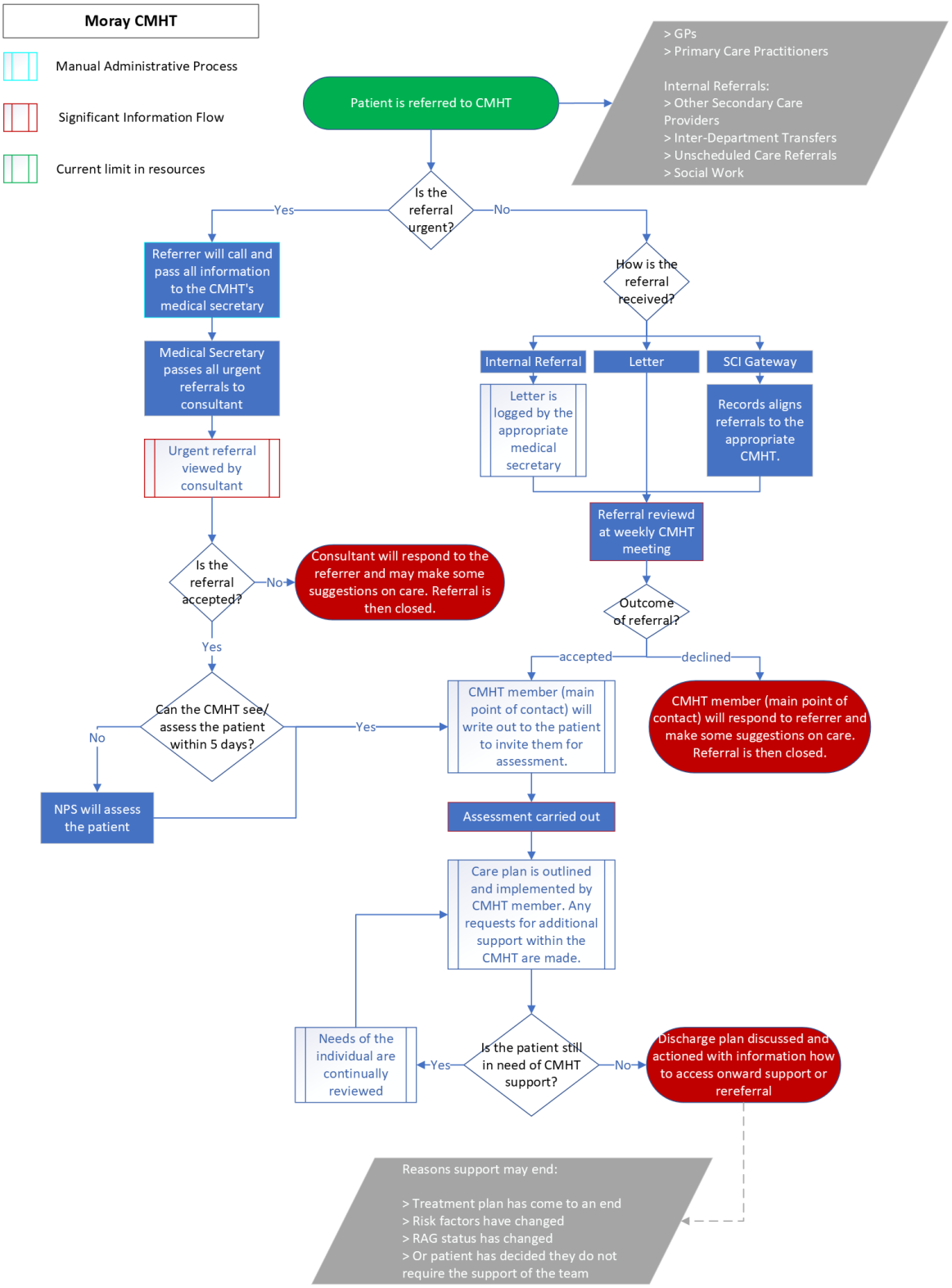
Appendix I : Adult Liaison Psychiatry – Nurse Practitioner Service (Moray)



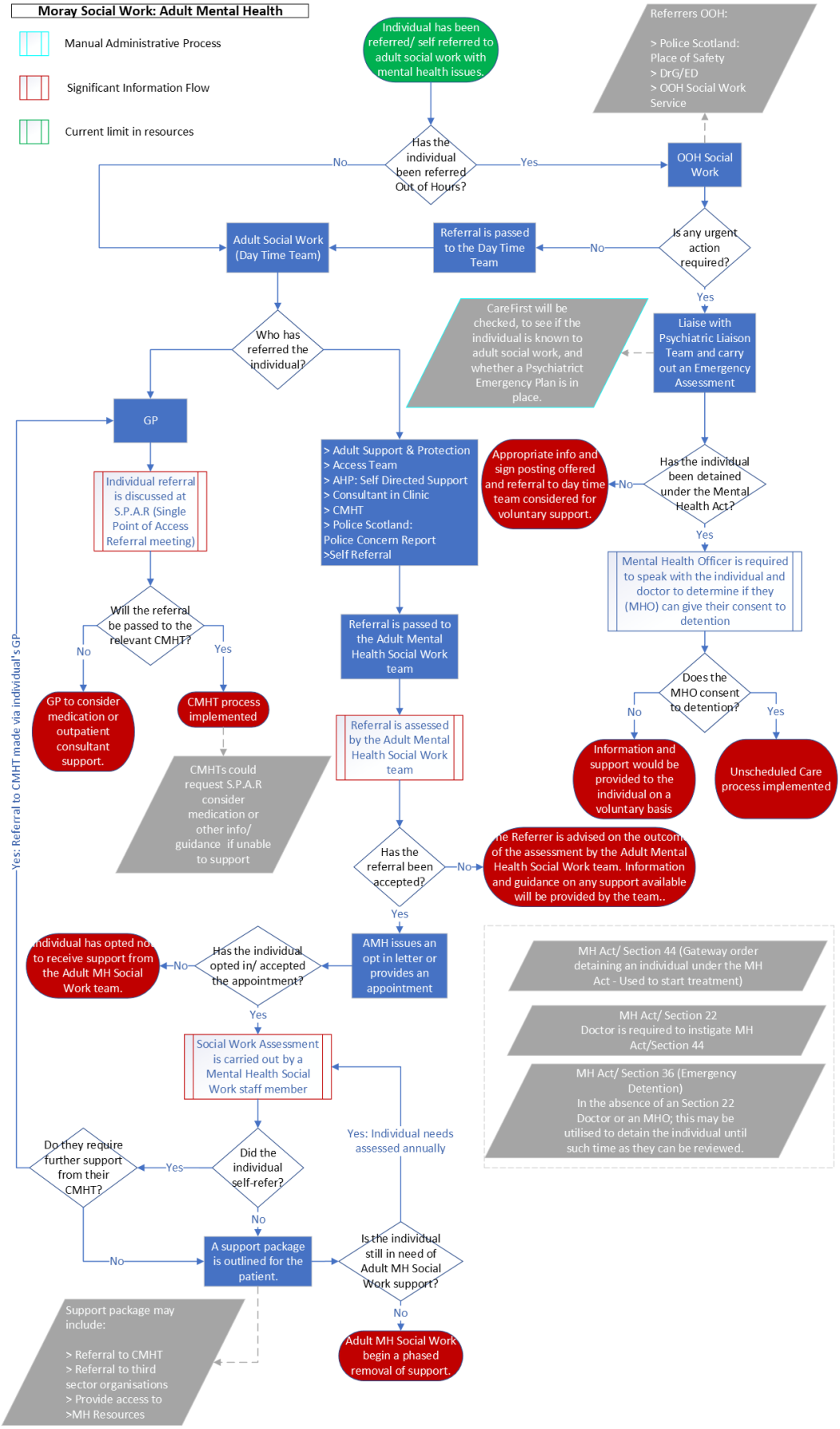
Appendix J: Adult Mental Health Inpatient Wards (Moray)



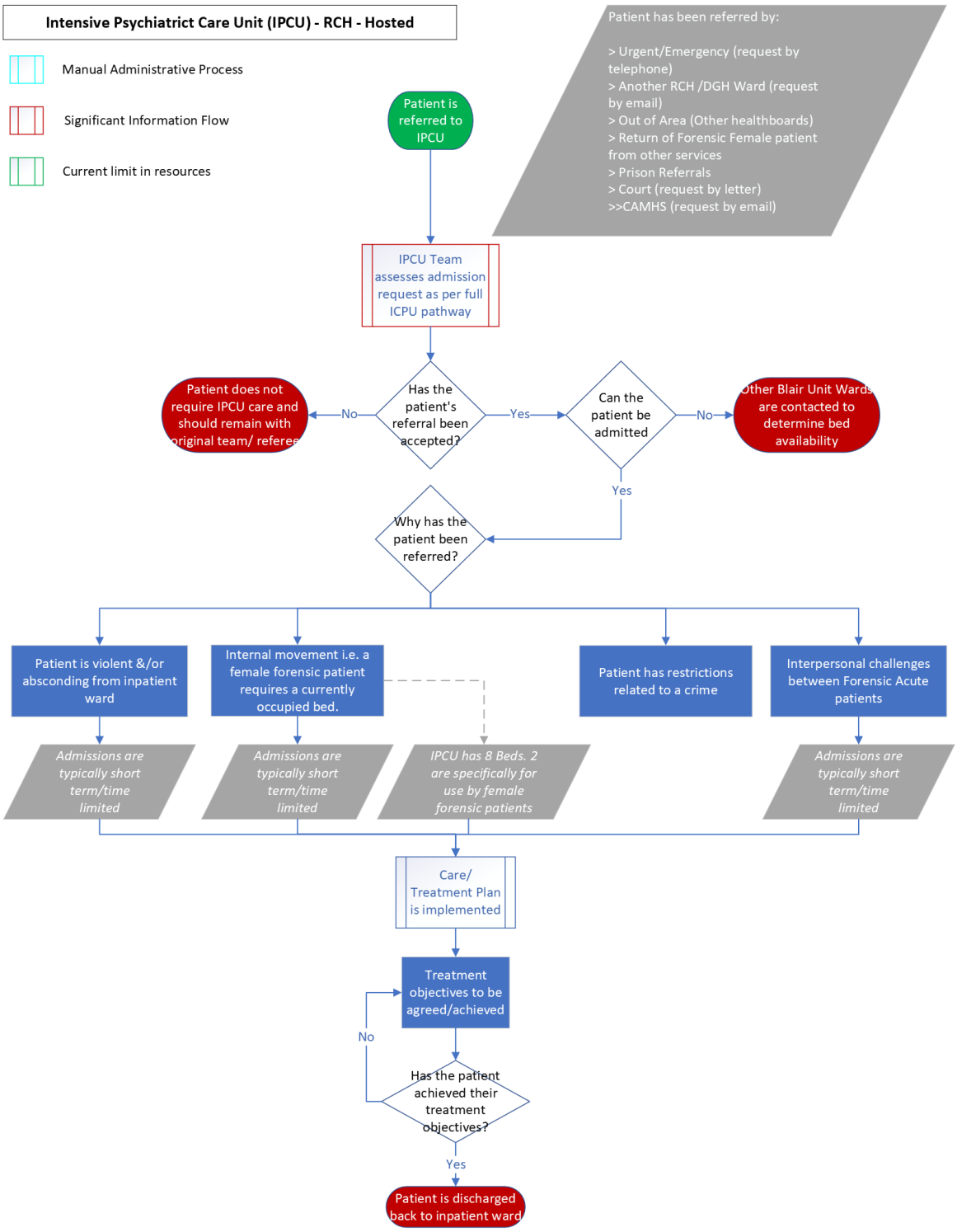
Appendix K: Community Mental Health Teams (Moray)



Appendix L: Adult Mental Health Social Work (Moray)



Appendix M: Intensive Psychiatric Care Unit (Hosted)



Appendix N: Problem Statements/How Might We Statements

Key:

How (Medium to High Difficulty/ Medium to High Innovation)

Wow (Medium to High Difficulty/ Low to Medium Innovation)

Now (Low to Medium Difficulty/ Low to Medium Innovation)

Mental Health Standard	Problem Statement	How Might We Statement	Ideas	Theme	Summary Outcome
Access	Aberdeenshire CMHTs often work differently and separately to each other which can make working together/delivering a consistent service very difficult.	How might we bring consistency to CMHT working, incorporating AMH, OAMH and LD, across Grampian?	Fully Integrating teams (not relying on professional silos) so there is one referral into CMHT that could be picked up by any CMHT. Ensure that SOP's/Referral Criteria are consistent across all CMHTs whether Aberdeenshire, City or Moray. Promote team sense of ownership of the eligibility criteria and if not in place develop SOP that is shire wide. Ensure that SOP's/Referral Criteria are consistent across Teams Appreciative enquiry - assess the effectiveness of these different ways of working, draw out the best practice(s) from each and consolidate	Process	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.

