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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 12 November 2024

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Council Chamber - Town House on TUESDAY, 19 NOVEMBER 2024 at 10.00 am.**

ALAN THOMSON
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

1.1 Welcome from the Chair

DECLARATIONS OF INTEREST

2.1 Declarations of Interest and Transparency Statements

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

DETERMINATION OF EXEMPT BUSINESS

3.1 Exempt Business

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

STANDING ITEMS

4.1 IJB Membership - HSCP.24.103 (Pages 5 - 10)

4.2 Video Presentation

- 4.3 Minute of Board Meeting of 24 September 2024 and Attendance Record (Pages 11 - 20)
- 4.4 Draft Minute of Risk Audit and Performance Committee of 10 September 2024 (Pages 21 - 24)
- 4.5 Draft Minute of Clinical and Care Governance Committee of 1 October 2024 (Pages 25 - 30)
- 4.6 Business Planner (Pages 31 - 34)
- 4.7 IJB Insights and Topic Specific Seminars Planner (Pages 35 - 36)
- 4.8 Chief Officer's Report - HSCP.24.076 (Pages 37 - 46)

GOVERNANCE

- 5.1 Recruitment and Selection of Chief Finance Officer - HSCP.24.088 (Pages 47 - 58)
- 5.2 Health and Social Care Partnership Meeting Dates 2025/26 - HSCP.24.079 (Pages 59 - 64)

PERFORMANCE AND FINANCE

- 6.1 Getting it Right for Everyone (GIRFE) - HSCP.24.083 (Pages 65 - 146)
- 6.2 Quarter 2 Financial Position - HSCP.24.104 (Pages 147 - 176)
- 6.3 Audited Final Accounts 2023/24 including the External Auditor's Annual Audit Report - HSCP.24.105 (Pages 177 - 280)
- 6.4 Primary Care Improvement Plan Update - HSCP.24.078 (Pages 281 - 302)
- 6.5 Climate Change Project and Reporting - HSCP.24.080 (Pages 303 - 322)
- 6.6 Chief Social Work Officer's Annual Report - HSCP.24.081 (Pages 323 - 366)

STRATEGY

- 7.1 Draft Strategic Plan - HSCP.24.085 (Pages 367 - 450)
- 7.2 Abortion Services (Safe Access Zones) (Scotland) Act 2024 - HSCP.24.086 (Pages 451 - 456)
- 7.3 Market Position Statement 2024-2034 on Independent Living and Specialist Housing Provision - HSCP.24.050 (Pages 457 - 534)
- 7.4 North East Population Alliance Strategic Partnership Agreement - HSCP.24.061 (Pages 535 - 550)
- 7.5 Specialist Mental Health and Learning Disability Services, Discharge Without Delay - HSCP.087 (Pages 551 - 564)

TRANSFORMATION

- 8.1 GMED - HSCP.24.084 (Pages 565 - 576)

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 9.1 None at the time of issuing the agenda

DATE OF NEXT MEETING

- 10.1 Topic Specific Seminar - 14 January 2025
- 10.2 IJB Insights Session - 28 January 2025
- Culture
 - Uptake of Childhood Immunisations
 - Putting People First
 - Criminal Justice
- 10.3 IJB Meetings - 4 February 2025

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	19 November 2024
Report Title	Integration Joint Board Membership
Report Number	HSCP.24.103
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, to seek agreement to appoint a new Member of the Clinical and Care Governance Committee and to reappoint two non-voting members.

2. Recommendations

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

- a) notes the appointment, by Aberdeen City Council, of Councillor Lee Fairfull as voting member of the Integration Joint Board;
- b) appoints Councillor Lee Fairfull to the Clinical and Care Governance Committee; and



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- c) reappoints Maggie Hepburn and Jim Currie as non-voting members of the Integration Joint Board

3. Strategic Plan Context

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

4. Summary of Key Information

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. Councillor Fairfull was previously appointed as a voting member of the IJB from 22 August 2023 but stood down temporarily on 6 February 2024 to go on maternity leave. Councillor Christian Allard was subsequently appointed in her place.
- 4.3. Councillor Fairfull has now returned from maternity leave. Accordingly, Councillor Allard has resigned from the IJB and ACC has reappointed Councillor Lee Fairfull to fill the ACC position on the IJB.

Non Voting Members

- 4.4. As noted in IJB standing order 4.1, non-voting members are appointed for a period of three years. The terms of Third Sector representative Maggie



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Hepburn and Union representative Jim Currie have exceeded this period and the IJB is therefore requested to reappoint these members in accordance with standing order 4.3 “At the end of a term of office set out under Standing Order 4.1 (1) above, a member may be reappointed for a further term of office.” Both have confirmed that they are happy to extend their membership.

Committee Membership

- 4.5. 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.
- 4.6. 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.
- 4.7. Following the appointment and resignation noted at 4.3 above, there is an ACC vacancy on the Clinical and Care Governance Committee. To fill this vacancy, it is recommended that the IJB appoints Councillor Fairfull 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.



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5.3 Workforce

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

5.4 Legal

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

5.5 Unpaid Carers

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

5.6 Information Governance

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

5.7 Environmental Impacts

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

5.8 Sustainability

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

6. Management of Risk

[Risk Appetite Statement](#)

6.1. Identified risks(s)



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

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

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

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

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ABERDEEN, 24 September 2024. Minute of Meeting of the INTEGRATION
JOINT BOARD.

Present:- Councillor John Cooke, Chair; Hussein Patwa, Vice Chair; and Councillor Christian Allard, Professor David Blackburn, Mark Burrell (up to article 16), Councillor Martin Greig, Ritchie Johnson, Councillor Sandra Macdonald (as a substitute for Councillor Bonsell)(up to article 17), Jim Currie, Jamie Donaldson, Amanda Foster, Jenny Gibb, Christine Hemming, Maggie Hepburn, Dr Caroline Howarth, Phil Mackie, Kenneth McAlpine, Debbie Oyegun and Claire Wilson (as a substitute for Graeme Simpson).

Also in attendance:- Martin Allan, Jess Anderson, Georgia Baxter, Fraser Bell, Sandra Borthwick, Kay Diack, Barbara Dunbar, Craig Falconer, Lesley Fullerton, Sarah Gibbon, Jane Gibson, Stuart Lamberton, Calum Leask, Graham Lawther, Catherine King, Alison MacLeod, Nicola McLean, Judith McLenan, Debbie McMullen, Grace Milne, Shona Omand-Smith, Bukola Oyedele, Sandy Reid, Angela Scott, Neil Stephenson, Val Vertigans and Julie Warrender.

Apologies:- Councillor Jennifer Bonsell, Kenny Low, Fiona Mitchelhill and Graeme Simpson.

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

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

WELCOME FROM THE CHAIR

1. The Chair extended a warm welcome to everyone and in particular the new NHS Grampian members David Blackburn and Ritchie Johnson who were attending their first meeting of the IJB.

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 statements in respect of items on the agenda.

INTEGRATION JOINT BOARD

24 September 2024

The Board resolved:-

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.

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 9.1 with the press and public excluded so as to avoid disclosure of exempt information of the class described in Appendix B (b) of the IJB Standing Orders which correspond to paragraphs 6 and 9 of the Local Government (Scotland) Act 1973.

NEW IJB MEMBERS - HSCP.24.056

4. The Board had before it a report advising of a change to its voting membership, and seeking agreement to appoint new Members of the Risk, Audit and Performance and Clinical and Care Governance Committees.

The report recommended:-

that the Board:

- (a) note the appointment, by NHS Grampian, of Ritchie Johnson as voting member of the Integration Joint Board;
- (b) appoint Ritchie Johnson to the Risk, Audit and Performance Committee;
- (c) note the appointment, by NHS Grampian, of Professor David Blackburn as voting member of the Integration Joint Board; and
- (d) appoint Professor Blackburn to the Clinical and Care Governance Committee.

The Board resolved:-

to agree the recommendations.

INTEGRATION JOINT BOARD

24 September 2024

VIDEO PRESENTATION: CHECK IN ON THOSE AROUND YOU

5. The Board received a video presentation entitled Check in on Those Around You which was produced by Norwich City Football Club in collaboration with Samaritans for World Mental Health Day 2023.

Members noted that 10 September 2024 was World Suicide Prevention Day, and that World Mental Health Day 2024 was on 10 October. The campaign and its initiatives would be based on this year's official theme of, 'It is Time to Prioritise Mental Health in the Workplace'.

The Board resolved:-

to note the video.

MINUTE OF BOARD MEETING OF 9 JULY 2024 AND ATTENDANCE RECORD

6. The Board had before it the minute of its meeting of 9 July 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.

BUSINESS PLANNER

7. 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 reasons for the deferral of lines 16, 17 and 18 (Market Position Statement 2024-2034 on Independent Living and Specialist Housing Provision; Strategic Review of Neuro Rehabilitation Pathway; and North East Population Alliance Strategic Partnership Agreement); and
- (ii) to otherwise agree the Planner.

IJB INSIGHTS AND TOPIC SPECIFIC SEMINARS PLANNER

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

INTEGRATION JOINT BOARD
24 September 2024

The Board resolved:-
to agree the Planners.

CHIEF OFFICER'S REPORT - HSCP.24.055

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

The report recommended:-

that the Board:

- (a) note the detail contained within the report; and
- (b) instruct the Chief Officer to report the outcomes of the eMAR project to the JB in May 2025.

The Board resolved:-
to agree the recommendations.

NATIONAL CARE SERVICE - HSCP.24.060

10. The Board had before it an update on the progress of the National Care Service (Scotland) Bill prepared by the Chief Operating Officer, who presented the report and responded to questions from Members.

The report recommended:-

that the Board:

- (a) note the progress of the National Care Service (Scotland) Bill through the Scottish Parliament's legislative process;
- (b) note that the Scottish Government had 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) instruct the Chief Operating Officer to report back to the Integration Joint Board following Stage 2 of the Scottish Parliament's legislative process.

The Board resolved:-
to agree the recommendations.

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IJB BUDGET PROTOCOL - HSCP.24.054

11. The Board had before it a report presenting the proposed Budget Protocol. The Transformation Programme Manager presented the report and advised Members that online consultation events were planned from October to December 2024.

The report recommended:-

that the Board approve the Integration Joint Board Budget Protocol at Appendix A of the report with effect from 25 September 2024.

The Board resolved:-

- (i) to note that a schedule of the events would be circulated to Members; and
- (ii) to otherwise agree the recommendation.

ACHSCP ANNUAL REPORT - HSCP.24.057

12. The Board had before it a report prepared by the Transformation Programme Manager seeking approval to publish the ACHSCP Annual Performance Report (APR) for 2023-2024 and to instruct the Chief Officer to present the report to Aberdeen City Council and NHS Grampian for their information.

The report recommended:-

that the Board:

- (a) note the performance that had been achieved in 2023-24, the second year of the Strategic Plan 2022-25;
- (b) approve the publication of the Annual Performance Report 2023-24 (as attached at Appendix A of the report) on the Aberdeen City Health and Social Care Partnership's (ACHSCP) website; and
- (c) instruct the Chief Officer to present the approved Annual Performance Report to both Aberdeen City Council and NHS Grampian Board.

The Board resolved:-

- (i) to note that the Annual Performance Report was to be updated with national indicators when available;
- (ii) to approve the publication of the Annual Performance Report 2023-24 on the Aberdeen City Health and Social Care Partnership's (ACHSCP) website with the updates referred to at (i) above;
- (iii) to bring a condensed version of the APR to the IJB for information once developed; and
- (iv) to otherwise agree the recommendations.

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24 September 2024

ACHSCP HEALTH AND CARE EXPERIENCE REPORT 2023-2024 - HSCP.24.075

13. The Board had before it a report providing information on the findings from the Health and Care Experience survey for 2023-2024. The Transformation Programme Manager introduced the report and responded to questions from Members.

The report recommended:-

that the Board note the information provided.

The Board resolved:-

to agree the recommendation.

DISCHARGE WITHOUT DELAY - HSCP.24.062

14. The Board had before it a report providing an update on improvement activity in respect of the national oversight of Discharge Without Delay.

The report recommended:-

that the Board:

- (a) note the content of the report;
- (b) note that ongoing implementation of the improvement plan would 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 and Learning Disability action plan to the IJB in November.

The Board resolved:-

to agree the recommendations.

DIGITAL INNOVATION PROGRAMME: RIGHT CARE, RIGHT TIME, RIGHT PLACE - HSCP.24.071

15. The Board had before it a report prepared by the Transformation Programme Manager seeking approval for the investment of Digital Innovation Services and instructing the Chief Operating Officer to develop a full business case for investment in Technology Enabled Care. The Chief Operating Officer introduced the team that had worked on the programme, who proceeded to introduce the report and respond to questions from Members.

The report recommended:-

that the Board:

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24 September 2024

- (a) agree to the development and provision of Digital Innovation Services as described in the Full Business Case attached at Appendix 1 of the report;
- (b) approve the expenditure for the provision of Digital Innovation Services as outlined in Appendix 1 of the report;
- (c) make the Direction at Appendix 3 of the report to Aberdeen City Council and instruct the Chief Officer to issue the Direction to Aberdeen City Council;
- (d) note the Outline Business Case in respect of Technology Enabled Care (TEC) at Appendix 2 of the report; and
- (e) instruct the Chief Operating Officer to report back within nine 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.

The Board resolved:-

to agree the recommendations.

STRATEGIC RISK REGISTER - HSCP.24.058

16. The Board had before it an updated version of the Strategic Risk Register prepared by the Business, Resilience and Communications Lead, who introduced the report and responded to questions from Members.

The report recommended:-

that the Board approve the revised Strategic Risk Register as detailed in the Appendix to the report.

The Board resolved:-

to agree the recommendation.

SUPPLEMENTARY PROCUREMENT WORKPLAN 2024/25 - HSCP.24.066

17. The Board had before it a report presenting a Supplementary Procurement Work Plan for 2024/25, for expenditure on social care services and the associated procurement Business Case. The Strategic Procurement Manager introduced the report.

The report recommended:-

that the Board:

- (a) approve the extension for four months to the current Adult Carers Support Services contracts and, also approve the recommendation to undertake a tender, and subsequent award of a contract or contracts, for Adult & Young

INTEGRATION JOINT BOARD

24 September 2024

- Carers Support Services for five years plus two additional one year extensions, as detailed in Appendices A1 and C of the report; and
- (b) make the Direction, as attached at Appendix B of the report and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

The Board resolved:-

to agree the recommendations.

SUPPLEMENTARY PROCUREMENT WORKPLAN 2024/25 - HSCP.24.066 - EXEMPT APPENDICES

18. The Board resolved:-

to note the recommendations approved at article 17 of this minute.

IJB INSIGHTS SESSION - 29 OCTOBER 2024

19. The Board had before it the date of the next IJB Insights Session as 29 October 2024.

The Board resolved:-

- (i) to note that a session on Risk Appetite would be added to the IJB Insights Session; and
- (ii) to note the date of the IJB Insights Session.

TOPIC SPECIFIC SEMINAR - 5 NOVEMBER 2024

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

The Board resolved:-

to note the date of the Topic Specific Seminar.

INTEGRATION JOINT BOARD - 19 NOVEMBER 2024

21. The Board had before it the date of the Integration Joint Board meeting as 19 November 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						
Hussein Patwa - Vice Chair	NHSG voting member						
Cllr Christian Allard	ACC voting member	Sub Cllr Fairfull		Sub Cllr Radley			
Prof. David Blackburn	NHSG voting member					First meeting	
Cllr Jennifer Bonsell	ACC voting member					Sub Cllr Macdonald	
Mark Burrell	NHSG voting member						
Cllr Martin Greig	ACC voting member						
Ritchie Johnson	NHSG voting member					First meeting	
Jim Currie	ACC Union Representative						
Jamie Donaldson	NHSG Staff Representative						
Amanda Foster	Service User Representative				Appointed		
Jenny Gibb	NHSG Nursing Representative						
Christine Hemming	Senior Leadership Team - Medicine and Unscheduled Care						
Maggie Hepburn (ACVO)	Third Sector Representative						
Dr Caroline Howarth	Clinical Director						
Phil Mackie	NHSG Depute Director of Health						
Kenneth McAlpine	Service User Representative				Appointed		
Shona McFarlane	Carer Representative						
Fiona Mitchelhill	Chief Officer		First Meeting				
Debbie Oyegun	Service User Representative				Appointed		
Graeme Simpson	ACC, Chief Social Work Officer					Sub C Wilson	
Professor Bhatt	NHSG voting member				Last meeting		
June Brown	NHSG voting member				Last meeting		
Cllr Lee Fairfull	ACC voting member	Last meeting					
Kenny Low	Chief Finance Officer				First Meeting		
Sandra MacLeod	Chief Officer	Last Meeting					
Paul Mitchell	Chief Finance Officer				Last meeting		
Alison Murray	Carer Representative	Last Meeting					

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Risk, Audit and Performance Committee

Minute of Meeting

**Tuesday, 10 September 2024
10.00 am Virtual - Remote Meeting**

ABERDEEN, 10 September 2024. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and Councillor John Cooke, Hussein Patwa, Jamie Dale, Anne MacDonald (Audit Scotland), Alison MacLeod, Fiona Mitchelhill and Sandy Reid.

Also in attendance: Sarah Gibbon, Vicki Johnstone, Stuart Lamberton, Graham Lawther, Calum Leask and Simon Rayner.

Apologies: Fraser Bell and Michael Oliphant (Audit Scotland).

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

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DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

1. There were no Declarations of Interest or Transparency Statements.

EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 4 JUNE 2024

3. The Committee had before it the minute of its previous meeting of 4 June 2024, for approval.

The Committee resolved:-

to approve the minute as a correct record.

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

10 September 2024

The Committee resolved:-

- (i) to note the reason outlined for the deferral of the report at line 10 (Review of Financial Governance); and
- (ii) to otherwise agree the Planner.

QUARTERLY FINANCIAL MONITORING REPORT - HSCP.24.063

5. The Committee had before it a report on the revenue budget performance to 30 June 2024 for the services within the remit of the IJB. The Chief Officer introduced the report.

The report recommended:-

that the Committee

- (a) note the report in relation to the IJB budget and the information on areas of risk and management action; and
- (b) approve the budget virements set out in the report.

The Committee resolved:-

to agree the recommendations.

INTERNAL AUDIT UPDATE REPORT - HSCP.24.065

6. The Committee had before it a report prepared by the Chief Internal Auditor providing an update on Internal Audit's recent work on the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.

The report recommended:-

that the Committee:

- (a) note the contents of the RAPC - Internal Audit Update Report September 2024 ("the Internal Audit Update Report"), as appended at Appendix A, and the work of Internal Audit since the last update; and
- (b) note the progress against the approved 2023/24 and 2024/25 Internal Audit Plans as detailed in the Internal Audit Update Report.

The Committee resolved:-

to note the information provided.

RISK, AUDIT AND PERFORMANCE COMMITTEE
10 September 2024

**QUARTERLY PERFORMANCE REPORT AGAINST THE DELIVERY PLAN -
HSCP.24.064**

7. The Committee had before it a report providing assurance and updating on progress of the Delivery Plan as set out within the ACHSCP Strategy Plan for 2022-2025. The Transformation Programme Manager introduced the report.

The report recommended:-

that the Committee note the Delivery Plan Quarter 1 Summary, the Tracker and Dashboard as appended to the report.

The Committee resolved:-

to note the information provided.

NAVIGATOR PROJECT EVALUATION - HSCP.24.016

8. The Committee had before it a report prepared by the Alcohol and Drug Partnership (ADP) Lead, outlining learning from a test of change using a navigator service funded by the ADP and based in Aberdeen Royal Infirmary. The ADP Lead introduced the report and responded to questions from Members.

The report recommended:-

that the Committee note the content of the report.

The Committee resolved:-

to note the information provided.

**ACCOUNTS COMMISSION: IJB FINANCE AND PERFORMANCE REPORT 2024 -
HSCP.24.072**

9. The Committee had before it a report providing an overview and key messages from the recent Accounts Commission report, published by Audit Scotland on 25 July 2024. The Programme Manager introduced the report.

The report recommended:-

that the Committee note the report as attached at Appendix A and the assurance provided in respect of the recommendations made.

The Committee resolved:-

to note the information provided.

RISK, AUDIT AND PERFORMANCE COMMITTEE
10 September 2024

DATE OF NEXT MEETING - 3 DECEMBER 2024

10. The Committee had before it the date of the next meeting: Tuesday 3 December 2024 at 10am.

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**



CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 1 October 2024. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Mark Burrell Chairperson; and David Blackburn, Councillor Christian Allard and Councillor Jennifer Bonsell.

In attendance:- Caroline Howarth, Claire Wilson, Arlene Hurst, Rachael Little, Jane Gibson, Val Vertigans, Vicki Johnstone, Kylie McDonnell, Martin Allan, Elaine Morrison, Daniella Brawley, Sandy Reid and Mark Masson (Clerk).

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WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting, particularly Professor David Blackburn who was attending his first meeting as an NHS Grampian Board member on the Committee, replacing Professor Bhattu.

Apologies for absence were intimated on behalf of Julie Warrender, Shona Omand-Smith and Dianna Reed.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

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

MINUTE OF PREVIOUS MEETING OF 18 JUNE 2024, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 18 June 2024, for approval.

The Committee resolved:-

to approve the minute, subject to amending the date in the first sentence at article 3 (Minute of Previous Meeting) to read 27 February 2024.

BUSINESS PLANNER

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

The Committee resolved:-

CLINICAL AND CARE GOVERNANCE COMMITTEE

1 October 2024

- (i) to note the reasons for the delays contained within the planner relating to item 5 (Childhood and Adult Immunisations), item 7 (Local update on the full Mental Welfare Commission report) and item 8 (Mental Health & Learning Disability Services - Sector Report Q1 2024); and
- (ii) to otherwise note the planner.

CCG GROUP MONITORING REPORT - UPDATE - HSCP.22.067

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

The report recommended:-

that the Committee note the contents of the report and provide comments and observations on the information contained within the report and in appendices A, B and C.

Caroline Howarth provided an overview of the report, specifically (1) making reference to the total number of adverse events in all Partnerships services which had decreased by approximately 11% from 2667 in Quarter 4 to 2358 in Quarter 1, however noting that the inclusion of the Mental Health & Learning Disability Service adverse events had significantly increased the number of adverse events recorded (up by 71%) which had impacted on the overall data picture when included with the other services; and (2) highlighting information from each sector report where either Risks, Adverse Events, Lessons Learned, Quality Improvement, Feedback, or Duty of Candour were identified.

During discussion, the following was noted:-

- that compliments and praise for good work would be added to future reports;
- that a group based at Woodend Hospital was liaising with Police to address instances of anti-social behaviour; and
- that there was pressure on staffing in the pharmacotherapy team.

The Chairperson advised that in terms of Scottish Government guidance, report authors should refrain from 'noting' recommendations within their reports and encouraged the use of words such as 'reassurance' and/or 'be assured' in future report recommendations.

The Committee resolved:-

- (i) to approve the recommendation; and
- (ii) to note that Claire Wilson would liaise with Martin Allan in terms of the appropriate wording to use for all future report recommendations.

CLINICAL AND CARE GOVERNANCE COMMITTEE

1 October 2024

LESSONS LEARNED

6. The Committee heard from Martin Allan who advised that the Partnership and the IJB were audited on its complaints processes at the end of 2023 and one of the recommendations related to the following Scottish Public Services Ombudsman (SPSO) Key Performance Indicator requirement:-

Part 4 of the Model Complaints Handling Procedure requires organisations to publish on a quarterly basis information on complaints outcomes and actions taken to improve services. The focus of this should be on improving positive communication with customers on the value of complaining, on promoting good practice and lessons learned. This could take the form of case studies, examples of how complaints have helped improve services, or 'you said, we did' notifications.

Martin Allan (a) indicated that they had published quarterly statistics on complaints on the ACHSCP website and officers were working with services to start to bring the lessons learned/case studies out from the Monitoring report; (b) advised that the Committee would likely start to see this more often in the Group Monitoring report and in addition, from there, the case studies could then be published on the website; and (c) suggested that to avoid any identifiable details that a "themed" approach be taken to the lessons learned.

He concluded by intimating that a prompt after the Group Monitoring report item on each agenda would help remind the Committee about considering the themed lessons learned.

The Committee resolved:-

to note the information provided and to add 'Lessons Learned' as a standing item on future agendas after consideration of the Clinical and Care Governance Group Monitoring report.

CARE HOME COLLABORATIVE SPOTLIGHT REPORT - HSCP.24.068

7. The Committee had before it a Spotlight report by Elaine Morrison, Lead Nurse which provided an overview of the challenges faced in two care homes and the mitigations put in place to deal with these.

The report recommended:-

that the Committee –

- (a) note the contents of the report and provide comments and observations on the information contained within it; and
- (b) confirm they are assured the mitigations put in place ensure clinical and staff governance.

Elaine Morrison provided a summary of the report and she and Claire Wilson responded to questions from members.

The Committee resolved:-

CLINICAL AND CARE GOVERNANCE COMMITTEE

1 October 2024

- (i) to approve the recommendations contained within the report; and
- (ii) to note that a further update in relation to the two care homes would be provided at the next meeting of the Committee.

ABORTION CARE SPOTLIGHT REPORT - HSCP.24.069

8. With reference to article 6 of the minute of meeting of 31 October 2023, the Committee had before it a Spotlight report by Dr Daniela Brawley (on behalf of Dr Dianna Reed) Consultant in Sexual Health, which provided an overview of the risks to abortion care and aligned services and actions required to mitigate these risks.

The report recommended:-

that the Committee –

- (a) note the contents of this report and provide comments and observations on the information contained within it; and
- (b) assist in joint working with stakeholders solution to reduce these risks and to assist in establishing clear governance processes for this service.

Dr Daniella Brawley provided a summary of the report and responded to questions from members regarding the sustained and significant increase in abortion care demand, the demographics of service users and recent staff shortages.

The Committee resolved:-

- (i) to note that the Chairperson would again write to his counterpart in Moray IJB to seek a response to an earlier letter which sought assurances that a clear governance process would be established for abortion care services across Grampian;
- (ii) to note that Dr Daniella Brawley would endeavour to circulate any feedback from the Chief Executive Team and/or the Stakeholder Workshop event held in August 2024 regarding Abortion Care;
- (iii) to consider at item 5.1 whether the Spotlight report on Abortion Care should be escalated to the IJB for their consideration (article 11 of this minute refers); and
- (iii) to otherwise approve the recommendations.

ADULT SUPPORT & PROTECTION: LEARNING REVIEWS UPDATE - HSCP.24.070

9. With reference to article 5 of the minute of meeting of 18 June 2024, the Committee had before it a report by Val Vertigans, Lead Strategic Officer Adult Public Protection, ACHSCP which provided assurance regarding how learning was identified, disseminated and embedded, in order to improve practice, via the Adult Protection Learning Review process.

The report recommended:-

CLINICAL AND CARE GOVERNANCE COMMITTEE

1 October 2024

that the Committee note the contents of the report.

The Committee heard from Val, who provided a summary of the report and she and Claire Wilson responded to questions from members regarding 'Getting it Right for Everyone' and the draft national toolkit, which had been shared and tested locally.

The Committee resolved:-

- (i) to note that a report in relation to the work around 'Getting it Right for Everyone' including framework timescales would be submitted to the next meeting; and
- (ii) to otherwise approve the recommendation.

ABERDEEN CITY HEALTH AND SOCIAL CARE OPERATIONAL RISKS - HSCP.24.073

10. The Committee had before it a report by Martin Allan, Business, Resilience and Communications Lead which outlined the governance arrangements around the reporting of operational clinical risks through the Clinical Care and Governance Committee and Clinical Care and Governance Group and the links to the Board Assurance and Escalation Framework.

The report recommended:-

that the Committee –

- (a) note the governance arrangements around the reporting of operational clinical risks in the Partnership as detailed in the report; and
- (b) consider whether to receive the full Operational Risk Register (comprising clinical risks) on an annual basis (as detailed at section 4.9 to the report).

Martin Allan provided a summary of the report.

The Committee resolved:-

- (i) to approve recommendation (a); and
- (ii) to agree to receive the full Operational Risk Register (comprising clinical risks) on an annual basis.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

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

The Committee resolved:-

that the Spotlight report in relation to Abortion Care be escalated to the IJB for its consideration (article 8 of this minute refers).

- **MARK BURRELL, Chairperson**

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A	B	C	D	E	F	G	H	I	J
INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2024 Meetings									
19 November 2024									
1.11.24	IJB Membership	To advise the IJB of a recent change to its voting membership, and to seek agreement to appoint a new Member of the Clinical and Care Governance Committees and reappoint two non-voting members.	HSCP.24.103	Emma Robertson	Alan Thomson	ACC	On the agenda		
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations					On the agenda		
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer	HSCP.24.076	Graham Lawther	Fiona Mitchelhill	ACHSCP	On the agenda		
20.10.24	Recruitment and Selection of Chief Finance Officer	To approve the proposed approach to recruiting a Chief Finance Officer of the IJB, and a number of recommendations relating to the job profile for the role, the recruitment selection process and the constitution of an appointment panel for the final selection panel interview.	HSCP.24.088	Alison Paterson	Isla Newcombe	ACC	On the agenda		
	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.	HSCP.24.079	Emma Robertson	Alan Thomson	ACC	On the agenda		
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.	HSCP.24.083	Shona Omand-Smith	Chief Operating Officer	ACHSCP	On the agenda		
11.11.2024	Q2 Financial Position	To present an update on the financial position.	HSCP.24.104	Alex Stephen	Chief Finance Officer	ACHSCP	On the agenda		
4.11.24	Audited Final Accounts 2023/24 including the External Auditor's Annual Audit Report	To consider and approve the audited final accounts for 2023/24.	HSCP.24.105	Chief Finance Officer/ Anne MacDonald	Chief Finance Officer/ Audit Scotland	Audit Scotland	On the agenda		
23.09.21	Primary Care Improvement Plan Update	Annual update report. HSCP.23.070 reported to IJB on 10 October 2023.	HSCP.24.078	Emma King / Alison Penman	Emma King	ACHSCP	On the agenda		
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.	HSCP.24.080	Calum Leask/ Sophie Beier	Alison MacLeod	ACHSCP	On the agenda		
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.	HSCP.24.081	Graeme Simpson	Eleanor Sheppard	ACC	On the agenda		
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.	HSCP.24.085	Alison MacLeod	Alison MacLeod	ACHSCP	On the agenda		
05.08.2024	Abortion Services (Safe Access Zones) (Scotland) Act 2024	To provide an update on the practical preparations in respect of the Act.	HSCP.24.086	Sandy Reid/ John Forsyth	Sandy Reid	ACHSCP/ ACC Legal	On the agenda		
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	On the agenda. Deferred from September 2024 due to IJB Insights Session being arranged before report going to IJB.		
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	On the agenda. Deferred from September 2024 as this will be reported to the October meeting of Aberdeen City Council then November meeting of the IJB instead.		
24 September 2024	Specialist Mental Health and Learning Disability Services (MHLDS), Discharge Without Delay (DwD)	To provide an update of the Mental Health and Learning Disability action plan to the IJB in November (instructed on 24/09/24 HSCP.24.062 DwD)	HSCP.24.087	ACHSCP	Fiona Mitchelhill	ACHSCP	On the agenda		
12.06.2024	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.	HSCP.24.084	Magdalena Polcik-Miniach/ Isla Whyte	HSC Moray	HSC Moray	On the agenda		
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.	HSCP.24.077	Daniela Brawley / Lisa Allerton	Sandy Reid	ACHSCP		D	Request to defer to February 2025 due to officer availability.
4 February 2025									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Graham Lawther	Fiona Mitchelhill	ACHSCP			

INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
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			
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 Mitchellhill	ACC			
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			
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			
01 October 2024	Referral from CCG on 1 October 2024: SPOTLIGHT REPORT - Abortion Care and related service delivery/staffing/etc. risks	To provide a "highlight" presentation as given to CCG Committee meeting on 1 October 2024	HSCP.24.069	Daniela Brawley/ Dianna Reed	Sandy Reid	ACHSCP	Referral from CCG on 1 October 2024		
24 September 2024	National Care Service	On 24 September 2024 members agreed to instruct the Chief Operating Officer to report back to the Integration Joint Board following Stage 2 of the Scottish Parliament's legislative process.		Fraser Bell	Fraser Bell	ACHSCP			
18 March 2025 (Budget)									
Standing Item	IJB Budget - Medium Term Financial Framework	To approve the Budget.		Chief Finance Officer	Chief Finance Officer	ACHSCP			
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			
2025 and dates TBC									
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		
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 Mitchellhill	Alison MacLeod and Fiona Mitchellhill	ACHSCP	Summer 2025		
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		
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 MacLeod	Alison MacLeod	ACHSCP			
Standing Item	Progress on EOMF and Review of Equality Outcomes			Alison Macleod	Alison MacLeod	ACHSCP	May-25		
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		
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 Cambic, 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		

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43	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			
44	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		
45	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		
46	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		
47	27.08.2024	Review of Whistleblowing Policy	Due in 2026		Martin Allan	Fraser Bell	ACHSCP			
48	Standing Item	ACHSCP Annual Performance Report	To seek approval to publish the the ACHSCP Annual Report for 2024/25 and to instruct the Chief Officer to present this to ACC and NHSG (last presented 24/09/24).		Alison MacLeod / Calum Leask	Alison MacLeod	ACHSCP			
49	30.08.24	Health and Care Experience Report 2025-2026	To present findings from the Health and Care Experience survey for 2025/26. Due in September 2026, last presented 24/09/24.		Calum Leask	Alison MacLeod	ACHSCP			
50	24 September 2024	Technology Enabled Care	On 24/09/24 HSCP.24.071: to instruct 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. Due June 2025.		James Maitland	Fraser Bell	ACHSCP			
51	Standing Item	Strategic Risk Register	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register. Last presented 24/09/24.		Martin Allan	Martin Allan	ACHSCP			
52	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 autumn 2025 before Phase 2 commences.		Sarah Gibbon	Julie Warrender	ACHSCP	Deferred from September 2024 as implementation was delayed.		

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Topic Specific Seminars April 2024 – March 2025

(NB: all 1000-1200, 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 Update on work on reducing Prescribing Spend (10-11) Health and Care Staffing Act (11-12)	Paul Mitchell Caroline Howarth Sandy Reid	Suggested by CO Suggested by CO New Legislation (Service Update)
03.09.24	Annual Performance Report Microsoft	Alison MacLeod Fraser Bell	Item going to IJB 24.09.24 Item going to IJB 24.09.24
05.11.24	Strategic Plan for Public Consultation Budget Consultation	Alison MacLeod Sarah Gibbon	Item going to IJB 19.11.24 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 1000-1400, 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
	Strategic Risk Register	Martin Allan	
	Social Care	Claire Wilson	Requested Topic rescheduled from April
28.01.25	Culture	Alison MacLeod	Standing Agenda Item
	Uptake of Childhood Immunisations	Phil Mackie	Requested Topic
	Putting People First	Luan Gurgeon	
	Criminal Justice	Claire Wilson	Requested Topic rescheduled from April
18.02.25	Culture	Alison MacLeod	Standing Agenda Item



INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	Chief Officer's Report
Report Number	HSCP.24.076
Lead Officer	Fiona Mitchelhill, Chief Officer
Report Author Details	Graham Lawther Communications Business Partner glawther@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	5

1. Purpose of the Report

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

2. Recommendations

It is recommended that the Integration Joint Board;

- a) Notes the detail contained within the report.

3. Strategic Plan Context

- 3.1. The Chief Officer's report highlights areas of activity within the Aberdeen City Health & Social Care Partnership (ACHSCP) which are relevant to the delivery of the Strategic Plan.



INTEGRATION JOINT BOARD

4. Summary of Key Information

Local updates

1. Granite Gathering

The event drew hundreds of people aged over-50 to the Beach Ballroom last month for talks, taster sessions and workshops focused on healthy retirement. The free event – on the theme of Age Well, Retire Well, Die Well – focused on people who are already in retirement or are soon-to-retire.

Dozens of organisations, voluntary groups and charities from across the North-east and beyond promoted their activities at an event with partnership working at its heart and which embodied one of ACHSCP's key Strategic Plan aims – to help people "achieve fulfilling, health lives".

2. Complex care accommodation

Work is under way on Aberdeen's first purpose-built complex care accommodation for some of the city's most vulnerable people.

The £4million development, on the site of the now-demolished Stoneywood School on Stoneywood Road, will deliver homes for eight people with complex care need and will offer round-the-clock care.

Support for its residents will be provided by a specialist operator with expertise in the field. The care will be overseen by Aberdeen City Health & Social Care Partnership when the Aberdeen City Council capital project is completed and operational.

The IJB and Aberdeen City Council has long recognised the city's need for bespoke accommodation for those in our community with extremely complex care needs and in need of 24-hour care and support.

The development manifest's the Partnership's Strategic Plan aim of "Caring together", "Keeping people safe at home", and "Helping them to achieve fulfilling, healthy lives". It will allow local people who are currently often cared for well beyond the city boundary, sometimes hundreds of miles away, to be closer to families and friends, benefitting everyone's wellbeing.



INTEGRATION JOINT BOARD



Stonewood external view graphic, courtesy of MRT Architects

Each of the eight wheelchair-adapted bungalows will have a bedroom, a kitchen, a living room and a wet room, along with a small private garden. A shared garden space and a sensory garden are also part of the scheme – along with a staff building with office space, a meeting/training room, and an area for carers to take time out. Staff will be on site at all times. The development will have 28 car parking spaces for staff and visitors.

3. Budget Consultation & Engagement 2025/26

The Medium Term Financial Framework (MTFF) is being reviewed ahead of submission to the IJB in February 2025. The ACHSCP Budget Consultation went live on the 25th October 2024 and can be accessed [here](#). The online consultation ran until the 17th November 2024, and engagement events are planned until early December. Analysis of the engagement will take place over late December / early January, before being considered by the IJB at their Insights Session on the 28th January 2025. A full report on the engagement will be available as an appendix to the final MTFF.

4. Winter Vaccination Programme

Residents who have had vaccinations in previous years have been sent a scheduled appointment time and all other residents have been contacted to arrange an appointment.



INTEGRATION JOINT BOARD

The timetable has been set as follows and is in line with priorities set by Scottish Government:

Staff clinics have been organised to take place at ARI, Royal Cornhill Hospital and Woodend. Staff can also book into any of the vaccination clinics throughout Grampian. People can book via the online portal https://vacs.nhs.scot/csp@id+csm_login or by contacting the National Contact Centre on 0800 030 8013.

Pop-up clinics are being organised for late December and January in priority neighbourhood areas, dates still to be finalised.

Day	Date	Time	Location
Mon	30 Sept	9.30-4.30pm	Kildrummy Ward, RCH
Tues	1 Oct	9.30-4.30pm	RACH, Dental Suite Level1
Wed	2 Oct	9.30-4.30pm	RACH, Dental Suite Level1
Fri	4 Oct	9.30 – 3.30pm	Ward 17, Woodend
Mon	7 Oct	9.30-4.30pm	Kildrummy Ward, RCH
Tues	8 Oct	9.30-4.30pm	ARI, Level 5 Conference Room, Green Zone
Wed	9 Oct	9.30-4.30pm	ARI, Level 5 Conference Room, Green Zone
Fri	11 Oct	9.30 – 3.30pm	Ward 17, Woodend
Tues	15 Oct	9.30-4.30pm	ARI, Level 5 Conference Room, Green Zone
Fri	18 Oct	9.30 – 3.30pm	Ward 17, Woodend
Wed	23 Oct	9.30-4.30pm	ARI, Level 5 Conference Room, Green Zone
Thurs	24 Oct	9.30-4.30pm	ARI, Level 5 Conference Room, Green Zone
Mon	4 Nov	9.30-4.30pm	Kildrummy Ward, RCH
Tues	12 Nov	9.30-4.30pm	ARI, Level 5 Conference Room, Green Zone
Thurs	14 Nov	9.30-4.30pm	ARI, Level 5 Conference Room, Green Zone
Tues	19 Nov	9.30 – 4.30	ARI, Level 5 Conference Room, Green Zone
Thurs	21 Nov	9.30 – 4.30	ARI, Level 5 Conference Room, Green Zone
Tues	10 Dec	9.30 – 4.30	ARI, Level 5 Conference Room, Green Zone
Thurs	12 Dec	9.30 – 4.30	ARI, Level 5 Conference Room, Green Zone



INTEGRATION JOINT BOARD

5. Discharge without Delay

The national work continues with the weekly Collaborative Response and Assurance Group (CRAG) meeting enabling a laser focus around this work. Aberdeen City is currently sitting at delays of 33.8 per 100,00 adults, this is below the national expectation but higher than the target Scottish Government set for ACHSCP of 20.8 per 100,000 adults. The local team continue to work on the improvement plan and report into the Grampian wide weekly group. This group ensures shared learning across Grampian and good practice from HSCP's across Scotland.

6. Analogue To Digital

The A2DT (Analogue to Digital Telecare) programme is dedicated to ensuring the delivery of a reliable and robust digital telecare emergency response service ahead of the decommissioning of analogue networks in December 2025. This initiative encompasses the replacement of the existing analogue Alarm Receiving Centre (ARC) software platform and the maintenance of connectivity with all currently linked alarm units and peripherals. Transitioning to a modern digital platform is anticipated to enhance reliability, efficiency, and integration with new technologies.

Aberdeen City Council's Regional Communications Centre (RCC) provides telecare alarm-monitoring services to approximately 16,000 citizens. This includes monitoring around 7,000 dispersed units and 8,000 sheltered-housing connections across Aberdeen, Aberdeenshire, and Moray. The nearly completed replacement of analogue dispersed alarm units with digital alarms in Aberdeen has led to the Digital Office of the Scottish Government awarding Bon Accord Care and Aberdeen City HSCP the Bronze Award for Digital Telecare Implementation.

Testing of these alarms and other devices with the new ARC is scheduled to commence soon, with the target go-live date for the new ARC set for spring 2025. The project utilizes the Shared ARC framework, led by the Digital Office, to streamline procurement and implementation, ensuring compliance and cost efficiency. Preparations for executing the ARC framework are currently underway, with the contract expected to be finalized within the next few weeks.

Regional Updates

7. Dietetics Action on Weight Control

The Partnership's Dietetics Team is working with Public Health colleagues, Aberdeenshire Health & Social Care Partnership and Moray Health & Social Care to



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develop and deliver early intervention and prevention services in adult weight management and diabetes.

The team has used temporary Diabetes Healthier Futures Framework funding from the Scottish Government to work on delivering some services locally and to procure some digital services.

A business case has been submitted via Public Health to NHSG Charities for three-year funding to support further service provision.

The move reflects a renewed push by Allied Health Professional services to support work in the areas of early intervention, prevention and self-management.

AHP is also reporting improved recruitment to teams, apart from Podiatry which continues to face challenges in this area.

Our Public Health Consultant is leading on the whole system on healthy weight and is ensuring all the work is connected to improve effectiveness of the approach.

National Updates

8. National Care Service

At its meeting on 24 September 2024, the Integration Joint Board received a report regarding the progress of the National Care Service (Scotland) Bill.

Since that meeting, the Convention of Scottish Local Authorities (CoSLA) subsequently agreed that local government should withdraw support for the 'shared legal accountability' model. The GMB and Unison trade unions also withdrew their support for the current proposals in September.

That model for the National Care Service (NCS) had previously been approved, in principle, by CoSLA and the Scottish Government. This reflected CoSLA's view that insufficient progress had been made to address the concerns, risks and complexities identified by local government.

It had been anticipated that the Stage 2 Amendments would be formally lodged by the Scottish Government in autumn 2024. The Aberdeen City NCS Programme Board will continue to monitor discussions taking place at a national level in respect of the NCS and engage as appropriate. The Chief Operating Officer will submit a further report to the IJB following Stage 2 of the legislative process.

9. National Care Home Contract

Negotiations for the 2025/26 uplift are expected to start in November. This is often a lengthy process. It is expected to be tougher this year given the lack of funds



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available to local government. Scottish Care (the body that represent Care Providers) have concerns with the cost of care calculator and at this stage it is not known whether Scottish Care will participate in the 2025/26 negotiations. This could result in very extended negotiations or potentially end up with no settlement agreed, and the risk that providers will walk away from the NCHC. Local Authorities across Scotland were in a similar position a couple of years ago.

We are already seeing more providers move towards a more 'self-funding' model, leaving less available capacity for Local Authority funded individuals. At the National Care Home Contract User Intelligence Group (NCHC UIG) meeting in September a national approach was discussed to influence the market to stay with the Local Authority and as a national group they will continue to work together to drive the care home market in the direction that ensures we have sustainable services into the future.

Locally, along with NHCH UIG, we are looking at contingency planning should the 2025/26 NCHC negotiations be unsuccessful.

10. Early Release of Prisoners

In response to the rapid rise in the prison population, Scottish Government have used emergency measures to release prisoners early across the prison estate. In collaboration with the Scottish Prison Service and other relevant services, the release of 19 'Aberdeen' individuals was successfully coordinated in June 2023, to ensure, that those transitioning from prison to the community have access to housing, healthcare, financial support, in the same way as we would seek to deliver for those being released from prison on a planned basis.

Due to ongoing issues with prison overcrowding, it is anticipated that there are likely to be more such releases in the coming period. At present however there has been no decision made. A national consultation closed on 19th Aug, with regards to returning to automatic release after two thirds of sentence. Currently release is 6 months prior to sentence end.

Scottish Government published an 'Analysis of consultation responses' in October 2024. In that report it states that the responses will help to inform a range of measures designed to respond to the rising prison population, including planned legislation relating to the release point for certain prisoners. [Long-term Prisoner Release Process: Consultation : Analysis of Consultation Responses](#)

11. Social Work Governance and Assurance

Adult and children's social work have been participating in the Care Inspectorate's national review of social work governance and assurance. The Care Inspectorate is



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undertaking the review to consider how social work governance and assurance supports leaders across Scotland to ensure statutory duties are carried out safely and effectively; enable social work staff to be supported, accountable and effective in their practice and assist social work staff to uphold social work values.

We have participated by sharing all required information on our internal governance processes, through a social work staff survey and through targeted interviews with service managers, the Chief Officer for adult social work and the Chief Social Work Officer. An overarching report on social work governance in Scotland will be published in March 2025. We will also receive an area specific report on the staff survey which will not be published but will enable us to measure our performance against the national position and progress with any areas of improvement required.

12. Population Health Framework

The Scottish Government and Convention of Scottish Local Authorities (COSLA) have jointly developed a Population Health Framework (PHF) with key system wide partners, including Public Health Scotland, the Scottish Directors of Public Health and wider public health service professionals. The PHF deliberately takes a cross government and cross sector approach to improve the key building blocks to health and wellbeing including good early years education, fair work and income, access to healthy places and public services, and the ability to lead healthy lifestyles. At its heart the focus is on increased action on prevention and early intervention to improve the health of our population and, in the longer term, reduce preventable demand on our public services.

As a result, the Framework is key to the business of the IJB and of Community Planning Aberdeen. What is described as an engagement process is currently concluding, after which the PHF will be finalised and published. From a Health & Social Care Partnership perspective the PHF is welcome in that it will further support our existing commitment to focusing on prevention and early intervention. The cross-sectoral approach it promotes is very closely aligned to the type of Whole System Approach we have already adopted to address adult and child obesity across Aberdeen. Finally, the PHF is underpinned by the same “Four Pillars” Population Health model that informs our contributions to wider Grampian efforts as part of the North East Population Health Alliance.

5. Implications for IJB

5.1 Equalities, Fairer Scotland and Health Inequality

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



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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 Implications

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

6. Management of Risk

There are risks associated with the levels of public engagement in our budget consultation activities. The Chief Officer will monitor progress and work with colleagues to address public feedback and/or information gaps which arise.

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INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	Recruitment and Selection Process for Chief Finance Officer
Report Number	HSCP.24.088
Lead Officer	Fiona Mitchelhill, Chief Officer
Report Author Details	Alison Paterson, Interim Talent Lead, Aberdeen City Council alispaterson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	1 Job Profile
Terms of Reference	1

1. Purpose of the Report

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

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes the job profile attached at Appendix 1;



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

3. Strategic Plan Context

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

4. Summary of Key Information

- 4.1. The Aberdeen City Health and Social Care Partnership CFO role has become vacant. As a result, there is a need to recruit to the CFO role as soon as possible.
- 4.2. The CFO role is currently being discharged by the Director of Finance at NHS Grampian pending an appointment.
- 4.3. The Integration Scheme states that the IJB will appoint a CFO who will be accountable for the annual accounts preparation (including gaining the assurances required for the governance statement) and financial planning (including the financial section of the Strategic Plan) and will provide financial



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advice and support to the Chief Officer and the IJB. The CFO will also be responsible for the production of the annual financial statement in terms of section 39 of the Public Bodies (Joint Working) (Scotland) Act 2014.

4.4. In light of the urgency to recruit to the vacancy, arrangements have been made to prepare for the recruitment and selection process. Should the Board approve the recommendations in this report, the selection process will be undertaken during week commencing 18th November 2024.

4.5. Job Profile

The job profile was reviewed earlier in the year, and approved, as part of the previous recruitment and selection process to ensure that it remains relevant and is attached at Appendix 1. No further changes have been made to the job profile, which remains graded at ACC Chief Officer Scale Point 27 (currently £83,269 / NHS Agenda for Change Band 8C (currently £83,837 - £89,866)).

