Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 17 September 2024

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on** <u>**TUESDAY, 24 SEPTEMBER 2024 at 10.00 am**</u>**. 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   <u>Welcome from the Chair</u>

DECLARATIONS OF INTEREST

2.1   <u>Declarations of Interest and Transparency Statements</u>

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

DETERMINATION OF EXEMPT BUSINESS

3.1   <u>Exempt Business</u>

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

STANDING ITEMS

4.1   <u>New IJB Members - HSCP.24.056</u> (Pages 5 - 10)

4.2   <u>Video Presentation: Check in on those around you</u>

GOVERNANCE

PERFORMANCE AND FINANCE

TRANSFORMATION

STRATEGY

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

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

9.1   Supplementary Procurement Workplan 2024/25 - HSCP.24.066 - Exempt Appendices (Pages 305 - 314)

DATES OF UPCOMING MEETINGS / SEMINARS

10.1   IJB Insights Session - 29 October 2024
- Culture
- Code of Conduct
- Health Improvement Fund
- Social Care and Criminal Justice

10.2   Topic Specific Seminar - 5 November 2024
- Strategic Plan for Public Consultation
- Budget Consultation

10.3   Integration Joint Board - 19 November 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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INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	Integration Joint Board Membership
Report Number	HSCP.24.056
Lead Officer	Fraser Bell, Chief Operating Officer
Report Author Details	Name: Emma Robertson Job Title: Committee Services Officer Email Address: EmmRobertson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	2

1. Purpose of the Report

1.1. To advise the IJB of a recent change to its voting membership, and to seek agreement to appoint new Members of the Risk, Audit and Performance and Clinical and Care Governance Committees.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) notes the appointment, by NHS Grampian, of Ritchie Johnson as voting member of the Integration Joint Board;

b) appoints Ritchie Johnson to the Risk, Audit and Performance Committee;

c) notes the appointment, by NHS Grampian, of Professor David Blackbourn as voting member of the Integration Joint Board; and

d) appoints Professor Blackbourn to the Clinical and Care Governance Committee

3. Strategic Plan Context

3.1.   The Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan was approved by the IJB on 7 June 2022.

3.2.   Ensuring robust and effective membership will help the ACHSCP achieve the strategic priorities as outlined in its strategic plan, as members will monitor, control and mitigate the potential risks to achieving these.

4. Summary of Key Information

Changes to Voting Members of the IJB

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

4.2.   There have been two recent resignations from the IJB. Professor Siladitya Bhattacharya and June Brown who were both appointed by NHSG.

4.3.   NHSG has now appointed Professor David Blackbourn and Ritchie Johnson to fill the two vacant NHSG positions on the IJB.

Committee Membership

4.4.   At its meeting on 29 March 2016, the IJB agreed to establish two committees to support its functions. These were the Audit and Performance Systems (now Risk, Audit and Performance (RAP)) Committee and the Clinical and Care Governance (CCG) Committee.

4.5. As per IJB standing order 25.5, the composition of IJB committees is based on the principle of equal representation between ACC and NHSG in terms of voting membership – namely two members from each organisation. The Standing Orders also make clear that Committee members are appointed by the IJB.

4.6. Following the resignations noted above, there are NHSG vacancies on both the Risk, Audit and Performance Committee and on the Clinical and Care Governance Committee. To fill these vacancies, it is recommended that the IJB appoints Ritchie Johnson to RAP and appoints Professor Blackbourn to CCG.

5. Implications for IJB

5.1 Equalities, Fairer Scotland and Health Inequality

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

5.2 Financial

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

5.3 Workforce

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

5.4 Legal

The appointment of new voting members to the IJB complies with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. The proposals and recommendations within this report comply with the processes

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set out in the Aberdeen City Integration Scheme and Aberdeen City Integration Joint Board Standing Orders.

5.5 Unpaid Carers

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

5.6 Information Governance

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

5.7 Environmental Impacts

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

5.8 Sustainability

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

6. Management of Risk

Risk Appetite Statement

6.1. Identified risks(s)

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

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

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

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

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ABERDEEN, 9 July 2024. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:-	Councillor John Cooke, <u>Chair</u>; Hussein Patwa, <u>Vice Chair</u>; and Councillor Christian Allard, Councillor Jennifer Bonsell, June Brown, Mark Burrell, Councillor Martin Greig, Jim Currie, Jenny Gibb, Christine Hemming, Maggie Hepburn, Dr Caroline Howarth, Kenny Low, Phil Mackie, Shona McFarlane, Paul Mitchell, Fiona Mitchelhill and Graeme Simpson.
Also in attendance:-	Caroline Anderson, Fraser Bell, Jenni Campbell, Kevin Dawson, Kay Diack, Jane Gibson, Vicki Johnston, Graham Lawther, Alison MacLeod, Stephen Main, Judith McLenan, Lynn Morrison, Shona Omand-Smith, Jenny Rae, Sandy Reid, Iain Robertson, Angela Scott, and Claire Wilson.
Apologies:-	Professor Siladitya Bhatty and Jamie Donaldson

WELCOME FROM THE CHAIR

1. The Chair extended a warm welcome to everyone and stated that there were a number of greetings and farewells as he welcomed the three new Integration Joint Board Service User representatives and Kenny Low who had been appointed as the new Chief Finance Officer with effect from 1 July 2024.

The Chair paid tribute to Paul Mitchell - Chief Finance Officer, who retired on 12 July 2024. The Chair thanked Paul for all his hard work and dedication and wished him a long, healthy and happy retirement. The Chair also thanked Professor Bhatty who was standing down as an IJB Member due to a change in role, and wished him well in his new post as Vice Principal for Global Engagement at the University of Aberdeen commencing on 18 July 2024.

Finally, the Chair congratulated the ACHSCP staff who attended and led presentations at the NHS Scotland Event 2024 – Planning for the Future: Delivering Health & Care Services through Innovation & Collaboration in Glasgow on 10 June 2024, where they shared some of the innovative work being undertaken in ACHSCP.

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

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. Members were requested to intimate any declarations of interest or transparency statement in respect of items on the agenda.

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The Board resolved:-
(i)   to note that the Vice Chair advised that he had a connection in relation to all of the agenda items by virtue of being a Member of the Diverse Experiences Advisory Panel, a named partner in the Scottish Government's Mental Health and Wellbeing Strategy Delivery Plan and the Depute Representative of said Group to the Scottish Government Mental Health and Wellbeing Leadership Board, however having applied the objective test, he did not consider that he had an interest and would not be withdrawing from the meeting; and
(ii)   to note that the Vice Chair advised that he had an interest in agenda item 4.1 (New Service User Representative Members) by virtue of having a close connection to one of the nominees and having applied the objective test, he considered that he had an interest and would therefore be withdrawing from the meeting in respect of that item.

EXEMPT BUSINESS

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

The Board resolved:-
to consider the exempt appendix during consideration of item 7.1 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.

At this juncture, and in accordance with article 2 of the minute, the Vice Chair withdrew from the meeting for this item.

NEW SERVICE USER REPRESENTATIVE MEMBERS - HSCP.24.052

4.   The Board had before it a report prepared by the Senior Project Manager - Strategy, in respect of the appointment of new Service User Representatives.

The report recommended:-
that the Board:
(a)   approve the appointment of three new Service User Representatives with immediate effect for a three-year term to July 2027; and
(b)   formally note their appreciation for the work undertaken by Alan Chalmers as previous IJB Service User Representative.

The Board resolved:-
to approve the recommendations.

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VIDEO PRESENTATION

5. The Board received a video presentation in respect of the Wellbeing Team's partnership with RGU's Sport and Exercise Science degree, where each year a student was hosted to highlight the opportunities of working in the Health and Social Care Partnership. Members heard that the Team had worked in partnership in many pilots, one being "RGU students as befrienders", which was co-produced with TLC - the charity that worked with the Link Work Practitioners.

The video highlighted one such student at RGU who volunteered as a befriender to Bruce as part of the programme and helped him to combat the social isolation he felt and to become more active.

The Board resolved:-
to note the video.

MINUTE OF BOARD MEETING OF 7 MAY 2024 AND ATTENDANCE RECORD

6. The Board had before it the minute of its meeting of 7 May 2024 and the 2024 attendance record.

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

DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 4 JUNE 2024

7. The Board had before it the draft minute of the Risk, Audit and Performance Committee of 4 June 2024.

The Board resolved:-
to note the minute.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 18 JUNE 2024

8. The Board had before it the draft minute of the Clinical and Care Governance Committee of 18 June 2024.

The Board resolved:-

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to note the minute.

BUSINESS PLANNER

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

The Board resolved:-
(i)   to note the reason for the deferral of line 12 (Market Position Statement 2024-2034 on Independent Living and Specialist Housing Provision); and
(ii)   to otherwise agree the Planner.

IJB INSIGHTS AND TOPIC SPECIFIC SEMINARS PLANNER

10.   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 agree the Planners.

CHIEF OFFICER'S REPORT - HSCP.24.046

11.   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 report recommended:-
that the Board note the detail contained within the report.

The Board resolved:-
(i)   to instruct the Strategy and Transformation Lead to arrange for a presentation to be led by the Head of Specialist Mental Health and Learning Disability Services in respect of the recommendations from our local response to the Independent Forensic Mental Health Review, to be included in an IJB Insights session in advance of the Market Position statement report to the IJB on 24 September 2024; and
(ii)   to otherwise note the detail contained within the report.

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IJB ANNUAL SCHEME OF GOVERNANCE REVIEW - HSCP.24.048

12. The Board had before it the annual Scheme of Governance review prepared by the Team Leader, Regulatory and Compliance Team, Legal Services, Aberdeen City Council.

The report recommended:-
that the Board:
(a) approve the revised Standing Orders for the IJB as attached at Appendix A of the report;
(b) approve the revised Terms of Reference for the IJB and the Risk, Audit and Performance Committee as attached at Appendix B of the report;
(c) note that there would be a further review of the governance around Clinical and Care Governance and that this would be reported back to the IJB in November 2024;
(d) approve the Roles and Responsibilities Protocol as attached at Appendix C of the report;
(e) note that the review of the IJB Carers and Service User Representatives Expenses Policy would be completed once the new IJB representatives were appointed and presented to the IJB for approval at the same time as the review referred to at (c) above;
(f) note there were no changes to the Code of Conduct; and
(g) instruct the Chief Officer to upload the revised Scheme of Governance to the Aberdeen City Health and Social Care Partnership's website.

The Board resolved:-
(i) to note that there would be a further review of the governance around Clinical and Care Governance and that this would be reported back to the IJB in March 2025; and
(ii) to otherwise approve the recommendations.

REFRESHED LOIP AND LOCALITY PLANS - HSCP.24.043

13. The Board had before it the Refreshed Local Outcome Improvement Plan and Locality Plans prepared by the Transformation Programme Manager – Communities.

The report recommended:-
that the Board:
(a) endorse the refreshed Local Outcome Improvement Plan (LOIP) 2016-26 at Appendix A of the report;
(b) endorse the three Locality Plans at Appendices B,C and D of the report;
(c) note the Locality Plans would be owned and monitored by the Locality Empowerment Groups and Priority Neighbourhood Partnerships; and

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(d)   instruct the Strategy and Transformation Lead to present Locality Planning annual performance reports to the Risk, Audit, and Performance Committee beginning in June 2025.

The Board resolved:-
to approve the recommendations.

CREATING HOPE TOGETHER: SCOTLAND'S SUICIDE PREVENTION STRATEGY AND ACTION PLAN - HSCP.23.049

14.   The Board had before it the published national Suicide Prevention Strategy and Action Plan providing assurance on activities locally. The Lead for Community Mental Health, Learning Disabilities and Drug and Alcohol Services introduced the report.

The report recommended:-
that the Board:
(a)   note the progress on the delivery of the national Suicide Prevention Strategy, Action Plan and local implementation; and
(b)   instruct the Chief Officer to provide an update on progress annually to the Integration Joint Board.

The Board resolved:-
to agree the recommendations.

EVALUATION OF ABERDEEN CITY VACCINATION & WELLBEING HUB - HSCP.24.047

15.   The Board had before it an evaluation report on the first year of the Aberdeen City Vaccination and Wellbeing Hub which sought a decision on its ongoing provision. The Programme Manager provided an overview of the services provided at the Hub and responded to questions from Members.

The report recommended:-
that the Board:
(a)   note the evaluation of the Aberdeen City Vaccination & Wellbeing Hub as set out in appendix 4 of the report;
(b)   agree to implement Option 1 as set out in the Exempt Appendix 5 for the ongoing provision of the Vaccination & Wellbeing Hub;
(c)   make the Direction attached at Appendix 1 to NHS Grampian;
(d)   instruct the Chief Officer of the IJB to issue the Direction to NHS Grampian; and
(e)   instruct the Chief Officer of the IJB to make and implement any reasonable and necessary arrangements in furtherance of (c) and (d) above.

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The Board resolved:-
(i)   to instruct the Strategy and Transformation Lead to add to the Topic Specific Planner a session led by Public Health in respect of uptake of Childhood Immunisations; and
(ii)   to otherwise agree the recommendations.

DISCHARGE WITHOUT DELAY - HSCP.24.053

16.   The Board had before it a report advising of the local response to the national oversight of Discharge Without Delay (DWD) following a letter to all Health and Social Care Partnerships from the Cabinet Secretary, Health and Social Care, on 4 July 2024, which outlined a national focus on DWD across local systems.   The Chief Officer – Social Work – Adults, spoke to the report and responded to questions from Members.

The report recommended:
that the Board:
(a)   note the content of the report;
(b)   instruct the Chief Officer to bring an update to the IJB in September 2024, of the intended improvement activity in order to achieve the target set; and
(c)   note that thereafter progress would be reported to each meeting of the Clinical and Care Governance Committee.

The Board resolved:-
to agree the recommendations.

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

EVALUATION OF THE ABERDEEN CITY VACCINATION & WELLBEING HUB - HSCP.24.047 - EXEMPT APPENDIX

17.   The Board had before it the exempt appendix in respect of the Evaluation of the Aberdeen City Vaccination and Wellbeing Hub report.

The Board resolved:-
to note the recommendations approved at article 15 of this minute.

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TOPIC SPECIFIC SEMINAR - 3 SEPTEMBER 2024

18. The Board had before it the date of the next Topic Specific Seminar as 3 September 2024.

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

IJB INSIGHTS SESSION - 17 SEPTEMBER 2024

19. The Board had before it the date of the next IJB Insights Session as 17 September 2024.

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

INTEGRATION JOINT BOARD - 24 SEPTEMBER 2024

20. The Board had before it the date of the Integration Joint Board meeting as 24 September 2024.

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

Integration Joint Board - Attendance Record 2024

	Present
	Substitute
	Apologies
	Absent

Name	Organisation	06-Feb-24	26-Mar-24	07-May-24	09-Jul-24	24-Sep-24	19-Nov-24
Cllr John Cooke – **Chair**	ACC **voting** member	Present	Present	Present	Present		
Hussein Patwa - Vice Chair	NHSG **voting** member	Apologies	Present	Present	Present		
Cllr Christian Allard	ACC voting member	Sub Cllr Fairfull (Substitute)	Present	Sub Cllr Radley (Apologies)	Present		
Professor Bhatty	NHSG **voting** member	Present	Present	Present	Apologies		
Cllr Jennifer Bonsell	ACC **voting** member	Present	Present	Present	Present		
June Brown	NHSG **voting** member	Present	Present	Present	Present		
Mark Burrell	NHSG **voting** member	Apologies	Present	Present	Present		
Cllr Martin Greig	ACC **voting** member	Present	Present	Present	Present		
Jim Currie	ACC Union Representative	Present	Absent	Present	Present		
Jamie Donaldson	NHSG Staff Representative	Apologies	Absent	Present	Apologies		
Jenny Gibb	NHSG Nursing Representative	Present	Apologies	Present	Present		
Christine Hemming/Steven Close	Senior Leadership Team - Medicine and Unscheduled Care	**CH** (Present)	Apologies	**CH** (Present)	**CH** (Present)		
Maggie Hepburn (ACVO)	Third Sector Representative	Present	Apologies	Present	Present		
Dr Caroline Howarth	Clinical Director	Apologies	Apologies	Present	Present		
Kenny Low	Chief Finance Officer				**First Meeting** (Present)		
Phil Mackie	NHSG Depute Director of Health	Apologies	Present	Present	Present		
Shona McFarlane	Carer Representative	Present	Absent	Present	Present		
Paul Mitchell	Chief Finance Officer	Present	Present	Present	**Last meeting** (Present)		
Fiona Mitchelhill	Chief Officer		**First Meeting** (Present)	Present	Present		
Graeme Simpson	ACC, Chief Social Work Officer	Present	Present	Present	Present		
Cllr Lee Fairfull	ACC **voting** member	**Last meeting** (Apologies)					
Sandra MacLeod	Chief Officer	**Last Meeting** (Present)					
Alison Murray	Carer Representative	**Last Meeting** (Present)					

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	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	24 September 2024									
5	12-Jul-24	Integration Joint Board Membership	To advise the IJB of a recent change to its voting membership,and to seek agreement to appoint new Committee Members to the Risk, Audit and Performance Committee and Clinical and care Governance Committee.	HSCP.24.056	Emma Robertson	ACC Legal/ Governance	ACC Corporate Services	On the agenda		
6	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations.					On the agenda		
7	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer.	HSCP.24.055	Roz Harper	Fiona Mitchelhill	ACHSCP	On the agenda		
8	13 August 2024	National Care Service	To provide an update on the progress of the National Care Service (Scotland) Bill.	HSCP.24.060	Fraser Bell	Fraser Bell	ACHSCP	On the agenda		
9	28.06.2024	ACHSCP Budget Protocol	To present the IJB Budget Protocol for approval.	HSCP.24.054	Sarah Gibbon	Alison MacLeod	ACHSCP	On the agenda		
10	Standing Item	ACHSCP Annual Performance Report	To seek approval to publish the the ACHSCP Annual Report for 2023/24 and to instruct the Chief Officer to present this to ACC and NHSG.	HSCP.24.057	Alison MacLeod / Calum Leask	Alison MacLeod	ACHSCP	On the agenda		
11	30.08.24	Health and Care Experience Report 2023-2024	To present findings from the Health and Care Experience survey for 2023/24.	HSCP.24.075	Calum Leask	Alison MacLeod	ACHSCP	On the agenda		
12	09.07.2024	Discharge Without Delay - Update	On 9 July 2024, Members resolved to instruct the Chief Officer to bring an update to the IJB in September 2024, of the intended improvement activity in order to achieve the target set for DWD.	HSCP.24.062	Claire Wilson/ Kay Diack	Fiona Mitchelhill	ACHSCP	On the agenda		
13	26.08.2024	Digital Innovation Programme: Right Care, Right Time, Right Place	To seek approval for a direct award of Digital Innovation Services through G-Cloud 13 and to instruct the Chief Operating Officer to develop a full business case for investment in Technology Enabled Care.	HSCP.24.071	James Maitland	Fraser Bell	ACHSCP	On the agenda		
14	07.09.23	Strategic Risk Register	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register.	HSCP.24.058	Martin Allan	Martin Allan	ACHSCP	On the agenda		
15	08.08.2024	Supplementary Procurement Workplan 2024/25	To seek approval for a Supplementary Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Case.	HSCP.24.066	Neil Stephenson/ Catherine King	Neil Stephenson	ACHSCP	On the agenda		
16	04.01.2024	Market Position Statement 2024-2034 on Independent Living and Specialist Housing Provision	To seek approval of the document, outline accommodation requirements for the City and to provide strategic direction.	HSCP.24.050	James Maitland	Kay Diack, Strategic Home Pathways Lead	ACHSCP		D	Request deferral to November 2024 due to IJB Insights Session being arranged before report going to IJB.
17	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.		Sarah Gibbon	Julie Warrender	ACHSCP		D	Request to defer the report to autumn 2025 as implementation was delayed.
18	27.05.2024	North East Population Alliance Strategic Partnership Agreement	To provide an annual progress report on the strategic partnership agreement (Memorandum of Understanding with Public Health Scotland)	HSCP.24.061	Martin Murchie	Data Insights	ACC Corporate Services		D	The Director of Public Health has advised that this report will not be ready for the August meeting and will be reported to the October meeting of Aberdeen City Council then November meeting of the IJB instead.
19	19 November 2024									
20	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP			
21	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
22	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	ACHSCP			
23	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			
24		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	Alan Thomson	ACC			
25	29.11.22	Climate Change Project and Reporting	To seek approval for the submission of the climate change report to the Scottish Government on 30 November 2024.		Sophie Beier	Alison MacLeod	ACHSCP			
26	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			
27	Standing Item	Audited Accounts	To seek approval of the Audited Final Accounts for 2023/24.		Kenny Low	Chief Finance Officer	ACHSCP	Date TBC		

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28	25 July 2024	Getting it Right for Everyone (GIRFE)	To provide an update on how ACHSCP have helped the Scottish Government GIRFE team shape and develop the Getting it Right for Everyone (GIRFE) Pathfinder toolkit and how the toolkit has been implemented across the HSCP.		Shona Omand-Smith	Chief Operating Officer	ACHSCP			
29	12.06.2024	Minor Injury Unit/ GMED	To provide an update on the position of the Out of Hours Primary Care (GMED) Service with Moray as the Hosting IJB and the progress of the redesign work commissioned by the three Chief Officers.		Magdalena Polcik-Miniach/ Isla Whyte	HSC Moray	HSC Moray			
30	07.05.2024	Draft Strategic Plan	At the IJB on 7 May 2024, Members agreed to add the following reports to the Planner: (1) Draft Strategic Plan on 19 November 2024 and (2) Final Strategic Plan on 18 March 2025.		Alison MacLeod	Alison MacLeod	ACHSCP			
31	05.08.2024	Abortion Services (Safe Access Zones) (Scotland) Act 2024	To provide an update on the practical preparations in respect of the Act.		Sandy Reid/ John Forsyth	Sandy Reid	ACHSCP/ ACC Legal			
32	4 February 2025									
33	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP			
34	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
35	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			
36	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			
37	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			
38	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			
39	07.05.2024	Marywell and Timmermarket Integrated Service Review	At the IJB on 7 May 2024, members resolved to instruct 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.		Susie Downie / Emma King / Teresa Waugh / Clair Ross / Simon Rayner	Emma King and Kevin Dawson	ACHSCP			
40	18 March 2025 (Budget)									
41	Standing Item	IJB Budget - Medium Term Financial Framework	To approve the Budget.		Kenny Low	Chief Finance Officer	ACHSCP			
42	07.05.2024	Final Strategic Plan	At the IJB on 7 May 2024, Members agreed to add the following reports to the Planner: (1) Draft Strategic Plan on 19 November 2024 and (2) Final Strategic Plan on 18 March 2025.		Alison MacLeod	Alison MacLeod	ACHSCP			
43	2025 and dates TBC									
44	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		
45	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		
46	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 7 May 2024		Martin Allan	Martin Allan	ACHSCP	May-25		
47	22 March 2024	Outcome of IJB Culture Research Project	Presented to the IJB on 7 May 2024 - suggestion to recommission in 12-18 months.		Alison McLeod	Alison MacLeod	ACHSCP			

	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
48	Standing Item	Progress on EOMF and Review of Equality Outcomes			Alison Macleod	Alison MacLeod	ACHSCP	May-25		
49	01.05.2024	Vaccine Uptake	Annual paper on Vaccine Uptake across all programmes and particularly the Childhood Immunisations Improvement Action Plan.		Caroline Anderson/ Jo Hall	Sandy Reid	ACHSCP/ ACVC	TBC April/May 2025		
50	07.05.2024	Morse Community Electronic Patient Record Evaluation and Contract Renewal	On 7 May 2024, Members agreed :(i) to note the Morse Evaluation appended at Appendix B of the report; and (ii) to approve a further three year contract with Cambric, running from October 2024, to supply Morse as an Electronic Patient Record for Community Nursing, Hospital at Home, Macmillan Nursing, Health Visiting and School Nursing Services		Michelle Grant	Alison MacLeod, Strategy and Transformation	ACHSCP	TBC May 2027		
51	04.11.2022	IJB Scheme of Governance Annual Review	To present the revised Scheme of Governance and seek approval of the revised Standing Orders and Terms of Reference. This is an annual review, previously presented on 7 June 2022, 25 April 2023 and 9 July 2024.		Jess Anderson/John Forsyth/Vicki Johnstone	Jenni Lawson	ACHSCP			
52	09 July 2024	Locality Planning Annual Performance reports	On 9 July 2024, Members agreed to instruct the Strategy and Transformation Lead to present Locality Planning annual performance reports to the Risk, Audit, and Performance Committee beginning in June 2025		Iain Robertson	Alison MacLeod, Strategy and Transformation	ACHSCP	Jun-25		
53	09 July 2024	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan	To note the published national Suicide Prevention Strategy and Action Plan and to provide assurance on activities locally. This was presented to the IJB on 25 April 2023, when Members instructed the Chief Officer to provide an update on progress annually. Last update was 9 July 2024.		Kevin Dawson / Jennifer Campbell	Alison MacLeod and Kevin Dawson	ACHSCP	Jun-25		
54	09 July 2024	Evaluation of Aberdeen City Vaccination and Wellbeing Hub	To provide an evaluation of the Aberdeen City Vaccination and Wellbeing Hub. See report HSCP.24.047 on 9 July 2024.		Caroline Anderson	Fiona Mitchelhill	ACHSCP	Early 2028		
55	27.08.2024	Review of Whistleblowing Policy	Due in 2026		Martin Allan	Fraser Bell	ACHSCP			

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Topic Specific Seminars April 2024 – March 2025 (NB: all 10:00-12:00, online only)

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

IJB Insights April 2024 – March 2025 (NB: all 10:00-14:00, hybrid)

Date	Topics	Lead Officer	Comments
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	
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	
	Budget Setting Protocol	Kenny Low	
	MHLD Premises Risk/MPS	Judith McLenan/Kay Diak	

29.10.24	Culture	Alison MacLeod	Standing Agenda Item
	Code of Conduct	Jess Anderson	Requested Topic
	Health Improvement Fund	Alison MacLeod	Requested Topic
	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

Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	Chief Officer's Report
Report Number	HSCP.24.055
Lead Officer	Fiona Mitchelhill
Report Author Details	Roz Harper Executive Assistant rosharper@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	Yes
Exempt	No
Terms of Reference	5

1. Purpose of the Report

1.1 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; and
(b) Instructs the Chief Officer to report the outcomes of the eMAR project to the IJB in May 2025.

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3.   Strategic Plan Context

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

4.   Summary of Key Information

<u>Local Updates</u>

<u>Performance Improvement Workstreams</u>

4.1   eMAR (electronic Medication Administration Record)

eMAR is an electronic version of the paper MAR system used for administering medication in care settings. eMAR systems provide a range of improvement over paper-based MAR systems. They improve medication stock management, allowing the levels of medication to be checked quickly and easily, be updated in real time and staff can be alerted when medication is running low. Built in safety features also reduce the likelihood of medication errors.

An in-house learning disability service has been identified to test the eMAR pilot. People in receipt of care with complex needs and care home residents generally have greater health needs and are reliant on higher levels of prescribing than the general population. The ordering and administration of medication is therefore a significant aspect of the responsibilities held by care providers and of the quality of care they provide. Those providing this care deal with the management of large amounts of medication and the systems they use to undertake these responsibilities directly impact on efficiency and safety.

This pilot project will set up eMAR in the Back Hilton in-house Learning Disability service and pay the Year 1 costs to implement this, with a requirement that the service identify funding to continue the provision of eMAR beyond year 1. This ongoing funding has been identified and approved.

4.2   Improving the Neurorehabilitation Pathway

In October 2023, the Integration Joint Board approved a phased programme of improvement following a strategic review of the neurorehabilitation pathway. Implementation was delayed to allow the senior leadership team to consider options for delivering savings in the 2024/25 budget setting process, however, it was agreed to commence phase one.

Implementation of phase one is well underway, overseen by a programme group and supporting 'task and finish' groups looking at pathways, recruitment and evaluation. Due to money being reinvested in the recruitment of a community Home Link team, to ensure people can be taken home sooner to complete their rehabilitation, there will be no financial saving from this phase.

The list below highlights the key milestones, including a robust evaluation period, before recommendations regarding phase 2 are delivered to the IJB in Autumn 2025.

Timeline: Neurorehabilitation Phase 1
October '24: Recruitment will be completed
October '24 to January '25: Induction period for new staff
January '25 to June '25: Evaluation period
June '25 to September '25: Data analysis, valuation and report production
September '25 to October '25: IJB(s) Decision on Phase 2 implementation.

4.3   Staff Wellbeing

A variety of initiatives are ongoing to enhance the well-being of our staff. These initiatives include collaboration with NHSG to provide remote 'spaces for listening' sessions with trained personnel and volunteers. Additionally, complimentary therapies have resumed this month following a brief hiatus over the summer.

The autumn/winter flu vaccination campaign began earlier this month, offering all health & social care staff the opportunity to receive a flu and/or Covid vaccination. This effort aims to safeguard their health and minimise instances of sickness-related absences.

NHS Grampian submit quarterly sickness absence data comparing NHSG and ACHSCP sickness absence rates (separate data is provided via ACC and will routinely be included in future CO Reports).

As the below graphs show, absence rates rise towards June 2024. The cause of this likely to have multiple factors but will include flu/Covid circulation in the time period measured.

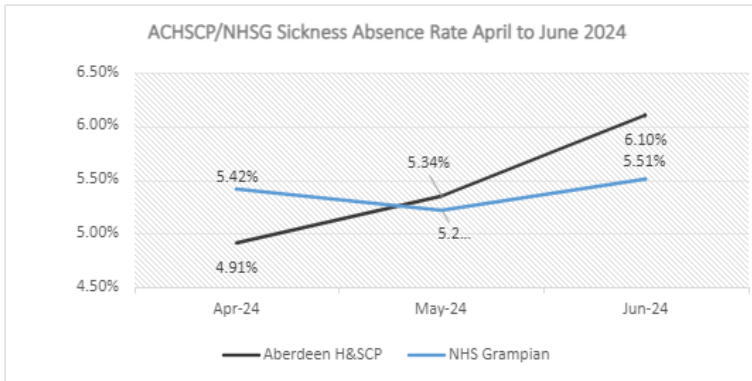We hope to have NHSG sickness absence data provided on a monthly basis and more data on service areas.

INTEGRATION JOINT BOARD

ACHSCP/NHSG Sickness Absence Stats for the Period of Jan 2024 - Mar 2024
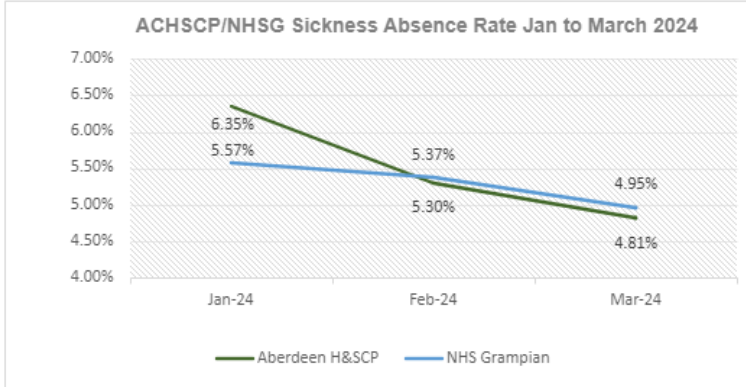
ACHSCP/NHSG Sickness Absence Stats for the Period of Apr 2024 - Jun 2024

NHSG has had a lower sickness absence record than the rest of NHS Scotland in each of the last 3 financial years. There are significant saving opportunities that could be achieved if sickness absence was reduced, for example: less additional hours/over time/bank/agency costs of covering absences.

The partnership sickness absence rate for July 2024 has fallen to 5.8% from 6.1% (as shown in above graphs). However, traditionally, the second half of the financial year will have higher sickness absence rates than the first half, this is primarily due to winter colds and flu etc, with this in mind, reducing sickness absence rates between now and the end of March 2025 will be very challenging.

Areas Requiring Performance Improvement

4.4   Care Inspectorate Reports

We have recently received poor care inspectorate reports from two care homes in the city. Ruthrieston Care Home which is a residential home for older adults and Tigh a'Chomainn (TAC) which is a service for adults with learning disabilities. Ruthrieston had a care inspection on 2 June 2024 and was graded as 2 overall (Weak) and Tigh a'Chomainn on 8 August 2024 with an overall grade of 1 (unsatisfactory). Colleagues from the City's Collaborative Care Home Support Team, learning disability team and contracts team continue to work in partnership with all care home providers to help them develop their services and their staff teams through support and training opportunities. The team also carry out monthly visits to all services to work with care homes on specific topics to ensure that good practice is embedded.

A workshop has been held with the team to identify areas of improvement to support homes.

Regional Updates
Due to the focus on Discharge without Delay, there are no regional updates for this Chief Officer's report.

National Updates
A substantive report has been submitted in respect of the National Care Service (HSCP.24.060).

5.   Implications for IJB

There are no direct legal implications arising from the recommendations set out in the report.

5.1   Equalities, Fairer Scotland and Health Inequality

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

5.2   Financial

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

5.3 Workforce

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

5.4 Legal

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

5.5 Unpaid Carers

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

5.6 Information Governance

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

5.7 Environmental Impacts

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

5.8 Sustainability

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

5.9 Other

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

6. Management of Risk

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

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INTEGRATION JOINT BOARD

6.1   Identified risks(s)

There are no identified risks related to this report.

6.2   Equalities, Fairer Scotland and Health Inequality

No IIA's required

6.3   Financial

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

6.4   Workforce

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

6.5   Legal

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

6.6   Information Governance

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

6.7   Environmental Impacts

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

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	National Care Service
Report Number	HSCP.24.060
Lead Officer	Fraser Bell
Report Author Details	Name: Fraser Bell Job Title: Chief Operating Officer Email Address: frbell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required (IJB only)	No
Exempt/Confidential	No
Appendices	None
Terms of Reference	1c – "…Any other matter that the Chief Officer determines appropriate to report to the IJB."

1. Purpose of the Report

1.1. To provide the Integration Joint Board (IJB) with an update on the progress of the National Care Service (Scotland) Bill.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

    a) Notes the progress of the National Care Service (Scotland) Bill through the Scottish Parliament's legislative process;

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b) Notes that the Scottish Government has not yet published draft amendments to the National Care Service (Scotland) Bill in the areas of direct funding, the potential inclusion of children's services and justice social work within the scope of a national care service, or 'Anne's Law'; and

c) Instructs the Chief Operating Officer to report back to the Integration Joint Board following Stage 2 of the Scottish Parliament's legislative process.

3. Strategic Plan Context

3.1. The IJB's Strategic Plan recognises the proposed creation of a National Care Service (NCS) in Scotland and the important role that the Aberdeen City Health and Social Care Partnership (ACHSCP) can play in shaping it. The Plan committed to engaging with the process at a national level, influencing the proposed reform, and using the opportunity to bring the voice, view, and opinion of Aberdeen to the conversations.

4. Summary of Key Information

4.1. The National Care Service Bill (Scotland) Bill ('the Bill') was published in June 2022 and sought the establishment of an NCS, under the responsibility of Scottish Ministers. The Bill provided for the transfer of listed social care and social work local authority functions, staff and assets to an NCS. As a 'framework bill', much of the operational detail was intended to be outlined in secondary legislation following a period of co-design.

4.2. In June 2003, the Convention of Scottish Local Authorities (CoSLA) and the Scottish Ministers reached an initial 'shared legal accountability' agreement on the NCS. This included the default position that local authorities would retain social care and social work functions, as well as retaining relevant staff and assets. In addition, a new NCS National Board would be created, accountable to both local government and Scottish Ministers. Local government and Scottish Ministers would have responsibility for national improvement, standards, and oversight, and with an agreed escalation framework in place for when standards were not met. Since June 2023, local government has engaged in extensive discussions with the Scottish Government and NHS to reach further consensus.

4.3. On 29 February 2024, the Scottish Parliament, as part of Stage 1 of its legislative process, agreed the general principles of the Bill as introduced. The Bill moved to Stage 2 of the process. Stage 2 is where amendments to the Bill can be proposed and decided on. Following determination of all relevant amendments, a new (amended) version of the Bill is published. This version is considered at Stage 3. Further amendments can be considered at Stage 3 ahead of a final vote by the Scottish Parliament on whether to pass the Bill. If the Bill is not passed, it cannot become law. If it is passed, it is normally sent for Royal Assent after four weeks. On receiving Royal Assent from the King, it becomes an Act of the Scottish Parliament.

4.4. The Bill currently remains at Stage 2 of the process. The Scottish Government has not yet formally lodged amendments to the Bill. It has, however, shared with the Scottish Parliament's Health, Social Care and Sport Committee, draft amendments to the Bill for consideration. Highlights from the draft amendments include:

a) Local authorities and health boards would retain legal responsibility for the delivery of their own services as well as retaining associated staff and assets;

b) The creation of an NCS National Board which would, amongst other things:
   i. set a national strategy for services within the scope of the NCS;
   ii. develop a support and improvement framework to hold local boards to account for the delivery of social care, social work and community health in their local area; and
   iii. employ a Chief Executive;

c) A change of name for Integration Joint Boards to National Care Service Local Boards;

d) The creation of a National Social Work Agency to improve local services, support local implementation of national policy, support a more consistent experience of social work, and promote support that is person led and consistent;

e) The reservation of contracts for certain services to organisations that meet specific criteria (e.g., organisations that reinvest profits into public services);

f) A right to breaks for carers; and

g) Provision for an NCS Charter of Rights and Responsibilities.

4.5. It is worth noting that the Scottish Government did not, however, publish draft amendments in the areas of:

a) Direct funding from Sottish Government to the reformed local integration authorities (as opposed to funding integration authorities through health boards and local authorities as is currently the case);

b) The approach to justice social work and children's services – namely whether to mandate the delegation of such functions from local authorities to the local integration authorities (although a power has been provided for in the Bill to add or remove a function of health boards or local authorities that must be delegated); or

c) The approach to the implementation of Anne's Law – a law that would ensure that a person in residential care always had access, through visiting rights, to a family member of friend for advocacy and support.

4.6. The Scottish Government acknowledge that further work is needed to develop the most appropriate legislative approach in these areas. In the meantime, it has indicated:

a) an intention to give Scottish Ministers the power to directly fund integration authorities for specific purposes such as regional and national commissioning of specialist services

b) a preference to include justice social work and children's services, including children's community health services, in the scope of the NCS;

c) a commitment to delivering Anne's Law.

4.7. On receiving the Scottish Government's draft amendments, the Scottish Parliament's Health, Social Care and Sport Committee subsequently issued a 'Call for Views' on the draft amendments. The ACHSCP, Aberdeen City Council (ACC), and the Aberdeen City Public Protection Chief Officers Group submitted a joint response, in consultation with NHS Grampian who submitted their own response, ahead of the deadline on 20 September 2024. Key elements of the submission include:

a) The need for any future NCS National Board, in setting strategy, to adopt similar practice to that in Aberdeen – namely developing methodology to identify the needs of population at local and national levels, provision of clarity on a limited set of clear outcomes for health and care, clarity on how those outcomes will be delivered and clear linkages between strategy and the Medium Term Financial Strategy of the NCS;

b) With reference to local activity to develop a prototype for a National Improvement Framework for the NCS, the need for proportionality and added value in how the NCS National Board discharges its functions – less intervention in local systems that have sound quality assurance arrangements in place and are delivering improving results within

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budget, more intervention for those systems facing greater challenges or with weaker relationships and leadership;

c) With reference to the work in Aberdeen to allocate spend across three tiers, promoting an opportunity, through the creation of the NCS, to increase the shift in resource allocation across the public sector in Scotland towards those activities which are preventative in nature, all within the available financial envelope;

d) With reference to the development of the Granite Care Consortium, the need for local flexibility in determining whether to develop innovative solutions locally and/or participate in NCS National Board commissioning activity;

e) With reference to the development of a family support model in Aberdeen under the leadership of Aberdeen's multi-agency children's services board, the need for local determination on whether justice social work and children's services should be delegated;

f) Caution against the use of the proposed ministerial power to add or remove functions of health boards and local authorities that must be delegated, with particular reference to children's services and justice social work;

g) Support for the principle of direct funding to NCS local boards for limited purposes;

h) Support for the principle of 'Anne's Law';

i) Support for the principle of the NCS Charter; and

j) The need for greater focus and intent on prevention, noting that prevention, population health management, and tackling health inequalities are not a distraction to immediate priorities: they are key to sustainable solutions to current performance challenges across the wider system.

4.8. The multi-agency Aberdeen City National Care Service Board is chaired by the Chief Operating Officer and has been operational since 2022. It works to a programme generated from the identification of opportunities and risks arising from the NCS (Scotland) Bill. This has included leading, engaging, and supporting:

a) The hosting of a three day study visit of Scottish Government officials to promote local achievement and challenges;

b) Aberdeen's participation in the Getting It Right for Everyone (GIRFE) pathfinder programme (a report on this matter will be presented to the IJB on 19 November 2024);

c) the development of Scotland's new multi-agency National Public Protection Leadership Group;

d) the development of a prototype framework which could be adopted by an NCS National Board and aims to implement a system of oversight

that is proportionate and provides appropriate weight to both local and national outcomes;

e) the development of the new Carer's Strategy for Aberdeen; and

f) other associated activity including that relating to the creation of a Bairns' Hoose model in Aberdeen, the development of a family support model, and the development of a new IJB Strategic Plan.

4.9. The Board will continue to engage with the development of the NCS, associated legislation, and policy development to help influence the final shape of the NCS in a manner that best supports the deliver of better outcomes for Aberdeen's citizens. It will also work to ensure that the transition to any agreed NCS in the future is done in a sensitive manner across relevant local agencies.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

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

5.2. Financial

As set out above, the Scottish Government may seek to make provision for direct funding to local integration authorities. Meantime, there are no direct financial implications arising from the recommendations of the report.

5.3. Workforce

As set out above, the Bill no longer provides for the transfer of local authority staff into an NCS. It is the Scottish Government's intention to create a National Social Work Agency to provide national leadership, oversight, and support. It also intends to designate a member of their staff as the National Chief Social Work Advisor. Meantime, there are no direct workforce implications arising from the recommendations of the report.

5.4. Legal

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As set out in section 4 of the report, the National Care Service (Scotland) Bill is currently at Stage 2 of the Scottish Parliament's legislative process. It is anticipated that the Scottish Government will formally submit its Stage 2 amendments to the Bill in autumn 2024 although this is subject to change.

5.5. Unpaid Carers

Provision for a right to breaks for carers remains in the Bill unchanged. Having regard to the Bill, the current version of the IJB's Carer's Strategy makes reference to breaks for carers. Meantime, there are no direct implications for unpaid carers arising from the recommendations of this report.

5.6. Information Governance

Section 36 of the Bill makes provision for Scottish Ministers to make regulations to allow information to be shared in order that public health and social care services can be provided efficiently and effectively. Meantime, there are no direct implications in respect of information governance considerations at this stage.

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. The Aberdeen City National Care Service Board has identified the following risks associated with the development of an NCS:
   a) A national structure may inhibit the ability to allocate resource based on local need (as opposed to what is perceived as a national need);
   b) Dis-establishment of existing relationships at a local level;

c) Uncertainty through the concurrency of various national change programmes; and

d) Additional demand on health and social care resources during the transition to an NCS.

6.2 The Board has sought to mitigate these risks by ensuring proactive engagement with Scottish Government officials and consultation exercises. This has sought to ensure that the circumstances particular to Aberdeen are heard and that the legislation will enable further innovation and integration that is appropriate to the city's needs. The Board has also sought to ensure that local arrangements are cognisant of the proposals for an NCS as they develop so that Aberdeen is placed to manage the transition to an NCS in a way that minimises any negative impact to citizens, the workforce, finance, and to existing multi-agency relationships.

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	Integration Joint Board Budget Protocol
Report Number	HSCP.24.054
Lead Officer	Kenny Low, Chief Finance Officer
Report Author Details	Sarah Gibbon Transformation Programme Manager sgibbon@aberdeencity.gov.uk
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Exempt	No
Appendices	a. Integration Joint Board Budget Protocol
Terms of Reference	The budget protocol forms a part of the work around the Medium Term Financial Framework and therefore is within the following section of the terms of reference: "3. Approval of the Medium Term Financial Framework"

1. Purpose of the Report

INTEGRATION JOINT BOARD

1.1. This report presents the Integration Joint Board (IJB) with a Budget Protocol for approval.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

      a) Approves the Integration Joint Board Budget Protocol as at Appendix A with effect from 25 September 2024.

3. Strategic Plan Context

3.1. The strategic plan outlines finance as a key enabler, specifically recognising that "*whilst demand is increasing, finances are not necessarily keeping apace, so we need to make sure that we make the best use of our restricted budgets*" with a commitment to refreshing our Medium Term Financial Framework (MTFF) annually. The budget protocol presented at Appendix A aims to ensure that the process of refreshing the MTFF is as robust as possible.

3.2. The strategic plan also outlines the Aberdeen City Health & Social Care Partnership's (ACHSCP) commitment to keeping our services person-centred with robust communication and engagement at its core, in line with the national integration principles.

4. Summary of Key Information

4.1. Aberdeen City IJB, as well as all authorities across Scotland, is finding itself navigating more complex challenges, unprecedented pressures and more difficult decisions when it comes to setting a balanced budget. This is evidenced across the country where the projected funding gap for 2023/24 almost tripled, in comparison with the previous year[1].

4.2. This financial landscape makes it more important than ever that the budget process involves clear and open conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial stability.

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[1] Integration Joint Boards' Finance and performance 2024 (audit.scot)

4.3. A recent Audit Scotland report into the finance and performance of the IJBs highlighted the need for our budget processes to involve collaboration and clear conversation with all of our stakeholders, internally and externally, around the difficult choices required to achieve financial stability.

4.4. The budget protocol outlines the key stages of the ACHSCP budget setting protocol. Whilst many elements of this process were in place already, the budget protocol formalises the process and makes several important commitments in line with the recommendations of the audit report:

4.4.1. Enhanced opportunities for engagement with Aberdeen City Council, NHS Grampian, the third and independent sectors; and the people we serve, including committing to undertaking to formal consultation exercises annually, in partnership with Aberdeen City Council

4.4.2. Early focus on developing savings options in the first quarter of the new financial year to allow plenty of time to work collaboratively with our stakeholders throughout the financial year.

4.4.3. Ensuring that Integrated Impact Assessments (IIAs) are created as early as possible and updated throughout the process, to allow for a robust and comprehensive consideration of the impacts of our difficult decisions.

4.4.4. Structured and regular updates for the IJB relating to the budget process ensuring greater oversight throughout the financial year, ahead of budget setting in the Spring.

4.5. As the budget protocol is being proposed to the IJB mid-year, the protocol, if approved, would be implemented in full for the first time during 2025/26.

5. Implications for IJB

5.1. **Equalities, Fairer Scotland and Health Inequality:** The budget protocol enhances our compliance with the Public Sector Equality Duty under the Equality Act 2010 and it will help facilitate a culture change in the organisation relating to IIAs during the budget setting process.

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5.2. **Financial:** The financial implications are detailed throughout the report and at Appendix 1. There are no financial implications relating to increased costs or costs specific to the budget setting protocol, however the budget protocol will have a positive impact by reducing the likelihood that the IJB is unable to set a balanced budget.

5.3. **Workforce:** There are no direct workforce implications arising from the recommendations of this report.

5.4. **Legal:** The Chief Finance Officer for the Aberdeen City Health & Social Care Partnership is required to set out a balanced financial plan for services delegated to the Integration Joint Board in accordance with the Integration Scheme. The budget protocol, as outlined in this report and Appendix A, will help to ensure that the Chief Finance Officer is able to meet this duty in a timely and effective manner.

5.5. **Unpaid Carers:** There are no direct implications for Unpaid Carers arising from the recommendations of this report.

5.6. **Information Governance:** There are no direct implications for information governance arising from the recommendations of this report.

5.7. **Environmental Impacts:** There are no direct environmental impacts arising from the recommendations of this report.

5.8. **Sustainability:** The budget protocol, as outlined in Appendix A, will allow ACHSCP to give due consideration to economic sustainability annually as it sets it budget.

5.9. **Other:** NA

6. Management of Risk

Risk Appetite Statement

The risk appetite statement for the IJB outlined a low to medium tolerance for financial risk and emphasises that the Board must make maximum use of resources available and also acknowledge the challenges regarding financial certainty.

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INTEGRATION JOINT BOARD

In 2023/24, only 25 of 32 IJBs managed to agree their 2023/24 budget before the start of the financial year. One of the main reasons for this was there were delays in agreeing the savings plans submitted. The Budget Protocol outlined at Appendix A will reduce the risk of Aberdeen City IJB being either delayed or unable to set a balanced budget by ensuring robust engagement with board members and early oversight of and contribution to developing savings options.

6.1.   **Identified risks(s):** The IJB has identified the risk of financial failure and projection of overspend within its strategic risk register.

Control: Approving the budget protocol, as attached at Appendix A, would add an additional control against this risk by providing ACHSCP with a robust, commonly understood process to address budget setting early within the financial year. It reduces the likelihood of this risk by maximising opportunities to identify savings options with full partner, staff and public engagement. If this protocol is not adopted, then these benefits cannot be realised and will not help protect mitigate against the risk of financial failure.

Additional risks include:

- There is a medium risk of negative response amongst the general public to ACHSCP's budget measures. Adopting the proposed protocol will help to mitigate both the likelihood and impact of this risk by ensuring that we are fully listening to the concerns and priorities of the public, as well as identifying impacts on those with protected characteristics. If the proposed protocol is not adopted, there is an increased likelihood of a negative response in the general public.

- There is a medium risk that savings options generated have unintended consequences across our services and partners. By adopting the budget protocol, we ensure, as much as possible, that opportunities to identify these consequences across the system are identified and considered as appropriate.

6.2.   **Link to risks on strategic or operational risk register:** Strategic risk register – risk number 2:

Description of Risk: Cause-IJB financial failure and projection of overspend

Event: Demand outstrips available budget

Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.

BUDGET PROTOCOL

Aberdeen City Health & Social Care Partnership

Review Date: Quarter 1 - 2025

Background

The Aberdeen City Integration Joint Board (IJB) is the governing body of the Aberdeen City Health & Social Care Partnership (ACHSCP) and agrees an annual budget each financial year.

Purpose

The purpose of this protocol is to identify the key stages in developing and delivering ACHSCP's Medium Term Financial Framework (MTFF) and Annual Budget. It highlights the importance of meaningful engagement – both publicly and internally – to enable a shared understanding of our options and the impacts they may have, particularly for those with protected characteristics. Listening to the views of people who use services, and involving them throughout the process of planning care delivery, is not only a statutory duty, but is a key improvement recommendation from the Independent Review of Adult Social Care in Scotland. Therefore, it is hoped this document will help both our staff and members of the public to have a shared understanding of the process and how they can contribute, as well as ensuring delivery of a balanced budget.