Access	HSCPs do not provide exactly the same services or prioritise funding exactly the same way. Depending on which area you reside within, you may have easier access to a particular service than others. This is more apparent in areas where there is a larger geographical area to cover and higher chances of patient isolation.	How might we ensure fair access to in-demand MH services, across Grampian, to ensure all individuals with a need for assessment are seen based on priority/urgency of need?	Create a SLWG that will explore opportunities for fairer use of resources within MH secondary care services, across Grampian, and determine whether these opportunities are viable.	Funding	Improved overall mental wellbeing and reduced inequalities
Access	If patients had easier access to MH support in their communities in the lead up to, or following a diagnosis, it may prevent patients progressing to moderate/severe MH issues that require more resource and time to resolve/ balance	How might we ensure fair access to in-demand MH services, across Grampian, to ensure all individuals with a need for assessment are seen based on priority/urgency of need?	Invest in peer led recovery focused support systems and social movements. These types of approaches can have big impact with small resources (funding) Correlates with some other 'How Might We' statements about having consistency in governance of access, care planning treatment & support. MH Portfolio Board to lead strategic direction for Grampian. Also need review and agree there will be local based decisions by IJBs in line with Integration agenda.	Resources	Better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others.

Access	Patients whose needs could be met through a community provision can find it difficult to access these resources in an emergency which can often result in hospital admission. Psychology patients will only have access to secondary care services if this is where their current care originated, and this is not the care for other services e.g. OT	How might we ensure fair access to in-demand MH services, across Grampian, to ensure all individuals with a need for assessment are seen based on priority/ urgency of need?	Review then adhere to eligibility criteria Ensure a matched care model that is fluent across services. One could postulate that if in hours mental health support in place, there would be patient involvement in assessment, care planning, treatment and support in developing Advance Statements, Crisis Plans and Anticipatory Care Plans which would reduce burden on urgent and emergency services. Appropriate and regular use of Care Program Approach. If this is the case for Psychology services, I am happy to look at improvements to ensure a matched care model that is fluent across services. Lived experience advisory group with clear structures in place for participants	Relationships	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
Access	Patients open to secondary care that don't qualify for specific support (e.g. within CMHT) cannot then access primary care services	How might we ensure that patients have clear and easy access to necessary MH services/support, regardless of where their MH care originated i.e. primary or secondary?	Pathway to be reviewed to incorporate a need for patients open to mental health social work, but no other secondary care discipline, being able to access primary care services, i.e. psychology. Clarity about service referral criteria, which the process mapping should present.	Relationships	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
Access	The public has a differing perception of mental health	How might we improve public understanding of	Create a Grampian wide communication plan, using existing	Change Management	Improved quality of life for people with mental health

	services that doesn't necessarily match with need, demand, and MH strategies.	MH services, including but not limited to purpose, priorities, access, and support, to guide the public on how it functions and the resources available?	resources/ mediums, with minimal cost implications, that share agreed and consistent messages about MH services and resources across the region.		conditions, free from stigma and discrimination.
Access	The public lack understanding around secondary care services and what these services aim to deliver, which may prevent them seeking support form secondary care services which is not necessary/ can be provided elsewhere.	How might we improve public understanding of MH services, including but not limited to purpose, priorities, access, and support, to guide the public on how it functions and the resources available?	Public Engagement Group, IJB and NHS Executive Team can drive narrative of engagement with public. Relevant communication strategy adapted where needed (in terms of messaging and channels) to reach all demographics and look for collaboration and synergies with third sector. Public Engagement: engage with groups and organisations with a vested interested in MH services. Enter in honest conversations with people about the stress on HC systems; describe how MH systems link together; outline what they (currently) can and cannot do for people. Capture people's concerns and try to establish what they feel are priorities within the secondary MH system.	Communication	Improved knowledge and understanding of mental health and wellbeing and how to access appropriate support.

Access	The public has a differing perception of mental health services that doesn't necessarily match with need, demand, and MH strategies.	How might we improve public understanding of MH services, including but not limited to purpose, priorities, access, and support, to guide the public on how it functions and the resources available?	Public Engagement Group, IJB and NHS Executive Team can drive narrative of engagement with public. Relevant communication strategy adapted where needed (in terms of messaging and channels) to reach all demographics and look for collaboration and synergies with third sector. Public Engagement: engage with groups and organisations with a vested interested in MH services. Enter in honest conversations with people about the stress on HC systems; describe how MH systems link together; outline what they (currently) can and cannot do for people. Capture people's concerns and try to establish what they feel are priorities within the secondary MH system.	Resources	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Moving between and out of Services	Providing care in the community using resources from RCH, often leaves RCH without the resources it needs to maintain a safe? / necessary staffing level	How might we improve the process, for assessing patients at acute sites, so that the time impact on RCH staff is reduced/ minimal/ removed?	Having separate inpatient / outpatient medical model Can current level of bed numbers be sustained if staff are simultaneously covering both inpatient and community patients? Is the inpatient/outpatient model the correct course for the future of service delivery? Should we modernise, consider new models, and learn from previous good working across the pathway for the patient	Resources	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.

			Are there any existing tools for quick, effective assessment of someone mental health to triage appropriately? This from the SCIE, for England and Wales at least, https://www.scie.org.uk/mca/dols/practice/assessments/mental-health) seems to suggest it is a highly specialised area. Is there a tool that could be used to assess the risks of not immediately addressing a person's mental health difficulties?		
Access	Pilots which have proven successful or could have a significant impact on delayed discharges, cannot go ahead due to the absence of funding.	How might we provide easy access, either physically or digitally, to appropriate community resources for patients who could live independently; together with fellow public sector organisations?	In order for something new to be done something old has to stop. Need to be pragmatic and see where the priorities are and focus the limited resources, we have on that Financial austerity is real. Communication about limitations upon all public sectors could be explored	Funding	Improved quality of life for people with mental health conditions, free from stigma and discrimination. Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
Access	Patients are unable to reside within their communities safely, and with easy access to necessary services, which can often lead to delayed discharges or patients discharged into inappropriate environments (isolation/injury).	How might we provide easy access, either physically or digitally, to appropriate community resources for patients who could live independently; together with fellow public sector organisations?	The issue is there is often a lack of appropriate community resources to support patients, however improved discharge planning meetings, coordinated earlier in the patient's admission journey, may assist.	Resources	Better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others.

Access	Patients cannot receive timely access to their CMHT's secondary care psychological services which places pressures on the CMHT MH nursing and social work to provide appropriate interim support and increasing the pressure elsewhere.	How might we reduce wait times to access secondary care services, so that patients can receive appropriate care more timely, and ease pressures on other MH services/roles?	Consider models of working, triage app and 'homework' meantime Consider criteria and SOP's for primary/secondary care Psychology Interested again to look at this and consider criteria and SOP's for primary/secondary care Psychology	Process	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Access	Partner organisations such as SAMH can often be used to provide interim support to patients waiting to access secondary care services. However, this leaves their resource strained and unable to provide support to those who perhaps do not require secondary care support.	How might we reduce wait times to access secondary care services, so that patients can receive appropriate care more timely, and ease pressures on other MH services/roles?	Contractual agreements? Clarifying mental health pathways with start and end point which then links with third sector might improve flow Clarifying mental health pathways with start and end point which then links with third sector might improve flow. Detail as to what service(s) this is referring to might help pinpoint direction to explore support	Resources	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Access	There are more people in need of the IPCU service, than there is capacity to provide.	How might we understand the demand for hospital care, treatment, and rehabilitation, so that our secondary care services are structured appropriately, to ensure access to inpatient care is accessible to those that need it?	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).	Resources	

Access	There is no established national pathway for forensic female admissions.	How might we participate in national discussions regarding forensic pathways for females so that we can respond to the need of female forensic patients?	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).	Process	Improved overall mental wellbeing and reduced inequalities
Access Assessment, Care Planning, Treatment and Support	Hours of operation are inadequate for patient need and population served Outpatient waiting list is greater than 5 months (well over 1 year for psychology) Limited hours preclude timely OOH assessments.	How might we expand or change how we support individuals experiencing MH distress, so their MH condition/ distress does not worsen, while directing care and support to the most appropriate services?	Develop wrap around services to include peer support from those with lived experience Are we still maximising opportunities for near me and group-based interventions? Whole system move towards extended hours, 7-day working would need modelling upon demand, workforce resource, and capacity. Disparity in some specialist services and pathways having longer waiting times than others, particularly psychological based treatments. Review of out of hours resource for liaison psychiatry (adult and older adult), and capacity in USC resource.	Operational	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Access Assessment, Care Planning, Treatment and Support	There is no Psychology Crisis Service/ Early Intervention team that can support patients early in their crisis, to prevent it from becoming a larger issue.	How might we expand or change how we support individuals experiencing MH distress, to ensure that their condition/ distress does not worsen during wait periods, requiring secondary care intervention?	Develop robust referral screening pathways and for consideration to be given as to whether there is a role for other disciplines to support the patient whilst they are on a waiting list for psychological supports. Development of standardised letters with contact details for supports and what the patient should do if their health	Resources	Improved overall mental wellbeing and reduced inequalities

			deteriorates (escalation protocol) Moray model of working with third sector partners as integral CMHT members allows for flexibility of service and responsiveness to emergent need Home Treatment Team with Psychology involved would be one model to address this issue. Early Intervention is Psychosis Teams are another very effective model but require significant resource. Can review hosted services (Assertive Outreach Team) function, resource, demand, and capacity. Well-resourced community-based MH services which can give people support and interventions that are proven to help alleviate psychological distress and risk - DBI's and ASIST for e.g. Also, to adopt an ethos similar to Housing First - the support is open ended/ ongoing as per an individual's needs.		
Access Assessment, Care Planning, Treatment and Support	Individuals experiencing MH distress, who cannot access secondary care services, often see their condition/ distress worsen with them engaging with a number of different services without	How might we expand or change how we support individuals experiencing MH distress, to ensure that their condition/ distress does not worsen during wait periods,	Develop robust referral screening pathways and for consideration to be given as to whether there is a role for other disciplines to support the patient whilst they are on a waiting list for psychological supports. Development of standardised letters with contact	Resources	Improved knowledge and understanding of mental health and wellbeing and how to access appropriate support.

	receive clear or consistent support.	requiring secondary care intervention?	details for supports and what the patient should do if their health deteriorates (escalation protocol) Power of peer support or life skills training and facilitation e.g. WRAPS etc. Engagement with third sector who can appropriately respond to distress. Improved connections between sectors are important, but pressure on third sector also makes it difficult to address people in distress in a timely manner. CMHTs working effectively and consistently in developing Advance Statements, Anticipatory Care Plans, Crisis Plans, and or use of Care Program Approach		
Access Assessment, Care Planning, Treatment and Support	There is pressure on other public sector services such as Police Scotland to respond and manage MH distress/episodes in the community because patients cannot yet access a service or are not yet considered in need of a service, while the MH continues to worsen.	How might we expand or change how we support individuals experiencing MH distress, to ensure that their condition/ distress does not worsen during wait periods, requiring secondary care intervention?	Further invest in DBI and explore models of extended DBI timeframes Need representation from social care, welfare, housing and alcohol and drug services, and third sector. Shouldn't medicalise all mental health distress when underlying social factor might be issue	Relationships	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.
Assessment, Care Planning, Treatment and Support	Currently care planning does not cover likely escalation/crisis processes so that there is a clear step in and step out of	How might we assess our care planning process, to incorporate likely patient escalations/crisis, so that it is clear where	Models exist to support anticipatory care planning such as the WRAP model and this has been used within CMHT's in the past. Promote use of Advanced Statements as per MWC guidance.	Resources	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.

	unscheduled care/acute care.	unscheduled care and acute care are needed?	Tap into lived experience resource to help support and empower patients to be motivated to develop anticipatory care plans. Use any pathways that exist e.g. EUPD pathways. Encourage the wider spread use of the WRAP planning tool - involve people in thinking about what they might need in future on 'not so good days'.		
Assessment, Care Planning, Treatment and Support	Staff feel bound to the hospital. Due to a lack of resource, they are unable to visit patients in the community. Meaning patients then have to come into travel to hospital, where a community setting would have been more appropriate.	How might we build capacity into secondary care teams, to be able to follow up with their patients in their community, without impacting inpatient experiences?	Separate inpatient and outpatient medical cover? In some areas of Aberdeenshire, this is the model and whilst this should make community presence / follow up easier this is not always the case. Perhaps something about cultural norms that needs addressing? Moray model of working in close partnership with third sector commissioned service for community-based resource. Audit activity of community-based facilities that could be available to host CHMT drop ins? Coordination with community-based or third sector support opportunities/spaces. Resource mapping most relevant opportunities to then explore potential collaboration? Service Improvement and Service Planning to support teams achieve	Relationships	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.