4.6. Selection Process

It is intended that a robust selection process will be undertaken to assess candidates against the requirements of the job profile. In accordance with the selection processes facilitated by the HR Teams of ACC and NHS Grampian for senior leadership appointments, it is intended that candidates be subject of an assessment centre comprising a number of sessions, each designed to test different elements of the job requirements. The assessment centre outcomes will be provided to the Appointment Panel convened to undertake a final selection panel interview.

4.7. Intended Timeline for Selection Process

The selection process (assessment centre and Appointment Panel interview) are scheduled to take place week commencing 18th November, subject to approval of this report.

4.8. Appointment of Chief Finance Officer

It is recommended that the IJB establish a Committee, to be known as the "Appointment Panel", under Standing Order 25 of the IJB's Scheme of Governance. That Committee will be temporary and will be disestablished once the recruitment process ceases.



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The governance of the Appointment Panel will be in accordance with the IJB's Standing Orders. Standing Order 25(4) states that the Chair of a Committee cannot be the Chair or Vice Chair of the IJB. The Appointment Panel shall comprise the Chair and Vice Chair of the IJB, or their nominated substitute, and the Chief Officer of the IJB, who will act as Chair of the Appointment Panel. The Panel will also be supported by an HR advisers from either ACC or NHS Grampian.

The Appointment Panel, as a Committee of the IJB, shall make the appointment of the CFO. The decision of the Appointments Panel must be agreed by the voting members of that Panel.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

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

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

5.2. Financial

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

5.3. Workforce

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



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5.4. Legal

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

5.5. Unpaid Carers

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

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

5.9. Other

6. Management of Risk

6.1. Identified risks

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



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

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



Aberdeen City Health & Social Care Partnership

Job Profile

Chief Finance Officer



Aberdeen City Health & Social Care Partnership
A caring partnership



About the Role

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

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

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



Key Outcomes and Task Examples

The post holder will deliver the following outcomes:

Examples of related tasks:

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

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

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

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

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

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

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

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

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

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

Core Behaviours - Aberdeen City Health and Social Care Partnership

The post holder needs to demonstrate the following behaviours:

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

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

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INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	Health and Social Care Partnership Meeting Dates 2025-26
Report Number	HSCP.24.079
Lead Officer	Fraser Bell
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	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself.

1. Purpose of the Report

- 1.1. To seek approval of the Integration Joint Board (IJB), on the meeting dates proposed for 2025 - 26 in respect of the IJB, the Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC).

2. Recommendations

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

- a) review and approve the Meeting Schedule for 2025-26 as at section 4.6.



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3. Strategic Plan Context

- 3.1** The Strategic Plan sets out the aims, commitments and priorities of the Partnership, in alignment with Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP), NHS Grampian's Clinical Strategy and Aberdeen City Council's Local Housing Strategy.
- 3.2** ACHSCP and its governance body, the IJB, have now been operating for over eight years. During this time, real progress has been made to integrate the health and social care services delegated from its partners, Aberdeen City Council and NHS Grampian. The Integration Scheme requires adoption of good governance which has proven essential to delivery of the partnership's services and developments.

4. Summary of Key Information

- 4.1.** As per Standing Orders, Article 11.5, the IJB's annual calendar of meetings shall run from 1 April to 31 March of the following calendar year. A schedule of meetings shall be approved by the IJB prior to 1 April of the new meeting year.
- 4.2.** At its meeting on 27 March 2018, the Board agreed to annually review its meeting arrangements.
- 4.3.** The IJB will continue to meet on Tuesday mornings, on a 6-8-week cycle. No meetings have been scheduled during public holidays and no meetings currently clash with (known) Aberdeen City Council or NHS Grampian Board meetings.
- 4.4.** All meetings of the IJB are scheduled to run between 10:00am and 1:00pm.
- 4.5.** As per the IJB Budget Protocol agreed on 7 March 2017, a dedicated budget meeting has been scheduled to allow the Board to agree a budget following Aberdeen City Council and NHS Grampian Board setting their annual budgets. In line with the IJB Scheme of Governance, additional meeting dates can be set at the Chair's direction.



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- 4.6. The Board is requested to review and approve the following Meeting dates for the period January 2025 to March 2026:

IJB – Tuesdays at 10am	RAP – Tuesdays at 10am	CCG – Tuesdays at 10am
4 February 2025 (already scheduled)	25 February 2025 (already scheduled)	
18 March 2025 (BUDGET) (already scheduled)	30 April 2025 (Wednesday)	11 March 2025 (change from scheduled date of 25 March 2025)
13 May 2024	2pm 17 June 2025 (Wednesday) (unaudited accounts (to be agreed with CFO))	17 June 2025
1 July 2025	27 August 2025 (Wednesday)	7 October 2025
30 September 2025	19 November 2025 (Wednesday)	16 December 2025
2 December 2025	24 February 2026	24 March 2026
3 February 2026		
17 March 2026 (to be agreed with CFO) (BUDGET)		

- 4.7. Should members approve the meeting schedules, they will be published on the Aberdeen City Health and Social Care Partnership (ACHSCP) and Aberdeen City Council (ACC) websites as appropriate.
- 4.8. As per the decision of the Board on 28 August 2018, stand-alone IJB Insight Sessions and Topic-Specific Seminars have been scheduled throughout the year.



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Meeting Format

- 4.9. The IJB has met in hybrid meetings, where some Members physically attend at a meeting room and others attend remotely via Microsoft Teams since April 2023. This permits members of the press and public to attend the meetings as they happen. Recordings of the meetings are uploaded for public access after the meeting.

5. Implications for IJB

- 5.1. **Equalities, Fairer Scotland and Health Inequality** - Officers will seek to ensure that meeting recordings are still available online even where meetings are held in the hybrid format to maximise accessibility. The decision on meeting dates does not necessitate a Health Inequality Impact Assessment as it does not impact on any protected characteristics.
- 5.2. **Financial** - None directly arising from this report.
- 5.3. **Workforce** - It is anticipated that a meeting schedule which is publicly available on the Partnership's website would be beneficial for Aberdeen City Council, NHS Grampian and Partnership workforces. By scheduling IJB meeting dates up to March 2026, Board members, officers, auditors and stakeholders would be able to plan ahead and effectively prepare for Board meetings.
- 5.4. **Legal** - Approval of the meeting schedule complies with the IJB Standing Orders and helps ensure transparency with respect to when the IJB and its committees shall meet.
- 5.5. **Unpaid Carers** – Approval of hybrid meetings ensures flexibility for Carers to choose their method of attendance.
- 5.6. **Information Governance** - there are no direct information governance implications arising from the recommendations.
- 5.7. **Environmental Impacts** - There are no direct environmental implications arising from the recommendations of this report.



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

6. Management of Risk

6.1. Identified risks(s): The Board would be unable to take timely and informed decisions without an agreed meeting schedule; this would undermine the effectiveness of the Board's governance arrangements.

6.2. Link to risks on strategic or operational risk register: Strategic Risk Register (5) Reputational Risk - Failure of the IJB to function, make decisions in a timely manner etc.

6.3. How might the content of this report impact or mitigate the known risks: By agreeing a meeting schedule the Partnership would be able to ensure reports captured the views of key stakeholders during the consultation process. The Board would then be in a position to take informed and timely decisions to support the functions and strategic objectives of the Partnership.

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INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	Getting it Right for Everyone and Putting People First
Report Number	HSCP.24.083
Lead Officer	Shona Omand-Smith
Report Author Details	Name: Shona Omand-Smith Job Title: Commissioning Lead Email Address: SOmandSmith@aberdeencity.gov.uk
Consultation Checklist Completed	No
Directions Required	No
Exempt	No
Appendices	a) GIRFE toolkit b) Putting People First Summary Report c) Presentation for IJB
Terms of Reference	Performance 4. Approve, monitor and review a performance framework for the IJB in respect of its policy objectives and priorities in relation to all delegated functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against IJB budgets, the National Health and Wellbeing outcomes, the associated core suite of key performance indicators and other appropriate local objectives and priorities



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1. Purpose of the Report

- 1.1. This report seeks to provide IJB members with an update on the progress of the Getting it Right for Everyone (GIRFE) Pathfinder work and NHS Grampian's Putting People First approach.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) notes the content of the report on GIRFE and Putting People First; and
 - b) endorses the collaborative approach being taken to align approaches into a clear whole system approach.

3. Strategic Plan Context

- 3.1. One of the strategic aims of the Aberdeen City Health and Social Care Partnership (ACHSCP) strategic plan is Caring Together which ensures we are working with people and communities to ensure decisions are made together and that services can be delivered which ensures they have access to the right care, at the right time and in the right way. This aim is at the heart of both GIRFE and Putting People First which aims to work with people to ensure they have access to high quality care which is accessible and safe and that they are treated with dignity and respect by everyone who works with them. The strategy also requires a whole system approach and close working with NHS and other key partners. We are bringing these two updates together to demonstrate the collaborative and cross system approach we are taking.

4. Summary of Key Information

- 4.1. In 2022, ACHSCP and Aberdeen City Council applied to become a Pathfinder on two of the five thematic areas of GIRFE:
- Older Adults and frailty; and
 - Families with multiple and/or complex needs and young people in transition from GIRFEC to GIRFE.



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As set out in the Chief Officer's report to the Integration Joint Board on 31 January 2023, the application was successful, and Aberdeen City was selected as one of 11 successful areas. The person-led approach to the programme which puts people at the centre of the decision-making processes is, as set out above, aligned to our Strategic Plan. Pathfinder status was considered as an enabler to reshaping a better health and social care support service for the residents of Aberdeen now and in the future.

- 4.2. GIRFE is a multi-agency approach to health and social care support and services from young adulthood to end of life care. GIRFE builds on existing best practice and learning from getting it right for every child (GIRFEC). GIRFE is part of a programme to improve population health and wellbeing, reduce health inequalities, create sustainable health, and care services. will provide a national practice model to embed inter-agency working. It works in line with the community health and social care integrated service framework and provides a model to deliver the framework that supports person centred outcomes.
- 4.3. ACHSCP worked with other pathfinders and partners, the GIRFE team from Scottish Government and with local people on the GIRFE design school which is based on the Scottish approach to service design. The process followed four phases discover, define, develop, and deliver. This support model helped to build relationships, get ready for co-design work and engage people with lived experience on the specific thematic area, problem exploration or redesign challenges.
- 4.4. Aberdeen City, through the design process, has helped shape the design and development of a national toolkit which is designed to deliver a more personalised way to access help and support when it is needed. Locally, the GIRFE ethos and principles have been embedded into all new contracts including those with Bon Accord Care, Granite Care Consortium and the Supported living and Complex Care frameworks. This ensures that GIRFE is the approach the service will take to ensuring they are getting it right for everyone across Aberdeen City. Key Performance Indicators (KPI's) are in the process of being co-designed with providers, this will further embed the GIRFE approach. So far, Aberdeen is the only Pathfinder who is taking this approach to embed GIRFE into contract co-design and contracts with services and other areas across Scotland are actively engaging with us on our approach.
- 4.5. As part of the pathfinder process, Aberdeen has helped to inform the development of a national toolkit to help inform a person led approach to



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managing transitions between children's services and adult services. This included the application of feedback from parents in Aberdeen who have experience in local arrangements. To help improve the experience of those that are cared for and their families when moving between children's and adults' services, a multi-agency group was recently established in Aberdeen. This group will seek to apply the new GIRFE toolkit to its activities and an update on the work of the group will be provided to the IJB in the first half of 2025.

- 4.6.** The ambition of GIRFE is to place the person at the centre of all decision making, with a joined up consistent approach, regardless of the support needed at the stage of their life. The work has culminated in the development of a national toolkit (see appendix A) focusing on developing a 'Team around the person,' which can help support the move towards a person-led approach.
- 4.7.** ACHSCP has further ambitions to work in connection with other national approaches to development of a person led approach to service delivery. ACHSCP has committed to working with Health Improvement Scotland (HIS) for the next eighteen months on implementing a Human Learning Systems approach. Human learning systems is an approach that starts with the belief that public service exists to support human freedom and flourishing and will enable us to learn and experiment with the aim of designing better systems and services which will ensure that we are Putting People First.
- 4.8.** Putting People First is a Grampian initiative based around four key guiding principles:
- We always put people first
 - Collaborate always
 - We value each other as equals
 - We care about our shared purpose and learn together.

There are four workstreams which will help embed the aim and vision of the programme:

- Supporting people's skills and confidence
- Developing community led health responses
- Increase public voice in public service
- Grow a network of innovators.



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- 4.9.** NHS Grampian's Plan for the Future articulates an ambition to change the relationship with the public so we can create a more preventative system and develop sustainable models of care rooted in communities. A focused piece of work has been undertaken to help refresh NHS Grampian's approach to how to involve and listen to people in line with evidence on effective community engagement. The output from this is NHS Grampian's Putting People First approach. The Putting People First approach (see Appendix B) requires a shift towards building relationships with communities and creating two-way ongoing dialogue to help create more preventative and sustainable models of care. It recognises that to succeed, this will need to be developed with local HSCPs and Community Planning Partnerships.

Mindful of the culture change required and the financial pressures facing the health and care system, the three horizons model provides a framework where over the next two years, the focus is on setting the foundations for Putting People First through the following workstreams:

- Increasing people's skills and confidence in listening to and involving others
 - Developing Community Appointment Day and other community led health approaches
- 4.10.** Increasing the feedback we receive and acting on what we hear making listening to and involving people a visible priority and growing a movement of collaborators and sharing learning across the system. Aberdeen HSCP is involved and actively collaborating across all four workstreams.
- 4.11.** We recognise multiple but similar approaches (e.g., GIRFE, Human Learning Systems, Putting People First) can be confusing for staff and public. We also recognise that resources are limited, and we are going to be more impactful where we work collaboratively across aligned agendas. ACHSCP will work with partners to work together to refine and simplify where possible and maximise the opportunities these approaches provide to drive forward our prevention agenda. ACHSCP will seek to embed the approaches into the new IJB Strategic Plan for 2025-2029. This will promote an approach across all ACHSCP services that is in line with person led and outcome focused care for the citizens of Aberdeen.

5. Implications for IJB

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



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5.1. Equalities, Fairer Scotland and Health Inequality

For the purposes of this report, an IIA is not required.

5.2. Financial

The GIRFE programme from Scottish Government has come with no additional resources or funding and has been supported by ACHSCP.

The risks have been mitigated in regard to the balancing of staff and work to ensure the GIRFE work can progress with minimal impact on other pieces of work.

There are no additional financial impacts going forward.

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

Unpaid carers have been supported to be part of the co-design discussions with GIRFE to help shape the national resource toolkit and will be part of The work going forward for Putting People First

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.



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5.8. Sustainability

There are no sustainability considerations to be detailed as a result of this report.

6. Management of Risk

Financial risks	low
Regulatory compliance risks	low
Risks to quality and innovation outcomes	low
Risk of harm to patients/clients and staff	low
Reputational risk	low
Risks relating to commissioned and hosted services	low

6.1. Identified risks(s)

The main risk to the projects is staffing risks, this is due to both programmes of work not receiving any additional resources but are being carried out as an additional task. The risks have been mitigated as these programmes of work have been identified as work with could improve and positively influence the culture and quality of care delivery across Grampian, and indeed Scotland.

The staff involved in the programmes have been well supported operationally by line management and strategically via senior leadership engagement and commitment to seeing the programmes through to completion.

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

There are risks as highlighted above in relation to the staffing resources.

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**getting
it right
for everyone**

Getting it Right for Everyone (GIRFE) – The Team Around The Person

Draft Toolkit

10 September 2024

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1. Introduction

Getting it right for everyone (GIRFE) is a multi-agency approach to health, social work, and social care support and services from young adulthood to end of life care.

GIRFE intends to shape the design and delivery of health and social care services, ensuring that people's needs are met. It is about providing a more personalised way to access help and support when it is needed. The ambition of GIRFE is to place the person at the centre of all the decision making that affects them, with a joined-up consistent approach regardless of the support needed at any stage of life.

GIRFE is currently being co-designed by the Scottish Government, Health and Social Care Partnerships, and the people of Scotland. This has included the co-design of a national toolkit, focused on developing a 'Team Around The Person', which can help support the move towards a person-centred approach to care and support in Scotland.

The GIRFE 'Team Around The Person' toolkit has not just been informed by, but has been collaboratively designed with, the people with the lived experience, lived expertise, and professional experience, who will be impacted by its implementation. This means that real people across Scotland have actively helped to identify the barriers that stop us Getting It Right For Everyone across health, social work, and social care and have worked with their local pathfinder teams to shape the solutions detailed within this toolkit.

The draft tools within this toolkit form a national toolkit which aims to support implementation of a more person-centred, consistent, individualised approach to health and social care support, which will help to embed inter-agency working across Scotland. This is fundamental to ensuring a GIRFE approach can be taken forward at a local level, as well as across the nation.

The 'Team Around The Person' toolkit provides a starting point for pathfinders, partners, and policymakers across Scotland, to begin testing and implementing tools which can support us all as we move towards adopting a GIRFE approach.

This draft toolkit, which will be updated iteratively as GIRFE draft tools are tested and implemented across Scotland, is also the starting point

for a wider conversation on how we all start Getting It Right For Everyone across Scotland. This should include discussion on any systemic barriers to the implementation of these tools.

Following further testing and implementation by pathfinders this Summer, the ambition is to publish an iterated version of the GIRFE toolkit for 'the Team Around The Person' in Autumn 2024, to enable further implementation across Scotland, and a national approach to be taken forward.

Further detail on next steps can be found at the end of this toolkit, including on where we see the next focus areas of GIRFE to be, and how this toolkit can act as a catalyst for a collective call to action for the Scottish Government, health and social care system, and beyond, so that we can all start Getting It Right For Everyone.

Further Resources

Health and Social Care ALLIANCE video on GIRFE - [An introduction to Getting It Right For Everyone \(GIRFE\) \(youtube.com\)](#)

Health and Social Care ALLIANCE video on GIRFE (Part 2) - [An introduction to Getting It Right for Everyone \(GIRFE\) part 2 \(youtube.com\)](#)

Getting It Right For Everyone (Factsheet) - <https://www.gov.scot/publications/getting-it-right-for-everyone-girfe/>

2. GIRFE Principles

The GIRFE principles have been designed to reflect the standards and best practice required to successfully deliver meaningful change to health and social care services.

They can be embedded across health and social care services, as well as across other areas of the public sector and beyond, which impact a persons' life.

While the toolkit provides practitioners with the tools to implement the 'Team Around The Person' approach, the GIRFE principles help to ensure the ethos of GIRFE is present in all areas of policy development and professional practice.

The principles have been through multiple iterations, with significant input from GIRFE pathfinders, people with lived experience, Scottish Government policy officials, the office of the chief designer, and professional leads.

The GIRFE principles form the foundations of a GIRFE approach.

The development of the GIRFE principles has been and continues to be an ongoing iterative process. It has been vital to ensure that the principles themselves are person-centred, reflecting the ethos of GIRFE. Within the co-design of the principles, we have sought to:

- Understand people's experiences of accessing health and social care services in a range of different settings, across geographic and thematic areas.
- Embed their expertise and knowledge into each version of the principles.

This engagement includes individuals with lived experience and expertise in delivering services and has enabled rich collaboration across teams to consider the principles and how they should be expressed.

We are keen to ensure that these principles reflect the ethos of GIRFE and that we do not lose the voice of the person, while iterating these. We

ask for any further reflections from pathfinders over the Summer, to be sent to GIRFE@gov.scot.

2.1 GIRFE Principles - updated

- I have the information I need to make decisions about my life, in a format that works for me, and I am supported to understand what options are available to me, and trusted to know what is right for me. *
- The people who support me take the time to listen to and understand me as a person and communicate in a way that works for me. We consider my whole life when making decisions about my life. *
- I know that I can be clear about what matters to me, and I trust that my choices will be respected and taken into account by the people who support me.
- I am treated with kindness, dignity and respect at all times.
- The people I am involved with work together with me and each other to share relevant information, in a format that is accessible to me, and develop a clear understanding of how to support my wellbeing. *

*Within this principle, 'I' or 'Me' can be substituted for / include the addition of 'my guardian' or 'my power of attorney' where relevant.

3. GIRFE Draft Toolkit: The Team Around The Person

Throughout our conversations with people across Scotland, we have heard that the following is frustrating:

- having to tell your story multiple times
- information that is too complex
- multiple appointments with different people

Through GIRFE, we are committed to ensuring everyone in Scotland can access the care and support they need throughout their lives.

The GIRFE 'Team Around The Person' will support Health and Social Care professionals across Scotland to provide support holistically to individuals in the health and social care system.

This will help ensure that people do not have to tell their story repeatedly, that they are supported to understand information about their own health and care and are supported to navigate the system to get the support that matters to them as an individual.

4. GIRFE Draft Tool: My Plan

As part of co-designing the 'My Plan' prototype, insights were gathered through user research and other engagement sessions with people with lived experience and staff.

'My Plan' is a live document that is created, and updated, collaboratively between the person and their team and it is centred around the person's whole life and what matters to them.

'My Plan' can be completed by the individual, with support from a professional or trusted person (e.g. care coordinator).

The ambition of the Scottish Government is to ensure that anyone who has multiple professionals involved in their care, is supported by a plan.

'My Plan' will enable information sharing across services to avoid people retelling their stories multiple times while accessing support.

'My Plan' should include non-stigmatising language and avoid jargon and technical terms, enabling individuals to understand their plan and feel empowered when sharing their plan and making decisions in collaboration with the professionals who are supporting them.

'My Plan' is flexible and will be tailored to the individual's needs, including those related to significant life events such as bereavement and unemployment for example.

Below is the 'My Plan' Draft Tool. The tool details: what a plan is, how to update it, and includes sections for a person to fill in and complete.

An example of these tools are available below – however, you may wish to tailor these to the specific context in which you are working. This could include using a pre-existing template and ensuring alignment with this prototype and the principles of GIRFE.

GIRFE Tool: My Plan

This document is for anyone who wants to record details about themselves. The plan can be tailored to the individual's requirements and sections added/removed depending on what is relevant.

The Plan means:

- You do not have to re-tell your story to people who support you with your health and social care.
- You can write down your goals for living well.
- To help health and social care professionals to build a better understanding of you, or the person you support, to be able to deliver the best support possible.

'My Plan' will have been given to you during a conversation about your living well goals with a person who can support you with your health or social care. For example, this could be when:

- You have gone to a health or social care appointment.
- When you have self-referred to a new service.
- When you have been diagnosed with an illness.

This document does not replace an assessment. You do not have to complete 'My Plan' if you do not want to.

Updating your plan

You own this plan. You can update, edit, archive, and delete information when you want to.

Choosing who sees your plan

If a person working in health and social care would like to see your plan, they will ask you. You can decide what they can and cannot see.

If you cannot decide because of a period of ill health or incapacity, the **[person supporting your health and social care]** will speak to **[add appropriate person]** to decide if the person requesting access can have it.

What is in this document?

The first section of the plan is called 'About me'. It asks questions about you, your wellness, your decisions and how you want to be treated, This section can be completed by you.

The second section provides tools to assess your health and wellbeing. If you choose, these can help give advice on staying healthy and well.

Further sections may be added to your plan by yourself, a parent or carer, or health and social care professionals.

Dates and who can see my plan

Date completed:

Completed by:

With the help of:

Important dates

For noting changes and updates. For monitoring purposes by professionals and highlighting important dates.

Who can see my plan:

My decision on who can see each section.

Date:

Name of person:

Section(s) they can see:

The name I like to be called:

My full name:

My date of birth:

My pronouns:

Essential health information

(Allergies, prescriptions, conditions)

How I communicate and how to communicate with me

Ways to communicate with me. Accessibility requirements (what I need to overcome communication barriers). How you can help me understand.

People who are important to me

This may be your partner, family, friends, neighbours, people who care for and support you (e.g. social care support and health professionals, third sector organisations / support groups), and people who can make decisions when you are not able to (next of kin, power of attorney).

What is important to me

How to respect me and enable my choice and autonomy, my routine and need for consistency, what motivates me, my goals, and my ambitions in life.

My culture, faith, and religious beliefs

Things that may worry or upset me

What makes me feel better if I am anxious or upset

How I live well

What is normal for me (e.g. current health / mental health conditions and how it affects me)

How to enhance my wellness – focusing on things that have positive impacts on my wellbeing.

What I want help with to keep me living well

Signs I'm not living well

What happens if I'm unable to live well

How my health impacts my independence and capacity.

Notes from people who support me

Include any details from people who support your care and important dates for you. You can include any advance plans you have made, such as anyone you have appointed as your power of attorney.

My goals

What I want to achieve

List the goals you want to achieve, how you will achieve them, and when you want to achieve them by, and how you plan to reflect and celebrate your achievements.

5. GIRFE Draft Tool: My Team

During the co-design of GIRFE, it was evident from people with lived experience that they often were receiving support from multiple professionals in Health and Social Care, along with support from third sector organisations, other public agencies, and also from their family members and their community.

Due to the number of individuals involved in providing care and support to people, it is often difficult for people to understand, or communicate, who is in their support network.

‘My Team’ was developed as a tool to record all the individuals and organisations providing care and support to a person. This document will make it easier for people to share who is in their support network and enable them, and the professionals involved in providing care and support, to identify where there are gaps or additional support needs.

‘My Team’ can be completed by the individual, with support from a professional or trusted person (e.g. care coordinator).

‘My Team’ can be used by professionals to support a conversation with individuals to assist them to consider and communicate who is in their support network.

‘My Team’ will enable professionals to view what other professionals, organisations and individuals are providing support to a person and allow them to work collaboratively, where appropriate, to ensure specific support needs are met.

The format of ‘My Team’ is flexible and should be adapted to the persons requirements. Two potential options that were generated from the GIRFE design process are below.

An example of these tools are available below – however, you may wish to tailor these to the specific context in which you are working. This could include using a pre-existing template and ensuring alignment with this prototype and the principles of GIRFE.

GIRFE Tool: My Team

Date completed:

Completed by:

With the help of:

How to use this:

This is an example of how you can think about and share what is important in supporting your health and wellbeing. You can include anyone that matters to you – including family, friends, and professionals.

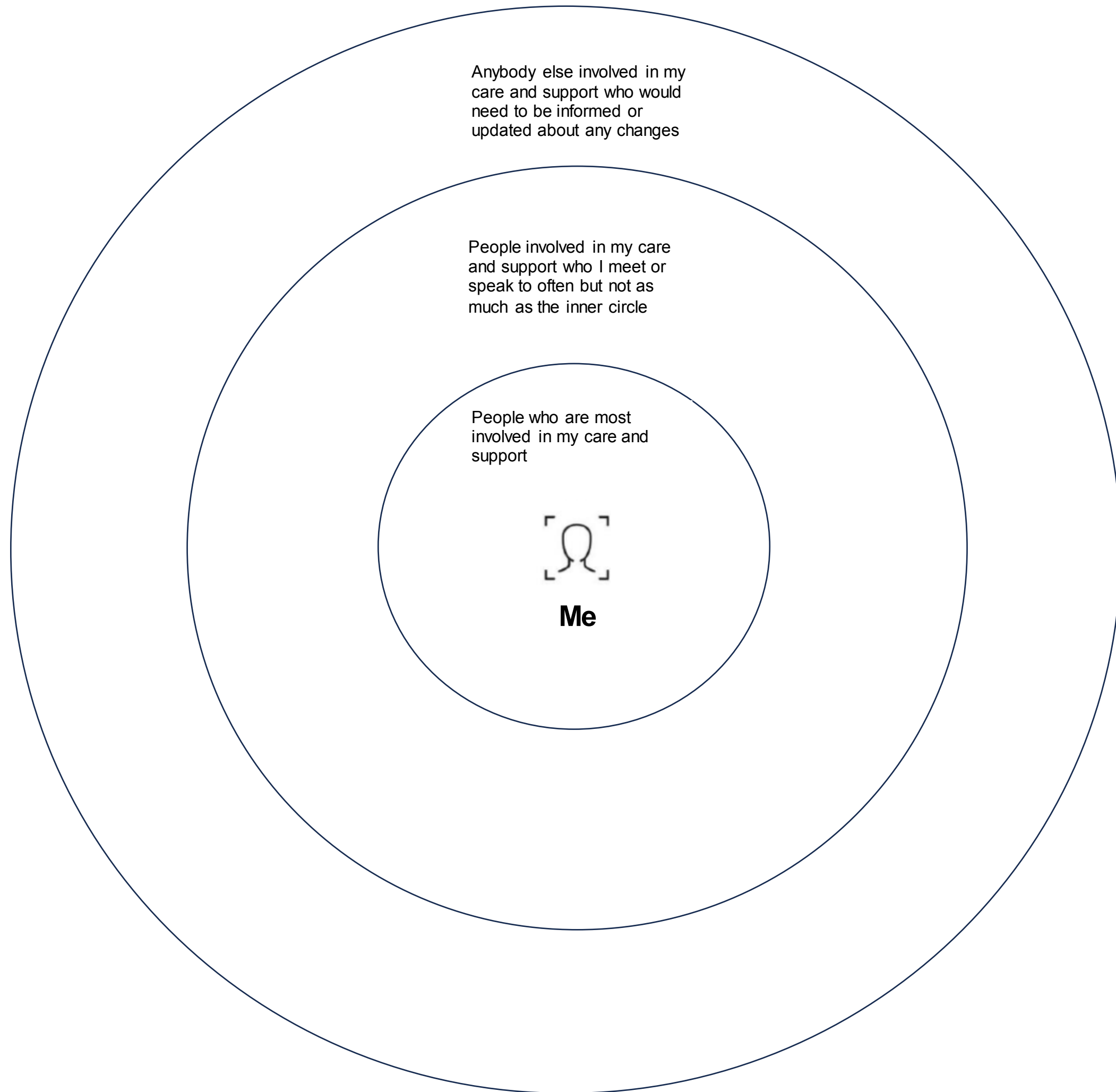
People can be removed or added at any time. You can include their details or contact information on here too.

You can also choose if you would like to have a paper or digital version of this.

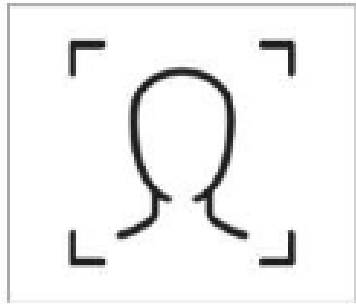
For the paper version, you can cut out the templates on page two and stick them on this diagram or just write the details on.

What's next:

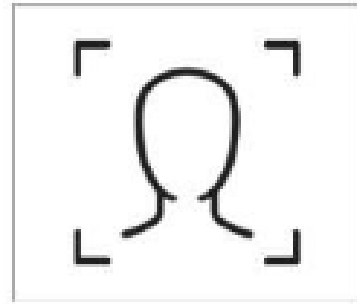
Share this with anyone in your team or anyone that joins your team. It will allow them to see who is important to you and who should be involved in the discussions and your health and wellbeing.



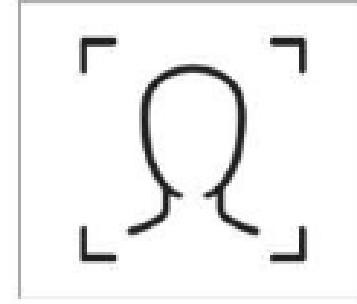
GIRFE Tool: My Team



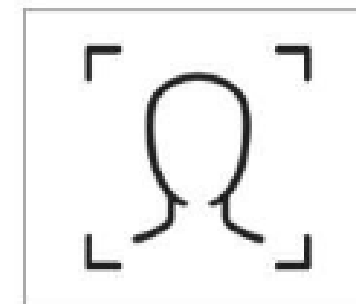
Their name:
Their role:
Contact details:



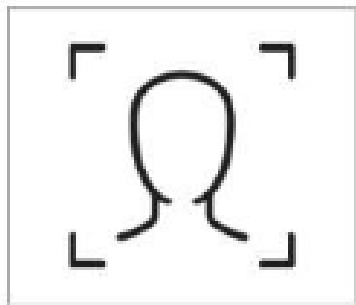
Their name:
Their role:
Contact details:



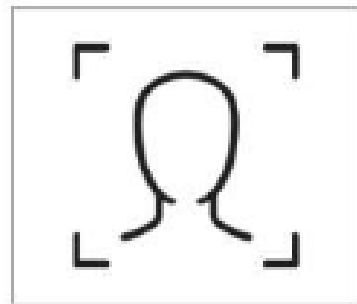
Their name:
Their role:
Contact details:



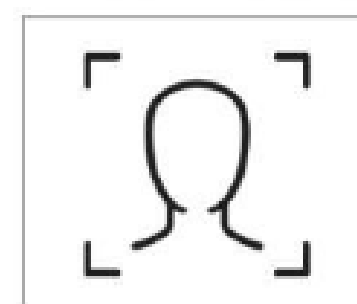
Their name:
Their role:
Contact details:



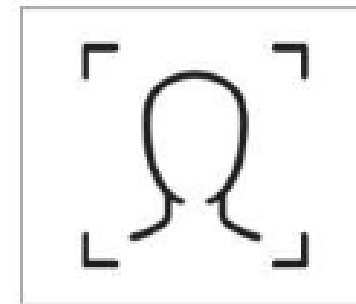
Their name:
Their role:
Contact details:



Their name:
Their role:
Contact details:



Their name:
Their role:
Contact details:



Their name:
Their role:
Contact details:

6. GIRFE Draft Tool: Co-ordinator

During the co design process, people with lived experience expressed that they often felt overwhelmed with the number of different people involved in their care and the number of different uncoordinated appointments that they were required to attend.

People found the Health and Social Care system very complex to navigate and it was often difficult to understand what services were available to them and how to access them.

Staff working within the system identified gaps in knowledge and training in relation to holding in depth trauma-informed discussions with people about their experiences and also their care needs.

The pathfinder and partner teams co-designed the 'co-ordinator' role description with people with lived experience. It aims to provide people who have ongoing care needs with a single point of contact from their multi-disciplinary team, who will provide a co-ordination role to ensure that their health and social care needs are understood and met.

The co-ordinator will take a trauma-informed approach to developing and maintaining a trusting relationship with the person receiving health and social care support and they will assist with creating/updating 'My Plan', navigating the system, co-ordinating appointments and ensuring that the persons is involved in planning and the decisions that affect them.

There are two parts of the 'co-ordinator' prototype. The first tool is for people receiving care. It is a role description which describes the role of the co-ordinator and how they will work the person and their family / guardians if appropriate.

The other part of the co-ordinator prototype is guidance for staff to assist with identifying an appropriate co-ordinator. It sets out guidelines around how the role works, when a co-ordinator is required and managing change related to the persons requirements or change of co-ordinator.

An example of these tools are available below – however, you may wish to tailor these to the specific context in which you are working. This could include using a pre-existing template and ensuring alignment with this prototype and the principles of GIRFE.

GIRFE Tool: Co-ordinator – role description for service users

You will be offered support from a co-ordinator when:

- You have an ongoing need for care and support.
- You have told us you like support when co-ordinating your care.
- You have told us you would like support to understand who is in your team and to ensure your needs are heard and understood.

Your co-ordinator will be able to provide support for as long as you need them. They are a member of your multi-disciplinary team. They have access to your plan and understand what is important to you.

They will work with you and your family / guardians to:

- Make sure that you have a plan and that it is kept up to date.
- Make sure that your team follows your plan.

They will work with you and your team to:

- Provide you with the information you need about your care and support.
- Advocate for your needs and what is most important to you.

You can contact your co-ordinator by phone: **[Insert phone number]** or email: **[Insert email address]**

If your co-ordinator is unavailable, you can get in touch with **[Insert contact name] [Insert contact number]**.

If you have a question for somebody else in your team and feel comfortable reaching out to them, having a co-ordinator should not get in the way of you doing this.

GIRFE Tool: Co-ordinator – role description for staff

What is it?

A co-ordinator is a trusted point of contact who will support people with the co-ordination of their plan and appointments. They will be able to answer any questions a person might have when working with a team.

They will work with a multi-disciplinary team to co-ordinate and meet someone's health and social care support needs.

This may describe how many multi-disciplinary teams already work. This role description is about ensuring that a co-ordinator is appointed for all cases where they are needed.

There must be respect and understanding of the co-ordinator role across multi-disciplinary teams in order for them to work effectively.

Who should be offered a co-ordinator?

Support from a co-ordinator should be offered to people who have an ongoing need for care and support.

They are most likely to be needed when there is more than one team involved in providing their care and support. This should be assessed based on the individual and discussing what would support them best.

Who does it?

A co-ordinator should be an existing member of a team providing care and support to a person.

They can work in any role in the team and are most likely to be based in the team a person interacts with most. For example, as a cancer patient is likely to be in touch most with an oncology team, you would expect the co-ordinator to be a member of this team. Or if a person has dementia and requires care at home, the co-ordinator may be a social worker.

However, if somebody else in the team has a strong relationship with a person, it is worth considering whether that would be a more helpful person to perform this role.

How it works

A co-ordinator is an integrated member of the team who supports everyone to work together to address the needs of an individual in a way that works best for them. This could include:

- Arranging appointments based on their work / caring schedules.
- Providing updates and alternative options if appointments need to change.
- Getting in touch with follow up information as/when needed.

They should have access to systems that allow for sharing of information between teams. This includes a person's plan, which is the key tool for understanding their history, needs and preferences.

When to offer it?

Teams should offer support when they see that things might become challenging or complicated.

For people who are new to receiving support from multiple teams, this should be offered at a time when at least two teams are coming together and there is a clear need for co-ordination to happen.

For people who currently receive support from multiple teams, this should be offered as part of ongoing conversations about whether any additional support is needed.

A person can be offered a co-ordinator and decide not to take up the offer if they or a member of their family/team feel able to manage this.

What to do when a co-ordinator is no longer needed?

How long a co-ordinator should provide support for depends on individual need. There should be regular check-ins to understand whether the support is still needed.

Managing change

If a co-ordinator moves on or there is a change in staffing, they should always be replaced and an update should be provided to the person they support as soon as possible.

7. GIRFE Draft Tool: Virtual Meetings

Throughout the co-design journey, it became clear that to facilitate a 'Team Around The Person', we need to be able to bring everyone in a team together in one place.

Pathfinder and partner teams reflected that a meeting space to enable these interactions would need to be accessible and easy to use and there would be clear support for the person before, during and after the meetings took place.

By having clear guidance around the use of virtual meetings, teams should be able to come together around a person more effectively. This also helps ensure a person's chosen support person and team are able to attend, while minimising the need for in-person appointments.

Virtual Meetings can also help practitioners to communicate with each other, and with the individual, around their plan.

Two tools have therefore been co-designed in order to implement effective Virtual Meetings. These are:

- a guide containing best practice tips for virtual meetings
- a storyboard detailing the example stages and steps of support required before, during and after a virtual meeting

An example of these tools are available below – however, you may wish to tailor these to the specific context in which you are working. This could include using a pre-existing template and ensuring alignment with this prototype and the principles of GIRFE.

GIRFE Tool: Best practice for virtual meetings

Preparation, preparation, preparation

Don't underestimate how important this is (or how much though needs to go into it) to ensure a meeting is successful and makes the most of everyone's time.

Pre-meetings are a valuable way to have people involved in shaping the agenda and feeling involved in what matters to them. As is having a skilled meeting chair or facilitator who can keep the conversation on track.

Purpose

Focus on the 'why' behind the meeting and ensuring everyone is on the same page about it. Set expectations for all involved to ensure that the time spent together is productive.

Make sure the meeting invitation is clear and sets out what everybody should expect at the meeting.

Offer technology support

Do not make assumptions about skills or capability. Ensure technical support is offered to everyone when arranging a new virtual meeting. Prepare a draft of clearly written, step-by-step instructions for attending and joining a virtual meeting that you can re-use. Include details on requirements for a successful meeting, such as strong WIFI connection.

Considering accessibility

Ensure you understand a person's needs around a virtual meeting and what would be most helpful to them. Make any accommodations that are needed and make the team aware of what they might need to do too.

Mutual respect

You are entitled to respect from everybody on a virtual meeting. This respect works both ways.

GIRFE Tool: Storyboard for Virtual Meetings

Before meeting



Sally contacts her co-ordinator and tells them she wants to have a meeting about her plan. This is because there are multiple people involved and a meeting feels the simplest way of bringing the right professionals together.



The co-ordinator agrees this is a good idea and offers to give Sally support during the call. Sally agrees this is a good idea.



The co-ordinator asks Sally if she would like a meeting in person, online, or in a hybrid way. Sally would prefer it online. Her co-ordinator asks if she needs any tech support to have the meeting digitally. Sally has good wi-fi and a laptop, so feels comfortable.



Sally and her co-ordinator schedule in a virtual pre-meeting to chat about what to expect from the meeting with the professionals. They co-design and agree the agenda and outcomes together. They also check Sally's sound and visuals are working ahead of the call.



The co-ordinator shares the agenda with Sally's team of professionals. The professionals are asked what they'd like to cover in the meeting too – and the co-ordinator checks Sally is comfortable with this. She is, and the final agenda is agreed by everyone.

During meeting



The meeting has a chair: someone who is responsible for making sure everyone is heard, has support, and the meeting follows the agenda. The chair is the first to join the call.



Sally and her co-ordinator join the call next, just to make sure the tech is working.



The chair starts the meeting and asks everyone to agree to ground rules. Then they do some housekeeping, set out the agenda and explain how the call will be recorded. Everyone agrees to this.



During the meeting, Sally's co-ordinator checks in with her, asks if things make sense, or if she would like anything clarified. Sally asks for an explanation of a technical term. The chair helps explain the jargon and make sure everyone is on the same page.



Before the meeting ends, Sally, her co-ordinator and team of professionals agree next steps. There is transparency about what's next and the chair is responsible for making sure all actions are followed up. Sally feels reassured, listened to, and has clarity about her plan going forwards.

After meeting



Sally's co-ordinator arranges a follow-up call and asks Sally for her feedback. They ask: how did you find it? Were the right people in the room? Was it accessible?



Sally gives her feedback. She also has the opportunity to ask any questions that she might have forgotten during the meeting. The co-ordinator agrees to follow up with these questions.



The co-ordinator gets back to Sally and provides answers to her questions. They also share an anonymous feedback form, so Sally can tell more about her experience in an anonymous way.



The co-ordinator ensures that there is a note summarising the meeting and follow up actions are recorded in a space that all team members can access.

8. GIRFE Draft Tool: Community Hub Principles

The positive impact of community and social connection has been a constant theme throughout the GIRFE co-design process.

Insights from engagement by pathfinders with people with lived experience have found that:

- social connection and the impact of loneliness is a factor on the health of older people and how they access services.
- services should be available in local areas, or support to travel to other areas if required.
- efforts should be made to use non-stigmatising language and avoid jargon and technical terms.

Building on these insights, the GIRFE pathfinders and partners have co-designed a set of principles which offer a vision for the 'community hub', representing its ambitions and how it should work. These principles can help support people within a community to build an inclusive, purposeful, and supportive community hub.

As well as a set of Community Hub Principles, pathfinders have prototyped a Community Hub toolkit and bank of case studies. Further work will be needed to consider where the toolkit and case studies would be held, however the following tools provides a starting point for these conversations and could be implemented on a smaller scale.

An example of these tools are available below – however, you may wish to tailor these to the specific context in which you are working. Existing services, third sector, and other organisations could also be considered as 'Community Hubs' if they follow the principles as set out.

GIRFE Tool: Getting It Right For Everyone (GIRFE) Community Hub principles

Community-led

Local people are involved in decision making about how services are run and how buildings are managed.

The community supports the delivery of the community hub through volunteering.

Ideally managed by a community-led organisation, but alternatively they can be owned or managed or supported by a public agency such as a housing association or local authority with substantial input from the community.

Available and well-used

A community hub could have a virtual and/or physical presence in a community.

Community hubs utilise local buildings and land to provide a base for these activities.

Maximises services on offer and open as much as possible.

Engaging

Key to the development of services/activities within the local community.

A place to engage with public services to ensure the communities voice is heard.

Linked to key service providers and local representatives in the community – e.g. community council, local councillors, location and areas manager, medical centre.

Multi-purpose

Providing and hosting a range of activities and services that are used by lots of different people.

The range of services reflect local need and may be delivered by local people, other organisations or public agencies – for example: parent and toddler groups, health and wellbeing activities, employment support, childcare, library services, advice and information.

Financially sustainable and resilient

Community hubs need an income to be sustainable.

A range of income sources are needed to cover the costs of running the building and maintenance.

Makes use of good ideas and resources within the community and can adapt to changing circumstances.

Receive and act upon feedback from the community on what is and what is not working.

GIRFE Tool: Community Hub toolkit and case studies

Available and well used

Assets could be acquired through Community Asset Transfer (for example: an old school, sporting ground or town hall).

Community asset transfer summary guide: [Asset transfer: summary guide - gov.scot \(www.gov.scot\)](https://www.gov.scot/asset-transfer-summary-guide)

Community Led

Conversations happen within a community and through existing planning and community development processes.

Locality planning should respond to the needs of the community. It must involve: people with lived experience, third sector organisations and local multi-disciplinary teams.

Need to develop a Service Level Agreement (SLA) with community led support and links into community hubs.

Financially sustainable and resilient

A range of income sources are needed to cover the costs of running the building, maintenance, such as: grants, donations, hiring out space, delivering contracts.

Case Studies

[Ochiltree Community Hub: Multipurpose Community Facility](#)

[Bailliefields Community Hub, Falkirk](#)

[Duncan Place Community Hub, Leith](#)

[Virtual Community Hub, West Dunbartonshire](#)

[Community Hub, Cumbernauld and Carbrain](#)

[Elephant and Castle Virtual Community Hub](#)

[Together Levenmouth, Fife](#)

[Virtual Village Hall, Royal Voluntary Service.](#)

Engaging

Staffed with a person / people who leads on community hub activity and providing information on services to people who access the hub.

Multi-purpose

See case studies

GIRFE Draft Tool: Peer Support Training

The 'Peer Support Training' tool has been co-designed with an ambition to provide a framework to help consistently train and support people with lived experience, who want to support others who are or have experienced similar circumstances.

Pathfinder and partner teams worked together and agreed 'Peer Support Training' could make the following differences to a person's life:

- the possible peer support mentor understands the role and shadows before they sign-up for training.
- peer support mentors are able to maintain their own wellbeing.
- peer support mentors feel confident in their knowledge.
- peer support mentors feel supported to carry out their role by a supervisor, peer, network.
- have adequate knowledge to signpost to services and activities.

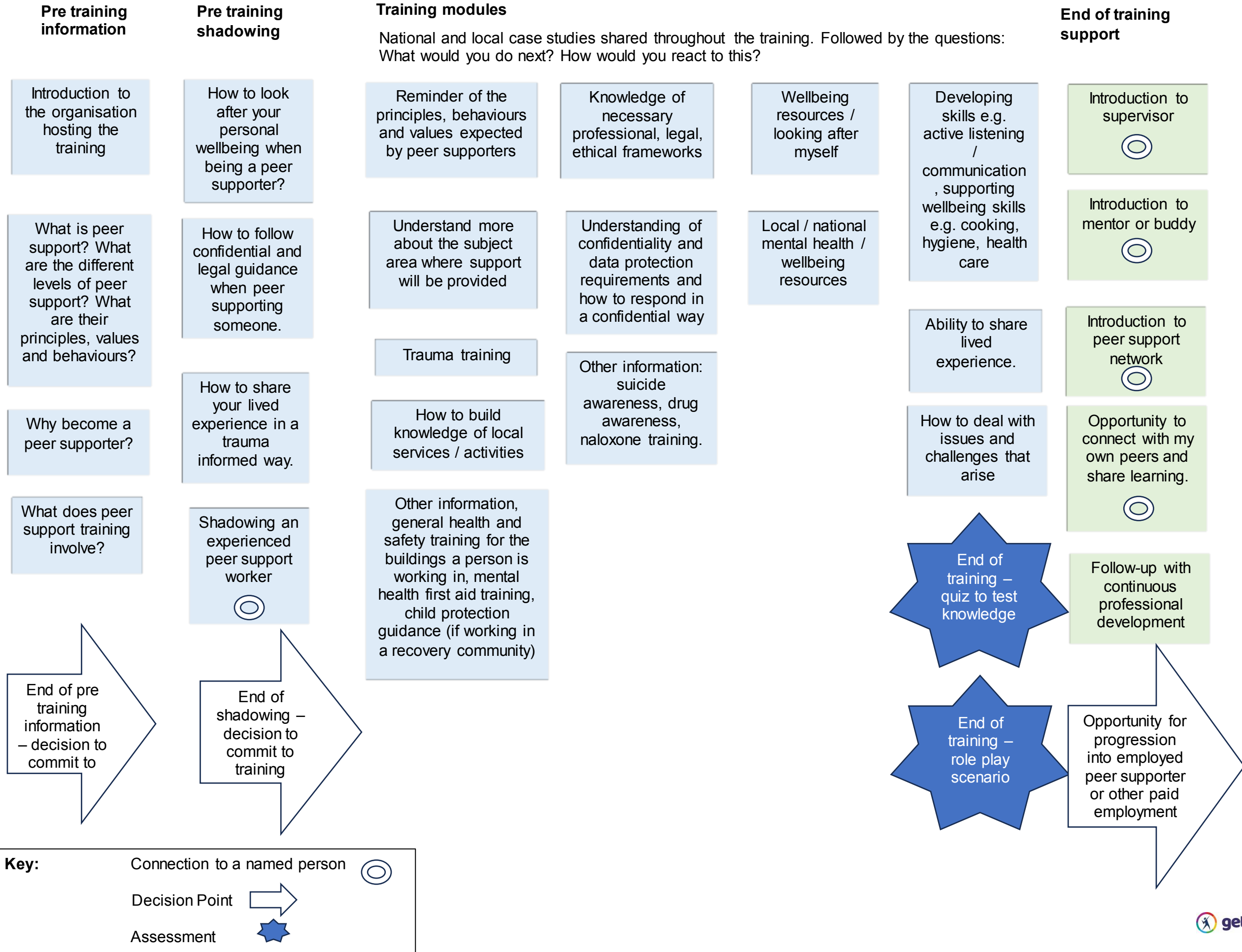
Further consideration is needed to consider where the peer support training would be hosted, and to develop the content, however the following tool provides a starting point for these conversations and could be implemented on a smaller scale, while also informing a national approach.