Dependencies

The ACHSCP budget setting process is connected to the processes of our partner organisations – NHS Grampian (NHSG) and Aberdeen City Council (ACC). NHSG and ACC each agree the proportion of their respective budgets that will be allocated to the IJB and all partners work with the same populations to meet similar needs. Each year, there will be a review of the support services being provided by our partners to ensure that these are sufficient. Both our partner organisations and the IJB shall agreement on the arrangements for future provision. Throughout the process, the IJB's Chief Finance Officer (CFO) will remain in dialogue with the NHSG and ACC CFOs, and other partners as appropriate, to ensure that our processes are aligned so far as possible.

Aberdeen City Health & Social Care Partnership
A caring partnership

Decisions made in respect of the budget protocol should align with the principles, values and strategic aims outlined in the strategic plan:

Our Vision

"We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives."

Our Values
Honesty
Empathy
Equity
Respect
Transparency

Our Enablers
Workforce
Technology
Finance
Relationships
Infrastructure

Strategic Aims
Prevent ill Health
Achieving Fulfilling, Healthy lives
ABERDEEN
Caring Together
Keeping People Safe at Home

ACHSCP has a clear commitment to prevention and early intervention throughout the strategic plan, which is also demonstrated in the following split of budget across 3 Tier Categories:

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

This commitment to prevention and early intervention should be considered throughout the budget protocol and particularly during the development of Integrated Impact Assessments (IIAs)
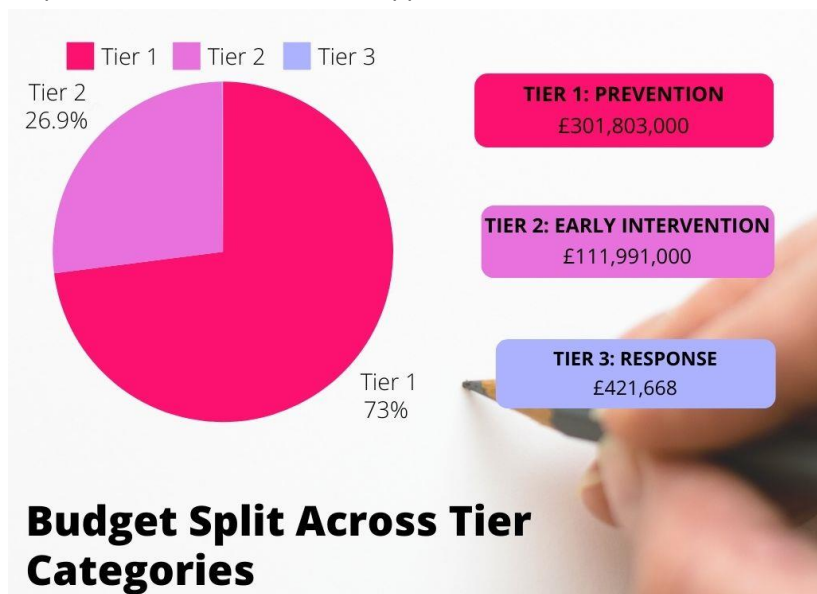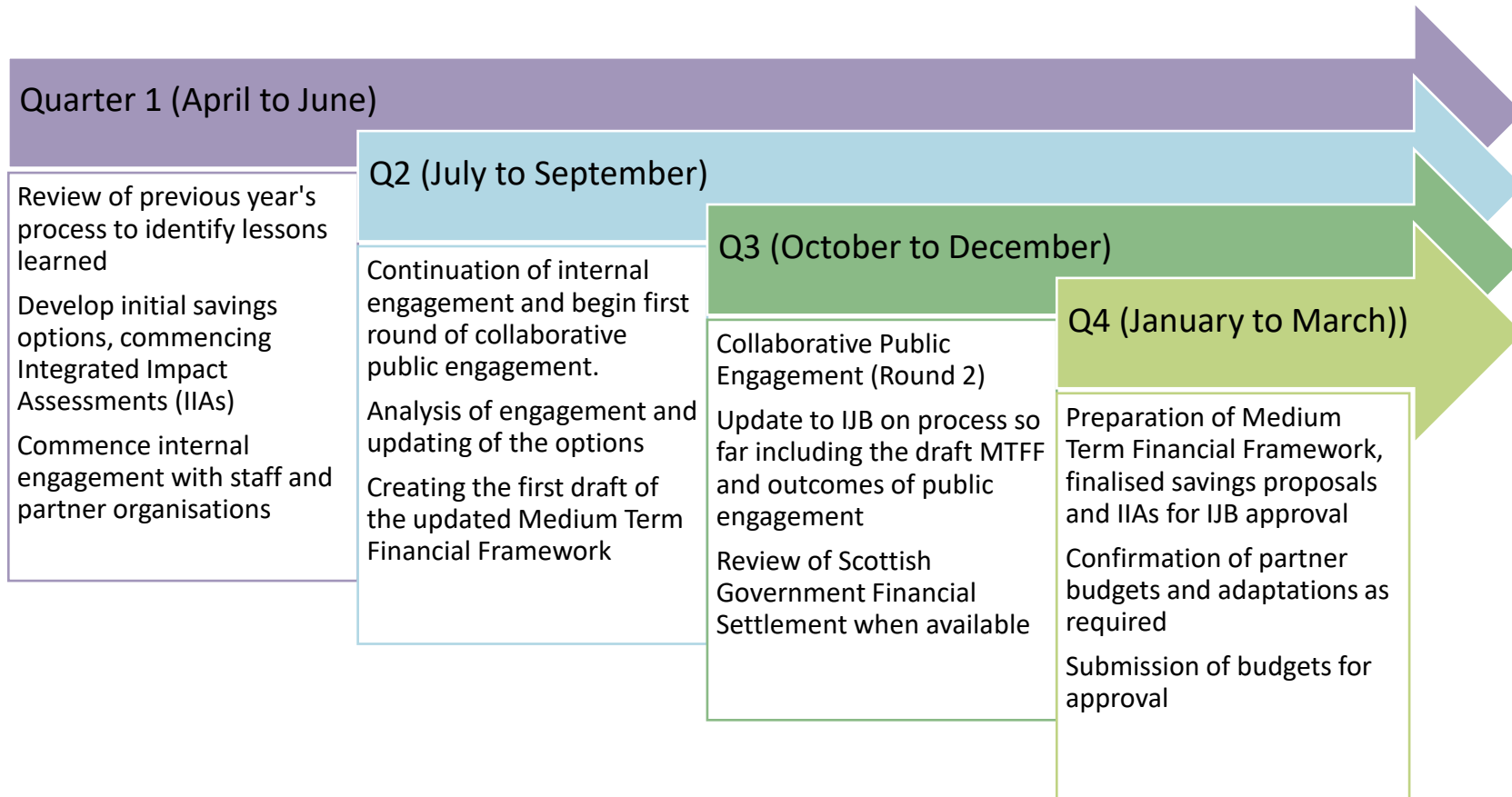

Tier 1   Tier 2   Tier 3

Tier 2
26.9%

Tier 1
73%

TIER 1: PREVENTION
£301,803,000

TIER 2: EARLY INTERVENTION
£111,991,000

TIER 3: RESPONSE
£421,668

Budget Split Across Tier Categories

Figure 1: from ACHSCP Annual Accounts 2023-24

![Aberdeen City Health & Social Care Partnership - A caring partnership]

Summary of our budget setting process

Below you can find a summary of how we intend to approach our annual budget setting process, which is explained in more detail on the following pages:

Quarter 1 (April to June)

Review of previous year's process to identify lessons learned

Develop initial savings options, commencing Integrated Impact Assessments (IIAs)

Commence internal engagement with staff and partner organisations

Q2 (July to September)

Continuation of internal engagement and begin first round of collaborative public engagement.

Analysis of engagement and updating of the options

Creating the first draft of the updated Medium Term Financial Framework

Q3 (October to December)

Collaborative Public Engagement (Round 2)

Update to IJB on process so far including the draft MTFF and outcomes of public engagement

Review of Scottish Government Financial Settlement when available

Q4 (January to March))

Preparation of Medium Term Financial Framework, finalised savings proposals and IIAs for IJB approval

Confirmation of partner budgets and adaptations as required

Submission of budgets for approval

Key Stages in more detail:

Quarter 1 – Preparing our options and Integrated Impact Assessments

Each year, our MTFF needs to be updated to reflect the current planning assumptions and forecasting over a five year period. Projections are based on historic trends and planning assumptions on advice from our key partners. Alongside this process, our services will develop options for achieving the required savings and begin to develop Integrated Impact Assessments (IIAs) focusing on both the potential impacts for our service users and our staff.

ACHSCP needs to ensure that our partners in ACC, NHSG and the Aberdeenshire and Moray IJBs are informed on the budget options being proposed, especially where they may have an impact on their own residents, services and/or budgets. Therefore, ACHSCP will ensure robust communication and engagement with these stakeholders throughout this process to ensure a shared understanding.

The IJB board members play an integral role in the oversight of the budget setting process. The IJB have a series of seminars each year to address important topics. These will be used to ensure that board members have an opportunity to explore in-year performance in detail as well as allow the opportunity to engage in the development of options for the next financial year.

Quarter 2 – Engaging with the public to develop our options and drafting MTFF

Aligning with our partners so far as possible, we will undertake public engagement to help us to understand where the public see their main priorities in terms of where budget allocations should be made. This will help us to co-produce acceptable solutions and ensure robust IIAs. A review of our ongoing consultations and engagements over the course of the year will also be undertaken to ensure we learn from previous exercises. Following the public engagement, the results and findings will be integrated into the developing MTFF, options and integrated impact assessments. This will be reported back to the IJB in autumn. During our budget process, and in updating the MTFF, we will continue to develop options to allow the balanced budget to be set. This will need to be collaborative by nature and will require meaningful two-way communication between our services/teams and their respective Senior Leadership Team members.

Quarter 3 – Continued public engagement and presenting IJB with draft MTFF

ACHSCP will undertake a second phase of public engagement, using the updated budget options and IIAs as the basis for this engagement. ACHSCP will ensure that there is a focus on ensuring representation from key stakeholder groups for each option, particularly those users of specific services and those with protected characteristics or the 'seldom heard' voices which may be affected by the options. Following the public engagement, the results and findings will be integrated into the developing MTFF, and the options and IIAs will be updated accordingly.

Quarter 4 – Finalising and approving our MTFF

Discussions throughout Q4 with finance colleagues give an early indication of the level of funding to be received by the IJB which allows for the draft MTFF to be prepared. The final funding figure will only be confirmed when NHSG and ACC have their budgets, and associated delegated funding, confirmed toward the end of Q4. The final budget will be considered by the IJB at the end of Q4

Integrated Impact Assessments

Options developed will also be required to have an accompanying integrated impact assessment. These should be begun at the start of the process and **iteratively** developed throughout the budget process outlined above.

@ Integrated Impact Assessment Guidance (last accessed 01.07.24)

@ Integrated Impact Assessment Template (last accessed 01.07.24)

@ Integrated Impact Assessment Examples (last accessed 01.07.24)

Assurance

In order to provide the IJB with additional assurance on the budget process, the IJB and/or the Risk, Audit and Performance Committee shall receive updates alongside the quarterly monitoring reports, including the outcomes of the public engagement and developing IIAs. ACHSCP's Senior Leadership Team will regularly review the reports throughout the year.

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Aberdeen City Health & Social Care Partnership

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INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	ACHSCP Annual Performance Report 2023-2024
Report Number	HSCP.24.057
Lead Officer	Alison MacLeod, Lead for Strategy and Transformation
Report Author Details	Calum Leask Transformation Programme Manager CLeask@aberdeencity.gov.uk
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Exempt	No
Appendices	a. ACHSCP Annual Performance Report 2023-2024
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 seek approval from the Integration Joint Board (IJB) to publish the Annual Performance Report (APR) for 2023-2024 (attached as Appendix A) and also to instruct the Chief Officer to present this to both Aberdeen City Council and NHS Grampian for their information.

2. Recommendations

2.1.   It is recommended that the Integration Joint Board:
a)   Notes the performance that has been achieved in 2023-24, the second year of the Strategic Plan 2022-25

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  b) Approves the publication of the Annual Performance Report 2023-24 (as attached at Appendix A) on the Aberdeen City Health and Social Care Partnership's (ACHSCP) website.

  c) Instructs the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian Board.

3. Strategic Plan Context

3.1. Under the terms of the Public Bodies (Joint Working) Act 2014, the Annual Performance Report must outline a description of the extent to which the arrangements set out in the Strategic Plan have been achieved, or have contributed to achieving, the national health and wellbeing outcomes.

4. Summary of Key Information

4.1. The Annual Performance Report demonstrates the ACHSCP performance against the ACHSCP Strategic Plan 2022-2025 and is presented alongside the national health and wellbeing indicators. The recommendation will allow for the Partnership's statutory duty to publish an Annual Performance Report to be undertaken.

4.2. Neither the legislation nor accompanying guidance prescribes a specific template to be used for the Annual Performance Report. Each Partnership can design its own format to best explain and illustrate its performance. In light of positive feedback received in previous years, the design of this year's report is based upon a similar format through 1) adopting easy read principles 2) ensuring visuals are provided throughout and 3) continue to work with colleagues in Graphics to ensure this document is consistent from a branding perspective with the Strategic Plan. A Communication Plan is being developed to ensure that the contents of this report can be disseminated as broadly as possible to maximise its impact.

4.3. The Annual Performance Report provides assurance over performance against the Strategic Plan and as such the report is structured by Strategic Aim. To assist with making the link between the activity reported and the Strategic plan, Appendix 4 of the APR aligns entries to the relevant projects within the Delivery Plan. Due to space limitations it is not possible to showcase the work undertaken against every Delivery Plan project.

4.4. As in previous years, and in agreement with colleagues nationally, we have produced several appendices (within the Annual Performance Report) which indicate our performance against the national and Ministerial Steering Group (MSG) indicators. These enable nationwide benchmarking. It should be noted that the MSG indicators are due to be released in September 2024. It is proposed that, if approved, the APR is published on the website without these data and then republished when it becomes available.

4.5. As part of the promotion of our performance, it is proposed the APR is submitted to both NHS Grampian (NHSG) Board and Aberdeen City Council (ACC). At the moment it is suggested this will be done in Autumn 2024 to allow for all available data to be published.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

The APR demonstrates performance in general across services delivered to the whole population dependent on need, including those with protected characteristics such as age and disability and people experiencing inequality. It helps us identify areas for improvement. As the APR is detailing performance over the year, and not requiring a decision on policy or strategy, or proposing any changes to service provision, there is no requirement for an IIA to be undertaken

5.2. Financial

There are no direct implications arising from this report.

5.3. Workforce

There are no direct implications arising from this report.

5.4. Legal

Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, we have a statutory obligation to publish an Annual Performance Report. As in other years, due to governance arrangements, we are unable to publish a final report within the stipulated timescale (4 months after the end of the financial year (i.e. 31st July 2024). This is due to the necessary inclusion of budgetary information and the need to report on national health

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and wellbeing outcomes which are unavailable in time for the previous IJB reporting cycle. This is similar to many Partnerships and there is an acceptance at Scottish Government level that this is the case. If the Annual Performance Report was not to be approved and published, we would be in breach of our legal obligation which would damage the reputation of the IJB and give rise to uncertainty around its performance.

5.5. Unpaid Carers

There are no direct implications arising from this report. The report discusses ongoing work with unpaid carers, and gives an overview of the Carers Strategy.

5.6. Information Governance

There are no direct implications arising from this report.

5.7. Environmental Impacts

There are no direct implications arising from this report.

5.8. Sustainability

There are no direct implications arising from this report.

5.9. Other

None.

6. Management of Risk

INTEGRATION JOINT BOARD

6.1. Identified risks(s)

Risk	Risk Dimension	Likelihood	Impact	Controls	Evaluation
There is a risk that we breach our legal obligation under the Public Bodies (Joint Working) (Scotland) Act 2014 (as described at 5.4 above) and also that we are not transparent and open about our performance.	Regulatory compliance risk Reputational risk	Low	High	Full version of report to be made available to publish once IJB approval in place. Executive Summary and Easy Read versions will become available and published soon thereafter.	If approved this risk can be closed. If the Annual Performance Report is not approved 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.

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 areas where we are performing well and highlights areas where performance could be improved allowing remedial activity to be directed where required.

Foreword by our Chief Officer

I am happy to present Aberdeen City Health & Social Care Partnership's Annual Performance Report for 2023 – 2024. The report outlines some of our key areas of work over the last 12 months. The progress you will read is testament to the hard work and dedication from our staff, in collaboration with our partners, who continue to operate in a very challenging environment.

Despite these challenges, I am very proud of what we have achieved over the last year. To give just some examples, we have seen a marked reduction in our unmet social care need and a greater number of general practices returning to full service provision. Following the success of our Aberdeen Vaccination and Wellbeing Hub, we have expanded this further to co-locate a variety of services. By using a Priority Intervention Hub model, it has helped us to provide a greater range of support to people who need it. Our Health Improvement Fund has helped to support over 70 community led projects across Aberdeen City. This has allowed us to support communities to improve their health and wellbeing. We launched our Technology Enabled Care Plan to explore how we can better use technology to help people live independently for longer. We held our first 'Age Friendly City' event that almost 200 people attend as we look to support people to age well into retirement and later life. We continued to implement our Carers Strategy to improve the experience of everyone with a caring role in Aberdeen and we increased the membership and diversity of our three Locality Empowerment Groups to ensure people in our communities help us shape how we plan and deliver services. In February, we reinstated the Partnership's annual conference to celebrate the successes of our workforce, which was a fantastic event.

Finance is a challenging area for us, as it is for everyone else. This is due to factors that are difficult for us to directly control, for example the costs we pay for medicines and our reliance on agency staff as a result of difficulties recruiting health and care professionals to the North East. We are entering the final year of our Strategic Plan and planning is under way to identify our strategic priorities for our new Strategic Plan in 2025. We remain committed to providing safe and quality services to the population of Aberdeen City and to putting people front and centre of our decision making but we will have to seek innovative ways of achieving this within the resources we have.

Our population is getting older and the demand for health and social care services is increasing. We are putting renewed focus into delivering and promoting prevention and early intervention services with a view to helping people avoid preventable diseases and to remain as healthy as possible for as long as possible. We need people to engage with these services and employ self-care to help ensure everyone has access to our services in the future.

Finally, on behalf of the Integration Joint Board and the Partnership, I would like to note our appreciation and thanks to our former Chief Officer, Sandra Macleod, who left the role in February 2024. Sandra led the Partnership over a span of five and a half years and much of the progress we have made has been driven by her dedication and commitment to improving outcomes for the people of Aberdeen. We wish her well for the future and we will continue to build upon the work she started.

Fiona Mitchelhill

Chief Officer
Aberdeen City Health & Social Care Partnership

Contents

Introduction

The Aberdeen City Health & Social Care Partnership (ACHSCP) Annual Performance Report gives an overview of performance against our Strategic Plan across the 2023-2024 financial year. The Strategic Aims within the ACHSCP Strategic Plan 2022-2025 and the key national health and wellbeing and integration measures are used to demonstrate performance over the year.

The report is broken down into distinct sections. The first introduces our Strategic Plan and the intended priorities for the 2023-2024 financial year, followed by five sections detailing performance in each of the four strategic aims and the enablers. The final section looks to give an overview of performance against key elements of our governance arrangements. Finally, in Appendix 1 we detail our performance on the national measures showing performance over time and in relation to the Scottish average.

Collectively these sections are intended to demonstrate the achievement of best value. The projects showcased throughout the report and the performance detailed in the appendices demonstrate improvements we have made in the performance and quality of our service delivery.

The Finance section on pages 63 and 64 confirms that we have achieved this within our funding envelope.

ACHSCP's Strategic Plan Aims

In 2022, the ACHSCP Strategic Plan for 2022-2025 was approved by the Integration Joint Board (IJB). Having learned from our previous strategic plan and also from the experiences of the Partnership's response to Covid 19, the Strategic Plan looks to continue to focus on progressing the integration agenda. This will be achieved by promoting preventative measures and increasing access to community-based health and social care services whilst shifting the balance of care from a hospital setting to closer to home.

As a means to achieve this, strategic priorities were identified under four strategic aims along with priorities under five enablers. A Delivery Plan which supports the aims of the Strategic Plan was developed. This outlines the means by which these aims are to be achieved and Appendix 4 demonstrates how our performance this year links to the Delivery Plan objectives. The full Strategic Plan can be found here: www.aberdeencityhscp.scot/about-us/our-strategic-plan/.

The '**Strategic Plan on a page**' can be found on the next page.

The following sections of this report demonstrate the progress being made towards these aims and the associated delivery plan.

Page 66

Strategic Aims

CARING TOGETHER	KEEPING PEOPLE SAFE AT HOME	PREVENTING ILL HEALTH	ACHIEVE FULFILLING, HEALTHY LIVES

Strategic Priorities

CARING TOGETHER	KEEPING PEOPLE SAFE AT HOME	PREVENTING ILL HEALTH	ACHIEVE FULFILLING, HEALTHY LIVES
▸ **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** ▸ **Deliver better support to unpaid carers**	▸ **Maximise independence through rehabilitation** ▸ **Reduce the impact of unscheduled care on the hospital** ▸ **Expand the choice of housing options for people requiring care** ▸ **Deliver intensive family support to keep children with their families**	▸ **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**	▸ **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**

Enabling Priorities

WORKFORCE	TECHNOLOGY	FINANCE	RELATIONSHIPS	INFRASTRUCTURE
▸ **Develop a Workforce Plan** ▸ **Develop and implement a volunteer protocol and pathway** ▸ **Continue to support initiatives supporting staff health and wellbeing** ▸ **Train our workforce to be Trauma informed**	▸ **Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion** ▸ **Expand the use of Technology Enabled Care throughout Aberdeen** ▸ **Explore ways to assist access to digital systems** ▸ **Develop and deliver Analogue to Digital Implementation Plan**	▸ **Refresh our Medium-Term Financial Framework annually** ▸ **Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee** ▸ **Monitor costings and benefits of Delivery Plan projects** ▸ **Continually seek to achieve best value in our service delivery**	▸ **Transform our commissioning approach focusing on social care market stability** ▸ **Design, deliver and improve services with people around their needs** ▸ **Develop proactive communications to keep communities informed**	▸ **Develop an interim and longer-term solution for Countesswells** ▸ **Review and update the Primary Care Premises Plan**

Priorities for 2023-2024

The ACHSCP Annual Performance Report 2022-2023 represented the first year of the 2022-2025 Strategic Plan.

The Partnership outlined the following priorities for the 2023-2024 financial year. Achieving these would help to meet our Strategic Aims as outlined on Page 6 .

ACHSCP provides regular updates on the progress being made in each of these areas have been included in the report. These can be found by navigating to the page number given, or clicking the priority to take you to that area of the report.

PRIORITY 2023-2024
Implement and Embed the Carers Strategy
(Page 25)

PRIORITY 2023-2024
Implement and Embed the Workforce Plan 2022-25
(Page 56)

PRIORITY 2023-2024
Undertake a review of our Neuro Rehabilitation Service
(Page 31)

PRIORITY 2023-2024
Continue to engage with the communities of Aberdeen in a way that suits them
(Page 38)

PRIORITY 2023-2024
Ensure close alignment of Complex Care needs to the Market Position Statement and its reflection in the provision of support and accommodation
(Page 53)

Policy Context

The ACHSCP operates within a complex and dynamic policy context, which influences and shapes the delivery of health and social care services in Aberdeen City. The policies and strategies are constantly evolving and changing, and it is important to keep up to date with the latest developments and implications for our work.

ACHSCP provide regular updates and briefings on the policy context, and also engages with and influences the policy development and implementation at the national and local level.

The next two pages indicates some of the many policies we consider.

Linked National Policies

2018 GMS Contract - General Medical Services MoU with Scottish Government

Coming Home Implementation

Community Empowerment (Scotland) Act 2015

The Annual Health Checks for People with Learning Disabilities (Scotland) Directions 2022

Independent Living housing adaptations

Climate Change (Emissions Reduction Targets) (Scotland) Act 2019

NHS Grampian Three Year Delivery Plan (2023-26)

Mental Health & Wellbeing Strategy 2023-2025

National Strategy for Community Justice

Creating Hope Together: suicide prevention strategy 2022 to 2032

HIS Standards for Sexual health

A Fairer Scotland for Older People - A framework for Action

Scottish Housing and Dementia Framework

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

The Health and Social CareStandards: My Support, my Life (2017)

National Health and Wellbeing Outcomes Framework 18th February 2015

Linked National Policies

Equipment and Adaptations: Guidance on Provision (2023)

Medication assisted treatment (MAT) April 2022

Womens Health Plan

National level: Tobacco and vaping framework: roadmap to 2034

Local (Grampian Region) level): Grampian Tobacco Strategy 2023

Digital Health and Care Strategy - 2021

Sexual health and BBV framework action plan

National Care Service (Scotland) Bill June 2022

Public Services Reform (Scotland) Act 2010

Adult Support and Protection (Scotland) Act 2007

GIRFE (Getting it Right For Everyone)

Housing to 2040

Scotland's Public Health Priotities: Priority 6

Civil Contingencies Act 2004

Carers (Scotland) Act 2016

Public Bodies (Joint Working) Act 2014

The Scottish Governments Technology Enabled Care (TEC) Programme - launched in late 2014

Digital health and care strategy Scotland - Enabling, Connecting and Empowering - 2021

Partnership Working

ACHSCP has key stakeholders, including NHS Grampian, Aberdeen City Council, and the third sector. These organisations work together to improve the health and wellbeing of the local population, with a focus on prevention, early intervention, and support for independent living. The Partnership also engages with service users, carers, and the wider community to ensure that their needs and views are taken into account in the planning and delivery of services. Please see some examples of the services covered by ACHSCP -

Services Delegated from ACC:

- Social Work Services for Adults and Older People
- Social Work Services for Adults with Physical and Learning Disabilities
- Mental Health Services
- Drug and Alcohol Services
- Adult Protection and Domestic Abuse
- Carers Support
- Communty Care Assessment Teams
- Support Services
- Care Home Services
- Adult Placement Services
- Health Improvement Services
- Aspects of Housing Support, including aids and adaptation
- Local Area Co-ordination
- Respite Provision
- Occupational Therapy Services
- Reablement Services, Equipment and Telecare
- Justice Social Work Services

Services Delegated from NHSG:

- Accident and Emergency Services provided in a Hospital
- Selected inpatient Hospital Services (general, geriatric, rehabilitation, respiratory medicines and Psychiatry of Learning Disability
- Continence Services/Kidney Dialysis Services provided out with a Hospital
- Services provided by Health Professional that aim to promote Public Health
- Community Learning Disability Services
- Inpatient Hospital Services provided by GMS
- Addiction or Substance Dependence Services
- Community Mental Health Services
- District Nursing
- Allied Health Professionals
- Public Dental Service
- Primary Medical Services
- General Dental Services
- Ophthalmic Services
- Pharmaceutical Services
- Out-of-Hours
- Palliative Care
- Grampian Sexual Health Service

11

Caring Together

The strategic theme of Caring Together means that together with our communities, the Partnership wants to ensure that health and social care services are high quality, accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a say in how services are designed and delivered both for themselves and for the people they care for, ensuring they can access the right care, at the right time, in a way that suits them. We intend to achieve this by:

- **Undertaking whole pathway reviews ensuring that services are more accessible and coordinated**
- **Empowering our communities to be involved in planning and leading services locally**
- **Creating capacity for general practice improving patient experience**
- **Delivering better support to unpaid carers.**

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Redesigning Adult Social Work

In adult social work we saw significant challenges due to changing demographics, poverty and inequalities that led to increasing demand and complexity on our services and poorer outcomes for our communities. As part of aligning of our services into three localities, a redesign of adult social work began.

Vision

"The vision for adult social work in Aberdeen is based on a prevention and early intervention model, working in collaboration across sectors and services to prevent, intervene and deliver services to those who require it."

In order to achieve our ambitions within our Strategic Plan, it was vital that there was a fundamental shift in the balance of care and a targeted joined-up approach to prevention and early intervention. Integration and the wider community planning agenda have supported more joined-up working, but further work was required to truly integrate our services and embed our shared vision, bringing with it team ownership, collaboration and system wide working.

Adult social work was considered as a whole system to realise the potential in how resources are aligned to deliver our services, achieve outcomes and meet our strategic ambitions. The first part of this work was to consider how services are redesigned through the lens of early intervention, prevention and community empowerment.

Over the past year, work has continued to design social work services for the future by aligning teams into localities. This enabled the creation of locality ownership, multi-agency and multi-disciplinary collaboration and system-working in its truest sense. The aim is to have teams who are protecting, promoting and ensuring a human rights-based approach within our local communities. It allows greater empowerment of people who need support, utilising community assets and placing supported people at the centre of care planning so they can achieve their goals and desired outcomes.

Older adults

The redesign of the Older People and Physical Disability service resulted in the enhancement of the Care Management Response Team to provide individuals and their families with a consistent entry point for screening, assessment, and care planning. Over the past year there has been a strong and sustained emphasis on addressing the waiting times for an assessment and the subsequent levels of unmet need.

An enablement-focused approach has been adopted which involves a consideration of technological support and the appropriateness of risk-assessed care. Through targeted screening and intervention, the goal is to complete high-need assessments within four weeks of referral instead nationally agreed waiting time of eight weeks. The targeted work in this team has resulted in a substantial reduction in unmet needs and delayed discharges.

Graph Showing Care Searches and Unmet Needs Clients

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4
Avg. Care searches in place	284.4	246.9	279.5	174.6	145.8	145.9	105.6	73.5
		▼ -38	▲ 33	▼ -105	▼ -29	⬤ 0	▼ -40	▼ -32
Avg. Clients with unmet needs	156.7	126.5	196.0	112.1	87.4	96.7	67.3	41.0
		▼ -30.2	▲ 69.5	▼ -83.9	▼ -24.7	▲ 9.3	▼ -29.4	▼ -26.4
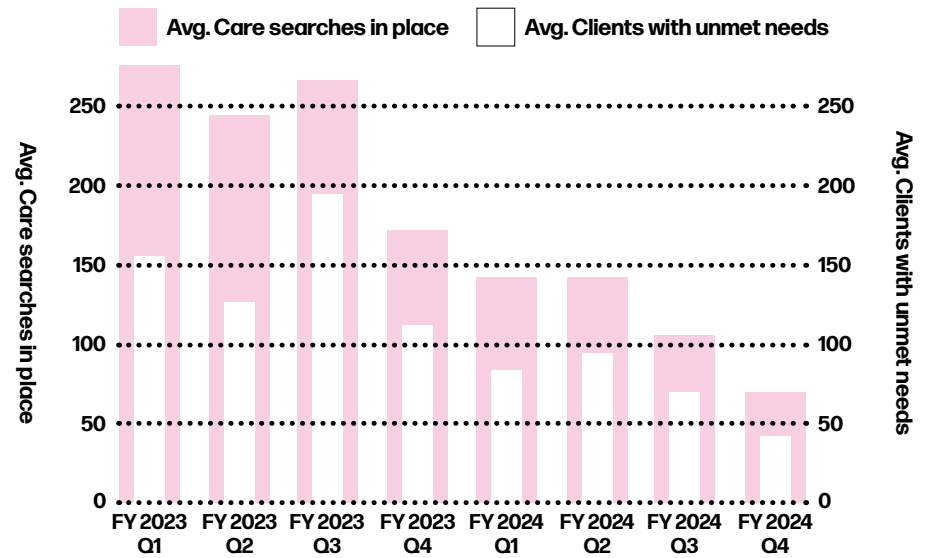
FY 2023 refers to the financial reporting year Apr 2022 – March 2023

FY 2024 refers to the financial reporting year Apr 2023 – March 2024

Graph Showing Weekly Carer Hours and Unmet Hours

	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4
Avg. Weekly carer hours	3,003	2,350	2,236	1,487	1,444	1,242	805	639
		▼ -652.8	▼ -114.0	▼ -748.7	▼ -43.3	▼ -201.4	▼ -437.8	▼ -165.7
Avg. Weekly unmet need carer hours	1,390	992	1,374	876	794	813	482	338
		▼ -398.0	▲ 382.3	▼ --498.4	▼ -81.9	▲ 19.3	▼ -331.1	▼ -144.2
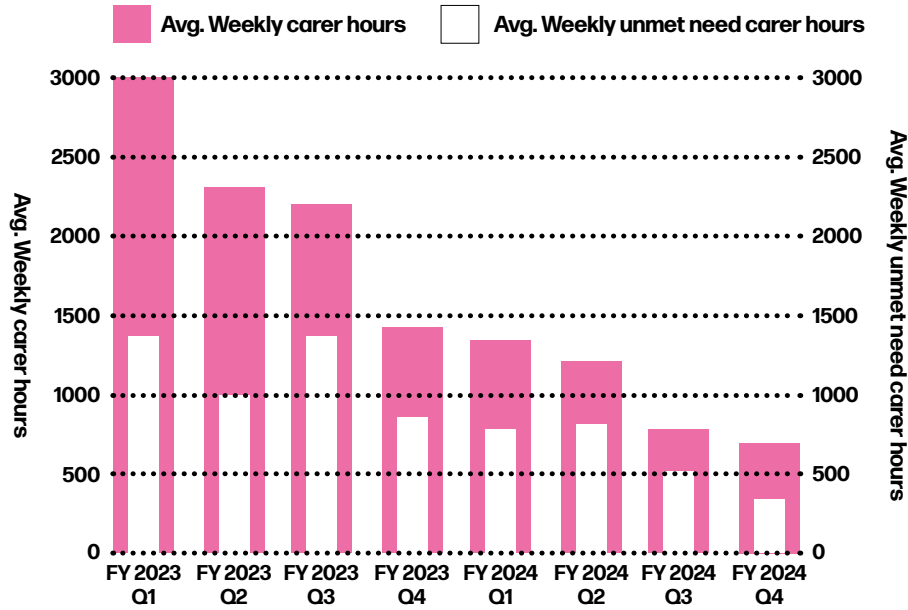
FY 2023 refers to the financial reporting year Apr 2022 – March 2023

FY 2024 refers to the financial reporting year Apr 2023 – March 2024

Hospital team charter

"We are a fully embedded part of the Multi-Disciplinary Team (MDT), whilst retaining our own core values and skills, to plan discharge from the point of admission; to get the individual back home to their own environment as quickly as possible with the right support. This will reduce the risks associated with lengthy hospital stays and improve patient outcomes."

1378 reviews have been completed in the time.

1423 assessments of need completed.

A review team was also established to undertake statutory reviews triggered by adult protection concerns, targeted unscheduled reviews and annual reviews for all non-residential packages which will include those discharged from hospital. The team is now well established and has been a key driver in ensuring the right care is provided and that supported people and their families' outcomes are being met.

The Hospital Social Work review was completed in April 2023 and carried out in the context of the overall vision for social work services, It coincides with a range of other projects within the community aimed at shifting the balance of social work care and support. The recommendations contained within the review reflect the steps required now to have a Hospital Social Work Team who can function effectively and adapt within the current and future demands, alongside the aim of reducing hospital admissions with resources more directed into communities through locality structures.

The Hospital Social Work Team are a long-established team and have an essential role to play in ensuring that those patients who require Social Work assessment or support are enabled to move on from hospital and do so.

Following the recommendations, hospital social workers (HSW) have been aligned to wards where the highest demand was seen. This recommendation was based on consideration of the current alignment of the hospital team, data on referral numbers, links to other related programmes of work and feedback from the HSW team and colleagues within the hospital.

The alignment of staff led to significant focus on specific areas to ensure system flow and key performance measures will be determined at the outset to monitor the impact of this change to ensure it is achieving its intended aim. Delayed discharge figures for the last year show the targeted approach brings positive results, ensuring that people are not delayed in hospital any longer than required.

Bed Days Occupied by Delayed Discharges March 2023 to April 2024, Aberdeen City

Number of bed days occupied by delayed discharges

| | Aberdeen City | Scotland Average |

This graph shows the number of delayed discharge beds each month from April 2023 until March 2024. Despite there being an increase in these numbers, ACHSCP still maintain some of the lowest figures in Scotland. We have consistently remained within the 5 highest performing Local Authority areas in this regard. (Refer to Appendix 2 on page 79).

We have utilised several methods of interim provision, to allow service users to move on from hospital to a more homely setting, either for further rehabilitation and assessment, or to await care/care home placement.

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Scottish Ambulance Service Social Care Pathway

In order to ensure better service user experience and to support colleagues working within the Scottish Ambulance Service (SAS) and in hospitals, we worked in collaboration with SAS and the Flow Navigation Centre (FNC) to develop a new Pathway.

Our vision is that people, with no clinical need, are triaged within the community and directed straight to social work for support and assistance. This prevents SAS transportation time to hospital and inappropriate use of the Accident and Emergency department. This will save SAS and A&E staff time. In addition, the Pathway will promote wellbeing, via a less traumatic experience for people identified with only social needs. The Social Pathway promotes person centered, earlier intervention and earlier access to services alongside avoiding potentially distressing removal by ambulance and time in hospital. We will apply the best evidence to the individual's problem. Right person, right time, right intervention. We aim to officially launch the Pathway in Aberdeen Summer 2024.

Adult Protection

Given the increase in complexity of risk and the need to fully upstream our services, the first part of the social work redesign was to undertake an audit of Adult Protection. A comprehensive review and options paper on the future operating model was completed in 2022. Over the past year we have continued to improve and strengthen our response to adults at risk of harm. The establishment of the Adult Protection Social Work Team has enabled a first point of contact for the triaging, screening, and response to all adult protection referrals, police concern reports and crisis intervention to those at risk. They work alongside all services such as the Community Intervention Hub, Housing, the Single Access Point, and the third and private sectors, to deliver early intervention and prevention practice. The implementation of standard operating procedures has provided robust systems and processes in our duties and created a strong, consistent and responsive approach to adult protection.

Implementation of the Adult Support and Protection (ASP) Recommendations

The purpose of this work was to implement the recommendations from the June 2022 inspection of ASP. This included work on processes and recording, access to Advocacy, and involvement of staff in improvement work. All of this work has now been completed.

Key Successes

- **NHS Grampian reviewed training for staff to improve understanding about ASP. A 'Practice Note' about ASP was also developed for staff who work directly with patients.**
- **ASP case conferences, at which individual cases are discussed, are being held more often. There has been a significant rise in the number of case conferences jumping from 45 in FY 2022-2023 to 106 in FY2023-2024. These involve the adult at risk and/or their carer or representative where possible.**
- **ASA support people, to make sure their views are represented, and their voice is heard.**

What's next?

We will continue to work on improving our approach to developing chronologies - looking at what has happened to someone in their past helps us to understand their future needs. We will ask staff to complete a survey to help us understand how effective our Council Officer Support Groups are.

There has been a significant increase of 12% in the number of people supported by Advocacy Service Aberdeen (ASA).

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Strategic Review of Social Care

Our aim was to undertake a strategic review of specific social care pathways utilising the Getting it Right for Everyone (GIRFE) multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination. Further information can be found here - **GIRFE**.

Key Successes

- **We have reviewed the approach to Social Work assessment within the hospital. This highlighted challenges with communication and developing relationships between social work and ward staff. Individual hospital Social Work team members have now been aligned to specific wards. This aims to improve coordination for patients and develop positive relationships with ward staff. Feedback so far has been positive.**

- **Working collaboratively with multi-disciplinary teams, and independent and third sector partners. This has included being a pathfinder area for the Scottish Government's (GIRFE) approach. This is in line with shifting to a more preventative and proactive approach locally. Our 'Wee Blether' group members are key participants in this work.**

- **Incorporating Technology Enabled Care (TEC) as a project. Improving access to TEC supports people to live independently at home for longer.**

What's next?

Developing a 'TEC FIRST' approach to preventative and proactive care, exploring how digital interventions can enhance outcomes to save both time and money.

Designing an 'Initial Point of Contact' system for accessing support and services. This will focus on Prevention first. Where a person needs support this is managed collaboratively by a multi-disciplinary team.

> **"The Ward Alignment has resulted in better working relationship between me and the staff on the ward I am aligned to."**
> Hospital Social Work Team member

> **"Better communication, more proactive planning."**
> Ward staff member

Priority Intervention Hubs

Aberdeen City Vaccination & Wellbeing Hub

The aim was to create a Health & Wellbeing Hub which delivers an easily accessible location where a range of health, social care and voluntary organisations work together, responding to local needs. The hub focuses on a prevention and early intervention model in a way that addresses the widening inequalities gap and recognising the multiple impacts of long-term ill health on people's physical health, mental health and social wellbeing.

The Hub works collaboratively with over 70 voluntary organisations.

The Hub provides a range of services including a "One Stop Shop" for clinical services such as Vaccinations, Community Treatment & Care (CTAC) for Bloods, Chronic disease management and Vitamin B12 Injections, Community Respiratory Team, Health Visitors, pre-school drop in clinics and the provision of a Community Health Information Point.

The Hub provides regular support to people from third sector & voluntary organisations attending to promote their service and provide peer support to the following areas:

- **Mental Health & Wellbeing Support**
- **Drugs & Alcohol Recovery – Peer Support**
- **Independent Living & Employability**
- **Carers Support**
- **Digital Inclusion**
- **Housing, Financial & Cost of Living Support**
- **Safer Mobility & Falls Prevention**
- **Health Conditions – Parkinsons, Epilepsy, Stroke, Liver Disease, Menopause etc**

By providing information of activities in their local areas, the Hub helps people to establish and maintain connections so they can stay well and connected.

A community cafe and workshop area is available to support people to stay well and stay connected, by promoting wellbeing activities and provide a warm space for a "cuppa and a conversation". All staff are trained in Making Every Opportunity Count (MEOC) which is a brief intervention aiming to take a preventative approach and signpost people to services offering support.

What's next?

The service will continue to work with health, social care and voluntary organisations to further enhance the range of services delivered within this location and link with work being undertaken in other Health & Wellbeing Hubs within local communities. They will continue to support a preventative approach to reduce the burden on GP Practices and Hospital settings.

The service will continue to promote this model & work with colleagues within Grampian and other Health & Social Care Partnerships in Scotland who wish to roll-out this model of preventative care.

Feedback

"Pleased to see it is a Wellbeing Hub - Men like me are more likely to come in and have a chat."

"Being located in the hub has given us good access to older adults that we often struggle to engage with."

"Nice and easy to talk to staff in the café area about my mobility problems. She provided lots of information about other services and also gave me a copy of the Agile Booklet."

"The hub has given us the ability to reach a wider audience - providing us with an increased visibility enhancing our impact."

"The hub allows an opportunity for networking with other organisations to enhance our knowledge, joint working opportunities and better signposting for people looking for support."

PUBLIC FEEDBACK

SERVICE PROVIDER FEEDBACK

"Love the fact there is different professionals on hand to help with issues."

"Coming into town on the bus got me out of the house. Was easy to get to."

"The hub has given us a central location to meet with people who may be vulnerable that wouldn't have reached out otherwise."

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

"Plenty opportunities for asking questions - as we age our needs need to be anticipated as signs of future need can be spotted quite early."

"The hub's central location is great for attracting people from across the city and the friendly staff makes it welcoming."

Feedback from Public Health Scotland Visit - 24th May 2024 - Vaccination & immunisation Division (VAID)

"The visit to your hub was up-lifting; and to see how integrated, not only public health, but health and wellbeing in its wider sense is delivered by committed multi-disciplinary professionals from different organisations as one team was exemplary. You should all be proud of this achievement. All the staff we met at the wellbeing hub showed dedication, commitment and professionalism which reflects your honest, transparent and collaborative public health approach and leadership*."

Statistics

The hub has contributed a footfall of just over 71,000 people (average 6,000 per month), many of whom would not have otherwise visited the city centre that day had it not been for their appointment or attending with their family member/person they care for.

- **98% of people reported thought they were satisfied with the service they received.**
- **98% of people reported that they felt the venue was accessible.**
- **100% of service providers feedback suggests that the hub improves accessibility to their service.**

Service providers reported that an average of 54% of people that they engaged with at the hub would not have contacted their service otherwise.

GetActive@Northfield - Community Room

A programme of health, social care and wellbeing services in a sports facility was trialled. This was to bring different wellbeing, preventative and rehabilitation services to the area. Working together with Sport Aberdeen to support continued engagement in physical activity and access to health and wellbeing services under one roof. This project was additionally to support and engage the local population in uptake of services.

Services included, Speech and Language Therapy, Community Listening Services, Pulmonary Rehabilitation, Community Respiratory Services, PEEP Support Group for Health Eating Behaviours, Health Visiting and Links Practitioners among others.

Key Successes

- **Rooms were utilised four out of five days demonstrating the success of implementing a wide range of initiatives, including the long term booking of classes and clinics aligned to rehabilitation and preventative services.**
- **Community Listening Services have noted an uptake in service within the area being at Hub at Northfield in comparison to being delivered from a Medical Practice.**
- **Pulmonary Rehab and respiratory services are being regulary delivered in the community, with increased information and sustainable self-management options available to patients.**

What next?

This project was approved to continue as business as usual and move to next phase of taking the learnings from this project and implement within other hubs across Aberdeen. These include Aberdeen City Vaccination and Wellbeing Hub, Torry, Tillydrone and Countesswells. The next phase also includes branding each of these sites as Health and Wellbeing Hubs. The room in Northfield will now be called the Health and Wellbeing Hub@Northfield.

A refreshed Local Outcome Improvement (LOIP) for Chronic Pain is to be initiated. Sport Aberdeen will lead the project, taking learnings from the Pulmonary Rehabilitation project to form a pathway review of Chronic Pain, and encourage self-management through a range of initiatives. These will be tested in collaboration with ACHSCP at the Health and Wellbeing Hub@Northfield.

Monitor and Evaluate the Carers Strategy

The Carers Strategy and Action Plan aims to plan and deliver services and support for unpaid carers across Aberdeen City. Identifying carers, getting them access to support, and providing information to support them to support others are key objectives. The overarching aim of this strategy is to improve the experience of all carers in Aberdeen City, making best use of available resources to do so. You can view the carers strategy here -
achscp-carers-strategy-2023-2026.pdf (aberdeencityhscp.scot)

Key Successes

A progress report published in February 2024 highlighted key areas such as:

- **Launch of the Young Carers Charter is a LOIP project initiated in May 2023 has the project aim to increase by 20% registered young carers accessing support from the young carers service by 2025. Progress against this charter includes reviewing the use of the Young Carers Statement and referral process and pathway. Barnardo's has also been successful at implementing the Think Young Carer training.**

- **Initiation of a Carer Reference Group will ensure Carers are empowered to have input in future service design and have their say on what information they need to support them as a Carer.**

- **Achievement of the Adult Carers 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. This project led to the development of several initiatives, including the Respitality Bureau and the Time to Live project. A further initiative is the Wee Blether Cafes.**

What's next?

The recommission of both young and adult carers support services will take place throughout 2024. This will involve a collaborative commissioning process with all stakeholders for new contracts to commence April 2025. Continuation of the Young Carers Charter, as well as a refreshed aim for adult carers to support the LOIP Improvement projects.

The Wee Blether is a test of change pilot scheme, aimed at reducing the social isolation experienced by our carers post-Covid, by bringing them together for company and a chat, and to build better links to the local community. The Wee Blether groups were targeted at our unpaid carers aged 55+ who were welcome to bring along the person they cared for too.

Free soup, hot drinks, games and activities are provided for our carers. Part of our support was to also signpost our carers to ongoing activities and groups in the local community providing additional support via local businesses and organisations. Our aim was to set up five Wee Blethers in the locality.

Deliver the Primary Care Improvement Plan (PCIP)

The PCIP works alongside an agreement between the Scottish Government and General Practice (GP) called the 2018 General Medical Services Contract (GMS contract). The contract offer proposes a refocusing of the GP role as 'expert medical generalists'. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

8 Clinic Sites including 2 CTAC Sites are now opened.

The contract also proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability. This is important because strong practices mean better care for patients and healthier communities.

The purpose of the PCIP is to deliver the Memorandum of Understanding (MoU) as part of the GMS contract. The support from the workstreams in the MoU is intended to support to GPs.

The Scottish Government have implemented the MoU to enable GPs to focus on becoming expert medical generalists and in turn provide better care for patients by maintaining and improving access, enabling more time with the GP for patients when it is really needed (continuity), and providing more information and support for patients (co-ordination) and better health in communities.

The PCIP is working towards delivering 6 key workstreams within the MoU:

1. Vaccination Transformation Programme (VTP)
2. Pharmacotherapy
3. Community Treatment and Care (CTAC)
4. Urgent Care
5. Additional professional roles, for example, but not limited to, musculoskeletal focused physiotherapy services & community clinical mental health professionals (e.g. nurses, occupational therapists)
6. Community Link Worker service.

Of the 6 workstreams there are 3 key workstreams of focus:

1. Pharmacotherapy
2. Community Treatment and Care (CTAC)
3. Vaccination Transformation Programme (VTP).

Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, but the expectation is that their further development, where required, may progress at a slower pace to allow the commitments around VTP, CTAC and pharmacotherapy to be accelerated.

CTAC delivers 4,000 x 15min weekly appointments.

Vitamin B12 injections are now available and delivered by CTAC at the Vaccination and Wellbeing Hub in the city centre. Demand has reached 600+.

Key Successes

1. **Two CTAC sites were opened over the last year, which brings the total to eight clinic sites (Inverurie Road Clinic Bucksburn, Bridge of Don Clinic, Northfield Clinic, Carden House, College Street, Kincorth Health Centre, Airyhall Health Centre and Aberdeen Vaccination and Wellbeing Clinic).**

2. **Vitamin B12 injections are now available and delivered by CTAC at the Vaccination and Wellbeing Hub in the city centre. This was Implemented in February and demand has reached 600+ patients using this service. This frees up capacity in practices and patients have the option to have their injections at the practice or book an appointment at the hub.**

3. **Electro-cardiogram provision also began in CTAC clinics within the past year.**

Improvements Made

1. Physiotherapy First Contact Practitioners - now available in 26 practices across the city, offering more direct access to physiotherapy.

2. Training to the non-medical prescribers is available and on a phased programme. Percentage of contacts being First Contact has increase in true first contact appointments, from 50% in 2022-23 to 70% in 2023-24, freeing up appointments for GPs, more appropriate use of the service / improved patients journey. Approximately 279 clinical hours of patient contact in a week.

3. Link Workers service - The service is available to all practices across the city and they provide approximately 300 hours of patient contact capacity. This is a referral service from practices and the work they do also includes PDS - Post Diagnostic Support for Dementia patients.

4. CTAC delivers over 4,000 x 15 minute appointments across the city on a weekly basis.

Physiotherapy First Contact Practitioners - Now available in 26 practices.

9th CTAC clinic opened in Torry Neighbourhood Centre. Hub planned for Countesswells with CTAC, Childhood Vaccinations and Health Visiting.

Next Steps

• **Continue to develop and roll out additional services in the workstreams and create new processes across ACHSCP.**

• **Develop staff training across workstream to maximise workflows and capacity.**

• **Planned opening of the ninth CTAC clinic at Torry Neighbourhood Centre in May 2024 (at the time of publish this has now opened) and planning a hub at Countesswells with CTAC, childhood vaccinations and health visiting.**

General Practice Vision Programme

In response to the evolving significant sustainability challenges within General Practice in Grampian, the GP Vision Programme was commissioned to outline a new vision and strategic objectives that will guide the future direction of General Practice across Grampian.

A Vision Statement has been created which captures the changes required to move towards a more sustainable General Practice sector within the area. A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health. The key themes and challenges that were identified throughout the facilitated workshop process and stakeholder analysis were consolidated. Key themes identified throughout the process were identified in response to reasons for change.