			Target Operating Models would uncover opportunities to develop. Perhaps links to "Community Mental Health Interventions Review" (CMHIR) headed by Jenny Rae// Also, is there a linkage here with the TEC work Tracey M was involved in? I.e. using tech to overcome some of the geographical and time restraints.		
Assessment, Care Planning, Treatment and Support	Roles designed to prevent patient's mental health progressing to moderate/ severe, by addressing social issues impacting their mental health, are not continuing, and adding to an already stretched system.	How might we build on existing preventative/ proactive activities to ensure MH care, and support for impacting social issues, can be provided at the earliest opportunity?	Improve links with / awareness of the Mental Health Improvement & Wellbeing Service (Aberdeenshire) that sits under primary care. Linkage to third sector? Better coordination with and redesign of MH supports in primary care and third sector. The making recovery real in moray partnership offers an example of good co-productive work. This I think, requires really close working with third sector organisations to maximise community support for people when discharged from health. Also need include welfare, housing, addiction services. Create synergies with third sector where possible. Focus must be on real prevention before people need to access any mental support service. Extend inclusion and	Recruitment & Retention	Better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others.

			extension of work by public health and primary care to address mental health and wellbeing issues that are not in need of secondary care mental health services.		
Assessment, Care Planning, Treatment and Support	The lack of resource to carry out parallel assessments of MH need in Emergency Department prevents us improving acute flow.	How might we carry out MH assessment within Emergency Department, to improve patient experiences when also presenting with MH issues, which would improve acute flow?	Think there is a pilot whereby SAS can access Nurse Practitioners directly rather than needing to go via ED	Resources	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.
Moving between and out of Services	There is a lot of waiting around with no decisions on who is doing what. i.e. who is escorting and at what time.	How might we improve the process, together with [transportation services], for transporting patients to RCH for assessment/ admission, so that the time impact on RCH staff is reduced/ minimal/ removed?	Are there adverse event reviews or debriefs available to support shared learning approach to understanding this?	Process	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
Assessment, Care Planning, Treatment and Support	USC Decision makers do not have access to info from community-based support OOH which can make, making decisions OOH, much harder to do.	How might we provide access to important patient information, out of hours for key decision makers, so they can make better, more appropriate decisions for patient care?	EPR roll out this year. Data Information Governance Procedures are being explored with Caldicott Guardian	Resources	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.

Assessment, Care Planning, Treatment and Support	Individuals requiring admission to hospital are unable to because there is no suitable place for them to be accommodated safely i.e. bed/ staffing.	How might we understand the demand for hospital care, treatment, and rehabilitation, so that our secondary care services are structured appropriately, to ensure access to inpatient care is accessible to those that need it?		Process	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Assessment, Care Planning, Treatment and Support	RCH IPCU does not meet appropriate accommodation standards for its function, in terms of the national standards documents.	How might we identify the necessary maintenance and changes required to the IPCU so that an appropriate action plan to address these changes can be implemented?	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report), which will incorporate a Forensic Services Accommodation Project Board, of which its role will be to support actions to address inpatient and outpatient accommodation.	Resources	Improved overall mental wellbeing and reduced inequalities
Assessment, Care Planning, Treatment and Support	IPCU patients cannot easily access time with Allied Health Professionals.	How might we understand the challenges regarding access to AHP for IPCU patients so that we may remove any barriers to their support?	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).	Resources	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.

Assessment, Care Planning, Treatment and Support	Consultants do not have enough time and capacity to contribute effectively to the care and wellbeing of IPCU patients.	How might we build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).	Process	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Governance and Accountability	There is project work taking place in HSCPs that is not shared with Hosted services. Staff are unfamiliar with governance structures responsible for MH secondary care or projects taking place across MH secondary care.	How might we clarify the governance structures across Grampian, which support MH services and any projects impacting secondary care services, for staff to become familiar with these activities and where to find information about these activities?	There is a Cross System Strategic Delivery Team (CSSDT) which incorporates senior managers and professional leads for MH cross Grampian. This team reports into Mental Health Portfolio Board and new strategic service developments should be discussed there if impacts wider system	Communication	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.
Moving between and out of Services	The duty doctor system and how this rotates can cause issues within admin and data collection.	How might we discover what issues are arising in relation to the duty doctor system, which would improve the quality of admin and data being collected?	Review process also with external support to provide a more overarching view of what could be improved and most importantly connect with other NHSG areas working to improve the same issue (data collection should be reviewed and improved across the organisation)	Process	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.

Governance and Accountability	We are providing services to a changing demographic within a system that is still dependent on medical leadership.	How might we explore alternative models of practice, so that we can determine whether our secondary care services are structured and delivered in a way that best meets the needs/demand of the current population?	We need to consider alternative models of practise Develop a strategy that makes best use of the clinical recourses available to us Train more medical staff Create a SLWG that will explore alternative models of practice and determine whether other models are viable. Psychology/Nursing/AHP's are often well placed to support MDT decision making if welcomed to do so, it may take a change in SOP where appropriate to progress. Lived experience advisory group.	Resources	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
Governance and Accountability	There is no visibility of clinical pathways.	How might we improve the documentation of clinical pathways, and make these visible to staff who are supporting their implementation, so that they can provide a high standard of care?	Not sure what this means - Grampian Guidance, SIGN Guidelines, Royal College Guidelines, National and Local Delivery Plans Pathways, National Policy and Standards and Service Specification	Process	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.

Governance and Accountability	Services such as social work are seeing a significant increase in referrals in areas such as Autism Spectrum Disorder and co-morbidities which services are not necessarily prepared to manage/support.	How might we make better preparations, when forecasting suggests impending issues or a significant increase in MH diagnoses and any related co-morbidities impacting patients, to ensure that services are fit to meet the demand.	Need strategic decision making around whether autism and ADHD needs can or should be met within adult mental health services. Are there other teams or parts of the system in social work that can pick this up. Can third sector offer anything Should we invest in training to increase skills and knowledge in NDD, autism, ADHD	Resources	Better access and use of evidence and data in policy and practice.
Governance and Accountability	Staff do not understand the current or proposed strategy for change or improvements to MH services.	How might we review MH strategies, which outline the current situation for MH services and what needs to be done to deliver improvements to these services, so this is clear for staff of all levels?		Communication	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
Governance and Accountability	The upper age boundary for acute hospital e.g. separate older adult liaison team, with a different site, which is poorly resourced, isn't an effective use of resources and isn't patient centred.	How might we understand the demand for hospital care, treatment, and rehabilitation, so that our secondary care services are structured appropriately, to ensure access to inpatient care is accessible to those that need it?	Liaison has three teams almost, CAMHS crisis service, Adult Liaison and Older Adult Liaison, who work across different hospital sites and departments. Perhaps workshop could be arranged to review overlaps and potential opportunities. Adult Liaison challenged in supporting ED 4hr target due to limited hours of operation. All teams handover to USC MH team and On Call team out of hours weekends where consistency of assessment, care planning and treatment may be impacted	Resources	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.

Governance and Accountability	Individuals requiring admission to hospital are unable to because there is no suitable place for them to be accommodated safely i.e. bed/ staffing.	How might we understand the demand for hospital care, treatment, and rehabilitation, so that our secondary care services are structured appropriately, to ensure access to inpatient care is accessible to those that need it?	Review of MH Bed Base in line with Executive Team commitment to consider RCH as next phase to ARI Bed Base Review	Resources	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Moving between and out of Services	Interface issues with AMH.	How might we understand the challenges regarding IPCU interface with AMH so that we may remove any barriers preventing an effectively relationship?	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).	Relationships	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.

Governance and Accountability	There is limited access for primary care/secondary care to refer to 3rd sector i.e. DBI. These patients are then followed up internally when perhaps a non-clinical option may have been better.	How might we determine a suitable process, which would allow for primary/secondary care, to refer to third sector organisations, where their care and resources are more appropriate for the patient?	This happens successfully in some areas, usually referral discussed at MDT and if rejected to secondary care, social work will usually make contact with the referrer (usually GP) and the patient to signpost to third sector (social work usually best placed to identify / be familiar with what is available within the community) The third sector needs to be funded appropriately to create the capacity to accept higher number of referrals and contract to deliver the support should be closely monitored for efficiency and retendered if need be. Resource with community-based or third sector-led services, and provision of support for third sector services considered more relevant (e.g., training). Can the access be reviewed and extended to MH & ED USC? Perhaps links to "Community Mental Health Interventions Review" (CMHIR) headed by Jenny Rae// Also, is there a linkage here with the TEC work Tracey M was involved in? I.e. using tech to overcome some of the geographical and time restraints.	Process	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.

Moving between and out of Services	Patients are discharged too early, this may be as a result of admission pressures/other pressures, which result in patients being readmitted at a later date.	How might we ensure patients are only discharged because they are ready, they have met their milestones and because an appropriate community care plan is in place?	Improved discharge planning and communication between inpatient and outpatient teams. Better use of the CPA framework where appropriate. Creative joint working with third sector partners to support early but safe discharges that offer continuity of support from ward to home and also in advance of admission Home Treatment Team approach could assist in early discharge/prevent admissions but only if properly MDT resourced. Need use readmission data as reference. Clarity over aims of admission and criteria for discharge. Improve Criteria Led Discharge practice by multi professional disciplines, as currently reliance upon medical model for discharge.	Operational	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.

Moving between and out of Services	There are challenges relating to the discharge of patients considered 'adults with incapacity' that cannot be resolved.	How might we identify patients impacted by delayed discharge, and the challenges relating to their discharge, so that appropriate planning and resources for their discharge can be identified and implemented timely?	Improved communication between inpatient and outpatient teams to ensure patients lacking capacity can be identified. Responsibility is on SW to chair AWICC's where this is needed. Improved use of delayed discharge recording. Two things here firstly to secure assessment by medical staff and MHO as a priority (dedicated time set aside) and secondly being aware of resource provision and limitations in the community i.e. lack of beds in care homes Could consider such cases as activating MDT case conference/team formulation taking a positive risk tasking approach to decision making-may be a training need here|??/ Use of CPA (care Program Approach) consistently across system. Additional level of external review of all patients delayed over 60 days (in line with Acute and Community Hospitals) Engage with people who have, or may have, been affected by delayed discharge to assess what the impact has been. Ask what might have helped to alleviate some of those impacts at any stage in their patient journey.	Process	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.

Governance and Accountability	There are no documented, overarching policies across Grampian services to support and guide joint service delivery e.g. responding to complaints, and where partnerships policies and systems often conflict.	How might we identify processes or activities, which require Grampian-wide alignment, to ensure patient experiences are consistent are far as possible?	There are national policies and procedures for managing complaints for public bodies. Quality, Safety and Assurance Clinical and Care Governance Group starts end February to bring cross Grampian issues	Process	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
Governance and Accountability	There is not a consistent process for when patients are being discharged and this often results in staff not knowing that it is happening.	How might we implement a consistent discharge process that is visible and clear to all staff involved in the process, so that that it is easily understood?		Communication	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
Moving between and out of Services	There is no clear out of area pathway for when a patient needs to go to an out of area bed. At this stage they tend to be extremely ill, and transporting the patient can be challenging.	How might we understand the challenges regarding the transfer of IPCU patients out of area so that those individuals can receive the right support and treatment in the most appropriate location?	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).	Process	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.

Workforce	Lack of Consultant Psychiatrist cover which impacts on continuity of the overall service Lack of in-patient staff (Moray) Inadequate provision of senior medical staff to cover statutory Mental Health Act work in general hospitals, can be reliant on duty medical teams.	How might we build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.	Work should link to the Workforce Plan, Aberdeenshire HSCP (and presumably each HSCP will have similar?) and specifically the Workforce and Training Group Cesar opportunities to train our own… redesign how existing consultants time is utilised and consider developing of a senior nurse practitioner role? Freeing up consultant time to be more of a consultative role. Routine review to be managed elsewhere in system Greater use of peer support, linking people to others who have the lived experience and who understand what the 'recovery journey' can look and feel like – how this could fit with specialised secondary pathways, I am not sure.	Recruitment & Retention	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Workforce	There are not enough [consultants/nurses] to deliver an effective MH service. There are not enough [consultants/nurses] to deliver an effective MH service.	How might we build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.	Work should link to the Workforce Plan, Aberdeenshire HSCP (and presumably each HSCP will have similar?) and specifically the Workforce and Training Group Need to think about the opportunities of tapping into the value of lived experience. Grow the workforce by having a training plan and invest in third sector so the statutory resource can be highly focused on their particular	Recruitment & Retention	A diverse, skilled, supported, and sustainable workforce across all sectors.

			role. Potential to attract more Psychology graduates into mental health nursing, especially if PT pathways for career development were developed. Also potential to use EPP's to add to the skill mix in nursing which, if appropriate, could free up nursing time to focus on specific nursing duties Greater use of peer support, linking people to others who have the lived experience and who understand what the 'recovery journey' can look and feel like – how this could fit with specialised secondary pathways, I am not sure.		
Workforce	There is a lack of service provision which prevents services undertaking self-directed support with patients/individuals.	How might we build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.	Work should link to the Workforce Plan, Aberdeenshire HSCP (and presumably each HSCP will have similar?) and specifically the Workforce and Training Group Need to think more creatively about service provision and see whole community as a resource pool that can be tapped into - move away from traditional commissioned provider model. Education within adult services about eligibility criteria for SDS Potential to attract ore Psychology graduates into mental health	Resources	Better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.