This draft tool is available below and in PDF form to allow pathfinder and partner teams to further develop, test, and implement in areas where this training package would be most useful and to begin implementation, where possible, on a local scale.




An example of these tools are available below – however, you may wish to tailor these to the specific context in which you are working.

GIRFE Tool: Peer Support Training Package

Page 105
Information and training modules



Key:

- Connection to a named person 
- Decision Point 
- Assessment 

9. GIRFE Draft Tool: Community Connection

As part of co-designing the Community Connection draft tools, insights were gathered through research and engagement sessions with staff and people with lived experience and staff. Through this engagement it was clear that in all the GIRFE thematic areas, people felt isolated and lonely in their health and social care journeys. Many people found the system to be too 'reactive', with a lack of proactive and preventative care throughout. Often, people would access services for the social connection value and the impact of loneliness was repeatedly seen as a possible determinant of health, especially among older people.

A community connector's responsibility is to listen to, understand what matters to a person, and to link that person up with community resources, to empower them to make decisions about their own health and wellbeing.

For an individual accessing a community connector their experience will feel listened to, understood, and empowered to make decisions about their health and wellbeing. The community connector will make a difference for individuals by encouraging people to take preventative measures to support their health and wellbeing. The community connector will empower people to participate in their local community, articulate their desired outcomes and enable them to achieve those outcomes within their own communities. The community connector facilitates individuals finding purpose through community and connection with others.

There are two tools: one for professionals, to understand what values they would need to develop 'community connection' as part of their role. The second tool is for people with lived experience and what values they would expect to see in relation to community connection.

An example of these tools are available below – however, you may wish to tailor these to the specific context in which you are working. This could include looking to see if existing roles (such as community link workers or other relevant roles) in your area could promote and embed 'community connection'.

GIRFE Tool: Community Connection

My responsibility is to listen, to understand what matters to you, and to link you up to community resources to empower you to make decisions about your health and wellbeing.

How to use this checklist

We would like to ensure that people in Scotland have someone who can support them to be connected in their community.

To help make this happen, what skills and values would you like to build on?

Empowering communities

I am someone who is visible and proactive in the community.

I have a focus on what matters to people.

I have an understanding of challenges people face.

I have local knowledge of community, voluntary and statutory services.

I provide people with accessible and usable information so they can make their own choices.

Kindness, dignity and support

I have an empathetic approach.

I will work to support people in a non-judgemental and supportive way.

I understand how life events, like bereavement, can impact someone's life.

Supporting your choice to access the right services and support at the right time

I collaborate with other services and promote their role to people.

I am responsive and proactive.

I have established working relationships with NHS, social work, housing and DWP / Social security services.

I fill in the gap between helping people be independent and enabling them to have choice and opportunity within their community.

I have the support of statutory services and connect people to the right support they need.

I understand Adult and Child protection.







GIRFE Tool: Community Connection

Community Connection





My responsibility is to listen, understand what matters to you, and to link you up to community resources to empower you to make decisions about your health and wellbeing.

We would like to ensure that throughout Scotland you have someone who can support you to be connected in your community. This means someone who:

Empowers communities

-  you know where to find them
-  they focus on what matters to people
-  they know what is on in your community
-  they have an understanding of the challenges people face
-  They can support you to decide what you want to do
-  they are trained to connect you to the right support for your needs

Champions kindness, dignity and support

-  they are friendly
-  they don't judge
-  they listen to what you have to say
-  they understand how life events, like bereavement, can impact your life

Supports your choice to access the right services and support at the right time



they know who else in the community can support you



they are responsive and proactive



they always encourage you to keep your independence



they have the support of statutory services and connect people to the right support they need



they have relationships with NHS, social work, housing and DWP / Social Security services



they understand adult and child protection

10. GIRFE Draft Tools: Accessible and Useable Information

As part of co-designing the ‘Accessible and Useable Information’ draft tools, insights were gathered through research and engagement sessions with staff and people with lived experience and staff. It was apparent through this engagement that information about services and support must be accessible so that people can get the support they need when they need it. Information should be available in local areas, or people should be supported to travel to areas where the information is available if required. When creating information about services, efforts should be made to use non-stigmatising language and avoid jargon and technical terms.

‘Accessible and Useable Information’ is centred on ensuring people know there is a place where they can access accurate and updated information on local services. People can find the right information, at the right time, to support their health and wellbeing in their local area.

When accessing this useable information, it is important that people aren’t overwhelmed by information that isn’t relevant or provided information that is inaccurate or outdated. The information should reduce stigma by being trauma informed and meet the needs of the person accessing the information.

The ‘Accessible and Useable Information’ tool is a set of content standards outlining what is needed to create and maintain findable, accessible, and usable information online. This could be used by anybody looking to share information.

These tools are available below and in PDF form to allow pathfinder and partner teams to begin implementation in areas where this approach would be most useful, and to feedback to each other and the Scottish Government on impact.

The GIRFE pathfinders have also recommended the use of Compass by [ARC Scotland](#). The Compass website aims to provide guidance tailor-made for young people and for parents/carers, to support young people with additional support needs or experience of care, as they transition to young adult life.

GIRFE Tool: content standards

These are content standards for creating and maintaining findable, accessible, and usable information online.

Good content is findable.

Findable means that people know where to access information, without relying on the help of someone else. It should be visible on search engines and easy to find on the website.

Good content is accessible.

Accessible means the content can be found and used by anyone. This includes people who have:

- Disabilities or use assistive technology.
- Are non-native English speakers.
- Have difficulty reading.
- Have barriers to digital access.

There are tools we can use to review websites and make sure they meet these needs.

Good content is usable.

Usable means the content helps someone complete a task, like finding information about a service. It gives them what they need without making them work hard for it.

Good content is readable.

Readable means short sentences, no jargon, and only providing the essential information someone needs to know. Good content is written in plain English and can be understood by anyone.

Good content is accurate.

Accurate means up to date and reliable. Good content is reviewed on a regular basis to make sure it is accurate.

11. GIRFE Draft Tool: Moving On (A Conversation)

As part of co-designing the 'Moving On' draft tool, insights were gathered through user research and engagement sessions with people with lived experience and staff. This included engagement with young people in transition from children's to adult's services, and those who had already been through the transition.

These insights captured the need for service availability in local areas, with travel support available if necessary. Schools and prisons were recognised as places where short term support would be provided, but that this support would disappear when a person was not in that place. Many people found that information and access points into our services were unclear and/or inaccessible. People reported that the system was complex, information was not proactively made available and often not kept up to date online.

A person's access to information about a service was seen to be dependent on whether they had a carer or another person co-ordinating or advocating for them. Information was not seen to be easy to access. Many people found that coordination and administration of support often fell on an individual or became the role of a care giver such as a parent or family member.

The 'Moving On (A Conversation)' Tool will providing quality and appropriate information at the right time for children, young people, their family members, and carers. Using the tool will provide young people with their own plan to transition using the relevant local and national information. They will have a person who will support them before, during and until they have moved on and built a relationship with their adult key worker.

The 'Moving On (A Conversation)' tool will be underpinned by national legislation and accessible, accurate, and relevant information provided to the young person, supporting them throughout their transition.

The draft tool is provided below in the form as a storyboard outlining a positive experience of a young person transitioning from child to adult services. The storyboard covers 4 experiences: the young person's, their family member/carer, a co-ordinator supporting them through the transition and an advocacy worker supporting them to leave school.

GIRFE Tool: Moving On - A Conversation

A young person's experience



I started having conversations with my co-ordinator from the age of 12 using my plan. We have used it when things change, such as when I moved from primary to secondary school.



I'm going to leave secondary school soon. My co-ordinator makes sure my wishes lead any decision making.



At one of our chats, my co-ordinator shares information with me. They ask me how I would like to view the information if I have a smart phone or if I would like a leaflet. It includes national and local information.



My co-ordinator supports me to sign up to the national information and search the website. I want to find out information about my needs and interests.



My co-ordinator and I plan another chat to discuss leaving school. My care co-ordinator checks the information makes sense to me.



We have a series of chats to plan leaving school. These chats continue until after the move has happened. Our chats are in bite sized chunks. I feel I have time to think about what I want and need.

Family member / carer of a young person leaving school



At parents evening, my young person's teacher points out an information stand. It has resources about leaving school. I learn about national and local information.



I hear about the national resource again when I take my young person for a planning review with their co-ordinator.



My young person logs in to the national resource and the care coordinator suggests I log in too.



I sign up to the national resource on my phone. I learn what support is available for me, as well as my young person.



Later that week, I'm chatting with another parent of a young person leaving school. They share resources that I didn't know about and I tell them about the national resource.

Co-ordinator supporting a young person to leave school



I have annual training on how to have good conversations. At the training I'm given a toolbox of resources and given guidance on how and when to introduce them to children and young people.



I have the skillset needed to support young people leaving school and I know I'll be able to support them until after they have settled into life after this move.



When I chat to the children and young people support, I know where to find information about leaving school. The toolbox supports me.

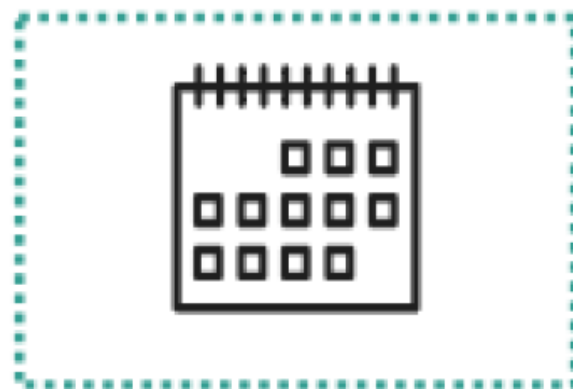


I support the young person until after they have left school and build a relationship with them.

Advocacy worker supporting a young person to leave school



It's time for a young person I support to think about leaving school. We meet to chat about their views and wishes. During the chat, I make sure the young person understands their rights.



The young person asks me to come to chats with their care co-ordinator person.



Before the meeting, I hear an update from my organisation about national and local information. I'm confident I know more about what is available for children and young people in our area.



After the chat, I make sure the young person's views and wishes lead the decision-making.



I know I'll be able to support them until after they have settled into life after this move. I'll support the young person until they have built a relationship with their advocate in adult services.

GIRFE Tool: Moving On – Leaflet template

Prototype - Moving on leaflet

Key resources

For young people moving on:

Compass

[Insert local resources] - e.g. Link to Community Hub webpage

GIRFE

GLOW



Do you know what clubs and supports are available as you grow up?



getting it right for everyone

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Would you like to extend your personal network?

[Tailored to age group]

[Insert local community groups]

[Insert local services]



Why is it important to chat about moving on to; primary school, secondary school, college, university, work?

[Tailored to age group]

It's important to think about who you could call upon if you become unwell or are worried about something.

It can help to speak to your friends and peers about **your worries**.

Would you like to speak to a care coordinator / named person about moving on?

Get in touch at...
[Insert contact details]



We will arrange a chat for you to speak about what matters to you and how we can help connect with your peers.

getting it right for everyone

Leaflet(3 piece)_printA4.pdf

getting it right for everyone

12. GIRFE Draft Tool: Support Bag

As part of co-designing the 'Support Bag' prototype, insights were gathered through user research and other engagement sessions with people with lived experience and staff. Services available in and out of prison should be non-stigmatising and support those with feelings of low self-worth. People in prisons are more likely to engage with peer led support over other services and digital exclusion frequently occurred when a person was unable to access information or make appointments due to digital skills or costs associated with email and mobile phones. Feeling safe, supported, and having a routine is important for people upon release.

The 'Support Bag' Draft Tool is a bag of essentials to help people stay well and stay connected to their local community. The 'Support Bag' will provide dignity and respect to people moving back into the community at the moment they are liberated from prison. The bag will enable them to carry their belongings and additional essentials that help empower them to access local support and services.

The 'Support Bag' will make a difference by ensuring individuals are not leaving prison with their belongings in a bin bag and nowhere to go. The 'Support Bag' will include a core bag of information and items. Each 'Support Bag' will utilise a pick and mix approach to ensure the information and items included in the bag are specific to that person's needs and preferences. Information in the bag should signpost a person to what is available to support them, so they feel empowered and are supported to access what can be a complicated system to navigate. It helps people to feel safer and better integrated back into their community.

The 'Support Bag' will be underpinned by national training for staff who deliver and have conversations around the bag. The quality of Support Bag content, conversations and delivery will be monitored consistently and ensure the information in the 'Support Bag' is accurate and relevant.

The draft tool below contains three PDF documents including a script to support a member of staff to have a conversation with a person in prison about what they might need in a 'Support Bag'. A checklist for a member of staff to make up the 'Support Bag' for the person who is due to leave prison and a timeline showing the steps from ordering to receiving a 'Support Bag'.

While the ‘Support Bag’ tool has been developed for people in prisons, the concept could be amended and expanded for other groups where a transition is taking place.

An example of these tools are available below – however, you may wish to tailor and amend these to the specific context in which you are working.

GIRFE Tool: Leaving Prison – Support Bag – Script

Date

Name of person

Date of liberation

I am X, I am your peer support worker / support co-ordinator. You can get in touch with me in the run up to and when you have been released.

As it is 4 weeks until your liberation date, we need to plan for this, so you have as smooth a transition as possible. When you leave, you will be given a bag. The aim of this is to give you the essential for when you leave prison.

All bags include:

- A map of the local area with key places marked (for example: high street with shops and cafes, bus and/or train station, pharmacy, GP practice, supermarket, post office, job centre, place to charge phone, local services and support groups (A Local Information System for Scotland).
- Telephone number of local GP (who has open list and is able to take new patients).
- Information about the local pharmacy and how to get your prescriptions.
- A bus pass.
- Name of the person who will meet you at the gate and take you to your accommodation.
- Any prescriptions you have had while in prison so that you can collect these once released.
- A food voucher.

Are there any places that we have not mentioned that you would like to have marked on the map?

Is there anything else you would like to know about what is on this list?

You can also have some items you choose to add to the bag. Tell me which of these sound good for you. If you would like more time to think, I can give you the checklist and you can return it to me next week.

- Toothbrush
- Shower gel
- Shaving kit
- Socks
- Underwear
- New phone with charger
- New SIM Card
- Period products

Is there anything missing from this list that you think you would need? Tell us what else you need:

If you just want the bag, please tick this box.

Please can you tell us why these items would not be useful to you.

GIRFE Tool: Leaving Prison – Support Bag – Checklist

Date

Name of person

Date of liberation

Requested

Added to bag

Bag

A map of the local area with key places marked

Telephone number of local GP

Information about the local pharmacy and how to get your prescriptions

A bus pass

Name of the person who will meet you at the gate and take you to your accommodation

Any prescriptions you have had while in prison so that you can collect these

A food voucher

Places listed added to the map:

Toothbrush

Shower gel

Underwear

New phone with charger

Date

Name of person

Date of liberation

Requested

Added to bag

New SIM card

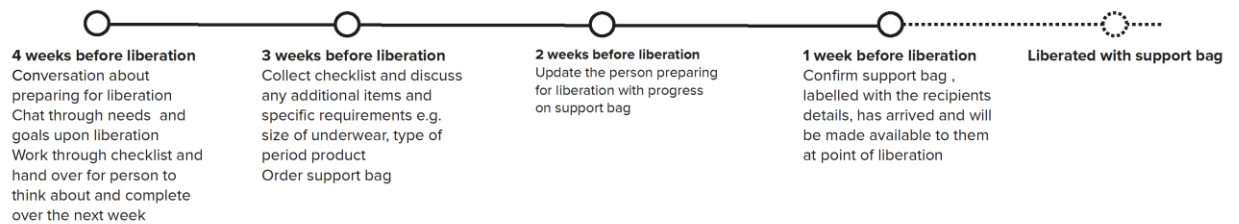
Period products

Shaving Kit

Socks

Other request:

GIRFE Tool: Support Bag - Timeline



13. Next Steps

While the draft toolkit for the ‘Team Around The Person’ is only the start of the GIRFE journey, it provides us all with the tools to be able to showcase the potential impact of a GIRFE approach across our public services, while also ensuring action can start to take place in the here and now, that will positively impact the people of Scotland. This draft toolkit provides a starting point for the implementation of a ‘Team Around The Person’ which will help us to embed the GIRFE approach across health and social care in Scotland.

The ‘Team Around The Person’ will help to provide a more personalised way to access help and support when it is needed – supporting practitioners to place the person at the centre of all decision making that affects them to achieve the best outcomes, with a joined-up, coherent and consistent multi-agency approach regardless of the support needed at any stage of life.

Furthermore, the insights which have been developed throughout the co-design process have further strengthened the case for a GIRFE approach to be taken across health and social care, and beyond. Discussions are now underway within the Scottish Government around the potential impact of a GIRFE approach being taken within Health and Social Care, the Scottish Government, and into wider public services.

The publication of the ‘Team Around The Person’ toolkit will help us to build this momentum further, to ignite further discussions and action around how a GIRFE approach can benefit the people of Scotland, and to build the evidence base of how a GIRFE approach can improve our public services and people’s lives. The implementation of the GIRFE draft tools by pathfinders and partners will ensure positive action and change that can happen **now** – while those wider discussions continue around how we can continue to take the learnings from GIRFE, share best practice between professionals, and to implement a GIRFE approach into the wider Scottish context.

We would like to thank our GIRFE pathfinders and partners for the immense amount of work they have put into ensuring that this toolkit is co-designed with the people of Scotland. We would also like to thank the people with lived experience who have contributed their thoughts, ideas, and helped to co-design this toolkit.

As pathfinders and partners begin to test the tools within this toolkit across different contexts, the SG GIRFE policy team will socialise the tools further with policy areas across SG, to create a collaborative call to action within the SG and the system to further develop and implement these tools across Scotland. This will include exploring any barriers to the implementation of these tools. The intention will be to publish an updated version of the toolkit in Autumn 2024, once any amends have been made to the tools and any further detail added.

As well as ensuring pathfinders and partners are able to develop, implement, and share best practice around the ‘Team Around The Person’ toolkit, the SG policy team will work with the GIRFE pathfinders and partners to consider how the GIRFE approach, via embedding the GIRFE principles, can be rolled-out across the system.

Getting It Right For Everyone – Team around the Person - 2024

The priority areas of focus for this next stage will be digital development and information sharing, as well as leadership and culture development.

We look forward to continuing to work with you as we take the 'Team Around The Person' and the GIRFE approach, across SG, the health and social care system, and beyond.

Thank you,

The GIRFE Team

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Putting People First – An approach to how NHS Grampian listens to and involves people

Summary

Situation

As reflected across the whole of Scotland, NHS Grampian is experiencing more demand for health and care services than the current system can cope with.

Across Scotland, people are spending more of their life in ill health and the number of people dying early is increasing. The gap in healthy life expectancy between the poorest and the wealthiest is growing.

NHS Grampian's Plan for the Future aims to change the relationship with the public so we can create a more preventative system and develop sustainable models of care rooted in communities.

Background

To help achieve this aim, work has been ongoing to help shape a new approach and to make recommendations for action.

The following activities were carried out to inform the new approach:

- ✓ Evidence-based review.
- ✓ Sounding board of system experts established.
- ✓ Mapping of staff and public engagement within NHS Grampian.
- ✓ Listening to and involving a diverse range of people to help shape the approach.

Assessment

The work undertaken identified that:

- There is strong support across the system for having a shared approach to how we listen to and involve people.
- The evidence base review highlights the link between listening and engaging well to quality and safety of care provided, staff satisfaction, patient satisfaction as well as financial performance.
- Engaging with people in communities which focuses on building trust and ongoing dialogue can help create a more preventative system. This is most effective when there is targeted engagement with communities, involving trusted third sector, local services and focussing on what really matters to people.
- There are many pockets of good practice around listening to and involving people, but there is not an infrastructure which supports cross-system learning to spread good practice and to identify areas which require collective action.
- Much of the current listening and communicating with the public is episodic, based on specific projects and does not support relational working between people and communities.
- Many staff will need support to develop skills, confidence and capacity to play their part and we have highly skilled teams within corporate services who can provide support.

Response

Our new ambition, *Putting People First* is for NHS Grampian to lead the way in how we welcome, involve, and invite all colleagues and citizens to contribute to enhance services and to improve the health of people locally. This requires us to nurture relationships, valuing the expertise of people seeking care as much as those providing it. We will grow conditions for participation which starts with what is strong - not what is wrong, and engages with the talent and expertise which exists within staff teams, the wider community and the third sector. We will see more opportunities for people to feedback and help shape existing services and to connect with health to shape more tailored preventative approaches.

The *Putting People First* guiding principles are:

1. We Put People First

We strengthen the voice and expertise of lived experience within existing services and support local staff to act on what they hear.

2. Collaboration always

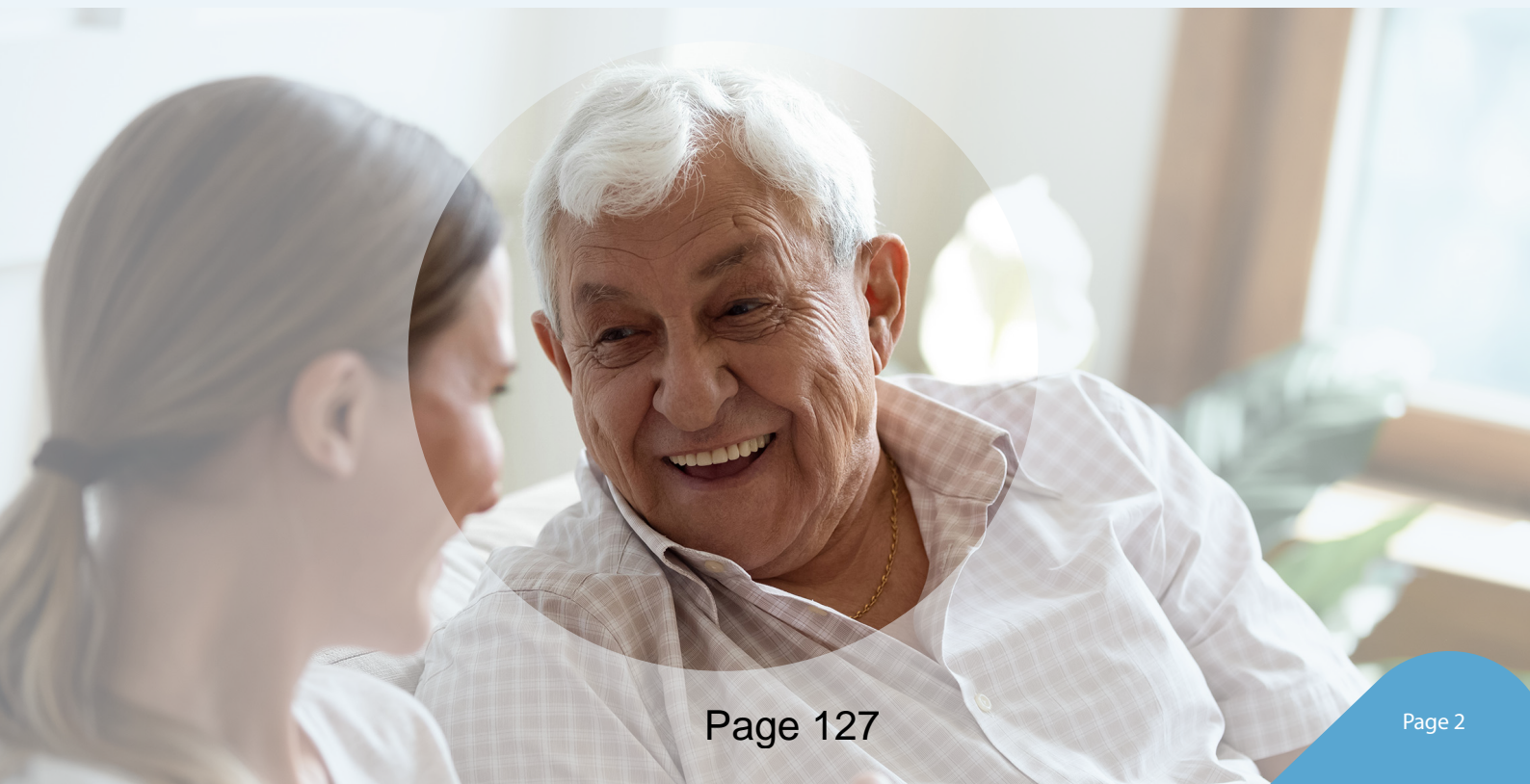
We are clear on the unique role and expertise offered by NHS Grampian and collaborate within wider the local system.

3. We value each other equally

We equally value the expertise of people seeking care, the third sector alongside the expertise provided by clinicians and celebrate our diversity, using flexible inclusive approaches to support diverse involvement.

4. We care about our purpose and learn together

We focus on learning and developing together and we elevate the value of human stories to rebalance a target-focused NHS culture.



Over time, this will lead to a situation where:

- ✓ Everyone can contribute to improving services and be involved in improving the health of the population.
- ✓ All care pathways having third sector and community involvement.
- ✓ More people are able to self-manage and take an active role in their health and wellbeing.
- ✓ We have a highly motivated workforce who have the autonomy to innovate to improve outcomes.
- ✓ We have reduced inequalities in health outcomes and improvements in the overall health of the population.

A long term commitment starts with building the foundations

This will be a significant change for the organisation to change culture, develop skills and confidence, build relationships and create an infrastructure, at a time of unprecedented financial challenges and system pressures. A three horizons approach will be taken focusing on building the foundations for this new approach over the new 1-2 years.

Following the principles, we will focus on the building the foundations, collaborating within existing resources and working in collaboration with the wider system across 4 key thematic areas in the next 2 years:

- Increasing people's skills and confidence in listening to and involving people.
- Design and implement community led health approaches - for example; Community Appointment Days.
- Increasing the feedback we receive from the public and acting on what we hear.
- Making listening to and involving people a visible priority and growing a movement of collaborators.

Oversight and governance

Progress will be overseen by a newly established *Putting People First* Oversight Group and will report regularly to the Population Health Committee.



This publication is available in other languages and formats on request. Please call NHS Grampian on 01224 551116 or email: gram.communications@nhs.scot
Ask for publication MVC 240176



Elevating how
we listen to and
act on lived
experience

Luan Grugeon
Strategic Development Manager
(Colleagues and Citizens
Engagement)

There comes a point where we need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in. (Desmond Tutu)





4 Guiding Principles

We put people first

Collaboration always

We value each other as equals

We care about our shared purpose and learn together

Supporting People's Skills and Confidence

Grampian Engagement Network

Engage 101

Community Toolkit

Developing community led health responses

Community Appointment Day – testing underway

Putting People First

Listening to and involving people to create sustainable and preventative approaches

Grow a network of innovators

Developing Leadership support

First Community of practice established

Developing a research community

Increase public voice in public services

Test rapid cycle feedback loops

Create our own learning loops

Example of Putting People First Collaboration

Community Appointment Day (CAD)

Investment in prevention to create more sustainable solutions by embedding support within communities.

Collaborating with Communities to test solutions to issues

Engage with people about services & expectations

Recognise people with long-term conditions as experts in their own health and wellbeing and how we maximise opportunities to co-produce pathways of care.

CADs bring together health, social care and 3rd Sector organisations under one roof to maximise support and local resources.

Promote self management of conditions

Focus on "What Matters to you" to support wider detriments of health.

Support health inequalities by providing services within local communities and reduce barriers to attend.

CADs been tested in other areas of the UK – Sussex, Brighton, Tayside, Lothian and more recently Moray



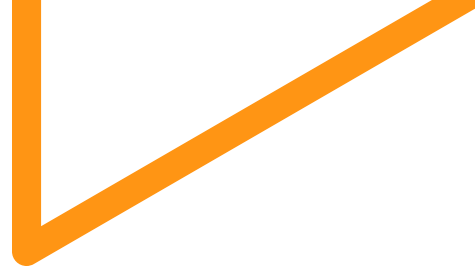
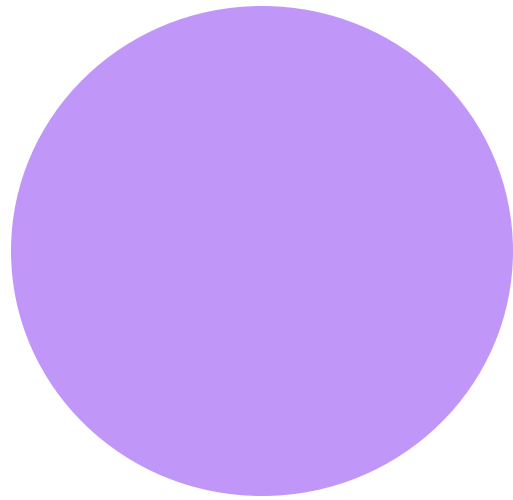
Initial Feedback from Moray CAD

Overall Experience: 

I think this could work for so many people, 100% keep this going.

These kinds of things need done more, its just fantastic, great idea to have all available services in one place.

I honestly feel this was fantastic! Not only did I get my foot looked at and know what is wrong. I have found out so much about what is available in our community.



**getting
it right
for everyone**

Getting it Right for Everyone (GIRFE)

Shona Omand-Smith (Lead Commissioner & ACHSCP GIRFE
Lead)

Amy Richert (Planning & Development Manager & ACHSCP
GIRFE Single point of contact)

Scottish Government & Alliance Video



**getting
it right
for everyone**

The Journey so far

January 2023

- Aberdeen City & Aberdeenshire become pathfinders for GIRFE
 - Older People & Frailty
 - Children moving from Children's to Adults services (GIRFEC to GIRFE) – City only

January 2024

- Moray join as a GIRFE partner

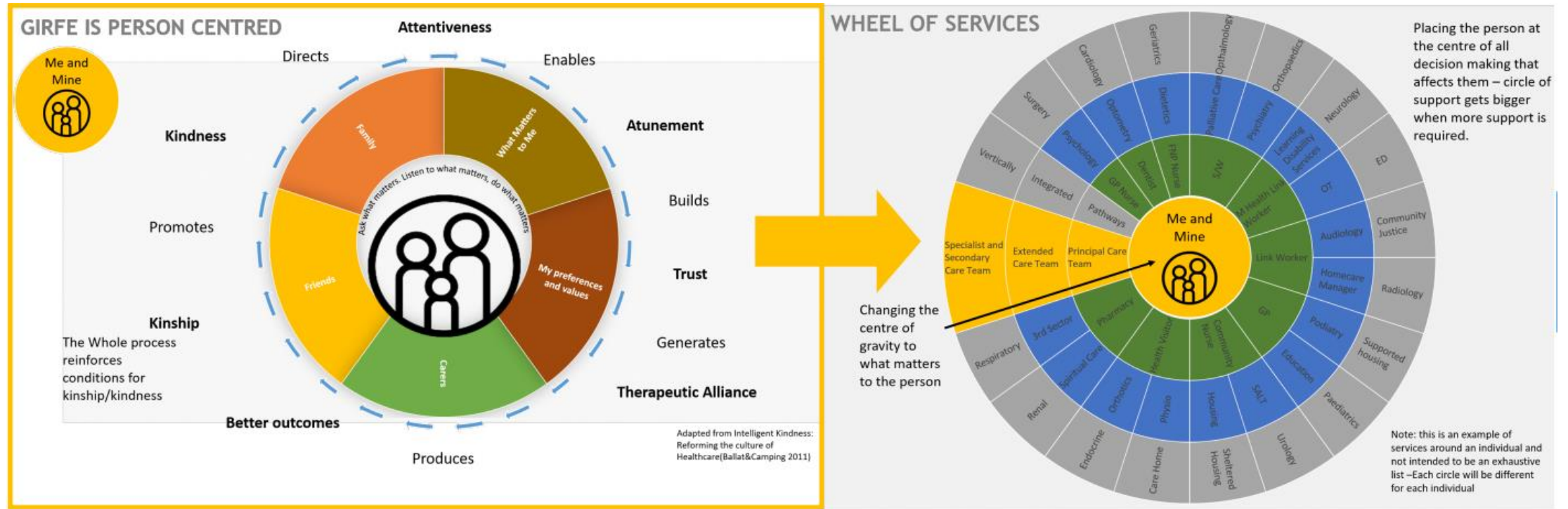




Getting it right for everyone

We need to know if we are getting it right for anyone...

Person at the centre

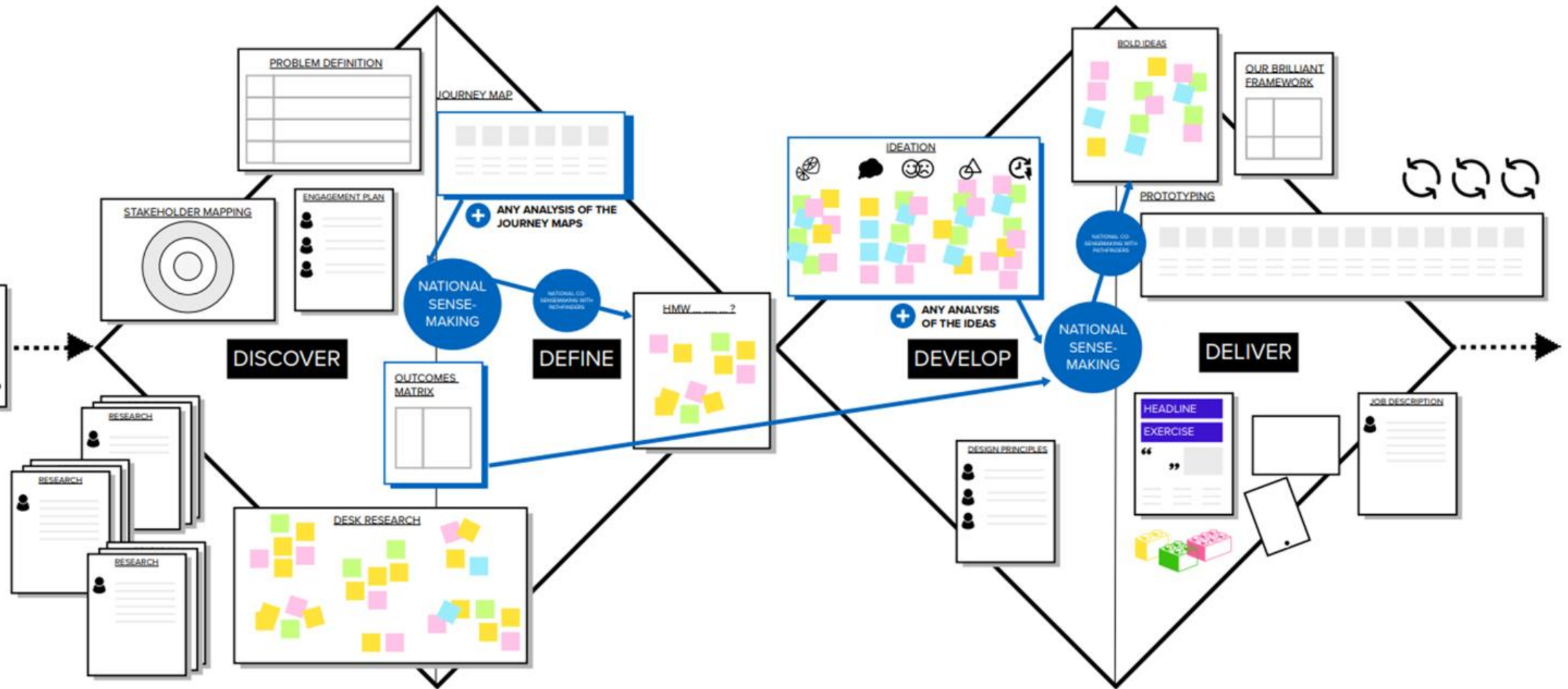


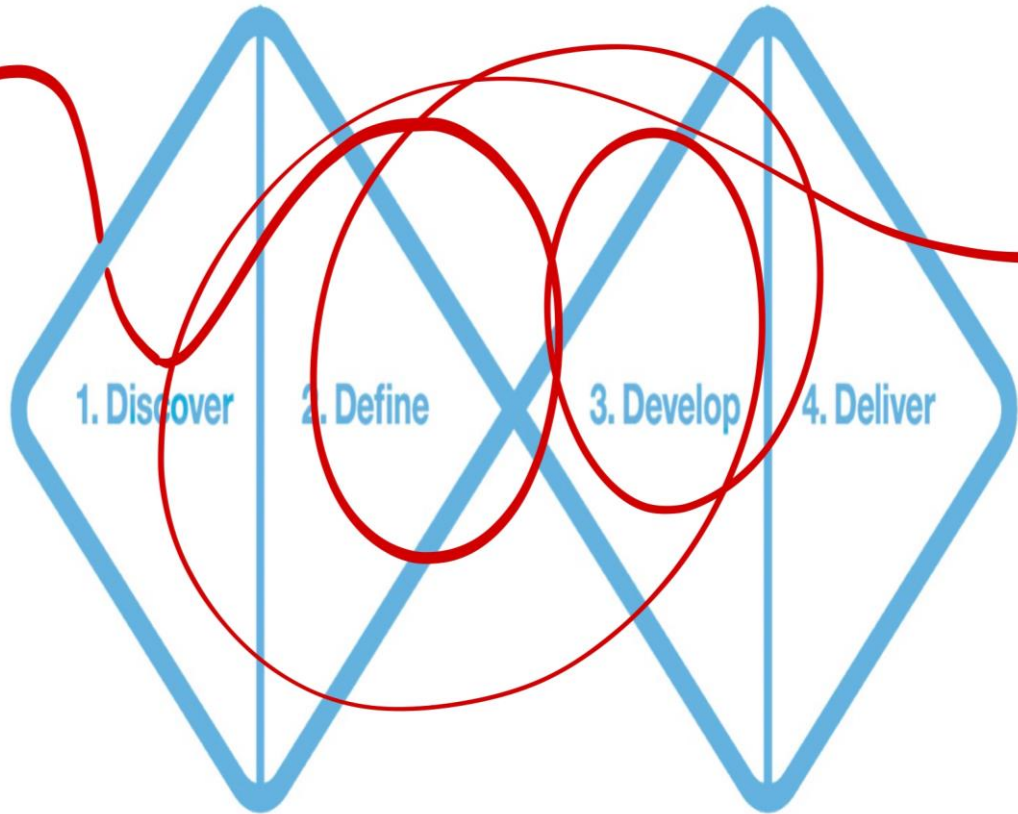
GIRFE Principles

1. I have the information I need to make decisions about my life, and I am supported to understand what options are available to me.
2. The people who support me take the time to listen to and understand me as a person. They consider my whole life when making decisions with me and about my life.
3. I know that I can be clear about what matters to me, and I trust that my choices will be respected and understood by the people who support me.
4. The services and support I receive are based on a foundation of kindness, dignity and respect.
5. The people in public services involved in the conversations around my life work together with me to share information and develop a clear understanding of how to support my wellbeing.

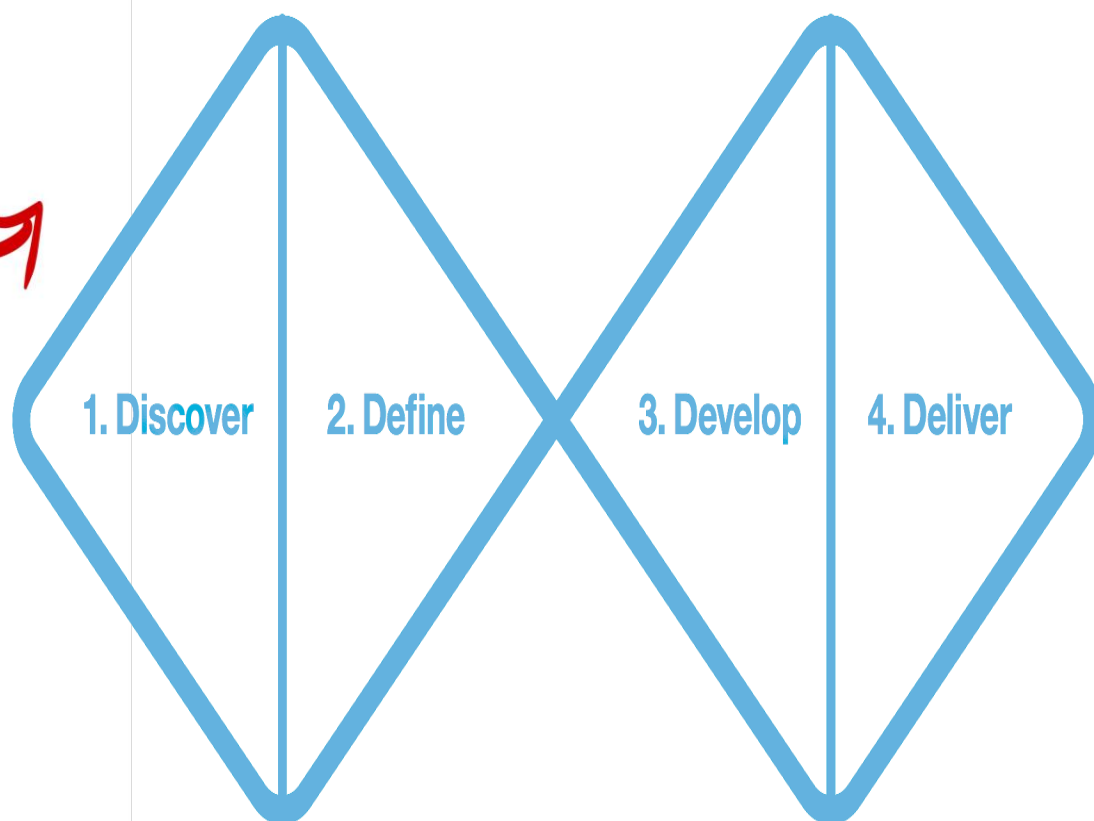
PATHFINDER DESIGN PROCESS

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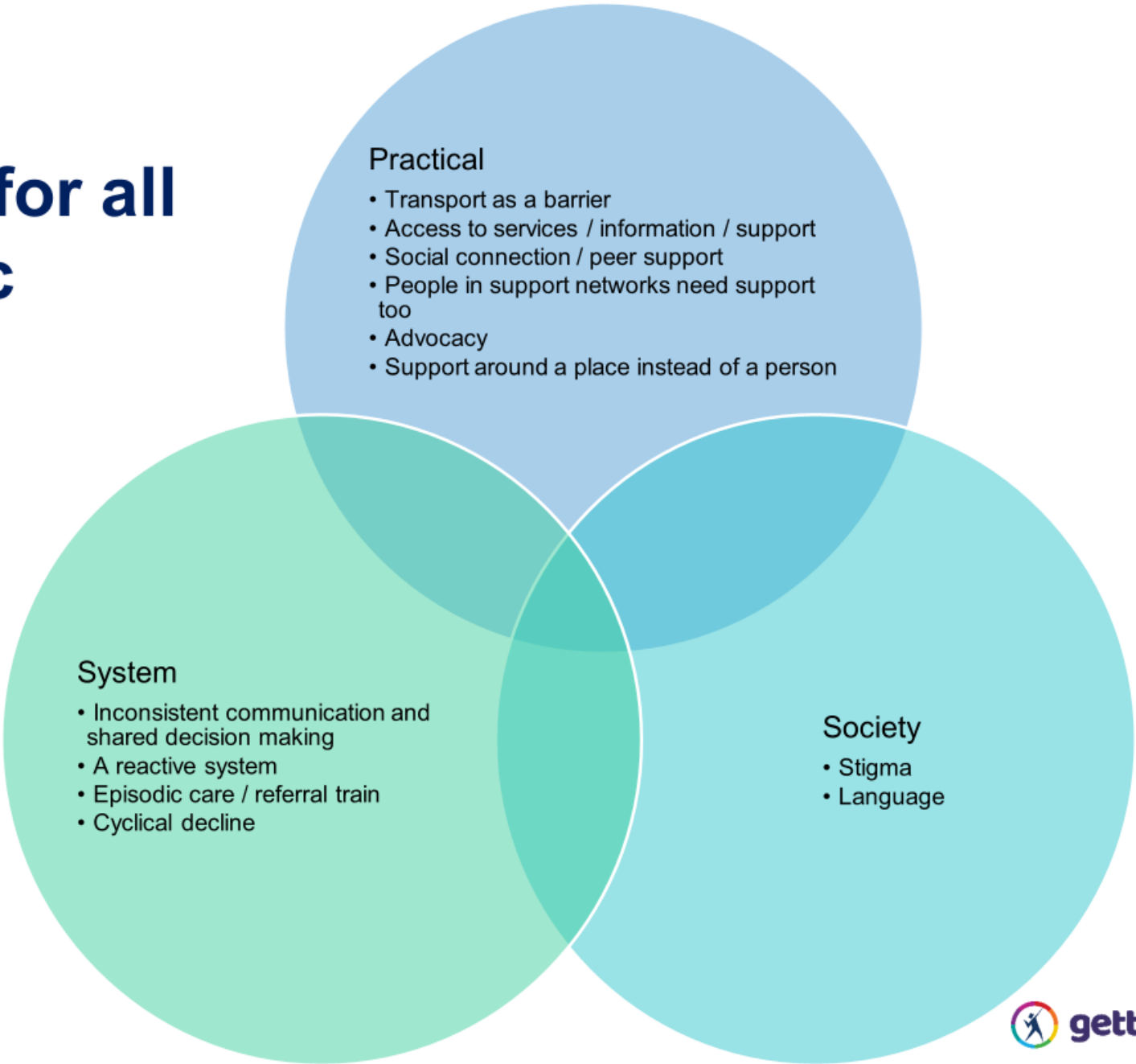


Not linear



Prototype and test

National themes for all thematic areas



GIRFE Toolkit

Accessible &
Useable
Information

My Team (The
team around the
person)

My Plan

Coordinator Role

Peer Support
Training

Virtual Meetings
(My meeting, my
way)

Moving on
Conversation
(Children's to
adult services)

Support Bag
(Leaving Prison)

Community Hub

Community
Connection

More to come....

What is next?

- Implementing GIRFE locally
- Implementing GIRFE nationally
- National rollout complete in 2025.





Any Questions?



INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	Quarter 2 (2024/25) Financial Monitoring Update – period ended 30 September 2024
Report Number	HSCP.24.104
Lead Officer	Alex Stephen, Interim Chief Finance Officer Fiona Mitchelhill, Chief Officer
Report Author Details	Name: Fraser Bell Job Title: Chief Operating Officer Email Address: frbell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. Recovery Plan B. Integrated Impact Assessment
Terms of Reference	1c - <i>“The IJB shall consider...any other matter that the Chief Officer determines appropriate to report to the IJB.”</i>



INTEGRATION JOINT BOARD

1. Purpose of the Report

- a) To summarise the revenue budget performance to 30 September 2024 for the services within the remit of the Integration Joint Board (IJB), to advise on any areas of risk and management mitigating action.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes this report in relation to the IJB budget and the information on areas of risk and approve the Recovery Plan attached as Appendix A to this report to address the projected overspend position;
- b) Approves use of IJB uncommitted reserves, up to the value of £5.5m to account for the different 2024/25 financial scenarios, as described in the report, noting that if this were to happen than the IJB would have no uncommitted reserves to protect itself and two partners from financial crisis going forward; and
- c) Instructs the Chief Officer to meet with the NHS Grampian Director of Finance and Aberdeen City Council Chief Officer – Finance to seek to quantify and address the 2025/26 implications and budget setting process, including quantification of the financial risk that should be included in the NHS and Council budget modelling.

3. Strategic Plan Context

- 3.1. Refreshing the IJB's Medium Term Financial Framework on an annual basis, together with regular reporting on financial performance to the IJB and the Audit, Risk and Performance Committee, are key priorities identified in the IJB's Strategic Plan. This helps to ensure that regular consideration is given to the affordability of the Strategic Plan.