An objective has been created in relation to each of these:

- Data
- Models of contract
- Digital
- Premises
- Keeping the population well
- Pathways
- Multi-Disciplinary Team

- Continuity of care
- Mental health & wellbeing
- Recruitment, Retention & Education

The new vision for General Practice contributes to local, regional and national initiatives including:

- The National Health and wellbeing outcomes;
- NHS Grampian Vision, Values and Strategic Themes;
- Aberdeen City, Aberdeenshire and Moray HSCPs Vision and Priorities; and
- Local Outcome Improvement Plans across Grampian.

Key Progress Points

▶ **PCIP Review Group has now met 3 times and a short life working group to determine data required has been set up including representation from finance and public health**

▶ **Data Workstream has carried out the first workshop sessions to determine what data sets require to be collected**

▶ **Regular meetings with the Scottish Government established to help deliver the models of contract objective**

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Additional Notable Progress within Caring Together

Project Name	Highlights
Improve Primary Care Stability	• Creation of a stakeholder engagement group to ensure co-production. • Wide stakeholder engagement including school focus groups. • Vision and objectives approved across the 3 Grampian IJBs March 2024.
Justice Social Work Delivery Plan 2021-2024	• Significant increase in Diversion from Prosecution, Structured Deferred Sentence and Bail Supervision over the past year. This reduces the number of statutory orders imposed by the court, meets our ambition for early intervention and prevention, and places an emphasis on providing support to individuals at a time when this is most needed and an opportunity for them to address issues affecting them without the requirement of statutory supervision. • The court backlog as a result of the pandemic is reducing but remand figures remain high. Justice Social Work are working to address this issue at a national and local level by increasing Bail Supervision Orders. • Justice Social Work are providing appropriate support in the community to those on Bail Supervision whilst minimising the impact on the Scottish Prison Service. • The Community Justice Partnership has provided risk management training dates for the next year and the new Supervision Policy for all services focuses on Trauma Informed Practice which supports the wellbeing of staff and training has and continues to be rolled out.
Social Work Support Mapping	• Aberdeen City Health & Social Care Partnership and our partners want to ensure that the people, their families and friends have information about living independently at home and help in finding support to Stay Safe, Stay Well and Stay Connected and informed. • Wellbeing coordinators mapping Community-Based Community-Delivered Interventions (CBCD) available in the city post pandemic and identifying any issues in access so that citizens can be supported to attend. • Hosting Granite City Gathering 2023 and Grampian Wellbeing Festival 2024.
Promote the use of Care Opinion	• Increased usage of Care Opinion by those accessing ACHSCP services. • Increased awareness on the need to promote Care Opinion within ACHSCP services.

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Keeping People Safe at home

It is the strategic responsibility of the IJB to shift the balance of care from hospital to be delivered in primary, community and social care settings so that, where possible, people are cared for and supported closer to home. The aim is to enable people to remain living independently at home by choice, thereby improving outcomes. This is enabled through a variety of methods including:

- **Maximising independence through rehabilitation**
- **Reducing the impact of unscheduled care on the hospital**
- **Expanding the choice of housing options for people requiring care.**

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Strategic Review of Rehabilitation Services

A review involving patients, carers and other key stakeholders designed alternative ways for specialist neuro rehabilitation to be delivered across Grampian. The review listened to a range of voices, to consider how to create a model of transitional rehabilitation support delivery that was patient-centred with increased accessibility.

Key Successes

- **Agreement from all Grampian IJBs on progressing with a hybrid model of support for providing neuro rehabilitation to patients.**
- **Continued engagement from across Grampian in creating and delivering an accessible service for patients within neuro rehabilitation pathway.**
- **Learning from engagement with all stakeholders that can be readily used for taking forward wider rehabilitation review.**

What's next?

- Workshops with all participants from across Grampian are actively designing a pathway that considers both patient and strategic priorities.
- Ongoing engagement is ensuring that feedback can support service development.

Key Measures

The number of patients admitted to the neuro rehabilitation service has remained consistent, with 76 admissions recorded for both the 2022-23 and 2023-24 periods, with an average of 19 admissions per quarter.

Occupancy rates remained high throughout the year, averaging 97 per quarter in 2023-24.

Increase the Capacity of Hospital@Home Beds

The aim of the Hospital@Home Team is to provide patients with high-quality acute care in their own home. The team aim to empower and enable patients and carers to take an active role in their recovery. The team predominantly support older adults experiencing frailty and have embedded geriatricians. They also have a remit for end-of-life care, respiratory care, outpatient parental antimicrobial therapy and are expanding into acute medicine and general surgery. There are two pathways into the service:

1. A step-up pathway from the community
2. A step-down pathway from hospital.

Key Successes

- **Sustaining high rates of patient satisfaction and positive feedback.**
- **Developing creative approaches to recruitment when there have been challenges. The team take a flexible approach to identifying roles to meet patient need. An example is the team are undertaking a test of change to incorporate Band 4 Coordinator roles, who will be responsible for a range of tasks including case management, administration and equipment checks, releasing capacity for clinical staff to carry out patient facing care.**
- **The team has moved into a locality model which is improving overall efficiency. Patient contact is better coordinated, with the aim of releasing capacity. A better understanding of patients' needs is possible when in a smaller group. Feedback from a senior staff member highlighted that this model makes it "easier for the team to focus on a smaller patient group rather than considering everyone at once. Our attention to detail is better and we can better support one another as a team."**

What's next?

1. Continue to develop the skill mix and range of roles within the team to support different patient cohorts and levels of acuity. e.g. development of paramedic role (dependent on clinical cover in place to support).Continuing to develop physiotherapy staff skills to support respiratory beds.

2. Continue to expand the capacity of the team to support more patients in line with the overall vision of the service to expand to 100 beds. This proved challenging over the 2023-24 financial year due to funding and recruitment challenges. Recruitment to key roles at the end of this financial year, for example to the Team Leader post, will act as a key enabler towards ensuring additional capacity can be prioritised on further expansion of the service.

"I want to thank you for the experience of being treated by the team of the century. You were the most delightful people, a dedicated team who used their combined efforts, their knowledge, their expert talents to help a very distressed patient. Well you succeeded in giving me back confidence. Relieving my breathlessness. Lifting my mood. At the same time showing me respect. Not talking down to me. It was an honour to meet you all. From the bottom of my heart. Thank you one and all for not making me feel embarrassed."

Patient at the Partnership's Workforce Conference, February 2024

- **1105** patient admissions were made to Hospital in 2023, which represents a 31.7% increase from the previous year (839 admissions in 2022).

- An average of **209** admissions per quarter for 2022 and **276** admissions per quarter for 2023.

- **1000** were community referrals. **996** admissions were avoided.

- **104** admissions were for active recovery following an acute admission.

- This represents **8667** occupied bed days overall across all the Hospital at Home pathways.

Hospital at **Home**

Suitable Homes

This project helps people in Aberdeen City, no matter what type of housing they live in, making sure their homes meet their needs. This includes any adaptations that may be required to support independent living.
This project is managed and monitored by the Disabled Adaptations Group (DAG), who also oversee the budget expenditure, ensuing best value for money is obtained and that resources are targeted where it is needed most.

DAG comprises of various members from Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Registered Social Landlords, private sector housing and more. DAG have developed a system to track exactly what kind of changes are being made to homes.

Key Successes

- **184 major adaptations have been completed, such as installing showers you can easily step into, ceiling track hoists, and ramps.**
- **1234 minor adaptations have been completed, including shower seats, changing steps to make them safer, grab rails for support, and electrical work.**

DAG now produces regular quarterly reports and provides detail on these quarters throughout the financial year. 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.

Frailty Pathway

Ensuring that there is appropriate support for older adults experiencing frailty is a Grampian-wide priority. A Grampian Frailty Board is in place to oversee shared objectives. Each HSCP has their own frailty plan showing how these will be implemented locally.

Key successes

- **Development of a Grampian-wide Frailty Board with representation from Aberdeen City, Aberdeenshire and Moray. This replaced the Frailty Pathway Redesign Board which had a specific focus on the redesign of acute frailty services. The new Board has three priorities; Workforce, Learning and Performance.**

- **Improved relationships and understanding between the Acute Medical Initial Assessment (AMIA) Unit and Frailty Wards. Improved flow of patients from AMIA to Frailty Acute Ward. Continued work with 'front door' teams to improve flow. This aims to ensure patients get the right care at the right time. An additional 14 beds have been opened up in ward 304, Aberdeen Royal Infirmary (ARI). This is positively impacting by reducing the number of patients boarded in a non-frailty ward.**

- **Improved financial governance within the Frailty Acute Ward in ARI. The service is breaking even this financial year.**

What's next?

1. Further development of the Frailty Board which will ensure shared learning & development of consistent approaches.

2. Focus on a sustainable frailty workforce, including developing new and different types of role to support the geriatrician workforce.

Preventing ill Health

By promoting health, we can help communities to achieve positive mental and physical health outcomes by providing advice and designing suitable support (which may include using existing local assets), to help address the preventable causes of ill health, ensuring this starts as early as possible.

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Social Prescribing

Social Prescribing is a means of enabling health and social care professionals to refer people to a range of local, non-clinical services within our communities.

- **People's health can often be determined by a range of social, economic and environmental factors which Social Prescribing, seeks to address in a holistic way to meet people's needs. It also aims to support individuals to take greater control of their own health.**

- **Social Prescribing schemes can involve a variety of activities which are typically provided by voluntary and community organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.**

- **Social Prescribing can also reduce prescribing costs, with this used as an alternative method to traditional prescribed medicine.**

- **Social Prescribing is becoming a more common approach used across the Partnership through our Links Practitioner Service and Stay Well Stay Connected programme.**

Stay Well, Stay Connected - Social Isolation

Stay Well Stay Connected aims to help tackle the loneliness and isolation that is experienced by many older people in Aberdeen. The World Health Organisation has declared that loneliness and isolation is now an epidemic, so providing opportunities to minimise the extended periods that individuals spend lonely and / or isolated, is a priority.

Key Successes

- **Expansion of Boogie at the Bar – Keeping hundreds of older people every month socially connected and engaged in their community. Reducing isolation, it provides alternative respite, support and networking opportunities for carers. There are now six Boogies a month in Aberdeen. SWSC has secured 2 years funding from National Lottery Communities Fund to sustain 3 Boogies.**

- **Expansion of Soup & Sannies – A social connection and nutrition project in Seaton to bring older people together. The project now convenes bi-monthly gatherings that have reached full capacity, with 30 participants at each session, totalling 60 attendees per month. New Soup & Sannies runs in Torry. The Soup & Sannies along with reducing isolation allows an opportunity to signpost to sources of support.**

- **Men's Group Wellbeing – Bringing older men together to reduce isolation and improve wellbeing outcomes for older men. Using a programme of events model to engage in wellbeing topics. The model has been adopted by Men's Shed in Bridge of Don with 30-40 participants monthly. Wellbeing topics covered include blood pressure checks, healthy eating, prostate Issues, stress awareness, cooking and pilates sessions.**

What's next?

- Use successful models to increase local opportunities to connect with communities, partners and volunteers. Build on existing community capacity to make best use of resources. A second Boogie begun in North Locality in March 2024 and another in South is to start in June 2024.

- Develop further the peer support model for Aberdeen Befriending Network. Support agencies with a befriending remit to increase capacity and volunteer capacity. Highlight funding opportunities. Share best practice and achieve better outcomes for citizens.

Highlights

- ▶ **Six Boogies a month in Aberdeen with an average attendance of 240 participants each month, age ranges from 20 to individuals in their nineties.**

- ▶ **Approximately 30 hours per month are dedicated by 10 regular volunteers across the three localities (Central five, North three, South two).**

- ▶ **Walking Football Wellbeing engages 64 attendees every Tuesday and Thursday.**

Feedback and testimonials

"Thanks to you and the team, these checks are very much appreciated especially for those of us who probably don't see our own GP that often so any information on our general health and wellness is very valuable, thanks again."

"It's great to get out and meet new people and old friends."

"It started off as walking football but now we have progressed so much and have enjoyed health checks, wellbeing, pilates, golf, Christmas lunch, banter and met so many new friends on our journey. Let's keep this up and with thanks to Pauline (Strikers) and our band of organisers and say what is the next challenge you have for us. Congratulations and thanks to those who make all these things happen and all we have to do is turn up."

"Our residents thoroughly enjoyed themselves as well as the staff that accompanied them. We got lots of great pictures for our albums and look forward to joining you again next month. It really is great to see them getting out and about and having a right good boogie."

Vaccination Service

Vaccination provides protection against a range of infections across a person's life, enabling people to live longer, healthier lives, reducing inequalities and releasing health service capacity. Vaccination can prevent or reduce the severity of disease, minimise disability and save lives.

The Partnership's Vaccination team provides all childhood and adult vaccinations to the population of Aberdeen. The main hub for the provision of Vaccinations is within the Aberdeen City Vaccination & Wellbeing hub in the city centre. This is complimented by smaller clinics at Bridge of Don and Airyhall to support provision of services in the north and south localities.

Vaccinations are also administered at baby and preschool immunisation clinics, schools, sheltered housing, care homes and at home for housebound residents. To support increasing uptake, additional pop up clinics are organised within local communities in churches and communities centres throughout the year. The following Infographic provides an overview of Immunisations provided by the Aberdeen City Vaccination from **1st April 2023 – 31st March 2024** to support protecting the population against vaccine preventable infectious disease.

Pre-school Immunisations	School Immunisations (HPV, DTP & MenACWY & Influenza)	Adult Routine (Shingles / Pneumococcal)	Non Routine Referrals	Influenza	COVID 19	TOTAL
39,894	21,109	12,602	977	61,530	64,784	200,896
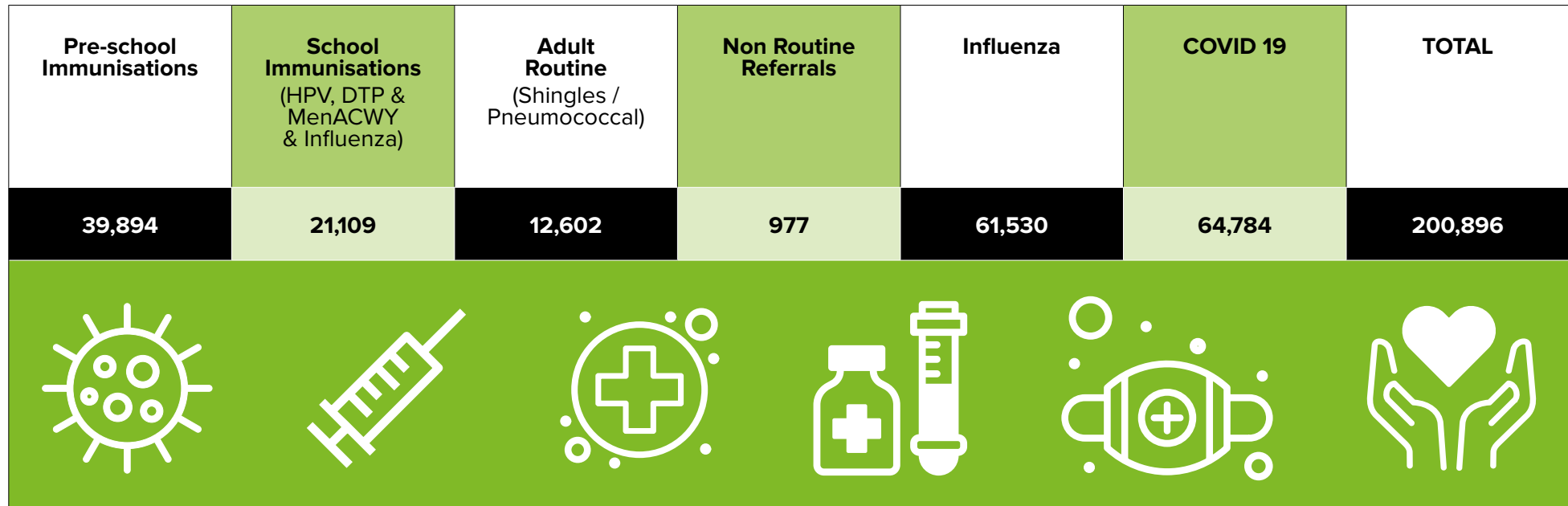
There have been declines in vaccination uptake across childhood vaccinations in both Grampian and Scotland, at the same time with outbreaks of Measles and Whooping cough, which has put more focus on the need to improve vaccination uptake rates. The team have been actively undertaking health promotion & education of vaccine benefits in schools, pre-school nurseries and on social media to aid increasing uptake to protect our communities. The team are working closely with Health Visitors to support promoting the importance of completing a child's pre-school vaccination schedule and liaise with families to support attendance. The pre-school team opened two new clinic locations during 2023 to support accessibility at Tillydrone Community Campus and Inverurie Road Medical Practice in Bucksburn. These clinics were well received by parents/carers.

The vaccination team are a multi-skilled workforce who also now provide support and cross cover for the Community Treatment and Care Team (CTAC) undertaking blood tests, chronic disease management and vitamin B12 injections. A CTAC clinic commenced in October 23 open 2 days per week until January 2024 when this was extended to 5 days per week. These clinics have been very popular and are set to increase to 2 clinics per day from June 2024. Vitamin B12 clinics commenced in February 2024.

The following number of appointments were attended during 2023/24.

Vitamin B12	CTAC	TOTAL
525	1162	1687

Grow Well Choices

There is an upward trend in children's weight over the past two to three years. Evidence shows obese children are likely to stay obese into adulthood and become more likely to suffer health problems at a younger age. Grow Well Choices aims to help children learn about the importance of being healthy and making healthy choices.

Key Successes

- **Completion and update of all relevant Grow Well Choices Early Years toolkit documents, an online eLearning course, child-led home links, flashcards developed and updated on the Grow Well Choices webpage, ensuring the toolkit is fit for purpose and can achieve the project outcomes.**

- **Within six months of the eLearning going live, 36 members of early years settings in Aberdeen City had completed the online eLearning module.**

What's next?

- Sustainability will be strengthened through an advertisement campaign and data collection.

- Scoping and engagement exercise for level 1 & 2 Grow Well Choices – there is the potential to involve a University nutrition student, which will build capacity to prioritise tier 1 prevention interventions.

Online eLearning module completed by 36 members of early years settings.

Increase in footfall to the early years toolkit part of the Grow Well Choices website. In the same period from 2022 to 2023, the early years webpage had increased visits, from 104 accessing in 2022 to 342 in 2023.

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Reduce Smoking Prevalence

Smoking continues to be the greatest preventable cause of ill health and death in Scotland. It causes around one in five of all deaths, is the most significant cause of preventable cancer and contributes to much of Scotland's cardiovascular and pulmonary health problems. The project sought to decrease the number of smokers and address the rising trend of children and young people vaping.

Key Successes

- **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 Officer working with a youth worker developed 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. Survey carried out shows that the programme improved the P7 pupils' knowledge around e-cigarettes and vaping.**
- **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.**
- **Working with Midwifery and Moray Health and Social Care Partnership, our Health Improvement Officer delivered Carbon Monoxide (CO) monitoring refresher training to 75 community midwives across Grampian. The use of CO monitors was paused during the pandemic. The training will help midwives to have informed discussions with women who are pregnant about smoking.**

What's next?

Dedicated projects within the LOIP will aim to:

- Reduce the number of 13-18 year olds who regularly use vaping products to 4% by 2026.
- Decrease the number of women who are smoking in pregnancy in the 40% most deprived Scottish Index of Multiple Deprivation areas by 5% by 2026.
- We will strengthen and maintain a strong, multi-agency tobacco and nicotine-free alliance. The alliance will support action around local smoking rates and smoking-related inequalities.

Highlights

- ▶ **Education Brief has been viewed by 157 Education staff with a total time viewed of 21 hours 51 minutes.**
- ▶ **Confidence levels improved for midwives initiating conversations on smoking status with pregnant women from an average of 83% to 90%.**
- ▶ **If a pregnant women disclosed they were still smoking, there was an increased confidence from 79% to 89% to engage in supportive conversations on smoking cessation options.**
- ▶ **Knowledge of the referral pathway increased from an average of 61% to 90%. When asked whether the training was beneficial, the participants gave it an average of 94%.**

Promote Active Lives

The Aberdeen Food Champions Programme is a partnership with Aberdeen Community Food Network (local organisations and community groups) to improve access to healthy and affordable food, improve people's understanding of a healthy diet and develop practical food skills.

Key Successes

- **Volunteer Training and Certification: 55 volunteers we recruited from various organisations, community and faith groups and charities. A total of 24 volunteers completed training and became certified Food Champions, contributing to various Confidence to Cook (C2C) food projects and delivering C2C sessions.**

- **Community Impact: The project has had a significant positive impact on the community, by delivering 8 healthy eating projects across the city, including projects like the Aberdeen City Food Champions Programme and the Tillydrone Community Flat's Healthy Hangout. Improving participants' confidence, life skills, and knowledge about healthy eating on a budget. In addition 9 new food projects have been funded through the Health Improvement Fund - Food in Focus.**

- **Youth Engagement: Youth Work in Schools delivered C2C sessions to young people, with 31 participants at Deeside Family Centre and positive feedback from both young people and parents, highlighting the project's role in enhancing life skills and well-being.**

What's next?

- Support the development and implementation of Food in Focus funded projects, whilst monitoring and evaluating to ensure project objectives and outcomes have been met.

- Demonstrating the impact on target population groups and wider community and identify learnings for future improvement.

- Deliver a networking and promotional event across the City

- Continue to support Food skills capacity building (Food Champions Programme) through allocation of the 2024-2025 Food in Focus funding

Projects supported

› Cairncry Adults Cooking with Confidence (Cairncry Community Centre)

› Family Food and Fun (Cairncry Community Centre)

› Recipe for life (Homestart)

› Young Carers Integrated Food programme (Barnardo's)

› Adult Carers healthy Cooking on a budget (Barnardo's)

› Healthy hangout (Tillydrone community flat)

› Greyhope Cooking with Dorothy (Greyhope Community Hub)

› Cook'n'Chat Torry (St Fitticks Torry)

› Saturday Kitchen (Northfield Church of Scotland)

› Deeside Family Centre - Youth work

› School Flexible Learning Pathway programme (Hazelhead and St Machar youth work, Cults Academy youth work)

› Intergenerational Food growing and Cooking project (Gray street allotment/Broomhill primary school)

> "Learning to cook different things, if I was never here I would not have known how to cook or that the food existed, I like Wednesdays and getting out of the house."
> Food Champion, Deeside Family Centre

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"He is really enjoying the sessions with you so thank you." "Beetroot burgers are tasty." "Cooking as a possible career."

"He has been cooking up a storm in the house over the holidays." "Skills for when I am older."

"I've tried all the things and I must say they've tasted pretty good, he's fair chuffed with himself."

"He is at school today and is looking forward to his cooking!" "Learning cooking skills." "Get better at cooking skills."

Parent feedback, Deeside Family Centre

"Routine has kept me going (accessing FLP), you have to cook to survive, less money spent on takeways and a lot healthier."

Food Champion, Deeside Family Centre

"We feel the participants have benefitted greatly from completing this course. The benefits include: Increased confidence, Increased physical and mental wellbeing, increased knowledge and understanding of budgeting, awareness of repurposing food, increased awareness of healthy eating and hugely increased capacity to socialise and contribute within group discussion."

Cairncry Community Centre, Centre Manager

"I have really enjoyed the social aspect and cooking experience of the course and don't want it to end."

"I will really miss the cooking course, I've made new friends and enjoyed doing something at the weekend now I love cooking."

"I have really enjoyed the cooking and have more confidence to cook at home."

"I am very proud of myself for gaining a qualification at my age (67)."

Cairncry Adults Cooking with Confidence

"Guidance Teachers have expressed verbally their ongoing support and the positive impact these sessions have in engaging young people in further learning opportunities and continue to discuss the learning offer with parents and young people and submit referrals to the Youth Work in Schools Team."

Food Champion, Deeside Family Centre

"Parents really enjoyed the groups. It gave them a space to drop their children off at our provided creche and gave themselves 2 hours to be away from everything and just focus on themselves. Having this time in the kitchen with other parents provided them a safe space and a focus to be able to open up about what's going on their life, in their head, and listen to each other and have a laugh. We had volunteers who ran the creche and had a volunteer help at groups. This was beneficial for all volunteers as they really enjoyed getting to know the children and the parents, share their skills.

"The groups provided a safe space for parents to open up about their own mental health and struggles. Knowing that they had a group to go to once a week for a month helped me keep focused and gave them a purpose for each week which helped remove the monotony of their routine."

Homestart Recipe for Life

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Age Friendly City community intervention

The Granite City Gathering 2023 was hosted to help people explore what ageing well could look like, and encourage attendees to develop a real sense of purpose in retirement and seize opportunities to participate in community life. The gathering was opened by ACC Chief Executive Angela Scott, who spoke about the importance of play throughout your life.

Key Successes

- **People learning what is available in the community to keep them well and connected.**
- **29 community groups and organisations supported the event through hosting stalls, putting forward speakers, or delivering interactive sessions. This included four speakers of which one from Horseback UK resonated well with festival goers.**
- **167 attendees aged 45+ Aberdeen city residents - 1 choir, 6 crafting and art groups, 1 yoga group, 1 qigong, 20 volunteers at the Granite City Gathering explored ageing-well.**

Lasting Legacy of the Gathering:

- The Gathering provides Grampian Health and Social Care Partnerships the opportunity to promote messages of primary prevention and older people remaining independent at home for as long as possible, directly to our target population, and allow Health and Social Care Partnerships to have challenging but necessary public health conversations on planning for end of life and dying well.
- The Gathering has helped the Partnership to deliver the Aberdeen City's Community Empowerment Strategy by signposting people to volunteer and take part in civic and community groups, such as our Locality Empowerment Groups, community councils, and walking groups.
- The Gathering has also provided a focal point to promote key preventative messages about active ageing, lifelong learning, planning for retirement and end of life, and ensuring wills are completed and Power of Attorney is in place. This helps to give older people and their families more control and dignity over their future health and financial affairs and tackles a significant health inequality as people living in more deprived neighbourhoods are far less likely to have Power of Attorney than those in more affluent areas.
- The Gathering also continues to promote our Stay Well Stay Connected programme which enables people to remain healthy and connected into older age. The issue of connectiveness has become such a pressing issue that the World Health Organisation declared loneliness to be a global epidemic in November 2023.

What's next?

- Grampian Wellbeing Festival during May 2024

- Grampian wide Gathering on 12 October 2024. The Gathering has been scaled up for 2024 to now include Aberdeenshire and Moray Health and Social Care Partnerships. Our Grampian colleagues will help Aberdeen City to plan and deliver the event, and integrate its preventative messages into business as usual activity around frailty programmes, public health and wellbeing, and community empowerment.

  As a result, the Gathering is now a regional event and has greater reach and resources, meaning it will likely be more sustainable in future years.

- Age Friendly community network in Aberdeen

"Don't wait until you are near dying before you start living."

"Inspired me for retirement, one more week to go."

"The talks were enlightening and enjoyed getting into knitting, first time in two years gave me confidence to join a group."

Alcohol & Drugs Reduction

Alcohol & Drug Partnership funding was aligned to support the implementation of the Medication Assisted Treatment (MAT) standards and contribute funding to a collaborative service redesign, in partnership with primary care and the Integrated Drug Services.

Key Successes

- **The development of a health screening initiative (Health Assessments) in order to address the unmet health needs of those who use drugs**
- **Working in collaboration with the Community Nursing Outreach Team (CNOT) to provide flexible and skilled nursing input to the service**
- **Extensive engagement work with individuals to understand their needs and aspirations**

What's next?

- The project team were reporting to the IJB during the Spring to outline the programme vision and framework for the next 5-10 years.

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Achieve Fulfilling Healthy Lives

The intention is that by supporting people to help overcome the health and wellbeing challenges they may face – particularly in relation to inequality, recovering from Covid-19, and the impact of an unpaid caring role – we can help to enable them to live the life they want, at every stage. We look to achieve this by:

- **Helping people to access support to overcome the impact of the wider determinants of health**
- **Ensuring services do not stigmatise people**
- **Improving public mental health and wellbeing**
- **Improving opportunities for those requiring complex care**

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Make Every Opportunity Count (MEOC)

Staff and volunteers working in communities engage in thousands of conversations with patients and service users every day. MEOC training empowers staff to confidently discuss with citizens what affects their health and wellbeing. This approach helps citizens to access the right service at the right time.

Key Successes

- **Delivered courses to public and third sector staff and volunteers who increased their confidence to have a health and wellbeing conversation with people they work with. This training has included staff and volunteers from Aberdeen City Vaccination Centre and the MEOC process has been supported by a Community Health Information point supported by the NHS Grampian Public Health team.**

- **To ensure people find the right services, all funded organisations through the Health Improvement Fund must now include their service information in the ALISS platform (A Local Information Service for Scotland).**

- **The ACHSCP website has a dedicated MEOC resource page, which connects to useful information, resources, and a directory of services.**

What's next?

- Identify and work with service champions on how to train, sustain, and maintain the confidence of staff with MEOC within their own service.

- Use the MEOC network to raise awareness of specific health and wellbeing topics across the ACHSCP, community planning partnership, and our communities.

Delivered 13 courses to 135 public and third sector staff and volunteers who increased their confidence to have a health and wellbeing conversation with people they work with.

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Suicide Prevention

Develop and implement approaches to support suicide prevention and alignment to national Suicide Prevention Strategy. Based on the National Strategy for Suicide Prevention 'Creating hope together' and how it aligns with Aberdeen City.

Key Successes

Scottish Action for Mental Health (SAMH) have been awarded the contract for suicide prevention work and started in May 2023 to deliver this service.

- **Working across the North East with Aberdeen City, Aberdeenshire and Moray in a Grampian wide manner.**
- **Setting up the Aberdeen City Delivery Group to discuss local issues/gaps/priorities.**
- **Working alongside the LOIP.**

What's next?

- Identifying local issues, gaps and priorities and implementing a local action plan
- To establish a local Delivery Group comprised of key stakeholders in a multi-agency approach, recruited with the multi-agency members.

Feedback from suicide prevention session

"Powerful piece of training that resonated at so many different levels and with so many different people on the call."

"Thank you for a thought-provoking session. I am telling anyone who will listen about it."

The following initiatives aim to increase access to support and raise awareness of suicide prevention:

▶ **Prevent Suicide North East Scotland is a specially designed app and website for Aberdeen City and Aberdeenshire, providing information to those affected by Suicide. Grampian wide, the Prevent Suicide app has 142,525 downloads to date and 4,886 new downloads in Q4 of 2023-24, and is being updated with a bereavement section.** Download the app - Prevent Suicide Northeast Scotland.

▶ **A series of online training sessions have been undertaken on suicide prevention and youth suicide prevention. Almost 300 have registered to take part and 17 open online training sessions were organised.**

▶ **The Changing Room Programme, developed by to promote male mental health via discussions and interest in football, has been expanded to Elgin Football Club following the success at Aberdeen Football Club and is expanding to more football clubs in the region.**

Complex Care - Workforce & Skills Development

The Scottish Government's Coming Home Implementation Report (2022) talks about the need for a capability framework. The framework will provide specialist staff with guidance on the necessary skills to support individuals with learning disabilities and complex care needs, ensuring a stable, therapeutic and capable environment.

Key Successes

- **Several workshops were held with complex care providers, from the Complex Care Framework to discuss what skills and training they felt were needed or missing for specialist staff.**

- **A meeting was held with the Principal Clinical Psychologist to discuss how Positive Behavioural Support / Behavioural Support could be included in a Capability Framework.**

- **The Complex Care Capability Framework was presented to the Complex Care Programme Board for review in October.**

What's next?

- The Complex Care Capability Framework will be included in the Complex Care Framework and elements of supported living frameworks, which will be tendered later in 2024.

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Additional Notable Progress within Achieving Fulfilling Healthy Lives

Mental Health and Learning Disabilities Programme	• The Summary Report for the Adult Mental Health Secondary Care Pathway Review is completed. • Forensic Services Review was completed and a report submitted in February 2024. • Piloting of Learning Disabilities Health Checks is now taking place in Aberdeenshire.
Mental Health Triage in Primary Care settings	• Testing was completed on a scaled- down version of the proposed model. • Practitioner was employed and provided support to one GP practice. • General feedback was favourable and scaling up was requested; however no funding source available and testing ended after one year.
Autism & Neurodevelopmental assessment review	• Working across the North East with Aberdeen City, Aberdeenshire and Moray partnerships in a Grampian widemanner. Close working relationships with National Autism Implementation Team (NAIT). • Funding has so far lasted beyond the initial two-year timescale. • Adult Autism Assessment Team (AAAT) provides adult assessment and diagnosis to patients across Grampian.
Home Pathways	• Stakeholder engagement workshops. • Lived experience engagement by the steering group. • Collaborative whole system draft of Housing for Varying Needs market position statement.
Deliver the Equality Outcomes and Mainstreaming (EOM) Framework	• Revised the Equality Outcomes and Mainstreaming Framework that was approved by the IJB. • Previous Health Inequalities Impact Assessment process and guidance has been overhauled and replaced with our new streamlined Integrated Impact Assessment (IIA), which supports staff to consider the impacts of policy and decisions on those with protected characteristics.
Health Integrated Impact Assessments (HIIA)	• Previous HIIA have been replaced by a new streamlined IIA. Further information can be found via this IIA link **https://www.aberdeencityhscp.scot/about-us/assessing-our-impact/** • The DiversCity Officer Network is now established and is the forum in which staff are supported when completing IIAs but is also the forum where we directly seek the views of those with protected characteristics. • The Equality and Human Rights Commission has identified our new IIA and guidance as national good practice, especially regarding what action has been taken after consultation.
Climate Change & Net Zero Programme	• Introduction of climate change risk sections in key Partnership documentation. • Provision of advice and support to projects and programmes on climate-informed decision-making. • Further development of approach to meeting reporting requirements for commissioned services.

Strategic Enablers

Our Strategic Enablers are an important part of our delivery plan and enable our strategic intent to be delivered by supporting its main aims. Including:

- **Workforce**
- **Technology**
- **Finance**
- **Infrastructure**
- **Relationships**

Workforce Plan

We aim to support staff, partners and the general workforce for health and social care in Aberdeen City. There are three project aims to support main workforce priorities: staff health and wellbeing, recruitment and retention, growth and development opportunities.

Key Successes

- **ACHSCP hosted a Recruitment event ahead of the winter period, supporting 19 organisations recruiting to care roles, with approximately 300 attendees on the day. You can watch our Recruitment event video here - Recruitment Event**

- **The ACHSCP Conference took place in February. This was the first partnership-wide conference since 2019, with great representation from services, charities and commissioned services. You can watch our ACHSCP Conference video here - ACHSCP Conference**

- **6 Career Ready Apprenticeships had placements with ACHSP in 2023-2024, with a good level of engagement and feedback. Career Ready also attended the conference, which has encouraged more sign-ups for mentors across the Partnership for 2024-2025.**

What's next?

- Develop and deliver a Recruitment events calendar – including media such as promotion videos for ACHSCP.

- Re-establishment of workforce engagement events and celebrating achievements

- Create an informative map of resources, training and technologies to support Partnership staff.

Recruitment Event Highlights

1. Over 100 applications per provider for care worker posts on the day, which were followed up with interviews

2. The event also included "How to" sessions every hour, which were fully booked, to raise awareness of NHSG and ACC vacancies and provide application and interview tips.

3. Feedback from attendees was generally positive, with the main draw being job opportunities, networking, and career advice.

4. The feedback highlighted the event as well-organised and useful.
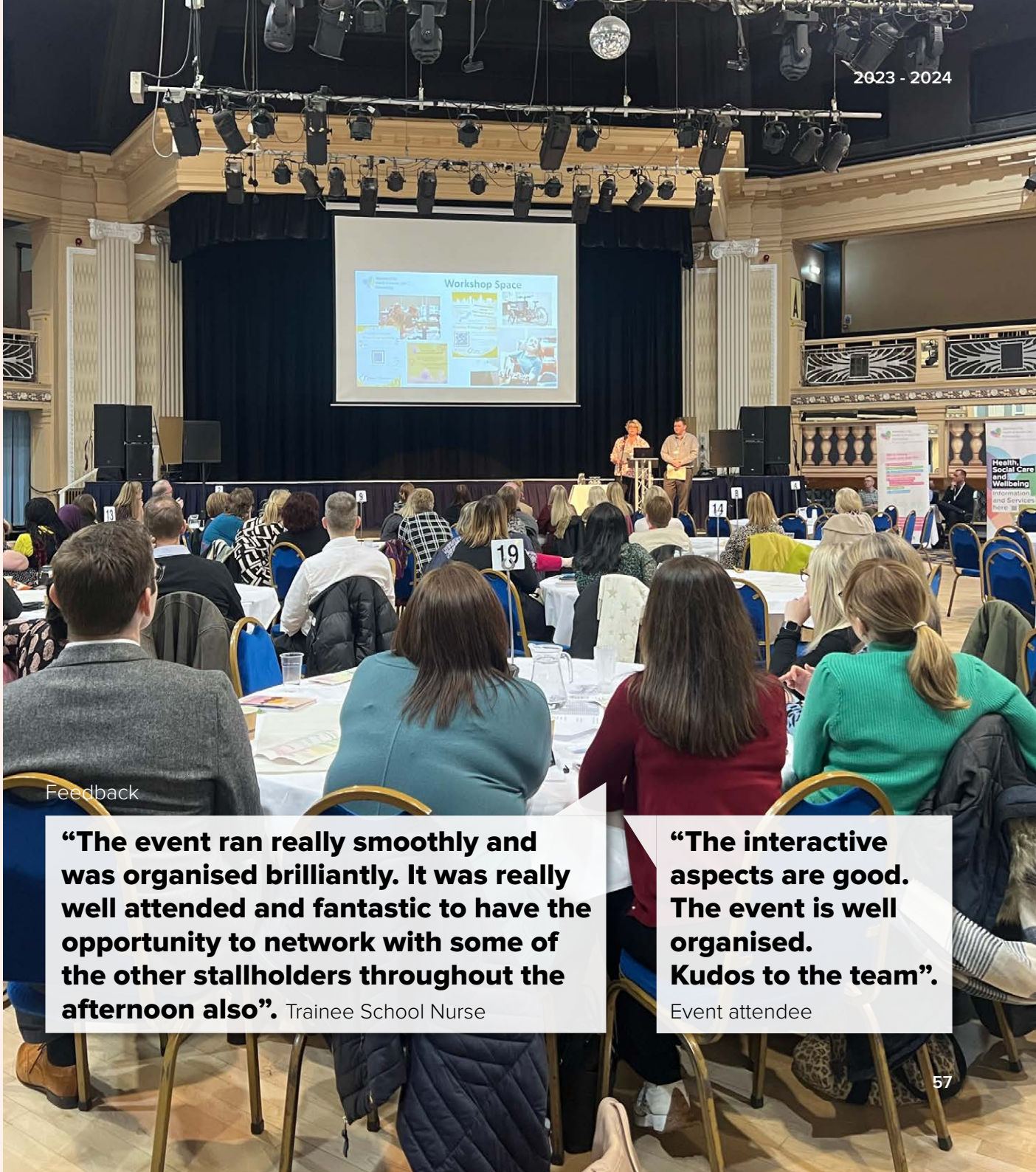
Feedback

"The event ran really smoothly and was organised brilliantly. It was really well attended and fantastic to have the opportunity to network with some of the other stallholders throughout the afternoon also". Trainee School Nurse

"The interactive aspects are good. The event is well organised. Kudos to the team". Event attendee

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Transformation of Commissioning Approach

The project is to embed the new commissioning principles into how the Partnership commissions services. It is based upon a combination of:

- **The Ethical Commissioning Principles (for example, providing person-centred care; full involvement of people with lived experience; financial transparency and shared accountability) and**
- **Getting it Right For Everyone guidance (an initiative focusing on informed decision- making; treating people with kindness; and people working together and sharing information to deliver the best support possible).**
- **The approach places greater emphasis on engaging more with providers and people with lived experience, collaborating on how outcomes are achieved.**

Key Successes

- **Co-design of new Bon Accord Care Contract and Service Specifications.**
- **Care Home Blue Sky Thinking steering group was established with development sessions being progressed. These are in development and will look to inform what the areas of focus should be for the next financial year.**
- **Care at Home Contract Review utilising engagement events with service users/providers and stakeholders. This will help to shape what can be improved in the next iteration of the contract. The most recent engagement event had some 60 individuals attending with around 75% from service providers.**

What's next?

1. A development plan being collaboratively created following the Bon Accord Care Contract review. This is a four-year plan looking at all services and how these can be best utilised..

2. Commissioning Academy to support the sector with implementing the Ethical Commissioning Principles. The academy will also look at anything new which may appear over the horizon. The aim of the academy is to provide opportunities to network and share learning. This also helps the Partnership to support and hopefully sustain the leadership and management of care providers.

"Good discussion with a wide team of HSCP, comfortable atmosphere created to support honest and direct discussion without fear."
Engagement Session Attendee

"Opportunity for all to share their ideas and listen to others."
Engagement Session Attendee

"Real sense of open and honest conversations and partnership approach. Some of the sessions were a good giggle and already sense of good team dynamics".
Engagement Session Attendee

Transformation of Commissioning Approach

The model for funding counselling services by grants is in place until April 2025. The purpose of this project is to explore different models of funding. An 'alliance model' (a form of collaborative contracting that places "best for the person" at the heart of commissioning and procurement and promotes collaborative behaviours and decision making) is the preferred option being explored.

Key Successes

- **Collation of information on the counselling services in Aberdeen City.**
- **Approval from IJB to extend current model until March 2025.**
- **Identification of good areas of practice elsewhere in Scotland.**

What's next?

- Contacting those who have implemented 'alliance' working for counselling, the purpose being to find out best practice in those areas implemented.
- Arrange a series of workshops for counselling services in Aberdeen to co-design new model.

Electronic Medicines Administrations Records (eMAR) Implementation

Most care homes in Aberdeen City use paper-based systems for medication which is inefficient and can lead to mistakes. This project aims to increase the number of care homes using electronic medicines administrations records (eMAR) instead. These help improve care by reducing mistakes and reduce wasted medication.

Key Successes

- **A pilot project was undertaken with a local care home. This provided useful learning on the issues to be considered when moving to an eMAR system.**
- **The learning from the pilot was included in a paper presented to the ACHSCP Senior Leadership Team (SLT). This paper provided evidence about the benefits and Senior leaders made a decision to ask for a full business case on ways to support eMAR in care homes.**
- **The paper was shared with the Scottish Government highlighting the benefits of this approach.**

What's next?

Funding has been approved for the implementation of eMAR to one in-house learning disability service, which will be rolled out over 2024-2025.

Expand the use of Technology Enabled Care (TEC)

Increasing demand on social care means new ways of delivering services require thought. Investing in technology will enable people to live longer, healthier and more independent lives. It will also help us deliver high quality, reliable and efficient services into the future. ACHSCP are committed to promoting the use of digital technology in order to explore alternative methods of care provision within the city. Using a "TEC First" approach during the assessment process, consideration is given to the use of technology to either replace or compliment in person care.

Key Successes

- **In September we held a Technology Enabled Care (TEC) 'Meet the Suppliers' event in Aberdeen. This drew in attendees from across Grampian and the Scottish Government Digital Office. The event included a mix of talks, workshops and demonstrations related to TEC and social care topics.**
- **Aberdeen City's TEC Plan 2023-25 was launched in 2023. A TEC Project Board was set up to oversee the delivery of TEC projects.**
- **A pilot project, the Digital Support Hub, was also launched in 2023. This has used a blended model of technology and face-to-face care.**
- **A comprehensive TEC library has been set up in Aberdeen you can find a short information video here - TEC Library**

What's next?

- SRS Care Solutions have been undertaking a Pilot alongside Care Management to look at the use of digital supports. Whilst this project is still underway, there has been evidence of improved outcomes for service users and a financial benefit to this approach.
- Evaluation of the Digital Support Hub project will inform planning for future use of technology in care.
- Continue to explore opportunities to deliver more innovative solutions through use of digital.

Highlights

▶ **The TEC 'Meet the Suppliers' event in Aberdeen, which showcased a range of 7 TEC suppliers and included talks, workshops and demonstrations with 50 attendees.**

▶ **Bon Accord Care delivered 18 awareness sessions across the Partnership, NHS and community groups to promote the Telecare service, with 194 attendees at those sessions.**

▶ **24% increase in the number of referrals to Telecare.**

Eight patients within hospital who had been assessed as requiring some form of 24 hour care were all discharged home with a blended model of face to face and digital supports. Seven of the eight individuals have remained at home.

Additional notable progress within Technology

Project	Description	Key Successes
Review of the use of a Community Electronic Patient Record in Child and Adult Community Nursing Services	Morse is used to provide an electronic patient record to the Partnership's Child and Adult Community Nursing Services. An evaluation was carried out on the use of the application in early 2024. It included a user survey and investigated the processes undertaken by the services and how the use of Morse affected these.	• Feedback shows that 88% of users believe that the use of Morse has led to a reduction in the duplication of information. This has enabled nursing services to dedicate more time to their patients. • Over 70% of users responded that the use of Morse as an electronic patient record has helped them to share information more easily within their teams. Its use has meant that more than one person can access a patients record at any given time. • Compared with those using paper records, health visitors reported a 36 minute saving on undertaking the preparatory work for a Universal Health Visiting Pathway visit. This has helped to make our services operate more efficiently.
Analogue to Digital	We are ensuring that a reliable and robust digital telecare emergency response service is delivered before the analogue networks are turned off in December 2025. This include replacing all analogue community alarms as well as deploying a digitally-capable Alarm Receiving Centre (ARC) platform.	• Worked with the Digital Office as an early adopter to establish a single supplier framework for shared ARC which went live in November 2023. • Ensuring data accuracy by completing the Data Cleansing of 16,000 records that are held in the ARC database. • ACHSCP and Bon Accord Care received on March 2024 the Bronze Award for Digital Telecare Implementation from the Scottish Government Digital Office after replacing 58% of analogue community alarms with digital-ready units.
Digital Investment	Creation of capacity through targeted digital investment and service redesign.	• Work has been undertaken with services around potential innovative digital solutions. • External consultation has commenced looking at strategic proposals. • Work has commenced with in house partners to investigate a joint digital governance structure.

Finance

Financial Year 2023/24 continued to challenge our normal expenditure patterns as we, alongside all integration authorities, face increasing budget pressures. Robust financial monitoring continued through the year, however the financial position for 2023/24 resulted in an overspend of £10,744,000 on mainstream budgets which was met from reserves, as agreed by the IJB on 07 May 2024.

Our Medium Term Financial Framework for 2024/2025 to 2028/2029 was approved by the IJB on 26 March 2024 and our unaudited annual accounts were approved by the Risk, Audit and Performance Committee on 04 June 2024. To present a balanced budget this year, significant savings have had to be allocated in 2024/2025, which are being closely monitored by the Senior Leadership Team throughout the year.

Our previous performance report outlined a commitment of our IJB to affiliate our financial expenditure to demonstrate our commitment to the three tiers of Prevention (prevention, early intervention, response). The total budget expenditure is allocated as follows:-

1. **PREVENTION** — **Taking Action to prevent the occurrence of harm through universal measures.**

2. **EARLY INTERVENTION** — **Intervention that wards off the initial onset of harm and create empowered resilient communities and staff (human demand). Intervening before further harm takes place in a way that avoids the later costs on both human and financial terms of handling the consequences of that harm (resource demand).**

3. **RESPONSE** — **Significant harm has occurred or is assessed as being imminent, significant resource is required to provide specialist and / or intensive support to reduce harm and demand.**

Number of Delivery Plan 2023-2024 projects per tier

Tier	Prevention	Early Intervention	Response	Total
No. of projects and %	53 (83%)	4 (6%)	7 (11%)	64 (100%)

	2022/23			2023/24		
Gross Expenditure £	**Gross Income £**	**Net Expenditure £**		**Gross Expenditure £**	**Gross Income £**	**Net Expenditure £**
40,236,645	0	40,236,645	Community Health Services	46,116,494	0	46,116,494
29,125,768	0	29,125,768	Aberdeen City share of Hosted Services (health)	31,323,029	0	31,323,029
40,665,018	0	40,665,018	Learning Disabilities	45,015,163	0	45,015,163
24,964,561	0	24,964,561	Mental Health & Addictions	26,985,068	0	26,985,068
97,907,284	0	97,907,284	Older People & Physical and Sensory Disabilities	107,204,489	0	107,204,489
1,889,544	0	1,889,544	Directorate	2,208,531	0	2,208,531
10,012,029	0	10,012,029	Covid	0	0	0
5,119,400	(4,958,384)	161,016	Criminal Justice	5,262,277	(5,114,956)	147,321
2,139,020	0	2,139,020	Housing	2,257,873	0	2,257,873
42,928,059	0	42,928,059	Primary Care Prescribing	46,349,194	0	46,349,194
41,544,380	0	41,544,380	Primary Care	45,094,568	0	45,094,568
2,514,611	0	2,514,611	Out of Area Treatments	2,502,936	0	2,502,936
52,719,000	0	52,719,000	Set Aside Services	55,550,000	0	55,550,000
0	0	0	City Vaccinations	3,058,242	0	3,058,242
12,144,018	0	12,144,018	Transformation	15,254,159	0	15,254,159
0	0	0	Uplift Funding	164,965	0	164,965
403,909,337	**(4,958,384)**	**398,950,953**	**Cost of Services**	**434,346,988**	**(5,114,956)**	**429,232,032**
0	(374,704,802)	(374,704,802)	Taxation and Non-Specific Grant Income (Note 1)	0	(411,921,018)	(411,921,018)
403,909,337	**(379,663,186)**	**24,246,151**	**Surplus or Deficit on Provision of Services**	**434,346,988**	**(417,035,974)**	**17,311,014**
		24,246,151	**Total Comprehensive Income and Expenditure**			**17,311,014**

Review range of independent advocacy

Independent advocacy is a legal obligation that Aberdeen City Council is required to fulfil. There are advocacy services available for people accessing a variety of support, many of which are operationally managed by the Partnership, for example individuals being detained in Royal Cornhill Hospital for mental health reasons, in addition to advocacy services for individuals with drug and alcohol misuse. Advocacy services are designed to support people with whatever need they require, for example providing a 'voice' for these individuals at meetings, or providing feedback on the service they are in receipt of.

Key Successes

- **Delivery against the MAT Standards (optimising the use of Medication Assisted Treatment as a mechanism towards reducing drug-related deaths)**
- **Number of volunteers who have lived experience working within the service has increased to five. This equates to 135 hours of independent advocacy (volunteer support) over the past three months.**
- **100% of statutory referrals were met within the timescales.**
- **Staff have now received trauma informed (level 1), Adult Support Protection (Level 1 & 2), and a variety of substance use-related training.**
- **Secured additional funding to provide additional support to those experiencing domestic abuse.**

What's next?

1. The contract will be monitored and reviewed over the next two years.
2. Advocacy engagement events will continue to take place at various venues and environments across the city and Partnership to highlight their roles.