			nursing, especially if PT pathways for career development were developed. Also potential to use EPP's to add to the skill mix in nursing which, if appropriate, could free up nursing time to focus on specific nursing duties Greater use of peer support, linking people to others who have the lived experience and who understand what the 'recovery journey' can look and feel like – how this could fit with specialised secondary pathways, I am not sure.		
Workforce	There are not enough [consultants/nurses] to deliver an effective MH service.	How might we build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.	Work should link to the Workforce Plan, Aberdeenshire HSCP (and presumably each HSCP will have similar?) and specifically the Workforce and Training Group	Resources	A diverse, skilled, supported, and sustainable workforce across all sectors.
Workforce	Lack of understanding around Scottish legislation - how legislation was applied Impact on patient care, relationships with GPs, pressure on teams to pick up if and when locums consultants are used, as well as the locum's commitment to the service Locum Consultant - diagnosis changing often along with treatment, with	How might we induct locum consultants, to geographical areas they are unfamiliar with, to help build strong peer relationships and maintain a high standard of patient care?	Locums should be community based with teams (at least part of the week) which may assist with this problem area. Working more directly with teams, including MHO's would help them have a better understanding of other roles within the team Redesign use of locums to cesar training programs and have nurse led clinics for consistency develop some social supports for locums from peers and colleagues	Recruitment & Retention	A diverse, skilled, supported, and sustainable workforce across all sectors.

	each locum, and impact on patient significant - further impact on patients mental health Locums - not embedded in the team and don't discuss changes with the wider team Locum medical cover is leading to inconsistency in quality of service.		(monthly social club) to allow them to feel welcomed and less isolated to areas alongside work, Try to emotionally invest the locums to want to join the service. This a trickier one. Limit how long locum contracts can be extended if there are long term locums not willing to apply for the vacant posts. (need some ideas on this). virtual tours of the locale? Structured induction, regular, quick catch ups with colleagues in the region		
Workforce	There are not enough [consultants/nurses] to deliver an effective MH service. There is an impact to patient care, relationships with GPs, pressure on teams to pick up, if and when locums consultants are used, due to disorganised handovers.	How might we induct locum consultants, to geographical areas they are unfamiliar with, to help build strong peer relationships and maintain a high standard of patient care?	Re: Nursing Workforce - as 5-8 above. Medical Workforce - as (14) above, additionally we need to work alongside public health strategies and primary care to ensure patients getting right care, etc, and prevent NHS G population needing the secondary care services. virtual tours of the locale? Structured induction, regular, quick catch ups with colleagues in the region	Process	A diverse, skilled, supported, and sustainable workforce across all sectors.

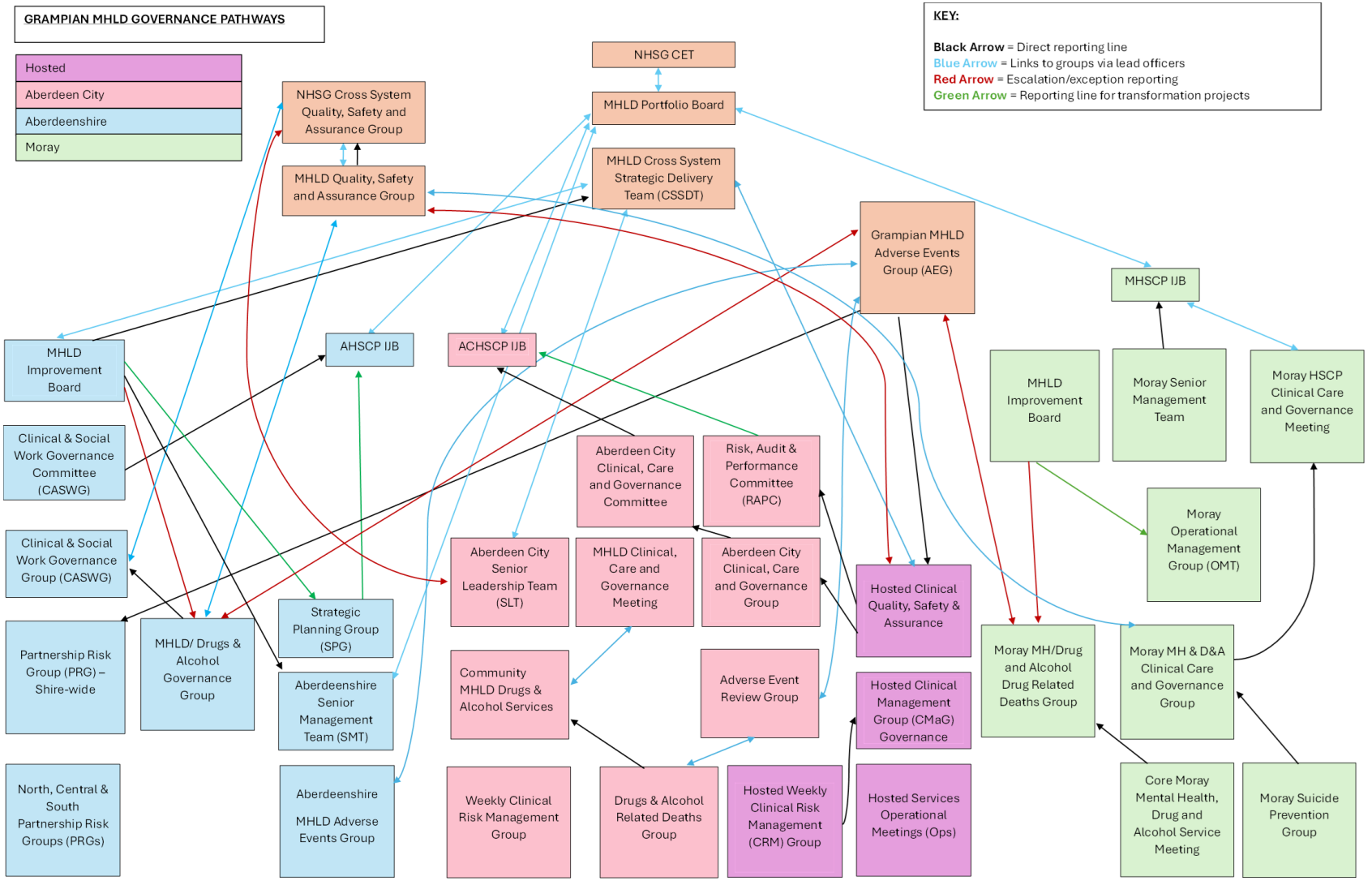
Workforce	There is a lack of funding to support continuous learning in the workplace which is impacting staff development, progression, and the ability to deliver best practice as this evolves.	How might we expand our in-house MH training opportunities to support continuous learning in the workplace?	CPD doesn't always have to be about workshops or training sessions but can include protected time for reflective writing and reading of free resources and materials. Identify and accurately describe the skills, knowledge and behaviours required for a particular post. Conduct a training needs analysis. Design training to focus on narrowing the gap between what is desired and what the current reality is. Develop and facilitate peer learning sessions – use of 'solution circles' for example.	Training	A diverse, skilled, supported, and sustainable workforce across all sectors.
Workforce	Communication between secondary care services and GPs not happening - GP not receiving communication or acting on information provided by secondary care, after patients have been provided support	How might we improve relationships and communication between fellow secondary care services/ teams and primary care, so that continuing patient care is not obstructed?	Aberdeenshire: Virtual Community Wards Are there regular practice meetings that secondary care staff attend at the GP? For discharge information, inpatient medical staff should adhere to PDD and full discharge summary recommendations. Clinical staff record keeping audits - are these conducted in all disciplines in community, what is record keeping standards by professional regulatory body - how is being measured and benchmarked?	Communication	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.

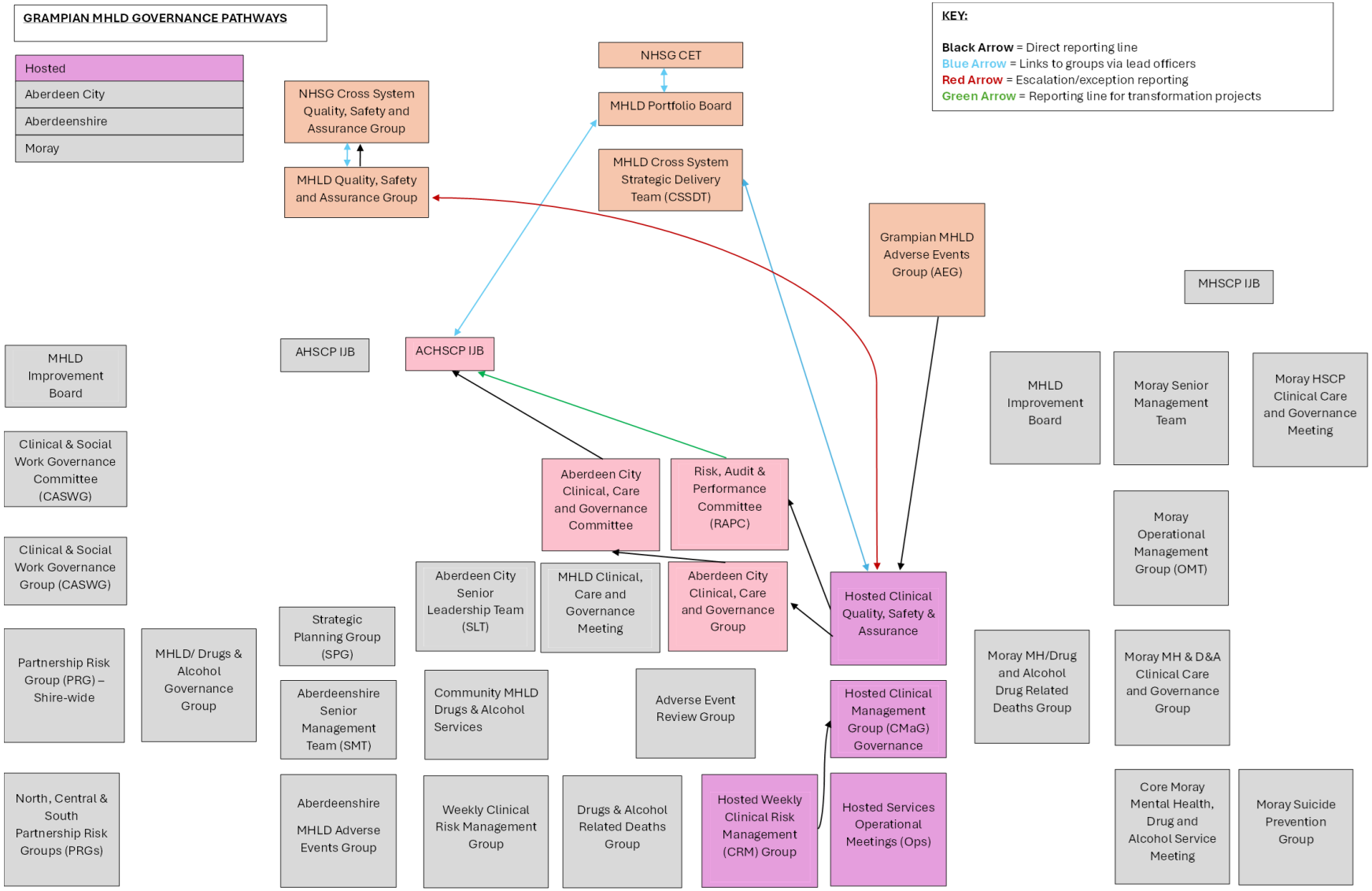
			Public Engagement: engage with groups and organisations with a vested interested in MH services. Enter in honest conversations with people about the stress on HC systems; describe how MH systems link together; outline what they (currently) can and cannot do for people. Capture people's concerns and try to establish what they feel are priorities within the secondary MH system.		
Workforce	The relationships between primary care and secondary care are not strong which impacts patient care. There is a lack of communication between secondary care and primary care psychology services which can result in patients fall between the cracks of these services and not receiving and care/support at all.	How might we improve relationships and communication between fellow secondary care services/ teams and primary care, so that continuing patient care is not obstructed?	Moray model of having interface meetings and contribution to referral discussions for psychological support between PC and SC staff Create a SLWG that would identify improvements to this situation.	Relationships	More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.
Workforce	There is a high financial pressure on partnerships through the use of locum medical cover. The disparity between locum medical cover and permanent staff is large and obvious which impacts moral amongst permanent staff.	How might we minimise the use of, or more effectively make use of, locum medical support to ease the funding pressure it presents to the HSCPs?		Funding	Better access and use of evidence and data in policy and practice.

Workforce	Staff are burnt out while they try to cover all roles and responsibilities within their team/service. There are not enough [consultants/nurses] to deliver an effective MH service.	How might we provide quality support and care to staff, to ensure they feel heard and valued, during periods of change.	Aberdeenshire: ensure there are service representatives on the Staff Health and Wellbeing Group (sits under the Workforce Plan 2022 - 2025). Make sure all staff support services are activated for staff at earliest opportunity, especially for those who are off sick with anxiety/depression where early access to PT's can keep people at work or allow them to return more quickly	Recruitment & Retention	Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
Workforce	Staff are burnt out while they try to cover all roles and responsibilities within their team/service. There are not enough [consultants/nurses] to deliver an effective MH service.	How might we provide quality support and care to staff, to ensure they feel heard and valued, during periods of change.	Aberdeenshire: ensure there are service representatives on the Staff Health and Wellbeing Group (sits under the Workforce Plan 2022 - 2025). Communication channels to be established and support for workforce wellbeing. You said we did model within service How might we support staff during these pressurised times? Culture collaborative: We Care, good staff governance	Recruitment & Retention	A diverse, skilled, supported, and sustainable workforce across all sectors
Workforce	There is a high amount of clinical work to be undertaken, requiring significant resource which is lacking.	How might we provide quality support and care to staff, to ensure they feel heard and valued, during periods of change?	Values based 'supervision' or 1-to-1's. facilitated meetings, rather than one or two voices dominating. Basic good practice for change management - make people aware of the need for change, etc, etc,	Resources	A diverse, skilled, supported, and sustainable workforce across all sectors.