INTEGRATION JOINT BOARD

4. Summary of Key Information

Quarter 2 Financial Performance

- 4.1. During the budget setting process for the financial year 2024/25, a savings target of £9.609m was highlighted and agreed. These savings targets are broadly on target to be delivered. A savings target of £0.25m against digital transformation will not be realised. This is because the business case was submitted to the Integration Joint Board later than anticipated (business case approved for two projects by the IJB in September 2024) following negotiations with the provider.
- 4.2. Following an overspend in 2023/24 that was higher than anticipated, further savings were required beyond the £9.609m previously identified. The total savings planned for 2024/25 was £17.3m. New savings to meet this increased gap were identified. In total it is anticipated that savings of £15.2m, from £17.3m, will be achieved. This creates a £2.1m shortfall.
- 4.3. Furthermore, the IJB has experienced and is projecting significant in-year budget pressures totalling an estimated £8.6m. These are attributable to a variety of matters, some of which were highlighted as risks in the Q1 Monitoring report to the Risk, Audit and Performance Committee in September 2024. These include:
- a) The full year impact of inflationary pressures;
 - b) Reduction of in-year Scottish Government funding allocations to Aberdeen City IJB below assumed levels;
 - c) Implementation of health and care staffing legislation;
 - d) National Care Home Contract Rate (NCHCR) (Nursing Care) 2.5% increase above budget assumptions (NCHCR for residential care still to be determined);
 - e) National focus on reducing the rate of delayed discharges from hospitals without additional funding;



INTEGRATION JOINT BOARD

- f) Significant and sustained demand for social care services where need is 'high' or 'urgent';
- g) Unplanned Out of Area Placement;
- h) Care packages for children transitioning to adults higher than anticipated;
- i) Loss of income from Aberdeenshire HSCP at Step Down Facility;
- j) Premises costs beyond budget; and
- k) Increased costs for equipment to meet increased demand for people living at home.

4.4. Accounting for the circumstances set out above, the financial position of the IJB as at 30 September 2024 projects a £10.7m overspend at the end of the financial year as follows:

	Full Year						
	Revised	Period	Period	Period	Variance		Full Year
Period 6	Budget	Budget	Actual	Variance	Percent	Forecast	Variance
	£'000	£'000	£'000	£'000	%	£'000	£'000
Mainstream:							
Community Health Services	44,227	22,307	23,929	1,622	7.3%	47,778	3,551
Aberdeen City share of Hosted Services (health)	30,034	15,046	14,727	(319)	(2.1)%	29,454	(580)
Learning Disabilities	39,230	19,618	24,638	5,020	25.6%	46,886	7,656
Mental Health and Addictions	25,937	12,984	14,612	1,628	12.5%	28,381	2,444
Older People & Physical and Sensory Disabilities	101,121	50,560	56,196	5,636	11.1%	105,954	4,833
Directorate	3,931	1,966	1,157	(809)	(41.1)%	2,390	(1,541)
Criminal Justice	235	118	(1,002)	(1,120)	(949.2)%	270	35
Housing	1,771	885	885	0	-	1,771	-
Primary Care Prescribing	51,148	25,402	23,625	(1,777)	(7.0)%	47,649	(3,499)
Primary Care	46,589	23,156	22,808	(348)	(1.5)%	45,615	(974)
Out of Area Treatments	2,750	1,374	1,418	44	3.2%	2,707	(43)
Set Aside Budget	55,550	27,775	27,775	0	-	55,550	-
City Vaccinations	2,573	1,291	1,260	(31)	(2.4)%	2,574	1
Transforming Health and Wellbeing	3,604	1,801	1,580	(221)	(12.3)%	3,142	(462)
Uplift Funding	697	314	0	(314)	(100.0)%	0	(697)
	409,397	204,597	213,608	9,011	4.4%	420,121	10,724
Funds:							
Integration and Change	678	307	168	(139)	(45.3)%	660	(18)
Winter Funding	0	0	0	0	-	0	-
Primary Care Improvement Fund	7,202	3,390	3,247	(143)	(4.2)%	7,156	(46)
Action 15 Mental Health	1,392	697	700	3	0.4%	1,385	(7)
Alcohol Drugs Partnership	2,000	1,001	771	(230)	(23.0)%	2,000	-
	11,272	5,395	4,886	(509)	(9.4)%	11,201	(71)
	420,669	209,992	218,494	8,502	4.0%	431,322	10,653



INTEGRATION JOINT BOARD

Recovery Plan

- 4.5.** The Aberdeen City IJB Integration Scheme states that the chief finance officers of the IJB, Aberdeen City Council and NHS Grampian must agree a recovery plan to balance any projected overspend in budget. In the event that the Recovery Plan is unsuccessful and an overspend is evident at the year-end, uncommitted reserves held by the IJB, in line with the reserves policy, would first be used to address any overspend. In the event that an overspend is evident following the application of reserves, the following arrangements would apply for addressing that overspend:
- a) the Council or NHS Grampian may make an additional one-off payment to the IJB; or
 - b) the Council and NHS Grampian may jointly make additional one-off payments to the IJB in order to meet the overspend. The split of one off payments between the parties in this circumstance would be based on each party's proportionate share of the baseline payment to the IJB, regardless of which arm of the operational budget the overspend has occurred in.
- 4.6.** Having due regard to the Integration Scheme, a Recovery Plan has been developed (Appendix A) with target savings. The target set is a total saving of £7.25m. As set out in Appendix A, these include the reduction of spend on health and social care services through reducing spend on new care packages and on recruitment of staff. Such measures could have a significant impact through:
- a) Increased unmet need in the city;
 - b) Increased waiting list for assessment of care needs;
 - c) Reduction of service provision across health and care services;
 - d) Increased rate of delayed discharges from hospital settings;
 - e) Increase in complaints and potential regulatory intervention; and
 - f) Impact on the delivery of the IJB Strategic Plan and associated Delivery Plan.



INTEGRATION JOINT BOARD

- 4.7. If the measures identified in Appendix A are fully achieved it would still leave a projected overspend of approximately £3.45m. In accordance with the Integration Scheme available reserves would have to fund that remaining overspend. The IJB Balance Sheet as at 31 March 2024 shows total Usable Reserves of £9.8m, comprising the uncommitted Risk Fund of £2.5m and £7.3m of earmarked reserves. Of the £7.3m of earmarked reserves only the £4.3m in the Integration and Change reserve provides access to funding that is uncommitted, a sum of £3m remains following the decision of the IJB in September 2024 to invest £1.3m in Digital improvements.
- 4.8. In summary, the total value of Uncommitted Reserves as at 30 September 2024 is £5.5m.
- 4.9. Where the Recovery Plan succeeds it would require the following reserves to be used:
- Risk Fund (uncommitted) £2.50m
 - Integration & Change Reserves (uncommitted) £0.95m
 - **Total use of Reserves to balance budget £3.45m**
- 4.10. This leaves very limited reserves to fall back on in the event of further financial challenges. That said, the recovery plan is not without risk and it must be acknowledged that at this late stage in the year the range of savings that are planned are ambitious and the Senior Leadership Team, working with partners, will require to take appropriate steps to ensure these are implemented and maintained. The deliverability of the value of savings described is also ambitious and, amongst other things, will be affected by the operating environment that applies to the remainder of the year, particularly in relation to the turnover of staff and care packages and other external factors.
- 4.11. Where there is an adverse deviation from the Recovery Plan, and/or if further financial implications arise in 2024/25 then the IJB only has access to an additional £2.05m in uncommitted reserves (Integration & Change Reserve). This provides no room for inaction.
- 4.12. Officers do intend to review whether there is any additional flexibility around the digital improvements work that has been approved from the Innovation and Change Reserve. This will determine whether it is possible to provide



INTEGRATION JOINT BOARD

year end options for maximising the value of reserves to help support this very challenging financial position the IJB faces. This will be confirmed as part of the Quarter 3 financial performance report.

National Context

4.13. In the summer of 2024, the Accounts Commission published their 2024 [report](#) on IJBs' Finance and Performance. The report noted that overall funding to IJBs in 2022/23 decreased by 9% in real terms or by 1% in real terms once Covid-19 funding is excluded. The total reserves held by IJBs almost halved in 2022/23, largely due to the use and return of Covid-related reserves. The projected funding gap for 2023/24 almost tripled in comparison to the previous year with over a third anticipated to bridge the gap through non-recurring savings, such as reserves. An initial analysis of 2024/25 budget setting revealed that the projected gap for IJBs increased again to £456m. The report underlined the importance of IJBs having clear and frank conversations not only at the board level, but with partners, providers, and the wider public, about decisions that will be required to achieve future savings and the likely implication these decisions will have on the services individuals currently receive.

5. Budget Setting Process 2025/26

5.1. Following the approval of the IJB Budget Protocol at the meeting of the IJB on 24 September 2024, the ACHSCP is currently consulting with the public on budget savings options. These include the potential for further significant reductions in service provision. Actions that are required in the Recovery Plan (Appendix A) may complement or replicate those in the budget consultation which means that further savings proposals may be required in order to address the budget gap for 2025/26. The anticipated financial gap will require to be kept under review having due regard to the projected outturn of 2024/25.

5.2. As described in 4.7 above, even where the Recovery Plan is successful there is now expected to be a substantial drawdown from Reserves. This has significant impact on budget setting for transformation in 2025/26 and the Chief Officer will engage with the NHS Grampian Director of Finance and



INTEGRATION JOINT BOARD

Aberdeen City Council Chief Officer – Finance to seek to quantify and address the 2025/26 implications.

6. Virements

- 6.1. Further information on the virement process is contained within Appendix A of the IJB Financial Regulations.
- 6.2. There are no virements that require authorisation in the second quarter.

7. Implications for IJB

- 7.1. Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and the Risk Audit & Performance Committee. This report is part of that framework and has been produced to provide an overview of the financial operating position as at 30 September 2024.
- 7.2. **Equalities, Fairer Scotland and Health Inequality** – an Integrated Impact assessment (IIA) has been completed having regard to the potential implications of further restrictions on recruitment (Appendix B). This impact assessment will be kept under review as the proposal is implemented. A test of proportionality and relevance has been completed for the proposal to scope a threshold for care at National Care Home Contract rate, an option being considered as part of the 25/26 budget setting process. This will be updated and/or progressed to a full IIA pending the outcomes of the ongoing budget consultations. All other actions within the recovery plan relate to existing policies and practice and therefore do not amount to service change requiring an IIA.
- 7.3. **Financial** – the financial implications are contained throughout the report, however it is currently forecast that the IJB will have insufficient funds in the annual budget to pay for the current level of services. The Recovery Plan aims to address a proportion of the overspending however using a large part, if not all, of the IJB uncommitted reserves to balance the budget is now



INTEGRATION JOINT BOARD

expected during 2024/25. This will have a financial impact on budget setting for 2025/26. The Chief Officer will engage with the NHS Grampian Director of Finance and Aberdeen City Council Chief Officer – Finance to address this.

7.4. Workforce

A pause on recruitment and associated backfill, but for exceptional circumstances, will have an impact on staff and associated services. Due regard will be given to ensuring compliance with safe staffing legislation that came into effect earlier in 2024. Careful consideration will also be given to managing a reduction in staffing levels in the context of changes to the Agenda for Change. It is anticipated that there will be a need to reduce service levels to accompany a reduction in staffing levels.

7.5. Legal

The Aberdeen City Integration Scheme states that the Chief Finance Officer of the IJB shall prepare financial reports for the IJB and shall do so at least on a quarterly basis. This report is compliant with that requirement. The Chief Officer is expected to deliver the agreed outcomes within the total delegated resources of the IJB. The Chief Officer is also operationally responsible for the delivery and management of delegated services as described in the Scheme. Where there is a forecast overspend, it is expected that the Chief Officer, in conjunction with the Chief Finance Officer, will agree corrective action with the IJB. Failing which, the Chief Officer, the Chief finance Officer of the IJB, the Director of Finance of NHS Grampian and the Chief Officer – Finance of the Council must agree a recovery plan to balance the overspending budget.

The IJB remains responsible for the strategic planning of delegated services. The proposals in the Recovery Plan are likely to have an impact on the delivery of services and the arrangements set out in the IJB's Strategic Plan.

Section 149 of the Equality Act 2010 requires public authorities, in the exercise of their public functions, to have due regard to 1) eliminating unlawful discrimination (both direct and indirect), harassment and



INTEGRATION JOINT BOARD

victimisation, 2) advancing equality of opportunity between different groups and 3) fostering good relations between different groups. The IJB also has a legal obligation to balance its budget. The Recovery Plan prepared by the Chief Officer, Chief Finance Officer, NHSG and the Council is considered to be a reasonably necessary and proportionate means of achieving that aim.

- 7.6. **Unpaid Carers** – the in-year recovery plan may have an impact on unpaid carers. This is because there may be an increase in the time it takes for the an individual's need to be assessed and subsequently met due to, for example, a reduction in spend on care and pause on recruitment.
- 7.7. **Information Governance** – there are no direct information governance implications arising from the recommendations of this report.
- 7.8. **Environmental Impacts** – there are no direct environmental implications arising from the recommendations of this report.
- 7.9. **Sustainability** – there are no other implications arising from this report.

8. Management of Risk

The IJB's Risk Appetite Statement identifies a low to medium appetite to financial risk. It sets out that the Board must make maximum use of resources available and acknowledge challenges regarding financial certainty. The Board identifies that it has no or low risk in relation to breaches of regulatory and statutory compliance. The Recovery Plan set out in Appendix A seeks to balance the IJB's risk appetite regarding financial and regulatory risks.

8.1. Identified risks

In year pressures impacting the IJB's 24/25 budget are outlined in the report above. There is a risk that these issues could be further exacerbated through, e.g., a higher than budgeted for settlement on the National Care Home Contract Rate for residential care and/or lack of full funding to address the Council staff pay deal.



INTEGRATION JOINT BOARD

There is also a link to Strategic Risk 2 in the IJB's Strategic Risk Register: *a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.*

The Recovery Plan attached as Appendix A seeks to mitigate the impact of the in-year pressures and the materialisation of any further risks that are realised.



INTEGRATION JOINT BOARD

APPENDIX A



INTEGRATION JOINT BOARD

Plan	Target Saving
<p>Reduce Costs of Social Care:</p> <ul style="list-style-type: none"> • Focus capacity on reviewing existing care packages to ensure eligibility criteria is applied at high and urgent levels and reducing care packages as much as is safe to do so with a Technology Enabled Care (TEC) first approach being taken. • Explore option to accelerate option to implement a threshold for care at National Care Home Contract rate. Currently in consultation for 25-26. • Explore additional investment into Care at Home contract to maximise Service User choice and ability to access an option 3. This may mitigate self-directed support option 1, 2 & 4 costs, where people historically couldn't access an option 3. Further information on self-directed support is available here. 	£3.00m
Pause Recruitment (and associated backfill (overtime/agency/bank) but for Exceptional Circumstances).	£2.75m
Renew focus on continuing increase in social care income (800 cases).	£0.75m
<p>Further Reductions to Staff Costs</p> <ul style="list-style-type: none"> • Use of overtime in exceptional circumstances to be pre-authorised. • Review all fixed term contracts. • Explore option to allow staff to apply for reduction of working hours. • Allow ACC staff to purchase extra week of annual leave (not available for NHSG staff). • Promote VSER for ACC employees within ACHSCP (not available for NHSG staff). 	£0.25m
Stop all non-essential spend of stock.	£0.25m
Stop all non-essential spend on equipment (use up equipment already in stock/increase recycling).	£0.25m
Potential Additional In-Year Savings	£7.25m
Use of Reserves as set out in paragraph 4.9.	£3.45m
Total value of Recovery Plan	£10.7m

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Areas for Consideration of Impact

Protected Characteristics

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

Fairer Scotland Duty

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

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

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

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

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

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

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

UNCRC

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

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	In-Year Recovery Plan – Pause Recruitment (and associated backfill (overtime/agency/bank) but for Exceptional Circumstances).
Name of Officer completing Proportionality and Relevance Questionnaire	Sandy Reid, Lead for People & Organisation Sarah Gibbon, Transformation Programme Manager
Date of Completion	12 th November 2024
What is the aim to be achieved by the policy or practice and is it legitimate?	Addressing projected overspend position in-year for 2024-25
What are the means to be used to achieve the aim and are they appropriate and necessary?	To achieve this aim, ACHSCP intend to undertake several measures as a part of a budget recovery plan. These are appropriate and necessary to balance the budget.
If the policy or practice has a neutral or positive impact please describe it here.	NA
Is an Integrated Impact Assessment required for this policy or decision (Yes/No)	Yes
Rationale for Decision NB: consider: - <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person’s rights being restricted? • 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? 	This proposal is likely to affect a large number of people working within the organisation with potential negative impacts having been identified. These impacts are of moderate severity and relate to an area where there are known inequalities. There will be options which allow for different cases to be treated differently, and there are existing safeguards in place that mitigate the restriction.
Decision of Reviewer	Approved
Name of Reviewer	Fiona Mitchelhill, Chief Officer
Date	12th November 2024

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

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

NA

ACHSCP Impact Assessment – The Integrated Impact Assessment

Description of Policy or Practice being developed including intended aim.	In-Year Recovery Plan – Pause Recruitment (and associated backfill (overtime/agency/bank) but for Exceptional Circumstances).
Is this a new or existing policy or practice?	Extension of existing policy
Name of Officer Completing Impact Assessment	Sandy Reid, Lead for People & Organisation Sarah Gibbon, Transformation Programme Manager
Date Impact Assessment Started	12 th November 2024
Name of Lead Officer	Fiona Mitchelhill, Chief Officer
Date Impact Assessment approved	12 November 2024

Summary of Key Information

Groups or rights impacted.	<p>This proposal primarily affects staff and teams within ACHSCP.</p> <p>There may be secondary impacts on patients and service users if service provision has to be reduced in line with a reduction in staffing levels. This is likely to impact on the overall capacity and patient flow across the whole system. Any reductions in capacity or changes to services flowing from the pause in recruitment (and associated backfill (overtime/agency/bank) will be determined by the Chief Officer having regard to further Integrated Impact Assessments.</p>
Feedback from consultation and engagement and how this informed development of the policy or practice	<p>Consultation and engagement to date has primarily focus on leadership team and all-staff ‘townhall’ discussions.</p> <p>Key findings of the consultation / engagement around this proposal include:</p> <ol style="list-style-type: none"> 1. Ensuring robust risk assessment process to essential roles are identified and recruited to. 2. Importance of considering the impact on safety and patient care. 3. Need for senior leadership to strongly endorse roles determined by the Chief Officer as being essential under exceptional circumstances. 4. Importance of looking after staff wellbeing when operating under increasingly pressured circumstances.

	<p>Results of this consultation and engagement have strengthened the current processes. A vacancy management process will ensure due diligence is given to ensuring ACHSCP is managing resources whilst having due regard to clinical risk and statutory duties (such as the Health and Care (Staffing) (Scotland) Act 2019 when reviewing proposed recruitment or backfill proposals.</p>
<p>Performance Measures identified, where these will be reported and how impact will be monitored.</p>	<p>Staffing data will be monitored to ensure that there is minimal detrimental impact on wellbeing. Where there is potential detrimental impact on wellbeing, that will be minimised through the Health and Wellbeing initiatives. Data that can be monitored includes:</p> <ul style="list-style-type: none"> • Sickness and absence rates • iMatter survey results <p>Vacancies will be monitored to determine whether rates are increasing and to monitor areas with high vacancy rates:</p> <ul style="list-style-type: none"> • % vacancies held within services • Whether the vacancy rate is increasing i.e. higher turnover <p>The services will need to monitor their capacity and waiting lists, with any significant changes being reported to the Senior Leadership Team and through the clinical governance processes:</p> <ul style="list-style-type: none"> • Services to monitor waiting lists and capacity • Reduction in acute and intermediate bed settings <p>Complaints and the governance dashboard is considered by the SLT every month and includes information on complaints. This can be monitored for impact and the SLT can investigate any areas of increased complaints to see if it could be related to non-recruitment.</p> <p>Importantly, ACHSCP will need to monitor any potential impacts on clinical and care governance:</p> <ul style="list-style-type: none"> • The potential impact to any services will be monitored through the ACHSCP's existing Clinical and Care Governance processes, reporting ultimately to the Clinical and Care

	Governance Committee, to ensure timely reporting of any issues.
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Review

Date the Impact will be reviewed	12 th January 2025
Rationale for Date	8 weeks commencing initial IIA and within the potential winter pressures.

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

	Yes/No	Details	Evidence
Protected Characteristics	Yes	<p>Any staff member who has protected characteristics may be impacted.</p> <p>There may be an impact on people and service users with protected characteristics if services need to amend their capacity, level of service provision, performance and/or waitlist to cope with the reduced workforce. If this is the case, a further IIA will be undertaken on the service change.</p> <p>Examples of the possible impacts include:</p> <ol style="list-style-type: none"> a. Increased unmet need in the city; b. Increased waiting list for assessment of care needs; c. Reduction of service provision across health and care services; d. Increased rate of delayed discharges from hospital settings; e. Increase in complaints and potential regulatory intervention; and f. Impact on the delivery of the IJB Strategic Plan and associated Delivery Plan. 	Data held on protected characteristics by employing organisation
Fairer Scotland Duty	Yes	There may be a mild impact on the Fairer Scotland duty, as non-recruitment to vacancies	Around 5,400 people aged 16 and over in Aberdeen City were unemployed in the year ending December 2023. This is a rate of 4.3%.

		will reduce the employment opportunities of people within Aberdeen.	This was an increase compared with the year ending December 2022 when the unemployment rate was 3.9%. (Office for National Statistics)
Health Inequality	Yes	Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these. Service provision may have to be reduced to compensate for reduced staffing levels. This will be monitored by the Chief Officer and Senior Leadership Team and informed by their own IIAs if a test of proportionality and relevance indicates this is required.	Service capacity data
Other Groups	Yes	Staffing groups may face increase pressures due to the reduced workforce.	
Human Rights	No	NA	NA
UNCRC	No	NA	NA

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	X	
	<p><u>NHG Grampian</u></p> <p>NHS Grampian are implementing a reduction in the work week, which will result in reduced capacity within the existing workforce.</p> <p>There are also higher requirements for staffing due to the Health and Care (Staffing) (Scotland) Act 2019, which places a duty on NHS Grampian to ensure both the appropriate numbers of staff and the appropriate type of profession.</p>	

	<p><u>Aberdeen City Council</u></p> <p>Aberdeen City Council are currently in a collective bargaining process looking at the possible change of working week for Aberdeen City employed staff from 37 hours per week to 35 hours per week.</p> <p>The above policies and decisions will have a cumulative impact on pausing recruitment as they further reduce the capacity available to deliver services. This will be monitored as the proposal progresses, and the IIA updated with the outcomes as appropriate.</p>
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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
Senior Leadership Team	Non-recruitment may result in being unable to deliver services to the standards expected.	Services may require to reduce the capacity of their service and/or performance levels if staffing levels reduce. Such changes will be subject to their own Integrated Impact Assessments.
Operational Leadership Team	Ongoing consultation throughout the budget setting process with leadership teams have highlighted: <ul style="list-style-type: none"> • There is the opportunity to redesign teams, particularly at leadership level, when vacancies naturally arise. There is a need to evaluate what is needed – not necessarily a like for like replacement • There are opportunities for more locality working and improved multi-disciplinary team working 	

	<ul style="list-style-type: none"> There are challenges to maintain existing levels of service provision if staff become spread too thin. 	
All Staff (Townhall Session)	Need to focus on the risk assessment process around vacancies having regard to patient safety and care. Senior Leaders will need to advocate strongly on behalf of services where an essential need is identified.	<p>Several gateways for a service or manager to highlight the critical need for a post.</p> <p>A member of the Senior Leadership Team attends NHS Grampian's vacancy Scrutiny Panel to explain the case for exceptional circumstances for a post. There is challenge internally within the Senior Leadership Team.</p>

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

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

Not applicable.

ACHSCP Impact Assessment – The Review

Name of Impact Assessment being reviewed	In-Year Recovery Plan – Pause Recruitment (and associated backfill (overtime/agency/bank) but for Exceptional Circumstances).
Name of Officer completing review	TBC
Date Review Commenced	TBC
Reason for Review (scheduled or accelerated)	TBC
Reason for Accelerated Review	TBC
Name of Lead Officer	TBC
Date Review Completed	TBC

Summary of Key Information

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

Having considered all of the groups, duties, and rights in the 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	19 November 2024
Report Title	Audited Final Accounts 2023/24 including the External Auditor's Annual Audit Report
Report Number	HSCP.24.105
Lead Officer	Alex Stephen, Interim Chief Finance Officer
Report Author Details	Alex Stephen, Interim Chief Finance Officer
Consultation Checklist Completed	Yes
Directions Required	Yes
Exempt	No
Appendices	A: Audited Final Accounts 2023/24 B: Letter of Representation C: Annual Audit Report
Terms of Reference	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself;

1. Purpose of the Report

- 1.1. The Risk, Audit and Performance Committee (RAPC) reviewed and considered the unaudited final accounts at its meeting on the 4 June 2024;
- 1.2. The purpose of this report is to allow the Integration Joint Board (IJB) to consider and approve the audited final accounts for 2023/24.

2. Recommendations

It is recommended that the IJB:

- a) Consider and agree the Integration Joint Board's Audited Accounts for 2023/24, as attached at Appendix A.



Integration Joint Board

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

3. Summary of Key Information

- 3.1. A great deal of work has been undertaken at a national level to agree on a proposed approach to the Integration Joint Board Accounts. Even then there will be changes in format and the disclosures contained in the accounts based on local circumstances. However, the major disclosures and format is based on a template commissioned by the Scottish Government with the Chartered Institute of Public Finance and Accountancy (CIPFA).
- 3.2. The accounts are based on the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the Code) and follow the format of the accounts used by local authorities as the IJB is recognised as a local government body, under Part VII of the Local Government (Scotland) Act 1973.
- 3.3. The audit of the accounts was conducted from June 2024 to November 2024. The final audited accounts have been brought back to the IJB for approval. During the audit process, changes were made to the management commentary and remuneration report following consultation with the External Auditor.
- 3.4. The accounts follow the following format:
 - **Management Commentary** - Explains the performance over the last financial year and highlights some of the potential risks during the next financial year.
 - **Remuneration Note** – contains details of the pay and pension benefits accrued by the senior officers of the IJB during 2023/24.



Integration Joint Board

- **Annual Governance Statement** – Highlights the Governance Framework in place and describes performance and improvements against the local code of governance. This contains the assurances from Aberdeen City Council and NHS Grampian. It also contains wording from the Chief Internal Auditor on the internal control environment
 - **Financial Statements** – contains details of the financial transactions, including the Income & Expenditure Account, Balance Sheet and Movement in Reserves Statement.
 - **Notes to the Accounts** – including the financial policies used by the IJB over this period and the relevant disclosures required through the code.
- 3.5. At the end of the financial year the IJB had £9,834,836 in its useable reserve, which has largely been allocated for specific projects.
- 4. Implications for IJB**
- 4.1. **Equalities** – There are no equalities implications arising from this report.
- 4.2. **Fairer Scotland Duty** – there are no direct implications for the Fairer Scotland Duty arising from this report.
- 4.3. **Financial** – the financial implications are highlighted throughout the report and in the appendix.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – publishing annual accounts is a requirement under the Local Authority Accounts (Scotland) Regulations 2014, which set out the statutory requirements on the IJB in respect to the annual accounts, their availability for public inspection and the consideration and signing by the IJB.
- 4.6. **Other** – There are no other implications arising from this report
- 5. Links to ACHSCP Strategic Plan**



Integration Joint Board

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

6. Management of Risk

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

- **Strategic Risk 2:** There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.
- **Strategic Risk 4:** There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council and NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.
- **Strategic Risk 6:** There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.
- **Strategic Risk 7:** There is a risk of failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.

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

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



Aberdeen City Health & Social Care Partnership
A caring partnership



Aberdeen City Integration Joint Board

Audited Annual Accounts 2023/24



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Management Commentary

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

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

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

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

Members of the Board for the period 1 April 2023 to 31 March 2024 were as follows:

Voting Members

<u>Name</u>	<u>Organisation</u>	
Cllr John Cooke	Aberdeen City Council	Vice Chair to 24 April 2023 Chair from 25 April 2023
Luan Grugeon	NHS Grampian	Chair to 25 April 2023 Resigned 16 October 2023
Hussein Patwa	NHS Grampian	From 22 August 2023 Vice Chair from 16 October 2023
Ritchie Johnson	NHS Grampian	From 24 September 2024
Professor David Blackbourn	NHS Grampian	From 24 September 2024
Mark Burrell	NHS Grampian	From 22 August 2023

<u>Name</u>	<u>Organisation</u>	
June Brown	NHS Grampian	7 June 2022 up to 17 July 2024
Kim Cruttenden	NHS Grampian	Up to 6 June 2023
Prof. Siladitya Bhattacharya	NHS Grampian	From 10 October 2023 to 30 July 2024
Cllr Jennifer Bonsell	Aberdeen City Council	From 10 October 2023
Cllr Christian Allard	Aberdeen City Council	From 7 June 2022 to 22 August 2023 then from 6 February 2024
Cllr Martin Greig	Aberdeen City Council	From 7 June 2022
Cllr Deena Tissera	Aberdeen City Council	7 June 2022 up to 10 October 2023
Cllr Lee Fairfull	Aberdeen City Council	From 22 August 2023 up to 6 February 2024

Non-Voting Members

<u>Name</u>	<u>Organisation</u>	
Jamie Donaldson	Partnership Representative, NHSG	Appointed 22 August 2023
Jim Currie	Trade Union Representative, ACC	Continuous member
Alan Chalmers	Patient and Service User Representative*	Resigned 5 December 2023
Steven Close	Secondary Care Advisor	From 30 August 2022 to 26 June 2024
Jennifer Gibb	Professional Nursing Adviser	Continuous member
Maggie Hepburn	Third Sector Representative	Continuous member
Christine Hemming	Secondary Care Advisor	From 30 August 2022
Dr Caroline Howarth	Clinical Director, ACH&SCP	Continuous member
Phil Mackie	NHS Deputy Director of Health, NHSG	From 7 June 2022
Shona McFarlane	Carer Representative	Continuous member
Paul Mitchell	Chief Finance Officer	Resigned 12 July 2024
Kenneth Low	Chief Finance Officer	From 15 July 2024 to 13 October 2024
Alex Stephen	Interim Chief Finance Officer	From 14 November 2024
Alison Murray	Carer Representative	Resigned 6 February 2024
Sandra MacLeod	Chief Officer	Resigned 15 February 2024
Fiona Mitchelhill	Chief Officer	Appointed 19 February 2024
Graeme Simpson	Chief Social Work Officer, ACC	Continuous member

*** Amanda Foster, Kenneth McAlpine and Temitope Oyegon were appointed as service user representatives in July 2024 for a three year period.**

Members of the Risk Audit and Performance Committee for the period 1 April 2023 to 31 March 2024 were as follows:

Councillor Martin Greig	Chair, Aberdeen City Council	Appointed as Chair 17 November 2022 (Member from 7 June 2022)
Councillor John Cooke	Aberdeen City Council	Appointed 7 June 2022
Hussein Patwa	NHS Grampian	Appointed 22 August 2023
Ritchie Johnson	NHS Grampian	Appointed 24 September 2024
<u>Previous Members:</u>		
Luan Grugeon	NHS Grampian	Appointed 30 April 2019, Resigned 16 October 2023
June Brown	NHS Grampian	Appointed 7 June 2022; Resigned 17 July 2024

Members of the Clinical and Care Governance Committee for the period 1 April 2023 to 31 March 2024 were as follows:

Mark Burrell	Chair, NHS Grampian	Appointed 22 August 2023
Professor David Blackburn	NHS Grampian	Appointed 24 September 2024
Councillor Christian Allard	Aberdeen City Council	Appointed 7 June 2022, Resigned 22 August 2023, Re-appointed 6 February 2024
Councillor Jennifer Bonsell	Aberdeen City Council	Appointed 10 October 2023
<u>Previous Members:</u>		
Kim Cruttendon	NHS Grampian	Appointed 2022 (as Chair), Resigned (as Chair) 7 June 2022, Resigned 6 June 2023
Councillor Deena Tissera	Aberdeen City Council	Appointed 7 June 2022, resigned 10 October 2023
Councillor Jennifer Bonsell	Aberdeen City Council	Appointed 10 October 2023
Professor Siladitya Bhattacharya	NHS Grampian	Appointed 10 October 2023; Resigned 30 July 2024
Councillor Lee Fairfull	Aberdeen City Council	Appointed 22 August 2023; Resigned 6 February 2024

Aberdeen's Economy

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

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

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

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

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

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

In summary, the macroeconomic outlook remains challenging and is likely to remain so for the foreseeable future. There is little that Aberdeen can do to change that. Where local policymakers can have – and have had – the greatest influence is over the longer-term strategic approach for the region. Key to this long-term success will be diversification, a commitment to making Aberdeen an even more attractive place

to live, work, invest and set-up a business, securing a successful transition to renewable energy and developing the core building blocks of a successful regional economic strategy (including skills and infrastructure).

Aberdeen City Population Needs Assessment

In October 2023 Community Planning Aberdeen published a [Population Needs Assessment for Aberdeen City](#). In this there is recognition that economic circumstances can both enhance or reduce people's health and wellbeing. Employment in the city is at its lowest level since 2016, with roughly 1 in 4 of the working age population economically inactive. In 2021 it was estimated that 1 in 7 Aberdeen households had no one within the household working. Indicators of relative poverty in Scotland suggest that about 3 out of 5 (57%) experiencing relative poverty will be within working households. The effects of the COVID-19 pandemic are still being understood, but the general view is that it has increased poverty across the UK, with women, children, and those in minority ethnic communities more likely to be affected. All of these indicators suggest that there is a real potential for family / household financial insecurity of a type that is being put under further pressure by the visible fuel and food poverty that is being experienced by local people.

In terms of demography, the population projections suggest that by 2028, the proportion of the oldest population groups will have increased by over 10% (65-74y +14.4%, 75+y +16.1%). As might be expected, the increasing proportion of the over 65y population is reflected in a projected increase in the proportion of households where the main householder is over 65y. For both women and men, increased life expectancy has stalled, and healthy life expectancy is declining. We can say that both life expectancy and healthy life expectancy vary across Aberdeen, with people from areas with higher deprivation having shorter lives and being more likely to live with poorer health for longer. Whilst this can be difficult to interpret, these indicators suggest that the future health of individuals born in Aberdeen during 2019-21 can expect to live around 20% of their lives in poor health. Here and now we know that 1 in 4 adults describe themselves as having a limiting, long-term illness.

Given that over half of the deaths in Aberdeen City in 2022 were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks, the main message for Aberdeen City is that there is still work to be done promoting healthier lifestyles. The data for selected diseases – cancer registrations, coronary heart disease, and chronic obstructive pulmonary disease – are all indicative of the demands that are being placed on health care services. However, in all cases it is important to note the variation in the indicators across the City. There is unlikely to be a single cause of these health inequalities and we need to understand that such health inequalities happen as a result of wider inequalities experienced over time. As a result, these types of health inequality are challenges not only for treatment here and now, but reflect a need to place a greater emphasis on future disease preventative intervention happening at the same time. 1 in 6 adults in Aberdeen self-report dissatisfaction with their mental health and around 1 in 7 could be at risk of suffering a mental illness. More people are being prescribed drugs for anxiety and depression than ten years ago.

The increase in the older population and the prevalence of long term conditions and mental illness signal increasing demand for health and social care services in future.

We cannot ignore the impact of inequality on health and the challenge will be to balance investment between service provision responding to current and imminent needs and early intervention and prevention activity to mitigate need in future.

Aberdeen City IJB Strategic Plan

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

Aim – Keeping People Safe at Home

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

Aim – Preventing Ill Health

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

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

Aim – Achieving Fulfilling, Healthy Lives

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

aims:-

Aim – Caring Together

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

At the end of year one we took the opportunity to pause, reflect and review our commitments and priorities and to refresh these for year two in light of changing demands.

	Number of Projects
New Projects	12
Amended	7
Deleted	12
Completed	5

Our programme and project management approach continued and we refined our progress and performance monitoring approach. Regular progress updates continue to be monitored by the Senior Leadership Team, the Risk Audit and Performance Committee and the Integration Joint Board (IJB).

Our Annual Performance Report was published on 24th September 2024 following approval by the IJB. It can be found on our website [here](#). The Appendices will be completed following the publication of validated data on the National and Ministerial Strategic Group Performance Indicators. The commentary below gives an overview of the progress on our Delivery Plan projects and internal Dashboard performance by Strategic Aim and Enablers. We are particularly proud of the increase in the number of our GP practices providing a full service and of the progress made in building a new Complex Care facility at Stoneywood in Dyce.

Caring Together

Unpaid Carers provide valuable support to relatives and loved ones which reduces demand for mainstream services. Our Adult Carers Support Service increased the number of unpaid carers registered with them by 71%. The IJB reviewed the annual report in relation to our Carers Strategy at their meeting in January 2024.

Over 40 voluntary organisations are now providing early intervention and prevention support from the Aberdeen City Health and Wellbeing Hub based right in the heart of city centre shopping. The venue is providing support in relation to mental health, addictions, independent living, employability, digital inclusion, and tackling poverty and inequality.

We trialled a programme of health and wellbeing supports in the new sports facility in Northfield called GetActive@Northfield. We have hired a community room there and it is now in use four out of five days and we have plans to increase this going forward. Community Listening Services are available there, as are Pulmonary Rehabilitation and Respiratory Services making good use of the links with our partners Sport Aberdeen.

Locality Empowerment Groups were reinvigorated during 2023/24, with regular meetings reinstated and membership gradually increasing. We refreshed and streamlined our Locality Plans increasing community involvement and ownership.

Our General Practitioner Services are experiencing many challenges, not only in the recruitment and retention of GPs but also in managing the increased demand. The number of GP Practices in Grampian has reduced from 80 to 69. GP Headcount in

Scotland has increased by 6.9% whereas in Grampian it has reduced by 5.3%. Overall there has been an increase in the indicative number of weekly contacts in Grampian (of around 27%) from September-December 2023 to January-April 2024. Our Primary Care team undertook a programme of work in relation to a refreshed vision to ensure sustainable General Medical Services for future generations. The outcome of this was endorsed by all three IJBs in Grampian and work is ongoing towards the implementation of this. The full report can be accessed [here](#).

In the here and now, the Primary Care team have been working very hard with General Practice and 2023/24 saw an increase in the number of GP practices providing a full service. Only one was providing a full service in March 2023 whereas 8 were providing a full service in March 2024.

Through renewed focus on Technology Enabled Care (TEC), locally, ACHSCP has worked collaboratively with partners across the public, independent and third sectors to continue to provide care.

Keeping People Safe at Home

Significant work has gone into maintaining and expanding our Hospital at Home Service and developing our Frailty pathway to ensure support is available for our frail, elderly population. The Hospital at Home team provide vital support to diverting demand from hospital and reducing delayed discharges. The number of admissions to the service continues to grow with an 9% increase in admissions seen between 2022/23 (916) and 2023/24 (1002). These are admissions that would otherwise enter the secondary care system. To further highlight the impact of the service the bed day savings have increased by an approximate 18% between 2022/23 (approximately 8,700) and 2023/24 (approximately 10,600).

Towards the end of 2022 into early 2023 Aberdeen city had a laser focused approach to reducing Delayed Discharges with additional resource allocated to this work. Our performance as at 3rd April 2023 was 9 people delayed equivalent to 631 bed days. The laser focus and additional resource could not be sustained and as at 5th April 2024 there were 42 people delayed equivalent to 1,701 bed days. This performance places Aberdeen City in the top quintile of Health and Social Care partnerships in Scotland. There is renewed national focus on Delayed Discharges which is overseen by the Collaborative Response and Assurance Group (CRAG). The CRAG has 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. For Aberdeen this relates to 20.8 per 100,000 which means our figure needs to be 45 people or below. Our performance at 42 people falls within that target.

A review involving patients, carers and other key stakeholders designed alternative ways for Specialist Neuro Rehabilitation Services 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.

Work continued to ensure that a reliable and robust digital telecare emergency response service can be delivered after the analogue networks are turned off in

December 2025. This includes replacing all analogue community alarms as well as deploying a digitally-capable Alarm Receiving Centre (ARC) platform. Over 2023/24 our team worked with the Scottish Government Digital Office as an early adopter to establish a single supplier framework for a shared ARC which went live on November 2023. They also ensured data accuracy by completing the data cleansing of 16,000 records that are held in the current ARC database. In March 2024 Aberdeen City Health and Social Care Partnership (ACHSCP) and Bon Accord Care (BAC) have received the Bronze Award for Digital Telecare Implementation from the Scottish Government Digital Office after replacing 58% of analogue community alarms with digital-ready units.

Our Dashboard data indicates a significant reduction in no harm falls indicating the support provided by our teams is having a positive impact in this area. No harm falls peaked at 262 in December 2022 but reduced to 160 in September 2023, a reduction of 39%. Although the number of no harm falls rose again by the end of 2023/24 to 201 they are subsequently again on a downward trend.

Preventing Ill Health

The Granite City Gathering, in Autumn 2023, part of our Stay Well Stay Connected Programme, was hosted to help people explore what 'Ageing Well' could look like. Attendees were encouraged to develop a real sense of purpose in retirement and seize opportunities to participate in community life. 167 people attended this and it was supported by 29 community organisations.

Our Local Outcome Improvement Plan (LOIP) project to reduce tobacco smoking by 5 % overall by 2023 exceeded its target and we are working on a revised project for 2024 onwards to target smoking in pregnant women in areas of deprivation in Aberdeen city.

The World Health Organisation has declared that loneliness and isolation is now an epidemic. Through our Stay Well Stay Connected Programme we are aiming to tackle this. During 2023/24 we expanded 'Boogie at the Bar', keeping hundreds of older people socially connected and engaged in their community every month. There were 2,706 attendances at Boogie in the Bar sessions during 2023 compared to 1,190 in 2022, an increase of 127% although it should be noted that there were no sessions within the Central Locality in 2022 so the increase for North and South Locality sessions is 62% (50% in North and 73% in South). In addition, 60 people are now regularly attending 'Soup & Sannies' based in Seaton. There were 1,550 attendances during 2023 compared to 179 attendances in 2022. It should be noted that both of these initiatives were impacted to some extent by restrictions relating to the Covid-19 pandemic. Attendances at these events not only reduces social isolation but also allows an opportunity to sign post to sources of support.

The Men's Wellbeing Group, 'Men's Shed' in Bridge of Don has 30-40 participants monthly. It brings older men together to reduce isolation and improve wellbeing outcomes. Wellbeing topics covered includes, blood pressure checks, healthy eating, prostate Issues, stress awareness, cooking and Pilates sessions.

Achieving Fulfilling, Healthy Lives

The Mental Health and Learning Disabilities Transformation Programme focused on improving health outcomes for individuals with mental health issues and learning disabilities. It aims to address health inequalities and improve access to support; ensuring individuals with a mental health issue or a learning disability have equal opportunities to discuss and improve their health.

Scottish Association for Mental health (SAMH) were awarded the contract for Suicide Prevention work in May 2023 and we continue to work well together to deliver the outcomes of this important contract. They are working across the North East with Aberdeen City, Aberdeenshire and Moray alongside a dedicated LOIP project in relation to Suicide Prevention.

In 2023/24 our Strategic Home Pathways Lead renewed focus particularly on bespoke support for people with Complex Needs who tend to have higher lengths of stay in hospital and, in many cases, are supported outwith Aberdeen City due to the lack of appropriate facilities. In February 2024 the IJB approved an update on the implementation of the Complex Care Market Position Statement highlighting the plans to develop and build a new Complex Care facility at Stoneywood in Dyce.

During 2023/24 a project team has been developing an action plan in relation to our actions to mitigate Climate Change. Climate change has a disproportionate impact on those with health inequalities so as well as helping us to achieve our net zero emissions target this work will help support the most vulnerable in our society.

Strategic Enablers

In light of the various major storms the Aberdeen City Care for People Plan has been revised helping to support our responsibilities in relation to being a Category 1 Responder. Work will continue in 2024 to finalise the Persons at Risk Database which will further enhance our ability to keep vulnerable people safe in the event of a major incident.

Bon Accord Care Limited (BAC) and Bon Accord Support Services Limited (BASS) are private companies limited by shares which are 100% owned by Aberdeen City Council. Bon Accord Care provides regulated (by the Care Inspectorate) care services to Bon Accord Support Services which in turn delivers both regulated and unregulated adult social care services to the Council.

The Service Level Agreement (SLA) and aligned service specifications with Bon Accord Care have been revised and a three year Development Plan is currently being developed which will set firmer expectations and allow us to maximise the impact of the investment.

Close joint working continues with Aberdeen City Council (ACC) in relation to community planning. The LOIP and the three Locality Plans have been refreshed and a new Stretch Outcome in relation to Community Empowerment has been added to the LOIP. The Communities team within ACHSCP will work closely with

the Community Development team of ACC to ensure the projects and the outcomes related to this are delivered within timescale.

Work continues in relation to delivering our Workforce Plan. The annual report was considered by the Risk Audit and Performance Committee (RAPC) on 28 November 2023. The link to the report can be found [here](#) our total headcount increased from 2,265 (1,933 whole time equivalent (WTE)) in 2023 to 2,317 (1,950 WTE) in 2024. Staff turnover has reduced from 8.17% (NHS Grampian staff) to 5.3% from 2022/23 to 2023/24. For Aberdeen City Council staff, turnover has increased from 5.4% in 2022/23 to 8.2% in 2023/24. It is pleasing to see the level of turnover reducing during the financial year. Work continues to ensure that the ACHSCP have the right workforce size and skills to deliver its services and strategic plan. In April 2023 absence rates were 6.83% for NHS Grampian staff and 8.94% for Aberdeen City Council staff. Both rates showed an increase as of March 2024 with the NHS Grampian staff rate at 8.87% and the Aberdeen City Council staff rate at 10.53%.

In November 2023 we held our first Recruitment Fair with over 300 attendees. There is also an ongoing series of sessions with ABZ Works and employability clients in the Health Village to promote career entry posts such as porters, receptionists etc. There is regular promotion of ACHSCP vacancies via social media. The ACHSCP Annual Workforce Conference took place on 29th February 2024 and was a great success. Feedback is being obtained to plan ahead for the next one scheduled for 5th December 2024. During 2023, 1,119 staff attended various well-being sessions provided by ACHSCP. These include complementary therapies, reflexology, pedicure, Reiki and Mindfulness.

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

The IJB's Position at 31 March 2024

The IJB set a balanced budget for 2023/24 of £377,783,000.

The financial position for 2023/24 resulted in an overspend £10,774,000 on mainstream budgets which was met from reserves. Added to this is an overspend on funded budgets (Primary Care Improvement Fund and Action 15 Mental Health) of £6,537,000, this resulted in a deficit on provision of services as reported in the Comprehensive Income and Expenditure Statement £17,311,014.

Specialist Older Adults and Rehabilitation Services is an Aberdeen city led, Grampian wide 'Hosted Service'. It has an overspend position due to increased locum and bank nursing costs to cover vacancies and absence.

Community based Learning Disability services overspent by almost £3 million. Some of this is in relation to spend on externally commissioned services due partly to client demand and partly to the unfunded, nationally agreed 6% uplift in the National Care Home Contract (NCHC) rate (only 3% budgeted for in MTFF). Clients

transitioning from Children Services to Adult Social Care exceeded the budget predictions by £713,000. There are also overspends on staffing and supplies and services. Community Mental Health and Addiction Services and Older People and Physical and Sensory Disabilities Services (OPPSDS) overspends are also related to increased client demand and the increase in the NCHC rate. For OPPSDS this equates to £5.8 million. The number of clients receiving a care package has increased by 18% during 2023/24. £2.8 million of the OPPSDS overspend is due to the Scottish Government reclaiming an overprovision on the Covid Supplier Sustainability payments and £800,000 overspend relates to unanticipated property costs, mainly due to a late and back-dated multi-year charge from Aberdeen City Council.

Primary Care Prescribing resulted in a £1.8 million overspend. For April 23 to January 24, the actual number of items prescribed continued to increase and is 3.87% greater than the same period in 22/23. This is coupled with estimated average item price of £11.42. For comparison, the average item price in April 22 after Tariff reduction was £10.62.

The final outturn for Out of Area Treatments resulted in an overspend of £753,000 which was an improvement on previous forecasts. This is mainly due to updated arrangements for a placement in England and improvements in the additional nursing and pricing estimates.

These overspends have meant the IJB has had to make some difficult decisions in relation to pausing some transformation activity and increasing the scrutiny on recruitment, asking services to do more with less. Good progress was made in relation to achieving the agreed savings with £7,473m (79%) of the total value of £9,423 achieved. In 2024/25, £9,609 of savings were identified and these are tracked by the Senior Leadership Team. Further information on achievement is reported through the IJB and PAFIC.

The accounts for the year ended 31 March 2024 show a usable reserves position of £9,834,836 (2022/23 £27,145,850). The IJB agreed a reserves strategy and previously agreed to hold back as earmarked reserves £2.5 million as a risk fund.

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

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

The IJB has made arrangements with adult social care providers to allow the Scottish Living Wage to be paid in 2023/24. This was possible due to additional funding being made available from the Scottish Government to implement this policy commitment.

Demand is expected to continue to rise given the increase in the number of over-65s forecast. At the same time the complexity of the care required is increasing due to improvements in medicine and the increased average life expectancy evidenced over the last few decades. This is evidenced in by our increasing social care spend on clients with learning disabilities. Also, there are greater expectations being placed on our services by clients and this, along with expectations from our other stakeholders, continues to drive performance on targets such as waiting times. For example, waiting times for physiotherapy for Musculoskeletal conditions increased from 15 weeks in October 2023 to 21 weeks in March 2024 and waiting times for the Dietetics Child Healthy Weight Team increased from 59 weeks in November 2023 to 75 weeks in March 2024. In relation to Psychological Therapies the number of people waiting 18 weeks to be treated increased by 32.5% from March 2023 to March 2024.