"**My mental health has suffered due to my situation however it was really helpful for me to have an advocacy worker as they get you and don't judge you or your situation. They gave me the opportunity to show what I can do myself. Without an advocacy worker I don't think I would have been able to make decisions about my welfare or my son's. The information and knowledge that an advocacy worker can bring to the table is really helpful for meetings. I feel I would have been misguided had it not been for advocacy support and I would have struggled to navigate the systems we were dealing with. I am glad I have had advocacy. People seem to listen more. Advocacy gives you that extra confidence to go forward and speak up and not sit there and say nothing. It's good having someone by your side who stands up for you and encourages you to speak up.**"

Service user feedback
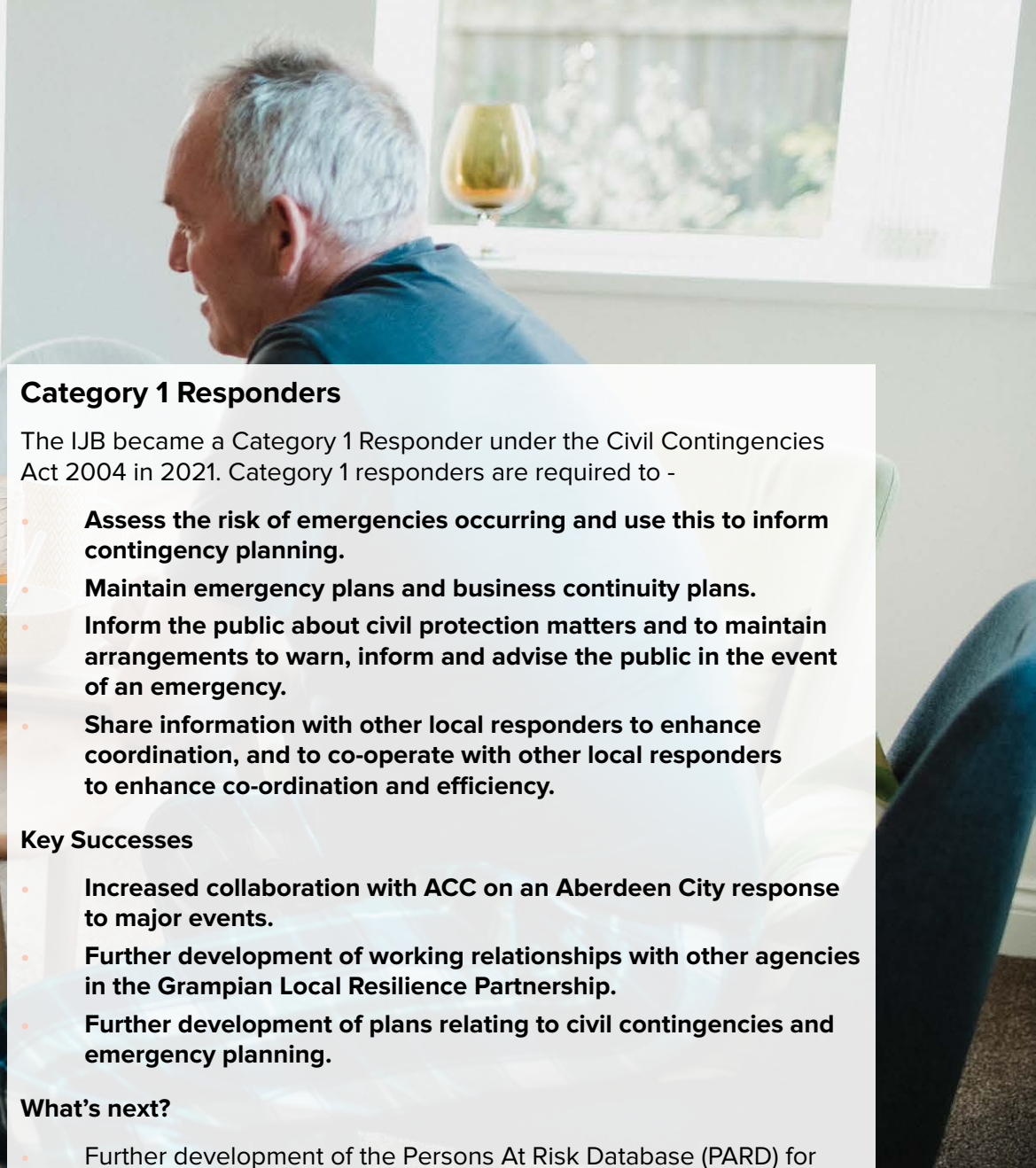
Category 1 Responders

The IJB became a Category 1 Responder under the Civil Contingencies Act 2004 in 2021. Category 1 responders are required to -

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

Key Successes

- **Increased collaboration with ACC on an Aberdeen City response to major events.**
- **Further development of working relationships with other agencies in the Grampian Local Resilience Partnership.**
- **Further development of plans relating to civil contingencies and emergency planning.**

What's next?

- Further development of the Persons At Risk Database (PARD) for Aberdeen City.
- Further development of emergency plans.

Single Point of Contact (SPOC) for Individuals & Professionals

The overall objective of SPOC is to better manage service requests and get service users to the right place. The SPOC will be a key tool for enabling the growth of social prescribing in future years. Partnership professionals will be contributing to and utilising this system. This should release capacity from other services. The image in the Partnership Working section of this report on page 11 shows our partners.

These are the types of resources that will be made available.

- **Referral**
- **Diagnosis, Initial Management and Prevention**
- **Guidance**
- **Patient Information**
- **Useful Resources**

Key Successes

- **Research has begun to explore the preferred approach for establishing a SPOC, reviewing both existing systems and exploring new technologies.**
- **This will be used as the basis for creating a central information bank for ACC and NHSG providing a standard searchable set of information for all professionals in the Partnership.**

Whats next

- Review available options for the most effective way to deliver this initiative to meet the needs of the service and service users.

NHS Grampian Primary Care Premises Plan

Continue to review and update the NHS Grampian Primary Care Premises Plan (PCPP) on an annual basis.

Key Successes

- **Ensuring the PCPP is up to date, in line with Scottish Government capital investment guidance and reflects the current premises requirements from primary care services across Grampian.**
- **Collaborative working between the three health and social care partnerships across Grampian, as well as the contractor leads for optometry, pharmacy & dental services.**
- **Successful updating of the PCPP, to make it more focused on capital funding projects and for the local level projects to not be included as they are held at a local level within the respective HSCP.**
- **PCPP went to NHS Grampian's Asset Management Group (AMG) in the Spring 2024 for final approval and sign-off. This ensured that the group are informed of the premises situation and the associated plans for them. So should the Scottish Government allocate any capital funding in the next financial year, NHS Grampian will be in a position to put forward plans to secure funding.**

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Carden House

Finalise the arrangements for moving selected services into Carden House, following the closure of Carden Medical Practice. Identify appropriate alternative use of the building, in line with patient feedback received during the GP practice closure process.

Key Successes

- **Moving the largest GP practice in Aberdeen from Denburn Health Centre to Carden House, within a three-week period.**
- **Effective collaborative working between over a dozen ACHSCP and NHS Grampian teams and services as well as external contractors, to ensure services and the GP practice moved in on time and that the premises were reconfigured to ensure it was fit for purpose.**
- **A key facility in the centre of Aberdeen is once again operating at full capacity and providing vital services to the patients.**
- **The GP Practice, ACHSCP services and teams will continue to provide services to patients from a fit-for-purpose building located in a key location.**

What's next?

- 'Project closed' report will be presented to Senior Leadership Team (SLT), highlighting the lessons learned from this project as well as the multiple highlights.

Countesswells

Develop an interim solution for the provision of health and social care services in the Countesswells housing development and work on the long-term solution.

Key Successes

- **Premises acquired for housing the interim health solution.**
- **Developer obligations secured to provide funding for the configuration and fit-out of the interim solution.**
- **Services selected to operate from the premises after a robust application and selection process.**
- **Project was on track to be operational in Summer 2024. Premises expected to be operating at over 80% capacity from day one of opening, which is expected to increase over the coming weeks and months.**
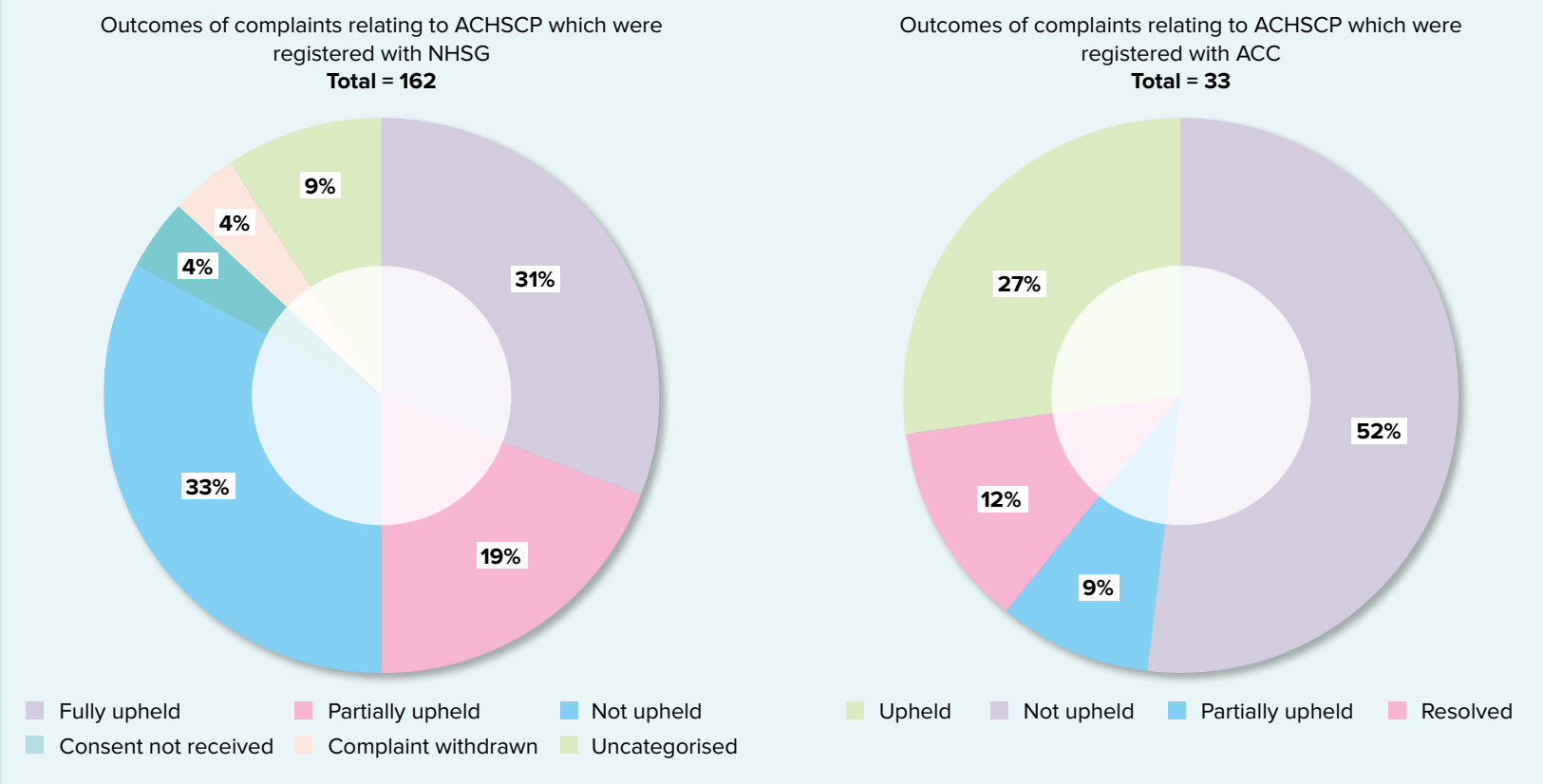
What's next?

- Services begin operating from the premise in Summer 2024.
- Local population have more easily accessible services on their doorstep.
- Neighbouring GP practices are supported by a reduction in patients visiting them for treatments/services that will now be provided from the new premises in Countesswells.

Governance

Complaints Summary

As an organisation, we take complaints made relating to our services very seriously and we have a number of governance processes in place to ensure that these are reviewed, and where possible lessons are learned. There were 195 complaints registered with ACHSCP through either NHS Grampian or Aberdeen City Council in 2023-/2024. This was a reduction of 25% compared with the number of complaints received in 2022-/23.

The following shows the outcomes of the complaints received, with around 31% of them fully upheld.

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Outcomes of complaints relating to ACHSCP which were registered with NHSG
Total = 162

- 31%
- 19%
- 33%
- 4%
- 4%
- 9%

Outcomes of complaints relating to ACHSCP which were registered with ACC
Total = 33

- 52%
- 9%
- 12%
- 27%

Legend (NHSG):
- Fully upheld
- Partially upheld
- Not upheld
- Consent not received
- Complaint withdrawn
- Uncategorised

Legend (ACC):
- Upheld
- Not upheld
- Partially upheld
- Resolved

Complaints Response Times and Outcomes

Stage 1:
- Early Resolution
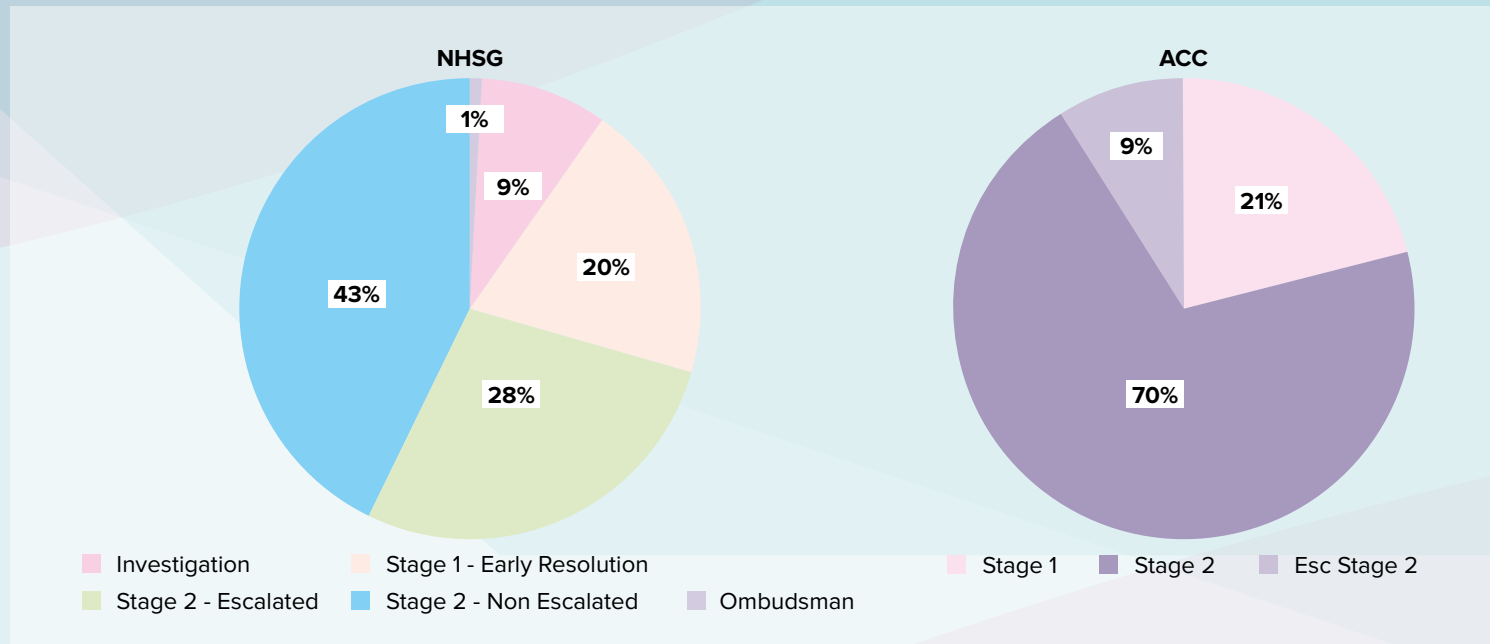- Resolved within five working days

Stage 2 (non-escalated):
- Not able to be resolved at early resolution
- Investigation and response in 20 working days

Stage 2 (escalated):
- Immediately passed for full investigation
- Response within 20 working days

This chart illustrates the percentage of complaints at each stage registered through NHS Grampian or Aberdeen City Council in 2023-24.

NHSG

1%
9%
20%
43%
28%

ACC

9%
21%
70%

Investigation
Stage 1 - Early Resolution
Stage 2 - Escalated
Stage 2 - Non Escalated
Ombudsman
Stage 1
Stage 2
Esc Stage 2

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Locality Planning

Develop the membership and diversity of our Locality Empowerment Groups (LEGs)

Aberdeen City has been divided into three locality areas: North, Central, and South. Each of these three areas has a Locality Plan which is monitored by a Locality Empowerment Group and Priority Neighbourhood Partnership. It is a priority to increase and diversify the membership of our three LEGs to ensure local people are able to have their say on what our shared priorities should be and where resources should be allocated. We want to make our LEGs as inclusive and representative as possible to ensure discussions and decisions are broadly reflective of the views of our wider population.

- **Attendee diversity increased at all three LEGs during 2023-24, with generally an equal gender balance, and growing numbers of younger people.**
- **Strong connections with ACHSCP locality-based services such as Allied Health Professionals, Community Nursing and the Primary Care Team resulting in increased engagement and attendance at meetings.**

> "Being a member of an LEG lets me know what's going on across the locality and how I can get involved. Attending meetings gives me the chance to meet other people who also want to improve our communities and lets me know where I can access funding for community projects."

What's next?

- A new Locality Planning Communication and Engagement Plan is being produced, which aims to improve how we communicate with our communities, how we can increase their engagement in delivery of our shared locality plans, and ensure anyone who wants to participate can do so as easily as possible.

Attendance has **increased** at all **three LEGs** since they were re-established in April 2023. **67%** increase attendance in the **North, 71%** increase in **Central** and **25%** increase in **South.**

50% increase in attendees under the **age of 30), people with disabilities, and ethnic** minorities. There was a **45% increase** in **locality** neighbourhood representatives.

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Deliver Integrated Locality Plans

It is a statutory requirement for ACHSCP to have a locality planning structure. ACHSCP's Strategic Plan and Community Planning Aberdeen's LOIP require the Integrated Locality Planning Team (ILPT) to develop locality plans for each of our locality areas and report progress on an annual basis to the IJB's Risk, Audit and Performance Committee and the Community Planning Aberdeen Board.

- **Establishment of ILPT, comprised of membership from Aberdeen City Council and the Partnership's Public Health team, covering each locality in the city.**
- **Preparation of easy-read locality plans that improve the accessibility of information to community members about priority areas to focus on.**

What's next?

- Refreshed Locality Plans will be presented to the Community Planning Aberdeen board, alongside the refreshed LOIP in Spring 2024. If approved, the three Locality Plans will come into effect at the start of the 2024 / 2025 financial year.
- Progress on delivery of the Locality Plans will be reported as a standing agenda item at the LEG and Priority Neighbourhood Partnership meeting during 2024-25.

Delivery of **Community Gathering** community event in the Cowdray Hall in May 2023. This was attended by **25 community exhibitors** and **121 attendees,** providing information on what is happening in **communities** across **Aberdeen.**

Our Locality Planning priorities for 2024-2025

1. Use our Locality Planning Communication and Engagement Plan to increase awareness of the LOIP and Locality Planning amongst our third sector and community partners;

2. Increase the membership and diversity of Locality Empowerment Group and Priority Neighbourhood Partnerships;

3. Increase the number of community partners helping us deliver our three Locality Plans;

4. Deliver the priorities and community change ideas within our three Locality Plans, including through the use of our Health Improvement Funding.

For more information on Locality Planning, please contact us at
LocalityPlanning@aberdeencity.gov.uk

North

Central

South
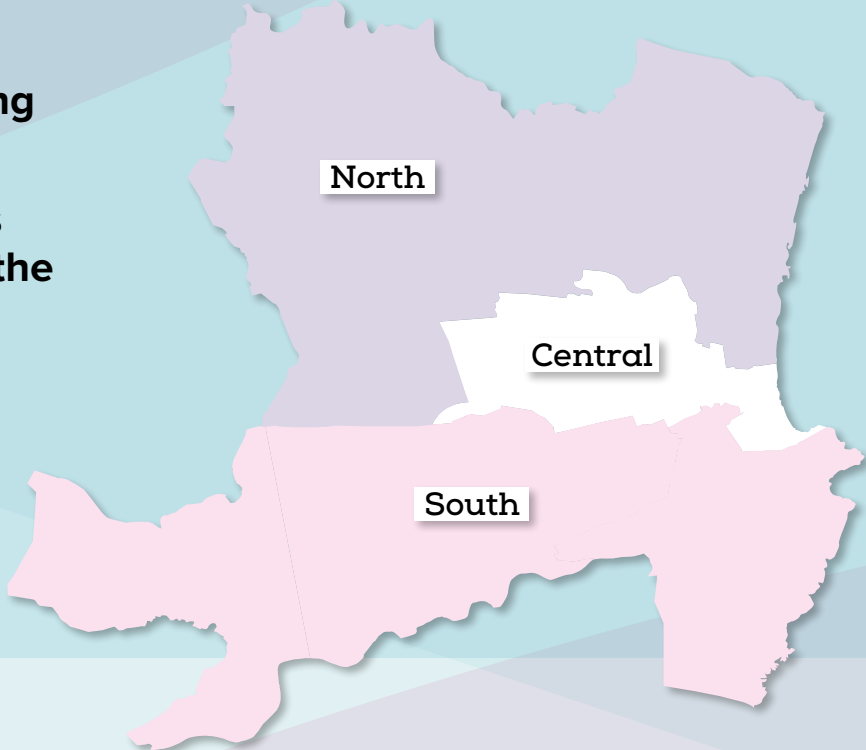
Highlights

▶ **64% of applications received funding via the HIF**

▶ **100% of applications received funding in the North Locality LOIP trial**

"I can't believe how quickly we received the outcome of our application, this was a really positive outcome and experience."

"The Health Improvement Fund application is the one of the best, and easiest, funding applications to complete."

Feedback

1. **Continue to work with communities to understand the priorities and support required from the HIF to empower community-led health.**

2. **A showcase will take place during summer 2024 in partnership with ACVO's Community Mental Health and Wellbeing Fund to celebrate successful projects and provide the opportunities for shared learning between projects and funders.**

Health Improvement Fund (HIF) - Public Health Team (Communities)

The HIF empowers our communities to facilitate change and leaves a long-lasting legacy within local communities. During 2023-24 up to £5,000 was available for projects, focusing on preventative activities, aiming to facilitate the improved health and wellbeing of those living and/or working in Aberdeen City.

Key Successes

- **Across the three Localities (Central, North and South) and the city-wide area, 74 projects were successfully funded during this funding period (64% of applications approved). This is a notable increase from the previous year, where only 54% of applications received funding.**

- **Decision-making groups made up of Locality Empowerment Group (LEG), Priority Neighbourhood Partnership (PNP), third sector and public sector. Overall, 60% of the decision-making groups were made up of community and third sector members.**

- **Following the recent community consultations regarding the Locality Plans and LOIP, a trial was carried out in the North Locality aiming to assess applications within five working days from submission. 69% of applications received the outcome of their application on or before this date and 100% of applications received were approved. Positive feedback from both applicants and decision-making groups.**

Strategic Plan 2022 – 2025 and Priorities for 2024/2025

The Partnership is now entering the final year of its current strategic plan. This will look to build upon the work that has already been achieved within the previous two financial years. A delivery plan has been developed for the remainder of the existing strategic plan, and also set the foundations for what may be included within the new strategic plan that comes into existence from 2025 onwards. The delivery plan for the third year of this strategic planning cycle focuses on:

- **The continuation of key projects that have demonstrated success over the past 12 months.**
- **Adaptation of key priorities to better reflect the emergent context in which they are now operational in.**
- **New projects that are likely to form a key basis of the new Strategic Plan.**

Some of the key priority areas for 2024/2025 are highlighted to the right. Critical to the delivery of these will be continued close collaboration alongside our partners in Aberdeen City Council, NHS Grampian, and other third party organisations.

Priorities for 2024/2025

- **Strategic Plan Refresh 2025-2028**
- **Financial sustainability**
- **Implement requirements of the Health and Care Staffing Act**
- **Increased emphasis on our prevention agenda**
- **Working in partnership with our commissioned providers**
- **Develop our Infrastructure Plan**

Appendix 1 - National Integration Indicators

These data are not currently available and will be integrated into an updated version of this document once published

Indicators	Title	Aberdeen City Rate			Scotland Rate		
		2021/22	2023/24	Overall Trend and percentage increase/decrease	2021/22	2023/24	Overall Trend
NI1*	Percentage of Adults able to look after their health very well or quite well	94%			91%		
NI2*	Percentage of adults supported at home who agree that they are supported to live as independently as possible	78%			79%		
NI3*	Percentage of Adults supported at home who agree that they had a say in how their help, care or support was provided	66%			71%		
NI4*	Percentage of adults supported at home who agree that their health and social care services seemed to be well coordinated	71%			66%		
NI5*	Percentage of adults receiving any care or support who rate it as excellent or good	77%			75%		
NI6*	Percentage of people with positive experience of care at their GP Practice	65%			67%		
NI7*	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	79%			78%		
NI8*	Percentage of carers who feel supported to continue in their caring role	32%			30%		
NI9*	Percentage of adults supported at home who agree they felt safe	76%			80%		

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Indicators	Title	Aberdeen City Rate					Scotland Rate				
		2020/21	2021/22	2022	2023	Overall Trend	**2021/22**	**2023/24**	**2022**	**2023**	Overall Trend
NI11	Premature mortality rate (per 100,000 persons)	2020 432	2021 453	441			2020 457	2021 466	422		
NI12**	Emergency admission rate (per 100,000 population)	9201	9655	9366			10,957	11,632	11,155		
NI13**	Emergency bed day rate, (per 100,000 population)	84,774	93,427	92,026			101,967	112,939	113,134		
NI14**	Emergency readmission to hospital after 28 days of discharge (rate per 1,000 discharges)	139	121	118			120	107	102		
NI15**	Proportion of last 6 months of life spent at home or in a community setting	91%	91%	91%			90%	90%	89%		
NI16**	Falls rate per 1,000 population 65+	22 (actual falls 816)	22	20 (actual falls 816)			22	23	22		
NI17**	Proportion of Care Services graded 'good' (4) or better in Care Inspectorate inspections	91%	78%	64%			83%	76%	75%		
NI18**	Percentage of adults with intensive care needs receiving care at home	N/A	2021 55%	55%				2021 64%	2022 64%		
NI19**	Number of days people aged 75+ spend in hospital when they are ready to be discharged (rate per 1,000 population)	2021/22 318	2022/23 336	N/A			2021/22 748	2022/23 919	N/A		

Appendix 2 - Ministerial Steering Group (MSG)

These data are not currently available and will be integrated into an updated version of this document once published

Indicators	Aberdeen City						Scotland Average	
	2020/21	2021/22	2022/23	2023/24	Overall Trend	Between 2021/22-2023/24	Overall Trend between 2019-2024	Between 2021/22-2023/24
1a. Number of emergency admissions (monthly average)			94%					
2a. Number of unscheduled hospital bed days; acute specialties (monthly average)								
3a. A&E attendances (monthly average)			66%					
4. Delayed discharge bed days (monthly average)			71%					
5a. Percentage of last six months of life by setting (%)			77%					
6. Balance of care: Percentage of population in community or institutional settings (%)			65%					

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Table 1.
Rate of Delayed Discharge in Scotland per 1,000 population 2023-2024

Source: National Integration Indicators, Public Health Scotland.

Delayed Discharge Bed Days Per 1,000 Aged 18+ Population in Scotland for 2023/24.

Rate per 1,000 population

Local Authority   Scotland
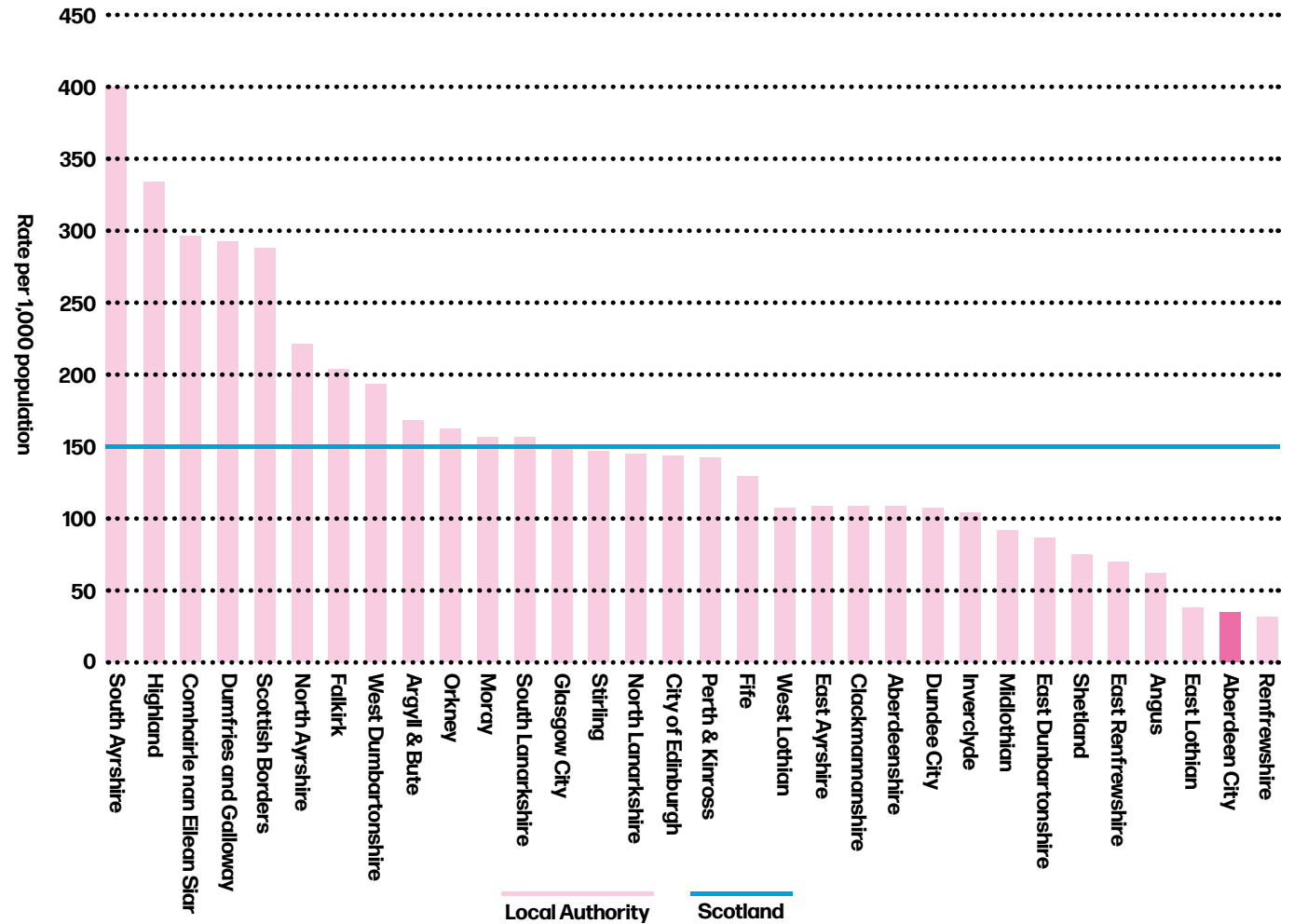
Appendix 3 - Health and Care Experience (HACE) Report

The Health and Care Experience Survey is part of the Scottish Care Experience Survey Programme, which collects local and national information on the quality of various health and care services. The survey asks people about their experiences of accessing and using health and social care services in Scotland and covers topics such as general practice, hospital care, social care, community health services, and carer support.

This survey is conducted every two years and the 2023/2024 results are based on responses from over 100,000 people across Scotland, including 3,190 from Aberdeen City, who completed the survey.

The results was presented to IJB in August 2024 and can be found here: https://www.aberdeencityhscp.scot/globalassets/governance/HACE-Report-23-24.pdf

The report compares Aberdeen City's results with Scotland's and the previous survey's results, it includes key findings, demographic information of respondents, and strategic plans to address community challenges and anticipate future improvement in healthcare experiences in Aberdeen City.

These data are not currently available and will be integrated into an updated version of this document once published.

Appendix 4 - ACHSCP Strategic Plan 2022 - 2025

Delivery Plan Reference

The outcomes from the Strategic Plan are devised to be delivered over a three-year period, with an annual scheduled review and update so that lessons learned or emerging priorities can be taken into account and scheduled appropriately. Below is a list of programmes and projects within the Year 2 Delivery Plan which was approved by IJB in March 2023. Many of these have started over the past financial year and are ongoing.

Where reference or links has been made to particular projects within the Annual Performance Report, these have been outlined below. Delivery Plan progress is reported to our Senior Leadership Team (SLT) monthly and to the Risk, Audit and Performance Committee quarterly. The updated Delivery Plan for 2024-25 (Year 3 of the ACHSCP Strategic Plan) was presented to IJB in March 2024 and can be found here - Our Strategic Plan | Aberdeen City HSCP

Caring Together

Programme/Projects	Measures	Link if Referenced within the Report
Redesigning Adult Social Work		
Redesigning Adult Social Work enhancing the role of Social Work in playing a guiding role in the promotion of personalised options for care and support.	Redesign implemented & Evaluated	Please see **page 13** for an overview of the work ongoing.
Communities		
Confirm the accuracy and accessibility of the map of existing universal and social support and work with partners and the community to develop services to meet any identified gaps.	Mapping	Please see **page 29** for an overview of the work ongoing.
Continue to develop and evaluate the Northfield Hub as a test of change for cross-sector, easily accessible, community hubs where a range of services coalesce, all responding to local need, to feed into a wider initiative on Priority Intervention Hubs.	Hubs operational	Please see **page 24** for an overview of the work ongoing.
Develop the membership and diversity of our Locality Empowerment Groups.	Membership	Please see **page 71** for an overview of the work ongoing.
Increase community involvement through existing networks and channels.	Increase in LEG and PNP membership	Please see **page 71** for an overview of the work ongoing.
Deliver Integrated Locality Plans and report on progress.	Progress Report	Please see **page 72-73** for an overview of the work ongoing.
Ensure the use of Our Guidance for Public Engagement is embedded.	Percentage of Staff Trained	
Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	Number of posts on Care Opinion	Please see **page 29** for an overview of the work ongoing.
Social Care Pathways		
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.	Implementation Plan	Please see **page 20** for an overview of the work ongoing.
Implement the recommendations from the June 22 Adult Support and Protection inspection.	Action Plan complete	Please see **page 19** for an overview of the work ongoing.
Deliver the Justice Social Work Delivery Plan.	Percentage of actions complete	Please see **page 29** for an overview of the work ongoing.

Caring Together

Programme/Projects	Measures	Link if Referenced within the report
Primary Care		
Improve primary care stability by creating capacity for general practice.	Report to IJB	Please see **page 26-27** for an overview of the work ongoing.
Deliver the strategic intent for the Primary Care Improvement Plan (PCIP).	Scottish Government Tracker Return. PCIP Implementation Tracker	Please see **page 26-27** for an overview of the work ongoing.
Develop a vision for Primary Care.	Vision documented	Please see **page 28** for an overview of the work ongoing.
Strategy		
Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision.	Delivery of the Carers Strategy Action plan	Please see **page 25** for an overview of the work ongoing.

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Keeping People Safe at Home

Programme/Projects	Measures	Link if Referenced within the Report
Rehabilitation Review		
Develop a strategic planning framework for reviewing of rehabilitation services across ACHSCP /SOARS / Portfolio for phased implementation from April 2023. Each review should consider how partners in sports and leisure can assist in delivery of rehabilitation and will consider bed base requirements.	Framework Developed	Please see **page 31** for an overview of the work ongoing.
Undertake and implement a strategic review of the Neuro Rehabilitation Pathway.	Workshop Outcomes	
Flexible Bed Base		
Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access.	20 beds created	Please see **page 32-33** for an overview of the work ongoing.
Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for Medical and Respiratory pathways, as well as the current Frailty, End of Life Care and OPAT pathways.	Number of Beds available	Please see **page 32-33** for an overview of the work ongoing.
Frailty		
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.	Pathway delivered	Please see **page 35** for an overview of the work ongoing.
Strategy		
Help people to ensure their current homes meet their needs including enabling adaptations.	Adaptation statistics, Telecare usage statistics	Please see **page 34** for an overview of the work ongoing.
Commissioning		
Deliver robust arrangements for medical cover for care settings	Patient/relative satisfaction, colleague surveys for baseline information	

Preventing ill Health

Programme/Projects	Measures	Link if Referenced within the report
Preventation		
Reduce the use and harm from alcohol and other drugs including through the Drugs Related Deaths Rapid Response Plan.	Drug and Alcohol related admissions and deaths, Delivery Framework Milestones	Please see **page 49** for an overview of the work ongoing.
Deliver actions to meet the HIS Sexual Health Standards.	Progress towards meeting standards	
Continue the promotion of active lives initiatives with our partners, for example the Physical Activity Academy, Active Travel etc.	Percentage of population meeting Physical activity national guidelines	Please see **page 44-46** for an overview of the work ongoing.
Reduce smoking prevalence across population and prevent e-cigarette and emerging tobacco produce use among young people.	Various within the programme	Please see **page 43** for an overview of the work ongoing.
Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on the prevention agenda.	Various within the programme	Please see **page 38-39** for an overview of the work ongoing.
Continue to contribute to the Health Transport Action Plan (HTAP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	ACHSCP requirements reflected in GPTP and ALTS	
Communities		
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.	After delivery of Launch event "Granite City Gathering" will next held in September 2024	Please see **page 47-48** for an overview of the work ongoing.

Achieving Healthy, Fulfilling Lives

Programme/Projects	Measures	Link if Referenced within the report
Digital		
Make Every Opportunity Count by ensuring patients, clients and their carers are signposted to relevant services for help.	Service Directory developed	Please see **page 51** for an overview of the work ongoing.
Home Pathways		
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.	New IJB date agreed and plan implemented to keep MPS on track to meet new IJB date	Please see **page 54** for an overview of the work ongoing.
MHLD		
Work with Children's Social Work and health services, to predict and plan for future Complex Care demand including developing and implementing a Transition Plan using the GIRFE multi-agency approach for those transitioning between children and adult social care services, initially for Learning Disabilities.	Future predicted demand identified; Improved user experience	
Deliver a capability framework for a workforce to support complex behaviour.	Skills framework developed	Please see **page 53** for an overview of the work ongoing.
Progress the Grampian wide MHLD Transformation Programme monitored by the Portfolio Board.	Plan developed; Progress Reports; Project milestones and Trajectories	Please see **page 54** for an overview of the work ongoing.
Develop a Mental Health triage approach in Primary Care to improve patient experience and promote self-management.	Improved patient experience; reduction in GP time; further impacts evaluated to enable scaling up	Please see **page 53** for an overview of the work ongoing.
Review strategy and arrangements for Autism/Neurodevelopmental including further development of the Autism Assessment service and expansion to include neurodevelopmental assessment	Review undertaken and aligned to national requirements from Scottish Government	Please see **page 53** for an overview of the work ongoing.
Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy	Aberdeen City suicide prevention delivery group established and action plan produced	Please see **page 52** for an overview of the work ongoing.

Achieving Healthy, Fulfilling Lives

Social Care Pathways		
Explore opportunities for working with those on Social Work unmet need lists to help support them while they wait, or divert them from the list.	Numbers supported/diverted	Please see **page 53** for an overview of the work ongoing.
Strategy		
Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline.	IJB and Committee Reports	Please see **page 54** for an overview of the work ongoing.
Undertake and publish Health Inequality Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics ensuring that the requirements of the UNCRC are incorporated.	Number of Inequality Impact Assessments published	Please see **page 54** for an overview of the work ongoing.
Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target.	Climate Change impacts included in Business Cases, IJB Reports and Business Continuity Plans	Please see **page 54** for an overview of the work ongoing.

Strategic Enablers

Programme/Projects	Measures	Link if Referenced within the report
Workforce		
Deliver the Workforce Plan.	Delivery of the workforce plan	Please see page 56-57 for an overview of the work ongoing.
Develop and implement a volunteer protocol and pathway with a view to growing and valuing volunteering within the health and social care system.	Protocol developed	
Continue to support initiatives supporting staff health and wellbeing.	Initiatives delivered	
Ensure our workforce are Trauma Informed	Percentage of workforce trained	
Create and implement an SLT Team Development Plan	SLT Development Plan Implemented	
Digital		
Support the implementation of digital records where possible.	Percentage of records digitised	
Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.	Business case developed	Please see page 60 for an overview of the work ongoing.
Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	TEC usage statistics	Please see page 61 for an overview of the work ongoing.
Deliver a Single Point of Contact for individuals and professionals including a repository of information on health and social care services available, eligibility criteria and how to access.	Community First Programme Milestones	Please see page 67 for an overview of the work ongoing.
Review the future use of Morse in Community Nursing and Allied Health Professionals.	Plan developed and delivered	Please see page 62 for an overview of the work ongoing.
Explore ways we can help people access and use digital systems.	AGILE printed brochure is distributed via Care management, Wellbeing coordinators, Vaccination Center and at ARI community nurses and at all relevant events for the partnership and NHSG	
Analogue to Digital Implementation Plan.	Medium Term Financial Framework (MTFF)	Please see page 62 for an overview of the work ongoing.

Strategic Enablers

Finance		
Develop a critical path for future budget setting and ongoing monitoring.	Medium Term Financial Framework (MTFF)	Please see **page 63** for an overview of the work ongoing.
Relationships		
Develop proactive, repeated and consistent communications to keep communities informed.	Number of proactive communications	
Review Care for People arrangements.	Percentage Remobilisation	
Review SMOC arrangements.	Agreement to a revised working arrangement	Please see **page 67** for an overview of the work ongoing.
Create and adopt a Generic Emergency Plan to reflect Aberdeen city IJB's Cat 1 Responder responsibilities.	Emergency Plan implemented	Please see **page 66** for an overview of the work ongoing.
Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board.	Progress against NCS Programme Board workplan meeting appropriate timescales	
Review availability of the range of independent advocacy and implement any recommendations from the review.	Contract monitoring reports agreed	Please see **page 65** for an overview of the work ongoing.
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.	Number of commissioning for outcomes arrangements	Please see **page 58-59** for an overview of the work ongoing.
Infrastructure		
Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long-term solution.	Services operating from the unit	Please see **page 68** for an overview of the work ongoing.
Assess future infrastructure needs and engage with partners to ensure these needs are met.	PCPP revised every year	Please see **page 67** for an overview of the work ongoing.

Aberdeen City Health & Social Care Partnership
A caring partnership

If you require further information about any aspect of this document, please contact:

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	ACHSCP Health and Care Experience Report 2023-2024
Report Number	HSCP.24.075
Lead Officer	Alison MacLeod, Lead for Strategy and Transformation
Report Author Details	Calum Leask Transformation Programme Manager CLeask@aberdeencity.gov.uk
Consultation Checklist Completed	*Yes*
Directions Required	*No*
Exempt	No
Appendices	*a. Health and Care Experience Report*
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

1. **Purpose of the Report**

1.1. The purpose or this report is to inform the Integration Joint Board (IJB) of the findings from the Health and Care Experience survey for 2023-2024 (attached as Appendix A).

2. **Recommendations**

2.1. It is recommended that the Integration Joint Board:
   a) Notes the information provided

3. Strategic Plan Context

3.1. The Aberdeen City Health and Social Care Partnership's Strategic Plan 2022-2025 has 4 main aims: caring together; keeping people safe at home; preventing ill health; and achieving fulfilling, healthy lives.

3.2. Within the latter of these aims, a strategic priority is to "help people access support to overcome the impact of the wider determinants of health". As such, understanding the experience of people accessing integrated care services is a key mechanism towards ensuring that these fit the needs and preferences of people living in Aberdeen City.

4. Summary of Key Information

4.1. The Health and Care Experience (HACE) survey is a national survey that asks people about their experiences of accessing and using health and social care services in Scotland. The survey covers topics such as general practice, hospital care, social care, community health services, and carer support. The survey is conducted every two years and the latest results are based on responses from over 100,000 people across Scotland, including 3,190 from Aberdeen City, who completed the survey.

4.2. The report compares Aberdeen City's results with Scotland's and the previous survey's results, aiming to inform strategic planning to address challenges and anticipate future improvement.

4.3. The most positive results from respondents were: Experience of General Practice - I understood the information I was given (88% positive); Experience of General Practice - I was treated with dignity and respect (84% positive); Experience of General Practice - I was listened to (83% positive); Experience of General Practice - I was able to ask questions if I wanted to (83% positive); Experience of Out of Hours healthcare - I understood the information I was given (85% positive)

4.4. The report also outlines strategic plans to address challenges, including improving primary care stability, implementing the Carers Strategy, and enhancing community support.

4.5. It is anticipated that implementation of the above will help contribute towards improvements in the metrics cited moving forward.

2

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

The report demonstrates performance across numerous services delivered to the population as a whole in addition to those more in need, for example unpaid carers. As the HACE report details performance over the previous two years, and does not require a decision on policy or strategy, or proposes any changes to service provision, an IIA is not required to be undertaken.

5.2. Financial

There are no direct implications arising from this report.

5.3. Workforce

The Partnership's response to the HACE findings describes emerging workforce roles that have been implemented to offer the population more direct access to care, for example Physiotherapy First Contact Practitioners now available in 26 General Practices across Aberdeen as part of the Primary Care Improvement Plan.

5.4. Legal

There are no direct implications arising from this report.

5.5. Unpaid Carers

The report discusses ongoing work with unpaid carers, and gives an overview of the Carers Strategy.

5.6. Information Governance

There are no direct implications arising from this report.

5.7. Environmental Impacts

There are no direct implications arising from this report.

5.8. Sustainability

There are no direct implications arising from this report.

5.9.   Other

None.

6. Management of Risk

6.1.   Identified risks(s)

Risk	Risk Dimension	Likelihood	Impact	Controls	Evaluation
There is a risk that we are not transparent and open about our performance	Risks to quality and innovation outcomes Reputational risk	Low	High	Full version of report to be made available to publish once IJB approval in place.	If approved this risk can be closed. If the HACE Report is not approved there is a risk that the IJB, and the services that it directs and has operational oversight of, fails to continue to be comparable with national standards.

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

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

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Health and Care Experience Report

Results of 2023-2024 Survey

Contents

Executive Summary

The Health and Care Experience (HACE) survey is a national survey that asks people about their experiences of accessing and using health and social care services in Scotland. The survey covers topics such as general practice, hospital care, social care, community health services, and carer support. The survey is conducted every two years and the latest results are based on responses from over 100,000 people across Scotland, including 3,190 from Aberdeen City, who completed the survey.

The report compares Aberdeen City's results with Scotland's and the previous survey's results, aiming to inform strategic planning to address challenges and anticipate future improvement.

Key findings include:

- Historically, Aberdeen City has outperformed the Scotland-wide average, but in recent times, the trend has reversed, with Scotland now achieving higher results.
- The overall care rating from General Practice as excellent or good was 60%, a decrease from 65% in 2021/22 and below the Scottish average of 69%.
- The most positive results from respondents were:
  - Experience of General Practice - I understood the information I was given (88% positive)
  - Experience of General Practice - I was treated with dignity and respect (84% positive)
  - Experience of General Practice - I was listened to (83% positive)
  - Experience of General Practice - I was able to ask questions if I wanted to (83% positive)
  - Experience of Out of Hours healthcare - I understood the information I was given (85% positive)

The demography of the respondent shows that majority of people were white, middle aged, and living in the least deprived areas of the city, and with a response rate equating to approximately 1.5% of the local population, results should be interpreted with this context in mind.

The report also outlines strategic plans to address challenges, including improving primary care stability, implementing the Carers Strategy, and enhancing community support. The Primary Care Improvement Plan (PCIP) focuses on six workstreams, with vaccination, pharmacotherapy, and

community treatment as key areas. Successes include the opening of two additional CTAC sites and increased access to physiotherapy and non-medical prescribers.

The Carers Strategy aims to improve support for unpaid carers, with initiatives like the Young Carers Charter and the Carer Reference Groups. The strategy's second year focuses on recommissioning support services and continuing with charter aims.

It is anticipated that implementation of the above will help contribute towards improvements in these metrics moving forward.

Overview of the 2023/2024 HACE Results for Aberdeen City

The Scottish Health and Care Experience (HACE) survey has been carried out once every two years since 2009/2010. The survey asks about people's experiences of:

- accessing and using their general practice and out of hours services
- aspects of care and support provided by local authorities and other organisations
- caring responsibilities and related support.

It is an online and postal survey sent to a random sample of people registered with a general practice in Scotland. For the 2023/24 round of the survey the questionnaire was reviewed to ensure continued relevance of survey questions for policy objectives, to reflect changes to the way that health and care services are provided, and to incorporate feedback from the 2021/22 survey.

For the 2023/24 round of the survey, 526,758 survey packs were sent out, and 107,538 completed surveys were received back, which gives a response rate of 20%. This is lower than the response rate achieved in the 2021/22 survey (24%). The response rate in Aberdeen City was also 20% equating to 3,190 individual responses, after 15,945 forms were sent out. This equates to approximately 1.5% of the total population.

This report intends to display the results from Aberdeen City and compare these to Scotland and to the results from the previous survey in 2021/22.

In response to the findings, key initiatives will be described to ensure our strategic planning will address the challenges faced by the community and anticipate areas where future enhancements are required.

The full Scottish Government report can be found using the following link.

[Health and Care Experience Survey 2023/24](#)

The table presented below offers a comparative analysis of the outcomes from the 2023/24 HACE survey for Aberdeen City against the national average for Scotland. Generally, the Scotland wide average outperform Aberdeen City.

		Aberdeen City			Scotland	
		Number of responses	Positive / Neutral / Negative		Number of responses	Positive / Neutral / Negative
03	How easy is it for you to contact your General Practice in the way that you want?	2,619	73% / 27%		90,651	76% / 24%
04	If you ask to make an appointment with a doctor 3 or more working days in advance, does your General Practice allow you to?	1,605	46% / 54%		63,311	50% / 50%
12a	Overall, how would you rate the quality of information provided by the receptionist at your General Practice?	2,249	66% / 22% / 12%		77,878	71% / 20% / 9%
12b	Overall, how would you rate the arrangements for getting to speak to a Doctor at your General Practice?	2,432	56% / 21% / 23%		84,873	63% / 18% / 18%
12c	Overall, how would you rate the arrangements for getting to speak to a Nurse at your General Practice?	1,961	63% / 24% / 13%		69,148	71% / 18%
12d	Overall, how would you rate the arrangements for getting to speak to a Pharmacist/Chemist at your General Practice?	1,278	68% / 20% / 12%		44,810	74% / 17% / 9%
12e	Overall, how would you rate the arrangements for getting to speak to a Physiotherapist at your General Practice?	761	42% / 30% / 28%		27,077	48% / 26% / 25%
12f	Overall, how would you rate the arrangements for getting to speak to a Mental Health Professional at your General Practice?	575	37% / 27% / 36%		20,155	42% / 25% / 34%
12g	Overall, how would you rate the arrangements for getting to speak to another Healthcare Professional at your General Practice?	622	39% / 32% / 29%		20,659	46% / 30% / 24%
13	Overall, how would you rate the care provided by your General Practice?	2,568	60% / 24% / 16%		88,731	69% / 19% / 13%

Table 1: Comparison of Aberdeen City and Scotland wide results of the HACE 2023/2024 survey

Aberdeen City Comparison Results

The following table displays a comparison between Aberdeen City's results and the Scottish 2023/24 results, and also to the Aberdeen City HACE results against that of the Scottish results from 2021/22 and notes whether there is any statistical difference or change.