Workforce	The role that people have in teaching students, and training junior doctors aren't taken into account and there is often no space either in job plans or physically for this to be undertaken	How might we safeguard time within MH clinical roles, to ensure that any teaching requirements they have, can be met appropriately and without risk to patient care?	As a workforce we need to be pragmatic in evidencing what protected time is needed for such tasks in order to have a resilience sustainable workforce	Training	A diverse, skilled, supported, and sustainable workforce across all sectors.
Workforce	There is not an appropriate number of staff, with the required skills mix, within the IPCU service.	How might we build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.	Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report).	Recruitment & Retention	A diverse, skilled, supported, and sustainable workforce across all sectors.

Appendix O: MHLD Grampian Governance Pathways




GRAMPIAN MHLD GOVERNANCE PATHWAYS
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Aberdeen City
Aberdeenshire
Moray
KEY:
Black Arrow = Direct reporting line
Blue Arrow = Links to groups via lead officers
Red Arrow = Escalation/exception reporting
Green Arrow = Reporting line for transformation projects
NHSG CET
MHLD Portfolio Board
NHSG Cross System Quality, Safety and Assurance Group
MHLD Quality, Safety and Assurance Group
MHLD Cross System Strategic Delivery Team (CSSDT)
Grampian MHLD Adverse Events Group (AEG)
MHSCP IJB
AHSCP IJB
ACHSCP IJB
MHLD Improvement Board
Clinical & Social Work Governance Committee (CASWG)
Clinical & Social Work Governance Group (CASWG)
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Risk, Audit & Performance Committee (RAPC)
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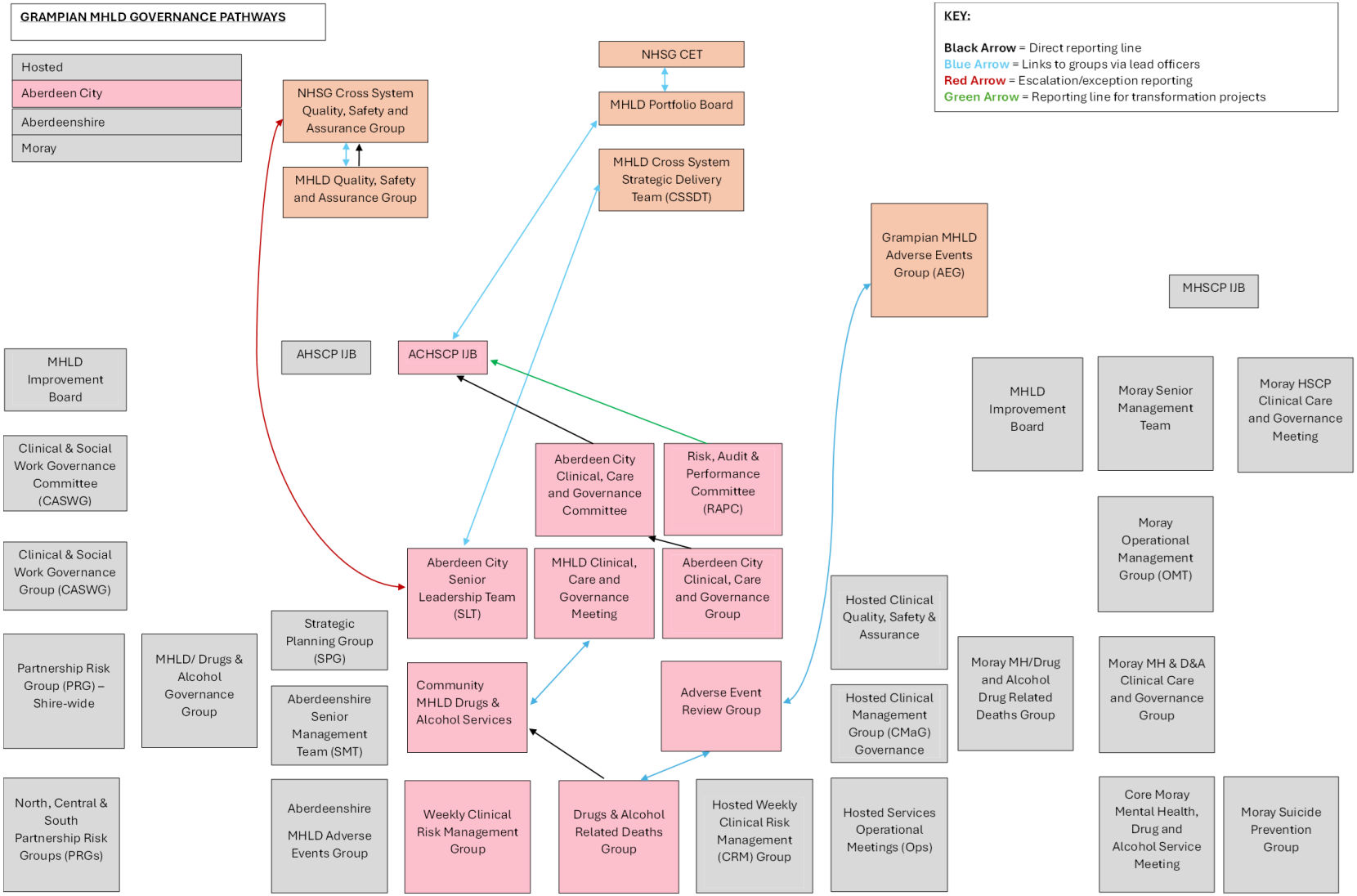
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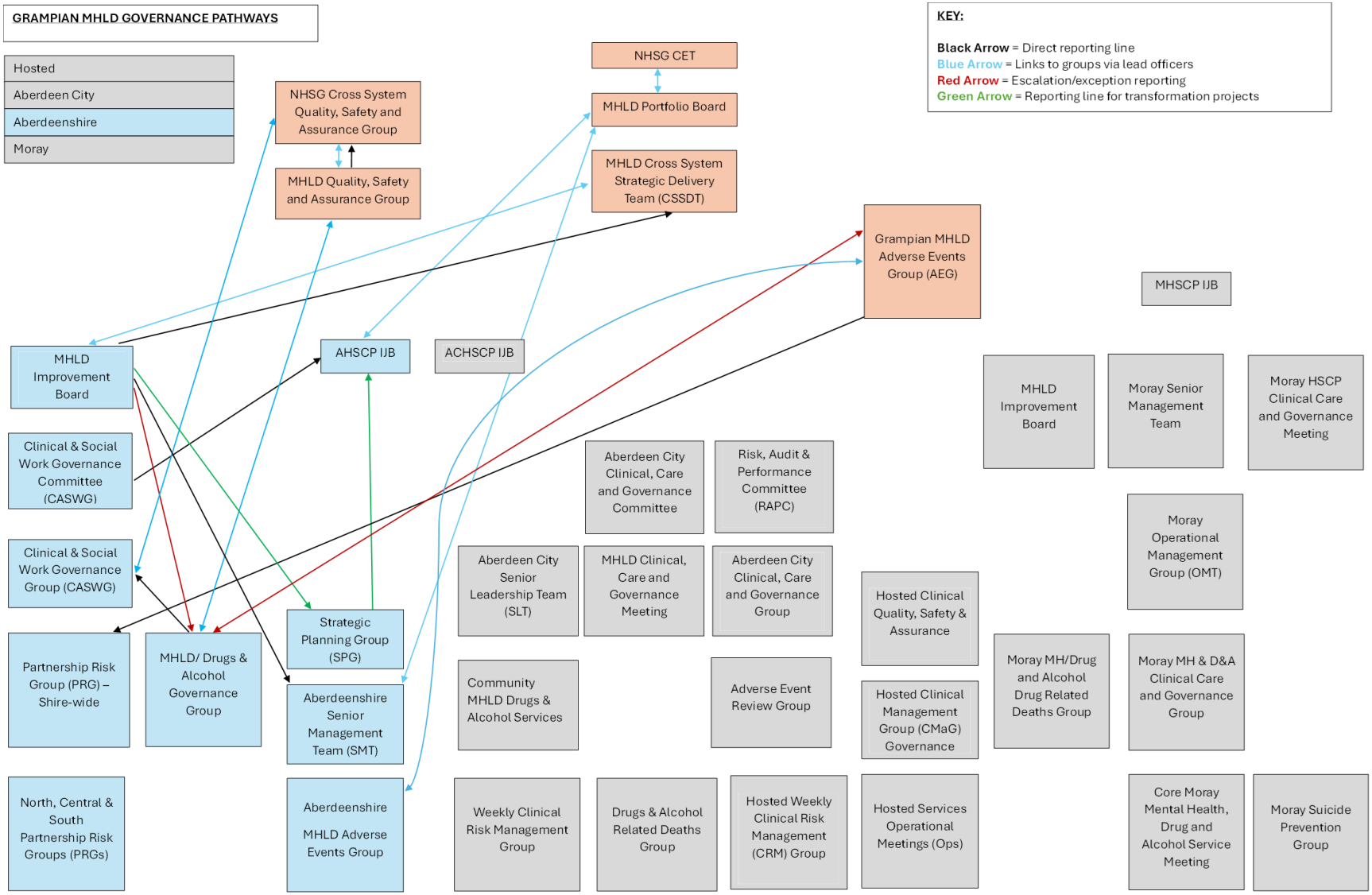
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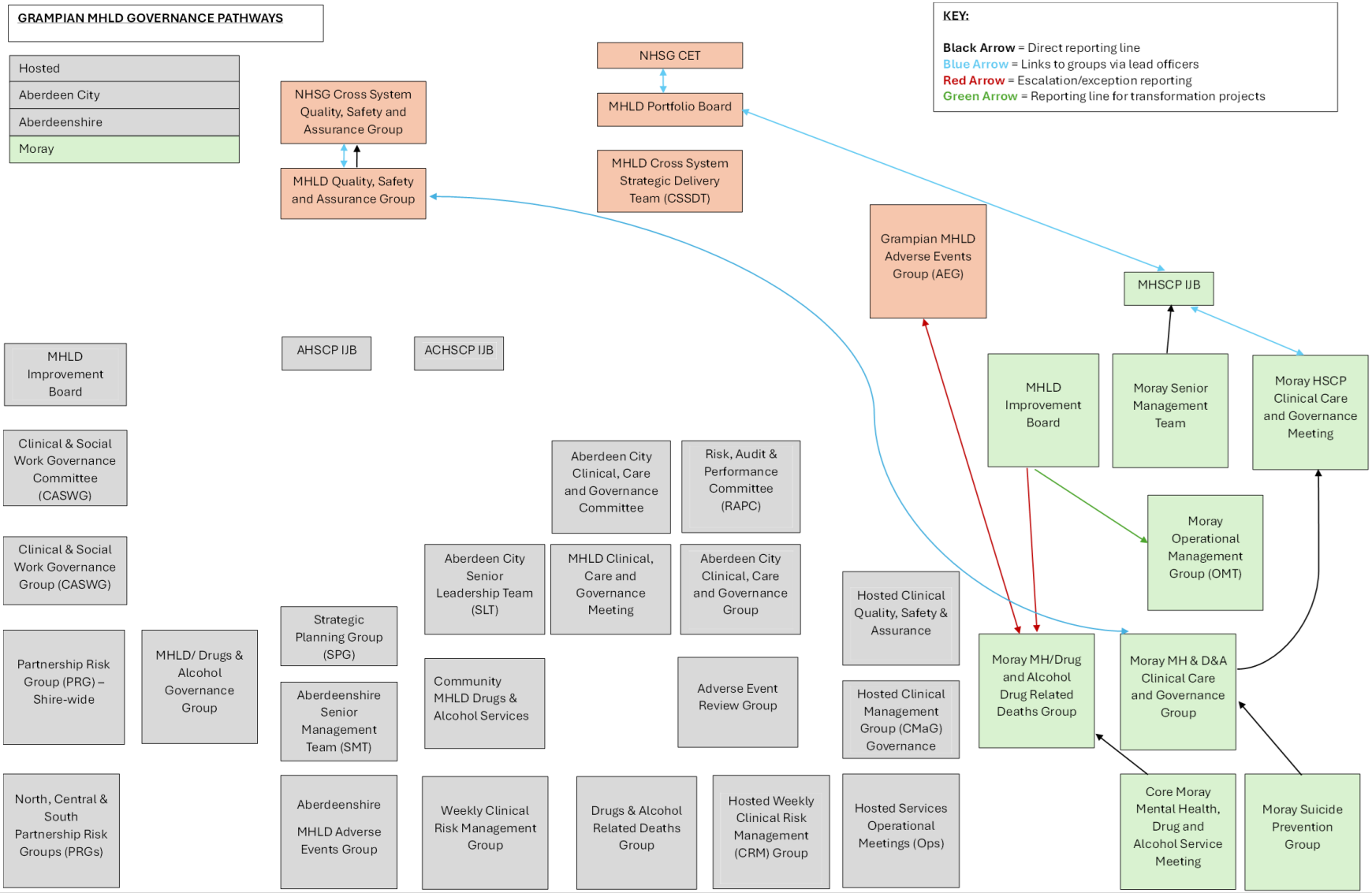
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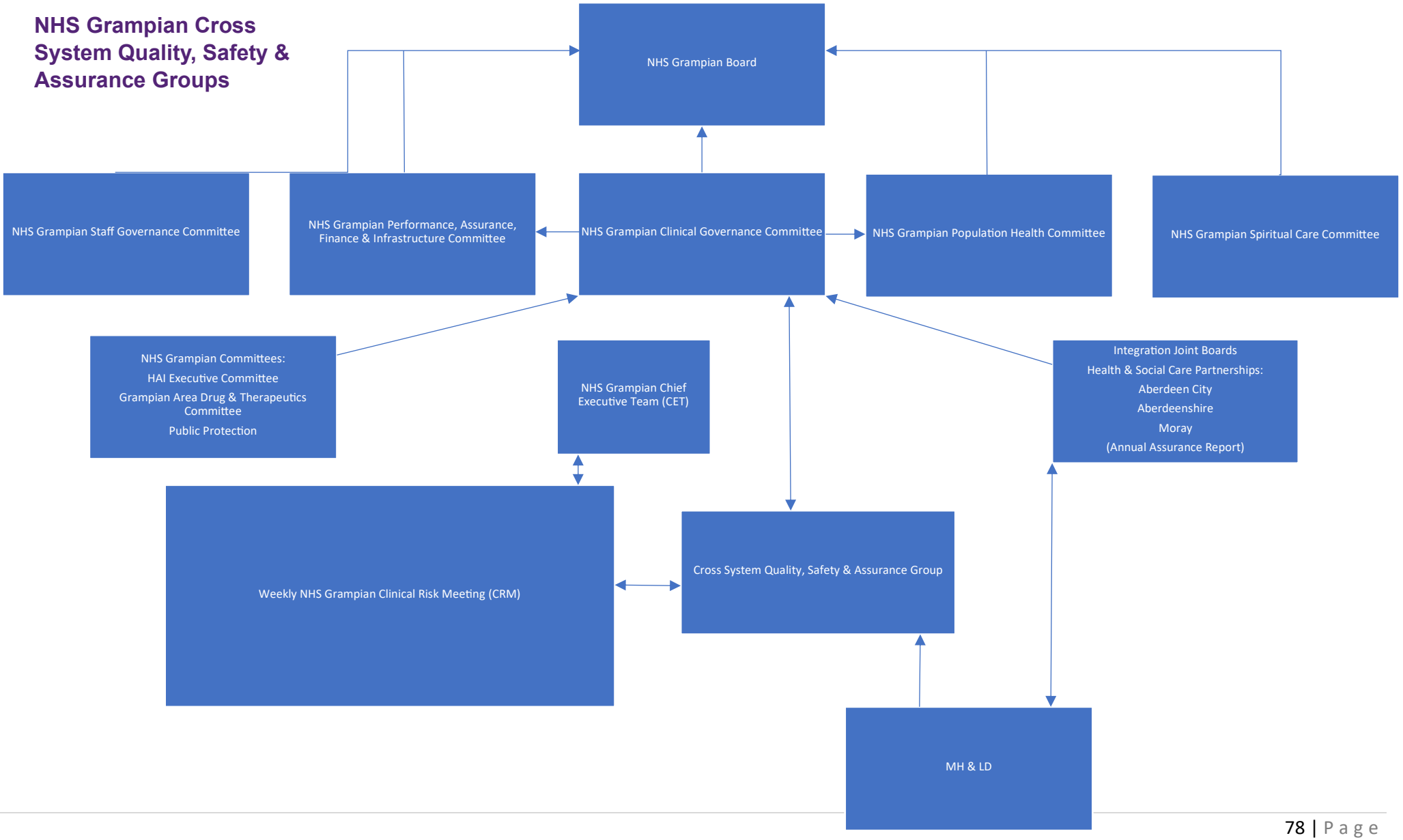
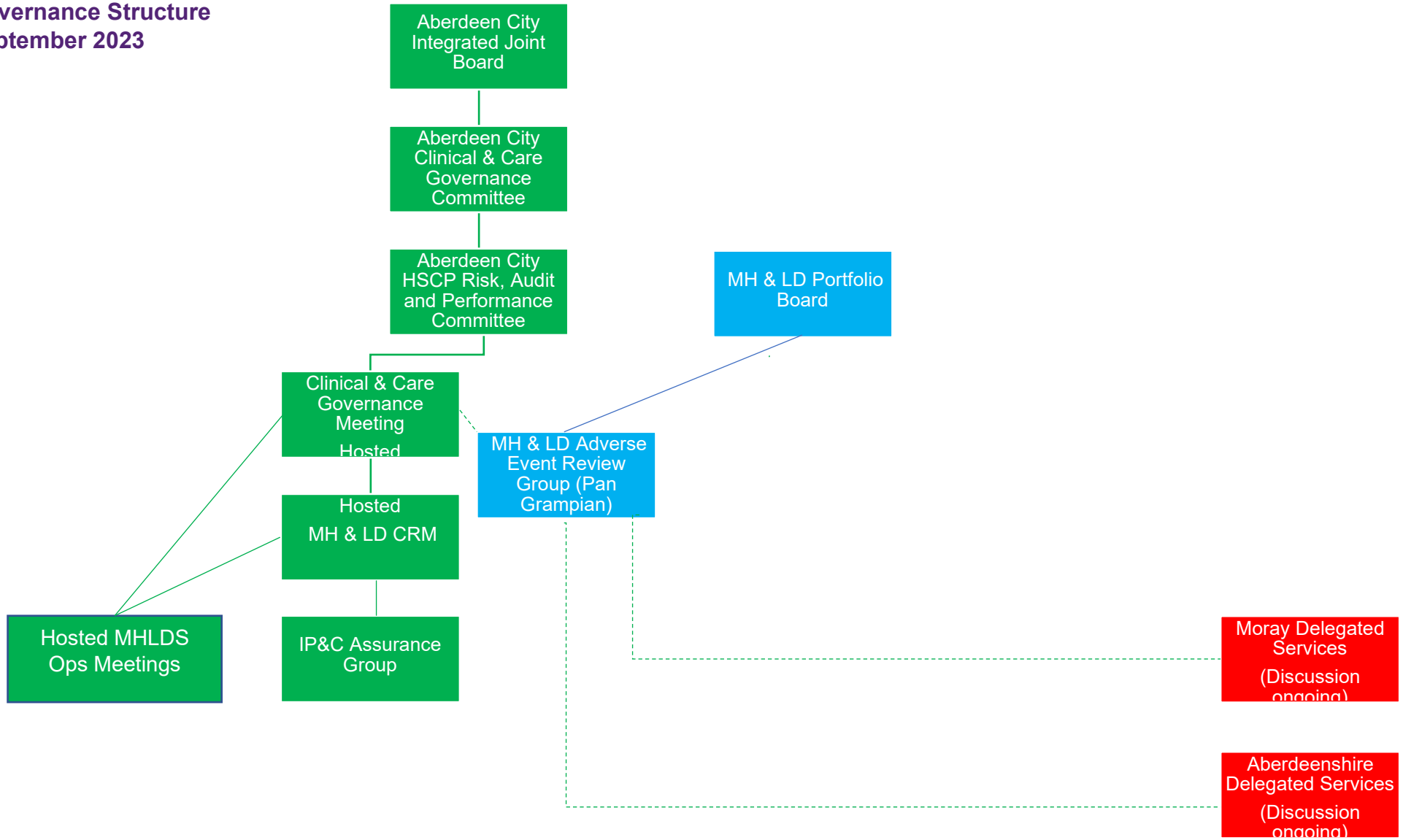
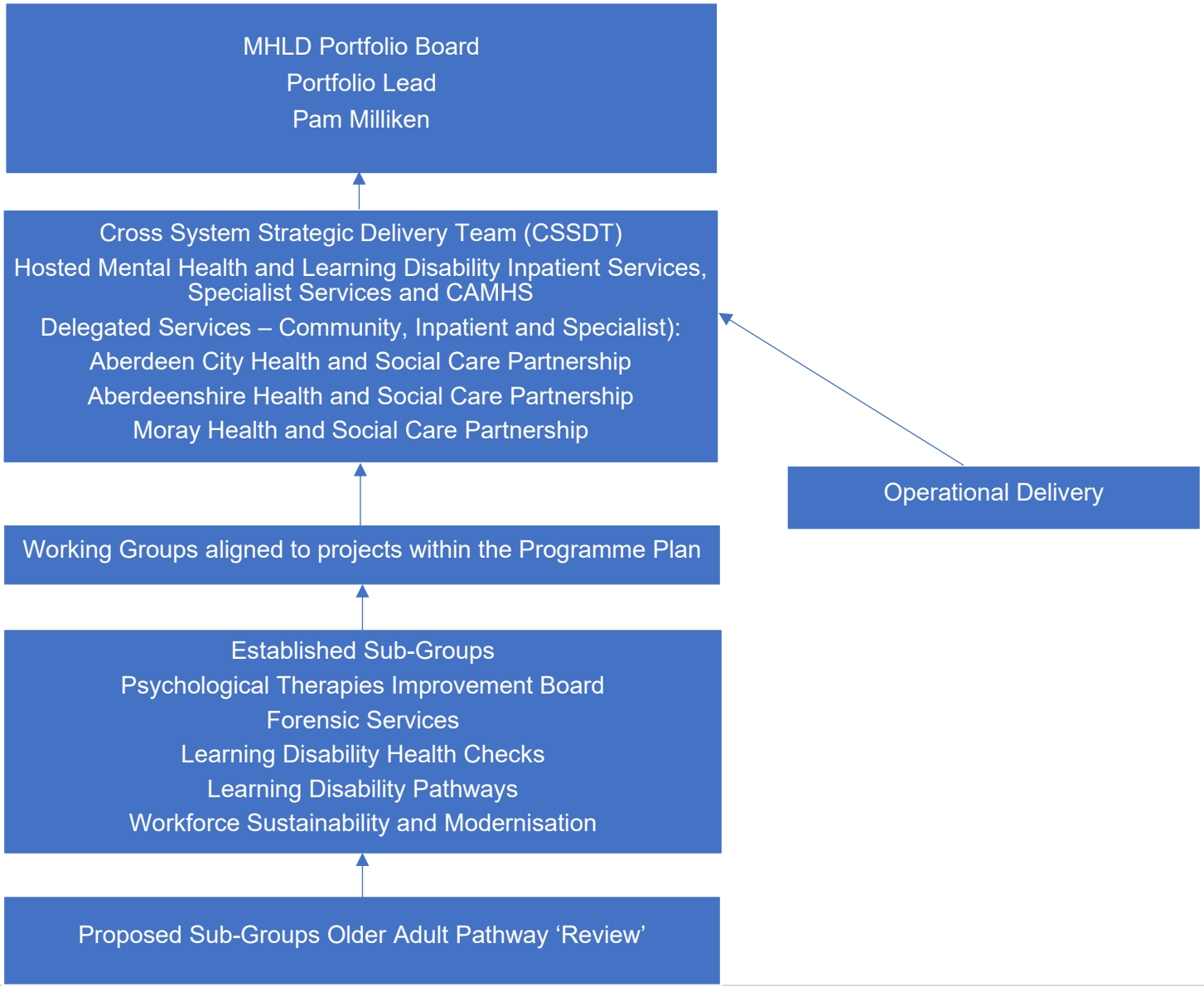