Key Risks and Uncertainties

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

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

In addition to the Workshop above, a deep dive on Risks 1 (Commissioned Services) and 7 (Workforce) was held in October 2023. As a result of this deep dive, both of the strategic risks were subsequently lowered from Very High to High (as confirmed at the meeting of the Risk, Audit and Performance Committee on 28 November, 2023)

The IJB held a workshop in January 2024 on the Strategic Risk Register and the Board's Risk Appetite Statement and made some amendments to these documents to reflect the Board's risk appetite as at January 2024.

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

The Risk, Audit and Performance Committee at its meeting on 2 April 2024 approved the revised Strategic Risk Register and Risk Appetite Statement. The risks that are classed as **High** risk on the Strategic Risk Register are detailed below:

- 1. High: Cause:** The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people. **Event:** Potential failure of commissioned services to deliver on their contract. **Consequence:** There is a gap between what is required to meet the needs of local people, and services that are available. Consequences to the individual include not having the right level of care delivered locally, by suitably trained staff. Consequences: ability of other commissioned services to cope with the unexpected increased in demand.

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

Mitigating Actions:

All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.

Social Care

- Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops etc.
- Agreed strategic commissioning approach for ACHSCP.
- Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity.
- 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
- Continue to support the flow from acute into interim beds at Woodlands.
- 1 SLA now in place for all interim/emergency beds
- Winter Planning and coordination workshop held in December 2023
- Workshop with providers in Feb and March 2024 to inform them of commissioning opportunities and help to shape the content and process of the tender.
- 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.
- Mental Health and Wellbeing Festival during May 2024 will help to promote and support the sector to be more mindful of their own and service users Wellbeing.

Primary Care

- Sustainability meetings with all Practices in Aberdeen City
- Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads with practices to agree a sustainable way forward using individualised action plans and group discussions.
- Strategic Change Lead is establishing a task and finish group to review medical cover across care settings in the City with a view to establishing an alternative model for medical cover.
- Collaborative approach with the integration of the Health Assessment Team into Aberdeen City Council's Settlement Team to manage demand and risk of becoming a Dispersal City
- General Practice Vision and future provision workshops looking at SMART objectives to meet the unscheduled care demands
- Comms and engagement to raise public awareness on general practice pressures and wider Multi-Disciplinary Team roles

- Weekly RAG status on general practices to understand pressures
 - 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
2. **High: Cause:** IJB financial failure and projection of overspend. **Event:** Demand outstrips available budget. **Consequence:** IJB can't deliver on its strategic plan priorities, statutory work, and projects.
- Mitigating Actions:**
- The Senior Leadership Team are committed to driving out efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.
 - The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements.
 - Senior Leadership Team are scrutinising Year 3 of the ACHSCP Delivery Plan to identify projects that will generate financial savings or prevent and reduce future budget pressures.
SLT and Operational Leadership Team (OLT) received a briefing from the Chief Finance officer in April, 2024 which highlighted the pressures and savings in the agreed MTFE for 2024/25. This allowed the early identification of any additional pressures or savings that are unable to be made.
3. **High: Cause:** Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City. **Event:** Hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure. **Consequence:** Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.
- Mitigating Actions:**
- 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 will work 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 will work 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.

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

Mitigating Actions:

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

5. High: Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities. **Event:** Failure to deliver transformation and sustainable systems change.

Consequence: People not receiving the best health and social care outcomes.

Mitigating Actions:

- Programme management approach being taken across whole of the Partnership
- Regular reporting of progress on programmes and projects to Senior Leadership Team
- Increased frequency of governance processes, Senior Leadership Team now meeting weekly
- A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan.
- All Programme and Project Managers have been trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate.

6. High: Cause: The ongoing recruitment and retention of staff. **Event:** Insufficient staff to provide patients/clients with services required.

Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.

Mitigating Actions:

- Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received, over 900 staff attended these type of initiatives in the last year.
- All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT
- 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 January to March 2024 sickness stats for NHSG employees, 4.81% (NHSG 4.95% in same period) and this is a reduction from the December 2023 level (6.51%)
- 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 2024.
- Foundation Apprentice started with Business Support in September 2023, and subject to feedback will continue in 2024.
- 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 was convened on 29th February, 2024.
- Establishment of Social Media Comms Group to help promote workforce opportunities and raise the profile of the organisation.
- Workforce Workstream Workshop held on 25th of April, 2024. Workshop reviewed progress on the Workforce Plan and looked at integrating different workforce activity.
- Provisional agreement for the holding of a cost neutral Staff Recognition Award ceremony to be part of the Annual ACHSCP Conference (date tbc).
- Regular attendance at various recruitment events

Analysis of the Financial Statements

The accounts show usable reserves of £9,834,836 at 31 March 2024 (£27,145,850 at 31 March 2023).

The level of reserve has decreased significantly due to the overspend at the year end and some of the reserves needed to be returned to the Scottish Government. Reserves were also planned to be used to cover expenditure in various mainstream services across the IJB, including PCIP & Primary Care (£2.0m), Community Living (£0.9m) and Integration & Change (£13.9m).

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

The services covered include:

- accident and emergency services at Aberdeen Royal Infirmary and Dr Gray’s - inpatient & outpatient;
- inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry, general psychiatry;

- palliative care services provided at Roxburghe House, Aberdeen, and The Oaks, Elgin.

The notional budget and outturn from 2019/20 to 2023/24 is as follows:-

Set Aside	2019/20	2020/21	2021/22	2022/23	2023/24
Budget	£46,410,000	£47,802,300	£49,408,000	£52,719,000	£55,550,000
Outturn	£46,410,000	£47,802,300	£49,408,000	£52,719,000	£55,550,000

Chief Officer

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

Chief Finance Officer

With effect from 15 July 2024, Kenneth Low became Chief Finance Officer following the departure of Paul Mitchell. With effect from 19 November 2024, Alex Stephen (CFO NHS Grampian) became the interim Chief Finance Officer following the departure of Kenneth Low,

John Cooke
IJB Chair



Fiona Mitchelhill
Chief Officer



Alex Stephen
Interim Chief Finance Officer



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

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Aberdeen City Integration Joint Board for the year ended 31 March 2024 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the 2023/24 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the board as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

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

Conclusions relating to going concern basis of accounting

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

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

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

Risks of material misstatement

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

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

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

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

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

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

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

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

Reporting on other requirements

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

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

Other information

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

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

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

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

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

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

Matters on which I am required to report by exception

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

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

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of my report

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

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

19 November 2024

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature by the Integration Joint Board at its meeting on 19 November 2024.

Signed on behalf of the Aberdeen City Integration Joint Board

John Cooke
IJB Chair

Responsibilities of the chief finance officer

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

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

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

The chief finance officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Aberdeen City Integration Joint Board as at 31 March 2024 and the transactions for the year then ended.

Alex Stephen

Interim Chief Finance Officer

Remuneration Report

Introduction

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

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

Remuneration: IJB Chair and Vice-Chair

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

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

Taxable Expenses 2022/23 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2023/24 £
Nil	Luan Grugeon	Chair to 25/4/23	NHS Grampian	Nil
Nil	Cllr John Cooke	Vice Chair from 18/05/22 Chair from 25/4/23	Aberdeen City Council	Nil
Nil	Hussein Patwa	Vice Chair from 10/10/23	NHS Grampian	Nil
Nil	Total			Nil

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

Remuneration: Officers of the IJB

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

Chief Officer

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

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

Other Officers

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

Total 2022/23 £	Senior Employees	Full time equivalent salary £	Salary, Fees & Allowances £	Taxable Expenses £	Total Remuneration 2023/24 £
130,259	Sandra Macleod Chief Officer to 15/02/24	137,578	120,572	-	120,572
-	Fiona Mitchelhill Chief Officer From 19/02/24	101,379	11,793	-	11,793
62,781	Fraser Bell Chief Operating Officer On secondment between 1/8/2022 and 30/6/2023. Appointed on a permanent basis on 1/7/2023 with a revised salary.	116,428	114,233	-	114,233
56,430	Paul Mitchell Chief Finance Officer	84,969	84,969	-	84,969
249,470	Total		331,567	-	331,567

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

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued

pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Officer Name	Responsibility	Accrued Pension Benefits				In-year Pension Contributions	
		Pension as at 31/3/2024 £000	Pension Difference from 31/3/2023 £000	Lump Sum as at 31/3/2024 £000	Lump Sum Difference from 31/3/2023 £000	Pension Contribution 2023/24 £	Pension Contribution 2022/23 £
Sandra Macleod	Chief Officer To 15/02/24	14	2	7	7	23,651	26,192
Fiona Mitchelhill	Chief Officer From 19/02/24	31	31	82	-	1,669	-
Fraser Bell	Chief Operating Officer	26	3	-	-	23,067	11,963
Paul Mitchell	Chief Finance Officer	27	26	23	23	15,209	10,101
Total						63,596	54,144

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

Disclosure by Pay Bands

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

Number of Employees in Band – 2022/23	Remuneration Band	Number of Employees in Band – 2023/24
1	£55,000 - £59,999	0
1	£60,000 - £64,999	0
0	£80,000 - £84,999	1
0	£110,000 - £114,999	1
0	£120,000 - £124,999	1
1	£130,000 - £134,999	0

Exit Packages

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

.....
Fiona Mitchelhill
Chief Officer

.....
John Cooke
Chair

Annual Governance Statement

Scope of Responsibility

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

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

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

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

The Governance Framework

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

The IJB agreed on 11 April 2017 at the Audit & Performance Systems Committee to adopt a local code of corporate governance which was built around the principles identified in the [CIPFA\SOLACE](#)¹ Delivering Good Governance in Local Government Framework (2016 Edition). The local code of governance is generally reviewed annually and reported to the same audit committee where the annual governance statement is approved. In 2023, the Risk, Audit and Performance Committee did not review this document, however they did review the Duties and Annual Plan for the Committee which provided sources of assurance against the Committee’s Terms of Reference, based on the CIPFA/SOLACE Framework. This code provides a list of documents\activities from an IJB, NHS Grampian and Aberdeen City Council perspective which provide assurance on the governance framework.

¹ CIPFA - The Chartered Institute of Public Finance and Accountancy

SOLACE – The Society of Local Authority Chief Executives

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

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

Seven Governance Principles of local governance framework

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

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

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

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

- caring
- person-centred
- enabling

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

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

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

Standing Orders, Terms of Reference and roles and responsibilities are reviewed on an annual basis.

Principle 2 – Ensuring openness and comprehensive stakeholder engagement.

Openness: The IJB is a public board where members of the public and press can attend and agendas, reports and minutes are available for public review. The IJB meetings are held under “hybrid” arrangements with members of the IJB, and officers able to either physically attend the meetings (along with members of the public and the Press) or attend via Microsoft Teams. Meetings of the IJB are recorded and these are made available to the public shortly after the meeting. The Risk, Audit & Performance Committee is also a public meeting. The IJB has its own complaints handling procedure which complies with Scottish Public Services Ombudsman’s guidance.

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

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

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

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

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

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

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

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

Entity’s Capacity: A workforce plan has been developed for the IJB covering health and social care services. In February 2024 a new Chief Officer was appointed. The Chief Officer confirmed the continuation of the distributive flat structure model of leadership. Capacity is further developed and scrutinised by having stakeholders out with those employed by the IJB, ACC or NHS Grampian around the IJB and many of its working groups. The career ready programme and various initiatives through Developing the Young Workforce North East have been developed and established within services. Regular meetings have been held with the direct reports of the senior leadership team to promote the localities model and the senior leadership team objectives. A new senior leadership team structure has been implemented to allow Strategic Plan outcomes to be achieved.

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

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

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

Risk: Two risk registers have been developed. The first is an IJB Strategic Risk Register and this documents the risk that the IJB may face in delivery of the Strategic Plan. The second register covers operational risks and is a summary of the

departmental operational risk registers. The Strategic Risk Register is updated frequently and reported to the Risk, Audit & Performance Committee and the IJB.

Performance: A performance management framework has been developed for the IJB and is reported frequently to the Risk, Audit & Performance Committee and the IJB. Performance is also monitored by bi-monthly city sector performance review meetings, where the Chief Executives and senior finance officers from NHS Grampian and Aberdeen City Council discuss performance and finance in a structured meeting with the Chief Officer and Chief Finance Officer. Performance management information is provided at a national NHS level and also contained within the statutory performance indicators reported by the Council. An annual performance report is required as defined in the legislation (Public Bodies (Joint Working) (Scotland) Act 2014) underpinning the creation of the IJB.

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

Financial Management: The IJB has received quarterly reports on the financial position as indicated in the integration scheme. All IJB reports contain a financial implications section advising the IJB on the budget implications of agreeing the recommendations of the report. This section allows authors to outline mitigating actions being taken to lower the overspend as detailed in the outturn position for 2023/24. Since the outturn position for 2023/24 additional fortnightly meetings have been put in place between the CFO and budget holders to provide robust oversight of budget performance on a more frequent basis. In addition for 2025/26 budget setting onwards we are introducing a new Budget Protocol which formalises the process and outlines key commitments in relation to the Audit Scotland Report on IJB's Finance and Performance published 25th July 2024. These commitments relate to engagement with partners and communities, an early focus on the identification of savings, ensuring Integrated impact Assessments are undertaken, and structured and regular reporting of progress to the IJB.

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

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

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

Audit: The 2022/23 accounts received an unqualified audit opinion. The Risk, Audit & Performance Committee has received an internal audit plan from the Chief Internal Auditor and internal audit reports over the last financial year.

Review of Effectiveness

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

Aberdeen City Council's Chief Internal Auditor provides Internal Audit services to the IJB. The Chief Internal Auditor's annual opinion on the effectiveness of the IJB's governance framework for 2023/24 was reported to the Risk, Audit and Performance Committee on 4 June 2024

The report outlined Internal Audit's views on the assurance that the IJB received in relation to governance, risk management and control, covering the periods 1 April 2023 to 31 March 2024. The overall Chief Internal Auditor's opinion was "In my opinion the Board had an adequate and effective framework for governance, risk management and control covering the period 1 April 2023 to 31 March 2024".

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

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

Action Plans

In 2022/23, the Internal Auditor issued a report on the Adults with Incapacity audit which noted areas of major concern. Management convened a short life working group to address all the issues raised. This group met regularly and have rectified all but one of the recommendations (as at April 2024) with the remaining recommendation due for implementation in May 2024.

One of the 2023/24 internal audits "Social Care Financial Assessments" is due to be considered by Aberdeen City Council's Audit, Risk and Scrutiny Committee on the 28th of November, 2024 (originally planned to go to the September Committee meeting but the meeting was postponed) and then will be considered at the IJB's Risk, Audit and Performance Committee on the 3rd of December, 2024. Officers are working through the recommendations and liaising with colleagues in Internal Audit.

As at the 31 March 2024, 29 audit recommendations were open, 26 due in the future (either as the original planned date of implementation or through an agreed extension).

Internal Audit records indicate there were 34 recommendations made in 2023/24, with 24 being closed during the year. The Senior Leadership Team continue to work closely with colleagues in Internal Audit to close off recommendations by the agreed due date.

The following table sets out priority governance actions identified in respect of financial year 2023/24. These will be completed in 2024/25

Actions	Responsibility	Target completion date
Budget monitoring and increased scrutiny of financial information, delivering savings and achieving financial balance	Senior Leadership Team	March 2025
Review of Local Code of Governance	Chief Operating Officer	July 2025 (annual review-last reviewed in July 2024)
Social Care financial assessments	Chief Officer-Social Work Adults	December 2024

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

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

Aberdeen City Council's governance framework

The link to Aberdeen city Council's Governance Framework can be found from page 25 onwards on the following [Link](#).

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

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives, or comply with controls, and can therefore only provide

reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

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

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

The Council has an approved Local Code of Corporate Governance which sets out their commitment to the seven principles recommended in the CIPFA / SOLACE Framework 2016, by citing the primary sources of assurance which demonstrate the effectiveness of the systems of internal control.

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

Principle B: Ensuring openness and comprehensive stakeholder engagement

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

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

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

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

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

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

NHS Grampian governance framework

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

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

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

Key elements of the system of internal control include:

- A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
- Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
- Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations that exceed our risk appetite;
- Dedicated full-time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas;
- A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;
- Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters;
- Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance, Assurance, Finance and Infrastructure Committee;
- Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;

- Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standard by the Staff Governance Committee;
- An active joint management and staff partnership forum (Grampian Area Partnership Forum) with staff side representation embedded in all key management teams and a dedicated full-time Employee Director who is a member of the Board;
- Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
- Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance including consultation with all stakeholders on service change proposals to inform decision making;
- Promotion of effective cross-sector governance arrangements through participation by the IJB Board members and the Chief Executives of each of the partner organisations in the regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery;
- A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
- Separate governance arrangements for the NHS Grampian Charity including a Chair of the Trustees elected from within the body of the Trustees, an annual general meeting of all Trustees to agree all policy matters and an NHS Grampian Charity sub-committee with delegated authority to manage the day to day operational matters of the charity.

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

Certification:

Subject to the above, and on the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control

environment and action plans are in place to identify areas for improvement. It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Aberdeen City Integration Joint Board's systems of governance.

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Fiona Mitchelhill
Chief Officer

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John Cooke
Chair

Comprehensive Income and Expenditure Statement

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

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	Head office/Admin	2,373,496	0	2,373,496
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	Aids, Adaptations & PSHG	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
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 7)	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

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

Movement in Reserves Statement

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

Movements in Reserves During 2023/24	General Fund Balance	Total Reserves
	£	£
Opening Balance at 31 March 2023	(27,145,850)	(27,145,850)
Total Comprehensive Income and Expenditure	17,311,014	17,311,014
Adjustments between accounting basis and funding basis under regulation	-	-
(Increase) or Decrease in 2023/24	17,311,014	17,311,014
Closing Balance at 31 March 2024	(9,834,836)	(9,834,836)
<hr/>		
Movements in Reserves During 2022/23	General Fund Balance	Total Reserves
	£	£
Opening Balance at 31 March 2022	(51,392,001)	(51,392,001)
Total Comprehensive Income and Expenditure	24,246,151	24,246,151
Adjustments between accounting basis and funding basis under regulation	-	-
(Increase) or Decrease in 2022/23	24,246,151	24,246,151
Closing Balance at 31 March 2023	(27,145,850)	(27,145,850)
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Balance Sheet

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

31 March 2023		Notes	31 March 2024
£			£
27,145,850	Short term Debtors	(7)	9,834,836
<u>27,145,850</u>	Current Assets		<u>9,834,836</u>
<u>27,145,850</u>	Net Assets		<u>9,834,836</u>
	Usable Reserve:		
(27,145,850)	General Fund	(8)	(9,834,836)
-	- Unusable Reserve:		-
<u>(27,145,850)</u>	Total Reserves		<u>(9,834,836)</u>

The unaudited accounts were issued on 4 June 2024 and the audited accounts were authorised for issue on 19 November 2024.

Alex Stephen
Interim Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2023/24 financial year and its position at the year-end of 31 March 2024.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

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

Employee Benefits

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

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

Reserves

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

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

The balance of the reserves normally comprises:

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

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

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

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

Indemnity Insurance

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

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

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

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

Support Services

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

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

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted and could have a material impact on the accounts. This applies to new or amended standards within the 2023/24 Code.

There are no new or amended Accounting Standards issued but not yet adopted that will have a material impact on the 2023/24 Annual Accounts.

3. Critical Judgements and Estimation Uncertainty

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

Provisions

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

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

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

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

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

5. Events after the Balance Sheet Date

The unaudited Annual Accounts were authorised for issue by the Chief Finance Officer on 4 June 2024. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2024, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

2022/23		2023/24
£		£
170,597,645	Services commissioned from Aberdeen City Council	176,471,867
233,280,222	Services commissioned from NHS Grampian	257,830,741
31,470	Auditor Fee: External Audit *	44,380
(4,958,384)	Service Income: Aberdeen City Council	(5,114,956)
(374,704,802)	Partners Funding Contributions and Non-Specific Grant Income	(411,921,018)
24,246,151 (Surplus) or Deficit on the Provision of Services		17,311,014

*Audit fees in respect of the 2023/24 audit are £33,360

7. Taxation and Non-Specific Grant Income

2022/23		2023/24
£		£
(118,777,887)	Funding Contribution from Aberdeen City Council	(123,740,740)
(255,926,915)	Funding Contribution from NHS Grampian	(288,180,278)
(374,704,802) Taxation and Non-specific Grant Income		(411,921,018)

The funding contribution from the NHS Board shown above includes £55 million in respect of 'set-aside' resources relating to acute hospital and other resources. These are provided by the NHS, which retains responsibility for managing the costs of providing the services. The IJB, however, has responsibility for the consumption of, and level of demand placed on, these resources.

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

8. Debtors

31 Mar 23		31 Mar 24
£		£
17,210,600	NHS Grampian	9,690,763
9,935,250	Aberdeen City Council	144,073
27,145,850	Debtors	9,834,836

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

9. Usable Reserve: General Fund

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

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

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

2022/23				2023/24			
Balance at 1 April 2022	Transfers In	Transfers Out	Balance at 31 March 2023		Transfers In	Transfers Out	Balance at 31 March 2024
£	£	£	£		£	£	£
(19,740,496)	-	19,740,496	-	Covid	-	-	-
(1,791,181)	-	91,078	(1,700,103)	Earmarked External Funding	-	665,808	(1,034,295)
(876,523)	-	-	(876,523)	Community Living Change	-	876,523	-
	(1,668,982)	-	(1,668,982)	Primary Care		1,668,982	-
(4,259,000)	-	3,892,288	(366,712)	PCIP*	-	366,493	(219)
(993,000)	-	993,000	-	Action 15	(5,396)	-	(5,396)
(1,052,874)	-	115,230	(937,644)	MH Recovery and Renewal	-	107,828	(829,817)
(2,286,227)	-	1,355,061	(931,166)	ADP*	(237,293)	-	(1,168,459)
(17,892,700)	(1,128,794)	856,774	(18,164,720)	Integration and Change	-	13,868,069	(4,296,650)
(48,892,001)	(2,797,776)	27,043,927	(24,645,850)	Total Earmarked	(242,689)	17,553,703	(7,334,836)
(2,500,000)	-	-	(2,500,000)	Risk Fund	-	-	(2,500,000)
(51,392,001)	(2,797,776)	27,043,927	(27,145,850)	General Fund	(242,689)	17,553,703	(9,834,836)

10. Agency Income and Expenditure

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

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

2022/23		2023/24
£		£
1,615,721	Expenditure on Agency Services	1,901,192
(1,615,721)	Reimbursement for Agency Services	(1,901,192)
	- Net Agency Expenditure excluded from the CIES	-

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

2022/23 £		2023/24 £
8,458,027	Expenditure on Agency Services	8,853,575
(8,458,027)	Reimbursement for Agency Services	(8,853,575)
- Net Agency Expenditure excluded from the CIES		-

11. Related Party Transactions

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

NHS Grampian

2022/23 £		2023/24 £
(255,926,915)	Funding Contributions received from the NHS Board*	(288,180,278)
	- Service Income received from the NHS Board	-
233,056,917	Expenditure on Services Provided by the NHS Board	257,616,814
223,305	Key Management Personnel: Non-Voting Board Members	213,927
(22,646,693) Net Transactions with the NHS Grampian		(30,349,537)

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

*Includes resource transfer income of £37.9 million.

Balances with NHS Grampian

31-Mar-23		31-Mar-24
£		£
17,210,600	Debtor balances: Amounts due from the NHS Board	9,690,763
-	- Creditor balances: Amounts due to the NHS Board	-
17,210,600	Net Balance with the NHS Grampian	9,690,763

Transactions with Aberdeen City Council

2022/23		2023/24
£		£
(118,777,887)	Funding Contributions received from the Council	(123,740,740)
(4,958,384)	Service Income received from the Council	(5,114,956)
170,512,015	Expenditure on Services Provided by the Council	176,405,173
117,100	Key Management Personnel: Non-Voting Board Members	111,074
46,892,844	Net Transactions with Aberdeen City Council	47,660,551

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

31-Mar-23		31-Mar-24
£		£
9,935,250	Debtor balances: Amounts due from the Council	144,073
-	- Creditor balances: Amounts due to the Council	-
9,935,250	Net Balance with the Aberdeen City Council	144,073

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

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

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

31-Mar-23		31-Mar-24
£		£
(1,009,657)	Service Income received from the Council	(436,510)
37,825,558	Expenditure on Services Provided by the Council	34,636,540
<hr/>		
36,815,901	Net Transactions with BAC/BASS	34,200,030
<hr/>		

12. VAT

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

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

12 November 2024

Aberdeen City Integration Joint Board Audit of 2023/24 annual accounts

Independent auditor's report

1. Our audit work on the 2023/24 Annual Accounts is now substantially complete. Subject to the satisfactory conclusion of the outstanding matters referred to in paragraph 10 of this letter, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 19 November 2024. The proposed report is attached at [Appendix A](#).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Integration Joint Board's consideration our draft Annual Audit Report on the 2023/24 audit. The section headed "Significant findings and key audit matters" sets out the issues identified in respect of the annual accounts.

3. The report also sets out conclusions on the wider scope areas that frame public audit as set out in the Code of Audit Practice.

4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit which are above our reporting threshold of £250,000.

6. Other than an amount of £1.5 million referred to in Exhibit 2 of our draft Annual Audit Report regarding completeness of expenditure, we have no unadjusted misstatements to be corrected.

Fraud, subsequent events and compliance with laws and regulations

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

Representations from Section 95 Officer

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

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

Outstanding matters

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

- Undertaking and concluding final subsequent event transaction testing by 18 November 2024. These are routine checks required to cover the period right up until the date of the independent auditor's report to ensure there are no events which might materially affect the figures in the accounts at 31 March 2024.
- Supporting evidence for revised disclosures of senior officers' salaries and accrued benefits within the Remuneration Report.

Appendix A: Proposed Independent Auditor's Report

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

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Aberdeen City Integration Joint Board for the year ended 31 March 2024 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the 2023/24 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the board as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

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

Conclusions relating to going concern basis of accounting

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

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

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

Risks of material misstatement

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

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

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

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

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

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

Reporting on other requirements

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

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

Other information

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

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

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

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

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

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

Matters on which I am required to report by exception

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

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

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of my report

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

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

19 November 2024

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

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

Dear Michael

Aberdeen City Integration Joint Board Annual Accounts 2023/24

1. This representation letter is provided in connection with your audit of the annual accounts of Aberdeen City Integration Joint Board (herein referred to as Aberdeen City IJB or the IJB) for the year ended 31 March 2024 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the board and senior management team, the following representations given to you in connection with your audit of the IJB's annual accounts for the year ended 31 March 2024.

General

3. Aberdeen City IJB and I have fulfilled our statutory responsibilities for the preparation of the 2023/24 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by the IJB have been recorded in the accounting records and are properly reflected in the financial statements.
4. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (2023/24 accounting code), the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the IJB at 31 March 2024 and the transactions for 2023/24.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2023/24 accounting code where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to the IJB's circumstances and have been consistently applied.

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

Going Concern Basis of Accounting

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

Assets

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

Liabilities

11. All liabilities and contingent liabilities at 31 March 2024 of which I am aware have been recognised in the financial statements.

12. There are no material liabilities requiring a provision to be recognised in the annual accounts. There is no accrual at 31 March 2024 in respect of untaken leave entitlement as the Chief Officer/Chief Finance Officer had minimal outstanding leave at the year end.

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

Fraud

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

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

Laws and Regulations

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

Related Party Transactions

16. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2023/24 accounting code. I have made available to you the identity of all the IJB's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

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

Management Commentary

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

Corporate Governance

19. I confirm that Aberdeen City IJB has undertaken a review of the system of internal control during 2023/24 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

20. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. Other than the changes already reflected in the annual accounts, there have been no changes in the corporate governance arrangements or issues identified, since 31 March 2024, which require to be reflected.

Balance Sheet

21. All events subsequent to 31 March 2024 for which the 2023/24 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Alex Stephen
Interim Chief Finance Officer

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Aberdeen City Integration Joint Board

2023/24 Annual Audit Report – DRAFT



 AUDIT SCOTLAND

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

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Key messages

2023/24 annual accounts

- 1 Audit opinions on the annual accounts of Aberdeen City Integration Joint Board (IJB) are unmodified.
- 2 The audited management commentary, annual governance statement and remuneration report were consistent with the financial statements and properly prepared in accordance with the applicable guidance. In future years, action is required to improve the content of these statements in line with relevant guidance before they are submitted for audit.
- 3 The unaudited annual accounts were received later than expected. Gaps in the supporting working papers and audit trails combined with limited action on previous year recommendations delayed the conclusion of the audit. Action is required to ensure that the unaudited accounts are accompanied by a comprehensive audit trail when submitted for audit.

Financial management and sustainability

- 4 There was substantial unplanned use of reserves to meet an £11 million overspend on mainstream budgets in 2023/24. The outturn deficit was substantially more than forecasted due to rising costs and demand-led services.
- 5 Budget monitoring needs improvement to support increased scrutiny and accountability of financial performance.
- 6 In other areas, the IJB has appropriate internal controls in place including standards of conduct and arrangements for the prevention and detection of fraud and error.
- 7 An established approach to medium and longer-term financial planning is in place.
- 8 Managing workforce challenges is a significant risk for the board. Targets and measures should be agreed and reported to demonstrate the effectiveness and impact of the workforce plan.

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

- 9** The board has experienced considerable changes in leadership during the year including board and committee membership and changes in senior officers. Until new relationships are established and roles filled, such changes may reduce the effectiveness of the board and its committees.
- 10** The Risk, Audit and Performance Committee should take ownership for the body's consideration and approval of the annual accounts including the annual governance statement and associated assurances.
- 11** There is an effective performance reporting framework in place but there is scope to consider targets, outcomes and impact. Overall however, governance and Best Value arrangements are acceptable.

Introduction

1. This report summarises the findings from the 2023/24 annual audit of Aberdeen City Integration Joint Board (IJB). The scope of the audit was set out in an annual audit plan which was considered by the Risk, Audit and Performance Committee in April 2024. This Annual Audit Report comprises:

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

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

Audit appointment

3. The 2023/24 financial year was the second of our five-year appointment. Our appointment coincides with the new [Code of Audit Practice](#) which was introduced for financial years commencing on or after 1 April 2022.

4. We would like to thank board members and officers, and in particular those staff involved in the preparation of the annual accounts for their cooperation and assistance this year.

Responsibilities and reporting

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

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

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

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

Auditor independence

9. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services. Our 2023/24 annual audit plan set out an audit fee of £33,360. This has been increased by £5,000 to £38,360 to reflect the additional audit work required due to the delays in receiving draft accounts and an incomplete audit trail. We are not aware of any relationships that could compromise our objectivity and independence.

1. Audit of 2023/24 annual accounts

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

Main judgements

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

The audited management commentary, annual governance statement and remuneration report were consistent with the financial statements and properly prepared in accordance with the applicable guidance. In future years, action is required to improve the content of these statements in line with relevant guidance before they are submitted for audit.

The unaudited annual accounts were received later than expected. Gaps in the supporting working papers and audit trails combined with limited action on previous year recommendations delayed the conclusion of the audit. Action is required to ensure that the unaudited accounts are accompanied by a comprehensive audit trail when submitted for audit.

Our audit opinions on the annual accounts are unmodified

10. The board is scheduled to approve the annual accounts for the IJB for the year ended 31 March 2024 on 19 November 2024. As reported in the proposed independent auditor's report:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the Remuneration Report was prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014
- the audited Management Commentary and Annual Governance Statement were consistent with the financial statements and properly prepared in accordance with the applicable requirements.

Overall materiality was assessed as £8.4 million

11. Broadly, the concept of materiality is applied by auditors to determine whether misstatements identified during the audit could reasonably be expected

to influence the economic decisions of users of the financial statements, and hence impact their opinion set out in the independent auditor's report. Auditors set a monetary threshold when considering materiality, although some issues may be considered material by their nature. It is ultimately a matter of the auditor's professional judgement.

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

Exhibit 1 Materiality values

Materiality level	Amount
Overall materiality - This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. For the year ended 31 March 2024 we have set our materiality at 2% of gross expenditure.	£8.4 million
Performance materiality - This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this could indicate that further audit procedures should be considered. We have assessed performance materiality at 75% of planning materiality.	£6.3 million
Reporting threshold - We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been set at 3% of planning materiality.	£250,000

13. We request that all misstatements, other than those below the reporting threshold are corrected. However, the final decision on making the correction lies with those charged with governance.

Significant findings and key audit matters

14. The unaudited annual accounts were received on 9 July 2024 and the working papers on 23 July 2024. These dates were beyond our agreed audit timetable of 30 June 2024. There were gaps in the working papers and associated audit trails provided for audit which required further information and clarification from officers.

15. The audit of the previous year's accounts had not been concluded until 28 March 2024. Audit fieldwork was undertaken in the October to December 2023 period but it took until March 2024 for the Chief Finance Officer to fully address the queries which had arisen from the audit.

16. Having concluded the 2022/23 accounts, the Chief Finance Officer had a better understanding of the working papers which needed to be provided to support the annual accounts. While officers attempted to provide a working paper package for the 2023/24 accounts, there continued to be gaps in the working papers and associated audit trails provided for audit. This was exacerbated by the planned departure of key finance staff. Other officers were

identified to provide support during the audit and while we acknowledge and appreciate their assistance, there were delays in obtaining responses to audit queries.

17. The timetable for the audit was set out in our Annual Audit Plan which was considered by the Risk, Audit and Performance Committee in April 2024. We intended to return to pre-Covid deadlines and conclude the audit in September 2024. When planning a date to meet with the Chief Finance Officer to discuss and resolve matters arising from the audit, we were advised that he was on unplanned leave. With limited health and social care resources available to resolve the matters arising from the audit, we agreed to the Chief Officer's request to delay the conclusion of the audit until the next board meeting in November 2024.

18. Under International Standard on Auditing (UK) 260 we communicate significant findings from the audit to the board, including our view about the qualitative aspects of the body's accounting practices. The Code of Audit Practice also requires all audits to communicate key audit matters within the annual audit report under International Standard on Auditing (UK) 701. These are matters that we judged to be of most significance in our audit of the financial statements. The significant findings are summarised in [Exhibit 2](#).

Exhibit 2

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

Issue	Resolution
<p>1. Completeness of expenditure</p> <p>When reviewing the IJB's cut off arrangements, approximately £5 million of expenditure was identified in the 2024/25 ledger which related to the 2023/24 financial year. While this amount is below our materiality levels, when compared with the IJB's reserves balance of £9.8 million, we regarded the amount as 'material by nature'. The IJB would face more serious financial pressures if its reserves balance at 31 March 2024 were to reduce from £9.8 million to £4.8 million.</p>	<p>The council uses a cut off threshold of £10,000 for identifying and accruing expenditure back into the previous year. Where appropriate, this arrangement would also apply to social care expenditure.</p> <p>Having reviewed the list of 2023/24 invoices paid in 2024/25, we noted that a number of suppliers had been omitted from the manual calculation of social care packages which have been provided to service users but for which an invoice has not been received. Automating the calculation of such packages, as was previously the case, is planned and should reduce the scope for error.</p> <p>We also looked at the opening accrual to determine if a similar issue had arisen at last year end. This confirmed that a lessor but similar amount had been omitted from the previous year accrual. If the closing accrual was to be adjusted, the opening accrual would also need to be adjusted. Overall, the impact on expenditure included in the 2023/24 accounts would be an</p>

Issue	Resolution
	<p>understatement of approximately £1.5 million. We do not regard this amount as material and having discussed the matter with officers, it has been agreed that the accounts will not be adjusted for this amount.</p> <p>Recommendation 1</p> <p>(Refer Appendix 1, action plan)</p> <p>We comment further on financial management issues in Section 2, page 16.</p> <p>No other misstatements were identified from the audit of the financial statements.</p>
<p>2. Remuneration Report</p> <p>There were a number of errors in the preparation of the Remuneration Report. Guidance had not been followed in respect of the remuneration disclosures required for starters and leavers in the year.</p>	<p>The Remuneration Report in the revised accounts has been amended to reflect the correct disclosures.</p>

The unaudited management commentary continued to fall short of requirements

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

20. Our 2022/23 annual audit report highlighted the need for improvement in the management commentary. Our recommendation on this issue was not addressed in the preparation of the 2023/24 unaudited accounts. We worked with officers during the audit to make improvements and produce an acceptable commentary for inclusion in the audited accounts. A more considered approach is required to ensure arrangements are in place for the development of a fully compliant commentary in 2024/25.

21. As reported last year, the unaudited version of the management commentary did not provide:

- a fair, balanced and understandable analysis of the IJB's performance during 2023/24 and could have done more to help stakeholders understand the financial statements e.g. financial outturn against budget, whether planned savings were achieved, progress against outcomes.
- an overview of service performance in the year or include relevant indicators to enhance the service 'story'. While the guidance allows flexibility in terms of the level of performance information included, there is an expectation that the commentary includes financial and non-financial performance indicators. The commentary should include both positive and negative aspects.
- references to, or additional explanations of, amounts included in the financial statements. The commentary provided for audit did not explain the reasons for the scale of the deficit reported in the comprehensive income and expenditure statement, why it differed from forecasts or the action taken by management in response.

Recommendation 2

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

Annual Governance Statement

22. The Annual Governance Statement is required to include an assessment of the effectiveness of the key elements of the governance framework and an opinion on the level of assurance that the governance arrangements can provide. The statement relates to the governance system as it applied during the year but significant events or developments that occur between the reporting date and the date on which the accounts are signed should also be reported.

23. Internal audit reported on five areas during the last year with risk ratings minor (one report), moderate (two reports) and major with limited assurance obtained over this area (two reports). These latter reports relate to reviews of adults with incapacity and social care financial assessments. In both cases, management acted promptly to address the concerns raised.

24. Given the limited assurance obtained in these areas, we would expect a reference to the findings and actions taken to address the identified risks in the annual governance statement. This has now been reflected in the revised annual accounts.

25. While the service responded quickly to the internal audit recommendations, there is scope for the service to better demonstrate whether systems and controls in place are operating as expected.

Recommendation 3

A framework should be put in place which requires managers to reflect on their areas of responsibility with a view to undertaking self-assessment each year and providing the chief officer with a certified assurance statement. In turn, the Chief Officer should consider the level of assurance required to support the Risk, Audit and Performance Committee when they consider the annual governance statement for approval. (Refer [Appendix 1](#), action plan)

Audit work responded to the risks of material misstatement identified in the annual accounts

26. We obtained audit assurances over the identified significant risks of material misstatement in the annual accounts. [Exhibit 3](#) sets out the significant risk we identified in the 2023/24 Annual Audit Plan and summarises the audit procedures performed and the conclusions from the work completed.

Exhibit 3

Significant risks of material misstatement in the annual accounts

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

Audit risk	Assurance procedure	Results and conclusions
	<ul style="list-style-type: none"> • Evaluating significant transactions outside the normal course of business • Reviewing accounting estimates • Substantive testing of income and expenditure transactions around the year-end to confirm they are accounted for in the correct financial year • Focused testing of accounting accruals and prepayments. • Assessing the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements. 	

27. In addition, we identified ‘areas of audit focus’ in our 2023/24 Annual Audit Plan where we considered there to be risks of material misstatement to the financial statements. These are summarised in [Exhibit 4](#).

Exhibit 4

Areas of audit focus

Audit risk	Assurance procedure	Results and conclusions
<p>1.Recommendations for improvement</p> <p>On conclusion of the 2022/23 audit of the annual accounts, we made recommendations for improvement in the working paper package provided for audit and the management commentary included in the unaudited accounts. If the expected improvements were not delivered, we identified a risk the audit would be delayed. In addition, the Chief Finance Officer retired in July</p>	<p>Discussions with Chief Finance Officer and providing him with a working paper checklist.</p>	<p>Limited improvements were made in response to our recommendations following the audit of the 2022/23 accounts. There were delays in receiving working papers and responses to subsequent queries raised. The departure of key staff adversely affected the audit and with limited spare capacity, there was little alternative for the Chief Officer but to delay the conclusion of the audit by two months.</p>

Audit risk	Assurance procedure	Results and conclusions
<p>2024 which we highlighted may have further implications for the audit of the annual accounts.</p>		<p>Recommendation 4 (Refer Appendix 1, action plan)</p>
<p>2. Transactions for the IJB are recorded through the partners' financial ledgers. If robust processes are not in place, there is a risk that expenditure and income is miscoded and IJB accounts are misstated.</p>	<p>We discussed with finance officers the arrangements in place for pulling together information required to prepare the financial statements and ensuring they are complete and correctly presented.</p> <p>We also reviewed related party transactions including reconciliation with the relevant balances in the partners' accounts, as appropriate, to ensure accuracy and completeness of reported amounts.</p>	<p>The IJB accounts were prepared from the respective partners' financial ledgers and pulled together via a consolidation spreadsheet. We agreed the IJB accounts with the said ledgers.</p> <p>Related party relationships have been reconciled to the partners' accounts and appropriately disclosed in the accounts.</p>

2. Financial management

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

Conclusions

There was substantial unplanned use of reserves to meet a significant £11 million overspend on mainstream budgets in 2023/24. The outturn deficit was substantially more than forecasted due to rising costs and demand led services.

Budget monitoring needs improvement to support increased scrutiny and accountability.

In other areas, the IJB has appropriate internal controls in place including standards of conduct and arrangements for the prevention and detection of fraud and error.

The 2023/24 budget included planned savings to address the funding gap

28. The IJB approved its 2023/24 budget in March 2023. It was set at £377.783 million with a funding gap of £9.423 million. Plans to address the gap were dependent on the delivery of savings from service redesign. Planned savings included the following:

- reshaping approach to commissioning services - £2.4 million
- strategic redesign and commissioning of large hospital services - £1.5 million
- efficient and added-value prescribing - £1.35 million
- vacancy management - £1.0 million
- increased income from clearing the backlog in financial assessments - £1.0 million

The IJB incurred a significant overspend in 2023/24

29. The IJB does not have any assets, nor does it directly incur expenditure or employ staff. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

30. The IJB incurred an overspend of £17.311 million comprising deficits of £10.774 million on mainstream budgets and £6.537 million on ring-fenced budgets. The main overspending services included Older People and Physical

and Sensory Disabilities £6.379 million, Learning Disabilities £3.023 million and Primary Care Prescribing £1.784 million.

31. Commissioned care is £10.259 million overspent due mainly to increased demand and rising costs. The number of clients receiving a care package increased by 930 (18%) during the year. The nationally agreed pay uplift was 6% while the budgeted rate was 3% and therefore the IJB needed to absorb the unfunded element.

32. During the 2023/24 budget setting process, the budget for primary care prescribing was uplifted by £4.5 million (11%) to reflect the increasing costs experienced by the service. Nevertheless, primary care prescribing overspent by nearly £2 million due to higher volumes and prices than budgeted. Pressures on prescribing have been highlighted at a national level through Chief Officer and Chief Finance Officer networks.

Planned savings were largely delivered

33. The IJB achieved savings of £7.473 million or 79.3% of the total budgeted savings outlined in paragraph 28. This left a shortfall of £1.950 million which largely related to prescribing and out of area placements. Planned savings such as vacancy management and increased income from clearing a backlog in financial assessments were achieved but were non-recurring in nature. This means they are one-off savings that apply to one financial year and will not result in recurring savings in future years.

A substantial use of reserves was required to meet an unplanned overspend

34. IJB reserves reduced from £27.146 million at the start of the year to £9.835 million at 31 March 2024 as a result of using earmarked balances to fund the overspend of £17.311 million. This was split between the earmarked balances for integration and change £13.868 million, primary care £1.669 million and ring-fenced funds £1.774 million. The IJB acknowledges that this limits its opportunities to innovate and redesign for the future.

35. The year end reserve of £9.835 million comprises earmarked balances for Integration and Change of £4.296 million, ring-fenced balances of £3.039 million and a risk fund of £2.5 million.

Budget monitoring needs improvement to support increased scrutiny and accountability

36. Quarterly budget monitoring reports are submitted to the IJB which show actual and budgeted amounts for the year to date and a forecast outturn for the year with explanations for significant variances. They also provide progress on the implementation of savings plans.

37. The Medium Term Financial Forecast (MTFF) showed total budgeted expenditure of £377.423 million for 2023/24. This was revised to £396.042 million at the end of Quarter 1, an increase of £18.619 million. The budget was

revised again in Quarter 2 to £412.163 million, an increase of £16.121 from Quarter 1.

38. There was no reconciliation for the movements in the annual budget from quarter to quarter. In addition, the total drawdown from reserves of £34.740 million for the first two quarters exceeded the opening reserves of £27.146 million which was potentially misleading.

39. The Quarter 4 report was presented to the board in May 2024. It reported the results of mainstream expenditure which incurred an overspend of £10.774 million but was silent on the outturn position incurred on ring-fenced funds which had also overspent by £6.537 million. It was therefore unclear how the overall overspend of £17.311 million reported in the annual accounts reconciled with the outturn position reported in the Quarter 4 monitoring report.

40. During 2023/24, quarterly monitoring reports were submitted to either the board or the committee depending on the date of the meeting closest to the date the report was available. Quarter 1 financial monitoring was submitted to the Risk, Audit and Performance Committee while Quarters 2 and 4 were submitted to the board. Quarter 3's financial position was not reported to either the board or the committee. This dilutes the clarity on who has responsibility for monitoring and scrutiny of financial performance.

41. IJB health budgets are particularly challenging to manage due to regular adjustments arising from Scottish Government funding announcements and/or a dependence on data from NHS national systems which is not always received on a timely basis. A key example of this in Aberdeen City is primary care prescribing where forecast overspends significantly fluctuated during the year due to reliance on national systems. We observed that board members regularly discussed the challenges around prescribing and the actions being taken by NHS Grampian and the three IJBs in the area to contain prescribing expenditure.

42. The prescribing overspend ultimately represented 17% of the mainstream budget overspend or 10% of the total overspend. The majority of the overspend was attributed to rising costs and increasing demand for other services such as older people and learning disabilities services but there was little scrutiny of those budgets and mitigations when considering financial reports during the year.

43. The outturn position reported in Quarter 4 and the annual accounts was significantly different to the forecast position reported in Quarter 2. Given the level of overspend and the impact on reserves, there was scope for more in-depth scrutiny by board members.

44. Reasons for overspends (forecast and actual) are generally explained in financial monitoring reports but more information needs to be provided to clarify where action is being undertaken to mitigate the risks and to provide early warning data on unforeseen costs and/or demand led budgets at risk of significant overspend.

45. IJBs nationally are experiencing a challenging financial climate with the likelihood of tough decisions ahead. Members need regular, accurate,

transparent and sufficient information to scrutinise the financial position they are accountable for. This is particularly important when services are overspending and finances are tight but it should assist members to challenge officers on mitigating actions, scrutinise performance more effectively and be better informed to consider options and make difficult decisions.

Recommendation 5

The board should review the adequacy and frequency of the financial information it receives and consider the best forum in which to monitor and scrutinise expenditure incurred, performance against budget and progress on savings. For example, the IJB could consider the overall financial position at every meeting and delegate specific budget lines to the Risk, Audit and Performance Committee for deeper-dive scrutiny and reporting back.

The IJB has appropriate internal controls in place

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

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

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

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

Internal audit provided a reasonable level of assurance

50. The IJB's internal audit function is provided by the Chief Internal Auditor of Aberdeenshire Council. The Chief Internal Auditor's annual report and opinion in respect of financial year 2023/24 was presented to the Risk, Audit and Performance Committee in June 2024 when he confirmed that, in his opinion, the board had operated an adequate and effective framework for governance, risk management and control during the year.

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

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

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

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

3. Financial sustainability

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

Conclusions

An established approach to medium and longer-term financial planning is in place.

Managing workforce challenges is a significant risk for the board. Targets and measures should be agreed and reported to demonstrate the effectiveness and impact of the workforce plan.

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

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

55. The Medium Term Financial Framework (MTFF) and reserves strategy is updated every year. The 2023/24 plan showed a shortfall in funding of £52.024 million across the seven years covered by the plan which is to be met from efficiency savings. Potential savings have been identified to meet the shortfall of £9.609 million in 2024/25 but it remains unclear at this stage how the required savings will be generated in subsequent years.

56. The MTFF aims to provide potential solutions to be worked on during the timeframe to close the forecast funding gap each year. In order to make services more sustainable, the IJB's focus is on service redesign with a key enabler being the re-commissioning of the care at home contract and the strategic redesign and commissioning of the large hospital services estimated to generate total savings of £24.220 million (£2.586 million in 2024/25).

57. The IJB has a reserves strategy which is considered on an annual basis as part of the MTFF. A significant element (67%) of the reserves held at 31 March 2023 was earmarked for integration and change but 75% (£13.9 million) of this balance was used to fund the deficit incurred during 2023/24. The scale of the shortfall experienced in 2023/24 is not sustainable. While the reserves strategy will need to be reviewed as part of the 2025/26 MTFF, the IJB felt it prudent to

plan to reinstate the reserve used to cover the deficit over time by allowing for a £0.5 million transfer back to reserves each year.

58. Aberdeen City IJB's reserves as at 31 March 2024 was £9.834 million of which the risk fund reserve is being maintained at £2.5 million. This is aimed at providing funding to cover any adverse financial movements that occur and protect partners from having to provide additional funds. The IJB has a history of delivering a balanced budget without additional support from its partners.