Examining the differences in results from the HACE survey for Aberdeen City between the 2023/24 period and the 2021/22 period reveals marked variances, with a number of outcomes showing a statistical decrease compared to previous years whereas some remained unchanged.

While there has been a decline, 73% of the individuals who reported ease in contacting their General Practice still represents a majority, indicating that a significant number of people find it relatively straightforward to get in touch with their GP when needed. Despite the drop from the previous year's 77% and falling below the Scottish average of 76% for 2023/24, the figure remains an evidence to the accessibility of GP services.

Just under half of the survey respondents (46%) reported they are able to book appointments at their General Practice three or more working days in advance. This figure is a slight decrease from the 49% reported in the 2021/22 survey and is also below the Scottish average of 50% for 2023/24.

The quality of information provided by the receptionist was rated as good or excellent by 66% of individuals, which is consistent with the 2021/22 results and, although lower than the Scottish average (71%) for 2023/24 results, still reflects a majority positive perception.

Survey participants were asked to rate the arrangements for getting to speak to a different healthcare professionals at their General Practice.

- Arrangement to speak with a Doctor: 56% of respondents found the arrangements to speak to a doctor satisfactory, this is slightly lower to the 2021/22 results (59%) and the 2023/24 Scottish result (63%).

- Arrangement to speak with a Nurse: 63% of respondents found the arrangements to speak to a nurse satisfactory, this is lower than the 2021/22 results (70%) and the 2023/24 Scottish result (71%).

- Arrangement to speak with a Pharmacist/Chemist: 68% of respondents found the arrangements to speak to a Pharmacist/Chemist satisfactory, this is lower than the 2021/22 results (77%) and the 2023/24 Scottish result (74%).

- Arrangement to speak with a Physiotherapist: 42% of respondents found the arrangements to speak to a Physiotherapist satisfactory, this is lower than the 2021/22 results (56%) and the 2023/24 Scottish result (48%).

- Arrangement to speak to a Mental Health Professional: 37% of respondents found the arrangements to speak to a Mental Health Professional satisfactory, this is significantly lower than the 2021/22 results (49%) and the 2023/24 Scottish result (42%).
- Arrangement to speak to another Healthcare Professional: 39% of respondents found the arrangements to speak to another healthcare professional satisfactory, this is significantly lower than the 2021/22 results (55%) and the 2023/24 Scottish result (46%).

The proportion of people rating the overall care from their General Practice as excellent or good are 60% in the 2023/24 survey, this has decreased compared to the 2021/22 percentage of 65% and Scottish wide result of 69%.

		2024 % Positive (selected area)	Comparison to Scotland			Comparison to 2022		
			Statistically different to Scotland?		Scotland 2024 % Positive	Statistical change since 2022?		2022 % Positive (selecte..
03	How easy is it for you to contact your General Practice in the way that you want?	73%	Lower	⬇	76%	Lower	⬇	77%
04	If you ask to make an appointment with a doctor 3 or more working days in advance, does your General Practice allow you to?	46%	Lower	⬇	50%	No	◯	49%
12a	Overall, how would you rate the quality of information provided by the receptionist at your General Practice?	66%	Lower	⬇	71%	No	◯	66%
12b	Overall, how would you rate the arrangements for getting to speak to a Doctor at your General Practice?	56%	Lower	⬇	63%	No	◯	59%
12c	Overall, how would you rate the arrangements for getting to speak to a Nurse at your General Practice?	63%	Lower	⬇	71%	Lower	⬇	70%
12d	Overall, how would you rate the arrangements for getting to speak to a Pharmacist/Chemist at your General Practice?	68%	Lower	⬇	74%	Lower	⬇	77%
12e	Overall, how would you rate the arrangements for getting to speak to a Physiotherapist at your General Practice?	42%	Lower	⬇	48%	Lower	⬇	56%
12f	Overall, how would you rate the arrangements for getting to speak to a Mental Health Professional at your General Practice?	37%	Lower	⬇	42%	Lower	⬇	49%
12g	Overall, how would you rate the arrangements for getting to speak to another Healthcare Professional at your General Practice?	39%	Lower	⬇	46%	Lower	⬇	55%
13	Overall, how would you rate the care provided by your General Practice?	60%	Lower	⬇	69%	Lower	⬇	65%

Table 2: Results comparison between Aberdeen City 2023/2024 results and the Scotland wide 2023/2024 results and the Aberdeen City 2021/2022 results.

Patient Experience, Out of Hours and Caring Support

The Table below displays the results from those questions relating to patient experience, out of hours and caring support. The majority of responses in this category are positive, with the exception of, 'I feel supported to continue caring' which had 37% positive response, 41% neutral responses and 22% negative response.

Table 3: Results from the 2023/24 HACE Survey displaying patient experience, out of hours and caring support.

Patient Experience

The table below shows a further breakdown of the responses from respondent on the treatment or advice from the General Practice. Majority of response were positive across all areas, with the exception of 'I was given the opportunity to involve the people that mattter to me' which had 44% positive response, 44% neutral response and 12% negative response.

Select a question from the list below to compare a result to the equivalent 2022 result and the Scotland result, and display a time trend for all surveys since 2016, where questions are comparable. Statistical comparison against 2022 are available at Scotland, NHS Board and Health & Social Care Partnership level.

Aberdeen City

		Number of Responses	Positive	Neutral	Negative
16a	Experience of your General Practice: I was given the opportunity to involve the people that matter to me	1,713	44%	44%	12%
16b	Experience of your General Practice: I was listened to	2,329	83%	9%	8%
16c	Experience of your General Practice: I was given enough time	2,279	77%	13%	10%
16d	Experience of your General Practice: I was treated with compassion and understanding	2,297	80%	13%	7%
16e	Experience of your General Practice: My treatment and care were well co-ordinated	2,189	65%	20%	15%
16f	Experience of your General Practice: The healthcare professional knew my medical history	2,241	61%	23%	17%
16g	Experience of your General Practice: I had a chance to ask about the benefits and risks of the treatment	1,972	57%	29%	14%
16h	Experience of your General Practice: I was able to ask questions if I wanted to	2,301	83%	10%	7%
16i	Experience of your General Practice: I understood the information I was given	2,312	88%		8%
16j	Experience of your General Practice: The health professional checked I understood what I had been told	2,154	70%	19%	11%
16k	Experience of your General Practice: Staff helped me to feel in control of my treatment and care	1,972	56%	29%	15%
16l	Experience of your General Practice: I was involved in decisions about my care and treatment	2,025	63%	24%	14%
16m	Experience of your General Practice: I felt able to make an informed choice about my treatment and care	1,995	62%	25%	12%
16n	Experience of your General Practice: I was treated with dignity and respect	2,315	84%	11%	5%

Table 4: Results from the 2023/24 HACE Survey displaying patient experience (treatment or advice from the General Practice)

Out of Hours Healthcare

The table below shows a further breakdown of the responses from respondent on out of hours healthcare. The majority of the responses in this group are positive, with tthe most positively rated statements being: 'I understood the information I was given' (85%), 'I was able to ask questions and I was listened to' (82%) and 'I was treated with dignity and respect' (81%).

Select a question from the list below to compare a result to the equivalent 2022 result and the Scotland result, and display a time trend for all surveys since 2016, where questions are comparable. Statistical comparison against 2022 are available at Scotland, NHS Board and Health & Social Care Partnership level.

Aberdeen City

		Number of Responses	Positive	Neutral	Negative
24a	Experience of Out of Hours healthcare: I was listened to	524	82%	10%	9%
24b	Experience of Out of Hours healthcare: I was given enough time	505	77%	13%	10%
24c	Experience of Out of Hours healthcare: I was treated with compassion and understanding	514	79%	12%	9%
24d	Experience of Out of Hours healthcare: I was given the opportunity to involve the people that matter to me	444	62%	27%	11%
24e	Experience of Out of Hours healthcare: I understood the information I was given	505	85%	10%	
24f	Experience of Out of Hours healthcare: I was able to ask questions if I wanted to	505	82%	9%	9%
24g	Experience of Out of Hours healthcare: Staff helped me to feel in control of my treatment and care	476	66%	20%	14%
24h	Experience of Out of Hours healthcare: My treatment and care was well coordinated	485	68%	18%	15%
24i	Experience of Out of Hours healthcare: I was treated with dignity and respect	513	81%	11%	8%
25	Overall, how would you rate the care you experienced from this Out of Hours service?	543	71%	16%	12%

Table 5: Results from the 2023/24 HACE Survey displaying patient experience, out of hours healthcare

Care, Support and Health with Everyday Living

The table below shows a further breakdown of the responses from respondent on care, support and health with everyday living. The majority of response were positive across all areas, with the exception of 'I had a say in how my help, care or support was provided', with 48% positive response, 33% neutral and 19% negative response.

Select a question from the list below to compare a result to the equivalent 2022 result and the Scotland result, and display a time trend for all surveys since 2016, where questions are comparable. Statistical comparison against 2022 are available at Scotland, NHS Board and Health & Social Care Partnership level.

Aberdeen City

		Number of Responses	Positive	Neutral	Negative
30a	Experience of Social Care: I was aware of the help, care and support options available to me	279	52%	24%	25%
30b	Experience of Social Care: I had a say in how my help, care or support was provided	244	48%	33%	19%
30c	Experience of Social Care: People took account of the things that mattered to me	250	59%	27%	14%
30d	Experience of Social Care: I felt safe	251	69%	24%	7%
30e	Experience of Social Care: I was supported to live as independently as possible	250	68%	24%	8%
30f	Experience of Social Care: My health, support and care services seemed to be well coordinated	246	54%	30%	16%
30g	Experience of Social Care: The help, care or support improved or maintained my quality of life	242	63%	27%	10%
30h	Experience of Social Care: I was treated with dignity and respect	256	77%	18%	5%
31	Overall, how would you rate your help, care or support services? Please exclude the care and help you get from friends and family.	270	65%	22%	13%

Table 6: Results from the 2023/24 HACE Survey displaying caring support and help with everyday living.

Care Responsibilities

The table below shows a further breakdown of the responses from respondent care responsibilities.

Only one statement was rated postively by majority of respondents: : 'I have a good balance between caring and other things in my life (66%).

Select a question from the list below to compare a result to the equivalent 2022 result and the Scotland result, and display a time trend for all surveys since 2016, where questions are comparable. Statistical comparison against 2022 are available at Scotland, NHS Board and Health & Social Care Partnership level.
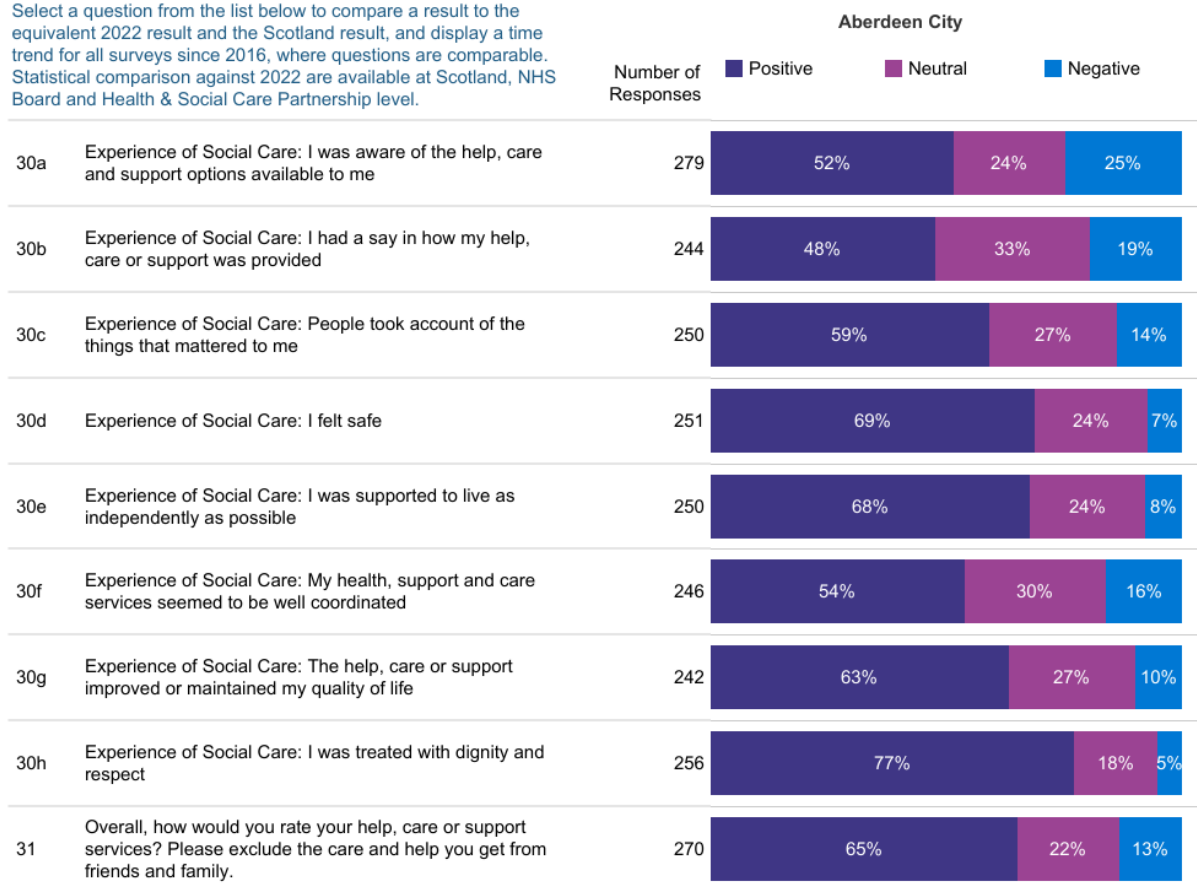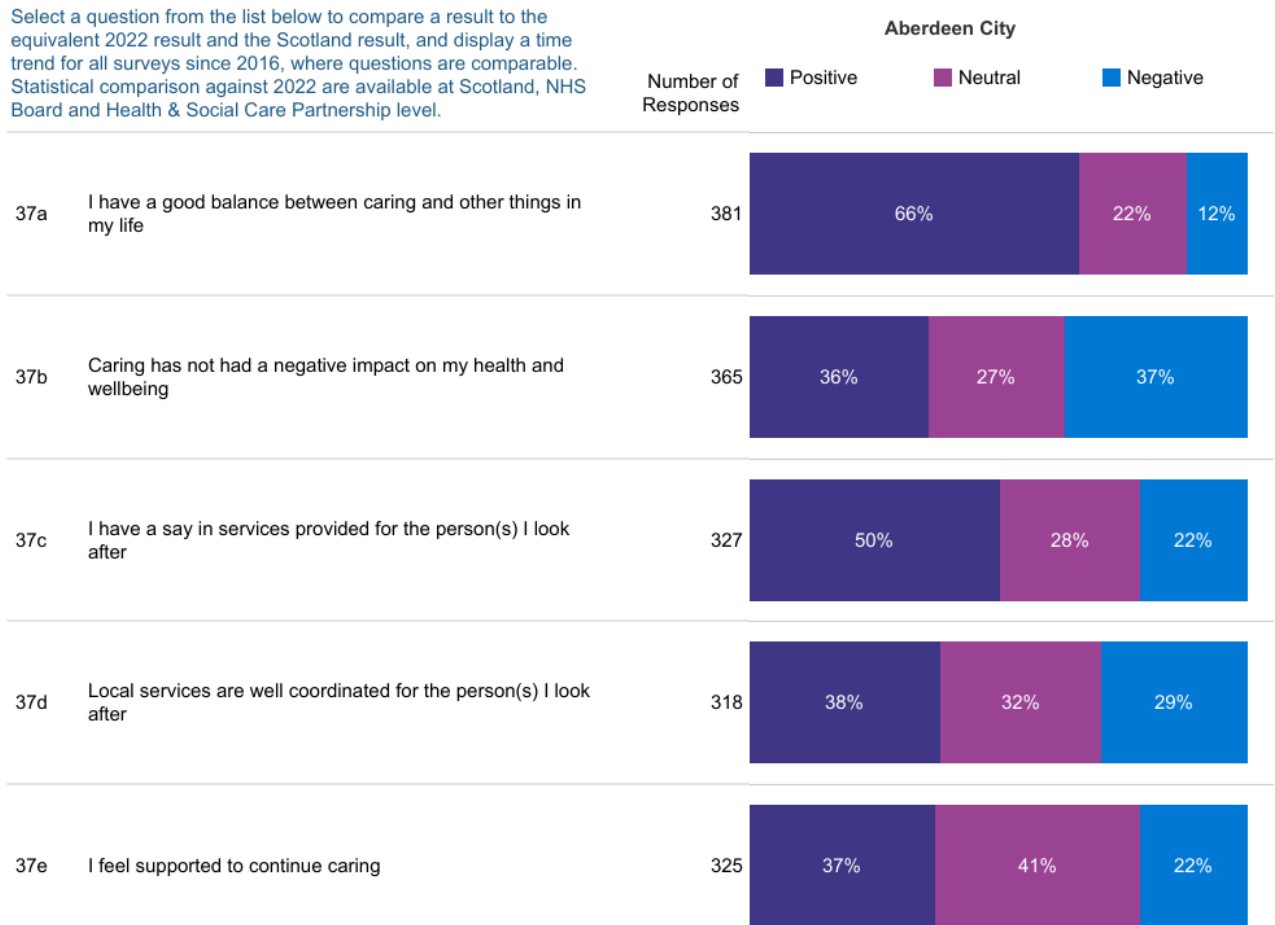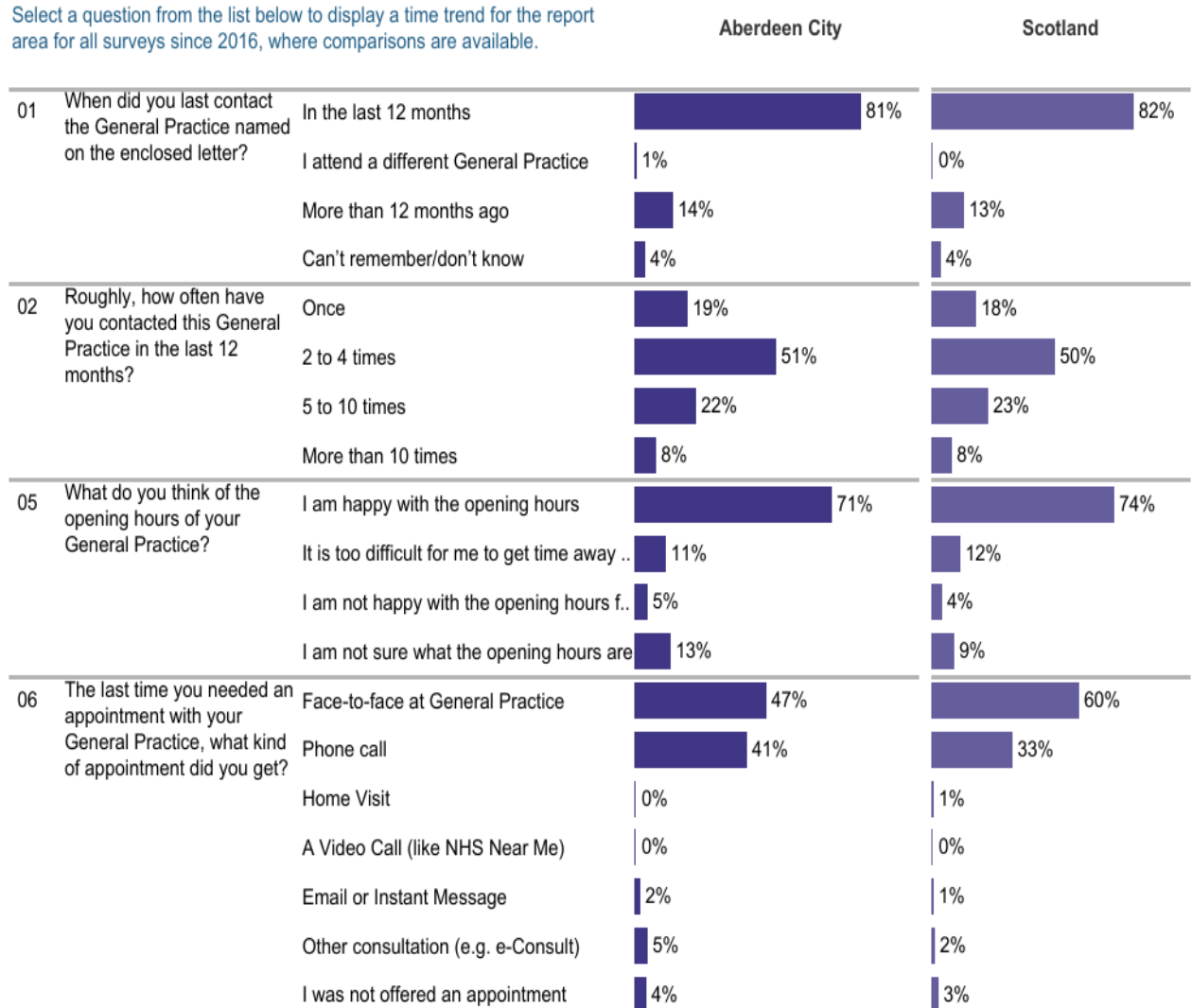
Aberdeen City

		Number of Responses	Positive	Neutral	Negative
37a	I have a good balance between caring and other things in my life	381	66%	22%	12%
37b	Caring has not had a negative impact on my health and wellbeing	365	36%	27%	37%
37c	I have a say in services provided for the person(s) I look after	327	50%	28%	22%
37d	Local services are well coordinated for the person(s) I look after	318	38%	32%	29%
37e	I feel supported to continue caring	325	37%	41%	22%

Table 7: Results from the 2023/24 HACE Survey displaying caring responsibilities

Contact frequency and Information Results

The survey also inquired about the frequency of contact with GP Practices and social care services, as well as the level of information provided about care and support. The results for Aberdeen City and Scotland showed a considerable range of variation. In Aberdeen City, respondents were less likely to have a face-to-face encounter at the GP Practice (47%) compared to the Scottish average (60%), but were more likely to have appointments via phone or email (41%) than the Scottish average (33%).

Select a question from the list below to display a time trend for the report area for all surveys since 2016, where comparisons are available.

			Aberdeen City	Scotland
01	When did you last contact the General Practice named on the enclosed letter?	In the last 12 months	81%	82%
		I attend a different General Practice	1%	0%
		More than 12 months ago	14%	13%
		Can't remember/don't know	4%	4%
02	Roughly, how often have you contacted this General Practice in the last 12 months?	Once	19%	18%
		2 to 4 times	51%	50%
		5 to 10 times	22%	23%
		More than 10 times	8%	8%
05	What do you think of the opening hours of your General Practice?	I am happy with the opening hours	71%	74%
		It is too difficult for me to get time away ..	11%	12%
		I am not happy with the opening hours f..	5%	4%
		I am not sure what the opening hours are	13%	9%
06	The last time you needed an appointment with your General Practice, what kind of appointment did you get?	Face-to-face at General Practice	47%	60%
		Phone call	41%	33%
		Home Visit	0%	1%
		A Video Call (like NHS Near Me)	0%	0%
		Email or Instant Message	2%	1%
		Other consultation (e.g. e-Consult)	5%	2%
		I was not offered an appointment	4%	3%

| #	Question	Response	Aberdeen City	Scotland Wide
07	Were you offered a choice in the kind of appointment you received?	Yes	26%	32%
		No	57%	51%
		Not applicable	17%	17%
08	Were you satisfied with the appointment you were offered?	Yes, and I accepted an appointment	73%	81%
		No, but I still took an appointment	24%	18%
		No, and I did not take an appointment	2%	1%
09	If you weren't satisfied with the appointment you were offered, why was that? Please tick all that apply.	It was not at the time or on the day I wa..	11%	14%
		It was not the type of appointment I wan..	57%	51%
		The appointment wasn't soon enough	28%	26%
		I couldn't book ahead at my General Pr..	14%	20%
		It wasn't with my preferred Healthcare P..	13%	16%
		Another reason	14%	11%
10	The last time you needed to see or speak to a doctor or a nurse from your General Practice quite urgently, how long did you wait?	I saw or spoke to a doctor or nurse on t..	43%	49%
		I saw or spoke to a doctor or nurse withi..	18%	17%
		I waited more than 2 working days to se..	16%	12%
		I haven't needed or cannot remember s..	23%	22%
11	What was the main reason you waited longer than 2 working days when you needed to see or speak to a doctor or a nurse from your General Practice quite urgently?	The person I wanted to see was not ava..	13%	16%
		The times available in the next 2 days w..	2%	5%
		I was not offered a chance to see or spe..	79%	70%
		Another reason	7%	10%

Table 8: Contact frequency and experience Aberdeen City and Scotland Wide comparison results from 2023/2024 HACE survey
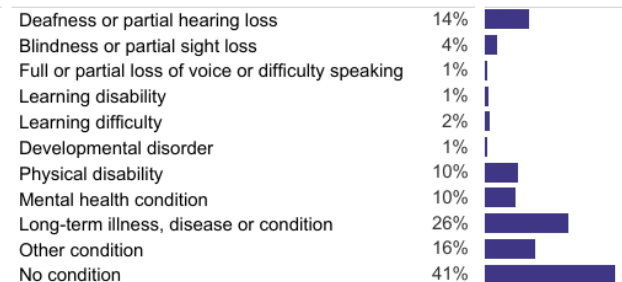
About the respondents

The survey asked respondents to provide some demographic information, such as their age, gender, ethnicity, disability status, and caring role. The table below shows the breakdown of the respondents from Aberdeen City by these characteristics. The majority of people who responded to the survey were white middle aged living in the least deprived areas of the city.

**In general, how well do you feel that you are able to look after your own health?**

Very well	47%
Quite well	45%
Not very well	7%
Not at all well	1%
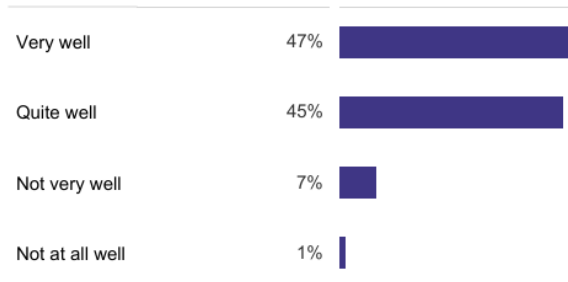
Do you have any of the following, which have lasted, or are expected to last, at least 12 months? Please tick all that apply.

Deafness or partial hearing loss	14%
Blindness or partial sight loss	4%
Full or partial loss of voice or difficulty speaking	1%
Learning disability	1%
Learning difficulty	2%
Developmental disorder	1%
Physical disability	10%
Mental health condition	10%
Long-term illness, disease or condition	26%
Other condition	16%
No condition	41%

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
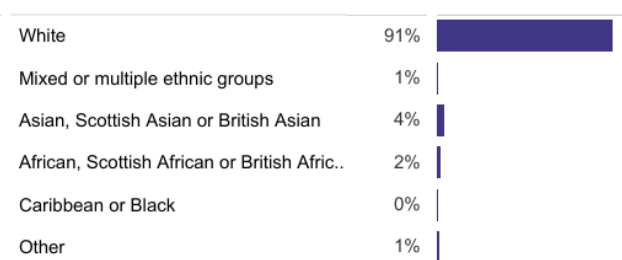
Yes, limited a lot	11%
Yes, limited a little	27%
No	62%
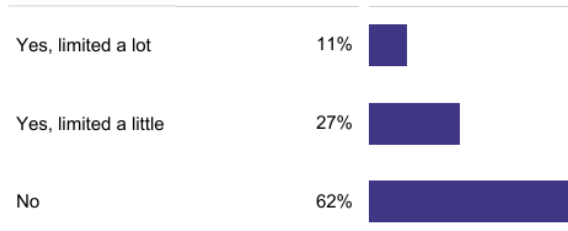
Do you suffer from chronic or persistent pain, that is pain that carries on for longer than 3 months despite medication or treatment?

Yes	25%
No	75%
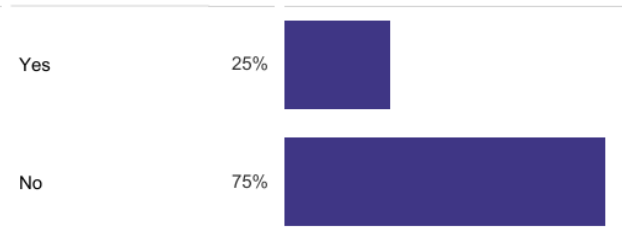
Which of the following options best describes your sexual orientation? Please tick one box only.

Heterosexual/Straight	96%
Gay/Lesbian	2%
Bisexual	1%
Other	2%
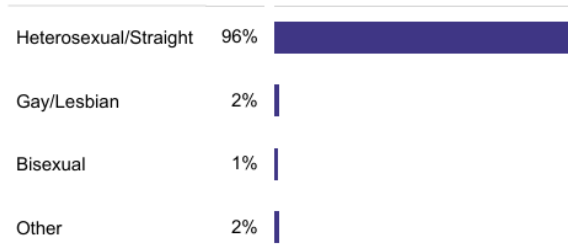
What best describes your ethnic group? Please tick one box only.

White	91%
Mixed or multiple ethnic groups	1%
Asian, Scottish Asian or British Asian	4%
African, Scottish African or British Afric..	2%
Caribbean or Black	0%
Other	1%

What religion, religious denomination or body do you belong to?

None	52%
Church of Scotland	27%
Roman Catholic	7%
Other Christian	9%
Muslim	1%
Hindu	1%
Buddhist	0%
Sikh	0%
Jewish	0%
Pagan	0%
Another religion or body	2%

Age group:

17-24	3%
25-34	8%
35-44	11%
45-54	14%
55-64	22%
65-74	23%
75-84	14%
85 plus	5%

Sex:

Male	44%
Female	56%
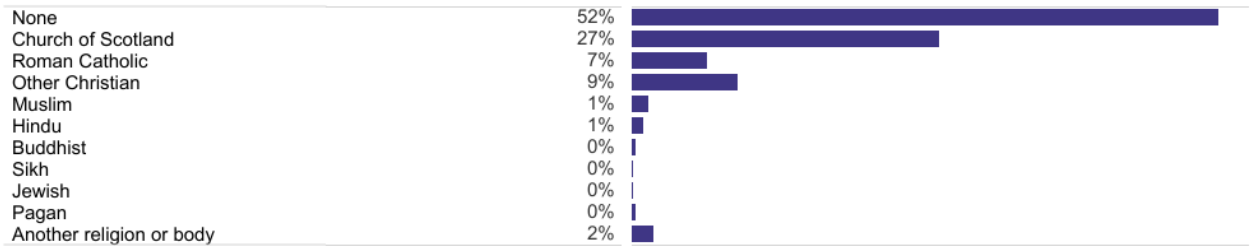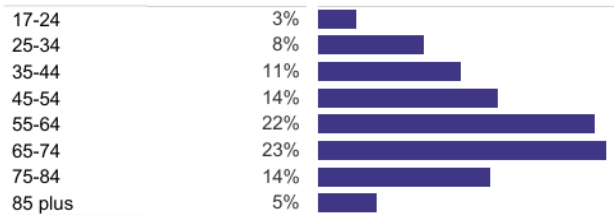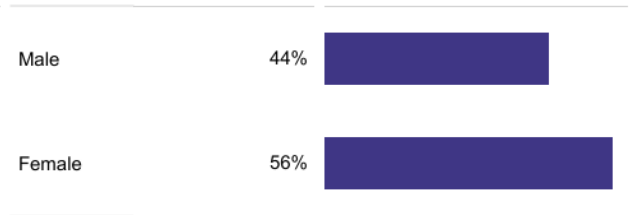
Scottish Index of Multiple Deprivation (SIMD):
(1 most deprived; 5 least deprived)

1 most deprived	7%
2	18%
3	13%
4	19%
5 least deprived	42%
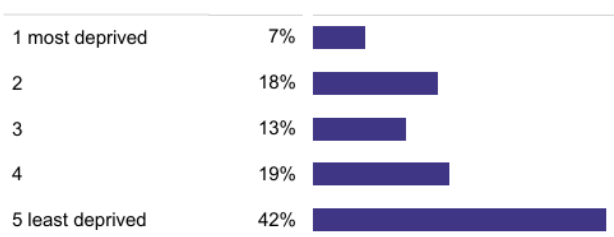
Urban/Rural classification:

1 Large Urban Areas	87%
2 Other Urban Areas	0%
3 Accessible Small Towns	5%
6 Accessible Rural	8%
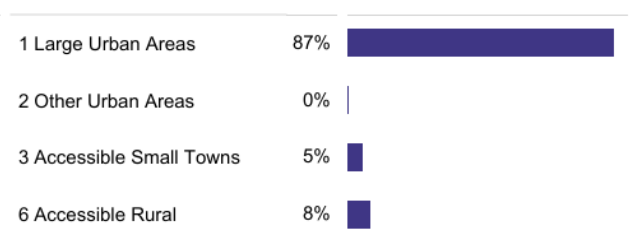
Table 9: Demographic make-up of Aberdeen City 2023/24 HACE Survey respondents.

Top Five Positive and Negative Results

Based on the scores and the percentage of positive responses, the following are the top five positive and negative results for Aberdeen City from the survey:

Most positive results

Aberdeen City
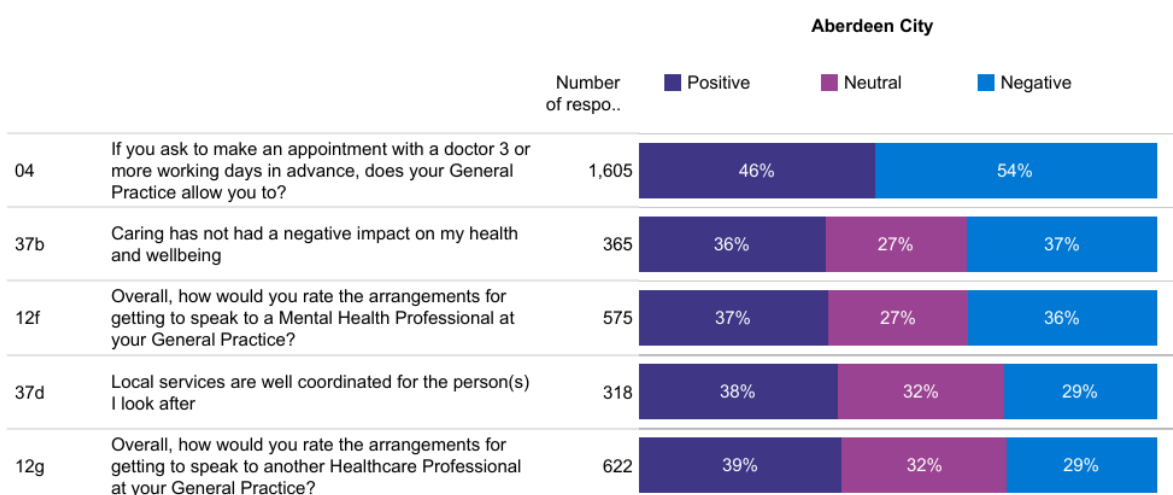
		Number of responses	Positive / Neutral / Negative
16i	Experience of your General Practice: I understood the information I was given	2,312	88% / 8% /
24e	Experience of Out of Hours healthcare: I understood the information I was given	505	85% / 10% / 5%
16n	Experience of your General Practice: I was treated with dignity and respect	2,315	84% / 11% / 5%
16b	Experience of your General Practice: I was listened to	2,329	83% / 9% / 8%
16h	Experience of your General Practice: I was able to ask questions if I wanted to	2,301	83% / 10% / 7%

Most negative results

Aberdeen City

		Number of respo..	Positive / Neutral / Negative
04	If you ask to make an appointment with a doctor 3 or more working days in advance, does your General Practice allow you to?	1,605	46% / / 54%
37b	Caring has not had a negative impact on my health and wellbeing	365	36% / 27% / 37%
12f	Overall, how would you rate the arrangements for getting to speak to a Mental Health Professional at your General Practice?	575	37% / 27% / 36%
37d	Local services are well coordinated for the person(s) I look after	318	38% / 32% / 29%
12g	Overall, how would you rate the arrangements for getting to speak to another Healthcare Professional at your General Practice?	622	39% / 32% / 29%

Table 10: HACE survey results displaying most positive and negative results for Aberdeen City.

It is notable that 88% of our populous who responded to the survey find that they understand what is spoken about within a GP appointment, 84% felt they were treated with dignity and respect, while 83% felt listened to and able to ask questions if they wanted to.

Those respondents who experienced out of hours care also responded positively with 85% feeling they understood the information they were given.

However, looking at the five areas where Aberdeen City scored negatively, we see that a little over half of the respondents responded negatively to the question *'if you ask to make an appointment with a doctor 3 or more working days in advance, does your GP Practice allow you to'*. Looking at this in more depth, we found that positive responses to this question have reduced by 35% over the past eight years as can be seen in Table 8.
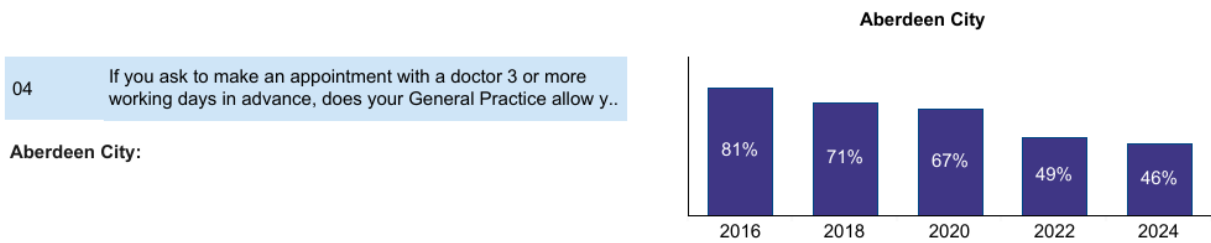
Table 11: Aberdeen City HACE responses from 2016-2024 for doctor appointments 3 or more days in advance.

Historically, Aberdeen City has outperformed the Scotland-wide average, but in recent times, the trend has reversed, with Scotland now achieving higher results. The comparison highlights a more favourable trend across Scotland, with a 2% reduction from 2022 to 2024, as shown in the data.
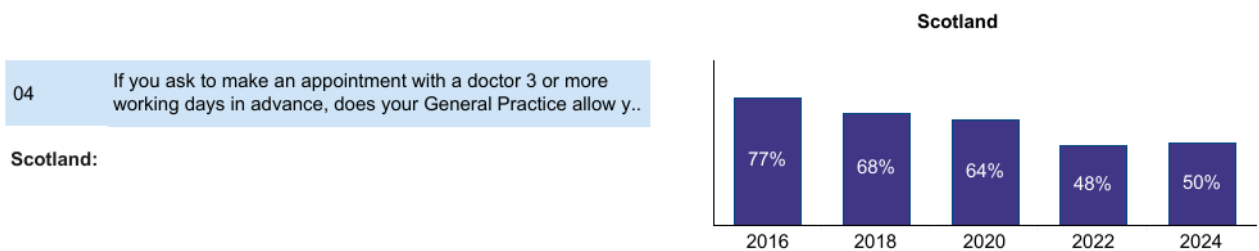
Table 12: Scotland HACE responses 2016-2024 for GP appointments 3 or more days in advance.

Looking at the results obtained for 'Overall, how would you rate the Arrangement to speak to a Mental Health Professional', this appears to have decreased over time with a significant 9% drop between the 2020 and 2024 results.
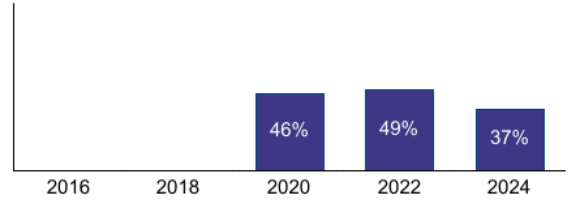
Table 13: Aberdeen City HACE responses from 2016-2024 for arrangement to speak with a Mental Health Professional at GP.

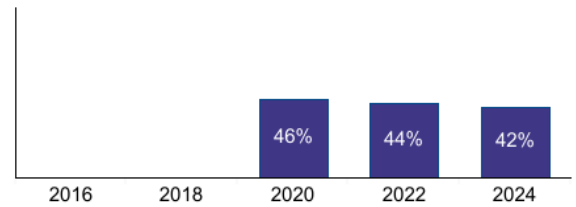The downward trend is observable as well in the Scottish average over that time span.

Table 14: Scotland HACE responses 2016-2024 for arrangement to speak with a Mental Health Professional at GP.

The trend for how 'local services are being well coordinated for the person(s) I look after' from 2016 to 2024 is relatively stable for Aberdeen City.
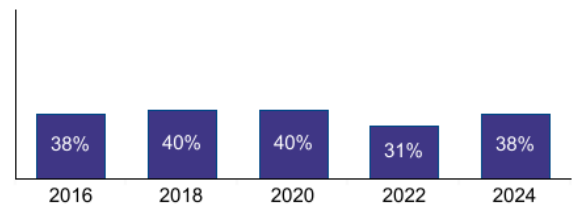
Table 15: Aberdeen City HACE responses from 2016-2024 for Local services coordination.

37d	Local services are well coordinated for the person(s) I look after

Scotland:

Statistically different: higher than 2022
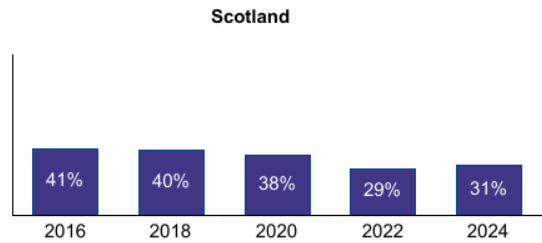
Table 16: Scotland HACE responses 2016-2024 for Local services coordination.

Our Response

Consistent with previous reports, this section outlines the strategic response to the five areas identified as needing the greatest improvement in Aberdeen City. Existing work being implemented through the Partnership's Strategic Plan 2022-2025 is thought to directly positively impact upon these areas. The below table describes some of the initiatives being undertaken and how they align to the areas identified above, before each are described in greater detail. It is important to note that this is not an exhaustive list of activities.

ID	Question	Initiative
04	If you ask to make an appointment with a doctor 3 or more working days in advance, does your General Practice allow you to?	General Practice Vision Programme
12f	Overall, how would you rate the arrangements for getting to speak to a Mental Health Professional at your General Practice?	Primary Care Improvement Plan
12g	Overall, how would you rate the arrangements for getting to speak to another Healthcare Professional at your General Practice?	
37d	Local services are well coordinated for the person(s) I look after	Initial Point of Contact Enhanced Community Support Huddle
37b	Caring has not had a negative impact on my health and wellbeing	Implementation of the Carers Strategy

By delivering these projects, we will aim to increase capacity, designed to positively impact upon waiting times while also giving the public access to services in a way that should be more aligned to how they would like to engage.

General Practice Vision Programme

The model of provision of GP services has had to develop and change to cope with increased demand on services due to an increasingly complex and aging population coupled with workforce challenges.

In response to the evolving significant sustainability challenges within General Practice in ACHSCP, the GP Vision Programme was commissioned to outline a new vision and strategic objectives that will guide the future direction of General Practice across Grampian. A Vision Statement has been created which captures the changes required to move towards a more sustainable General Practice sector within the area. A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health.

A co-production approach which included cross system workshops and patient engagement enabled the creation of a central vision statement, with surrounding 10 key objectives which capture the changes required to move towards a more sustainable General Practice sector in Grampian. Co-production highlighted need to provide comprehensive and accessible healthcare services that not only address illness, but also promote preventive care, to empower individuals to lead healthier lives. There is an objective for each of the key themes which are: Data, Multi-disciplinary Team, Models of contract, Digital, Premises, Pathways, Keeping the Population well, Continuity of care, Mental Health & Wellbeing and Recruitment, Retention & Wellbeing.

The new vision for General Practice contributes to local, regional and national initiatives including:

- The National Health and wellbeing outcomes;

- NHS Grampian Vision, Values and Strategic Themes;

- Aberdeen City, Aberdeenshire and Moray HSCPs Vision and Priorities; and

- Local Outcome Improvement Plans across Grampian.

Key Progress Points

Practices have introduced new ways of working, such as triage, to ensure patients see the right person at the right time and that the whole multi-disciplinary team are used effectively in the provision of

care for their patient population. This has meant that the patient can be seen on the day and significantly reduces the need for pre-bookable GP appointments. If the practitioner determines a pre-bookable appointment is necessary this can be actioned.

- PCIP Review Group has now met 3 times and a short life working group to determine data required has been set up including representation from finance and public health
- Data Workstream has carried out the first workshop sessions to determine what data sets require to be collected
- Regular meetings with the Scottish Government established to help deliver the models of contract objective

An Implementation plan has been created, and a programme delivery board and working groups set up to deliver on the objectives. The priority objectives are currently being taken forward.

Primary Care Improvement Plan (PCIP)

The ACHSCP is working with GPs to focus on becoming expert medical generalists and in turn provide better care for patients by maintaining and improving access, enabling more time with the GP for patients when it is really needed (continuity), and providing more information and support for patients (co-ordination) and better health in communities.

The PCIP is working towards delivering 6 workstreams within the Memorandum of Understanding:

1. Vaccination Transformation Programme (VTP), 2. Pharmacotherapy, 3. Community Treatment and Care (CTAC), 4. Urgent Care, 5. Additional professional roles, for example, but not limited to, musculoskeletal focused physiotherapy services & community clinical mental health professionals (e.g. nurses, occupational therapists) and 6. Community Link Worker service.

Of the 6 workstreams there are 3 key workstreams of focus: Pharmacotherapy, 2. Community Treatment and Care (CTAC) and 3. Vaccination Transformation Programme (VTP). Plans for Urgent Care, Community Link Workers and additional Professional roles should continue and services already in place should be maintained. Due to other external challenges, including funding, the ongoing sustainability of particular initiatives, such as funding around mental health, has been limited. In these circumstances, the learning from such tests of change have been shared with Practices to facilitate the embedding of lessons learned into their practice.

Key Successes over the last 12 months include:

1. Two CTAC sites were opened over the last year, which brings the total to eight clinic sites (Inverurie Road Clinic Bucksburn, Bridge of Don Clinic, Northfield Clinic, Carden House, College Street, Kincorth Health Centre, Airyhall Health Centre and Aberdeen Vaccination and Wellbeing Clinic).
2. Vitamin B12 injections are now available and delivered by CTAC at the Vaccination and Wellbeing Hub in the city centre. This was Implemented in February and demand has reached 600+ patients using this service. This frees up capacity in practices and patients have the option to have their injections at the practice or book an appointment at the hub.
3. Electro-cardiogram provision also began in CTAC clinics within the past year.

Improvements Made

1. Physiotherapy First Contact Practitioners - Now available in 26 practices across the city, offering more direct access to physiotherapy.

2. Training to the non-medical prescribers is available and on a phased programme. Percentage of contacts being First Contact has increase in true first contact appointments, from 50% in 2022-23 to 70% in 2023-24, freeing up appointments for GPs, more appropriate use of the service/improved patients journey. Approximately 279 clinical hours of patient contact in a week.

3. Link Workers service - There are link workers who are based within the GP practices who signpost to services including 3rd sector. This is a referral based service and practice staff can refer eg GP's, Practice Nurses, Reception staff and Physiotherapists. There are a variety of reasons for referrals and this includes housing issues, financial issues and low level mental health issues.

4. CTAC delivers over 4,000 x 15 minute appointments across the city on a weekly basis.

Initial Point of Contact

Initial point of contact was developed to intervene early during an individual's journey and help them to avoid a crisis situation further down the line.

ACHSCP organised a workshop attended by citizens, care providers and social care staff it was recognised that there is a need to develop a multi-disciplinary preventative and proactive approach to supporting older people and those with physical disabilities who are at risk of crisis. One of the main themes to arise from this was how to intervene early during an individual's journey and help them to avoid a crisis situation further down the line. Out of this arose the concept of an Initial Point of Contact for citizens, their families or representatives to contact when they had concerns for their wellbeing.

The Initial Point of Contact will receive calls from the public and will determine eligibility for referrals relating to Care Management, CAARS Occupational Therapy, Bon Accord Care Occupational Therapy, CAARS Physiotherapy and Community Nursing, as well as signposting to other support services as required.

It is proposed that an Initial Point of Contact (IPOC) is created to handle calls from members of the public if they have concerns for their wellbeing and feel they need some form of support, or their friends or their representatives if they have concerns about someone's wellbeing.

The calls will be handled by the existing Aberdeen City Council Community Support team, and it is anticipated that 0.5 WTE will be required for handling the calls, based on existing call volumes. Full

training will be provided to the Community Support team in order to handle the calls as effectively as possible. Upon receiving a call, the call handler will determine the support required by the person, and which service or services from those listed above is best placed to provide that support, and whether the person requiring support meets the eligibility criteria. There are 3 outcomes for a request for support. The person is eligible for support, the person is not eligible for support, or the IPOC call handler is unable to determine whether the person is eligible for support due to the complexity of the person's needs or if the caller is in crisis. In these circumstances, the details will be passed to a professional in the relevant service to use their skills and experience to consider the person's eligibility, this will thereby enhance how local services are coordinated.

Enhanced Community Support Huddle

ACHSCP created the Enhanced Community Support Huddles (ECS) during the COVID19 pandemic to facilitate key community services participating in a daily virtual meeting to provide effective coordination, governance support, engagement with GPs and ensure quality improvements to the service. Enabling coordinated, rapid, wrap around support for primary care patients who were at risk of admission, or are deteriorating. The ECS is key in addressing patient safety needs swiftly.