MHLDs Clinical & Care Governance Structure September 2023



Grampian MHLDs Cross System Strategic Delivery Team (CSSDT)



Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	7 May 2024
Report Title	GetActive@Northfield Health & Wellbeing Hub Test of Change update Report.
Report Number	HSCP24.031
Lead Officer	Lynn Morrison
Report Author Details	Grace Milne Senior Project Officer gracemilne@Aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A – Test of Change Update Report
Terms of Reference	N/A

1. Purpose of the Report

The purpose of this report is to update the IJB on the progress of the test of change project to co-locate Health and Care services within a Community Room in the Sport Aberdeen facility at Northfield and share learnings and initial findings from the test of change.

2. Recommendations

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

a) Note the progress of this project
b) Approve the approach to further embed the learnings across other hubs.
c) Approve to change the term of "Priority Intervention Hubs" to "Health and Wellbeing Hubs"

3. Strategic Plan Context

3.1 This project helps support the strategic aim to **Keep People Safe at Home**, creating more opportunities to be treated within community facilities and **Preventing Ill Health** with stronger links to physical health and sports facilities to help support healthy living and life expectancy. This project will help support the following delivery plan objectives

- "Explore how other partners in sports and leisure, can assist in delivering rehabilitation across multiple areas".
- "Continue the promotion of active lives initiatives including encouraging active travel."