59. It was agreed by the Senior Leadership Team that any residual budget savings required to balance the budget would be allocated to individual budgets and this amounts to £24.054 million (£3.423 million in 2024/25). This is the first year that savings generation has been assigned at budget holder level.

Managing workforce challenges is a significant risk for the board

60. The IJB approved its Workforce Plan for 2022–2025 in November 2022 and the first annual workforce plan update was provided to the Risk, Audit and Performance Committee in November 2023.

61. We recommended in our AAR last year that the IJB develop specific targets and measurable performance indicators in order that the effectiveness of the plan can be assessed and the success of agreed actions monitored. There has been no further update to members since the initial report in November 2023.

Recommendation 6

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

62. Workforce risk has however been assessed as an area of high risk in the Strategic Risk Register due to the following factors:

- the current staffing complement profile changes on an incremental basis over time.
- the proportion of over 50s employed within the partnership is increasing rapidly (e.g. one in three nurses are over 50).
- there is an exhausted workforce with higher turnover of staff (particularly over 50)
- high vacancy levels and long delays in recruitment across health and social care services
- the economic upturn in the North East post-covid has meant there is direct competition with non-clinical posts and there are national Scottish shortages in all of health and social care professions. The IJB is therefore competing with the central belt when attracting candidates.

63. The IJB acknowledges that staffing and recruitment challenges are a recurring theme and while improvements are being made, a significant amount of work requires to be done to reduce vacancies and training needs.

Audit work in response to risks relating to financial sustainability identified in the 2023/24 Annual Audit Plan

64. [Exhibit 5](#) sets out the wider scope risks relating to financial sustainability identified in the 2023/24 Annual Audit Plan. It summarises the audit procedures performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 5

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

Audit risk	Assurance procedure	Results and conclusions
<p>1. Financial sustainability</p> <p>The board acknowledges that while demand for services is increasing, financial resources are not keeping pace. There is a need to explore areas where savings can be made, for example, through robust financial management, service redesign and innovation.</p>	<ul style="list-style-type: none"> • Monitored the financial position throughout the year • Reviewed medium term financial planning arrangements • Discussion with officers. 	Refer to paragraphs 54 to 59.
<p>2. Workforce challenges</p> <p>The recruitment and retention of staff is challenging across all health and social care services, particularly in the areas of trauma informed care, complex care and self-directed support. There is a shortage of clinical staff which is a significant risk for sustainable service delivery.</p>	<ul style="list-style-type: none"> • Reviewed workforce plan. 	Refer to paragraphs 60 to 63.

4. Vision, leadership, governance and use of resources

Public sector bodies must have a clear vision and strategy and set priorities for improvement. They need to make best use of their resources and work together with partners and communities to improve outcomes and foster a culture of innovation.

Conclusions

The board has experienced considerable changes in leadership during the year including board and committee membership and changes in senior officers. Until new relationships are established and roles filled, such changes may reduce the effectiveness of the board and its committees.

The Risk, Audit and Performance Committee should take ownership for the body's consideration and approval of the annual accounts including the annual governance statement and associated assurances.

There is an effective performance reporting framework in place but there is scope to consider targets, outcomes and impact. Overall however, governance and Best Value arrangements are acceptable.

The board has experienced considerable changes in leadership during the year

65. Since April 2024, the IJB has experienced a period of significant change in leadership both in terms of membership of the board and changes in senior officers. Out of eight board member positions, only three were in post all year, four members resigned from the board during the year and five were appointed.

66. In February 2024, there was a change in Chief Officer and in July 2024, the Chief Finance Officer retired after two years in the post. A new Chief Finance Officer was appointed in July 2024 but left after three months. The board is currently recruiting to fill the vacancy and, in the meantime, NHS Grampian's Director of Finance has taken the role on an interim basis.

67. Instability in leadership has the potential to disrupt strategic planning at a time when difficult and significant decisions need to be made. It can affect the culture of an organisation at a time when the workforce is under pressure. Until

new relationships are established and roles filled, such changes may reduce the effectiveness of the board and its committees.

The Risk, Audit and Performance Committee should take ownership for the body's consideration and approval of the annual accounts including the annual governance statement and associated assurances

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

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

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

71. Included within the annual accounts document is the IJB's annual governance statement. Given the nature of the committee's business, it is appropriate that the committee has ownership of the statement, responsibility for considering the content and ensuring there are sufficient assurances from services to demonstrate the effective operation of internal controls during the year. Refer also to Recommendation 3 on page 12.

Recommendation 7

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

Governance arrangements are effective and appropriate

72. The IJB has a Board Assurance and Escalation Framework (BAEF) which is reviewed annually by the Risk, Audit and Performance Committee (RAPC). The BAEF describes the regulatory framework to support the IJB's vision, values, and principles. Fundamental to the framework are the IJB's strategic priorities and its appetite for risk. A key element of the framework is the risk management system which contributes significantly to assurance on key risks to objectives.

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

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

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

75. Aberdeen City's Annual Performance Report 2023/24 was presented to the IJB in September 2024. Performance against the Ministerial Steering Group for Health and Community Care indicators and the core national indicators data were not available when the report was published. The intention is to re-issue the report when the national data is available. The report also includes information on progress against the strategic priorities. This largely takes the form of narrative on key successes and achievements in the year with an indication of next steps. An appendix to the report provides a link between the narrative and the programmes included within the delivery plan and lists potential measures but there is limited reporting of measures in the report.

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

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

77. In our 2022/23 report, we commented on the good use of colour-coding and percentages to highlight the progress being made but we recommended more use of success factors, targets and outcomes to measure the aims and impact of the work being done.

Exhibit 6**Progress against delivery plan**

Strategic aim/ programme	Total	Complete	On track	At risk	Missed deadline	Closed
Caring together						
Communities	8		8			
Primary Care	3		2	1		
Redesigning adult social care	1		1			
Social care pathways	4		3			1
Keeping people safe at home						
Prevention	7		6	1		
Preventing ill health						
Flexible bed base	2		1			1
Frailty	1		1			
Review of rehabilitation	2		1	1		
Achieving healthy, fulfilling lives						
Commissioning	3	1	1			1
Digital	8		6			2
Infrastructure	2		2			
Resilience	6	1	3	2		
Workforce	5		3	2		
Strategic enablers						
Home pathways	1			1		
MGLD	6	1	2	2	1	
Strategy	5		5			
Total	64	3	45	10	1	5

Source: Aberdeen City Health and Social Care Partnership Annual Performance Report 2023-24

78. [Exhibit 6](#) provides a summary of progress being made against the range of programmes for each strategic aim included in the IJB's 2023/24 delivery plan. Based on 64 programmes, 45 are on track and 10 are running late. Given the budget challenges facing IJBs, there is an expectation nationally that significant transformation and redesign of services is required to fill funding shortfalls. The latest MTFE which relates to financial year 2024/25 has helpfully made some initial steps to identify potential savings by programme but more needs to be done.

Recommendation 8

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

The IJB has acceptable arrangements in place for securing Best Value

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

80. We have not undertaken any specific Best Value work in 2023/24. However, we considered how members received assurance that arrangements are in place to secure Best Value. Based on our review of governance and performance management arrangements, other than the matters raised in this report, we consider that the IJB has acceptable arrangements in place to secure best value.

Appendix 1. Action plan 2023/24

2023/24 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Completeness of expenditure</p> <p>Accruals at 31 March 2024 were understated partly due to the £10,000 de minimus threshold used by the council and gaps in the social care manual accrual process.</p>	<p>The year-end arrangements for accruing expenditure back into the previous year should be reviewed to ensure no significant amounts are omitted taking IJB materiality and the level of reserves into consideration.</p>	<p>Agree - work has started to review and improve the arrangements, which will be fully implemented by 31 March 2025.</p> <p>IJB Chief Finance Officer and Aberdeen City Council Chief Officer – Finance</p> <p>By 31 March 2025</p>
<p>2. Management commentary (also reported in 2022/23)</p> <p>While guidance allows flexibility in terms of the level of performance information included in the management commentary, the initial version of the annual accounts submitted for audit did not provide sufficient detail to allow a reader to fully assess the board's overall performance.</p>	<p>The management commentary should provide a clear and balanced narrative on the performance of the IJB during the year and be supported by financial and non-financial information.</p>	<p>Agree the performance information will be reviewed for inclusion in the accounts. It is important to highlight that the IJB already produces a comprehensive performance report in the way of its Annual Report. Therefore, a balance does need to be struck in relation to how much detail is contained with the accounts and the annual report. A clearer narrative will be provided on the balances.</p> <p>Chief Finance Officer</p> <p>March 2025</p>
<p>3. Annual Governance Statement</p> <p>Given some of the major findings identified by internal audit, there is scope to better demonstrate that systems</p>	<p>A framework should be put in place which requires managers to reflect on their areas of responsibility with a view to undertaking self-assessment each year and providing the chief officer with a certified assurance</p>	<p>We will review and implement a self-assessment having regard to assurances provided through NHS Grampian and Aberdeen City Council arrangements.</p> <p>Chief Finance Officer</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>and processes are operating as expected across services.</p>	<p>statement. In turn, the chief officer should consider the level of assurance required to support the Risk, Audit and Performance Committee when they consider the annual governance statement for approval.</p>	<p>By 31 March 2025</p>
<p>4.Previous year recommendations/working paper package</p> <p>Limited improvements were made in response to our recommendations following the audit of the 2022/23 accounts. There were delays in receiving 2023/24 working papers and responses to subsequent queries raised. The departure of key staff adversely affected the audit and with limited spare capacity, there was little alternative for the chief officer but to delay the conclusion of the audit by two months.</p>	<p>Improvement is required to the working paper package provided for audit alongside the unaudited accounts and associated support arrangements.</p>	<p>Agree and will be taken forward.</p> <p>Chief Finance Officer By May 2025</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>5. Budget monitoring</p> <p>Improvement is needed to support increased scrutiny and accountability of financial performance.</p>	<p>The board should review the adequacy and frequency of the financial information it receives and consider the best forum in which to monitor and scrutinise expenditure incurred, performance against budget and progress on savings. For example, the IJB could consider the overall financial position at every meeting and delegate specific budget lines to the Risk, Audit and Performance Committee for deeper-dive scrutiny and reporting.</p>	<p>We will work with partners to consider if there is scope for receipt of more financial information on a more frequent basis.</p> <p>We will review the reporting of financial information to the IJB and its Risk, Audit and Performance Committee and seek to adopt a more consistent approach through, e.g., reviewing meeting dates and their alignment to the production of quarterly monitoring reports.</p> <p>Chief Operating Officer By March 2025</p>
<p>6. Reporting progress against workforce plans (also reported in 2022/23)</p> <p>Workforce planning arrangements set out clear aims and key actions. The recent update provides information and narrative on progress but targets and measurable performance indicators have yet to be developed.</p>	<p>Targets and measures should be agreed and reported to demonstrate the effectiveness of the workforce plan.</p>	<p>We will consider how we can enhance current reporting on progress against the Workforce Plan with reference to targets and measures.</p> <p>People and Organisation Lead May 25</p>
<p>7. Arrangements for approving the annual accounts (also reported in 2022/23)</p> <p>Consideration of the unaudited and audited annual accounts is currently split between the board and the Risk, Audit and Performance Committee. This is not in line with the terms of reference or standard audit committee practices.</p>	<p>Arrangements should be put in place for the Risk, Audit and Performance Committee, as the body charged with governance, to routinely consider and approve the board's annual accounts including the arrangements for producing the annual governance statement. This would be in line with the committee's existing terms of reference.</p>	<p>The Integration Joint Board will, in November 2024, consider proposed dates for meetings of the Board and its committees in 2025/26. Due regard has been given to the availability of quarterly reports to allow those to be reported into Risk, Audit and Performance Committee in a timely manner.</p> <p>The Chief Officer reserves the power to report the accounts straight to the Integration Joint Board</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>8.Strategic plan – measuring impact (also reported in 2022/23)</p> <p>It is not clear how the strategic planning actions relate to service delivery and improvement.</p>	<p>Consideration should be given to the use of success targets and outcomes when reporting on the impact of the delivery of the strategic plan.</p>	<p>having regard to the level of risk</p> <p>We are currently working on how we can improve the visibility of the correlation of the successful delivery of our Delivery Plan project measures to the priorities within the Strategic Plan and the National Performance Indicators. We hope to be able to better demonstrate this for 2024/25. We are in the process of refreshing our Strategic Plan for 2025 onwards and this correlation is being built into the design of that.</p> <p>Strategy & Transformation Lead March 2025</p>

Aberdeen CityAberdeen City Integration Joint Board

Draft 2023/24 Annual Audit Report

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INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	PCIP Update report
Report Number	HSCP.24.078
Lead Officer	<i>Emma King, Primary Care Manager</i>
Report Author Details	Name: Alison Penman Job Title: PCIP Programme Manager Email Address: alison.penman1@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. <i>PCIP review Terms of Reference</i> B. <i>PCIP review Evaluation framework summary</i>
Terms of Reference	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself

1. Purpose of the Report

- 1.1. This report is presented to the Integration Joint Board (IJB) to provide an update on the Primary Care Improvement Plan (PCIP)

2. Recommendations

- 2.1 It is recommended that the Integration Joint Board:



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- Notes the content of the report as an update on current progress against the Primary Care Improvement Plan (PCIP).

3. Strategic Plan Context

The PCIP is identified as a key priority within the IJB's Strategic Plan 2022-2025. The delivery of PCIP is recognised as an important transformational tool for creating capacity and improving patient experience of General Practitioner (GP) services. It seeks to add additional capacity in the form of alternative professional roles to support GPs as well as delivering some services in a different way, improving access for patients and improving outcomes.

4. Summary of Key Information

- 4.1. An agreement between the Scottish Government (SG) and the Scottish General Practitioners Committee of the British Medical Association (SGPC) known as the Revised Memorandum of Understanding 2021-2023 (MoU2), is designed to enable improvement within primary care as envisaged by the General Medical Services (GMS) contract. It was published in July 2021, taking into account the learning and experience from previous iterations of the contract.

The MoU2 identifies three priority workstreams:

- Pharmacotherapy;
- Community Treatment and Care Services (CTAC)
- Vaccination Transformation Programme (VTP)

- 4.2. The Aberdeen City PCIP was agreed and approved by the IJB in 2018 in collaboration with the Local Medical Committee (LMC) and the GP Subcommittee (which sits within the governance structures of NHS Grampian).

The PCIP sets out how the Aberdeen City Health and Social Care Partnership (ACHSCP) intends to transform general practice services, utilising the Primary Care Improvement Fund (PCIF) to release capacity of General Practitioners (GPs). The PCIP seeks to deliver the three priority areas set out in the MoU2 to enable GPs to undertake their role as Expert Medical Generalists as envisaged in the General Medical Services (GMS) Contract.



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The last update was provided to the IJB at its meeting in November 2023 as part of the PCIP annual report

4.3. Primary Care Improvement Plan (City) Update

4.3.1 General Update

It has been six years since the PCIP was agreed.

Currently all city practices receive at least a partial PCIP allocation from one or more of the workstreams and this is in terms of the original blue print plans for each individual workstream and in line with the MoU2. It was agreed by the Aberdeen City PCIP Project Delivery group that there would be work undertaken to ensure equity and best use of resources by reviewing the levels of input for all practices on an ongoing basis i.e. how much of each workstream has been allocated to each practice. The PCIP allocations are based on individual workstream models and varies in terms of how the original calculations were done for each plan.

4.3.2 The MOU ended in 2023 and the Scottish Government have stated that there is no plan to replace it at this time, although the three priority areas referred to in paragraph 4.1 remain the focus. The role of the PCIP is also the subject of consideration by a Grampian General Practice Vision Board which is looking at longer term options for a more sustainable general practice model.

4.3.3 In response to current sustainability challenges and evolving needs within the NHS Grampian area, a vision statement has been articulated as follows;

“A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health”

4.3.4 A set of objectives that capture the changes required to move towards a more sustainable general practice sector within the area were approved by the three Grampian Integrated Joint Boards (IJB's) in March, 2024.

4.3.5 The vision and objectives are being progressed via the GP Visioning Programme Board which in turn are supported by project sub groups. Existing resource within the three Health and Social Care Partnerships (HSCP) has been identified and released to deliver on the prioritised objectives.



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4.3.6 As part of the work around the key objectives, a review of the PCIPs across Grampian will be undertaken and a project sub group has been set up to take this work forward.

4.4. PCIP Review update.

4.4.1 The PCIP review project gained momentum in June of this year following a period of consultation with key stakeholders across the three HSCPs in Grampian. The review of all workstreams delivered by PCIP is one of the priority outputs from the GP Visioning and the project is being resourced from within the partnerships with existing personnel. The project has representation from the Public Health Scotland (PHS) Local Intelligence Support Team (LIST), HSCP leads, NHS Grampian Finance colleagues as well as primary care clinical and management representation. A copy of the Terms of Reference for a new PCIP Review Project Group, established under the GP Visioning work, is attached in **Appendix A**.

4.4.2 A short life working group (SLWG) has been established and meets every 2 weeks and feeds into the wider PCIP project delivery group which, in turn, presents progress reports at the GP Visioning Working Group and the GP Visioning Programme Board meetings.

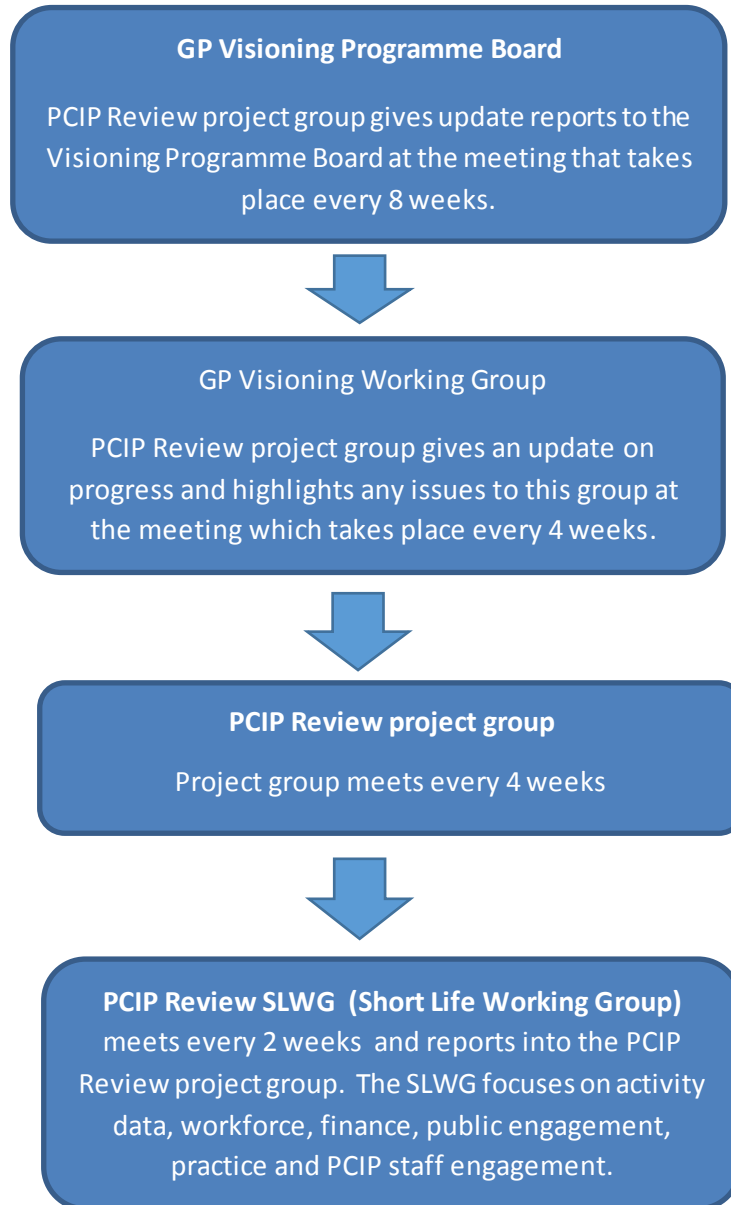
The project group are looking at 3 measures:

- Quality - How well is PCIP being delivered in terms of services to patients?
- Quantity - What is the overall PCIP resource?
- Efficiency - What does PCIP do to support practices, patients and staff?



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PCIP Review project reporting structure:



- 4.4.3 The work progresses at pace despite the many complexities encountered during the process due to variances across the HSCP's. The need is to ensure that a full, thorough and complete review is undertaken and the approach is to do this objectively and fairly. Constructive feedback from the review group is also challenging at this time as services cannot be reviewed in isolation. The working group will present the wider PCIP review group



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with the data collection work when complete and available for the formal review process to commence.

4.4.4 Methodology

The review of PCIPs across Grampian in the context of the GP Vision is based on the PDSA (Plan Do Study Act) methodology to progress this work as follows:

- 4.4.5 An Evaluation Framework has been agreed to provide a structure and systematic tool to assess whether PCIP has achieved its intended results. The Evaluation Framework visual summary attached in **Appendix B**.
- 4.4.6 Finance: The working group has gathered budget data for Moray, Aberdeen City and Aberdeenshire to compare the budget breakdown of each service and discussions will take place in terms of how each budget is utilised to provide the services required in each.
- 4.4.7 MSK FCP (Musculoskeletal First Contact Practitioner) workstream: The review group will be gathering information on all workstreams and have started with the FCP workstream. This was agreed with the wider group and has been a test for any anomalies and variances that arise when gathering the data from the HSCPs. The process will assist when the group moves on to the review of other workstreams. The benefit of this work will be the ability to compare how the service is delivered across Grampian and identify examples of good practice that may be transferable to HSCP's.
- 4.4.8 A sub group from the PCIP review group has been put in place and is taking forward a plan for public engagement and progress around this work is being considered so that it dovetails with the detailed information when it becomes available. Taking this approach will determine the most valuable feedback requested and take cognisance of any variance & differences highlighted during the data gathering.
- 4.4.9 A newsletter from the GP Visioning is periodically distributed to practices and PCIP staff across Grampian and recently an update from the PCIP review group formed part of a communication to all GP practices across Grampian. Recent discussion at the GP Visioning working group has been around a communication strategy and how this should be structured and incorporate the PCIP review.



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4.5 Engagement and Communication

All points below have been or are continuously delivered.

- PCIP Newsletter – A regular newsletter has been developed with relevant updates and this is distributed to all city GP Practices and the PCIP Project delivery group. CTAC share a newsletter on a regular basis with updates on any changes to the city practices. The remaining workstreams communicate by e-mail with the practices to give updates and these are sent via the PCIP group e-mail address.
- Citywide events – The PCIP has the opportunity to use the Bi-monthly citywide event as a platform to deliver updates and to engage with GP practice staff an update on the PCIP review was delivered at the most recent event in August.
- GP Visioning Newsletter – Distributed to all GP Practices in Grampian, PCIP delivery groups and Board members.

4.6 PCIP Workstream Updates – September 2024

The SG confirmed via the MoU2 that there are three workstreams of priority which are CTAC (Community Treatment and Care), Pharmacotherapy and the VTP (Vaccination Transformation Programme). Please see updates for these workstreams below:

4.6.1 CTAC workstream

CTAC clinics are nearing a significant milestone reaching the 100,000th clinic patient in attendance. This highlights the growth of the service, now spanning multiple locations across the city, as well as CTAC staff integrated within most practices. The service has delivered the original blue print plan and continue to deliver service improvement initiatives within the limitation of the available funding received from the SG.

- 4.6.2 A review of activity in the hubs and in light of lower demand in certain locations the service has made a decision to move out of the Torry Neighbourhood Centre, releasing the room to podiatry which will better serve the population in the area. Similarly, a review of the services at the College Street hub is taking place, where there is lower appointment uptake and by understanding the levels of efficiency at the hubs CTAC can move staff to other locations and maximise the capacity. CTAC is part of a



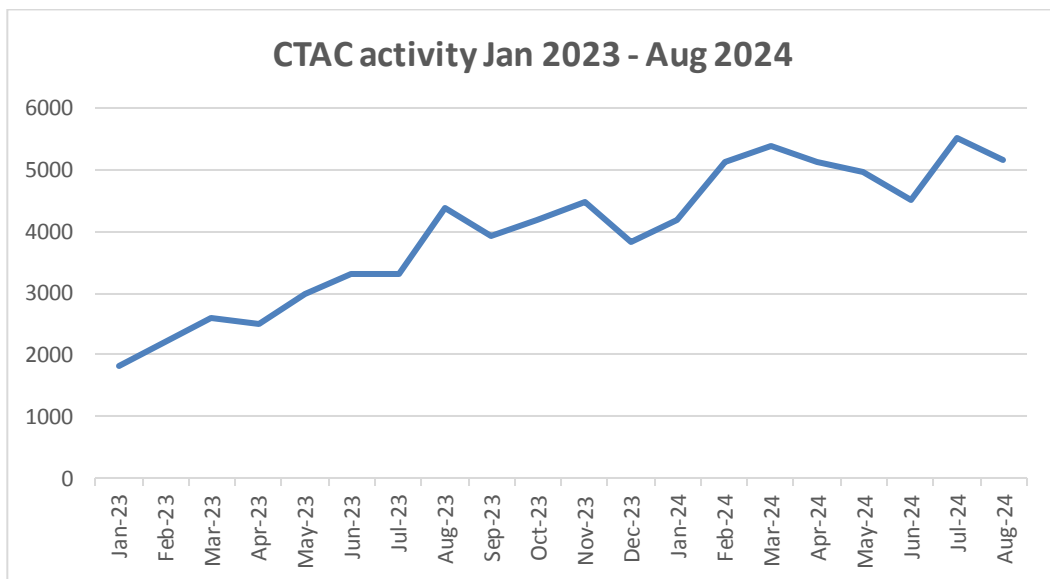
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development at Countesswells and will have capacity within the new hub which is anticipated to open early next year with a date to be confirmed.

The other hubs across ACHSCP are Bridge of Don, Inverurie Road, Northfield, Carden House, Airyhall, Kincorth and the City Vaccination Centre.

Collectively, between the hubs and practice-based teams, CTAC provide approximately 1,200 clinical hours each week and this exceeds the original aim to reach 1,000 hours outlined in the CTAC blueprint plan. This translates to 4,000 appointments if 1,000 hours is delivered. The staffing levels have been achieved and all posts have been recruited to.

The graph below represents activity data from January 2023 to August 2024.



4.6.3 Waiting times

Due to rising patient demand an increase in waiting times for appointments has been identified and to address this the service is introducing a Test of Change by trialling 10-minute venepuncture appointments at CTAC hubs instead of the original 15 minutes per appointment. The change was initially implemented at Carden House and has been in place for 1 month and the next stage is to roll out the change at the Northfield hub in October and the Inverurie Road hub in November. An evaluation of the Test of Change will be carried out following completion of the rollout.



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CTAC will also work in collaboration with the GP practices and review the efficiency of the appointment booking process and identify any areas for improvement e.g. patients at times give inaccurate information when booking their appointments.

As part of the Test of Change, CTAC will share wait times for appointments at the hubs with practices and this will be on a weekly basis to inform and assist in identifying capacity across the ACHSCP.

4.6.4 Vitamin B12 Injections (Vitamin B12 deficiency anaemia).

The CTAC workstream and at the request of a number of GP practices has implemented a service to deliver B12 injections to patients and this has been launched at the Aberdeen City Vaccination and Wellbeing Hub. This has been possible with the support of the Vaccination staff and they have successfully administered over 5,000 injections to patients from 22 City practices since this was implemented in February 2024. Practices can choose to opt in and there is also an opportunity for CTAC staff embedded within the practices to receive B12 administration training meaning that patients can have their B12 injection within the practice if they choose this option. An update figure of the uptake from practices for this training is 14 out of 24 practices and 3 staff have completed the training. This option is available to all practices with CTAC embedded staff should they choose to proceed.

4.6.5 ECGs (electrocardiogram) for housebound patients (non-urgent)

The service are currently in the process of developing a new process for patients who require a non-urgent ECG but are housebound and unable to travel to a health care facility. Work is underway to create a referral process for practices to adopt and for CTAC to implement a service.

4.6.6 Chronic Disease Management

CTAC support the practices with the management of patients on a Chronic Disease register. An update was shared at a recent Diabetic Executive Group meeting in terms of the Grampian position for foot screening and a 70% uptake was reported. This compares favourably against the Scottish national figure of 60% and attributed to the work CTAC have done to improve the figures.



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4.7 Pharmacotherapy workstream

- 4.7.1 The Pharmacotherapy service provides support to GP Practices and this includes medicines reconciliation. The service also supports the practices by proactively taking actions from hospital discharge letters, medication reviews and this includes acute and repeat requests. The model is flexible in terms of what individual practices choose to use the service to deliver.
- 4.7.2 The Pharmacotherapy hub continues to deliver support to cover annual leave and any sick leave and this is available to all practices across the ACHSCP (Aberdeen City Health and Social Care Partnership).
- 4.7.3 The service is delivered by Pharmacy Technicians and Pharmacists based on a ratio of 1.25 WTE PCIP staff per 10,000 patients. However, the service model approved by the IJB in the 2018 PCIP has been identified as insufficient to deliver all the demands on the service. Nationally and locally it is recognised that a model that is closer to being able to deliver the full remit of the MoU2 would realistically need to be a ratio of 2.5 WTE PCIP staff per 10,000 patients (double the current capacity). This is due to the long term trends nationally with patients living longer and use of medicines to support chronic disease management. In addition longer outpatient waiting lists also impact medication requirements in the community as people await treatment.
- 4.7.4 The service still faces the on-going challenge in terms of recruitment and has had to manage a high level of maternity leave. Recruitment to cover the maternity leave was supported by the PCIP Programme Board to mitigate the loss of this capacity to practices.

4.8. Vaccination Transformation Programme (VTP)

- 4.8.1 The VTP has been delivered in line with the MoU2 and continues to be delivered from the Vaccination and Wellbeing Hub based in the city centre.
- 4.8.2 The service maintains the delivery of the range of vaccines and recently introduced two new respiratory syncytial virus (RSV) programmes in August 2024 and successfully vaccinated 71% of the eligible population. The service also supports the CTAC B12 programme for injections delivered in the hub when staff are available outwith the vaccination programmes, in particular the delivery of the winter programme. The same arrangement is



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in place for vaccination staff to cross cover and deliver CTAC procedures following the appropriate training.

- 4.8.3 The Vaccination and Wellbeing Hub delivers a number of support services including 3rd sector providers with a programme of events available to the city population to take the MEOC (Making Every Opportunity Count) approach.
- 4.8.4 The service is part of the Countesswells project and has space allocated to deliver childhood vaccinations which should be up and running later this year.

Under the MoU2, the remaining Multi-disciplinary Team services listed below should be maintained but progressed at a slower pace in accordance with the Scottish Government Primary Care Improvement Fund annual funding letter for 2024/25 received 5 July 2024.

4.9. MSK (Musculoskeletal): First Contact Physiotherapists (FCP's)

- 4.9.1 The FCP service is a primary care model that provides patients with direct access to a physiotherapist and most commonly for the assessment and management of musculoskeletal disorders, without the need for prior assessment or referral from a GP.
- 4.9.2 Although recruitment has been challenging, all practices have some FCP input. The team have recruited to the senior FCP posts and continue on a rolling basis to recruit to the shortfall.

Regular reviews of the current delivery model are on-going and enable an equitable allocation across the practices, this being flexed in line with the staffing establishment and due to a positive run of recruitment allocations to practices should increase by the end of October 2024. This is wholly dependant on staffing levels and if this fluctuates.

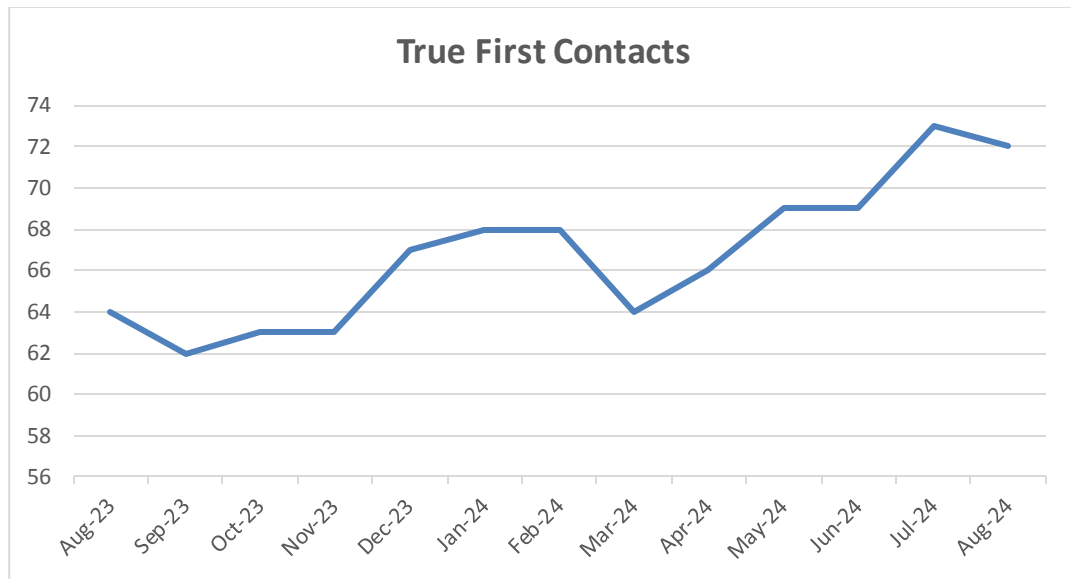
- 4.9.3 The FCP team have taken a pragmatic approach and have created a document called "*Top Tips on how to improve use of your FCP service*" and this is to support GP Practices to maximise their referral capacity.
- 4.9.4 The FCP team are currently reviewing their service agreement that is shared with the practices and the aim to create a like for like document across the 3 HSCP's in Grampian. This also ties in with the on-going PCIP review.
- 4.9.5 Comparative data has shown that the percentage of contacts being true first contact appointments has risen from a lower figure of 55% in 2023 to 70%+



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in 2024 which has freed up appointments for GP's, more appropriate use of the service and improved the patient journey.

The graph below demonstrates the percentage of true first contacts from August 2023 to August 2024.



4.10. Urgent Care/City Visits (Advanced Practitioners)

4.10.1 The service is delivered within the patient's own home and the team have their base at Woodend Hospital. The service provides assessment, diagnosis and initial management in patients' own home for on the day urgent consultations. This includes phlebotomy, clinical observations, ECG monitoring and bladder scanning. The service is delivered by a team of qualified and trainee Advanced Clinical Practitioners.

4.10.2 As part of the improvement work identified in a review of the service undertaken in 2023 activity information is collated on a monthly basis and is broken down to practice level. A "Time and Motion" study was carried out recently and over a period of 4 weeks.

The study looked at the following:

- Direct patient intervention time



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- Acute admissions
- Total number of visits achieved
- Immediate life threatening SAS (Scottish Ambulance Service) response.
- Indirect patients intervention time
- Travel time between visits

The detail in the data is presented in a dashboard and will form part of the PCIP review and is currently being evaluated.

- 4.10.3** City Visits workstream received positive feedback from GP practices as part of recent contract monitoring visits undertaken by the primary care management team. A recent visit was undertaken by the Nurse Consultant for Advanced Practice and Non-Medical Prescribing Lead for NHS Grampian, spending a day with the team and shadowing an Advanced Nurse Practitioner. This resulted in very positive feedback in a letter dated 24 September 2024 “The City Visits team is a great example of an innovative and forward thinking Advanced Practice service in line with Nursing Vision 2030.”

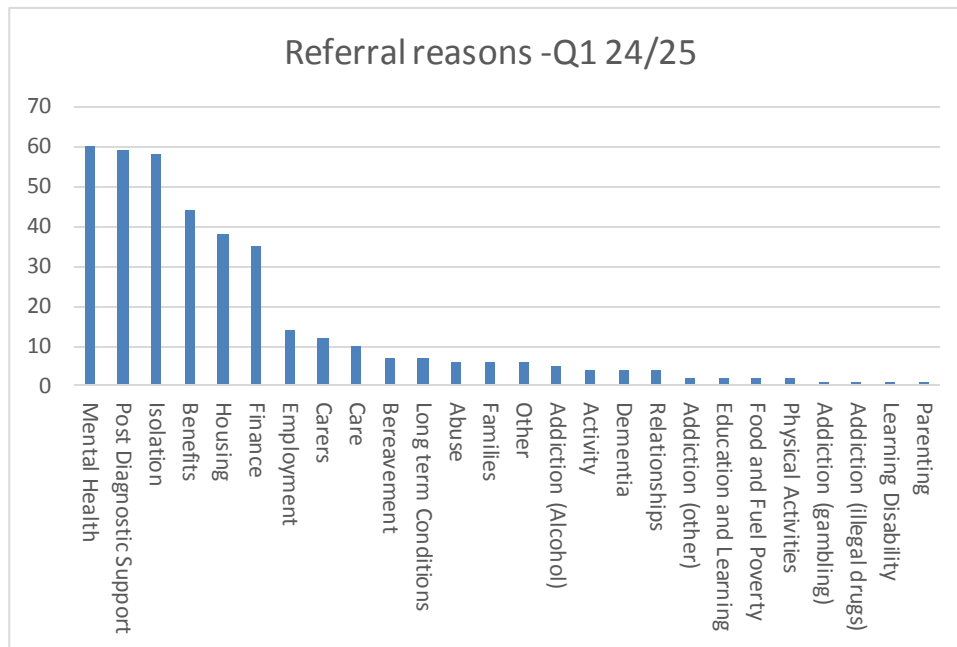
4.11. Community Link Workers

- 4.11.1** The contract with SAMH is monitored closely since its implementation in April 2023 with formal quarterly meetings in place. Working in collaboration with SAMH there has been agreement in the type of data that is presented and includes a dashboard. The data includes activity, patient outcomes and patient and practice opinions. The information is broken down by localities and by practice so gives an in-depth level of detail.
- 4.11.2** Regular meetings take place to plan any service development opportunities and recent improvement work has been undertaken for the PDS (Post Diagnostic Support) for dementia patients. This element of the service has been streamlined in terms of the referral process and by doing so has implemented a more equal spread of capacity and an improvement to the waiting times. As part of this work the waiting times are monitored as part of the management of the contract.
- 4.11.3** The Link Worker service is currently engaging with practices that have lower referral rates and looking to gain access to space where none has been available previously

The referral criteria remains unchanged i.e. GP practice referrals and the main criteria by referral type is shown in the graph below:



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5. Implications for IJB

There are no implications for the IJB

5.1 Equalities, Fairer Scotland and Health Inequality

The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 (GMS) has had a comprehensive, nationally led Equalities Impact Assessment completed and can be accessed [here](#). This is applicable to the PCIP Programme.

5.2 Financial

5.2.1 There is specific ring-fenced funding provided by the SG to the Primary Care Improvement Fund in respect of the implementation of the PCIP. Whilst the funding is currently non-recurring, HSCPs have been advised by the SG to plan delivery as if the funding was recurrent. This information



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was included in a communication received on 28 March 2024 and under the heading Planning Assumptions for 2024-25.

Funding allocations from the Scottish Government

£'000	22/23	23/24	24/25
SG allocation of funding	£6,480	£7,156	£7,156
% used for PCIP activities	100%	100%	100%

- 5.2.2 Funding is being closely monitored and updates presented at the monthly PCIP Programme Board meetings and a plan is being worked up for the financial year 2025/26 with the assumption that the SG funding allocation will remain the same.
- 5.2.3 The SG required a performance monitoring tracker to be completed bi-annually and this includes workforce and financial updates. The most recently completed version 7 was submitted on 10 May 2024. We have received confirmation along with this financial years allocation that funding will be released for some areas in 1 tranche this year and ACHSCP is part of this change. In line with this 1 performance tracker is required to be completed and the return will likely be in Spring 2025. The funding release in 1 tranche is for 12 months and from 1st April 2024 until 31st March 2025.
- 5.2.4 As there is no uplift expected in terms of allocation of SG funding, the workstreams will continue to manage their service delivery within the current financial envelope and focus on service improvement initiatives.

5.3 Workforce

There is ongoing recruitment to acquire the appropriately skilled workforce to support the implementation of the PCIP. This is progressed by each workstream with an overview by the PCIP Project Delivery group.

5.4 Legal

The IJB oversees the delivery of PCIP and requires NHSG and ACHSCP to deliver the services on its behalf. It therefore seeks assurances on the progress of PCIP.



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5.5 Unpaid Carers

There are no direct implications as this is a noting report.

5.6 Information Governance

As part of the Shared Services project a Data Protection Impact Assessment (DPIA) is in place to enable staff to access GP practices systems. There has been engagement with NHS Grampian's Head of Information Governance and a process was agreed to take this forward at an early stage in the project plan. The DPIA currently in place will be reviewed at the end of this year.

5.7 Environmental Impacts

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

5.8 Sustainability

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

6.0 Management of Risk

The key risks to delivering the PCIP have been identified as Financial and Workforce.

Financial Risk – Insufficient funding available to deliver the MOU2 and SG funding for this financial year, 2024/25 does not have any uplift on the previous years funding.

Workforce Risk – Inability to recruit to essential posts with the required skills.

In light of the challenges referred to in this report, NHS Grampian with the three Integration Joint Boards has commissioned work to develop the new vision with associated strategic objectives for General Practice in Grampian. The output of this will be a delivery plan for a Grampian General



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Practice Strategy. This will provide an opportunity to deliver General Practice in a way influenced by local needs and pressures.

A Programme board has been set up with representation from NHS Grampian, the HSCPs, GP Sub Committee and Local Medical Council. To ensure that the views and opinions of key stakeholders across the system are taken account of we delivered a series of Facilitated Workshop Events to gather this information.

Category	Description of risk	Mitigations
Finance	Insufficient funding available to deliver the MoU2021-2023	<ul style="list-style-type: none">• Review options for the PCIP in terms of service delivery as part of the Visioning programme.• Close monitoring of budget spend and forecasting.
Workforce	Inability to recruit to posts with the required level of skills and restricting the ability to progress service delivery.	<ul style="list-style-type: none">• Continually advertising posts through the recruitment process.• Opportunity to review how services are delivered and may be part of a redesign process as outputs from the Visioning programme.• Explore opportunities to develop technology.



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Terms of Reference

Appendix A

Title	Grampian General Practice Vision : PCIP review project		
Lead	SRO – Senior Responsible Officer		
Date	April, 2024	Version	1

Purpose & Scope
<p>Project Scope: The project aims to evaluate the implementation of the 2018 Scottish GP contract Primary Care Improvement Plan (PCIP) across Grampian. It will focus on assessing the operational delivery of PCIP work streams at both Health and Social Care Partnership (HSCP) and Practice levels, with the goal of identifying strengths, weaknesses, and areas for further evaluation.</p> <p>Project Deliverables:</p> <ul style="list-style-type: none"> • Provide an overview of PCIP staff resources. • Present an analysis of clinical activity within PCIP work streams. • Evaluate the costs associated with PCIP work streams. • Offer recommendations for areas where variation should be evaluated. • Identify outcome measures suitable for monitoring ongoing implementation. <p>Approach: The project will achieve its objectives through the following steps:</p> <ul style="list-style-type: none"> • Gather comprehensive data on PCIP resources and clinical delivery and this should include quantifying PCIP work still being carried out by practices. • Analyse the collected data to identify trends and variations. • Conduct a comparative analysis across the three HSCTPs within Grampian. • Evaluate the efficiency and value of PCIP delivery. • Develop a framework to assess user experience and outcome data.



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- Establish mechanisms for ongoing monitoring of PCIP implementation.
- Outcome: By following this approach, the project will facilitate a thorough review of the Primary Care Improvement Plan. It will identify areas for enhancement, provide valuable insights for further evaluation, and ultimately contribute to the improvement of PCIP delivery across Grampian.

Meeting frequency		
Grampian PCIP review project group	4 weekly	Quorum - 1 SRO, 2 Clinical Leads, LMC rep, 2 HSCP rep from different HSPC's.
SLWG's	As and when	N/A

Remit and Responsibilities
<p>Roles and Responsibilities for the Grampian PCIP Review Project:</p> <p>Resource Management:</p> <ul style="list-style-type: none"> • Ensure necessary resources are available to facilitate timely progress on project actions. • Monitor resource allocation and utilisation to optimise efficiency. <p>Project Planning and Implementation:</p> <ul style="list-style-type: none"> • Oversee the development and review of the project plan. • Implement any Short Life Working Groups (SLWGs) to advance specific pieces of work as needed. <p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> • Conduct a stakeholder analysis to identify key stakeholders from across the three Integration Joint Boards (IJBs), General Practice, service users and the NHS Board. • Ensure stakeholders are engaged effectively throughout the review process. <p>Meeting Facilitation and Documentation:</p>



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- Chair regular meetings and ensure they are conducted efficiently and effectively.
- Provide high-quality meeting minutes and maintain an updated project tracker for sharing with the project group to monitor progress.

Risk Management

- Take responsibility for identifying and managing risks within the programme.
- Escalate significant risks, when necessary, to the Grampian General Practice Vision Programme Board for resolution.

Communication and Collaboration:

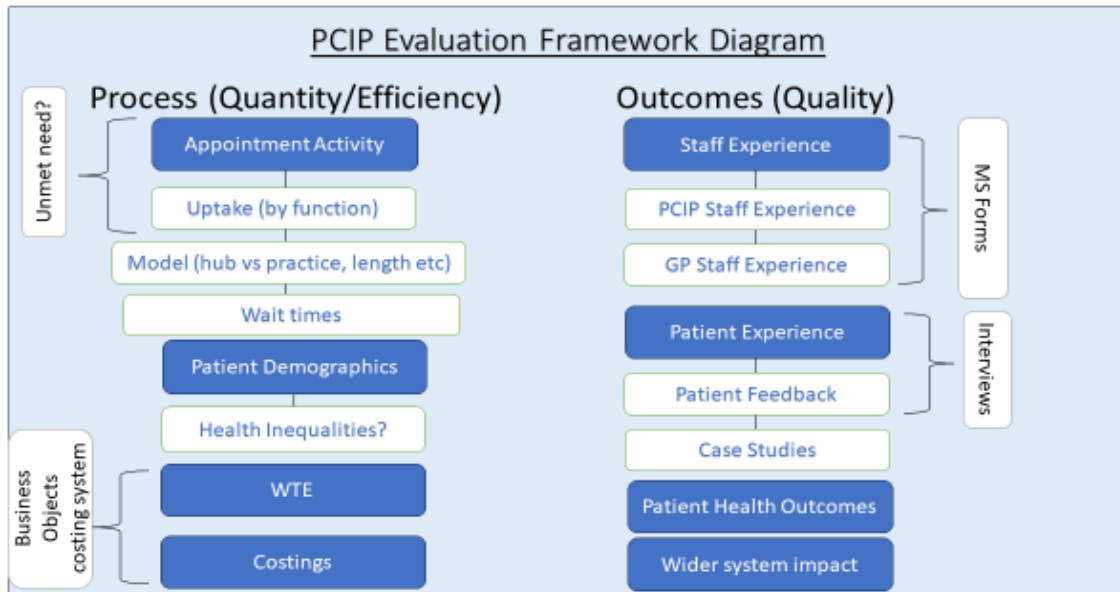
- Share project updates and relevant information with the Grampian General Practice Vision Board.
- Engage regularly with stakeholders to foster collaboration and ensure alignment with project objectives.

By fulfilling these roles and responsibilities, the project team will effectively oversee the Grampian PCIP review, ensuring smooth progress, stakeholder engagement, risk management, and communication throughout the process.

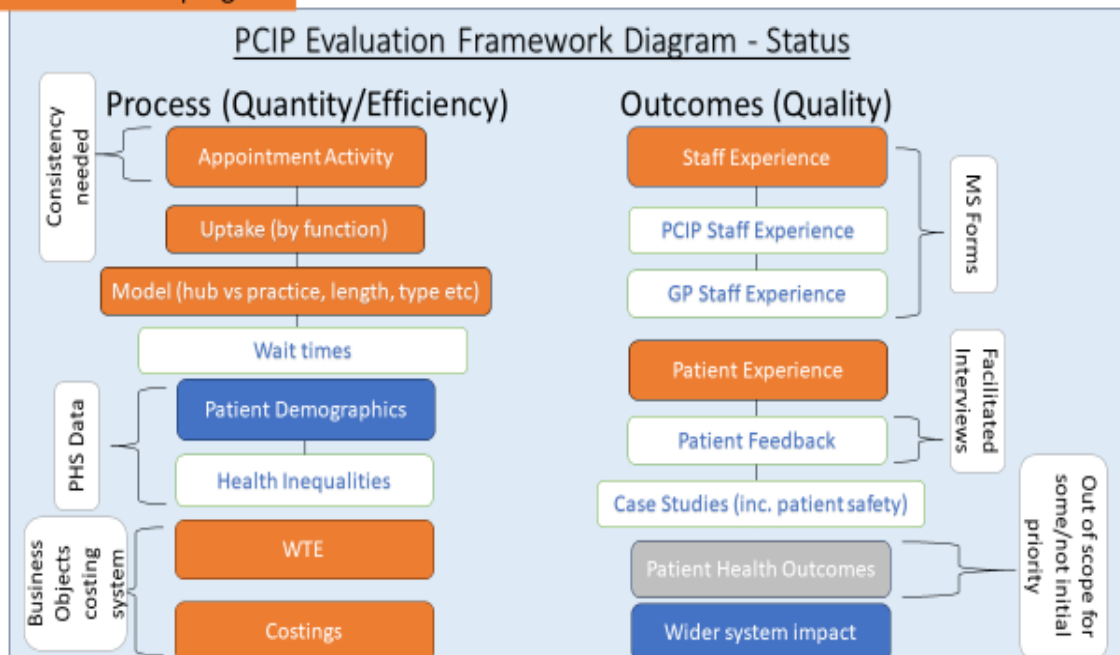


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Appendix B



Current work in progress



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Date of Meeting	19 th November 2024
Report Title	Aberdeen IJB Climate Change reporting
Report Number	HSCP.24.080
Lead Officer	<i>Alison Macleod, Lead for Strategy and Performance</i>
Report Author Details	<i>Calum Leask Transformation Programme Manager cleask@aberdeencity.gov.uk</i> <i>Sophie Beier, Senior Project Manager</i>
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. <i>SSN_Report_Aberdeen City_IJB_2024_11_19</i>
Terms of Reference	1.