In order to show staff engagement and the improvements that have been made, a survey of ECS participants in 2022. The findings indicate that while there is a need to enhance the existing information flow, a significant number of staff concur that the quality and speed of care and support would improve with more robust connections between General Practitioners and Emergency Care Services.
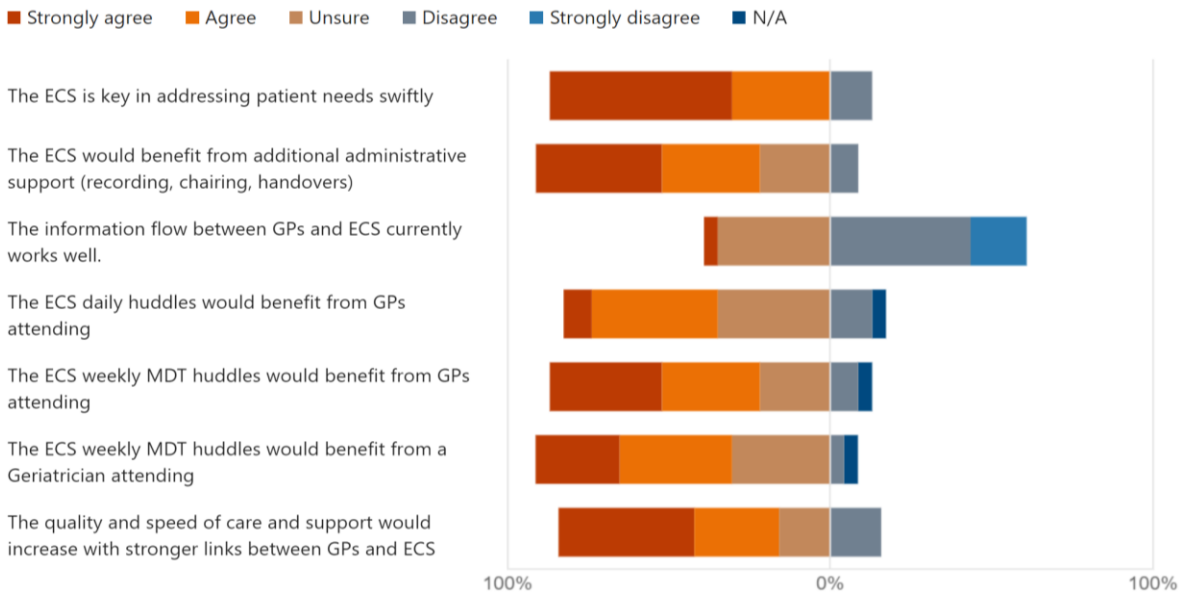
Legend: ■ Strongly agree ■ Agree ■ Unsure ■ Disagree ■ Strongly disagree ■ N/A

The ECS is key in addressing patient needs swiftly

The ECS would benefit from additional administrative support (recording, chairing, handovers)

The information flow between GPs and ECS currently works well.

The ECS daily huddles would benefit from GPs attending

The ECS weekly MDT huddles would benefit from GPs attending

The ECS weekly MDT huddles would benefit from a Geriatrician attending

The quality and speed of care and support would increase with stronger links between GPs and ECS

100% — 0% — 100%

Table 17: Enhanced Community Support Huddles Survey carried out in 2022 showing staff engagement and the improvement

A similar survey was re-run November 2023 and there has been a shift shown towards Strongly Agree across the answers, with no Disagree/Strongly Disagrees chosen.
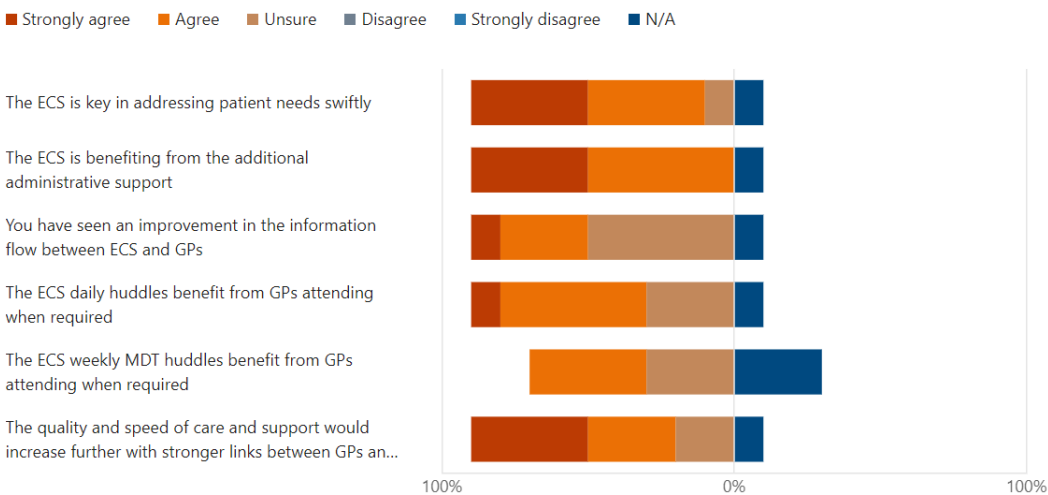
Legend: ■ Strongly agree ■ Agree ■ Unsure ■ Disagree ■ Strongly disagree ■ N/A

The ECS is key in addressing patient needs swiftly

The ECS is benefiting from the additional administrative support

You have seen an improvement in the information flow between ECS and GPs

The ECS daily huddles benefit from GPs attending when required

The ECS weekly MDT huddles benefit from GPs attending when required

The quality and speed of care and support would increase further with stronger links between GPs an...

100% — 0% — 100%

Table 18: Enhanced Community Support Huddles Survey carried out in Nov 2023 showing staff engagement and the improvement

Implementation of the Carers Strategy

The Carers Strategy and Action Plan aims to plan and deliver services and support for Unpaid Carers across Aberdeen City. Identifying Carers, getting them access to support, and providing information to support them to support others are key objectives. The overarching aim of this strategy is to improve the

experience of all carers in Aberdeen City, making best use of available resources to do so. You can view the carers strategy here- achscp-carers-strategy-2023-2026.pdf (aberdeencityhscp.scot).

Comparing the results from the ACHSCP 2022-23 Carer Strategy Survey and those of the 2023-24 survey, the percentage of people who "strongly disagree" that 'Local services are well coordinated for the person I look after' has declined from 48.4% in the 2022-2023 survey, to 36.7% in the 2023-2024 survey. In-house data therefore shows a similar slight improvement in how well coordinated local services are.

Collaborative work is ongoing between ACHSCP and providers who give support to unpaid Carers to build relationships and provide a quality service. In addition, the Carer Strategy Implementation Group (which meets with providers, and a range of other relevant stakeholders on a bi-monthly basis) is focussed on the four broad priorities expressed in the ACHSCP Carer Strategy. This continuous dialogue and focus may have some bearing on the attention that providers/ stakeholders give to 'ensuring local services are well coordinated'.

Some key progress report published in February 2024 highlighted key areas such as:

- Launch of the Young Carers Charter - is a LOIP project initiated in May 2023 has the project aim to increase by 20% registered young carers accessing support from the young carers service by 2025. Progress against this charter includes reviewing the use of the Young Carers Statement and referral process and pathway. Barnardo's has also been successful at implementing the Think Young Carer training

- Initiation of a Carer Reference Group: we ensured Carers are empowered to have input in future service design and have their say on what information they need to support them as a Carer.

- Achievement of the Adult Carers 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. This project led to the development of several initiatives, including the Respitality Bureau and the Time to Live project. A further initiative, the Wee Blether Cafes, is highlighted overleaf.

- Carer Strategy Implementation Group which brings together a range of HSCP professionals and Carer Support Services. The regular dialogue and focus on the Carer Strategy between ourselves/ ACHSCP and other health and social care professionals is intended to have a positive effect on all aspects of the strategy.

- The ACHSCP's creation and maintenance of the CRG ('Carers Reference Group'), which was a key aim of the Carers Strategy for Aberdeen City may, in time, be able to improve the carer experience results. The groups intention is to grow in size and diversity, with the aims of: providing peer/ mutual support, information sharing within the group and with ACHSCP, and in raising issues of concern with ACHSCP. This may help to effectively identify some of the systemic barriers for unpaid Carers to maintain and improve their health and wellbeing. Those barriers – whether personal, interpersonal or in respect of service provision and systemic barriers, can only be addressed when accurately identified.

In the coming year, we plan to recommission both Young and adult carers support services through a collaborative commissioning process, getting key input from all stakeholders. Also, continue with Young Carers Charter and refocused aim for the Adult Carers Charter with the refreshed Local Outcome Improvement Plan (LOIP) improvement projects approved from April 2024.

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Aberdeen City Health & Social Care Partnership
A caring partnership

INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	Discharge Without Delay (DwD)
Report Number	HSCP.24.062
Lead Officer	Claire Wilson
Report Author Details	Name: Kay Diack/Claire Wilson Email Address: clwilson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a.
Terms of Reference	1c

1. Purpose of the Report

1.1. The purpose of this report is to update the IJB on improvement activity in relation to the national oversight of Discharge Without Delay.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the content of the report; and
b) Notes that ongoing implementation of the improvement plan will be reported to each meeting of the Clinical and Care Governance Committee and the financial consequences to RAPC; and
c) Instruct the Chief Officer to bring an update of the Mental Health & Learning Disability action plan to the IJB in November.

1

3. Strategic Plan Context

3.1.   This is linked to Aberdeen City's Health & Social Care Partnership's 3 year Delivery Plan. The project description is 'develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admissions, delays in hospital discharge and out of area placements.' This project is key to delivering on discharge without delay, a strategic priority for the Partnership.

4. Summary of Key Information

4.1.   Following the last report presented to the board 9th July 2024 [1]regarding the renewed national focus on DwD, it was agreed that an update would be provided on the implementation of an improvement plan – Appendix 1.

4.2.   As advised in the previous report, the national priority is on the basis that the First Minister and the President of CoSLA have agreed the importance of a focused and intensive approach to reduce delayed discharge and the subsequent issues of significant variance across the country. The First Minister also raised concerns in relation to discharge figures increasing and the need to make sustained improvements prior to winter when demand will likely increase.

4.3.   The national focus will be captured as part of the new Delayed Discharge and Hospital Occupancy Action Plan for 24/25 and delivered through the national DwD working group, building on the actions and outcomes of the previous action plan.

4.4.   The national work is overseen by the Collaborative Response and Assurance Group (CRAG) which meets weekly to enable a laser focus around this work. The CRAG has also placed a target on each partnership to reduce the number of delayed discharges. Partnerships with delays that were below 34.6 per 100,000 are to remain at or below their baseline rate which was the 4-week average to 13 May 2024. For Aberdeen this relates to 20.8 per 100,000 which means our figure needs to be 45 people or below. At 2nd September 2024, 62 Aberdeen City citizens were classed as a delayed discharge in hospital (33.5 per 100,000). The graph below shows the number of delays in hospitals for ACHSP.

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[1] IJB Report Report DD.pdf (aberdeencity.gov.uk)

INTEGRATION JOINT BOARD

Latest 3 months, degree of variation**
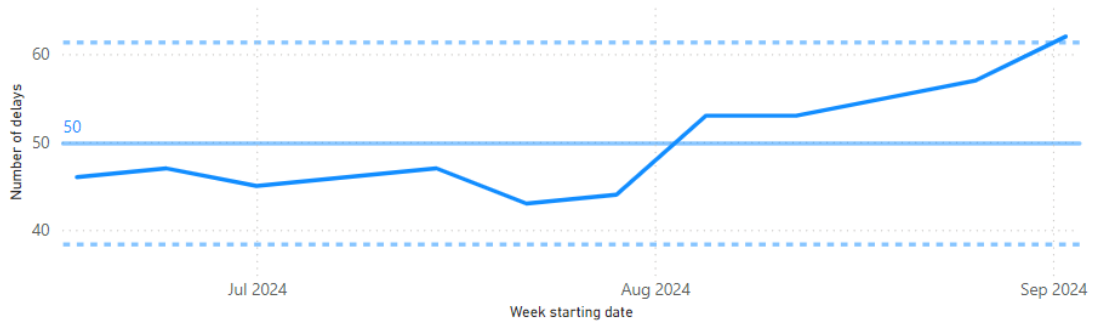
** with three most recent months, upper and lower limit are 2 times the SD

4.5. An Aberdeen Delayed Discharge Improvement Group, with weekly meetings has been established and an improvement plan created. Several workstreams have been identified for improvement actions, which are phased into short-term to rapidly address the national target and longer-term strategic work to achieve sustainable change.

Activity identified and undertaken to date includes:

- Three areas have been identified for targeted resourcing by Social Work. Care Management will be involved with Multi Professional Team from patient admission in terms of discharge planning.
- Areas where Planned Date of Discharge (PDD) performance is lower has been targeted via construction of a Short Life Working Group.
- A Proposal was submitted to NHSG Chief Executive's Team regarding development of a Discharge to Assess model. Consideration was given but was declined due to financial position and pace which it could be implemented.
- A Daily Screening Panel is in place for all care requests which is focussed on looking at alternatives to Care at Home via use of Technology Enabled Care.
- Criteria led discharge is to be robustly implemented via construction of a Short Life Working Group.
- Pop up demonstrations regarding Technology Enabled Care are planned for clinicians in early September.

4.6. Nationally there is a promotion of collaborative learning and sharing through the CRAG. A weekly Grampian Discharge without Delay Group has also been set up with actions for joint working and shared learning. Since the implementation of these processes, delays have remained at a high level, both nationally and locally. We have seen a variation in our local data and we are ensuring that we work with teams in acute settings to ensure appropriate addition of delayed discharges.

4.7. During the budget setting process for the financial year 2024/25, significant pressures and savings were highlighted and agreed. These were set out in the context of increasing levels of demand on ACHSCP services. This demand flows from significant levels of health debt created by, for example, Covid-19 and the restrictions put in place to mitigate the impact of Covid-19. There is also an ageing population with corresponding increases in long term health conditions and complex care needs. To manage the increase in demand, the ACHSCP is developing a digital innovation programme and is continuing to invest in preventative activities. However, it has also had to decommission the capacity it held in community settings, including 43 interim beds, 20 rehabilitation beds, and 5 end of life beds. This is impacting on performance as a high number of people who are delayed are waiting for care home placements.

4.8. The graph shows weekly data for Aberdeen City up to 12th August. The solid line in the graph is our trajectory of 20.8 per 100,000, the dotted is a warning limit.

Number of Delays per week up to 2nd September 2024

4.9. Specialist Mental Health & Learning Disability (MHLD) service is engaged in both the Grampian Discharge without Delay Group and the ACHSCP Discharge without Delay SLWG. Agreement has been reached to develop a separate action plan for MHLDS. A MHLDS Discharge without Delay action plan meeting has been arranged for Thursday 22nd August 2024 with representatives invited from across Specialist MHLDS and the three HSCPs. The aim is to review and build on the previously agreed actions from the MHLDS cross system discharge planning and improvement group. In August, there was a workshop with Healthcare Improvement Scotland (HIS) identifying areas HIS can support the service to understand the challenges and make sustained changes to improve discharges. The action plan will be presented to the November Board and thereafter progress reported through the Clinical and Care Governance Committee.

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

It is noted that due to current financial pressures, the Partnership is not, at this stage, in a position to invest additional monies beyond the budget set for 2024/25 to create additional capacity to contribute towards meeting the discharge demand. Improvement will focus on streamlining and improving processes and collaborative working cross system to achieve the intended results.

There has been no additional funding allocated to Adult Health & Social Care to progress the improvement plan. Therefore, teams are redesigning within existing resources to make improvements.

Delayed hospital discharge has an impact on the availability of hospital beds and can impact on patients' ability to transition from hospital back to the community. The average cost of a hospital bed is around £800 per night, therefore there is a cost incurred by NHS for each patient who is delayed. Discussion has been held about reallocation of money, but with current pressures this is not currently an option.

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 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 impacts on sustainable development arising from this report.

5.9.   Other

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

6. Management of Risk

6.1. Identified risks

- Failure to implement the Strategy and Action Plan.

This risk is minimal due to the ongoing engagement with partners. Failure to implement the Strategy and Action Plan could lead to reputational damage, to mitigate this the is an established oversight and working group structure which will report to the Clinical and Care Governance Committee.

- Increase in delays due to closure of interim care home placements

There is a risk that due to the reduction in our interim bed base, our delays increase. To mitigate this risk we continue to work closely with our providers to ensure people are discharged home in a timely manner and progress our home to assess work to reduce the need for reliance on interim beds.

- Increase in delays over the requested target

The reason for delayed discharge is often challenging especially for those with complex needs or who fall under Adults with Incapacity where moving someone out of hospital without legal status in place cannot be done. We have like other partnerships raised the issues around this and a national campaign on Power of Attorney and national communication around hospital delays have been agreed. The need for placements for those with most complex needs is also a national issue which CoSLA have also agreed to address in the longer term.

The hospital social work team continue to have a laser focus on delays and are collaborating with secondary care colleagues in terms of discharge planning from the point of admission. There is risk of our local figures increasing as demand continues. A daily focus on discharges is ongoing with the weekly group driving forward the required improvements.

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

Following the last IJB, it was highlighted that there was a requirement to add DwD to the operational risk register. This has now been done.

Appendix 1 – Action Plan ACHSCP

Approvals

7

Fiona Mitchelhill

Chief Officer

ACTION PLAN FOR DISCHARGE WITHOUT DELAY - ABERDEEN CITY
Reminders Sent - Mondays
Updates Requested By - Wednesdays
SLWG Meetings - Thursdays

AIM - TO HAVE A DELAYED DISCHARGE RATE OF LESS THAN 20.8 PER 100,000 BY OCTOBER

PROJECT OBJECTIVE	KEY ACTIONS	Start Date	End Date	Actual Date	RAG Status	Lead Officer	Update	Potential Cost
1st Driver - Early Planning of Discharge								
Care Management involved with multidisciplinary team (MDT) on discharge plan from admission	Top 3 areas to be targeted for resourcing from Social Work - ED/AMIA/402/403	1.8.24	31.8.24	15.08.24	Completed	Hospital Social Work Service Manager	Resource allocated to ED/AMIA. 402/3 Boarders have discharge plans in place- in progress 15/08 - Staff aligned to this and regular meeting with discharge focus. ED now also has SW aligned. All front doors now covered.	HSCP
Planned Date of Discharge to start on day one of admission	Check metrics for compliance	25.7.24	30.9.24	Add once completed	In Progress (on track)	Chief Nurse	Have asked Service Managers of Frailty and Rehab to look at SLWG to embed PDDs and CLD - will get regular updates and reporting. 15/8 - Focus on accuracy as opposed to just having a date. Need to ensure at weekly MDT these are updated robustly. PDD first estimate after 48hr assessment. 22/08 - No PDD's improvements, ongoing. Louise on it from Quality perspective - it will progress. 27/8 Discussion taking place at MDT to aid discharge plan and planned date of discharge (PDD) being set. Regular PDD being shared to help improve performance. 2/09 - PDDs are a regular agenda item at MDTs to ensure being discussed. Accuracy being monitored	None
	Target areas where performance is lower (304/RWH/WE)	25.7.24	30.9.24	31.08.24	In Progress (on track)	Chief Nurse	As per SLWG highlighted above. 15/8 Meetings have started. 27/8 Update as above 12/09 - continuing to work with RW and 102 in particular to try to ensure accuracy of PDD, this is slowly improving.	None
Implement discharge to assess at Rosewell House	Proposal to be created	25.7.24	29.7.24	29.7.24	Completed	Hospital Social Work Service Manager	Proposal declined, no further action.	NHS
	Resource reconfiguation	25.7.24	30.09.24	Add once completed	In Progress (on track)	Hospital Social Work Service Manager	Meeting arranged to discuss. 15/8 - Meeting arranged. 29/08 Meeting planned for the 16th Sept - in progress 2/09 - work to start on 24/09 testing discharge to assess from front door	None
	MDT discussion on Home with TEC/AHP/RF support	25.7.24	30.09.24	Add once completed	In Progress (on track)	Hospital Social Work Service Manager	Daily screening panel on all care requests to look at alternatives to care (TEC) 15/8 - trend showing increase in referals. Exploring options around information sharing around new and emerging TEC. 29/08 - still promoting, every single request for Care Package to be offered Tec 12/09 - Colleegue identified to do assessments with OT at Rosewell - spent 2 days a week at Rosewell, to source patients to go home with TEC.	HSCP

ACTION PLAN FOR DISCHARGE WITHOUT DELAY - ABERDEEN CITY
Reminders Sent - Mondays
Updates Requested By - Wednesdays
SLWG Meetings - Thursdays
AIM - TO HAVE A DELAYED DISCHARGE RATE OF LESS THAN 20.8 PER 100,000 BY OCTOBER

PROJECT OBJECTIVE	KEY ACTIONS	Start Date	End Date	Actual Date	RAG Status	Lead Officer	Update	Potential Cost
2nd Driver - Prioritise the discharge of delayed patients								
Utilise ward huddle in high referring areas to identify the appropriate placement of citizens	*Present in high referring wards (102/RWH)*	09.07.2024	30.8.24	*Add once completed*	In Progress (minor delay)	Hospital Social Work Service Manager	15/8 - not specific trend around 1 area, work started around increasding knowledge on "what is a delay" 29/08 - Care Management (CM) alligned for 102, Intermediate care provided at Rosewell not rehab. 05/09 - Ongoing	None
Progress interim guardianship for those with delays (current 6)	*Dedicated MHO*	09.07.2024	16.7.24	16.7.24	Completed	Hospital Social Work Service Manager		HSCP
Educate staff on appropriate addition to DD list and collaborate with wards to embed learning	Training for ward staff (starting with 402/403)	25.7.24	31.8.24	*15.8.24*	Completed	Hospital Social Work Service Manager	High staff turnover on ward contributing, key staff identified to embed. 15/8 - work started with appropriate stakeholders, update on any tolls needed and other can support roll out in frailty / rehab	None
Understand improved guardianship processes in Moray and share learning	Investigate Moray actions around this	25.7.24	6.9.24	*Add once completed*	In Progress (minor delay)	Strategic Home Pathway Lead	29/08 - presentation on the 2nd September 2024	HSCP

ACTION PLAN FOR DISCHARGE WITHOUT DELAY - ABERDEEN CITY
Reminders Sent - Mondays
Updates Requested By - Wednesdays
SLWG Meetings - Thursdays

AIM - TO HAVE A DELAYED DISCHARGE RATE OF LESS THAN 20.8 PER 100,000 BY OCTOBER

PROJECT OBJECTIVE	KEY ACTIONS	Start Date	End Date	Actual Date	RAG Status	Lead Officer	Update	Potential Cost
3rd Driver - Family Readiness for Discharge								
Progress TOC with 50 applicants for PoA	Contract construction with third sector provider	25.7.24	31.08.25	*Add once completed*	In Progress (minor delay)	OOH SW Service Manager	29/08 - Met with Solicitor - in progress 2/09 not started yet, further meeting next week to discuss this.	Funded
Home for Lunch on discharge date	RWH/WE to be encouraged to work towards this via working with daily huddles	25.7.24	30.9.24	*Add once completed*	In Progress (on track)	Chief Nurse	15/8 - discussions have been had with teams and linking in with CLD. Need for more focus on preparation. 22/08 - No data to show improvement, same as the PDD. 27/8 Discussed at AM hiddle and asking reception staff to question when booking 'why not AM' SCNs also reminding staff all staff to be organising discharges AM 29/08 - more work required to make that happen and more look at data JW to update. 12/09 - have started to look at themes following a staff survey of why this is not happening and doing targeted work areas with a QI approach.	None
Work with clinical teams on courageous conversations re. discharge	Training for Junior Doctors to be revisited	25.7.24	13.9.24	*Add once completed*	In Progress (on track)	Clinical Lead Geriatrician	15/8 - SA will explore possible teaching sessions. 27/8 A date has been organised for attendance at the Grand Round and update on TEC. 29/08 - 18th Sept training/presentation, NMc to organise someone to present	None

ACTION PLAN FOR DISCHARGE WITHOUT DELAY - ABERDEEN CITY
Reminders Sent - Mondays
Updates Requested By - Wednesdays
SLWG Meetings - Thursdays

AIM - TO HAVE A DELAYED DISCHARGE RATE OF LESS THAN 20.8 PER 100,000 BY OCTOBER

PROJECT OBJECTIVE	KEY ACTIONS	Start Date	End Date	Actual Date	RAG Status	Lead Officer	Update	Potential Cost
4th Driver - Coordination of Care								
Review Enhanced Community Support huddles for areas of improvement		25.7.24	30.9.24	Add once completed	In Progress (on track)	Hospital Social Work Service Manager	Identify high traffic areas. Shirley will seek data from Matthew Toms. 22/08 - LB on AL for 2 weeks Louise McMann to report on it from BAC side. Update next week as time required. 29/08 - ongoing 05/09 - Ongoing	
	Developing MDT around regular admissions/readmissions							None
Develop a clear pathway for social admissions	SAS devices with details on how to deal with social admissions	09.7.24	30.9.24	*30.08.24*	Completed	OOH SW Service Manager	JRCALC updated to include OOH SW.	None
	Care Homes Prof to Prof through FNC	01.6.24	31.8.24	31.7.24	Completed	Care Home Lead Nurse	This is established within all areas of Grampian. Inital phase 13th July 23 for City then Shire & Moray on board from Oct 23 Further work to establish pathways to support Care Home residents remaining at home. Restore 2 training in progress with Care Home Staff 15/8 - some additonal piece of work looking at GP care home links and homely remedies type options.	None
Implement critieria led discharge in every area	Rosewell House / Woodend to implement via SLWG including junior Drs	25.7.24	30.9.24	Add once completed	In Progress (on track)	Chief Nurse	Meeting arranged to discuss. PDD/CLD lunchtime discharge all same project. 27/8 CFD being discussed at MDTs and regular review. A review of current discharge paperwork is being undertaken to ensure it is a meaningful aid. 12/09 A SOP and flowchart is being created to support the work around CLD and will be tested in areas to support its value/use. From there we will slowly roll out CLD.	None
Whole system flow team engagement with social work	Improve positioning using new Whole System Flow (WSF) Hub	25.7.25	30.9.24	Add once completed	In Progress (on track)	Strategic Home Pathway Lead	Hub established and building knowledge and relationships 29/08 - ongoing, staff to base there more offten 05/09 - Ongoing	None
Scaling up prevention and	Business Case for scaling up under construction	25.7.24	31.8.24	23.8.24	Completed	CSWO - Adult	Prepared for IJB 24 September.	HSCP

expediting discharge via use of TEC	Target consultants with information on changes in provision of care via the Consultant's Grand Round	25.7.24	31.8.24	*Add once completed*	In Progress (minor delay)	Hospital Social Work Service Manager	15/8 - CB will explore individuals to present 29/08 - will be part of the 16th Sept discussion	None

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Aberdeen City Health & Social Care Partnership
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INTEGRATION JOINT BOARD

Date of Meeting	24th September 2024
Report Title	Digital Innovation Programme, *Right Care, Right Time, Right Place*
Report Number	HSCP.24.071
Lead Officer	Fraser Bell
Report Author Details	Name: James Maitland Job Title: Transformation Programme Manager Email Address: jamaitland@aberdeencity.gov.uk
Consultation Checklist Completed	*Yes*
Directions Required	*Yes*
Exempt	No
Appendices	1. Digital Innovation Programme Full Business Case 2. Technology Enabled Care (TEC) Outline Business Case 3. Direction 4. First Stage Integrated Impact Assessment (IIA) – Digital Innovation Programme
Terms of Reference	6 - Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, such as administrative, accounting or legal support, where this requires authority from the IJB in respect of the Partners' own procurement rules and Schemes of Delegation;

INTEGRATION JOINT BOARD

1. Purpose of the Report

1.1.   This report seeks approval from the Integration Joint Board (IJB) for the investment of Digital Innovation Services and instructs the Chief Operating Officer to develop a full business case for investment in Technology Enabled Care.

2. Recommendations

2.1.   It is recommended that the Integration Joint Board:

a) Agrees to the development and provision of Digital Innovation Services as described in the Full Business Case attached as at Appendix 1;

b) Approves the expenditure for the provision of Digital Innovation Services as outlined in Appendix 1;

c) Makes the Direction at Appendix 3 to Aberdeen City Council and instructs the Chief Officer to issue the Direction to Aberdeen City Council;

d) Notes the Outline Business Case in respect of Technology Enabled Care (TEC) (Appendix 2);

e) Instructs the Chief Operating Officer to report back within 9 months with a Full Business Case in respect of Technology Enabled Care and to seek external funding opportunities, including with the Scottish Government, to support the delivery of a Full Business Case.

3. Strategic Plan Context

The Integration Joint Board's (IJB) Strategic Plan identifies four Strategic Aims:

1. Caring Together;

2. Keeping People Safe at Home;
3. Preventing Ill Health; and
4. Achieving Fulfilling, Healthy Lives.

To help deliver the Strategic Aims, the plan recognises Technology as an Enabling Priority. To support the delivery of this Enabling Priority, the IJB at its meeting on 26 March 2024 set aside £1.5m for potential investment into digital innovation.

The recommendations, if accepted, would develop the IJB's digital capability in a manner that would contribute to the delivery of the IJB's Strategic Aims and create the capacity necessary to help address the savings required over the next seven years as set out in the IJB's Medium Term Financial Framework (MTFF).

4. Summary of Key Information

Background

One of the key aims of the IJB is to achieve fulfilling, healthy lives for the people of Aberdeen. This means ensuring that health and social care services are person-centred, accessible, effective and efficient. To achieve this aim, the IJB recognises the potential of digital technology to transform the way care is delivered and experienced, as well as to support the wellbeing and independence of individuals and communities.

Digital technology can enable more personalised and integrated care, by facilitating better communication and collaboration among health and social care professionals, service users and carers. It can also empower people to manage their own health and care needs, by providing them with access to information, advice, support and self-management tools. Furthermore, digital technology can enhance the quality and safety of care, by enabling data-driven decision making, innovation and improvement.

The impact of an ageing population with a corresponding increase in long term health conditions and complex care needs puts increasing financial and resource pressures on services. In addition to the increased demand on services, there are significant financial constraints. In order to meet increasing demand, services require to adapt and modernise how they deliver services and transform the way

3

care is delivered. The Independent Review into Adult Social Care (the 'Feeley Report') underscores the importance of a person-centred approach, advocating for increased investment in social care and the integration of technology to enhance care delivery. By incorporating advanced digital tools, this not only has the potential to improve care efficiency and quality but also ensures that care services are both flexible and comprehensive, aligning with the person-centred ethos championed by the report. The need for the use of technology to be fully integrated into the delivery of health and social care services is of crucial importance in the current landscape.

In addition, Scotland's Digital Health and Care Strategy calls for the adoption of digital technologies to improve health outcomes, accessibility, and patient experience. Investing in the workforce to be more digitally informed with the right digital tools will enable greater capacity and flexibility as well as a more engaged, motivated and supported workforce.

The Partnership has been in active dialogue with Microsoft since 2023, building on Microsoft's partnership with Aberdeen City Council (ACC) and their successful contribution to ACC's transformation programme including the creation of Dynamics 365, the social work digital platform.

Microsoft has been engaging with the Partnership's leaders both collectively and individually to understand in greater detail the Strategic Aims of the IJB and the challenges to delivering those Aims.
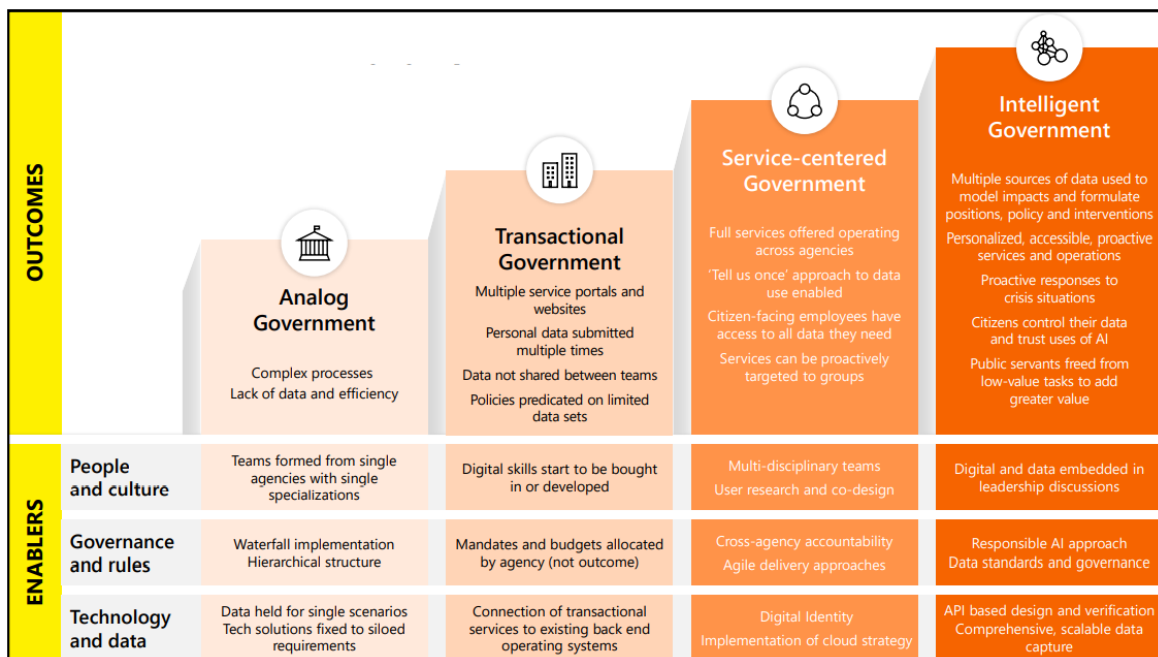
The Vision

The Transformation Programme being led by ACC is aligned to the objectives contained in the May 2024 revision of the Local Outcome Improvement Plan. The focus on what is now phase 3 of the transformation journey is centred on the

vision of Intelligent Government where citizens engage with public services in a seamless and transparent way that ensures the right service is delivered at the right time. The entry point a citizen chooses to engage with public services should not dictate the type nor quality of the response they receive. The joint strategy between Scottish government and COSLA for digital services in Scotland - **A Changing Nation: How Scotland will Thrive in a Digital World** – identifies the need to reinvent our public services to make them more personal, accountable, adaptable, efficient, secure, sustainable and worthy of public trust. In setting out how this can be achieved the document highlights the maturity of digital technologies such as the web, cloud computing, data analytics, artificial intelligence and the Internet of Things (IoT) as providing unprecedented opportunities to reimagine how public services are delivered.

		Analog Government	Transactional Government	Service-centered Government	Intelligent Government
OUTCOMES		Complex processes. Lack of data and efficiency	Multiple service portals and websites. Personal data submitted multiple times. Data not shared between teams. Policies predicated on limited data sets	Full services offered operating across agencies. 'Tell us once' approach to data use enabled. Citizen-facing employees have access to all data they need. Services can be proactively targeted to groups	Multiple sources of data used to model impacts and formulate positions, policy and interventions. Personalized, accessible, proactive services and operations. Proactive responses to crisis situations. Citizens control their data and trust uses of AI. Public servants freed from low-value tasks to add greater value
ENABLERS	People and culture	Teams formed from single agencies with single specializations	Digital skills start to be bought in or developed	Multi-disciplinary teams. User research and co-design	Digital and data embedded in leadership discussions
	Governance and rules	Waterfall implementation. Hierarchical structure	Mandates and budgets allocated by agency (not outcome)	Cross-agency accountability. Agile delivery approaches	Responsible AI approach. Data standards and governance
	Technology and data	Data held for single scenarios. Tech solutions fixed to siloed requirements	Connection of transactional services to existing back end operating systems	Digital Identity. Implementation of cloud strategy	API based design and verification. Comprehensive, scalable data capture

The underpinning vision for enabling Intelligent Government as a concept and connected service has driven the priorities in both the Aberdeen City Council programme and the proposals outlined in the appendices to this report. The vision is twofold. Firstly to create a digital platform based on open technologies that ensures:

- interoperability across services; and
- unleashes the power of the data both operationally and strategically to deliver citizen centred predictive services.

INTEGRATION JOINT BOARD

In phase 2 of the transformation journey Aberdeen City Council and the IJB committed to reimagining social work using the Dynamics 365 suite of products from Microsoft. The new social work system has been live since October 2022 and is under continuing enhancement to meet the needs of Social Work practitioners across adults and children's services. The common data model on which these capabilities sit ensures that data is accessible and reusable. The Council is currently engaged with the Digital Health Institute in exploring how this structured approach to data can be exploited in support of national projects.

In 2024 the platform was expanded to include Educational Psychology and Customer Services. The connection across these capabilities and creation of the life events interface for online delivery, supported by a generative Artificial Intelligence (AI) chatbot, allows the platform to learn and recommend services based on an understanding of the citizen requirements. All of the captured data is provided for reuse in the data platform enabling access to large data sets to enable deeper insights into the long term impacts of need and prevention. These capabilities, being available to the Aberdeen City Health and Social Care Partnership (ACHSCP), form the linking components of the recommendations in Appendix 1. The underpinning digital platform architecture and its enabling components create a catalogue of capabilities that are all modular in nature and fully documented as part of the approach.

Page 206
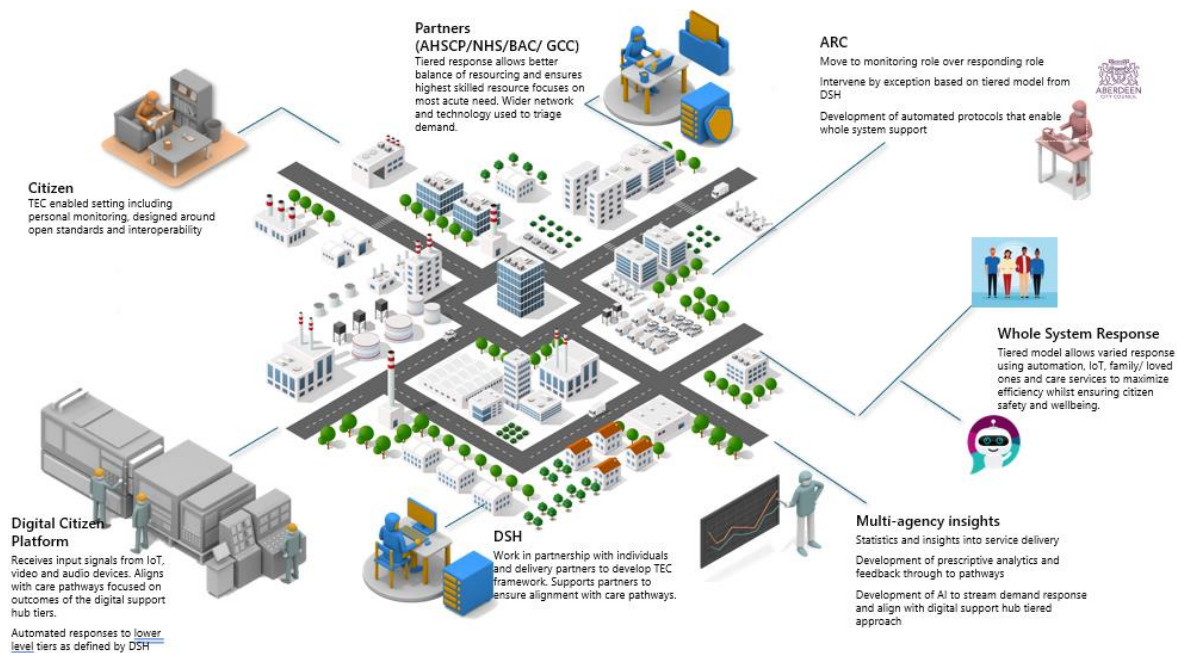
Aberdeen's Local Outcome Improvement Plan recognises that no single sector or profession can improve outcomes for people and place alone. Collaborative efforts across the Community Planning Partnership are key to achieving better outcomes for the residents of Aberdeen and beyond.

The diagram above sets out how current and planned digital projects can be exploited across the whole system through. This includes the anticipated transition of Aberdeen City's Regional Control Centre (ARC), and the several thousand connections it supports through telecare services, from an analogue based system into a digital based system in 2025 and the transformational opportunities this releases. It acknowledges the potential digital connectivity between acute settings and third party providers, family members and practitioners in a manner that enables Discharge without Delay (DwD) from acute settings and the significant impact this could have on health board resources and hospital flow. It recognises commitment of General Practitioners, through the recently approved GP Vision, to enable people in their communities to stay well through preventative activities. The development of electronic medication administration records (eMAR), set to be the subject of a test of change by ACHSCP, has the potential to offer further insights to current and future need in our communities. Finally, it recognises the role of independent partners, such as the Granite Care Consortium, in applying technology enabled care to a growing proportion of care at home requests as part of the new care at home contract,.
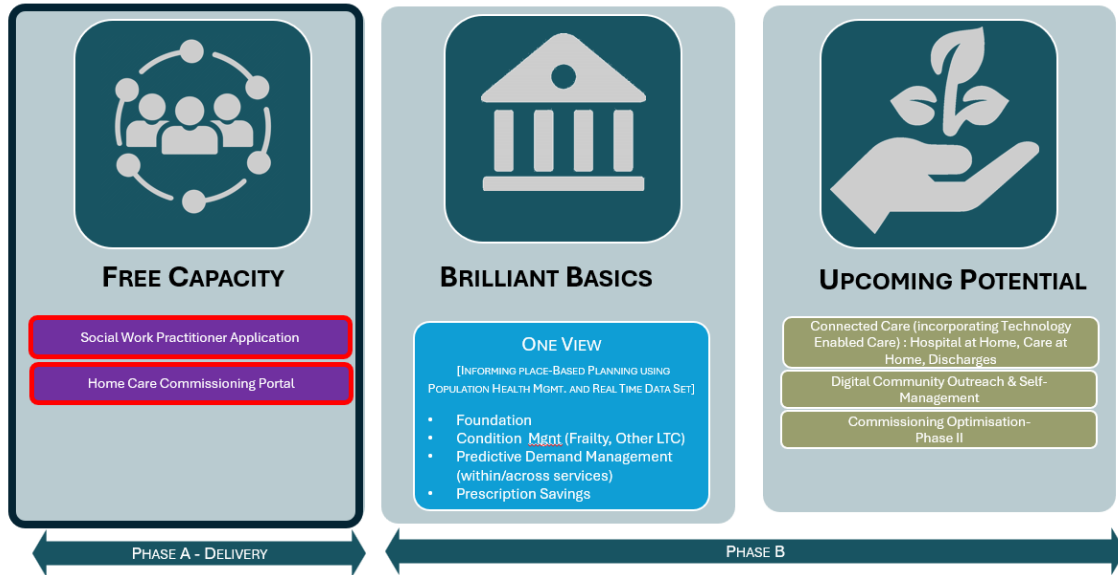
Engagement

Following Microsoft's audit of IJB activity, and having due regard the complexity of delivering various options and their respective impacts, Microsoft has divided investment opportunities into two phases, namely Phase A and Phase B.

INTEGRATION JOINT BOARD

PHASED DELIVERY HAS BEEN AGREED WITH ACHSCP WITH PRIORITY FOR DELIVERY ON FREE CAPACITY INITIATIVES

FREE CAPACITY

Social Work Practitioner Application

Home Care Commissioning Portal

BRILLIANT BASICS

ONE VIEW
[INFORMING PLACE-BASED PLANNING USING POPULATION HEALTH MGMT. AND REAL TIME DATA SET]

- Foundation
- Condition Mgnt (Frailty, Other LTC)
- Predictive Demand Management (within/across services)
- Prescription Savings

UPCOMING POTENTIAL

Connected Care (incorporating Technology Enabled Care) : Hospital at Home, Care at Home, Discharges

Digital Community Outreach & Self-Management

Commissioning Optimisation-Phase II

PHASE A - DELIVERY | PHASE B

Appendix 1 sets out a proposal to invest in the two proposals as part of Phase A:

- Social Work Practitioner Application; and
- Home Care Commissioning Portal.

These proposals have been developed following extensive dialogue and engagement with members of the Adult Social Care team and seek to build on and link to existing capability that has been developed in recent years, including Dynamics 365. As outlined in the Vision section of this document, these new capabilities would be included in the overall digital platform and be "reusable" in whole or in part based on complementary requirements from other partners across the Community Planning Partnership. The development of the practitioner app using the same technologies as existing developments mean that this functionality would be available to other services in the future such as children's services. This approach also ensures that all data created is available in both the Social work application (Dynamics365) and the supporting data platform. Similarly, using a commissioning platform approach ensures that the Dynamics platform can manage the end to end process of assessment, planning, commissioning and monitoring of outcomes within a single environment.

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Phase B proposals would incorporate a higher degree of complexity to deliver. Appendix 2 consists of an Outline Business Case setting out the potential benefits associated with investment in Technology Enabled Care. This investment would be incorporated within 'Connected Care' element of Phase B. The IJB is asked to note the Outline Business Case as set out in Appendix 2 and to instruct the Chief Operating Officer to return with a Full Business Case within 9 months. This will allow for more detail to be developed in respect of costs, sources of funding and the identification of financial and non-financial benefits to the citizens of Aberdeen, the IJB, and partners.

The all-inclusive approach to development of models of social work and social care, coupled with the ongoing digital and data innovation, means that work needs to be phased to take advantage of the shared capabilities as they are moved into production. The practitioner app relies on access to AI capabilities that Aberdeen City Council is currently investing in and exploiting the platforms data sharing capabilities that will enable free flow of data between components. The current Aberdeen City Council delivery is scheduled for quarter 3 of this financial year. The development of a TEC prescribing service that supports prevention of admission and alleviates delayed discharge will be dependent on development of the existing data platform to received and process signals from the internet of things (IoT) and streaming data (video and audio). The current Aberdeen City Innovation programme expects to deliver these new capabilities are part of programmed work in Q4 of 2024/25.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

A first stage Integrated Impact assessment (IIA) has been carried out and has been attached as Appendix 4 to this report. Full Impact Assessments will be carried out as part of the process of developing the projects.

5.2. Financial

The investment required for the Phase A digital projects and the potential return on investment are outlined in Appendix 1. In addition to financial investment, staff

resourcing will also be required to support the delivery of the projects. This will consist of ACHSCP staff and staff from ACC's Digital & Technology team.

Should members of the IJB be minded to note Appendix 2 associated with TEC and agree to instruct the development of a Full Business Case, a detailed cost benefit analysis will be carried out. Any proposed expenditure at the point of reporting the Full Business Case will require to identify a source of funding. No source of funding has been identified to date and it is recommended that the Chief Operating Officer seeks external funding opportunities, including with Scottish Government officials.

5.3. Workforce

As set out in the IJB's Strategic Risk Register, there are significant challenges in Health and Social Care including regarding the recruitment and retention of staff. Technology creates opportunities for increased flexibility and a change of focus in staff recruitment as the importance of remote health and care delivery and use of data to provide predictive and proactive care increases.

The proposed investment in Appendix 1 provides the potential to create greater capacity within the Social Work team and the care at home providers. Staff should spend less time on manual documentation and have greater capacity to invest time in other higher value activities such as early intervention and prevention.

There is a growing demand for care at home services. Integrated use of TEC can help create additional capacity in the existing system within an increasingly challenging financial environment. The scaling up of TEC requires system wide collaboration and involvement of stakeholders across statutory, third sector and independent sector.

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

As part of the two proposed projects, full Data Protection Impact Assessments (DPIAs) will be required for the life span of the project(s) with involvement of staff across ACHSCP and the Council as the platforms being utilised are hosted platforms of Aberdeen City Council (D365, Power Platform and ACC Mobile Phones). Privacy Impact Assessments as well as Risk Assessments will also be completed for each of the projects and engagement with both ACC and NHSG Information Governance and also Information Security Officers will be undertaken.

5.7. Environmental Impacts

Impact	Services impacted	Positive/Negative
Reduction of paper resources. the use of the Social Work Practitioner App will allow services to reduce the amount of paper being printed, ink cartridges being used and Paper records being created.	All services who use the Practitioner App	Positive
Reliance on tablet /Mobile devices. Tablet and Mobile devices use mined material as part of the construction process.	All services	Negative

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5.8.   Sustainability

The project is digital and not hosted directly by us however we expect our suppliers to comply with any relevant environmental control as set out in the procurement and contracts that we specify. The intent is to use Gcloud 13 direct award this will include specification on the following items:

Social Value

- Fighting climate change
- Tackling economic inequality
- Equal opportunity

More Information can be found here

5.9.   Other

No other implications have been identified from the recommendations of this report.

6. Management of Risk

The IJB has previously agreed through its Risk Appetite Statement that it has a low to medium appetite for risk related to quality and innovation outcomes. The proposals set out in Appendix 1 and Appendix 2 are highly innovative. With reference to the mitigations to risk set out below, the potential benefits identified in the Appendices and a process which will have due regard to statutory requirements, the proposals are considered to be consistent with the IJB's Risk Appetite Statement.

6.1. Identified risks(s)

Risks to the Programme that can be recognised at this point prior to mitigation. Any current issues that may affect the programme, including known constraint, assumptions or conflicts that may potentially affect the programme.

Risk	Likelihood/Impact	Mitigation
Mobile Phone use with the Social Work Practitioner App will increase data usage and may incur unforeseen costs	High	Ongoing investigation with ACC Chief Digital Officer to assess impact and take mitigating actions.
Policy Change New ways of working may require policy or standard changes this would affect timeline and delivery	Medium	Ongoing investigation with Cyber Security Officer & Data Protection Officers to assess impact. Any Policy Change required will go through the respective organisational procedures.
Delivery Timescales – Vendor has indicated a window for product delivery. Any delay may	High	Ongoing investigation between ACHSCP, ACC Chief Digital Officer, Microsoft to ensure

incur additional cost and/or delay benefits realisation.		approach and timescales are deliverable within resource identified. A staggered approach to the delivery of the two projects is being developed to help manage the demand on staff during the delivery phase.
Resources – There is a risk that ACHSCP or ACC working together fail to identify and maintain adequate staff resource required to deliver the projects.	High	Ongoing discussions and investigation into the resources required to deliver the project between key stakeholders.
Budget – Failure to deliver proposals within available budget.	Medium	The projects will be subject to a robust governance structure to help ensure that the project is delivered within the agreed budget and timeline so far as possible.
Adoption – Failure to adopt new digital capability by staff, service providers or lack of permission from citizens to use capability.	Medium	Ongoing work as part of the project to provide engagement and support to staff/service providers and also public to assist with adoption of new applications and aligned benefits.
Benefits – Investment into leading edge technology fails to deliver projected	Medium	There has been extensive work to identify the financial and non-financial benefits. It is noted that in particular

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financial and non-financial benefits.		with the initial resource required for these projects, that financial savings will be in the medium to longer term. An element of the return on investment is dependent on staff turnover. As part of the budget setting process, due regard will be taken to the financial benefits that each proposed project has anticipated to ensure that the benefits identified are realised. Whilst investment in leading edge technology carries inherent risk, careful diligence has been undertaken to ensure that the tools available to the provider are fit for the task and that their teams have the skills to build the proposed solution.

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

Risk 1- Financial Risk

Risk 3- Risks to quality and innovation outcomes

Risk 5- Reputational risk

Risk 6- Risks relating to commissioned and hosted services

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Programme Business Case		Programme Stage **Identification**	

Programme Name	**Digital Innovation Programme, *Right Care, Right Time, Right Place***	**Date**	16/08/2024
Projects Names	**Social Work Practitioner Application** **Home Care Commissioning Portal**		
Programme Lead	Fraser Bell	**Version**	1.0
Project Lead	Claire Wilson		
Programme Manager	James Maitland		

Contents

		Programme Stage
	Programme Business Case	**Identification**

A. ORGANISATIONAL CONTEXT

Alignment to Strategy:	The Integration Joint Board's (IJB) Strategic Plan identifies four Strategic Aims: 1. Caring Together; 2. Keeping People Safe at Home; 3. Preventing Ill Health; and 4. Achieving Fulfilling, Healthy Lives. To help deliver the Strategic Aims, the plan recognises Technology as an Enabling Priority. To support the delivery of this Enabling Priority, the IJB at its meeting on 26 March 2024 set aside £1.5m for potential investment into digital innovation. The two proposals below seek to invest £1.25m, and notes estimated annual recurring cost of approximately £250,000. These proposals would develop the IJB's digital capability in a manner that would contribute to the delivery of the IJB's Strategic Aims and create the capacity necessary to help address the savings required over the next seven years as set out in the IJB's Medium Term Financial Framework (MTFF).
Specialties/Services/ Partners in scope:	The two proposed projects set out below would be added to the IJB's Strategic Delivery Plan. Progress against the Delivery Plan is monitored through the IJB Risk, Audit and Performance Committee on a quarterly basis and through the IJB on an annual basis. The proposals have been developed in close cooperation with the Aberdeen City Council Chief Digital Officer and following consultation with the NHS Grampian Chief Digital Officer. This work aligns with the principles identified in Aberdeen City Council's (ACC's) Target Operating Model 1.2. This includes the rationalisation of digital systems and the promotion of more integrated systems. The proposals, if approved, will be developed and implemented with Aberdeen City Council (ACC) and in consultation with NHS Grampian (NHSG).