3.2 Local Outcome Improvement Plan identifies Northfield as a priority neighbourhood and an area of multiple deprivation. Northfield as an area is an opportunity for a test of change site, as we have seen the area expand recently with new Social and Council Housing developments. This project provides local opportunities for accessible services for the area which will help combat health inequalities. North Locality Plan here.

3.3 To ensure best use of resources, and to contribute to the Partnership Strategic Aim CT07: to develop cross sector, easily accessible community hubs where a range of services coalesce, all responding to local need. There are currently priority intervention hub model developments throughout Aberdeen City as per the location map in Appendix A. The project looked to focus on prevention and early intervention and rehabilitation in a way that meets local needs outlined within the population needs assessment. Addressing the widening inequalities gap, and recognising the multiple impacts of long-term ill health on people's physical health, mental health, and social wellbeing.

4. Summary of Key Information

4.1 This project set out to trial a programme of health, social care and wellbeing services in a sports facility, bringing services to local communities to have a higher level of outreach to patients and service users engaged in preventative and rehabilitation services. The original project plan set out to test the following;

a) Pull together like-minded projects looking for test of change sites. E.g.

- LOIP COPD Respiratory Project – Increase Pulmonary Rehab uptake by 20% by 2023.
- Establishment of the Community Respiratory Team
- Community First Intervention Hub Objectives
- Strategic Review of Rehabilitation Pathways

b) provide information at the site for self-referral services to help preventative agenda.

c) Target area for service uptake – building programmes to engage local population.

4.2 Appendix A has an overview of the test of change and the services that have been embedded and tested at the GetActive@Northfield site. There has been some great successes with utilising this space and some of our initial challenges. We have been able to answer majority of our questions regarding our test of change, showing that this project and approach has been a success in enabling attendance, sustained support and engagement in physical activity initiatives.

4.3 It has been agreed to continue this approach with the Health and Wellbeing Hub at Northfield into 2024/2025 and to take the learnings from this project as well as the Aberdeen City Vaccination and Wellbeing Hub and spread across our other Priority Intervention Hubs. The group taking forward the Priority Intervention Hub model would like to change the term to Health and Wellbeing Hubs making sure branding, information and a consistency is throughout each hub and fit for the local areas need. This will enable public recognition and help support the Health and Social Care Partnership branding and understanding

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

This project was set to increase level of health and wellbeing services within the Northfield area. Northfield is a priority neighbourhood. The services that are delivered based within the Health and Wellbeing hub is to help and support uptake and reduce health inequalities in the local area.

5.2. Financial

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

5.3. Workforce

The priority intervention hub model allows the workforce more flexibility and responsive to the local need. This model supports workforce to work with partner colleagues more easily. The only consideration for this model and working going forward is capacity for teams are able to spread across a number of sites which will be a consideration when looking at service review or developmental projects.

5.4. Legal

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

5.5. Unpaid Carers

Unpaid Carers are one of the groups considered in terms of accessibility to services and support in their local area.

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

6. Management of Risk

6.1. Identified risks(s)

There is a risk that services and workforce may have capacity issues working is a distributed model across Health and Wellbeing Hubs. This is mitigated around being scheduling flexible programmes and clinics to support cover and based on need.

There is a risk that if we were not to continue that relationships and partnership working with our Sports and Leisure colleagues would be hindered. This is mitigated against this by ensuring there are annual reviews from both perspectives and opportunities for further partnership working can be explored.

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

This report links to Strategic Risk 6.
Cause: Need to involve lived experience in service delivery and design as per Integration Principles.

Event: IJB fails to maximise the opportunities created for engaging with our communities.

Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.

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Project Test of Change Update

Sport Aberdeen and Aberdeen City Health & Social Care Partnership

Health & Wellbeing Hub @ Northfield

sport aberdeen
your local leisure network

Aberdeen City Health & Social Care Partnership
A caring partnership

Project Aim & Test of Change

This project set out to trial a programme of health, social care and wellbeing services in a sports facility, bringing services to local communities to have a higher level of outreach to patients and service users engaged in preventative and rehabilitation services.

The project plan set out to test the following;

A) Pull together like-minded projects looking for test of change sites. E.g.

- LOIP COPD Respiratory Project – Increase Pulmonary Rehab uptake by 20%
- Establishment of the Community Respiratory Team
- Community First Intervention Hub Objectives
- Strategic Review of Rehabilitation Pathways

B) provide information at the site for self-referral services to help preventative agenda.

C) Target area for service uptake – building programmes to engage local population.

Some of the questions we wanted to explore with this project are as follows;

- Can we increase uptake on rehab programmes and continue engagement?
- Will increased engagement help decrease exacerbation episodes of symptoms for Rehabilitation patients. Eg. Pulmonary Rehab, Physio etc
- Is service engagement at Sports Facility easier for Patients?
- Will Patients continue with other Sport facility services? (Increased physical activity)
- Do health services at this location help reduce social isolation?
- Do patients find information on self-referral health services useful at a Sports Facility?
- Patient/staff/colleague experience?
- Does the shared site stimulate more collaborative opportunities?
- Are there learnings that we can spread to other areas of the city?

Project & Timeline

What worked

18 months is a good amount of time to explore options for services to trial new ways of working and time to embed.

Taking this test further ahead of schedule due to rapid improvement projects such as Aberdeen City Vaccination Centre and other Health and Wellbeing Hubs development.

“Free” to hire/ use allowed options for services to test the site at minimal risk.

Challenges

Initial slow start due to timing of services remobilising after pandemic period.

Project Manager role changing and conflicting priorities.

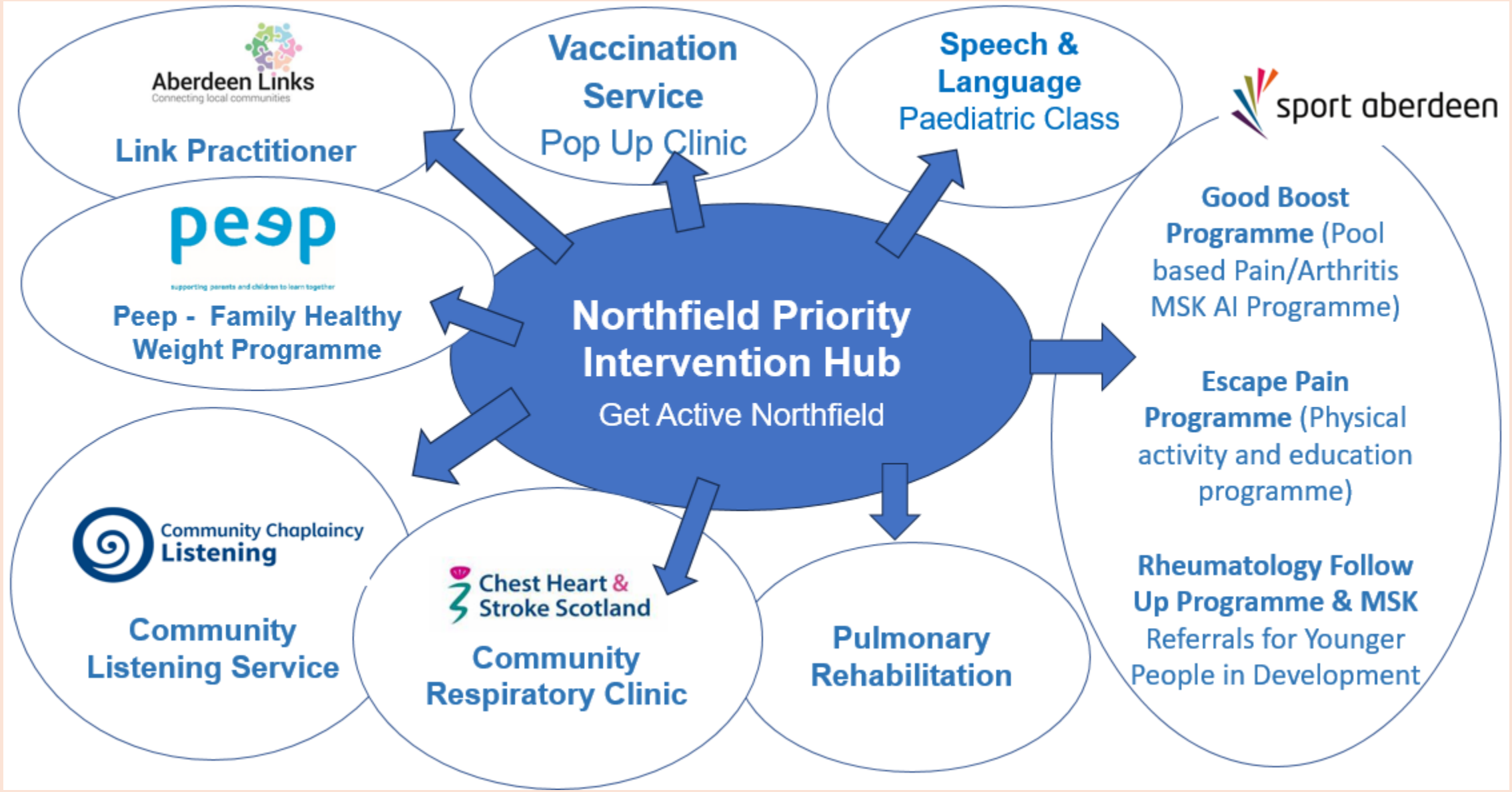
Modest evaluation and impact reporting, however recognition of small improvements with potential lasting impact.

Learnings

June 2023 was a turning point moving from single project to shift to other Priority Intervention Hubs/ Health and Wellbeing Hubs. Sharing learnings and resources to support each hub based on need.

Services with self-referral options have better and good uptake as much as referred services.

Services that have utilised the space



Healthier Families
PEEP Pilot 10-week programme

The Pilot

•Child healthy weight agenda and local action being steered through Healthier Futures strategy

•Making use of what the City has adopted for
its parenting programme by adapting existing plans vs Henry approach

•10-week programme delivered and evaluated with consideration
for next steps

•Work in partnership with Early years partners to
discuss development of 'Shared Outcomes'

The Plan

- 2 HIO's to be trained in Peep delivery
- Work with Peep Coordinator to draft a 10-week programme to be called 'Healthier Families' this incorporated a range of healthier living massages
- Venue secured with Sports Aberdeen in the Health and social Care Partnership room
- Group size 8 families with toddlers aged 1 -3 years
(Facebook recruitment ,we had a waiting list!. 2 families referred but did not turn up to the session)

PEEP Healthier Families The Outcomes

1. Behavior change with opportunities to: Get active

"Before this group I would have walked and not taken her out of the pram I just needed to get from A to B . After the activity session i realized what we can be missing out on so have taken the opportunity to play in the cherry blossom and be more mindful in the moments with her."

"We had never been to our local pool, now we visit all the time"

" We have reviewed our Screen time"

2. Behavior change with opportunities to: Make healthier food choices

Our what's app group saw Families introducing different foods at home such as baby cucumbers, mango and broccoli. The post evaluation questionnaire saw improvements with regards to sugar intake for parents and children.

3. Behavior change with opportunities to: use positive praise

We recognized a real shift in effectively delivering praise, one mum and her little one were beaming when she recognized the difference it made to their relationship.

Speech and Language Therapy

Speech and Language Therapy 12 weeks programme at the start of the test of change was the first session booked into the Health and Wellbeing Hub for this project. This enabled the service to hold a paediatric class within the local community for the first-time face to face since the pandemic. This group decided to move to Sheddocksley as they saw it as a better fit for uptake and needs.

Community Listening Service

Longest standing booking for the test of change the Community Listening services has had weekly half day bookings from the beginning of the project, numbers started slow at Community Listening Service at Northfield, and although we do not have exact figures coming through the service we have heard that people are finding it easier and more accessible to meet to talk at this venue rather than at a “clinical setting”. Numbers have increased steadily over the year and the Community Listening service has been able to enquire about increasing volunteers for using the site at Northfield just recently. The learnings from this setting has led to looking to replicate this in Tillydrone and Greyhope Community Hubs.

Link Practitioners

Currently the Aberdeen Link Practitioners has a booking weekly, seeing GP Referrals and 1:1s. However also starting a small partnership pilot with RGU, Sport Aberdeen and our own Wellbeing Coordinator for North Locality. Sport Aberdeen, ASV and RGU Sport are each offering 10 x 3-month memberships and the link practitioners will refer patients into the programme. Offering support, wellness checks, gym programmes and access to fitness classes, swimming and gyms. Using Get active @ Northfield as one of the pilot venues. Links Practitioners have also utilised the space as their monthly meeting area, for general meetings and shared learning opportunities.

Vaccination Pop Up Clinic

While bringing this test of change in line with the work being undertaken at the Bon Accord Centre Aberdeen City Vaccination and Wellbeing Hub. We used Northfield Community Room as a reactive site to support uptake in vaccinations in the area, as well as awareness raising of the services connecting with all our “Health and Wellbeing Hubs”.