1. Purpose of the Report

1.1. The purpose of the report is to seek approval for the submission of the attached climate change report to the Scottish Government by 30th November 2024.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Approves the attached Climate Change Report; and
- b) Instructs the Chief Officer to submit the Climate Change Report to the Scottish Government by 30th November 2024.



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3. Strategic Plan Context

- 3.1. The Strategic Plan (2022-2025) commits to “embed[ding] 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.”
- 3.2. Following a preliminary scoping of work to be undertaken to meet existing and future climate change reporting to Scottish Government, a programme of work was launched in late 2022 (detailed in report presented to and approved by the IJB on 29th November 2022). The climate change strategic oversight group (CCSOG) was created to oversee the further scoping and delivery of this work and consists of key members of the ACHSCP Senior Leadership team and senior climate change representatives from Aberdeen City Council and NHS Grampian.

4. Summary of Key Information

- 4.1. New Scottish Government reporting requirements were put in place two years ago and are integrated into the attached report.
- 4.2. The IJB previously (29 Nov 2022) agreed to a) commit to becoming Net Zero by 2045, and if possible earlier; and to b) include an impact section on climate change & net zero in future reporting templates (integrated into all reporting templates since August 2023).
- 4.3. The attached report covers the previous financial year (April 2023-March 2024). It sets how the Board has integrated Climate Change considerations into various aspects of business planning and delivery, for example through procurement and risk management arrangements.
- 4.4. Various sections in the attached report do not apply to IJBs as the majority of climate change duties remain with statutory partners (Aberdeen City Council and NHS Grampian) and are reported to Scottish Government through their respective climate change reports. There is no expectation for IJBs to report on emissions and activities they are not responsible for (sections 3c; 3e-j; and wider influence tab), hence these sections have been left blank.
- 4.5. Further thought will be given as to how best integrate our Climate Change aspirations into the development of the new Strategic Plan

5. Implications for IJB



INTEGRATION JOINT BOARD

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

The IJB has a duty to report annually on climate change by submitting a report, by 30th November 2024, to the Sustainable Scotland Network (SSN), which collects and reviews public sector climate change reporting for the Scottish Government. Failing to submit the attached climate change report, or failing to submit it by the deadline, will class the Aberdeen City IJB as “non-compliant”. There are, however, no known enforcement actions or penalties for non-compliance.

Other than the aforementioned, there are no direct legal implications arising from the recommendations of this report.

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 information governance implications arising from the recommendations of this report.

5.7. Environmental Impacts



INTEGRATION JOINT BOARD

There are no direct implications arising from the recommendations of this report. It should be noted however that over time and progress of the climate change work, there will be positive implications in regards to Net Zero and climate change adaptation.

5.8. Sustainability

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

5.9. Other



INTEGRATION JOINT BOARD

6. Management of Risk

6.1. Identified risks(s)

- 6.1.1. If the recommendations of this report are not approved there is a high risk of reputational damage and adverse comments from internal and external auditors, due to the failure to comply with the law.
- 6.1.2. There is a medium risk (medium likelihood, and medium to high impact) that the Aberdeen City IJB will not achieve becoming Net Zero by 2045.
 - 6.1.2.1. Controls are already in place to reduce the likelihood and to mitigate the impact is work to be undertaken by the scheduled climate change programme.
 - 6.1.2.2. There is considerable residual risks associated with the difficulties associated with measuring, and, in particular, controlling Scope 3 emissions (which constitute the entirety of emissions the Partnership is responsible for). This risk is not specific to the Aberdeen City Health and Social Care Partnership and is experienced by most with duties to report on Scope 3 emissions.
 - 6.1.2.3. The risk can be tolerated for a period of time until further controls are in place.

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

- 6.2.1. Strategic Risk Register – Risk 4: 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.
- 6.2.2. Approving and submitting the attached report to Scottish Government by the 30th November 2024 deadline mitigates this risk in regards to the duty to report on climate change.

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This document contains screenshots of relevant areas of the climate change report to be submitted to Scottish Government via the Sustainable Scotland Network (SSN). It excludes any sections left blank because it is not relevant to our reporting. This format is consistent with what was previously requested by the IJB for reporting on the last financial year. For the full excel report please contact the report author.

Public Bodies Climate Change Duties Compliance Reporting Template 2023/24 FY

Please answer all questions below with respect to the public body's reporting boundary for the reporting period.
The information is intended to improve data coverage and inform analysis, in particular, to help identify data gaps.
There are 3 response options:

- YES - where data is available and is reported
- NA - where a category is relevant but no data is available
- NO - the category is not relevant

Any points of clarification can be added in the comments field for the corresponding emission source(s) in Table 3b on the Emissions tab.

Category		Select from dropdown list
Owned estate	Are any buildings owned by the public body?	No
Managed services	Are building services managed on behalf of another public body that shares or leases space?	No
Leased premises - public	Are building services managed and provided by another public body?	NA
Leased premises - private	Are building services managed and provided by a private landlord?	No
Streetlighting	Are streetlights owned or operated?	No
Fleet and equipment	Are any vehicles or fossil-fueled machinery or equipment owned or leased, excludes short-term or infrequent hires?	No
Refrigerants/F-gases	Are there any air conditioning or refrigeration systems that require refrigerant gas top-ups?	No
Medical gases	Are medical gases used?	NA
Business travel - private	Do staff undertake business travel by private car?	NA
Business travel - flights	Do staff undertake any business travel by plane?	No
Homeworking	Do staff work from home - including hybrid?	NA
Supply chain	Are any goods or services purchased?	NA
Land use	Are more than 10 hectares of land owned or managed for public services provision, including for research or recreation?	No
Waste services	Is the public body responsible for collecting household or municipal waste?	No

PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Aberdeen City IJB

1b Type of body

Select from the options below

Integration Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year

2

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget

Budget Comments

£435,000,000

Budget from NHS Grampian, Aberdeen City Council, Income and Grants

1f Report type

Check the report year type is correct. The alternative template must be used for academic year reporting.

Reporting type

Report year comments

Financial/Calendar/Other

2023-24

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

In line with the Public Bodies (Joint Working) (Scotland) Act 2014, Aberdeen City Council & NHS Grampian have integrated the planning & delivery of community health and social care services for adults and older people, along with criminal justice services. The strategic planning and monitoring of these have been delegated by the Council and the Health Board to the Aberdeen City IJB, which then directs the Council and Health Board to deliver these services in line with its strategic plan and defined level of financial resources. Most services are delivered for Aberdeen City, however some services are hosted by Aberdeen City on a pan-Grampian basis, on behalf of Aberdeenshire & Moray IJBs (for example sexual health services). Further details can be found in the Aberdeen City Integration Scheme, which can be found here <https://www.aberdeencityhsc.scot/globalassets/governance/aberdeen-city--integration-scheme-april-2018.pdf>

Governance and management

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements. Provide a diagram / chart to outline the governance structure within the body.

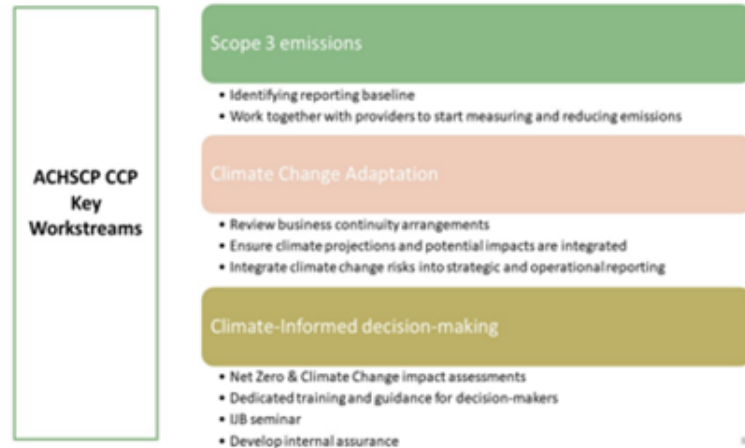
While largely the accountability and responsibility for climate change governance in relation to the delivery of Council and Health Board services (including community health & social care) lies with the Aberdeen City IJB's partner statutory bodies - Aberdeen City Council & NHS Grampian (Please refer to their Climate Change Duty Reports for further information) we recognise the importance of climate change adaptation and mitigation and the responsibility of the IJB to contribute to the Scottish Government's net zero and adaptation goals, within its remit and scope of influence. We are committed to becoming a Net Zero organisation by 2045, and have, from late 2022 onwards, commenced a programme of work that aims to identify areas of influence within the IJB's remit, in particular in regards to Scope 3 emissions, behavioural change, and adaptation measures, as well as the reporting framework going forward; with the overall aim to ensure IJB decision-making will become climate-informed in the future. In October 2022, an ACHSCP Climate Change Strategic Oversight Group (CCSOG) was established, consisting of three ACHSCP senior responsible officers (SRO), covering the area of (1) Strategy & Transformation (2) Business & Resilience (3) Commissioning; the Head of Sustainability, Compliance and Risk from NHS Grampian, and the Sustainability Manager and Climate and Environment Policy Manager from Aberdeen City Council. The oversight group will oversee the project of work and sponsor individual projects. The governance and management structure is outlined below. The Terms of Reference of the CCSOG will be reviewed annually. Within the Aberdeen City Health and Social Care Partnership's governance structure, the CCSOG is a sub-committee of the Strategic Planning Group.



2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

While largely the accountability and responsibility for climate change governance in relation to the delivery of Council and Health Board services (including community health & social care) lies with the Aberdeen City IJB's parent statutory bodies - Aberdeen City Council & NHS Grampian (Please refer to their Climate Change Duty Reports for further information) we recognise the importance of climate change adaptation and mitigation and the responsibility of the IJB to contribute to the Scottish Government's net zero and adaptation goals, within its remit and scope of influence. We are committed to becoming a Net Zero organisation by 2045, and, as of late 2022, have kicked off a programme of work that aims to identify areas of influence within the IJB's remit, in particular in regards to Scope 3 emissions, behavioural change, and adaptation measures, as well as the reporting framework going forward with the overall aim to ensure IJB decision-making will become climate-informed in the future. In October 2022, an ACHSCP Climate Change Strategic Oversight Group (CCSOG) was established, consisting of three ACHSCP senior responsible officers (SRO), covering the area of (1) Strategy & Transformation (2) Business & Resilience (3) Commissioning; the Head of Sustainability, Compliance and Risk from NHS Grampian, and the Sustainability Manager and Climate and Environment Policy Manager from Aberdeen City Council. The Terms of Reference of the CCSOG will be reviewed annually. Within the Aberdeen City Health and Social Care Partnership's governance structure, the CCSOG is a sub-committee of the Strategic Planning Group. The governance and management structure is outlined in the in the graphic above (under 2a). The workstreams of the project (2022-2025) are outlined in the graph below which reflect the workstreams that, as part of an initial rapid scoping assessment (Aug-Sept 2022) have been identified to be within the ACHSCP's remit and scope of influence. Further scoping was undertaken to understand our areas of responsibility and how to action them.



Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link
Embed consideration of the impact of climate	ACHSCP Strategic Plan 2022-2025	https://www.aberdeencityhscp.scot/globalassets/governance/achscp-strategic-plan-2022-2025-final.pdf
Help people access support to overcome the	ACHSCP Strategic Plan 2022-2025	https://www.aberdeencityhscp.scot/globalassets/governance/achscp-strategic-plan-2022-2025-final.pdf

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

The Aberdeen City IJB does not currently have a climate change plan or strategy, however the recently launched programme of work plans to assess the need for a climate change strategy and plan, and if deemed suitable and required, will be developed over the coming years.

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

1) Further scoping areas of responsibility and design actions. 2) Further integration of net zero and climate change impact sections into the Aberdeen City Intergrated Joint Board reporting, as well as those of any related committees such as the Risk, Audit and Performance Committee (RAPC), and the Clinical and Care Governance Committee (CCGC). 3) Continue efforts to integrate climate change adaptation into the ACHSCP's risk register. 4) Continue discussions regarding how the Aberdeen City IJB will align its spending plans and use of resources to contribute to Net Zero and Climate Change targets 5) Understand how Climate Change will be integrated into our refreshed Strategic Plan that is due to be published at the start of 2025.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

No, however see point 5 under 2f.

Further information

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The Aberdeen City IJB Climate Change Programme is still very much in its infancy and we hope to provide more comprehensive reports in future years, for the areas and remit we are responsible for. The Aberdeen City IJB, like other IJB's across Scotland, has had to reprioritise a large proportion of its focus towards financial sustainability initiatives given increasing financial pressures. This has meant that the progress on the Climate Change programme, like other programmes of work, have not progressed as quickly as originally anticipated to account for this. Given the financial situation is likely to continue to be challenging, we are considering how we can design our activities in such a way to account for this moving forward.

Targets

3d

Organisational targets

List all of the body's targets of relevance to its climate change duties. Where applicable, targets for reducing indirect emissions of greenhouse gases, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included. Where applicable, you should also provide the body's target date for achieving zero direct emissions of greenhouse gases, or such other targets that demonstrate how the body is contributing to Scotland achieving its emissions reduction targets.

Name of target	Type of target	Target	Units
Net Zero Goal	Please select from drop down box	Net Zero by 2045 or earlier	Please select from drop down box
	Please select from drop down box		Please select from drop down box

3da

How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?

Provide any relevant supporting information **that is not already included elsewhere in this report**.

Work is ongoing to understand how the climate change programme will contribute towards Aberdeen City IJB's strategic planning processes moving into the new Strategic Plan, due for publication at the start of 2025

3db

How will the body publish, or otherwise make available, it's progress towards achieving its emissions reduction targets?

Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be accessed.

Simply referencing this report or it's availability on the SSN website is insufficient information.

Annual reporting through SSN is approved annually prior to submission through the Aberdeen City Integrated Joint Boards. All reports and decisions, unless exempt, are publicly available here <https://committees.aberdeencity.gov.uk/mgCommitteeDetails.aspx?ID=516>

Further information

3k

Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

We are planning to identify Scope 3 emissions with organisations we commission to over the next few years; including identifying a baseline year against which to reach net zero by 2045 at the latest.

PART 4 Adaptation - please do not include information in this part on measures that solely reduce emissions with no implications for climate adaptation. These a

Assessing and managing risk

- 4a** **Has the body assessed current and future climate-related risks?**
If yes, provide a reference or link to any such risk assessment(s).

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. Climate change risks will be integrated into the operational and strategic risk registers, as appropriate, over the next financial year. Aberdeen City IJB will also work with their parent organisations NHS Grampian and Aberdeen City Council and their Climate Change Risk Assessments (CCRAs) to identify any links and cross-responsibilities.

- 4b** **What arrangements does the body have in place to manage climate-related risks?**
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. Climate change risks will be integrated into the operational and strategic risk registers, as appropriate, over the next financial year. Aberdeen City IJB will also work with their parent organisations NHS Grampian and Aberdeen City Council and their Climate Change Risk Assessments (CCRAs) to identify any links and cross-responsibilities. The planned programme of work also foresees to review existing business continuity plans to ensure they are climate-informed.

Taking action

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme ("the Programme").

The ACHSCP's strategic plan (2022-2025) outlines "The need to address the wider determinants of health which impact on inequity of access to health and social care services such as housing / homelessness, climate change, and cost of living concerns" and that the impacts of these determinants on current and future health inequalities requires the ACHSCP to plan to ""address these and build resilience to prevent ill health and enable people to achieve fulfilling, healthier lives. We need to focus on recovery and renewal, building resilience for the future."" The ACHSCP has launched a programme of work in late 2022 that will include the comprehensive integration of climate adaptation consideration into all relevant areas of responsibility and decision-making of the ACHSCP, including considerations of resource allocation/spending, commissioning of services, business continuity and civil contingency. This will be supported by a cluster of cultural/behavioural change activities that will raise the understanding of the need for climate change adaptation, as well as equipping all staff with the analytical and actioning tools required to understand and the potential impacts of climate change and how to address them through effective adaptation within their remit and sphere of influence. Further, the Partnership has taken further actions with regard to service delivery that have been climate informed. One example is the vaccination programme within Aberdeen City, with a total cost of ~£4m per year. The Partnership invested ~£300,000 per year to run a vaccination hub based within central Aberdeen - a location with high footfall and easily accessible by public transport, meaning this will have a positive impact on the climate compared to previous methods of delivery that promote car usage.

4d Where applicable, what contribution has the body made to helping deliver the Programme?

Provide any other relevant supporting information

see section 4c.

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Climate change risk assessment is largely covered by NHS Grampian and Aberdeen City Council risk assessment. The Aberdeen City IJB is planning to integrate climate change into its operational and strategic risk registers, where appropriate, over the next financial year. Further, as part of the planned work, business continuity plans will be reviewed to ensure they are climate informed, and thereby better equipped to manage climate-related risks.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Climate change adaptation and mitigation impact statements have been drafted and included in Aberdeen City IJB and related committee reporting from August 2023 onwards. These will be voluntary until comprehensive impact assessment tools and guidance are developed and staff are educated and trained on how to apply them within the remit of their work. It is expected that these will become a permanent feature of all IJB reports from April 2025 onwards, or once the aforementioned efforts are completed, whichever is earlier.

Future priorities for adaptation

- 4g **What are the body's top 5 climate change adaptation priorities for the year ahead?**
Provide a summary of the areas and activities of focus for the year ahead.

The priorities for the coming financial year (2024-25) will be to

- (1) Consider how climate change will form part of the IJB's new Strategic Plan in 2025
- (2) Continue to include climate change adaptation impact statements into IJB reporting
- (3) Undertake further scoping and design of activities under the aforementioned programme
- (4) Review the potential to launch climate change champions across individual teams
- (5) Continue efforts to further explore how best to integrate climate change adaptation into the ACHSCP's risk assurance processes

Further information

- 4h **Supporting information and best practice**
Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

Aberdeen City IJB, like most others across Scotland, has been under consider financial pressures during the 2023-2024 financial year. This has meant that a full review of all activities has been undertaken to prioritise those that can facilitate an improvement in the financial climate. As such, a variety of activities have had to progress at a reduced pace to accommodate for these unforeseen circumstances, with this programme being one of those. Given the financial situation is likely to continue to be challenging, we are considering how we can design our activities in such a way to account for this moving forward.

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

Work has commenced in collaboration with procurement teams to understand how contractual requirements and performance monitoring can take better cognisance of climate change duties moving forward. Work has also been ongoing to understand how climate change may play an impact in commissioning activities moving forward. Examples include our Commissioning Academy, a collaborative learning space for staff from across the local health and care system involved in commissioning to explore emergent themes, topics and policies related to their practice. A session on climate change is scheduled for later in the financial year to explore climate change within this context in greater detail. Further, as part of the development plan for Aberdeen City's Granite Care Consortium contract, seven workstreams are being established, with one of those groups having a focus on climate change and its impact in this context.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

Work has commenced in collaboration with procurement teams to understand how contractual requirements and performance monitoring can take better cognisance of climate change duties moving forward. Work has also been ongoing to understand how climate change may play an impact in commissioning activities moving forward. Examples include our Commissioning Academy, a collaborative learning space for staff from across the local health and care system involved in commissioning to explore emergent themes, topics and policies related to their practice. A session on climate change is scheduled for later in the financial year to explore climate change within this context in greater detail. Further, as part of the development plan for Aberdeen City's Granite Care Consortium contract, seven workstreams are being established, with one of those groups having a focus on climate change and its impact in this context.

PART 6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

This report was approved by the Aberdeen City IJB on 19th November 2024 prior to submission to the Sustainable Scotland Network.

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

This report was approved by the Chief Operating Officer of the Aberdeen City Health & Social Care Partnership, prior to submission to the Sustainable Scotland Network. The Aberdeen City Climate Change Steering Group also review the contents of this report for accuracy before submission

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Fiona Mitchell-Hill
Role in the body:	Chief Officer, ACHSCP
Date:	19/11/2024 Date in format (dd/mm/yyyy)

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ABERDEEN CITY COUNCIL

COMMITTEE	Education & Children Services Committee
DATE	November 2024
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Chief Social Work Officer Annual Report 2023/24
REPORT NUMBER	
DIRECTOR	Eleanor Shepherd
CHIEF OFFICER	Graeme Simpson
REPORT AUTHOR	Graeme Simpson
TERMS OF REFERENCE	2.5

1. PURPOSE OF REPORT

- 1.1 To present Elected Members with the Chief Social Work Officer's Annual Report for year 2023/24. The report is to inform Members of the role and responsibilities exercised by the Chief Social Work Officer; to provide information on the delivery of statutory social work services and decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City.

2. RECOMMENDATIONS

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

3. BACKGROUND

- 3.1 The role of the Chief Social Work Officer (CSWO) is a statutory post in accordance with the Social Work (Scotland) Act 1968, as amended by the Local Government (Scotland) Act 1994. This requires Local Authorities to appoint a CSWO for the purposes of listed social work functions.
- 3.2 The required qualifications of the CSWO are set out in regulations and the post holder must be able to demonstrate senior strategic and operational experience. National Guidance on the role was published by the Scottish Government in 2009, revised in May 2017. It provides an overview of position, outlining the responsibility for values and standards, complex decision making,

particularly in relation to deprivation of liberty decisions and professional leadership. The guidance also covers accountability and reporting arrangements.

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

4. FINANCIAL IMPLICATIONS

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

5. LEGAL IMPLICATIONS

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

6. ENVIRONMENTAL IMPLICATIONS

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

7. RISK

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

8. OUTCOMES

<u>COUNCIL DELIVERY PLAN</u>	
Impact of Report	
Aberdeen City Council Policy Statement	The delivery of social work and social care services is aligned to the Integrated Joint Board's strategic plan and the Partnerships Children's Services Plan/ Child Protection Improvement Plan. There is clear and direct alignment with the Council Delivery Plan and the Working in Partnership for Aberdeen Policy Statement.
Aberdeen City Local Outcome Improvement Plan	
Prosperous People Stretch Outcomes	Aberdeen City Council's social work and social care services are central to supporting and assuring that the multi-agency Children's and Adult Services partnerships deliver on the LOIP – Prosperous People (Children and Young People) Stretch Outcomes 3 to 8 and to Prosperous People (Adults) Stretch Outcomes 9 – 12. In addition the work of the Adult & Child Protection Committee's is highly relevant to ensure our children and vulnerable adults are safe from harm. Children, young people and adults families who are adequately protected from threats to their health, safety and economic wellbeing are more likely to prosper than those who are not.
Regional and City Strategies	The work of Aberdeen City Council's regulatory care services are relevant to Aberdeen City Council Delivery Plan, the Local Outcome Improvement Plan, the Children's Services Plan and the IJB Strategic Plan.
UK and Scottish Legislative and Policy Programmes	<ul style="list-style-type: none"> • National Care Service Bill • Delivery of The Promise/Plan 21 -24/Plan 24 - 30 • Whole Family Wellbeing Support

9. IMPACT ASSESSMENTS

Assessment	Outcome
Impact Assessment	Not required for this report.
Data Protection Impact Assessment	Not required for this report.
Other	Not required for this report.

10. BACKGROUND PAPERS

Appendix 1 -

11. REPORT AUTHOR CONTACT DETAILS

Name	Graeme Simpson
Title	CO – Children & Family Services/CSWO
Email Address	gsimpson@aberdeencity.gov.uk

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Aberdeen City Council's Chief Social Work Officer's 2023/24 Annual Report

1. Foreword

I am delighted to present my sixth Annual Report as Chief Social Work Officer (CSWO) for Aberdeen City, for the period 1 April 2023 to 31 March 2024. The Scottish Government's Chief Social Work Advisor has requested this report to ensure key issues are highlighted on a national basis, and information and learning shared. Upon receiving reports from all CSWOs, the Chief Social Work Advisor prepares a national overview.

In recent years, unprecedented and unforeseen challenges - a worldwide pandemic, global conflict, austerity cuts and a cost-of-living crisis have led to increased need for our most disadvantaged citizens. The increasing complexity of presenting need requires more resources to respond and effectively support children, vulnerable adults and families. At a time when the needs of our families have escalated, the financial climate is dictating that we must deliver more, with less.

Social work has always excelled in dealing with uncertainty, ambiguity, and crises. Our communities have never needed the professional knowledge, skills, and experience of social workers more. I am acutely aware of the significant pressures social workers face due to increasing workloads and the more complex needs of those they support.

This operational context coincides with noticeable changes to the legislative and policy context relating to social work. In particular the proposal to establish a National Care Service, and the potential structural changes this will require, creates much uncertainty. These changes are occurring at a time when the overall size of the profession, particularly in children's services, has decreased due to continuing budget pressures.

The publication of Social Work Scotland's 'Setting the Bar' (2019) and subsequent report 'Taking the Wheel' report (2022) highlighted the need to train and employ more social workers, provide enhanced professional and wellbeing support throughout social work careers, and ensure the voice of practitioners influences and shapes service design. Recruitment and retention challenges are widely recognised, so it perhaps not surprising that there has been a reduction in the applications to study social work. These obstacles are faced whilst adapting to key legislative changes, notably the Age of Criminal Responsibility (Scotland) Act 2019, Children (Care and Justice) (Scotland) Act 2024 and the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024.

It is therefore unsurprising that Aberdeen City, like other local authorities, has experienced challenges in recruiting and retaining social workers. While Justice Social Work frequently reports a lower level of vacancies, this is not the case for key services; Mental Health and Learning Disability within Adult Social Work and across Children's Social Work. Social Work teams often carry vacancies for extended periods, placing added demands on the remaining staff who are already carrying full caseloads.

Despite these challenges, I continue to be hugely impressed by the capacity and skills demonstrated by colleagues working across all social work areas. Social Work staff in Aberdeen City continue to show genuine compassion, empathy, and resilience to protect and promote opportunities for children, young people, and adults to improve their lives and outcomes. As Chief Social Work Officer, I am extremely proud, grateful and inspired by their endeavours.

2. Governance, Accountability and Statutory Functions

The Role of the Chief Social Work Officer

There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) registered with the Scottish Social Service Council (SSSC). The CSWO's role includes providing professional advice and guidance to Local Authorities, Elected Members, and Officers in the provision of Social Work Services, managing overall performance and improvement, and identifying and managing corporate risks related to Social Work Services.

The CSWO promotes professional practice values and standards, ensuring that only registered Social Workers undertake functions set out in legislation. The role helps ensure the local authority and its partners understand the complexities of social work service, including corporate parenting, child protection, adult protection, mental health and managing high-risk offenders

Social work services in Aberdeen City are governed across two structures: Children's Social Work within Aberdeen City Council's Children's Social Work & Family Support Cluster, and Adult Social Work, including Criminal Justice, within Aberdeen City's Health and Social Care Partnership (HSCP), overseen by the Integration Joint Board (IJB).

Audit Scotland noted the complexity of the CSWO's role following the establishment of HSCPs, identifying challenges in providing independent, professional oversight and challenge across two complex structures. These challenges have been highlighted in Inspection Reports undertaken by the Care Inspectorate as well as via the Scottish Government's intimation to undertake a Thematic Inspection of Social Work Governance in 2024/25. The CSWO maintains very close working relationships with the HSCP Chief Officer, Chief Officer for Adult Social Work, and other managers across Adult Services.

Following the publication of the National Care Service (NCS) Bill, leaders from Aberdeen City Council and the HSCP continue to proactively plan for the anticipated NCS and its implications for existing governance arrangements. They have engaged with the Scottish Government to share local progress, particularly on the public protection agenda.

Adult & Child Protection

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

The activity of the Chief Officer Group is data and risk led, with Risk Registers and data reports being presented to and considered by them consistently. We continue to build on the strength of this activity and our collective leadership in relation to public protection, following our positive evaluation within the latest Adult Support and Protection Inspection in 2022.

Quality Assurance

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

There remains commonality in the areas of complaints across children and adult social work with the majority being in relation to the complainers views on the quality of service and staff communication. We have worked hard to address the challenges in engaging with a small group of our service users by noting that services are finding it difficult to engage with them, instead of using the previous term "non-engaging family/adult". Progress has been reported over this period with a sustained reduction

in number of families with whom we have found it harder to engage with as shown in our child protection statistics.

Significant progress has been made in the year to 31 March 2024 in relation to the monitoring of service quality and performance across the Service. The extended use of data, risk registers, service standards and the continued use of a quality assurance framework have all supported the identification of what is working well and what needs improved. We have a well-established practice of quality assurance across social work teams, which is supported by service wide quality assurance data reporting and analysis.

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

The focus of audits is data led. This year multi agency audits focused on:

1. The transition between Nursery and Primary 1 - The purpose was to seek assurance as to the quality of information shared between NHS Grampian (NHS-G) and Education at the transition point into primary 1. This reflects the remit of the 'Best Start in Life' Group. It links to the Children's Services Plan 2023 – 2026 with this transition being a persistent issue which has arisen in Initial Case Reviews and Serious Case Reviews both locally and nationally.
2. In response to a spike in the number of children who become 'looked after' in the autumn of 2023 an audit sought to understand the reasons and any learning. This audit highlighted that there was strong embedding of GIRFEC processes and intervention focused on keeping children within their family network where safe to do so. However, it also highlighted a need to consider how the mental health needs of parents were supported by services. Learning we will take into our developing approach to whole family support.

Risk Oversight

Risk management is a fundamental aspect of social work, and in Aberdeen City, managers across the service are all committed to ensuring the ongoing protection, welfare and wellbeing of those we serve. Both adult and children's social work services monitor and report risks using Risk Registers, which are then presented to either the Council Committee or the Integrated Joint Board (IJB)'s Clinical and Care Governance Board. In addition, and as part of the Council's Risk Management arrangements, the Council's Risk Board reviews the Children's Social Work and Family Support risks and the Aberdeen Health and Social Care Partnership's Strategic Risk Register on a quarterly basis.

Chief Officers own the cluster risk registers and Directors review them monthly. These registers outline risks that might hinder the delivery of essential services, commissioning plans, and strategic goals. Operational risk registers are managed by individual teams within Clusters, containing risks specific to those teams, and are overseen by team managers and leaders. Should risks on the Operational risk registers escalate in severity, they can be transferred to the cluster risk register.

The IJB has implemented a Board Assurance and Escalation Framework to ensure there are structures, behaviours, and processes in place for setting risk appetite, identifying significant events and trends, assessing and mitigating risks, and establishing effective controls and assurances.

The Strategic Risk register, primarily owned by the Chief Officer, assigns specific risks to members of the Leadership Team as appropriate. This register is reviewed quarterly by the Risk, Audit and Performance Committee (RAPC) before being updated and presented at the next IJB meeting, ensuring regular, thorough scrutiny of identified risks and mitigation strategies. The pandemic and financial pressures have intensified this scrutiny, promoting a holistic approach to managing risk within our social work services.

The Council and its partners have robust public protection arrangements in place. These have been positively evaluated by external scrutiny arrangements. The Chief Officers Group take an evidence-based approach to deliver on their oversight of these arrangements. They receive relevant data, risk registers and reports from the Child Protection Committee, Adult Protection Committee, Alcohol and Drug Partnership, Violence Against Women and Girls Partnership and from Multi Agency Public Protection Arrangements.

Under the oversight of the Independent Chair of our Adult and Child Protection Committees along with the CSWO we have brought together the Lead Officers for our public protection forums to bring a greater level of connectivity and consistency to our public protection activities. In doing so we have identified opportunities to collaborate and integrate these activities, this reflects that rarely do the needs of vulnerable children, young people, adults and families fall under one public protection forum. It is our intention to further develop this approach during the coming year.

3. Service Quality and Performance

CHILDREN'S SOCIAL WORK

As noted above Children's Social Work sits within the Councils Children's Social Work and Family Services cluster. A restructure of the Council structure early in 2024/25 saw this change. The cluster sits under the 'Families and Communities' Function and include the Education & Lifelong Learning cluster, Housing cluster and Corporate Landlord cluster.

This arrangement enables opportunities to integrate to be maximised particularly in relation to supporting our most vulnerable children and families with a variety of complex needs, but also how we provide early and preventative support to families that mitigates the need for children to be referred to social work. Children's Social work provides support from pre-birth through to 26 years of age for our care experienced young people.

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

- migrant families/UASC who arrive spontaneously or with minimal time for planning
- increasing numbers of young people arriving in Aberdeen, due to criminal exploitation,
- high levels of substance misuse amongst young people and parents
- Increased numbers of children with additional support needs (ASN), significantly those who are neurodiverse and are often referred at a point of crisis.

Child Protection

Child protection processes and administration are well embedded, understood and utilised across all partners in Aberdeen City. Our last Joint Inspection in 2019 noted "Recognition of, and responses to, children and young people at immediate risk of harm were very effective and staff were confident in their role, leading to a positive impact on children's and young people's safety". We continue to strive for the very highest standards of service delivery in this area, despite challenges particularly at a time of economic crisis and many associated issues, not least child poverty and displaced persons, which have continued to be evident throughout 2023/2024.

Aberdeen City's Child Protection Committee follows the National Guidance for Child Protection in Scotland 2021-23. After using a national self-evaluation tool, we found that we broadly align with the new principles. However, we acknowledge the need for better child-friendly communication materials

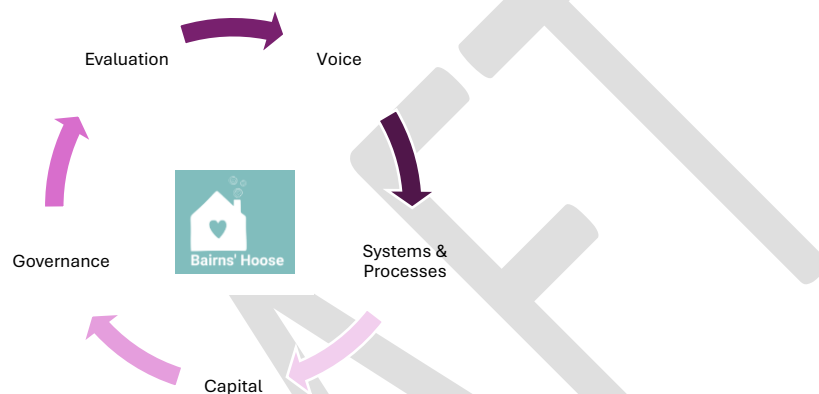
and greater focus on contextual safeguarding. The [Child Protection Committee's annual report](#) illustrates some of the improvement activities that have been undertaken in 2023/2024.

Key Priorities for the Child Protection Committee

Bairns Hoose

In November 2023, the Aberdeen City Partnership was awarded Pathfinder status to be one of six pathfinder sites in Scotland for a Bairns' Hoose. The objective of a Bairns' Hoose is to provide integrated support tailored to the needs of children and young people who have been abused or have witnessed violence, as well as children under the age of criminal responsibility (currently 12 years old) whose actions have significantly harmed others. A central goal of this model is to minimise the number of times children must recount their experiences whilst ensuring aligned support from the point of investigation of harm through to recovery.

A Bairns' Hoose Delivery Group was established in 2023 and has 5 workstreams,



Some key achievements by the group include:

- Successful bid for Scottish Government Funding
- Identifying a location for our Bairns' Hoose
- Inviting young people to help inform the design with the Council's architects and partners,
- The development of a pathway to recovery services
- Journey mapping with children/families to better understand their experiences

As a pathfinder site, we have much to develop and learn in creating a Bairns' Hoose. Our goal is to provide children and young people with the recovery support they need and integrate Bairns' Hoose principles into our practice. We plan to open our Bairns' Hoose in July 2025 but much of the work has begun already and builds on improvements we have made in relation to our child protection processes. Pivotal to this, is ensuring proportionality in relation to our use of formal information sharing and decision-making fora such as our Interagency Referral Discussions, our progression to Child Protection Planning Meetings and our referrals to SCRA.

Scottish Child Interview Model (SCIM)

In response to Scotland's commitment to implement the Scottish Child Interview Model (SCIM) for children who are victims of, or witness to abuse or neglect, staff in Aberdeen City have worked with colleagues from Aberdeenshire, Moray, Police Scotland 'A Division' and NHSG to make improvements to key child protection processes in preparation for a North East roll out of SCIM. This included a refreshed IRD template, furthering enhancing the way we elicit and record essential preliminary information, building on the strength and learning gleaned from our IRD quality assurance measures. An options appraisal over 2022 determined how one SCIM model could operate across the 3 local authorities, taking account of the differing governance arrangements but also the diversity of geographical and demographical challenges. The North East SCIM team went live in November 2022.

In 2023/2024, the SCIM team undertook 91% of interviews for children requiring interview. This greatly exceeds the initial commitment to undertake 60% of all Joint Investigative Interviews using this improved model. Our work on SCIM will form the backbone to future planning in relation to Aberdeen City's adoption of a Bairns Hoose. The COG committed to this in November 2022 and a Delivery Group was established in March 2023, to drive forward our planning and implementation.

Learning Event – Parental Substance Use & Safe Sleep

Aberdeen City, Aberdeenshire, and Moray's Child Protection Committees identified an increase in the number of deaths of babies over the last 2 years, associated with parental substance use and unsafe sleeping practices when using substances. A learning event was delivered for practitioners across the North East. Its purpose was to help prevent significant harm to children and young people, and further adopt a culture of collaborative multi-agency working. The learning objectives for the event were to:

- more consistently consider and involve male carers in the plans for children.
- increased knowledge of parental substance use, particularly cannabis, and the impact parenting on parenting capacity.
- understand safe sleep practices, particularly where there is known parental substance use.

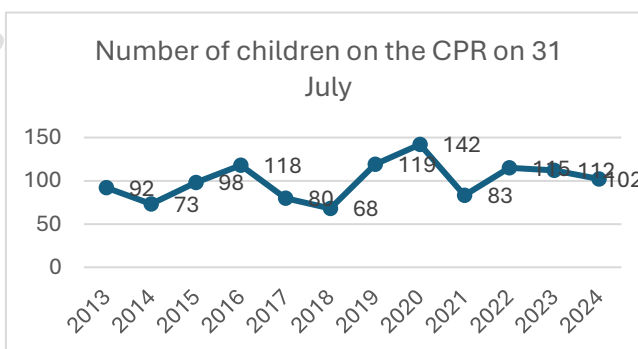
The event was attended by over 200 practitioners, and nearly 100 watching live online. The event was recorded and has also been viewed by many practitioners unable to attend. Learning from this event has been factored into our continually evolving Child Protection Improvement Plan.

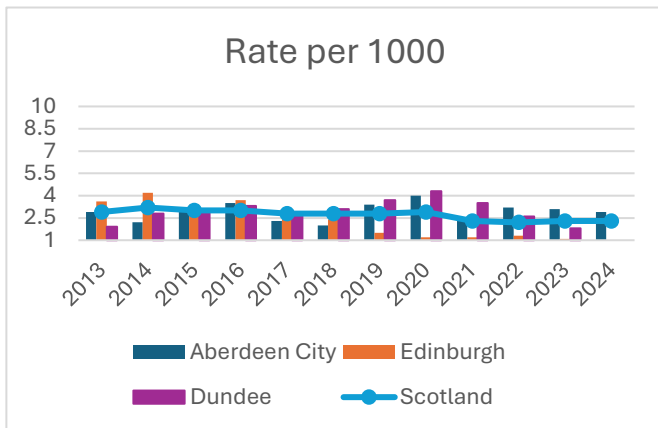
Capacity for improvement is a fundamental pillar of our Child Protection Committee, and our improvements are driven by our Child Protection Improvement Programme. The CPC have begun to look ahead to our programme for 2024-2026, where some of our priorities will be child protection & parental substance use, exploitation, and child protection and domestic abuse. The CPC have developed a more collaborative and integrated approach with the Alcohol & Drug Partnership and the Violence Against Women Partnership to deliver on our priorities.

Child Protection Registration Data

We continue to make improvements in relation to the identification, collation, reporting and analysing of child protection data both on a single and multi-agency basis. We adhere to, and go beyond, the requirements of the national minimum data set for CPC. Detailed consideration of our data takes place at service level and in the multi-agency CPC environment where data reports are scrutinised quarterly.

Numbers of children whose names feature on the child protection register in Aberdeen City has remained relatively static (see graph on the right). The published Children's Social Work statistics contains extensive local and national data up to July 2023. Aberdeen City are broadly in line with the national average in relation children registered on the Child Protection Register with a previous registration period which occurred more than two years ago. Neglect and Parental Mental Health are the predominant concerns recorded when a child's name is placed on the Child Protection Register. Where Aberdeen City differ from the national averages is in the rate of registrations on the Child Protection Register.

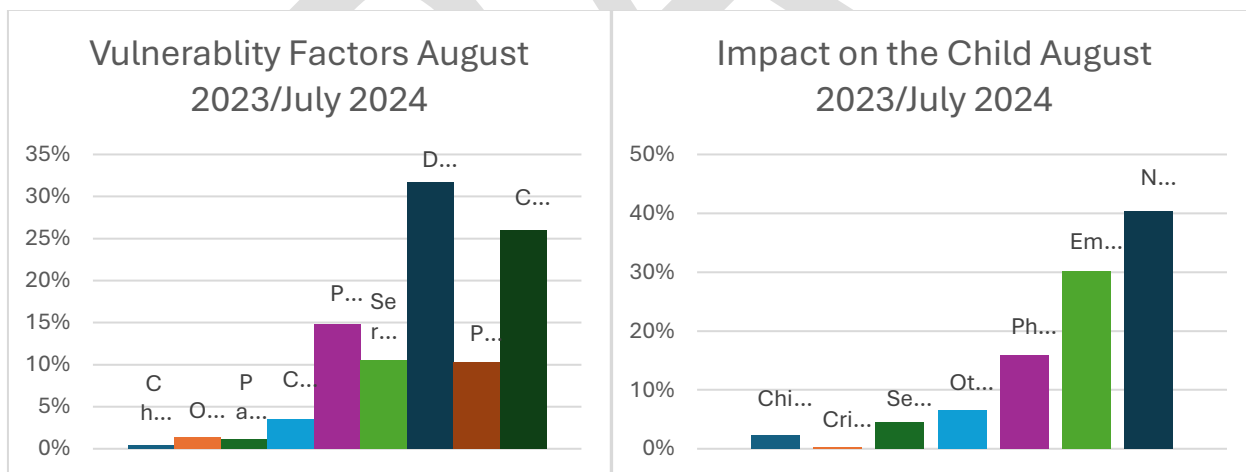




Placing a child's name on the Child Protection Register (CPR) is a significant decision in a child's life. Such a decision is always based on individual circumstances and the professional judgement of the multi-agency team around the family. Local data tells us that in 2022 – 2023, 93% of children subject to an initial Child Protection Planning Meeting (CPPM) were placed on the CPR. The high conversion rate demonstrates our threshold for deciding to convene an initial CPPM is aligned to our thinking within that subsequent meeting,

The concept of significant harm is one which is framed by professional experience and judgement. We recognise that within discussions focussed on risk, professionals seek to do all they can to mitigate against future harm. Whilst registration is a recognition of the need for multi-agency child protection planning it is not the process in itself that reduces risk. We also know that parents can feel shame and feel judged by the decision to place their child's name on the CPR. In recognition of this and Aberdeen City's higher rate per 1000 children on the CPR (see bar chart above), we continue to challenge all professionals across the wider partnership to be clear that registration is necessary, i.e. that we are only utilising CPR for children where there is a clear risk of 'significant harm' and a multi-agency child protection plan is required. Understanding this variation this will be a focus in 2024/25.

Across Scotland, domestic abuse, neglect, and parental mental health are most recorded concerns at registration, and the same trend is seen in Aberdeen City (see Bar Charts below). The data in the charts, in addition to our learning and self-assessment will inform the activities to deliver on our priorities set out in the CPC's Child Protection Improvement Programme 2024-2026.



Trauma informed practice

Children's Social Work has continued to carefully consider the psychological trauma in the lives of children who use our services. Such recognition emerges from the understanding that while Children's Social Work provides services to support children's recovery, they equally possess the risk of exposing children, parents and carers to processes, approaches and interventions that may cause them to re-experience earlier adversities. The workforce is committed to ensuring that positive supportive relationships are at the heart of interventions.

We have a) conducted a self-assessment of staff knowledge and confidence revealing most of the workforce feeling they were at least *Trauma-informed* or *Trauma Skilled* and b) completed a literature review on supporting implementation of these approaches to Social Work systems. As a result, we recognised that the workforce needs to be supported to be at least trauma skilled and informed. Therefore we:

1. Supported the workforce to undertake the *Trauma Skilled and Informed* level training as a core requirement. NQSW's are supported to undertake this training as part of their induction.
2. Developed a bespoke pilot trauma programme for the *Trauma-Enhanced* level. 11 practitioners undertook this during 2023/24. An evaluation of this pilot and the findings were aligned with our workforce development plan, including supervision.

A primary driver for this model is to enable staff to articulate the difference between risk and actual harm, and to understand that risk is not static but can be reduced by the skilled intervention of knowledgeable and confident practitioners. Feedback from families and professionals has illustrated that this approach has encouraged a more ethical and empowering collaboration between service users and professionals.

Corporate Parenting

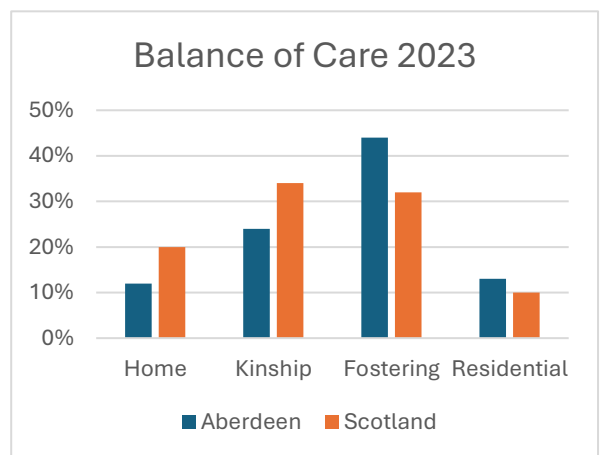
In Aberdeen City, we believe that corporate parenting is not merely a responsibility but also a privileged opportunity to enhance the futures of our children and young people, ensuring they receive the love, security, and opportunities every child deserves.

Aberdeen City's Corporate Parenting Group has responsibility for:

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

The Corporate Parenting Group engages with our children, young people and young adults with care experience and seeks to ensure all improvement activity takes full account of their voice, views and lived experiences. Specifically, the group has oversight of LOIP Improvement Project Stretch Aim 5; *“By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026”*

In 2023/24, Aberdeen City had an average of 500 infants, children and young people who were 'looked-after' in various care settings across the year. We are committed to reducing the number of children and young people coming into the 'care system' and are working to support more children and their families to remain together within their own community.



In 2023/24, the diversity of children and young people with care experience has grown, as seen in those placed by the National Transfer Scheme (NTS). Locally, we've formed a best practice group to address the cultural, language, and trauma needs of our New Scots. 53 young people who came from either the NTS or were 'Spontaneous Arrivals' are either in care or receiving Aftercare support. To maintain inclusive support, we set up a two-year New Scots/Unaccompanied Asylum Seekers Project Team to build infrastructure and undertake age assessments – 22 age assessments have been undertaken, with the majority (16) confirmed as children.

We have been supported by partners to build an infrastructure which has included:

- North East of Scotland College offered an 'English as a second language' short course
- a designated contact point in CAMHS;
- 30 new Scots attended a health assessment/clinic session, where they received updated immunisations and health advice.

This remains an area of high demand, and we are building confidence and expertise, with 12 members of the CSW workforce undergoing Age Assessment Training to improve our response to anticipated legal challenges arising from disputed age assessment results.

In 2023/24, we successfully supported care-experienced young people outside formal systems. We worked on improving pathways and increasing diversions from prosecutions for 16/17-year-olds, resulting in a 26% rise in Diversions from Prosecution (DfP), with 95 diversions completed. Available data indicates that children have continued to be held within the Children's Hearing System which is appropriate for their age. For the period May 2023 to April 2024, of the 39 jointly reported 16/17-year-olds, only 2 were retained by the Procurator Fiscal (PF), marking this as a significant improvement from previous years.

Workforce development sessions aimed at improving practitioner's understanding of pathways, systems, and interventions for children in conflict with the law, were conducted throughout 2023/24. Over 60 members of the multi-agency workforce attended awareness-raising sessions regarding jointly reported young people.