1. Recommendation

It is recommended that the IJB :

  i. Agrees to the development and provision of Digital Innovation Services to the value of £1.25m and notes the estimated annual recurring cost of approximately £250,000 and;

  ii. Makes the direction at appendix 3 to Aberdeen City Council and instructs the Chief Officer to issue the Direction to Aberdeen City Council.

2. Background

The impact of an ageing population with a corresponding increase in long term health conditions and complex care needs puts increasing financial and resource pressures on services. In addition to the increased demand on services, there are significant financial constraints. In order to meet increasing demand, services require to adapt and modernise how they deliver services and transform the way care is delivered. The 'Feeley Report' underscores the importance of a person-centred approach, advocating for increased investment in social care and the integration of technology to enhance care delivery. By incorporating advanced digital tools, this not only improves care efficiency and quality but also ensures that care services are both flexible and comprehensive, aligning with the person-centred ethos championed by the report. The need for the use of technology to be fully integrated into the delivery of health and social care services is of crucial importance in the current landscape.

In addition, Scotland's Digital Health and Care Strategy calls for the adoption of digital technologies to improve health outcomes, accessibility, and patient experience. Investing in the workforce to be more digitally informed with the right digital tools will enable greater capacity and flexibility as well as a more engaged, motivated and supported workforce.

The partnership has been in active dialogue with Microsoft since 2023, building on Microsoft's partnership with ACC and their successful contribution to ACC's transformation programme including the creation of Dynamics 365, the social work digital platform. Microsoft has been engaging with the partnership's senior leadership team both collectively and individually to understand in greater detail the Strategic Aims of the IJB and the challenges to delivering those Aims.

Following Microsoft's audit of IJB activity and having due regard the complexity of delivery of various options and their respective impacts, Microsoft has divided investment opportunities into two phases, namely Phase A and Phase B as set out in Section 3 below. This business case seeks approval to invest in two projects set under Phase A. These proposals are for the Adult Social Care and are:
- Social Work Practitioner Application; and
- Home Care Commissioning Portal.

These proposals have been developed following extensive dialogue and engagement with members of the Adult Social Care team and seek to build on and link to existing capability that has been developed in recent years, including Dynamics 365.

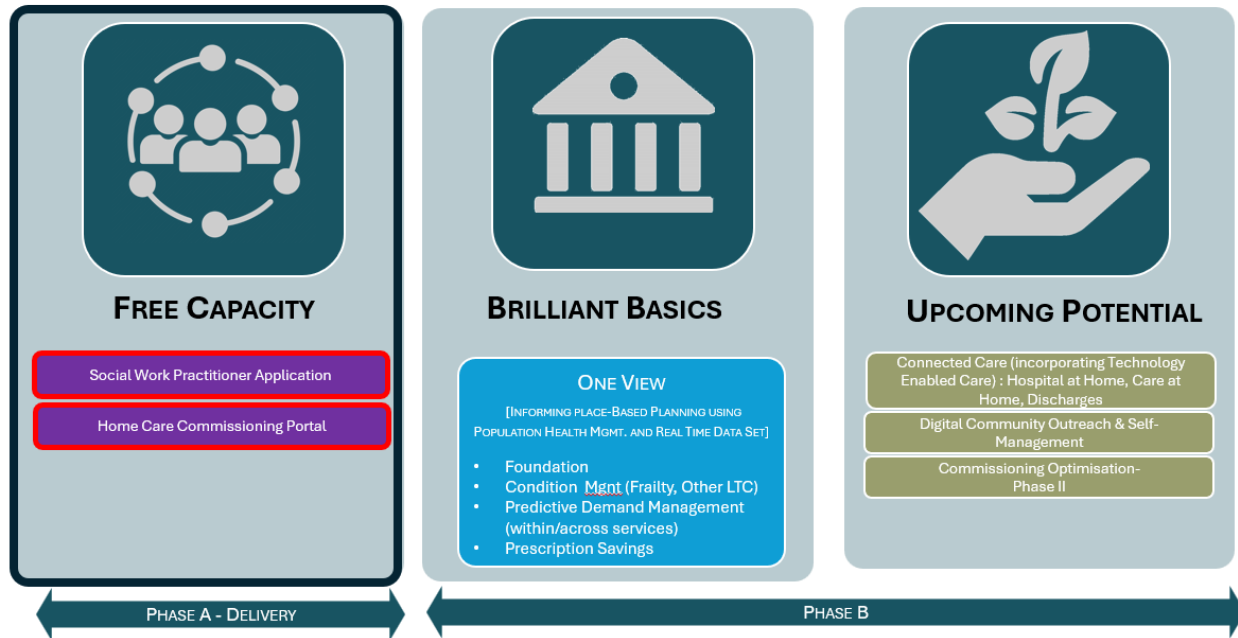Phase B proposals would incorporate a higher degree of complexity to deliver. ACHSCP will continue to develop these opportunities in consultation with ACC and NHSG with business cases being presented to the IJB in the future as and when required and appropriate. This includes the development of a business case to invest in Technology Enabled Care.

3. Phased Delivery

PHASED DELIVERY HAS BEEN AGREED WITH ACHSCP WITH PRIORITY FOR DELIVERY ON FREE CAPACITY INITIATIVES

FREE CAPACITY

Social Work Practitioner Application

Home Care Commissioning Portal

BRILLIANT BASICS

ONE VIEW

[INFORMING PLACE-BASED PLANNING USING POPULATION HEALTH MGMT. AND REAL TIME DATA SET]

- Foundation
- Condition Mgnt (Frailty, Other LTC)
- Predictive Demand Management (within/across services)
- Prescription Savings

UPCOMING POTENTIAL

Connected Care (incorporating Technology Enabled Care) : Hospital at Home, Care at Home, Discharges

Digital Community Outreach & Self-Management

Commissioning Optimisation-Phase II

PHASE A - DELIVERY

PHASE B

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4. Benefits Expected

Home Care Commissioning Portal*

There is an opportunity to bring agility, transparency, and value for money to the provision of Home Care Services. Currently, social work has two members of staff who coordinate the packages of care required. A significant amount of time and manual spreadsheets are used to work with providers on getting care in place. In addition, Granite Care Consortium currently has several support staff who do a manual trawl to match packages to their availability. Bon Accord Care (BAC) also has a member of staff who oversees their care offers.

This has been identified as a priority by ACHSCP staff to address, amongst other things:
- failure demand;
- decrease the time to issue a care offer to mitigate levels of unmet need;
- create additional staff capacity; and
- ultimately increase value for money on the contracted services, particularly in a context of budget contractions.

To help address these the matters raised above, the Home Care Commissioning portal would, amongst other things, be able to:
- Provide a single platform, integrated to D365, with a single view of request for Home Care;

- Create additional staff capacity, estimated to be the equivalent of 2 full time equivalent (fte) within ACHSCP and 4fte within providers (combined full year equivalent: approx. £300k);
- Enable a single view of request, including status to all members of the value chain;
- Enable notifications when status change;
- Provide an integrated dashboard and reporting of requests per geographical area, type of request, demographics, client group, etc.;
- Enable a geographical view of where/which type of demand is being generated;
- Enable the consortium of providers to issue requests to their member providers;
- Enable suppliers to receive and respond to requests as close to real time as possible;
- Enable every user in the value chain (as required) to understand status of request (with permissions limited to their scope of work);
- Enable every user in the value chain to report a change of circumstance (including the family or social worker);
- Enable an interface to capture feedback to be shared and integrated to D365, e.g., feedback from family on service quality, feedback from carer on observations during the visit for further consideration of the social worker; and
- Keep a secure and centralised exchange of Home Care Plans.

Following full implementation of the Portal, and through the leveraging of information held in D365, future demand will be able to be predicted across each:
- geographic catchment area;
- customer group; and
- demographic.

This will help inform decisions on how best to meet emerging need in the short, medium and long term.

Social Work Practitioner Application

Social Work is under increasing scrutiny with the need to demonstrate its responsiveness to complex needs across different client groups, the appropriateness and efficacy of its interventions, and the impact on client experiences and outcomes.

The vision for adult social work in Aberdeen is based on a prevention and early intervention model, working in collaboration across sectors and services to prevent, intervene and deliver services to those who require it. Historically, social work practitioners were able to fulfil their statutory requirements and at the same time undertake pro-active, person-centred interventions that addressed a wide range of presenting needs, some more acute

than others. In recent years, social workers have become more office based, administrative focused and task-oriented with interventions delivered within the scope of eligibility criteria and budget availability. This has resulted in a shift of focus to those higher-end and more complex referrals within limited resources. The increased demand for services has resulted in high caseloads, significant waiting lists and delays in service provision and overstretched teams.

Microsoft has proposed a Social Work Practitioner Application to automate the capture of data and the subsequent preparation of draft documentation and reports for review of the Adult Social Worker. By doing so, Adult Social Workers would, amongst other things:
- increase attention during the interaction to enhance the staff and service user experience;
- spend less time on manual documentation; and
- have greater capacity to invest greater time in other higher value activities such as early intervention and prevention.

This would also increase the speed at which the cycle of assessments is completed, allowing for a timely handover where required. This is in contrast to the current context where social workers will instead take written notes during interactions (very frequently one after the other), and after have to allocate a significant amount of time to transcribe and format outcomes as per established online forms.

At high level, the proposed solution would be able to:
- transcribe a live session with a citizen and be able to recognise the participants based on their voice;
- automatically summarise the discussion through identification of questions, answers, and key observations;
- structure a draft report for review, as per preferred format, that can then be reviewed by the social worker; and
- upload the report to the platform of reporting in the way of assessment form (as per set up in D365) under the record of the client.

The current model anticipates that it could create capacity to the equivalent of 16fte (£50k per 1fte x 16 = approx. £800,000 full year equivalent). This is based on the following assumptions that have been agreed with the Adult Social Work team:
- There are approximately 600 social work staff who work for ACHSCP.
- Approximately 75% of social workers, i.e., 450 social workers, would routinely use the application ('App').
- It is anticipated that those 450 social workers will each attend at least 4 interactions per week on average with people where a detailed case note will be required to be recorded.
- That is approximately 1,800 interactions per week where the App could be used.
- It is assumed that 70% of clients in those 1,800 interactions would approve the use of the App to transcribe the meeting, i.e., 1,260 clients.
- On average, it can take 2 hours per social worker per interaction to record a detailed assessment report of a 1-hour interaction; and

- Through use of the App, the time to record a detailed report of the interaction is envisaged to reduce by 25%.

5. Risks and Issues

Risk	Likelihood/Impact	**Mitigation**
Mobile Phone use with the Social Work Practitioner App will increase data usage and may incur unforeseen costs	**High**	Ongoing investigation with ACC Chief Digital Officer to assess impact and take mitigating actions.
Policy Change New ways of working may require policy or standard changes this would affect timeline and delivery	**Medium**	Ongoing investigation with Cyber Security Officer & Data Protection Officers to assess impact.

Any Policy Change required will go through the respective organisational procedures. |
| Delivery Timescales – Vendor has indicated a window for product delivery. Any delay may incur additional cost and/or delay benefits realisation. | **High** | Ongoing investigation between ACHSCP, ACC Chief Digital Officer, Microsoft to ensure approach and timescales are deliverable within resource identified. A staggered approach to the delivery of the two projects is being developed to help manage the demand on staff during the delivery phase. |
| Resources – There is a risk that ACHSCP or ACC working together fail to identify and maintain | **High** | Ongoing discussions and investigation into the resources required to |

adequate staff resource required to deliver the projects.		deliver the project between key stakeholders.
Budget – Failure to deliver proposals within available budget.	**Medium**	The projects will be subject to a robust governance structure to help ensure that the project is delivered within the agreed budget and timeline so far as possible.
Adoption – Failure to adopt new digital capability by staff, service providers or lack of permission from citizens to use capability.	**Medium**	Ongoing work as part of the project to provide engagement and support to staff/service providers and also public to assist with adoption of new applications and aligned benefits.
Benefits – Failure to deliver projected financial and non-financial benefits.	**Medium**	There has been extensive work to identify the financial and non-financial benefits. It is noted that in particular with the initial resource required for these projects, that financial savings will be in the medium to longer term. An element of the return on investment is dependent on staff turnover. As part of the budget setting process, due regard will be taken to the financial benefits that each proposed project has anticipated to ensure that the benefits identified are realised. Whilst investment in leading edge technology carries inherent risk, careful diligence has been

		undertaken to ensure that the tools available to the provider are fit for the task and that their teams have the skills to build the proposed solution.

| | | |

6. **Estimate of Resources Required**

The programme of work to deliver the two projects, if approved, is anticipated to run October 2024 – May 2025. The following resources having been identified as being required to deliver the projects set out within the business case. Work is ongoing with partners to identify the capacity and capability against each Resource Title.

Programme Roles Required

Resource Title	Organisation	Time Commitment	Main Tasks
Project Manager	**Strategy & Transformation, ACHSCP**	**Full Time**	• Oversees and coordinates the overall engagement and delivers it on schedule. • Oversees the Customer resource allocation, risk management, engagement priorities, and communication with executive management. • Coordinates decisions within three business days, or according to an otherwise agreed-upon timeline. • Communicates the engagement efforts and activities to the Executive Steering Committee and stakeholders.
Technical lead	**Digital, ACC**	**Part Time**	• Serves as the primary technical point of contact for the Adult Social Work Team and Microsoft.
Business Analyst	**Digital, ACC**	**Full- Time**	• Working with product owners, subject matter experts, user representatives

			Programme Stage **Define**
		Programme Business Case	

			• Main point of contact to consolidate user stories, in advance of sprint, to ensure definition of ready is finalised • Ad-hoc validation sessions (once a sprint) • Sprint planning/review every sprint. • 2 days of testing every sprint • 1 week of testing during User Acceptance Team (UAT)

Product Delivery Roles Required for each Product: Home Care Commissioning Portal and Social Care Practitioner Application

Resource Title	Organisation	Time Commitment	Main Tasks
Product Owner(s)	**Adult Social Work, ACHSCP**	**Full Time**	• One required per product team for each project. • Prioritises and approves backlog (user stories to be implemented) • Answers key requirements questions with the help of subject matter experts • Coordinates/facilitates access to other teams. • Initial backlog definition during Sprint 0 (4 workshops) • Standup every day • Sprint planning/review, shaping every sprint.
Digital and Technology Team Member(s)	**Digital, ACC**	**Part Time**	• Support with connectivity into test and production environment of other systems to be integrated. • Set up users and licenses needed for onboarding testers and later production users. • Non-functional requirement definition, deployment support

Programme Business Case			**Programme Stage** **Define**

Subject Matter Expert(s)	**Adult Social Work, ACHSCP**	**Part Time**	• Required per product team. • Support in detailed requirement definition. • Provide test and production content/data. • Help defining the test scenarios to cover. • Participate in testing the increment results every 3 weeks. • Initial backlog definition during Sprint 0 (4 workshops) • Standup every day • Sprint planning/review every sprint. • 2 days of testing every sprint • 1 week of testing during UAT
User Representative(s)	**Adult Social Work, ACHSCP**	**Part Time**	• Required per product team. • Validate the designs proposed, user application flows. • Participates in testing the increment results every 3 weeks. • Ad-hoc validation sessions (once a sprint) • Sprint planning/review every sprint. • 2 days of testing every sprint • 1 week of testing during UAT
Adoption Champ(s) (can be user representatives)	**Adult Social Work, ACHSCP**	**Part Time**	• Required per product team. • Perform training. • Help others to start using new solutions productively.

Other Specific Roles for Input to Product Delivery

	Programme Business Case	Programme Stage **Define**

Resource Title	Time Commitment	Main Tasks
Change Management	Some from Vendor / ACC	• Internal Change to process • External Supplier Change to process • Citizen Change
Cyber Security	Depending on policies affected	• System Security Protocol
Information Governance	Part time	• Data Protection Impact Assessment
Data & Insights	Depending on Reporting requirements	• Possible dashboards • Consultancy during build with regards to future proofing solutions to ensure correct structured data recording is built.

7. Projects

A description of each proposed project is set out above. Other key features of the Portal and the Application are set out below.

Home Care Commissioning Portal

- Extending Dynamics 365 Customer Service to enable creation of a Care Commissioning Plan for client service request cases.
- Enabling Brokers to access request queues to support care provisioning.
- Assisting Brokers to assign matching providers and offer the services to them.
- Enabling Providers to access requests via a secure partner portal to accept or decline.
- Visibility of status of requests with views and dashboards
- Continuous status updates of the service request to the requestor and to the citizen

Social Work Practitioner Application

App that works on Personal Computers, tablets and mobile phones to support the following features:
- Allows practitioners to record their conversation with the Citizen using PowerApps and local device storage.
- Offline recording of client conversation is supported.
- Generates conversation recording and transcripts.
- Summarizes & formats meeting notes with relevant social care profile info and presents the content for practitioner review and amendment.
- Integration with client contact information.
- Completes social care questionnaires based on the persons' conversation data.
- Allows Practitioners to review the completed questionnaire in the backend (Dynamics 365) and amend as required.
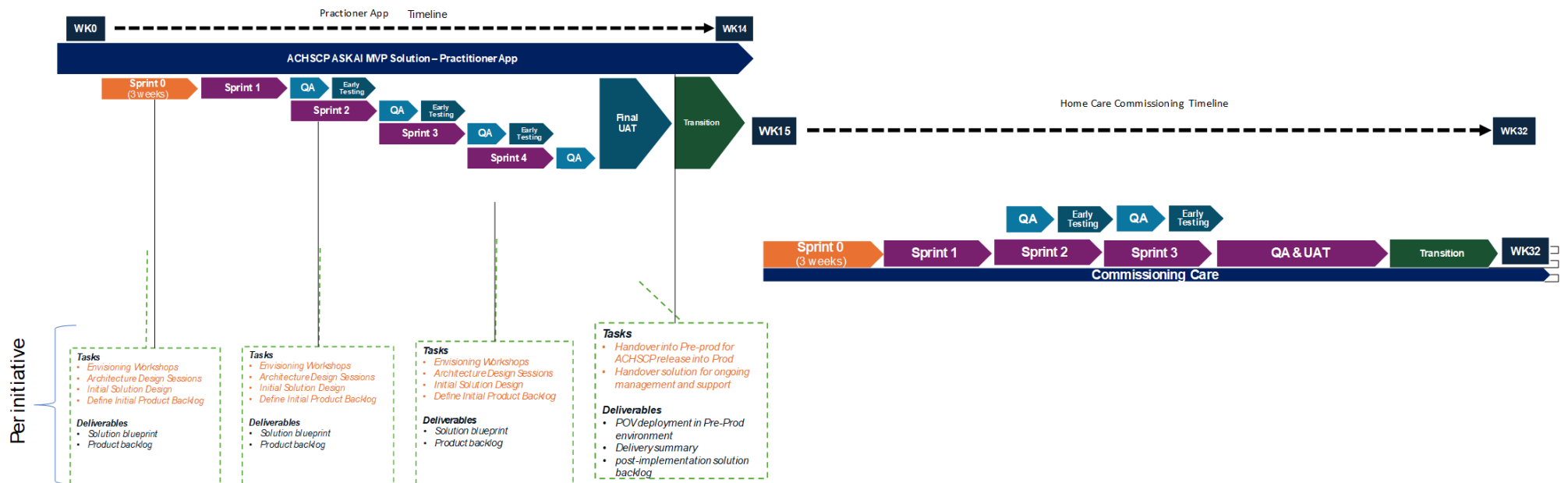
	Programme Business Case	Programme Stage **Define**

Timeline & Delivery

The timeline for delivery is 32 weeks running one project after another. This is anticipated to commence in October 2024, subject to IJB approval in September 2024.

QA – Quality Assurance
UAT – User Acceptance Testing

MATMG – Multi-Agency Transformation Management Group

Governance

The governance arrangements to oversee the development and implementation of the two projects is set out below and would be led by the Executive Steering Committee.
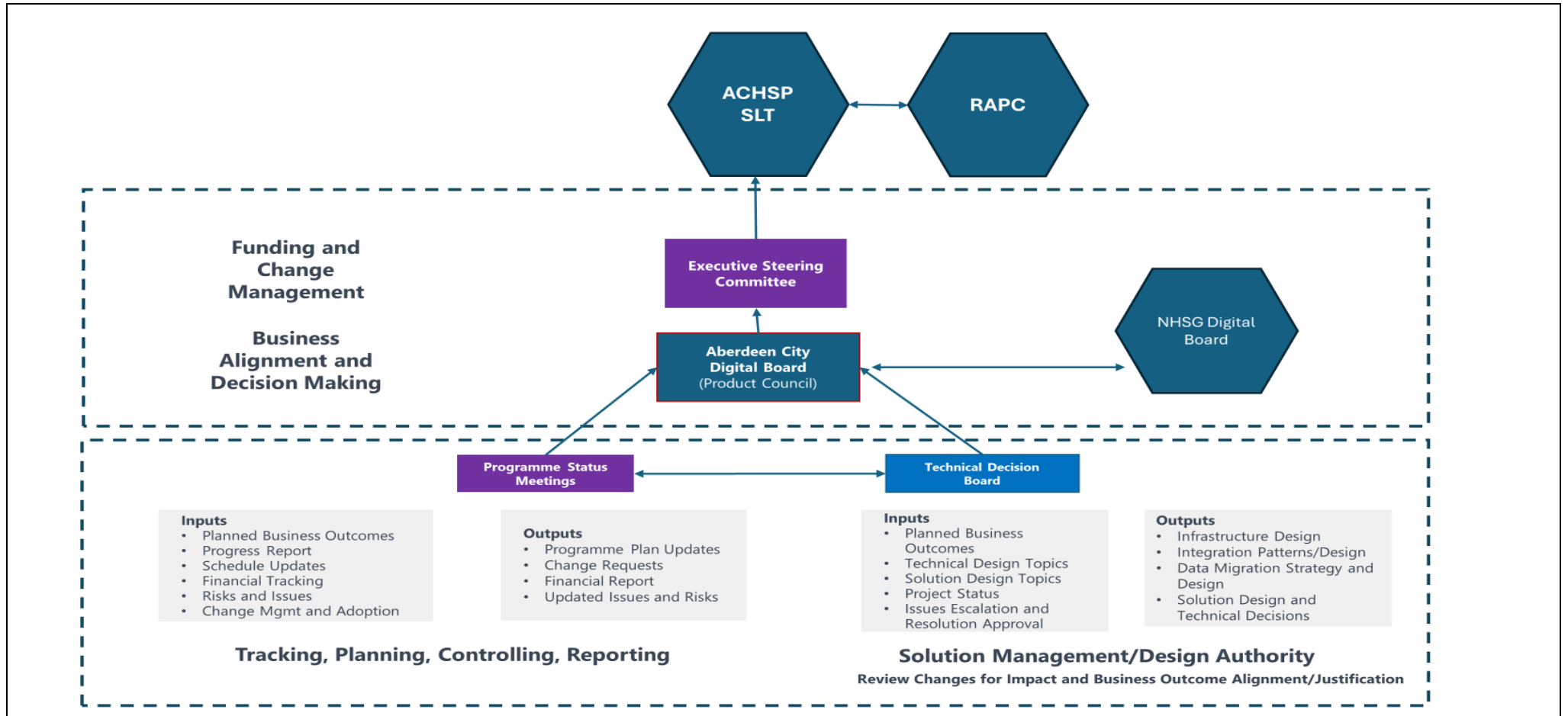
An Aberdeen Digital Programme Board, with a potential relationship to the Aberdeen City Multi-Agency Transformation Management Group, is currently under development. It is envisaged that this could incorporate relevant partners from across relevant partner organisations to help ensure an integrated place-based approach to the development of digital capability in the city.

	Programme Business Case	Programme Stage **Define**

Funding and Change Management

Business Alignment and Decision Making

ACHSP SLT

RAPC

Executive Steering Committee

Aberdeen City Digital Board (Product Council)

NHSG Digital Board

Programme Status Meetings

Technical Decision Board

Inputs
- Planned Business Outcomes
- Progress Report
- Schedule Updates
- Financial Tracking
- Risks and Issues
- Change Mgmt and Adoption

Outputs
- Programme Plan Updates
- Change Requests
- Financial Report
- Updated Issues and Risks

Inputs
- Planned Business Outcomes
- Technical Design Topics
- Solution Design Topics
- Project Status
- Issues Escalation and Resolution Approval

Outputs
- Infrastructure Design
- Integration Patterns/Design
- Data Migration Strategy and Design
- Solution Design and Technical Decisions

Tracking, Planning, Controlling, Reporting

Solution Management/Design Authority
Review Changes for Impact and Business Outcome Alignment/Justification

8. Impact on Current Operational Services

A range of benefits are anticipated from each project. Key measures of success are identified below.

Home Care Commissioning Portal

Potential Business Outcomes:	Leading Outcomes & Key Results:
• Increased value for money for provision of Home Care services contract. • Increased and centralised visibility to customer (or Family) on status of care search. • Increased and centralised visibility of upcoming demand per geographical area, type of service request, profile of requesters.	• Decrease on % of failure demand due to lack of timely information, and with this increased value for money for care at home contacts. • Decreased price per request on the fixed priced contract. • Decrease on time to provide an offer. • Increase data and insight's ability to assist with demand management.

Social Work Practitioner Application

Potential Business Outcomes:	Leading Outcomes & Key Results:
• Increased capacity released to focus on high-value activities (e.g., addressing demand), rather than transcribing and inputting information post assessments. • Increased Adult & Social Care wellbeing, by reducing significant manual processing.	• Uptake of tool usage (% of sessions for which there is automated support via the Social Care Practitioner App) • Feedback on use of the tool and quality of transcription draft reporting positive in % of interactions • Reporting number of hours used on documentation, where the transcription and draft automated report has been made available.

Programme Name	**Digital Innovation Programme, *Right Care, Right Time, Right Place***	**Date**	16/08/2024
Project Name	**Technology Enabled Care (TEC)**		

Programme Lead	Fraser Bell	**Version**	1.0
Project Lead	Claire Wilson		
Programme Manager	James Maitland		

1   Description of project

Digital Technology and Artificial Intelligence have the potential to improve the quality of peoples' lives and help deliver the Strategic Aims of the Integration Joint Board (IJB) and the wider priorities for the city outlined in the Aberdeen City Local Outcome Improvement Plan (LOIP). It also has the power to mitigate the IJB's risks including those associated with financial sustainability and workforce. To exploit the benefits to citizens, public services and communities, the IJB will develop its programme of digital projects to realise the full potential of these capabilities. The "North Star" diagram below shows how current and planned digital projects within the group structure can be exploited across the whole system to achieve the outcomes detailed in the business case. All programme based activity will support the strategic aims of the IJB:

1. Caring Together;

2. Keeping People Safe at Home;

3. Preventing Ill Health; and
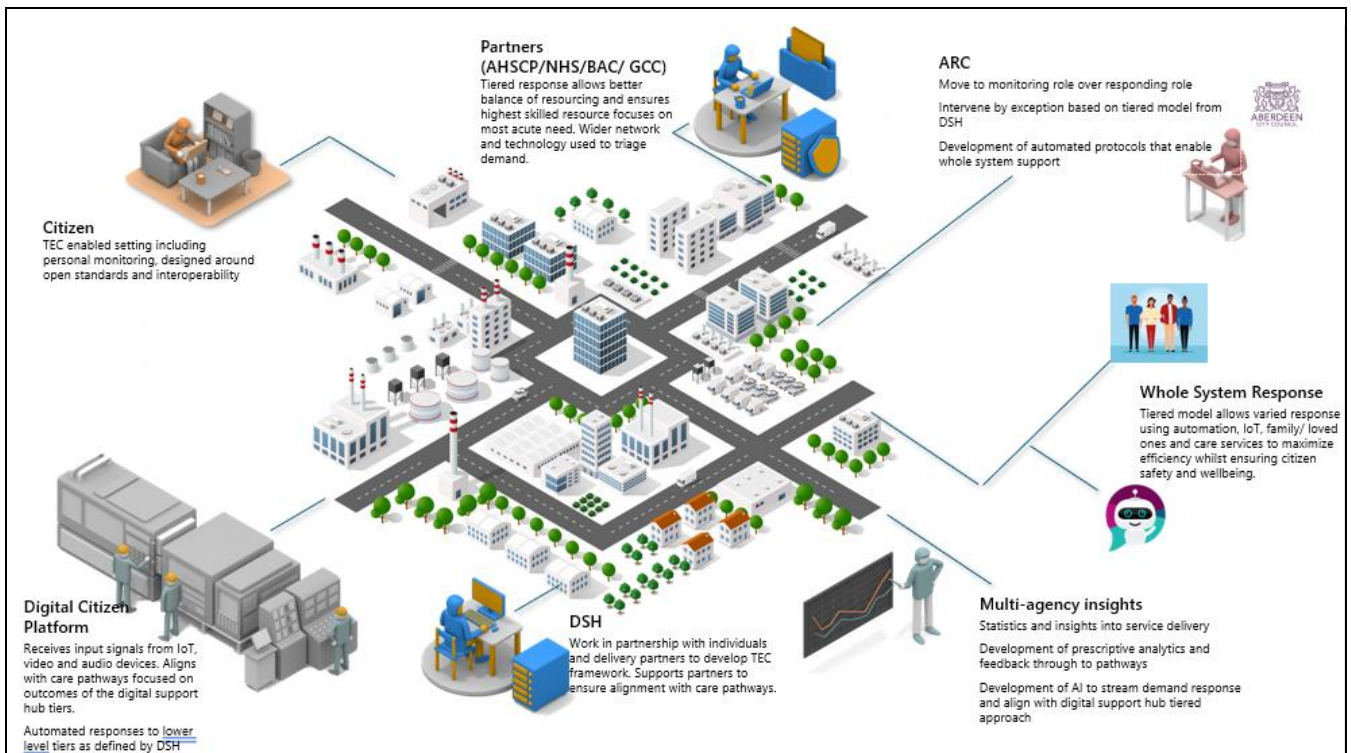
4. Achieving Fulfilling, Healthy Lives.

Figure 1-City Model

The IJB and Aberdeen City Council (ACC) have existing and developing programmes of digital innovation covering the following broad themes. Each programme connects and supports the ambitions of a Technology Enabled Care (TEC) system that can maximise automation and self-service within a structured support pathway. These programmes build on the existing digital projects set out in the IJB Strategic Plan.

A Full Business Case has been developed separately in respect of:

- The Social Work Practitioner Application; and
- Home Care Commissioning Portal.

This outline business case is primarily focused on the Connected Care project noted below.

IJB			ACC		
Free Capacity	**Brilliant Basics**	**Upcoming Potential**	**Citizen Platform**	**Connected Place**	**AI**
Social Work Practitioner App	One view – place based planning using population health data and real time data	Connected Care (Incorporating TEC, Hospital at home, Discharges)	Dynamics 365 Social Work and Dynamics 365 Citizen	IoT (Internet of Things) and streaming data	Data platform
Homecare	Condition	Digital	Citizen Portal (service	API	Fabric (AI

Commissioning Portal	Management	Community Outreach and self-management	history and data views across systems)	(application programming interface) Management platform	(artificial intelligence) driven insights)
	Predictive Demand Management	Commissioning Optimisation	Service Portal	City wide LoRaWAN (Long Range Wide Area Network) network	Copilot
			Omni-channel service model including social media and AI chat	Gigabit City	AB1

2   Business Need

The impact of an ageing population with a corresponding increase in long term health conditions and complex care needs put increasing financial and resource pressures on services, whilst difficulties around recruitment and retention of staff exacerbate these issues. In addition to the increased pressures on services, there are significant financial constraints in the current climate. This presents real challenges in how to meet increasing demand with fewer resources and for services who are already under significant pressures to both embrace new ways of working and find the resource to implement change.

'Feeley Report': Independent Review of Adult Social Care

The Feeley Report underscores the importance of a person-centred approach, advocating for increased investment in social care and the integration of technology to enhance care delivery. Creating a service catalogue that allows a person centred approach to care needs balanced against a standards based TEC architecture will provide the broadest possible opportunity for sustainable device and market driven growth. Adopting this platform based approach will ensure that a mix of offerings can be developed without constraining within a particular device offering. This in turn allows integration and onward connectivity to other parts of the Aberdeen Citizen Platform (Dynamics365), the new community alarm service, the omnichannel customer service platform and other application services that support the wider delivery of care. The service design will build on the principles of tiered care.
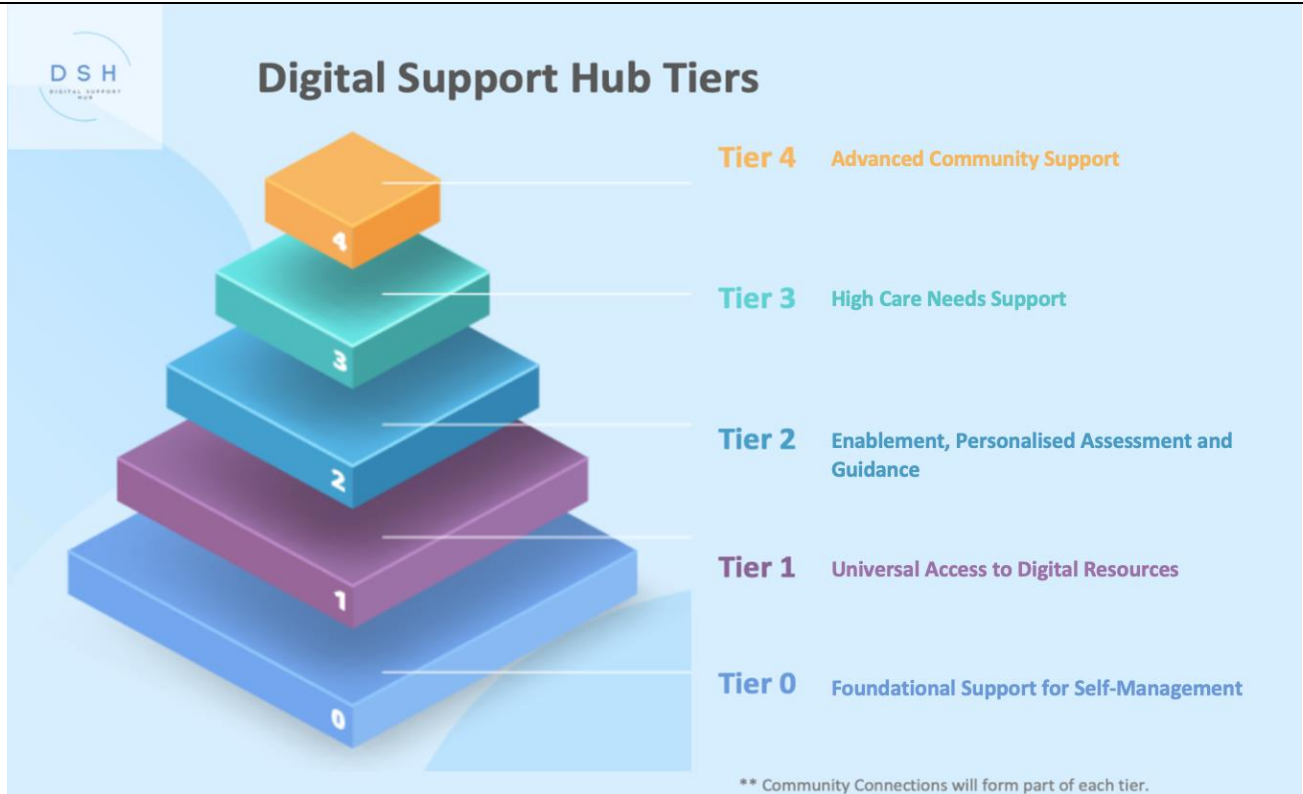
Figure 2- Digital Support Hub Tiers

Offering tailored support through the 5 tiers within the service catalogue will allow the service to meet individual needs effectively and optimise high cost resource to focus on the Tier 3 and Tier 4 needs. This model not only improves care efficiency and quality but also ensures that care services are both flexible and comprehensive, aligning with the person-centred ethos championed by the report.

The need for the use of technology to be fully integrated into the delivery of health and social care services is of crucial importance in the current landscape. Within this outline business case we will set out options for a model of care which uses the opportunities available using TEC to address the challenges facing social care and the impact on delayed hospital discharge.

Scotland's Digital Health and Care Strategy

Scotland's Digital Health and Care Strategy calls for the adoption of digital technologies to improve health outcomes, accessibility, and patient experience. A Digital Support Hub (DSH) model partnered with the universal capabilities offered by the programme investments detailed in section 1 can develop in tandem to support effective telehealth, remote monitoring, and digital health records. This approach makes care services available anytime and anywhere, thus significantly enhancing accessibility. Additionally, real-time data and proactive monitoring facilitate better health and well-being outcomes, directly supporting the goals of the digital strategy.

GIRFE Principles (Getting It Right for Everyone)

The GIRFE principles focus on providing holistic, person-centred care that empowers individuals and ensures early intervention and coordinated support. GIRFE is a multi-agency approach to health and social care support and services from young adulthood to end of life care. Within Grampian all three partnerships have been involved as either Pathfinders (Aberdeen and Aberdeenshire) or as a Partner area (Moray) Pathfinders have worked cross sector with other areas to design, develop and test a range of tools and resources to shape the design and delivery of health and social care services and ensure people's needs are met in a more personalised way with the person at the centre of the decision making processes. The DSH model aligns with these principles by:

- Holistic Care: Addressing the physical, mental, and social needs of individuals.
- Empowerment: Giving patients control over their care through accessible digital tools and personalised care plans.
- Early Intervention: Using proactive monitoring to identify and address health issues early.
- Coordinated Support: Integrating various care services and providers to ensure seamless support for individuals.

Carers strategy

Aberdeen City Carers Strategy has four priorities, one of which is to provide practical community support and services for carers. Within that priority we have identified the need to develop a culture of creativity to encourage innovative approaches to carers support. Carers report that one of the biggest things that cause them stress is worrying about the cared for person when they are not physically able to be with them. During the pandemic the use of technology with carers and cared for people increased and we now recognise the valuable part it can play in providing much needed peace of mind. The use of appropriate technology could mean carers could check in remotely with their cared for person. Another area of concern for carers is that their cared for person gets appropriate service provision. The use of technology to provide, for example, medication or meal prompts could potentially mean a carer would be able to reduce the number of times they have to visit the cared for person to do this thus creating additional capacity for the carer.

3   Benefits

An integrated approach to TEC offers the flexibility to guide users effectively, augmenting prevention and early intervention, which in turn promotes longevity of independent living at home. This not only improves individuals' health, wellbeing, and autonomy but also diminishes the reliance on services.

	Outline Business Case	Project Stage **Define**

Users can choose from a range of support options, enabling the provision of timely and appropriate care in the location they prefer. This approach may reduce the necessity for more intrusive in-home support while still providing reassurance to individuals and their caregivers or families. Consequently, services can allocate targeted support, with personnel dedicated to delivering in-person care when it's most necessary. This empowering approach to the citizen creates a greater sense of independence. It also expands the scope of care available within the community which could significantly contribute to reducing unnecessary hospital stays and increasing the rate of discharge without delay.

Recruitment and retention pose substantial hurdles in the Health and Social Care sector as set out in the IJB's strategic risk register. The advent of technology paves the way for more adaptable recruitment strategies and a shifted focus as remote health management and data analysis become pivotal in delivering predictive and proactive care. It allows best value to be achieved from the finite level of staff resource.

With the current surge in demand for home care services, it is paramount to generate additional capacity. The adaptive use of TEC is key in unlocking potential within the pre-existing infrastructure. To scale up TEC utilisation, it calls for a concerted effort and active participation from stakeholders across statutory bodies, the voluntary sector, and private entities.

The development of TEC enrich data driven insights about the individual's health and wellbeing. It allows for quicker decisions to be made about necessary interventions from a public service, a carer or other relevant person in that individual's life and prevent further deterioration in health or demand within acute settings.

Financial Savings

The Accounts Commission recently reported that the financial outlook for IJBs continues to weaken with indications of more challenging times ahead. Aberdeen City IJB Medium Term Financial Framework sets a significant financial challenge over the course of its seven year projections. These challenges are exasperated by rising inflation, pay uplifts, Covid-19 legacy costs and decreases in real terms funding of IJBs. Population trends predict a smaller working population and a growing older population who will have more complex health needs. The current model of care is not sustainable and a step change is required to help ensure that the IJB is best placed to meet the needs of the population in a financially sustainable way. The development of TEC will be key contributor to ensuring long term financial sustainability.

4	Costs

As set out above, the ACHSCP invested in the DSH for a test of change and early indicators

demonstrate a potential to improve the lives for our citizens whilst helping to address the financial challenges outlined above.

No budget is identified to fully fund this project nor have costs against a specific proposal yet been identified. It is proposed that this be developed as part of a Full Business Case. Investment would be required to develop and integrate current systems (e.g., integrations between the forthcoming digital Alarm Receiving Centre (ARC) and D365) and procurement of solutions (e.g. procurement of TEC equipment). As set out in the cover report to the IJB, it is recommended that the Chief Operating Officer seek external funding opportunities, including with the Scottish Government, to enable future investment in TEC.

5   Time

It is proposed that a Full Business Case be developed for consideration at a future meeting of the Integration Joint Board within nine months. The full business case will set out further detail of a proposed package of investment, including:

- potential costs;
- source(s) of funding;
- staff resourcing requirements; and
- potential benefits (both financial and non-financial).

The business case will be developed in consultation with relevant partners and stakeholders, including but not limited to, ACC, NHS Grampian, Bon Accord Care, and Granite Care Consortium.

6   Alignment Opportunities

A number of technology programmes that have completed, in progress or anticipated will integrate with a TEC model of service delivery. These are:

- implementation of a digital alarm receiving centre (ARC) from the Regional Control Centre (RCC) as part of the Analogue to Digital Telecare project;
- continued development of Dynamics 365 Social Work;
- ingestion of social work and citizen data into the data platform;
- completion of the Dynamics 365 citizen platform;
- the development of a Home Care Commissioning Portal;
- the development of the Social Work Practitioner Application; and
- work on creating platform to platform and device to platform capabilities for Internet of Things (IoT) data.

Dependencies therefore exist both in relation to the functionality available through new and existing technical capabilities and will impact on current ways of working.

Changes in operating practice to support the scaling up of TEC will need to be explored. Areas for consideration will include:

- The role of the RCC in a changed model of TEC delivery (e.g. capacity, capabilities);
- Standards based approach to TEC devices used in the model;
- Integration of data signals into the platform;
- Changes to business process flows in Dynamics 365 Social Work;
- The routing of calls, alerts and insights to services, family members or unpaid carers and community support;
- The integration of an activities of daily living software to the TEC model;
- The integration of data across systems. For example, between the digital ARC, D365, activities of daily living platform, external care providers software and NHS systems; and
- Security of data and systems.

Other factors to consider, include:

- Stakeholder Engagement: Involvement of healthcare bodies, local councils, providers and technology providers.
- Regulatory Approvals: Compliance with health regulations and data protection laws.
- Technological Infrastructure: Availability and integration of telehealth technologies.
- Funding Continuation: Ongoing financial support from governmental and non-governmental bodies.

7 Other Implications (Equalities, Procurement & State Aid)

There is a connection with the procurement and implication of a digital ARC in respect of the transition from analogue to digital telecare. The Analogue to Digital Project is due to complete in 2025. There may be other procurement implications dependent on the model of TEC adopted as set out above.

A charging policy for the application of TEC for citizens who are applying technology to support their health, care and wellbeing would need be developed in a manner that is fair and consistent.

Any service procured in relation to the proposals within this business case would be subject to relevant procurement regulations.

It is anticipated that integration with NHS Grampian systems may be necessary to maximise the potential of investment in Technology Enabled Care and this will require cooperation between ACC, NHSG, and ACHSCP to overcome any potential challenges including those relating to information governance and technology.

An Integrated Impact Assessment will be developed as part of the Full Business Case. This

will have due regard to the risk of digital exclusion and alternative approaches to ensuring that citizens get the care that they need.

8 Next Stage – Full Business Case

As set out above, it is proposed that a Full Business Case be developed for consideration at a future meeting of the Integration Joint Board within nine months. The full business case will set out further detail of a proposed package of investment, including:

- potential costs;
- source(s) of funding;
- staff resourcing requirements; and
- potential benefits (both financial and non-financial).

9 Project Management Process and Resources

As well as improving outcomes for the residents of Aberdeen, this project has the potential to provide significant financial and non-financial to ACHSCP, ACC, NHSG, and other partners. Furthermore, as set out above, cooperation will be required amongst partners to overcome any information governance or technological challenges that may arise.

An Aberdeen Digital Programme Board, with a potential relationship to the Aberdeen City Multi-Agency Transformation Management Group, is currently under development. It is envisaged that this could incorporate relevant partners from across relevant partner organisations to help ensure an integrated place-based approach to the development of digital capability in the city.

10 Support Services Consulted

Service	Who Consulted	Their Comments	Date
Digital & Technology	Chief Officer - Digital And Technology Corporate Services/Service Manager – Digital Office ACC		21/07/24
Specialist Resource Solutions	Director		21/07/24

Granite Care Consortium	CEO - Penumbra		21/07/24
Bon Accord Care	Managing Director		21/07/24
Microsoft	Industry Digital Adviser		6/08/24

11 Document Revision History

Version	Reason	By	Date
1			

INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Related Report Number:- HSCP.24.071

Approval from IJB received on:- 24th September 2024

Description of services/functions:-

The provision of appropriate digital and technological support and all other appropriate support necessary to enable the delivery of the proposals set out in Appendix 1 of the report HSCP. 24.071, enabling; more personalised and integrated care, by facilitating better communication and collaboration among health and social care professionals, service users and carers; people to manage their own health and care needs, by providing them with access to information, advice, support and self-management.

Reference to the integration scheme:-

To enable the effective delivery of "Social work services for adults and older people", Part 2, Annex 2, of the Aberdeen City Integration Scheme, April 2024.

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

The Integration Joint Board's (IJB) Strategic Plan identifies four Strategic Aims:
  1. Caring Together;
  2. Keeping People Safe at Home;
  3. Preventing Ill Health; and
  4. Achieving Fulfilling, Healthy Lives.

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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NHS Grampian   **ABERDEEN CITY COUNCIL**

To help deliver the Strategic Aims, the plan recognises Technology as an Enabling Priority. To support the delivery of this Enabling Priority, the IJB at its meeting on 26 March 2024 set aside £1.5m for potential investment into digital innovation.
The recommendations, if accepted, would develop the IJB's digital capability in a manner that would contribute to the delivery of the IJB's Strategic Aims and create the capacity necessary to help address the savings required over the next seven years as set out in the IJB's Medium Term Financial Framework (MTFF).

Timescales involved:-

Start date:- September 2024

End date:- September 2025

Associated Budget:-

Details of funding source:- Committed funding from IJB Reserves earmarked for digital innovation as set out in Appendix 1 to the report HSCP.24.071- Digital Innovation Transformation.

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

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.

1

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

2

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	

3

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	New Ways of Working Digitally Adult Social Work
Name of Officer completing Proportionality and Relevance Questionnaire	Eve Whyte – Senior Project Manager ACHSCP
Date of Completion	07/08/204
What is the aim to be achieved by the policy or practice and is it legitimate?	The overall aim is to set out the intention to invest and develop in required digital applications for adult social work staff. These are within Aberdeen City Health and Social Care Partnership (ACHSCP). This in turn could potentially impact staff, vendors and their interactions with clients and the services provided. It could (depending on the design) mean some changes to working practices. The high-level design of these applications may include **Home Care Commissioning Portal** – This would allow staff and potentially citizens to match care packages required with available suppliers and procure the care from an online portal. **Social Work Practitioner App** – Recording and transcription of interviews with service users and families during interaction. In addition, the use of AI to further transcribe and automatically fill in the forms required to support any episodes of care & need required. Social workers would need to check everything for accuracy and compliance.
What are the means to be used to achieve the aim and are they appropriate and necessary?	**What are the means to be used to achieve the aim?** At each of the following project stages below this will involve several consultations with - Service Users, - Social Work Staff, - IT technical staff, - Cyber Security, - Legal, - Governance and Data Protection teams This is to ensure compliance in any required legislation and adherence to working practise. The aim is to make it safe for staff and citizens to work in the new manner. In addition, the applications will be co designed with social work staff and subject matter experts during the lifecycle of design and build of the project. - Pre Project - Inception - Construction - Transition - Business Operation

4

	Are they appropriate and necessary? Yes, the impact of an ageing population with a corresponding increase in long term health conditions and complex care needs put increasing financial and resource pressures on services. In addition to the increased pressures on services, there are significant financial constraints in the current climate. This presents challenges to meeting increasing demand with fewer resources and for services who are already under significant pressures to both embrace new ways of working and find the resource to implement change. The Feeley Report underscores the importance of a person-centred approach, advocating for increased investment in social care and the integration of technology to enhance care delivery. By incorporating advanced digital tools, this not only improves care efficiency and quality but also ensures that care services are both flexible and comprehensive, aligning with the person-centred ethos championed by the report. The need for the use of technology to be fully integrated into the delivery of health and social care services is of crucial importance in the current landscape.
If the policy or practice has a neutral or positive impact, please describe it here.	It is thought that both two applications will have a positive impact and bring benefits. **The Home Care Commissioning portal** would, amongst other things, be able to: - Provide a single platform, integrated to D365, with a single view of request for Home Care. - Create additional staff capacity - Enable a single view of request, including status to all members of the life cycle of procurement of care (value chain) . - Enable notifications when status change. - Provide an integrated dashboard and reporting of requests per geographical area, type of request, demographics, client group, etc. - Enable a geographical view of where/which type of demand is being generated. - Enable the consortium of providers to issue requests to their member providers Enable suppliers to receive and respond to requests as close to real time as possible. - Enable every user in the value chain (as required) to understand status of request (with permissions limited to their scope of work).