Community Respiratory Team and Clinic

This was delayed but Northfield earmarked from the beginning to be a point of services for this team. Clinics started one day per week, towards the end of 2023, however this has already increased to 1 ½ days per week. Feedback from the team suggests the room is perfect for the team’s requirements and good feedback from patients about the Clinics location too. This is a good linking service into Physical Activity and promoting Sport Aberdeen Active Lifestyle classes, as well as Pulmonary Rehab.

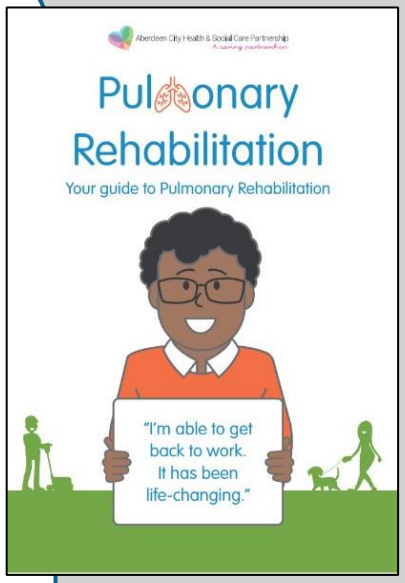
Pulmonary Rehabilitation

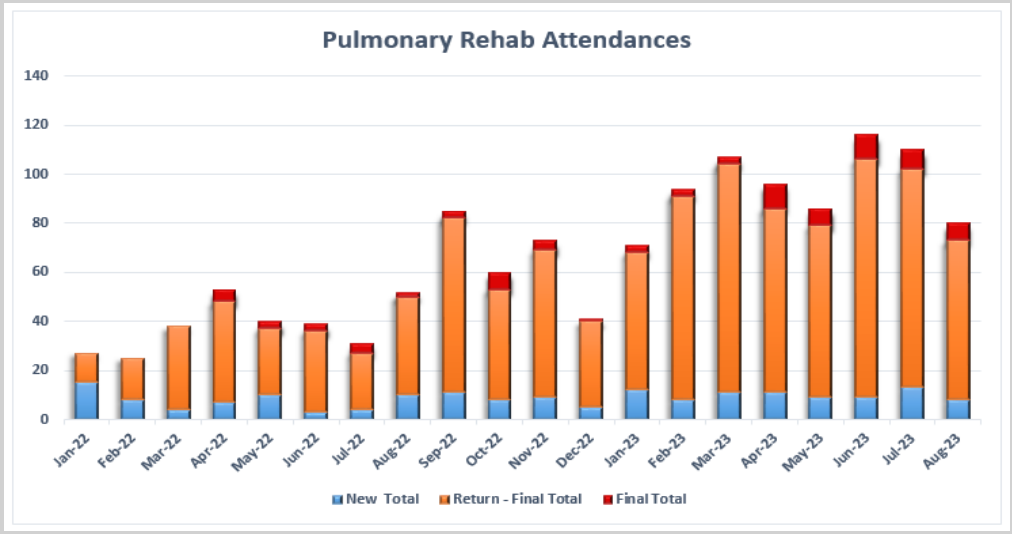
Stretch Outcome 11 - *Healthy life expectancy (time lived in good health) is five years longer by 2026.*

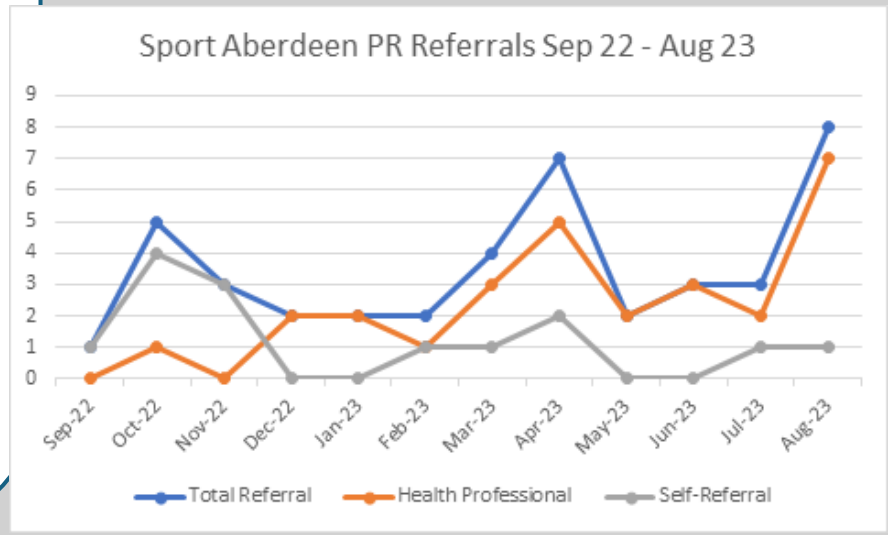
LOIP Project 11.8 - Refer 20% of people living with COPD or other respiratory conditions into specific PR physical activity and other support programmes delivered in community settings by 2023.

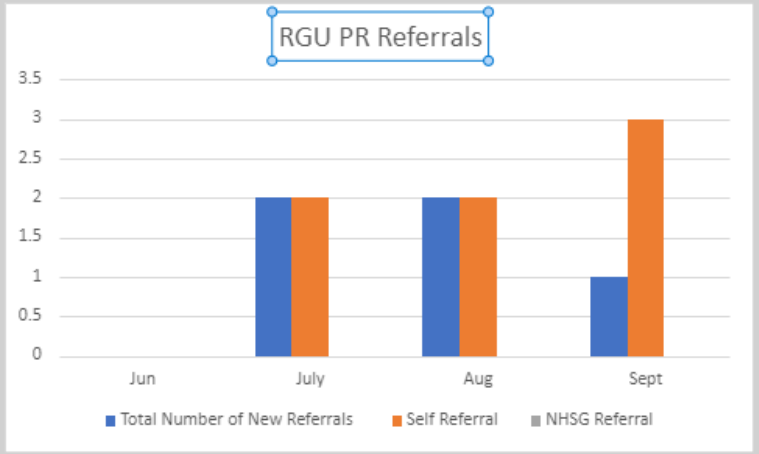
Another long standing booking has been the Pulmonary Rehabilitation classes and assessment. The ACHSCP Physiotherapy Team deliver face to face classes at Northfield Health and Wellbeing Hub and Studio space providing class space and assessment areas two half days per week. Classes also delivered at Westburn alongside Sport Aberdeen colleagues.

Bringing alongside likeminded projects, this linked in very well with the COPD Project within the LOIP. Outcomes for this project includes continued increase of Pulmonary Rehab referrals and sustained attendances. Self-Management options and referred services all in one place with the partnership leaflet, giving patients options to go to Sport Aberdeen Active Lifestyles breathing conditions programme or the RGU Student led Pulmonary Rehab classes too. Both these services saw increase in referrals since the production of the leaflet – another positive outcome of partnership working and colocation of services/ information.









Partnership Working

Good Boost

Good Boost Aqua Move programme aims to improve the lives of people with musculoskeletal conditions, through gentle water-based exercise in a fun and social environment. These aquatic rehabilitation sessions are individually tailored using the Good Boost App, which allows participants to progress through their exercise programme and their own pace. Get Active @ Northfield was the first pool in Scotland to introduce the programme in April 2023, removing the barrier of accessing specialist hydrotherapy provision for those who were able to attend a community-based class. Get active @ Northfield now holds 5 x Good Boost Aqua Move classes per week.

Over 75 individuals have been inducted into the programme and 95% of those have reported that the classes have helped them have maintain or improve their condition.

In April 2024 Good Boost Land classes will be added to the programme, offering circuit style classes in the fitness studio which are tailored to meet individual needs through the use of the Good Boost App.

ESCAPE-Pain and Rheumatology

Following on from the success of the Good Boost project and in conjunction with NHS Grampian Charities, Sport Aberdeen will introduce the ESCAPE-Pain programme at Get active @ Northfield from April 2024. ESCAPE-Pain is a group rehabilitation programme for people with chronic joint plain that integrates self-management and coping strategies with a tailored exercise programme. This work will contribute to the LOIP Chronic Pain project.

In addition to this, we will continue exploring options to work more closely with the NHSG Rheumatology department and their patients.

Adult Weight Management & Type 2 Diabetes

Sport Aberdeen are working with NHSG Dietetics department, with a view to helping deliver a community-based adult weight management intervention called Counterweight. The 12-week programme would offer physical activity combined with nutritional education and builds on previously piloted work. Counterweight will offer a Tier-2 community based self-management intervention as part of the adult weight management pathway.

Project Outcomes

1. **Can we increase uptake on rehab programmes and continue engagement?**
2. **Will increased engagement help decrease exacerbation episodes of symptoms for Rehabilitation patients. Eg. Pulmonary Rehab, Physio etc**

Both the Pulmonary Rehab classes and Community Respiratory Clinics are in place at GetActive@Northfield Health and Wellbeing Hub. The main objective of the Community Respiratory team is to support patients within the community and prevent exacerbations and attendances to ARI, helping **keep people safe at home**, creating more opportunities to be treated within Community Facilities and **Preventing Ill Health**.

Pulmonary Rehabilitation classes referrals, self-referrals and attendance have increased, and attendances at GetActive@Northfield has supported this throughout the LOIP Project. This partnership working has taken further steps to make sure that all pathway routes to Pulmonary Rehab support is in one place with a leaflet now being distributed at diagnosis point, annual reviews and any information point available.

3. **Is service engagement at Sports Facility easier for Patients?**
4. **Will Patients continue with other Sport facility services? (Increased physical activity)**
5. **Does health services at this location help reduce social isolation?**

We can't be 100% clear that attending services at the Sports Facility is easier for service users, however this project has shown where it can have its advantages and support for further support and self- sustaining support. Community listening services have had feedback that it is better than attending a clinical environment to attend a listening service, being a more open relaxed atmosphere. Links Practitioners often find that their service users find it easier to attend appointments with them outside of the Medical Practice, and for those that have been socially prescribed for social isolation, more physical activity etc this space provides the opportunity for the Links Practitioners help those take the first step to different places or classes. Being in the place where you are receiving Pulmonary Rehab Physio led classes it makes it easier to explore self-sustaining support from the Active Lifestyles programmes being delivered in the same place or facilities. Group activities such as Pulmonary Rehab Classes and the PEEP Healthier Families pilot did connect families and peers supporting those who may feel isolated because of circumstance or condition.

6. Do patients find information on self-referral health services useful at a Sports Facility?

We have a number of leaflets and information available at the GetActive@Northfield site, however we recognise we haven't consulted further on what information people would like to further see at the site. Stay Well Stay Connect AGILE Brochure has been a keen favourite, and further work with Public Health and Health Point will further enhance self-help and information of self referral services

Project Outcomes

7. Patient, Staff & Colleague experience?

Small project team that has worked together to pull together these services and prepare the infrastructure and space available have built a good working relationship.

We have built on opportunities to collaborate on training opportunities. Support Northfield becoming a Breastfeeding friendly venue, and delivering Making Every Opportunity Count MEOC training to both ACHSCP and Sport Aberdeen staff.

ACHSCP and Sport Aberdeen have always worked as partners, however this project has taken these steps further helping streamline processes and remove barriers for better collaboration opportunities. We continue to ask for patient feedback through the services utilizing the space.

8. Does the shared site stimulate more collaborative opportunities?

There has been so many opportunities that has stemmed from this project. The initiation of this project was under the “Community First” objectives from the pandemic period, since then however we have been able to recognise that similar objectives we have with the Aberdeen City Vaccination and Wellbeing Hub gave a natural opportunity to collaborate and look at the partnerships next steps for “Priority Intervention Hubs”.

Pulmonary Rehab project and shared information has supported the same outcomes to come in the next round in the refreshed LOIP Projects, this time concentrating on the Chronic Pain pathways and supporting with referred services and self management programmes and initiatives.

Sport Aberdeen, ASV and RGU Sport are each offering 10 x 3-month memberships and the Link Practitioners will refer patients into the programme. Offering support, wellness checks, gym programmes and access to fitness classes, swimming and gyms. Using Get active @ Northfield as one of the pilot venues.

9. Are there learnings that we can spread to other areas of the city?

This project has help initiate the Priority Intervention Hubs Model and what we can explore for services across the city. There is now a Priority Intervention Hub group meeting regularly to share experiences, resources and opportunities. We have available a number of sites where we can deliver community services. Healthy Hoose at Middlefield, Tillydrone Community Hub, Greyhope Community Hub and Bon Accord Centre and coming soon Countesswells.

Our next steps will layout how we plan to brand the Priority Intervention Hubs as our Health and Wellbeing Hubs in line with the rename of the Aberdeen City Vaccination and Wellbeing Hub at Bon Accord Centre.

Project next steps

ACHSCP and Sport Aberdeen have agreed to move this project to Business as Usual with annual review of venue hires and benefits of collaborative working, streamlining administration processes and accessibility for cross workings across all venues.

Services to continue delivery into 2024/2025, current timetable has two ½ spaces available, looking to new community projects or test of change to utilise the space in between continued services.

More emphasis on Health and Wellbeing Hub branding and making sure there is a consistent approach to make this recognisable for patients and services users. Information points and various service available based on local need.

Building on the learnings and opportunities from this other projects.Continuing through Priority Intervention Hub Group – now to be called the Health and Wellbeing Hubs Group.

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