5

	- Enable every user in the value chain to report a change of circumstance (including the family or social worker). - Enable an interface to capture feedback to be shared and integrated to D365, e.g., feedback from family on service quality, feedback from carer on observations during the visit for further consideration of the social worker; and - Keep a secure and centralised exchange of Home Care Plans. - Following full implementation of the Portal, and through the leveraging of information held in D365, future demand will be able to be predicted across each: **The Social Care Practitioner Application** at high level would be able to. - transcribe a live session with a citizen and be able to recognise the participants based on their voice. - automatically summarise the discussion through identification of questions, answers, and key observations. - structure a draft report for review, as per preferred format, that can then be reviewed by the social worker; and - upload report to the platform of reporting in the way of assessment form (as per set up in D365) under the record of the client. - The current model anticipates that it could create capacity for social work staff. Through use of the App, the time to record a detailed report of the interaction will reduce by 25%.
Is an Integrated Impact Assessment required for this policy or decision (Yes/No)	**Yes.** Full IIA will be carried out in the early stages stage of the project for each individual application if permission to proceed is given.
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?**	**How many people is the proposal likely to affect?** - Approximately 450 Social work staff who use the system - Potentially 1000-3000 Service users on an annual basis (caseload dependant). - The care provider consortium (currently Under tender) and other care providers ACHSCP commission care to. **Have any obvious negative impacts been identified?**

6

• **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?**	No for initiating the projects - however for each project will need to be considered. Portal - if this is to be used by Citizens/Family/ Carers. Will there be a negative impact for those within Digital Poverty or no access to devices but this will be taken into consideration in the design stage. Practitioners App - considerations for those who with communication issues as well and mitigations against right to privacy. **How significant are these impacts?** The change will be for the better and the aim is to improve services alongside communication and commissioning of care with vendors. The ways of working are thought the moment to be digitally changing not an overhaul and complete redesign of working business processes. It is therefore thought at this stage the change is medium on the scale of change. **Do they relate to an area where there are known inequalities?** No – however given that some other users could be vulnerable and or have special needs. Accessibility of the digital systems will be considered and addressed in the design. **What is the problem being addressed and will the restriction lead to a reduction in the problem?** The problems being address are as follows **Home Care Commissioning Portal** This has been identified as a priority by ACHSCP staff to address, amongst other things: • failure demand. • decrease the time to issue a care offer; • create additional staff capacity; and • ultimately increase value for money on the contracted services, particularly in a context of budget contractions. **Social Work Practitioner Application*** A Social Work Practitioner Application to automate the capture of data and the subsequent preparation of draft documentation and reports for review of the Adult Social Worker. By doing so, Adult Social Workers would, amongst other things: • increase attention during the interaction to enhance the staff and service user experience; • spend less time on manual documentation; and • have greater capacity to invest greater time in other higher value activities such as early intervention and prevention.

7

	Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?
	Not Applicable
	Are there existing safeguards that mitigate the restriction?
	Not Applicable
Decision of Reviewer	
Name of Reviewer	
Date	

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

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

Yes, part of the work involved will be done by partner digital suppliers. These services will have responsibility to address these duties in accordance with ACHSCP policy in their contracts. Support and guidance will also be provided to service users and supplier by ACC finance and social work staff.

8

ACHSCP Impact Assessment – The Integrated 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	

9

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

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Other 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)

<u>Procured, Tendered or Commissioned Services</u>

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?

ACHSCP Impact Assessment – The 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?	

12

Having considered all of the groups, duties, and rights in 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			
Other 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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INTEGRATION JOINT BOARD

Date of Meeting	24th September 2024
Report Title	Strategic Risk Register
Report Number	HSCP24.058
Lead Officer	Fiona Mitchelhill, Chief Officer
Report Author Details	Name: Martin Allan Job Title: Business, Resilience and Communications Lead Email Address: martin.allan3@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	*a.* Strategic Risk Register
Terms of Reference	The Strategic Risk Register provides the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals, therefore it covers all of the IJB's terms of reference.

1. Purpose of the Report

1.1. To present to the Integrated Joint Board (IJB) an updated version of the Strategic Risk Register (SRR).

2. Recommendations

2.1. It is recommended that the IJB:
Approve the revised Strategic Risk Register as detailed in the Appendix to the report.

1

3. Strategic Plan Context

3.1.   Ensuring a robust and effective risk management process will help the
Aberdeen City Health and Social Care Partnership (ACHSCP) achieve the
strategic priorities as outlined it its strategic plan, as it will monitor, control
and mitigate the potential risks to achieving these. The Strategic Risks have
been aligned to the Strategic Plan 2022-2025.

4. Summary of Key Information

4.1. The fundamental purpose of the Strategic Risk Register is to provide the IJB
with assurance that it is able to deliver the organisation's strategic objectives
and goals. This involves setting out those issues or risks which may threaten
delivery of objectives and assure the IJB that they are being managed
effectively and that opportunity to achieve goals can be taken: it is the lens
through which the IJB examines the assurances it requires to discharge its
duties. The IJB uses this document to monitor its progress, demonstrate its
attention to key accountability issues, ensure that it debates the right issue,
and that it takes remedial actions to reduce risk to integration. Importantly, it
identifies the assurances and assurance routes against each risk and the
associated mitigating actions.

4.2. The Senior Leadership Team reviews the SRR in light of their experiences
and insight into key issues, including commissioning risk, and recommends
the updated version to the Risk, Audit and Performance Committee (RAPC)
for formal review (twice a year) and an annual review by the IJB.

4.3. Since the SRR was last submitted to the RAPC in April, 2024, the document
has been updated and considered by the Partnership's Senior Leadership
Team (SLT). The updates are undertaken by the Business, Resilience and
Communications Lead meeting with the risk owners to look at any movement
or changes to the risk, its controls, mitigating actions, and assurances.

4.4. The main changes to the SRR during this process have been: Details on
controls, mitigating actions, assurances and gaps in assurance added to the
social care commissioning risk (Risk 1). In relation to Risk 2 around financial
failure, the Partnership's Senior Leadership Team (SLT) have been working

over recent months to identify savings to address the previously indicated £20 million budget gap. The results of this work has identified £17million of savings to be progressed in-year, which has reduced the potential overspend. SLT had increased the risk from High to Very High to reflect the financial position in May/June 2024, however due to the planned mitigations this has helped to control the risk and therefore it has been reduced back to High risk. In relation to Risk 4, to include the addition of the Governance Dashboard in gaps in assurance and the movement of locality planning details to Risk 6. Work has been undertaken to add the closer working relationship with Aberdeen City Health Determinants Research Collaborative (HDRC) to Risk 5. In relation to Risk 6, details on the recruitment of Service representatives to the IJB have been added.

4.5. SLT have also drafted a new strategic risk (Risk 8). This is in relation to-a risk that buildings across the City, operated by, or overseen by, the IJB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements.

4.6. RAPC at its meeting in December, 2024 will also consider the IJB's Risk Appetite Statement (after the mid point of the financial year), as agreed by the IJB at its workshop in January 2024.

4.7. It is proposed that the IJB session on the 29th of October, 2024 be used to allow IJB members to review the Risk Appetite Statement ahead of finalising a version for the RAPC to consider at its meeting in December.

4.8. The revised SRR is attached as the Appendix to this report.

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 will be taken into account when implementing certain mitigations.

5.2. Financial

While there are no direct implications arising as a result of this report financial implications will be taken into account when implementing certain mitigations.

5.3. Workforce

There are no workforce implications arising directly as a result of this report.

5.4. Legal

There are no legal implications arising directly as a result of this report.

5.5. Unpaid Carers

There are no unpaid carers implications arising directly from this report.

5.6. Information Governance

There are no information governance implications arising directly from this report.

5.7. Environmental Impacts

There are no environmental impacts arising directly from this report.

5.8. Sustainability

There are no sustainability impacts arising directly from this report.

5.9. Other

There are no other direct implications arising directly as a result of this report.

4

6. Management of Risk

6.1.   Identified risks(s)

Please see attached Strategic Risk Register

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

All risks as captured on the strategic risk register.

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Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4.	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10	March 2020 (RAPC)
11	July 2020 (IJB)
12	October 2020 (IJB Workshop)
13	November 2020 (IJB)
14	January 2021 (RAPC)
15	May 2021 (IJB)
16	June 2021 (RAPC)
17	September 2021 (RAPC)
18	November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec)
19	February 2022 (RAPC)
20	August 2022 (ahead of IJB Workshop)
21	Review reflecting workshop-IJB Oct 22
22	November 2022 (RAPC)
23	January 2023 (SLT)
24	May 2023 (RAPC and IJB)
25	September 2023 (ahead of deep dive in October 2023)
26	November 2023 for RAPC
27	December 2023 for annual IJB Workshop (held in January 2024)

28	February 2024 for RAPC
29	April 2024 for Monthly meeting of SLT
30	July 2024-Updates from Risk Owners
31	August 2024 for SLT
32	September 2024 for IJB

Introduction & Background

This document is made publicly available on our website, in order to help stakeholders (including members of the public) understand the challenges currently facing health and social care in Aberdeen.

This is the strategic risk register for the Aberdeen City Integration Joint Board, which lays the foundation for the development of work to prevent, mitigate, respond to and recover from the recorded risks against the delivery of its strategic plan.

Just because a risk is included in the Strategic Risk Register does not mean that it will happen, or that the impact would necessarily be as serious as the description provided.

More information can be found in the Board Assurance and Escalation Framework and the Risk Appetite Statement.

Appendices

- Risk Tolerances
- Risk Assessment Tables

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Colour – Key

Risk Rating	Low	Medium	High	Very High
Risk Movement		Decrease	No Change	Increase

Level of Risk	Risk Tolerance
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The IJB's will seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public

Risk Summary:

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 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 peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting	**High**
2	Cause: IJB financial failure and projection of overspend Event: Demand outstrips available budget Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.	**High**
3	Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City. Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure. Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.	**High**
4	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.	**High**
5	Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. Event: Failure to deliver transformation and sustainable systems change. Consequence: people not receiving the best health and social care outcomes	**High**
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	**Medium**
7	Cause- The ongoing recruitment and retention of staff. Event: Insufficient staff to provide patients/clients with services required. Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.	**High**
8	**Description of Risk:** there is a risk that buildings across the city, operated by, or overseen by, the IJB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements.	**High**

Cause: Lack of funding to maintain buildings, not having adequate staff resource to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider asset planning.

Event: IJB is unable to deliver on all of its strategic objectives

Consequence: services not tailored to users' needs and reputational damage to organisation

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-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

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Strategic Aims: Caring Together
Strategic Enablers: Relationships and Infrastructure

Leadership Team Owner: Lead Commissioner and Primary Care Lead

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Risk Rating: low/medium/high/very high

HIGH

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					

Risk Movement: increase/decrease/no change

NO CHANGE 12.09.24

Rationale for Risk Rating:

Primary Care
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has led to practices prioritising the core GMS contract over any non-essential work eg Care Home SLA's.
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has increased the risk and frequency of handing back their contracts or closing their lists.
- Increase in unexpected/unplanned and planned demand is a risk to patients and the ACHSCP
- Increased risk of reduction in General Dental Practitioners capacity as a result of patient deregistration activity seen in some regions
- Delayed implementation of Primary Care Improvement Plan (PCIP) due to staff redeployment due to Covid and lack of available workforce for recruitment.

Social Care
- Recruitment and retention challenges in residential and non-residential businesses.
- Uncertainly regarding the National Care Home Contract percentage uplift for 24/25
- Commercial viability of providers given additional pressures on finances and cost of living

Rationale for Risk Appetite:
As 3rd and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.
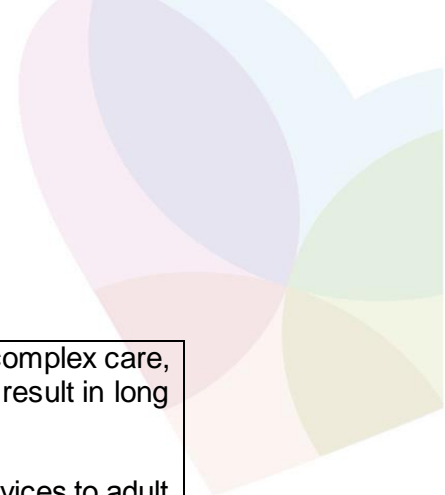

Controls:

General
- Grampian Data Gathering Group
- Quarterly Budget Monitoring Reports
- Social Care contract monitoring processes

Mitigating Actions:
Social Care
- All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.
- Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops and other meetings.
- Agreed strategic commissioning approach for ACHSCP.

Social Care

- Register of all social care contracts
- Dedicated and aligned Social Care Contract monitoring officers who provide a consistent approach to monitoring and managing all social care contracts
- Conscious cultural shift to change relationships, with all strategic commissioning activity proceeding in a collaborative manner.
- Examples of collaborative commissioning models used as exemplar models within the City. Care at Home, Mental Health / Learning disability accommodation review.
- Strategic Commissioning Programme Board (includes representatives from third and independent sectors)
- Residential and Non-Residential Oversight Groups-meet depend on the needs of the sector
- Providers Huddle (meets weekly)
- Stood up Care at Home Strategic Group (meets monthly)
- Winter Planning and coordination workshop held annually
- Care at Home clients have a personal RAG status identifying vulnerability and this will be linked to the Persons at Risk Database
- Care at home clients are being reviewed in regard to how their outcomes are supported using a tech first approach
- North East Commissioning Academy (City, Moray and Shire) to support sector
- Technology First approach is being used to support people achieve the best outcome.

Primary Care

- Local Medical Council
- GP Sub Group
- Clinical Director and Clinical Leads
- Primary Care Contracts Team
- City Primary Care Team
- GP Contract Oversight Group
- ACHSCP PCIP Project Group
- Grampian Sustainability Group
- Senior Leadership Team
- Grampian Vision Work and Sub Groups
- Quarterly Budget Monitoring Reports
- A Patient Stakeholder Group has been established around the Primary Care Visioning Exercise.
- Cluster Quality Leads
- Primary Care Leads Group (Scotland Wide)

- Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity.
- Continue to liaise with the care home sector through the collaborative approach detailed in the controls to explore agreement at a local level until a national agreement is in place with Scotland Excel
- Winter Planning and coordination workshop will be held in Winter 2024
- Interim provision in alternative housing including care homes, Very sheltered and Sheltered housing will be further developed during 2024-25
- All people using care at home Self Directed Support Options 1, 2 & 3 will be reviewed through a Technology first Lens.

Primary Care

- Contract Review Meetings with all Practices in Aberdeen City
- Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads to ensure that the vision work demonstrates Grampian Primary Care requirements and risks.
- Collaborative approach with MEARS as the provider for the needs of asylum seekers in conjunction with City Practice Service Level Agreements, replacing the Health Assessment Team. Links with Aberdeen City Council's Settlement Team.
- Weekly RAG status on general practices to understand pressures.
- Working closely with those practices identified as highest risk in relation to premises (lease assignations and building limitations report)
- Working with Marywell and Homewards Project Group to identify opportunities for improvements for this vulnerable service group
- Working with all Practices to implement refreshed business continuity planning

Assurances:
Social Care

- Progress against our strategic commissioning workplan monitored by Social Care Contracts Team
- Market facilitation opportunities and wide distribution of our market position statements
- Oversight of both residential and non-residential social care services via a variety of routes and methods

Gaps in assurance:
Social Care

- Difference between National Care Home Contract rate (last reviewed in 2013) and providing a 24 hour residential service
- Inability to benchmark accurately due to variation of contract management and monitoring between ACC, NHSG and ACHSCP

7

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Inspection reports from the Care Inspectorate and good working relationships forged and maintained
Frequent operational and strategic meetings with Care at Home and Care Homes to help build relationships and better communication.
We are currently undertaking service mapping through the Market Position Statement which will help to identify any potential gaps in market provision
Working collaboratively with sector to shape commissioning and procurement processes.

Primary Care

Monitoring of Primary Care Improvement Plan
Renewed Primary Care Premises Plan
Daily report monitoring
Good relationships with GP practices, ensuring communication through agreed governance routes
Links to Dental Practice Advisor who works with independent dentists
Director of Dentistry co-ordinating Grampian contingency planning to
• horizon scan for regional deregistration activity
• proactively work with practices that wish to deregister patients
• plan suitable contingency arrangements in the event patients are deregister
Part of the Eye Health Network and Clinical Leads for Optometry in Shire & Moray and the overall Grampian Clinical Lead
Roles of Clinical Director and Clinical Leads, including fortnightly Grampian wide Clinical Lead Meetings, including meetings with Office Bearers from LMC and GP Sub Committee
Peer Support
• Public Dental Services staffing capacity to flexibly increase service provision in short term

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• Lack of placements across the City and wider North East region for people who need complex care, specialist organic brain disease support and under 65 year old provision. Delays in placement result in long waits in acute.

• Not enough placements for people transitioning from young people's and children's services to adult services

• Insufficient placements for people transitioning from Learning Disabilities into Older People's Services

Primary Care

Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst.
Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership and lack of demand information
Primary Care Premises Plan still in development

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Current performance:
Social Care

We now have established a care at home strategic providers group, with agreed terms of reference. Their strategic ambition is to ensure the safe and effective delivery of care at home across Aberdeen.
We are in the process of drafting a Market Position Statement which details all Accommodation needs across Aberdeen City, this will come to IJB in May 2024.
A financial risk rating of each residential care home/setting is part of an on-going process, to give intelligence on the commercial viability and financial risks within these businesses.
We are co-designing services with staff, managers and people with lived experience to ensure the services are fit for the future. This is being carried out in line with Ethical Commissioning Principles and Getting it Right for Everyone (GIRFE principles).
Workshops with providers and other stakeholders to be held on the Market Position Statement and look at the identified gaps in the market.
Workshops planned on Learning Disabilities and mental health/substance use providers to co-design provision for the future
Working with providers to develop a number of measures to support alignment of service and therefore reduce associated costs; Training Academy and Alliancing Models for example.

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Comments:
Social Care
Cost of living continues to impact on the provision of the service and the staff ability to get to work due to fuel prices.

Currently working with the market to find the best option which will be reduced and will affect the unmet need/ delayed discharges and delayed transfer of care figures.

Primary Care
Lack of space for MDT working.
Sustainability report has a limited predictability due to the ever changing nature of primary care.

GP practices are expressing an increasing challenge in meeting the needs of practice populations and therefore many are prioritising the delivery of the core GMS contract. The impact of this means that any additional non-core/statutory work is being reviewed by practices and in some instances, stopped. This varies across the City and the Partnership continues to work with Practices to find collaborative and financially sustainable solutions for both parties.

This main amendments made to this risk since the last time the Committee considered it are:
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• Review of services which due to their environment are no longer viable and looking at alternative models and accommodation **Primary Care** • Demand still manages to outstrip capacity • Primary Care still supplementing higher levels of acuity, especially for those on waiting lists for acute appointments	1. Details on controls, mitigating actions, assurances and gaps in assurance added to both the social care and primary care commissioning risks.

-2-

Description of Risk: Cause-IJB financial failure and projection of overspend

Event-Demand outstrips available budget

Consequence-IJB can't deliver on its strategic plan priorities, or deliver quality care, or statutory work, and projects.

Strategic Aims: All	**Leadership Team Owner:** Chief Finance Officer
Strategic Enablers: Finance	

Risk Rating: low/medium/high/very high

HIGH

IMPACT

	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely				✔	
Possible					
Unlikely					
Rare					
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme

Risk Movement: increase/decrease/no change:
DECREASE 12.09.2024

Rationale for Risk Rating:

Impact:

- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services (major impact).
- If the levels of funding identified in the Medium Term Financial Framework are not made available to the IJB in future years or fails to adequately meet demand on current levels of service standards, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget. The MTFF was last reported to the IJB in March 2024.
- The ACHSCP Leadership Team (including our senior and operational managers) have worked extremely hard over recent months to identify savings to address the previously indicated £20 million budget gap. The results of this work has identified £17million of savings to be progressed in-year, which has reduced the potential overspend.

Likelihood

- In order to ensure progress against the savings programme, SLT leads and the CFO are meeting regularly. The quarter 1 monitoring report confirmed that the savings are having the intended impact at time of publication. Coupled with ongoing work to identify further savings, this has reduced the likelihood of this risk being realised.
- However, the likelihood of projection of overspend will continue to be high due to projected increasing demand against flat cash settlements and whether the level of funding delegated from the Council and NHS is sufficient to sustain future service delivery.
- There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.
- There is increasing likelihood that following review, in year central government funding will not be forthcoming as central government seeks to reduce or stop previously funded activity to address financial challenges.

Rationale for Risk Appetite:
The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels. However, the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).

Controls:

- Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Senior Leadership Team
- Risk, Audit & Performance receives regular updates on transformation programme & spend.
- Approved reserves strategy, including risk fund
- Robust financial monitoring and budget setting procedures including regular budget monitoring & budget meeting with budget holders.
- Budgets delegated to cost centre level and being managed by budget holders.
- Medium-Term Financial Strategy (MTFF).
- Medium Term Financial Strategy review, included a members workshop ahead of the budget meeting (5th March, 2024)
- IJB approved the MTFF at its meeting in March 2024
- SLT have a revised vacancy management process that has been operating since end of November, 2023, which prioritises vacancy approval to help support a balanced budget position in 2023/24, and this is continuing in 2024.
- Budget Protocol (pending approval at IJB in September 2024)
- Review of Year 3 of the ACHSCP Delivery Plan to new projects that will help generate additional savings and to deprioritise some activity.

Mitigating Actions:

- The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.
- The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements in respect of NHSG services and quarterly in respect of Council services.
- Ongoing engagement with SLT and OLT to develop and implement budget savings options.
- Increased capacity and Adopting programme and change management approach for additional scrutiny and to support budget setting process.
- Development and delivery of a recovery programme for financial year 2024/25 due to the recurring overspend in 2023/24. We are identifying by means of fortnightly meetings, potential savings to reduce the likelihood / extent of an overspend occurring in 2024/25.
- Review of budget setting process for 25/26 to develop a Budget Protocol and Critical Pathway for the Integration Joint Board, aligning with Aberdeen City Council's budget setting process, which will be presented to the IJB in September 2024.
- Implementation of recommendations from the internal audit report in respect of budget monitoring received July 2024.
- Draft MTFF, highlighting pressures and savings required for 2025/26 will be presented to the IJB in September 2024.
- Progress is now underway to identify further savings to address the budget gap for 25/26 predicted in the MTFF and any shortfall in savings in 24/25. To be agreed by IJB in March 2025 alongside the MTFF.

Assurances:

- IJB and the Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer.
- Board Assurance and Escalation Framework.
- Quarterly budget monitoring reports.
- Regular budget monitoring meetings between finance and budget holders.
- Monthly financial monitoring to SLT
- Internal Audit on IJB Budget Setting and Monitoring

Gaps in assurance:

- The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated.
- There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide cashable savings
- Further gaps may be identified through the ongoing internal audit.
- Uncertainty of level of funding for Agenda for Change review of Band 5 nursing jobs

Current performance:

- The quarterly monitoring report for Quarter 1 , demonstrates progress made since the last strategic risk register report was last reviewed by the SLT.
- Cost of Agenda for Change review of Band 5 nursing jobs requires to be calculated. Risk that if this is not fully funded then will impact on IJB's budget.

Comments:

- The financial position in future years will be challenging. Discussions are continuing with ACC and NHSG regarding level of funding for future years, keeping in mind that both organisations face the same budgetary pressures felt across the wider public sector. The budget protocol (if approved) will ensure robust communication and engagement with these key stakeholders.
- The current financial pressures have the potential to impact on our ability to deliver on our strategic plan priorities and projects and the level of transformation and service change originally agreed. A consequence of this would be reduced patient flow and poorer outcomes for people if the best destination for their care is not available.
- The new Chief Finance Officer is now in post.
-

- 3 -

Description of Risk: Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City.

Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.

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

Strategic Aims: All **Strategic Enablers**: Relationships	**Leadership Team Owner:** Chief Officer

Risk Rating: low/medium/high/very high

HIGH

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely				✔	
Possible					
Unlikely					
Rare					

Risk Movement: (increase/decrease/no change):
NO CHANGE 12.09.2024

Rationale for Risk Rating:
- Considered high risk due to the projected overspend in hosted services
- Hosted services are a risk of the set-up of Integration Joint Boards.

Rationale for Risk Appetite:
- The IJB has some tolerance of risk in relation to testing change.

Controls:
- Integration scheme agreement on cross-reporting
- North East Partnership Steering Group
- Aberdeen City Strategic Planning Group (ACSPG)
- North East System Wide Transformation Group
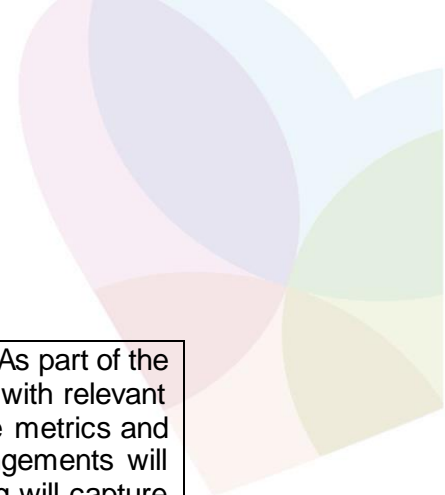- IJB Hosted Services Internal Audit

Mitigating Actions:
- Aberdeen City HSCP will review the rationale for services it hosts to ensure hosting remains the most relevant and appropriate approach-December 2024
- Aberdeen City HSCP has gained approval from the three Grampian HSCP Chief Officers that there is an appetite for a pan Grampian review of overall hosting arrangements and rationale and will liaise with regional partners to develop a scope and timeline for this, including presentation of proposals to each IJB-December 2024
- Aberdeen City HSCP are working with Aberdeenshire and Moray HSCPs to ensure the services it hosts on their behalf align with their Strategic Plans and, at the same time, seek to understand the current strategy for each of the services hosted by them on behalf of Aberdeen City IJB to confirm alignment to the Aberdeen City Strategic Plan.-December 2024
- Aberdeen City HSCP are working with Aberdeenshire and Moray HSCPs to develop and agree proportionate, risk based governance arrangements.-December 2024
- Aberdeen City HSCP will work with Aberdeenshire and Moray HSCPs to implement the agreed governance arrangements-September 2025
- Aberdeen City HSCP should seek additional assurance over budgeting and expenditure on hosted services (both hosting and hosted on its behalf), and report on this periodically to the IJB.-September 2024

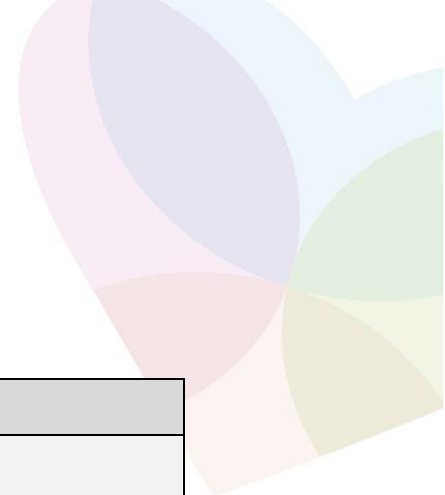|	
	• This action is linked to the one above in relation to overall governance arrangements: As part of the development of the governance arrangements, Aberdeen City HSCP, in conjunction with relevant colleagues in Aberdeenshire and Moray HSCPs, will develop relevant performance metrics and agree reporting routes and frequency. It is envisaged that the governance arrangements will include routes for agreement of transformation activity and any performance reporting will capture the progress on delivery and impact of this-March 2025 • Once agreed, Aberdeen City HSCP, in conjunction with relevant colleagues in Aberdeenshire and Moray HSCPs, will implement the governance arrangements-September 2025
Assurances: • These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB. • North East System Wide Transformation Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services. • Both the CEO group and the Chairs & Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. • The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.	**Gaps in assurance:** • Ongoing implementation of internal audit recommendations.
Current performance: • Officers are currently implementing the recommendations from the Audit on Hosted Services.	**Comments:** Review of budget has highlighted that this work is crucial to maintain transparent accountability of service delivery and use of resources. The Lead for Strategy and Transformation will raise this with Grampian Planner colleagues to align to 2024/25 budget setting. The recommendations in the Audit will be implemented as per the agreed timescales, successful delivery will be reliant on collaboration with Aberdeenshire and Moray Health and Social Care Partnerships No major updates as of June 2024.

- 4 -

Description of Risk:

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.

Strategic Aims: All Strategic Enablers: Technology	Leadership Team Owner: Strategy and Transformation Lead

Risk Rating: low/medium/high/very high

HIGH

Rationale for Risk Rating: Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership. Given current situation with increased demand and staffing pressures there might be times that the likelihood of services not meeting standards is possible.

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely				✔	
Possible					
Unlikely					
Rare					

Rationale for Risk Appetite:
The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.

Risk Movement: (increase/decrease/no change)
NO CHANGE 12.09.2024

Controls:
- Clinical and Care Governance Committee and Group
- Risk, Audit and Performance Committee
- Data and Evaluation Group
- Performance Framework
- Linkage with ACC and NHSG performance reporting
- Annual Performance Report
- Chief Social Work Officer's Report
- Ministerial Steering Group (MSG) Scrutiny
- External and Internal Audit Reports
- Links to outcomes of Inspections, Complaints etc.
- Contract Management Framework
- Weekly Senior Leadership Team Meetings

Mitigating Actions:
- Continual review of key performance indicators
- Review of and where and how often performance information is reported and how learning is fed back into processes and procedures.
- On-going work developing a culture of performance management and evaluation throughout the partnership
- Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development
- Recruitment of additional resource to drive performance management process development
- Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams
- Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards.

• Daily Operational Leadership Team Huddles • Urgent and Unscheduled Care Programme Board	• Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support. • Four focus areas of the system wide critical response to ongoing system pressures • All recommendations from the Internal Audit report on Performance Management have been implemented.
Assurances: • Joint meeting of IJB Chief Officer with two Partner Body Chief Executives. • Performance Dashboard reported quarterly to Risk, Audit & Performance Committee. • Bespoke report developed for Clinical and Care Governance Committee and considered at every meeting. • Annual report on IJB activity developed and reported to ACC and NHSG • Care Inspectorate Inspection reports considered by services with action plans developed and monitored • Capture of outcomes from contract review meetings. • External reviews of performance. • Benchmarking with other IJBs • Now working more closely with NHSS Local Intelligence System Team (LIST), drawing on their expertise to ensure comprehensive and robust performance reporting (eg locality based data, enhanced population needs assessment)	**Gaps in assurance:** • SLT Governance Dashboard still in development-Aim to have draft reported to SLT by August 2024.
Current performance: • Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees. • Various Steering Groups for strategy implementation established. • Close links with social care commissioning, procurement and contracts team have been established via the Strategic Commissioning and Procurement Board • IJB Dashboard has been shared widely. • SLT workshops held to develop a Partnership dashboard • SLT Governance Dashboard is under development.	**Comments:** **Update includes addition of Governance Dashboard in gaps in assurance.** **Moving of locality planning details to Strategic Risk 6.**

15

Aberdeen City Health & Social Care Partnership
A caring partnership

-5-

Description of Risk:

Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.

Event: Failure to deliver transformation and sustainable systems change.

Consequence: people not receiving the best health and social care outcomes

Strategic Aims: All	**Leadership Team Owner:** Strategy and Transformation Lead
Strategic Enablers: Technology and Infrastructure	

Risk Rating: low/medium/high/very high

HIGH

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Yellow	Orange	Orange	Red	Red
Likely	Yellow	Yellow	Orange	Orange	Red
Possible	Green	Yellow	Yellow	✓ Orange	Orange
Unlikely	Green	Yellow	Yellow	Orange	Orange
Rare	Green	Green	Green	Yellow	Orange

Risk Movement: (*increase/decrease/no change*)

NO CHANGE 12.09.2024

Rationale for Risk Rating:
- Recognition of the known demographic curve & financial challenges, including cost of living, which mean existing capacity may struggle
- This is the overall risk – each of our transformation programme work streams are also risk assessed with some programmes being a higher risk than others.
- Given current situation with increased demand and staffing pressures there might be times when it is likely that transformational projects delivery may be delayed.
- System Wide demand on Information Governance Services for data sharing agreements

Rationale for Risk Appetite:
- The IJB has some appetite for risk relating to testing change and being innovative.
- The IJB has no to minimal appetite for harm happening to people – however this is balanced with a recognition of the risk of harm happening to people in the future if no action or transformation is taken.

Controls:

- Governance Structure and Process (Senior Leadership Team meetings, Operational Team Daily Huddles and IJB and its Committees)
- Quarterly Reporting of Delivery Plan progress to Risk, Audit & Performance Committee
- Annual Performance Report
- External and Internal Audit
- Programme management approach being taken across whole of the Partnership
- All Programme and Project Managers have been trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate.

Mitigating Actions:

- Regular reporting of progress on programmes and projects to Senior Leadership Team
- Increased frequency of governance processes, Senior Leadership Team now meeting weekly
- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan.
- The Lead for Strategy and Transformation is continuing to explore options around gaps in recruitment.
- Close working with Aberdeen City Health Determinants Research Collaborative (HDRC) to evaluate the impact of ACHSCP Strategic Plan.

Assurances:	**Gaps in assurance:**

Aberdeen City Health & Social Care Partnership

A caring partnership

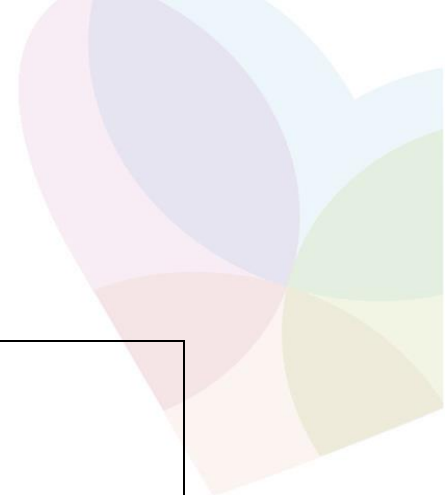|	
• Risk, Audit and Performance Committee Reporting • Robust Programme Management approach supported by an evaluation framework • IJB oversight • Board Assurance and Escalation Framework process • Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned. • The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings • The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.	• Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models. • Changes to funding have meant that temporary recruitment to certain posts remains in place for the start of 2024/25, with further work to be done to identify funding beyond that.
Current performance: • The Strategic/Delivery Plan has been approved and Strategy and Transformation resource has been allocated to deliver on the projects within the Plan.	**Comments:** The current financial pressures have the potential to impact on our ability to deliver on our strategic plan priorities and projects and the level of transformation and service change originally agreed. A consequence of this would be reduced patient flow and poorer outcomes for people if the best destination for their care is not available. Details around the close working with the HDRC have been added in this update.

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Description of Risk

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.

Strategic Aims: All **Strategic Enablers**: Relationships	**Leadership Owner:** Chief Officer

Risk Rating: low/medium/high/very high

MEDIUM

IMPACT

LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely					
Possible			✔		
Unlikely					
Rare					

Risk Movement: (*increase/decrease/no change*)
NO CHANGE 12.09.2024

Rationale for Risk Rating:
- Now that localities governance and working arrangements are established the impact of not maximising the opportunities is moderate but at the moment, in the early stages of the arrangements, the likelihood remains a possibility.
- Cost of living and digital exclusion are potential barriers for community engagement

Rationale for Risk Appetite:
The IJB has some appetite to risk in relation to testing innovation and change. There is zero risk of financial failure or working out with statutory requirements of a public body.

Controls:
- Locality Empowerment Groups (LEGs)
- Senior Leadership Team Meetings and Operational Leadership Huddles
- CPP Community Engagement Group
- Equalities and Human Rights Sub-Group
- A Patient Stakeholder Group has been established around the Primary Care Visioning Exercise
- Reporting of Locality Plans Annual performance Reports to the IJB

Mitigating Actions:
- Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG.
- Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning
- An engagement plan has been developed to ensure that a co-production approach is being used for the Visioning Exercise, and patients from across the Grampian area are involved in the development of the vision and strategic objectives.
- Work is continuing to engage with diverse groups across the City, including engagement with schools.
- Continue to engage with the governance and monitoring on the delivery of the LOIP improvement projects and Locality Plans

Assurances:
- Strategic Planning Group (LEGs have representation on this group)
- IJB/Risk, Audit and Performance Committee

Gaps in assurance
- Membership of the Locality Empowerment Groups has been increasing, and we have encouraged more younger people to join, but we still need to look at attracting representation from other diverse groups.

• CPA Board • CPA Management Group	They are meeting regularly again. We are working with relevant groups to understand the best way to engage and recognise that one approach does not suit all. • 3 service user representatives have been recruited to the IJB and we are actively recruiting the 2nd of the 2 carer representatives by end of September 2024..
Current performance: • LEGs representatives attend the SPG on a regular basis and participate in the meetings. • Locality Plans have been streamlined and revised along-side the revision of the Local Outcome Improvement Plan (LOIP), this now includes a dedicated stretch outcome to Community Empowerment. • Locality Plans have been streamlined and were approved by the CPA Board in April 2024 for approval. • Community Planning Aberdeen (CPA) has refreshed the LOIP and the 3 Locality Plans. All LOIP projects are linked directly to the ACHSCP Strategic Plan.	**Comments:** Updated details on the recruitment of Service representatives to the IJB.

- 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.

Strategic Aims: All	**Leadership Team Owner:** People & Organisation Lead
Strategic Enablers: Workforce	

Risk Rating: low/medium/high/very high
HIGH

IMPACT

LIKELIHOOD -	Negligible	Minor	Moderate	Major	Extreme
Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					

Risk Movement: (*increase/decrease/no change*)
NO CHANGE 12.09.2024

Controls:
• Clinical & Care Governance Committee reviews tactical level of risk around staffing numbers
• Clinical & Care Governance Group review the operational level of risk
• Oversight of daily Operational Leadership Team meetings to maximise the use of daily staffing availability
• Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-*replicate wording in risk 1 and include pc risk*
• Establishment of daily staffing situational reports (considered by the Leadership Team)

Rationale for Risk Rating:

• The current staffing complement profile changes on an incremental basis over time.
• However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50).
• Totally exhausted work force with higher turnover of staff (particularly over 50)
• Current very high vacancy levels increased by very tight Aberdeen and NHSG processes in recruitment across ACHSCP services.
• Economic upturn in North East, which means there is direct competition with non-clinical posts and negatively impacting on the calibre of candidates for a number of posts, there are national Scottish shortages in all of the professions within the Partnership and we are competing with the Central Belt for people's choice for employment.
• Post Covid 19 landscape, where many staff have reflected on their personal situation, which has led to increased numbers of early retirement applications, requests for reduced hours and staff leaving the service
• It is likely to be a very challenging winter in 2024/25.

Rationale for Risk Appetite:

• Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention.

- NHSG and ACC workforce policies and planning groups
- Daily Grampian System Connect Meetings and governance structure
- Daily sitreps from all services (includes staffing absences)
- ACHSCP Workforce Plan Oversight Group has met twice. There are 3 workstream groups established under the Plan.
- The Partnership's Workforce Plan Annual Report was submitted to the Risk, Audit and Performance Committee on 28th November, 2023. The report received positive feedback from the Members of the Committee.

Assurances:

ACHSCP Workforce Plan and Oversight Group

Agreed governance arrangements

Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT.

Staff side and union representation on daily Operational Leadership Team meetings

SLT Delivery Plan

Working collaboratively with NHSG to participate in their Year of The Manager Programme (helping develop our current, middle and future senior managers).

Mitigating Actions:

- Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received, over 400 staff attended these type of initiatives, so far in 2024.
- All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT (given vacancy challenges outlined above in risk rationale)
- establishment of ACHSCP recruitment programme, with significantly increased Social Media presence
- promotion and support of the 'We Care' and 'Grow of own' approaches
- embrace the use of new/improved digital technologies to develop and support the ACHSCP infrastructure & develop a road map with a focus on enablement for staff. Working with Microsoft to increase online appointment bookings and significantly reduce pressure on staff, as well as looking at resolving current IT issues regarding different systems.
- flexible/hybrid working options to become 'normal' working practice that benefit staff time & supports their wellbeing as well as helps staff retention
- Increased emphasis on communication with staff
- increased collaboration across the Senior Leadership Team (SLT) and integration between professional disciplines, third sector, independent sector and communities through Localities to help diversity of the workforce
- Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Senior Leadership Team and daily Operational Leadership Team meetings, identifying trends. Eg April to June 2024 sickness stats for NHSG Partnership employees was 6.1% (compared to 4.81% at the end of March 2024) and stats for ACC Partnership employees have shown a reduction in the same period. Propose to target areas of highest sickness absence and ensure adherence to maximising attendance policies, starting in Autumn, 2024.
- Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines
- Staff Wellbeing budget in 2024/25 of £25,000
- Well established "Comms Trustees Group" which helps to positively promote the work of ACHSCP and its staff, including the promotion of targeted vacancies. The Group now has a rota of social media promotion and is able to review in real time, activity generated by social media posts.
- Partnership Jobs Fair-Date to be fixed for 2024
- Holding regular job showcase sessions with clients seeking work in Aberdeen City.
- Ongoing support from the Partnership to continue the mentoring of Career Ready students in 2025.
- Foundation Apprentice scheme continuing in 2024/25 after positive feedback.
- Currently working with 3 City and 1 Aberdeenshire Academies around a variety of different subjects to match school curriculum with future workforce opportunities.
- Partnership Staff Conference will be held in February 2025.
- Workforce Workstream Workshop held on 25th of April, 2024. Workshop reviewed progress on the Workforce Plan and looked at integrating different workforce activity eg immunisation and CTAC staff

moving between services during quieter periods. A second Workshop is planned to be held in 2024 (date to be confirmed).

- Regular attendance at various recruitment events, including working collaboratively with ABZ Works to showcase health careers to clients (in Aberdeen Health Village).

Current performance:	**Gaps in assurance**
- Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures - Promotion of the benefits of breaks, including the new NHSG campaign "You're at best with rest" - ACHSCP strongly supported the Grampian Wellbeing Festival (including SLT attendance and promotion of activities). - The reduction in the working week (NHS) means in real terms that the capacity of nursing staff across the Partnership will be reduced by 40 wte	- Development of governance dashboard is ongoing, including updates on Workforce Plan data. Staff have been trained in early May, 2024. SLT considered the draft dashboard in July 2024, with additional amendments to be made. - Reduced capacity for the small number of staff leading workforce plan implementation (so that they can focus on other Partnership priorities) - The reduction in the working week will put more pressure on the nursing services' capacity
	Comments: - Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course. - Workforce is an enduring risk across Scotland. - Ongoing scrutiny of budget position many well have a detrimental affect on staff wellbeing

-8-
Description of Risk: there is a risk that buildings across the city, operated by, or overseen by, the IJB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements. Cause: Lack of funding to maintain buildings, not having adequate staff resource to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider asset planning. Event: IJB is unable to deliver on all of its strategic objectives Consequence: services not tailored to users' needs and reputational damage to organisation

Strategic Aims: All **Strategic Enablers:** relationships	**Leadership Team Owner: Lead for Strategy and Transformation**
Risk Rating: low/medium/high/very high **HIGH**	**Rationale for Risk Rating:**

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LIKELIHOOD					
Almost Certain					
Likely			✓		
Possible					
Unlikely					
Rare					
IMPACT	Negligible	Minor	Moderate	Major	Extreme

Risk Movement: (*increase/decrease/no change*)
NEW RISK 12.09.2024

- The risk is high as the impact is moderate to service users' experience as well as to the organisation's reputation.
- The landscape is complex as the IJB does not own any premises. Services are delivered from a variety of premises owned either by NHS Grampian or Aberdeen City Council, providers or private landlords.
- Given the backlog of maintenance request and the fabric of some of the buildings not being fit for purpose (Forensic services are required by statute, clinical services require adequate ventilation, older buildings are less energy efficient etc) there is a likelihood that this risk will happen. NHSG allocated funding in 2024/25 to undertake a programme of works to support reduction of high risks noting this will likely be a rolling programme requiring further investment

Rationale for Risk Appetite:
- It will accept no or low risk in relation to breaches of regulatory and statutory compliance
- it will accept low risks of harm to patients/clients or to staff. By low risks, the IJB means it will only accept low risk to patients/clients or staff when the comparative risk of doing nothing is higher than the risk of intervention
- It 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.

Controls:

- NHSG's Asset Management Group (AGM)
- Aberdeen City Council's Local Development Plan
- ACHSCP's Strategic Plan
- IJB and Committees
- Complex Care Market Position Statement
- ACHSCP's Primary Care Premises Plan
- ACHSCP Premises Group
- ACHSCP Primary Care Team
- ACHSCP Business Support Team
- Senior Leadership Team (SLT)
- Forensic Service Infrastructure Improvement Board and Project Team

Mitigating Actions:

- ACHSCP Premises Review concluded August 2024 (work will be ongoing over next 2-3 years-with specific mitigating actions being added when dates are known)
- Development of the IJB's Infrastructure Plan by December 2025. The plan will identify and forecast the areas of pressure and demand across the City and how ACHSCP intend to deliver services to respond to that demand.
- Development of a Market Position Statement for Independent Living and Specialist Housing Provision by November 2024.
- Scottish Government Whole System Infrastructure approach being adopted by Health Boards (by Jan 2025 NHSG require to have a maintenance schedule in place for all buildings and by Jan 2026 they require to have a 30 year plan in place for all of their Infrastructure).
- A review of Rosewell House is under way with findings anticipated by December 2024.
- A review of Aberdeen Health Village will start in early 2025
- Premises Review Update paper to be submitted to IJB in February 2025

Assurances:
- NHSG, ACC, IJB's and SLT's oversight of assets
- Programme/Project Management support
- Health and Safety Executive

Gaps in assurance:
- IJB/ACHSCP's ability to influence the location and type of assets in the City
- The IJB does not currently have an Infrastructure Plan to set out which assets it believes are required to help enable the delivery of its Strategic Plan.
- There is currently no Market Position Statement in place for Independent Living and Specialist Housing Provision Market Position Statement.
-

Current performance:
-

Comments:

Appendix 1 – Risk Tolerance

Level of Risk	Risk Tolerance
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The IJB's will seek assurance that risks of this level are being effectively managed. However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public

Appendix 2 – Risk Assessment Matrices (from Board Assurance & Escalation Framework)

Table 1 - Impact/Consequence Defintions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
Objectives/ Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significnt project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
Injury (physical and psychological) to patient/ visitor/staff.	Adverse event leading to s minor injury not requiring firt aid	Minor injury or illness, firt aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significnt injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justifie written complaint peripheral to clinical care.	Below excess claim. Justifie complaint involving lack of appropriate care.	Claim above excess level. Multiple justifie complaints	Multiple claims or single major claim. Complex justifie complaint.
Service/ Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significnt "knock on" effect.
Staffin and Competence	Short term low staffin level temporarily reduces service quality (< 1 day). Short term low staffin level (>1 day), where there is no disruption to patient care.	Ongoing low staffin level reduces service quality. **Minor error** due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. **Moderate error** due to ineffective training/ implementation of training. Ongoing problems with staffin levels	Uncertain delivery of key objective /service due to lack of staff. **Major error** due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. **Critical error** due to ineffective training / implementation of training.
Financial (including damage/loss/ fraud)	Negligible organisational/ personal finnci al loss (£<1k).	Minor organisational/ personal finnci al loss (£1-10k).	Significnt organi sational / personal finnci al loss (£10-100k).	Major organisational/personal finnci al loss (£100k-1m).	Severe organisational/ personal finnci al loss (£>1m).
Inspection/Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity/ Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes.	Local media – long-term adverse publicity. Significnt effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidnce in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 2 - Likelihood Defintions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	• Can't believe this event would happen • Will only happen in exceptional circumstances.	• Not expected to happen, but definte potential exists • Unlikely to occur.	• May occur occasionally • Has happened before on occasions • Reasonable chance of occurring.	• Strong possibility that this could occur • Likely to occur.	This is expected to occur frequently/in most circumstances more likely to occur than not.

Table 3 - Risk Matrix

Likelihood	Consequences/Impact				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

References: AS/NZS 4360:2004 'Making It Work' (2004)

Table 4 - NHSG Response to Risk

Describes what NHSG considers each level of risk to represent and spells out the extent of response expected for each.

Level of Risk	Response to Risk
Low	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
Medium	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
High	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significnt resources. Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confir that it is not reasonably practicable to do more. The Board may wish to seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept high risks that may result in reputation damage, finnci al loss or exposure, major breakdown in information system or information integrity, significnt incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.
Very High	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The Board will seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, finnci al loss or exposure, major breakdown in information system or information integrity, significnt incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.

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INTEGRATION JOINT BOARD

Date of Meeting	24/09/2024
Report Title	Supplementary Procurement Workplan 2024/25
Report Number	HSCP.24.066.
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.

Appendices	Exempt: Appendix A - Supplementary Work Plan for 2024/25 Appendix C – Procurement Business Case Appendix B – Direction to Aberdeen City Council Non Exempt: Appendix A1 - Supplementary Work Plan for 2024/25
Terms of Reference	6. Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice such as administrative, accounting or legal support, where this requires authority from the IJB in respect of 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

a) Approves the **extension** for four (4) months to the current Adult Carers Support Services contracts and, also approves the recommendation to undertake a **tender,** and subsequent award of a contract or contracts, for Adult & Young Carers Support Services for five (5) years plus two additional one year extensions, 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.

INTEGRATION JOINT BOARD

3. Strategic Plan Context

3.1. This report seeks IJB approval for the social care contracts which have 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, in accordance with the requirements of 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 one (1) item, recommending to extend current arrangements and then going out to tender to provide continuity of care for service users and ensure best value. As noted in the annual work plan (HSCP.24.004 point 4.4), we had planned to submit a supplementary

workplan to the IJB in May 2024 with a business case for the Carers Support Services. This process has taken slightly longer due to the collaborative commissioning approach with all stakeholders including Children's Services colleagues. We are now ready to proceed in terms of strategic direction and following rigorous consultation.

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, an Inequalities Impact Assessment (IIA) is being carried out by the Programme Management Team. Currently, 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 Carers' Strategy and we have allowed an annual 3% notional for each year of the contract to accommodate any national increase including the Real Living Wage (RLW). Notwithstanding the provision for a notional 3% rise in expenditure each year, spend against the contract will not exceed the relevant budget made available by the Integration Joint Board each year, unless agreed by all relevant parties.

The funding for these services is received directly from the Scottish Government to allow the Partnership to meet the statutory requirement under

the Carers (Scotland) Act 2016. Although the business case recommends a contract length of five years plus two optional one-year extensions, the funding from Scottish Government is agreed annually. There will be provision in the contract to amend the value and level of service should the planned funding change.

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

The services are to support unpaid carers and there would be implications for this group if the recommendations are not approved. Without these services there is a risk that unpaid carers would be unable to continue in their caring role which in turn would lead to a greater reliance on statutory social care services.

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. All contracts 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

INTEGRATION JOINT BOARD

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 9th August 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)
CPCC017244 & CPCC017253	H&SCP	Adults & Young People	Business Case C: Extension of the current Adult Carers Support Service contracts for four months to 31 March 2025. This will bring the contracts in line with the contract for the Young Carers Support Service and allow time for a tender to be carried out for Carers Support Services from 1 April 2025 onwards. Undertake a tender with separate lots for Adults and Young Carers Services. The contracts will commence on 1 April 2025 and will operate for five years plus the option for two one year extensions. Under the Carers (Scotland) Act 2016 each local authority must establish and maintain an information and advice service, covering a range of mandatory areas for carers either resident in that local authority area, or caring for someone in that local authority area. This requirement is met by the commissioning of Carers Support Services whose overall aim is to support people who identify themselves as a carer, to ensure that they have access to relevant information and that they feel respected, listened to, valued and involved. In doing all of this, the carer will feel able to plan, maintain and sustain their caring role and to live a life alongside caring.	07/12/2024	31/03/2032	24

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Exempt information as described in paragraph(s) 6, 9 of Schedule 7A of the Local Government (Scotland) Act 1973.

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