Local preparations for the Children's (Care and Justice) Act 2024, have started. The key initial focus is stopping under-18s from being placed in Young Offender Institutes. Presentations have been made to the Children's Services Management Team, and guidelines have been shared with the multi-agency workforce through roadshows and written materials. We continue to explore across Justice SW and Children's SW, how we can best implement the changes to the legislation to ensure those children and young people who come in conflict with the law are best supported and protected.

Secure Care

After an extended period where no child or young person from Aberdeen City had been placed in secure care, we have this year had four young people who have met the stringent criteria for secure care. All four children had, prior to their move to secure care, been living at home or within wider family networks, or in the case of one, living semi-independently in the community. Due to their complex needs and associated risk, in the period preceding their move to secure care, none of this group had been able to access mainstream/specialist education provision. All were open to CAMHS &/or specialist health services. The majority of intervention was by way of intensive wrap around social work support. For all four individuals, the lack of sufficiently safe therapeutic environments was identified, which might have avoided the need for secure care.

This context strongly aligns with the findings of the Thematic Inspection – Secure Care Pathway Review, autumn 2023. We are challenging ourselves to consider the supports that might be needed to minimise the need for restriction of liberty measures for any of our young people as we continue to develop practice in light of the Thematic Inspection.

Family Support

Reducing the number of children we place in out of authority placements remains a service priority, reflected in our Children's Services Plan and the LOIP. In addition to the statutory reviewing processes, senior managers in Education and CSW scrutinise the quality and planning of individual placements. In addition to our in-house targeted resources, we commission Includem who work in partnership with our Craigelea Intensive Support Service to provide intensive support to prevent children being placed out with the city but also to support young people who return to the city

Over the past year we have developed the Northfield and Lochside Pilot Projects. These two projects have been established within two designated secondary schools where there was an identified need to provide targeted whole family intervention. Multi-agency Teams including Family Learning, Social Work and Youth Work and Education, provide targeted intervention to meet identified needs and to improve overall outcomes in relation to engagement and achievement. The projects are funded by the 'Whole Family Wellbeing Fund' and are in their second year of evaluation.

PEEP (learning programme) has marked 20 years of service in Aberdeen. Working to deliver a LOIP outcome to increase by 40% the number of PEEP programmes delivered by multi-agency partners by 2025. The Peep team, along with other trained practitioners and volunteers, provides around 26 universal and peer support groups for families with children aged 0-5 years. These groups encourage attachment-based activities to improve relationships and enhance the home learning environment.

The peer support groups offer antenatal assistance and aid to families where English is an additional language, refugees, mothers experiencing low mood or anxiety, and children who need extra support. The PEEP programme includes assisting families with care-experienced children and groups for adopters, kinship carers, and foster carers. This has been extended to include individual sessions during family time contact to support a rehabilitation plan for returning to parental care. PEEP has innovatively broadened its offerings to families in Aberdeen by collaborating with multi-agency partners to develop and deliver Intergenerational Peep and a new programme called Healthier Families Peep.

Family Time

Our Family Time Hub offers a supportive and trauma-informed environment where supervised or supported family time (contact) sessions are assessed, to contribute to wider decision making for children, young people and their families. The service provides tailored assistance and support to individual children and their families. In response to feedback from kinship carers a new post was created to focus on developing resources and support available to kinship carers who are supporting family contact arrangements. This post funded by the 'Whole Family Wellbeing Fund' offers the opportunity to develop a service that meets our commitments to The Promise, contributing to the intensive support available to kinship families and supporting children and young people to sustain meaningful and loving relationships with them.

Kinship, Fostering and Adoption

Reflecting our priorities the Kinship, Fostering and Adoption Service provides loving and nurturing care for children and young people where they are unable to remain with their birth parents. At present the Service currently support:

- 281 children and young people living with 227 kinship families. Of this 104 families caring for 123 looked after children. There are 129 families caring for 152 children, of whom, 28 have secured Kinship Care orders and no longer have active social work involvement.
- 90 children and young people are currently living in 74 registered ACC fostering households. There are a further 140 children accommodated with Independent Fostering Agencies. We recognise this imbalance and continue to make every effort to grow our fostering capacity.

Our priority remains keeping children and young people within their family network and as such, continuing to scaffold and support Kinship families is a priority. Collaboration between the service and third sector agencies, including a partnership with CAMHS, has bolstered the provision of skilled, trauma-informed support to Kinship families. This effort follows the successful completion of 2023 LOIP activities aimed at enhancing multi-agency support for kinship families, which in turn has created additional opportunities for collaborative work.

An ongoing emphasis this past year has been promoting wellbeing across all who deliver intervention and support to those who need our services. We ensure that our carers are well supported and that they have access to a range of training and knowledge hubs to help them meet the needs of the children they care for.

Despite nationwide challenges in recruiting new foster carers, our Fostering recruitment has experienced a slight rise in applications this year. There are 9 assessments currently being undertaken and a further 5 households attending the 'Skills to Foster' training which forms part of the pre-assessment stage of the recruitment process. A new position has been established within the team to enhance connections with external placements and foster stability. Despite being introduced just 6 months ago, there is clear evidence that early intervention during placement instability has effectively prevented breakdowns.

Over the past year Permanence plans were made for 24 children: 16 for adoption (including one sibling group of 4 children) and 8 children with permanent foster care plans (including 1 sibling group of 4 children). There have been 14 adoptive matches made. No sibling groups were matched. 5 permanent foster care matches have been made (including 1 sibling group of 3 children).

Children's Residential Care, Care Leavers

Our residential care service continues to focus on promoting recovery from trauma. Dyadic Developmental Psychotherapy (DDP) continues to be our primary framework. Our residential service is founded on a strong ethos of care, which informs our admissions process and includes comprehensive, systemically based matching considerations. Young people are supported to 'Stay Put', reflecting their Continuing Care Status. As of 31 March 2024, half of our young population was comprised of 16 and 17-year-olds, and an additional 6 individuals were aged 18 or above.

It is normal for young people in our care to have an average stay exceeding 24 months. We have maintained high levels of sustainment with minimal disruption. We employ a systemic planning method to ensure that transitions to and from our services are neither traumatic nor anxiety-inducing. Our establishment of the Residential Aftercare support team, which assisted 16 young individuals in transitioning, offers an enhanced level of relationship-focused Throughcare and Aftercare services.

The demand for local residential children's home provision in 2023/24 has remained consistent with that of 2022/23, continuing to exceed our available supply. Twenty four referrals were made in 2023/24 (20 children) for matching considerations, and 10 of these children were matched with available provisions. Among the young people placed locally, 40% were returning to Aberdeen from out-of-authority placements. In 2023/24, all our children's homes reached full capacity.

The demand for placements consistently exceeds both availability and the capacity to adequately care for children with increasingly complex psychological and trauma needs. Without careful matching to suitable provisions, there is a risk of overwhelming staff teams and disrupting children who are already well-placed. Staff recruitment remains an ongoing challenge with only 50% of vacancies filled. At this point, 5 positions remained unfilled for 2023/24, resulting in a capacity shortfall. This is in line with other 'hard to fill' areas of children's social work being picked up in our workforce development planning.

We maintain a relational approach to recruitment, incorporating lived experience as part of our established model. Efforts to provide workforce support and ensure residential practitioners are well-prepared for their roles continue to advance. Reflecting our workforce's dedication and our investment, we support practitioners to enrol in the Strathclyde University MSc in Residential Childcare. One worker achieved this qualification in 2023/24, and four others are in the process of completion.

The Care Inspectorate transitioned from annual inspections, with the single inspection in 2023/24 resulting in a very good grade. In 2023/24, we cared for 6 young Unaccompanied Asylum Seeking

Young People (UASYP) across our children's homes, with 4 still in provision. Those who moved on have robust Aftercare support and individual care and pathway plans, mostly managed by the Youth Team (Care Leavers) and our partner, Action for Children. Overall.

As the need for children to be safe and protected within their communities keeps increasing, local assessments have been conducted to explore the possibility of adding another children's home to our current provision. The former children's home in the city's south has been deemed unsuitable due to high refurbishment costs and recruitment challenges. Approximately 12% of young people in care are placed in residential settings, with local children's homes making up about 4% of this group.

Youth Justice

In spring 2023, the LOIP stretch outcomes were updated, assigning the Youth Justice Improvement Group to new stretch outcome 8: "83.5% fewer young people (under 18) charged with an offence by 2026" and its related charters. We continue our collaborative commitment to support the number of care experienced young people (CEYP) who are in conflict with the law by agreeing the following:

- Reduce by 15% the number of CEYP reported missing from Children's homes to Police Scotland by 2024. This has been effectively completed.
- 90% of 16/17-year-olds appearing at Sherriff Court will have had an assessment of their community support needs by 2025. This is ongoing and is facilitating consideration of practice in anticipation of CCJ legislation.
- Increase by 5% the number of 16/17 year olds who are diverted from prosecution by 2025. We are on track to exceed this target with an almost 30% increase within this timeframe.
- By 2025 reduce by 15% the number of in youth anti-social behaviour calls to Police Scotland

Brief guides to the Children (Care and Justice) Scotland Act 2024 were distributed through Children's and Justice Social Work. They are intended to be quick reads that highlight important practice changes and developments, and nearly half of the Children in Need teams have attended accompanying presentations.

We work closely with Police Scotland for our young people who come into conflict with the law, with particular focus on those cared for in our local children's homes. Our collaboration includes support sessions for about 20 police personnel over 2023/24, focusing on developmental trauma awareness. The Youth Justice Management Unit's report shows an overall trend in a decreasing number of crime files linked to our children's homes in the past two years, with 7 recorded in 2023/24, (up from none in 2022/23 but down from 13 in 2021/22).

Throughcare & Aftercare

Approximately 150 young people open to our Youth Team are entitled to statutory Aftercare, out of a total of around 223 in Aberdeen. Some do not need or want the support. Most of those receiving support are aged between 18 and 24, with 63% living in rented social housing.

The recent inclusion of a Housing Support Officer co-located within our Youth Team structure has enabled earlier identification of housing needs, helped prevent housing crises, and resulted in a low number of unsustainable tenancies. Young People transitioning and moving on from care have been part of a national focus within Plan 21-24, with 100 days of listening taking place early in 2024, a number of Aberdeen young people shared their experiences within these national forums.

Ongoing challenges related to poverty, living expenses, and fair access to opportunities continue to be prevalent among our care leavers, so this remains a key focus of improvement work. We have provided young individuals under 18, and a few over 18, who depend on the Local Authority for their income, a rate slightly higher than the DWP allowances. We note however our food pantry and essential provision services are overwhelmed due to the high demand from this group. Monthly

connection and belonging groups are co-hosted with the Aberdeen Care Experience network where care leavers keep in touch and are invited for a meal.

Health and wellbeing issues are significant, evidenced by self-reports and a high engagement level with Adult Health Services for mental and emotional support. The service also promotes digital inclusion and access for the group through the following:

- Digital Inclusion needs are assessed as part of Pathway planning. In 2023/24, 22 Wi-Fi/MiFi devices, 33 iPads, laptops, and 30 mobile phones were distributed to care leavers.
- The ACE Facebook page continues to be utilised for communication, boasting 581 followers, while the Youth Team Facebook page has 555 followers.
- 146 young people with care experience and 200 professionals have Mind of My Own (MOMO) accounts.
- The bidding process for Choices Housing is dependent on digital access and is encouraged.
- The Youth Team successfully completed Circuit Digital Inclusion Training, which provides Digital Inclusion Rights Training for professionals.

Children with Disabilities

Our dedicated Children with Disabilities Team, hold case responsibility for children with the most complex of health and disabilities needs. The team provide social work support to 130 children with complex and enduring needs. The needs within this group are multi-faceted, including assessing need in relation to Self-Directive Support being provided or those of unpaid carers (family members) and/or for care and protection concerns.

Fundamental changes have been made to the processing of referrals in relation to children with disabilities. Previously, all new referrals were triaged by the Children's Reception Team. It was recognised this arrangement saw families waiting before a detailed assessment was carried out. The expertise within the disability team ensured a more timely assessment being undertaken, enabling the earlier provision of intervention, support, or signposting to services. These changes have seen a significant improvement in the time between initial referral and needs assessments being completed.

We recognise that autism and neurodiversity are incorporated within the spectrum of disability. To support these children and their families, many of whom experience extended periods on a CAMHS waiting list. Our local partnership secured Scottish Government funding in relation to the implementation of the National Neurodevelopmental Specification. A Test of Change was developed to implement aspects of the Standards and Principles of Care and has focussed on engaging with children and families alongside key stakeholders who have a role to play in referral, assessment, diagnosis, and support. This has seen families signposted to appropriate community supports at the earliest juncture.

The Care Inspectorate initiated a Thematic Review of Disabled Children and Young People's Experience of Social Work Services across all 32 local authorities. Aberdeen City was one of four local authorities, who experienced 'a deeper dive' as part of the inspection. A small selection of children, families and carers, were interviewed as part of this process. We await the findings of the inspection but initial feedback from Inspectors comments upon the high level of commitment from practitioners across children's services. Undoubtedly there will be learning for us to take when the report is published later in 2024. These will be incorporated into our improvement planning.

Children and families continue to tell us that the transition for children 'aging out' of children's services remains a time of anxiety. We recognise further improvement is required. The Scottish Government's Transition to Adulthood Strategy, September 2023, has captured the recent research, and engagement, on the experiences of children transitioning to adulthood. Close collaboration is taking place between Adult Social Work and Children's Services, as well as partners, to understand the challenges fully and to implement improvement.

To support families better understand the available resources, an information evening was arranged. This offered insight into the transition phase, services available during this process and beyond. Feedback from families highlighted the success of the event. The Education Service, as part of their Improvement Plan, has a focus on improving Pathways for children which has seen the introduction of parents information evenings at Bucksburn Academy, Additional Support Needs Wing. The Children with Disabilities Team support these events cementing growing collaboration.

Rights, Voice & Participation

Aberdeen City Council's promotes a rights-respecting approach in its practice. The concept of 'Voice' is fundamental to this approach, as evidenced by the advocacy and support offered by our 'Young Person's Rights Service.'

Building on the input from children, young people, and young adults regarding what is important to them, two priority improvement areas for the Rights Service have been carried over from the previous year. These priorities (below) were further emphasised during my 2023 engagement with the workforce to discuss the aims and consequences of the UNCRC (Incorporation) (Scotland) Act 2024.

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

Improvement efforts include more individualised, non-instructive advocacy for the voices of pre-birth babies, infants, and neurodivergent individuals. This not only protects their rights and involvement, but also captures a meaningful snapshot of their lives. An inclusive communication workshop is provided 3-4 times annually. The workshop combines theoretical and experiential learning with a 'take-away starter pack' to build on. Both examples will feature in the UNCRC National Learning Framework materials due for publication later this year.

Participation grants children, adolescents, and young adults their basic rights. We have continued to use a broad range of methods to engage with, listen to, and act upon what our children, young people and young adults tell us. This informs the work of the Corporate Parenting Group to bring about change. We achieve meaningful engagement through our Aberdeen Care Experienced (ACE) network and with our practitioners in various ways, from raising awareness and providing guidance daily to offering active individual and group participation opportunities and experiences, such as:

- Continuation of themed events including 'Warm Space' gatherings, an advent countdown leading up to Christmas, and a sit-down Christmas lunch before the big day.
- Annual Care Day celebration in February 2024, with the theme of 'Participation'. Attended by over 30 young people and their supporters as well as others from across the workforce. This simultaneously launched the Bright Spots research Programme.
- The SPSO launched their child friendly complaints Principles and Guidance. Aberdeen was the only local authority to take part in the pilot from July 2023 to test the process, review the guidance and to provide feedback.

In 2023, we decided to create an Engagement and Participation Officer post. This will develop our focus on CEYP as part of developing our Rights Service. Previously, this role was provided by Who Cares? Scotland. The goal of the post is to ensure that people with care experience have meaningful interactions that boost their capacity and sense of belonging. The post also has a specific focus on workforce development, supporting increased understanding of how the UNCRC applies in practice, through providing learning opportunities in relation to the principles of participation, and empowerment. The post started in March 2024, and I am looking forward to seeing how this evolves.

ADULT SOCIAL WORK

2023/24 has been a busy year for our adult and justice social work services. These services support adults from age 18 to end of life. We work to ensure that everyone we support is treated as an individual with their own experiences and personal challenges. Adult services is a complex landscape but staff strive to work to our overall vision for adult social work - ***“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.”***

This is in line with the challenge set by Derek Feeley to shift the paradigm of care. As we continue to fulfil our statutory responsibility to address the needs of people in crisis, we encounter increasingly complex needs that necessitate statutory interventions, care, and support.

The Aberdeen City Health and Social Care Partnership’s (ACHSCP) Strategic Plan outlines the actions being taken as a partnership to tackle these challenges. The dedication of our justice and adult social work teams has a significant impact on achieving the overall aims of the ACHSCP. We are engaging well with individuals and their families who need assistance, fulfilling our statutory obligations, delivering positive outcomes and supporting the recruitment and ongoing development of our capable, effective and professional workforce.

To achieve our Strategic Plan ambitions, we needed a shift in care balance and a targeted approach to prevention and early intervention. Integration and community planning have supported more joined-up working, but further efforts were required to fully integrate our services and embed our shared vision. This involved team ownership, collaboration, and system-wide working. We viewed adult social work as a whole system to align resources, deliver services, achieve outcomes, and meet strategic ambitions. The first step was redesigning services through early intervention, prevention, and community empowerment. Over the past year, we have continued to design future adult social work services by aligning teams into localities, fostering locality ownership, multi-agency and multi-disciplinary collaboration, and true system-working. Our goal is to have teams that protect, promote, and ensure a human rights-based approach within our communities, empowering those who need support, utilising community assets, and placing supported individuals at the centre of care planning to achieve their goals and desired outcomes.

Within Aberdeen City we consider ourselves to be at the forefront of developing our digital ambitions and technology enabled care (TEC). This supports us with developing and delivering high quality, reliable and efficient services into the future. ACHSCP are committed to promoting the use of digital technology 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 23/24

- In September 2023, we held a TEC 'Meet the Suppliers' event with attendees from Grampian and the Scottish Government Digital Office, featuring talks, workshops, and demonstrations on TEC and social care.
- We launched Aberdeen City's TEC Delivery Plan 2023-25 and established a TEC Project Board to oversee its implementation.
- In 2023, we launched the Digital Support Hub pilot project, testing a new model combining technology and face-to-face care.
- A TEC library opened in Aberdeen, allowing the public and professionals to borrow equipment and receive support for their health and care needs. Road shows and staff training were also conducted. You can find a short information video here - [TEC Library](#).

This collaborative approach to TEC has delivered positive outcomes in relation to the resource demands on care services through effective use of technology in new models of care delivery.

Significant efforts have been made to provide national reporting data and ensure practitioners are skilled in using the system. This area will continue to evolve with changing requirements and data needs. An example of this being to add ability into the system to meet the requirements of the new Adult Support and Protection National Minimum Dataset introduced in April 2023.

We continued to experience increasing demand and high levels of need across all adult social work services in 2023/24 with 2153 new assessments of need completed across all client groups. This need varies and requires different support for each client group.

Our learning disability teams are seeing more children with complex care requirements transitioning to adult services. There is also an increase in Local Authority and Private Guardianship orders, indicating higher complexity and the obligation for social work staff to monitor these orders. We participated with other HSCPs and the Scottish Government as a pilot site for the Dynamic Support Register (DSR), recommended by The Coming Home Implementation Report. The DSR will improve monitoring of people with learning disabilities and complex care needs, providing robust data for current and future demands with greater visibility for strategic planning. We are already seeing benefits through our commissioning of new builds.

Within Aberdeen city, as is seen across the country, people are living longer. However, evidence shows that there is a significant gap between healthy life expectancy, the period of life where we live in good health, and actual life expectancy. There is also variation in life expectancy for those living in more deprived areas whose health outcomes are poorer. In 2022 Dementia was the leading cause of death for women in Aberdeen and the second most common for men. These factors have implications for the delivery of social work and social care services for older adults in Aberdeen.

As with Children's Services, the implications of the COVID-19 pandemic and the cost-of-living crisis continue to impact on the health and wellbeing of our population. There has been a continuing increase in the overall workload of our Mental Health Officer (MHO) service which is very much in keeping with the national picture.

Our Justice service experienced challenges in meeting the demand for increasing statutory supervision orders because of the court backlog during the COVID-19 pandemic however we are beginning to now see this return to pre-pandemic levels. The increased prison population has reached crisis levels during this year with an increasing percentage of remand prisoners. Scottish Government and the Scottish Prison Service continue to reduce numbers by promoting Supervised Bail as an appropriate alternative. There is evidence that the use of Bail Supervision, whilst not reducing the number of Aberdeen remand prisoners, is preventing an increase.

Self-directed Support (SDS) underpins social work activity across a significant proportion of our children's and adult services. We are cognisant of the fundamental aim of giving individuals greater choice and control over their social care support. We strongly believe that a pragmatic, person-centred approach is key to fulfilling this outcome. We aim to proactively develop adult social work, social care, and justice services to reduce risk and need, prevent harm, and help people live healthier for longer. I am pleased to outline a number of areas of work where we have been able to progress this during 2023/24.

The Grampian Gathering - We collaborated with partners across Aberdeen to deliver the 'Granite City Gathering 2023', attended by 29 community groups and 167 people aged 45+. The event promoted active ageing, lifelong learning, retirement planning, end-of-life planning, and ensuring wills

and Power of Attorney are in place. It also highlighted our 'Stay Well, Stay Connected' programme, helping people remain healthy and connected as they age.

Power of Attorney (POA)- We recognise the importance of having POA in place and have increased promotion via online platforms and across council and NHS premises. We have promoted POA at the Aberdeen City Vaccination Centre (ACVC), Aberdeen GP practices, hospital sites, and within wards. Posters in Council buildings and workplaces are updated periodically. Our service manager POA lead is active in the national strategy group, with a local action plan to increase awareness. National POA Day on 21st November 2024 will be promoted at the Aberdeen Community and Vaccination Centre and across community groups, as well as at 'The Gathering' and the local carer's group.

Carers Support

The ACHSCP Carers Strategy 2023-26, developed with unpaid carers, aims to ensure that they receive the right advice and support when needed. Recognising their vital role, we collaborated with Quarriers to support carers. This led to a 10% increase in those feeling supported by 2023, through a range of projects including those within the Local Outcome Improvement Plan (LOIP) like the 'Respite Bureau' and 'Time to Live.'

Over the past year, the Older Adults Care Management team worked to increase day opportunities for older adults in locality settings, reducing social isolation. A stakeholder group co-designed "The Wee blether," a model offering companionship, meals, and various activities, which has positively impacted mental health and community connection. This model is now being expanded with additional funding.

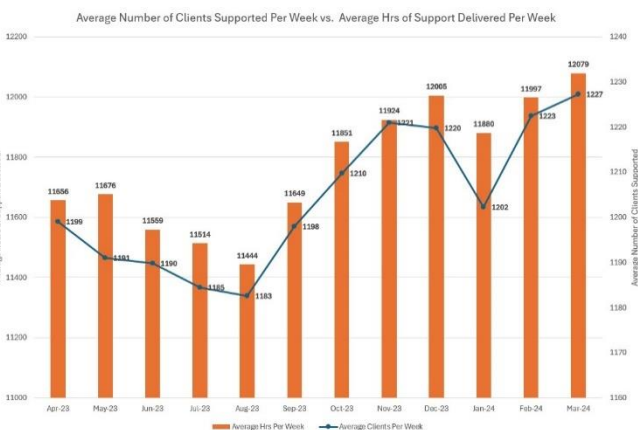
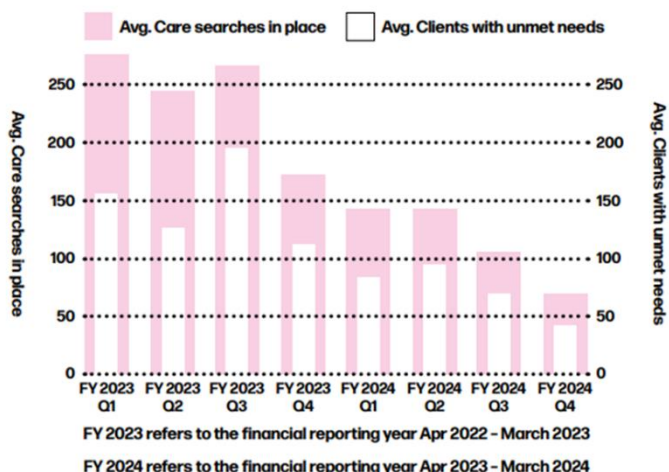
Under the strategic umbrella of "Stay Well, Stay Connected," we reviewed and commissioned residential respite and day opportunities to address gaps in services for those under 65 and those needing specialist dementia care. The Kingswood day centre, run by Bon Accord Care, provides a specialist environment for older adults with dementia, while the Chapelton respite flat offers flexible support options in a retirement village setting.

Supporting our older people and those with physical disabilities

As part of our ACHSCP delivery plan commitments, we have taken a programme management approach to our strategic review of specific social care pathways. We did this utilising the Getting it Right for Everyone (GIRFE) multi-agency approach, and have developed an implementation plan for improving accessibility and coordination. The Programme Board leading this is a multi-sector group chaired by the Chief Officer for adult social work, who is responsible and oversees various projects that contribute to the strategic review including.

- Reviewing the approach to Social Work assessment within the hospital.
- 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.
- Incorporating Technology Enabled Care (TEC) as a project with its own project board structure.

There has continued to be a strong and sustained emphasis on addressing the waiting times for an assessment and the subsequent levels of unmet need within our older people and physical disability teams. Practitioners are utilising an enablement approach and encouraging TEC first. Through targeted screening and intervention our goal is to complete assessments within 4 weeks of referral. System pressures can make this challenging to achieve however we consistently meet the 6-week national standard for those deemed high.



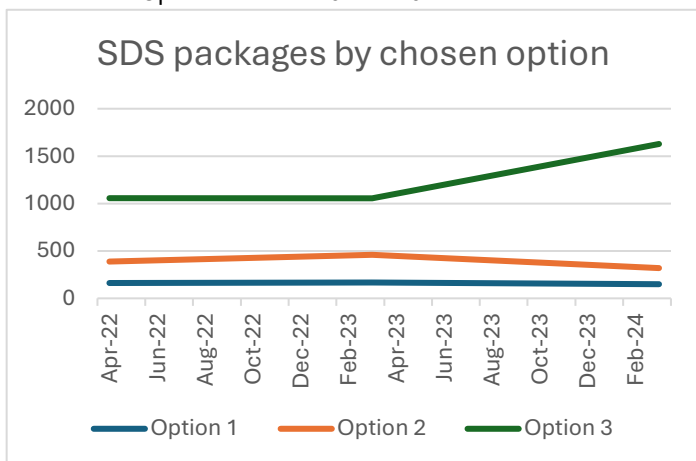
We recognise the importance of early intervention and preventative care to keep people at home longer, and the negative impact if care is delayed. In 2022, an Aberdeen study showed that 30% of those waiting for assessed care had at least one hospital admission. Many clients eligible for social care continue to choose SDS Option 3, reflecting the national trend.

Graph: SDS Option 3 provision from Granite Care Consortium

We have also seen a marked increase in the requirement for complex care and the number of hours that is required to keep people safe in their own homes. Due to this our unmet need increased last year, so additional providers were sourced to address the waiting list. Although this was positive in terms of reducing unmet need, this is no longer a viable option due to budget constraints and our now laser focus on using TEC to create capacity.

The impact of this additional capacity is demonstrated in the graph below. It can however also be noted that significant work has been undertaken with care at home providers and by changing contracts to give them much more control in terms of step down and step up in care, this has resulted in more capacity being created within the system. We have also used our TEC first approach to ensure that needs can be met in alternative ways rather than traditional face to face care.

Table: SDS Option Volumes 2022 – 2024 ¹



Our SDS option 1 packages remain steadily at approximately 150 packages. SDS Option 2 packages increased in 2023 to 459 but have reduced in 2024 to 319. This may be linked to the increased capacity within Option 3.

The hospital social work team has prioritised addressing significant and sustained flow pressures over the past year. We are committed to balancing hospital flow with the needs of vulnerable individuals in the community, by exploring new activities and initiatives to tackle admission avoidance and

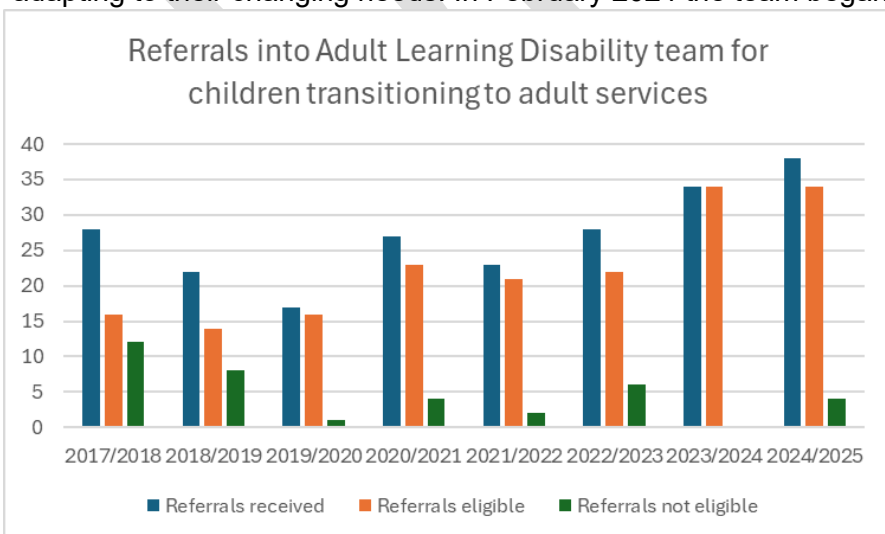
hospital discharge challenges. While our delayed discharge numbers remain below the national average, we acknowledge the ongoing capacity and financial challenges faced by NHS Grampian.

We maintain a collaborative approach with care homes by setting broad terms of reference and high-level priorities, enabling our Collaborative Care Home team to support providers when needed. Regular conversations help us understand capacity and ensure beds are fully utilised. If beds are not utilised, we identify the reasons and necessary support. We work through care home waiting lists to ensure accuracy and quick admissions. Care home occupancy levels have remained high (>90%) over the past year, with swift placement into vacancies and very few enforcement actions.

Unfortunately, one of our Care Homes, informed us that their landlord was not renewing their lease, leading to the closure of a nursing home. Although this presented us with a challenging and distressing situation for residents, families and staff at the home, thanks to the joint working between ACHSCP and the Care Home management and staff, the closure and resident transition to other homes was completed efficiently, and with dignity for all involved.

Supporting adults with learning disabilities

The Learning Disability team has faced increased demand and complexity over the past year, resulting in high caseloads for social workers. We support adults with learning disabilities throughout their lives, adapting to their changing needs. In February 2024 the team began to encourage and support clients



and providers to work collaboratively in preparation for Learning Disability Awareness week which recognises the contributions and achievements that adults with a learning disability make to society.

We work closely with Children’s Social Work to ensure smooth transitions to adult services, starting engagement from age 14. Since 2021, there has been

¹ Information based on adult social work packages only. Option 3 packages only include those delivered by Granite Care Consortium for Care at Home and inclusive of Additional provider contract to address unmet in 2024. This includes double-up care packages which are on average 95 packages per year.

a steady increase in young individuals transitioning to Adult Services. We are also working to improve service provision for young adults with complex health conditions, recognising that current housing and support models may not meet their needs.

Despite pressures on service delivery and waiting times, we have maintained a 2-5 day waiting time for critical assessments, and 2 weeks for urgent referrals. 'High needs' referrals are prioritised, while medium or low needs may wait up to 12 weeks. Social work students help us meet these targets. We continue to support our commissioned Learning Disability Providers as they too face challenges whilst delivering services. Towards the end of 2023, a National Provider chose not to renew three contracts, leading to the transfer of supported individuals and staff teams to other social care providers under Transfer of Undertakings (Protection of Employment) or TUPE. This process, which took six months, required support from the Care Management and multi-disciplinary teams due to the complexities and communication needs of those involved. The care and support safely transferred over to other social care providers successfully.

Over the past two years, the increase in private and local authority Guardianships has challenged our statutory reviewing responsibilities. This year, we have over 300 Guardians, with 61 being local authority. We currently allocate Private Guardianship supervision on a duty basis, aiming to review 235 by the end of 2024. Our goal is to complete all Guardianship supervisions by the end of 2026 as per our statutory responsibilities. We expect the number of Guardianships to rise annually due to the increasing complexity of our clients' needs.

Mental Health

The Social Work/Mental Health Officer teams are now embedded within the new mental health locality model based at Royal Cornhill Hospital. The service continues to deliver on its statutory responsibilities under a variety of legislations including the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000.

The level of mental health high acuity cases remains high. This is evidenced by the overall workload of our Mental Health Officer service. Although there is a national shortage of MHO's, we remain fully staffed and continue to invest in the MHO Training with 4 new MHO's qualifying in September 2024.

Due to sustained investment in our MHO service, we have been able to continue to fulfil our statutory obligations to the required standards and within the required timescales.

Table: MH Hospital Detentions 2016-2024

Detention in hospital intervention	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Community Treatment Order (CTO)	82	53	70	57	106	113	119	112
Emergency Detention in Hospital	40	50	53	42	34	31	28	56
Short-Term	241	203	209	245	222	228	218	222

We now have two part-time MHOs within the Hospital Social Work Team, to oversee Guardianship applications affecting discharge. Involving Social Work from admission allows for early collaborative discharge planning for those lacking capacity. The aligned MHO streamlines this process. The Scottish government has recognised this as excellent practice and a model which other areas are keen to

replicate. This model is successful and means there is no MHO waiting list for AWI Delayed Discharge cases.

A new Aberdeen Suicide Delivery forum has been established which feeds into the Northeast Suicide Prevention Leadership Group. This group is chaired by Mental Health social work representatives. This group is in its infancy but takes its lead from Scotland's Suicide Prevention Strategy (Creating Hope Together). Part of this group is also implementing elements of Scotland's self-harm strategy (Supporting with Compassion).

The Mental Welfare Commission (MWC) presented their 2023 end of year scorecard and highlighted several areas for improvements. One area was to improve the number of Emergency Detention Certificates (EDC) that were being granted. A short life working group has been established and is working with all stakeholders to consider how EDC numbers can be reduced. Another working group has been created to look at increasing the number of Social Circumstances Reports (SCR's) that are submitted.

In early 2024, the MWC carried out an AWI audit looking at Private and Welfare Guardianships. This highlighted areas of improvement for the MHO service. A Short Life working group was created and continue to work on their action plan.

The MHO service also carried out a service wide training event to promote good AWI practice. This was delivered over 12 sessions and was attended by all adult social work staff. This coincided with the MWC's AWI Masterclass roll out which complemented our own training sessions.

Substance Misuse Services

Social work staff continue to support the Substance Use Service's (SMS) implementation of the Medication Assisted Treatment (MAT) standards across various sites in Aberdeen. In line with the standards, social workers have adapted elements of their practice to support and enhance the service managing to deliver these standards daily.

Social Workers within SMS lead on the new Residential Rehabilitation (RR) Panel. This has led to 22 supported individuals entering different residential rehabilitation sites across Scotland. The panel members have also been working closely with the new Phoenix Futures (RR) development in Alford which is due to open in November 2024.

Social Work staff continue to be instrumental in the implementation of various SMS training events including Naloxone training for various professions across the health and social care partnership. SMS social work staff are also leading the Trauma Informed Champions and Motivational Interviewing leads in the northeast.

Adult Support and Protection

The revised National Code of Practice for Adult Support & Protection came into force on 28 July 2022. In response, we have updated our local procedures, processes, and training. We conducted a self-evaluation to identify necessary changes and actions, developing new guidance in consultation with key stakeholders.

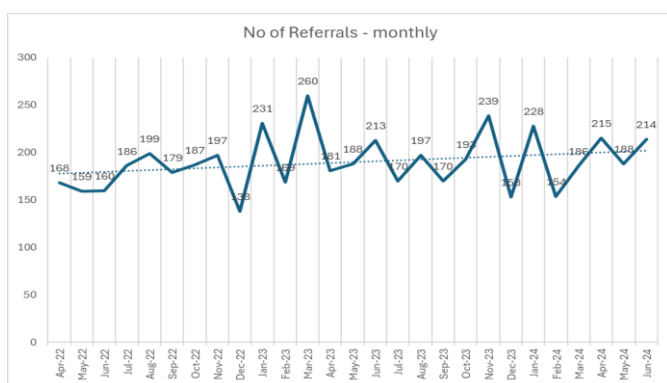
Our participation in the National Code of Practice Implementation Group has influenced our local policies, including advocacy, the use of chronologies, self-evaluation, and clarifying Council Officers' roles in inquiries

Several actions have been taken to improve responses to people at risk of harm. This includes development of systematic audits of casework to benchmark and evaluate the status of current adult support and protection performance. This includes a revised quality assurance tool that will increase efficiency and build confidence in practice standards, as we identify areas for further improvement.

We have taken several actions to improve responses to people at risk of harm, including developing systematic audits and a revised quality assurance tool. A Grampian-wide Capacity Pathway, endorsed by NHS Grampian’s Public Protection Committee, has been designed for professionals involved in capacity assessments. This pathway includes the Grampian Decision Specific Capacity Screening Tool, with awareness-raising resources and training being developed.

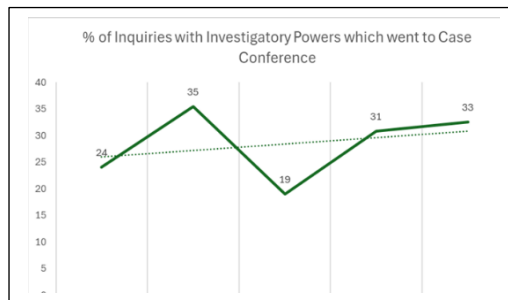
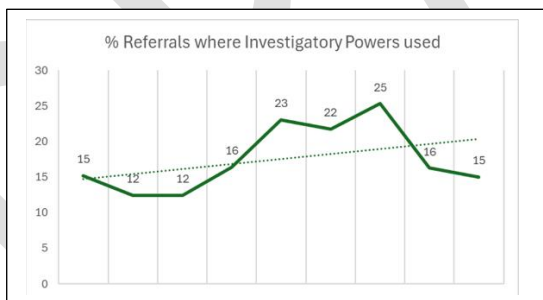
Trauma Informed Practice is now included in Adult Support & Protection training and is a standing item on the Grampian Adult Support and Protection Group Agenda. Further training opportunities are being explored.

Adult Protection Social Work Team (APSW)



The APSW team is the first point of contact for adult protection referrals and police welfare concerns. They handle crisis intervention, the rights and welfare of vulnerable adults in police custody, those with no recourse to public funds, and immediate safeguarding needs. The team collaborates with other services to ensure the safety and wellbeing of vulnerable adults. Since April 2022, ASP referrals have increased, likely due to greater awareness, the cost-of-living crisis, rising poverty levels, and reduced availability of other services due to over-arching increases in demand on services across the board.

Health services submitted the highest number of referrals in 2023-24, followed closely by Care Homes.



From Q1 2022-23 to Q1 2024-25, there has been an increase in referrals requiring Investigatory Powers, reflecting their complexity, and more cases are moving to Case Conference. A higher proportion of cases resulted in ongoing Adult Support and Protection work where Investigatory Powers were used, indicating that this intervention was often the most appropriate action.

Local Learning

We are very keen to showcase any and all of our initiatives and developments with local and national partners. We recognise the value of these collaborations given the common challenges that we all face.

Our Care at Home commissioning model, the Granite Care Consortium (GCC), is a collaborative group of providers meeting care needs across the city. Established in 2020, it focuses on improving

outcomes, building a skilled workforce, and ensuring market stability. We frequently receive requests to share the GCC journey and achievements, which emphasise relationship-building and trust. In May 2023 Aberdeen City HSCP and Aberdeen City Council welcomed officials from Scottish Government for a study visit as part of the planning for the proposed National Care Service. There was particular interest in the consortium model which is line with commissioning recommendations made in the Independent review of Adult Social Care in Scotland.

New ways of working

Adult social work is an essential part of the wider health and social care system. Many of our developments in new ways of working have involved us taking a proactive stance in building relationships across the sector for the benefit of the community we serve.

During 2023 we reviewed our Hospital Social Work Team. The Hospital Social Work Team operate across Aberdeen Royal Infirmary (ARI), Woodend Hospital and Rosewell House. The aim of the review was to explore the demands and requirements for the service with a more embedded whole-system response to hospital admission, assessment and discharge planning. Several challenges were identified by Social Work and ward staff during the review with one of the main challenges being communication and developing relationships between Social Work and ward staff.

In October 2023 the Hospital Social Work Team were realigned to identified areas within the hospital. This change aims to make Social Work staff more visible and integrated into the ward team as well as encouraging a more preventative, whole-system approach. This change has been welcomed by both the Social Work team and their colleagues on the wards.

“With [social work] attendance at the MDT the information is free flowing and care input can be confirmed quickly. Excellent... team working, very much seen as part of our team”
(Hospital ward staff member)

“We have a more in depth understanding of patients’ needs and health status whilst embedded in the Multi-disciplinary Team”
(Hospital Social Work Staff member)

In 2024 we established Support Worker roles within the Learning Disability team. This was primarily to enable us to focus on early intervention in relation to young people who were or would be transitioning into adult services. However, due to service pressures, this role has evolved and become essential in enabling us to be able to respond at short notice to crises, Adult Support and Protection, prevention of hospital admissions, and minimising the demand on other essential services such as Police Scotland and A&E.

Over the past year, Support Workers have provided vital care to individuals without family support, assisted clients at home due to reduced care capacity, and taken on community support roles for young clients. They have attended court, supported homeless clients, and provided additional support during assessments and funding processes. These roles have been crucial for crisis intervention and ensuring safety.

In February 2024, we restructured the adult support and protection service to better communicate the value of learning and development and involve stakeholders in planning high-quality, adaptable training. We recruited a Practice Development Officer to develop and deliver training, support the Adult

Support & Protection Learning & Development Framework, evaluate current practices, and contribute to strategic developments.

Aberdeen City HSCP is one of nine 'Getting it Right for Everyone' (GIRFE) pathfinder HSCPs in Scotland. GIRFE, a Scottish Government project, aims to develop a multi-agency approach to support from young adulthood to end-of-life care, linking with GIRFEC and any future National Care Service. As a pathfinder, we work with practitioners and clients to identify strengths and areas for improvement locally and nationally. Using the Scottish Approach to service design, we are developing ideas for the multi-agency approach, positioning us at the forefront of development and preparing for the full implementation of GIRFE in 2025.

Outcomes

There is significant evidence of positive collaborations, effective interventions and good outcomes across adult social work. We strive to develop our approach through listening to the voice of lived experience through engagement, reviews of support and feedback including complaints.

We received a small number of complaints related to "poor communication" from families involved with our learning disability services. We are responsive to learning from complaints and have achieved positive outcomes by doing so including;

- Forming a short life working group to improve the transition process, including creating an information document for parents, schools, and professionals.
- Implementing a risk enablement process in response to a complaint within our inhouse service, leading to a supported person moving to a prompt/assist medication system, which has reduced errors and increased the supported person's autonomy in this area of their life.

In response to unmet need, we identified a gap in services for young people with chaotic lives who struggle to engage positively with care providers. Over the past year, we collaborated with ACC housing and a housing association to design a new building with 24/7 care and support. Dennis Court, which opened in December 2023, supports 8 young people aged 18 to 29. A video describing the impact of the service on the young people is available via [this link](#).

In April 2023, because of recommissioning an existing service, we also opened a new housing support with care at home service, providing 24/7 care and support to five adults. The Dynamic Support Register, as outlined earlier in this report, is an important new tool to aid our planning for future provision for adults with learning disabilities in Aberdeen.

Moving individuals who have been living in hospital into the community also requires meticulous planning. We have been working closely with NHS colleagues and a provider on the transition plan for someone who has been an inpatient for eighteen years. A new home has been identified and the care provider staff are working in the hospital ward, so that they can learn how best to support the person when discharged to their service by the end of 2024.

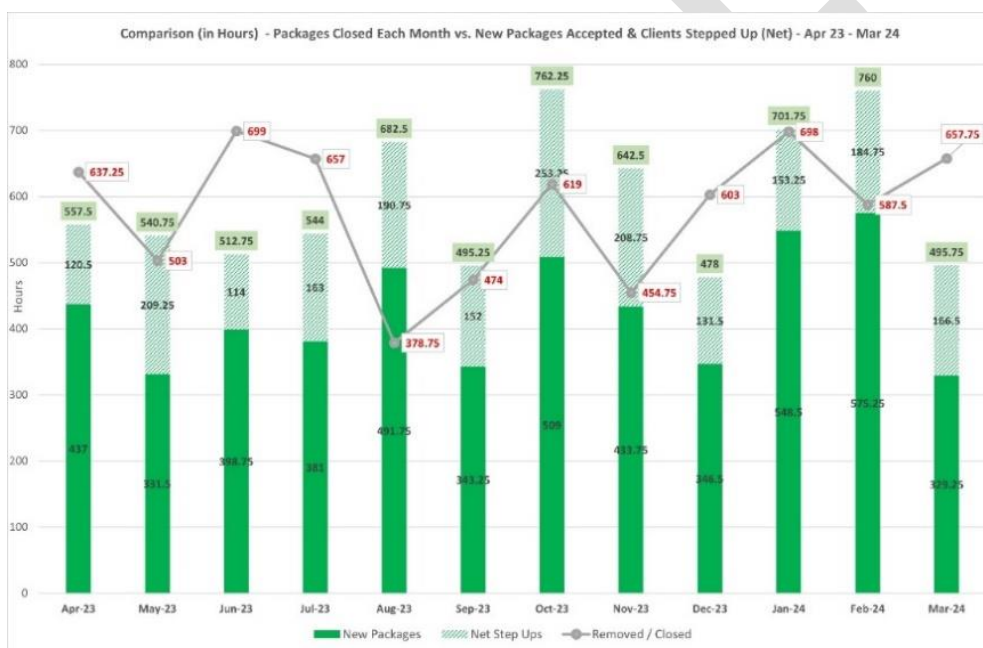
Our MH services are responsive to user feedback; they get a lot of queries, concerns and complaints channelled through local Councillors/MSPs, but there is robust governance around these issues and weekly learning events are held to take on board all feedback – good and bad – that has been received. We have now introduced 1-day audits on ward sites at Royal Cornhill Hospital. Findings from this help formulate a work plan on issues that the audit has highlighted. A new Delayed Discharge weekly meeting was also set up to ensure people were not kept in hospital longer than they needed to. We have worked hard to ensure our delayed discharge figures remain as low as possible, but this has become more difficult over this year due to the number of those with very high complex needs.

Following our 2020 inspection of Adult Support and Protection, we established a Lived Experience Forum two years ago, to improve advocacy access and gather service feedback. Supported by our independent advocacy service, the forum has developed a 'Best Practice' document, created visual materials, worked on a peer support video, consulted on Learning Review guidance, and participated in academic research by Kate Fennell of Napier University on the voice of the adult in Case Conferences.

From an Oversight and Review perspective, we deliver better outcomes by gaining insights into provider strengths, weaknesses, and service delivery risks. Facilitating provider forums for care home and care at home services has improved relationships and collaborations, leading to quicker issue resolution. These forums also enhance provider and market intelligence sharing, enabling more effective contingency planning.

On an individual level there is more significant and current data available in respect of number of reviews undertaken and outcomes achieved that can be taken with confidence into other discussions about the impact of our social work activity for example, do 6-week reviews show individual's need for step-up/step-down or has care been set at the required level. The graph below demonstrates the responsiveness of our option provider to closure of packages, new packages and step up and step down.

Graph: SDS Option 3 provision from Granite Care Consortium



Winter pressures and the demands that were placed on the workforce in terms of crisis management were challenging. Staff have worked hard to prevent individuals being admitted to hospital, support timely discharges, and keep people safe in the community. Examples of this include adult social work reinstating daily huddles to allow for real time planning and crisis response via

exchange of information.

There are still evident pressures and challenges with respect to the sustainability and resilience of our local care provision, primarily due to staffing and recruitment difficulties. There have been examples of providers leaving the area which then leads to additional demands being placed on the remaining providers. The ability to maintain flow out of hospital for those with complex mental health support needs is also impacted by gaps in resources to meet their needs in the community.

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

Work has been undertaken by ACHSCP and ACC during 2023/24 to develop an Independent Living and Specialist Housing Provision Market Provision Statement for Aberdeen City. This aims to provide information to the market on our current and future needs to support development in the sector.

No Recourse to Public Funds (NRPF)

We have seen an increase in those presenting with NRPF. Single adults and families require support in circumstances where they are not able to access public funds they often present to social work to avoid destitution. This support can last for extended periods. We are also seeing community court disposals being used for those who have NRPF. This results in social work having to provide financial support for the duration of the court order. There is evidence that different local authorities respond to this need in different ways. We are therefore seeking to refresh our local guidance to ensure a consistent and proportionate response.

Improvement activities

We recognise we need to do things differently by having a stronger preventative emphasis and supporting earlier interventions as well as putting in place alternatives such as self-management, technology enabled care, extended family support networks etc. Our improvement and innovation projects show how committed we are to finding appropriate and effective solutions to these challenges. We are keen to be recognised as an innovative and high-performing social work service that consistently delivers better experiences and outcomes for individuals and their families.

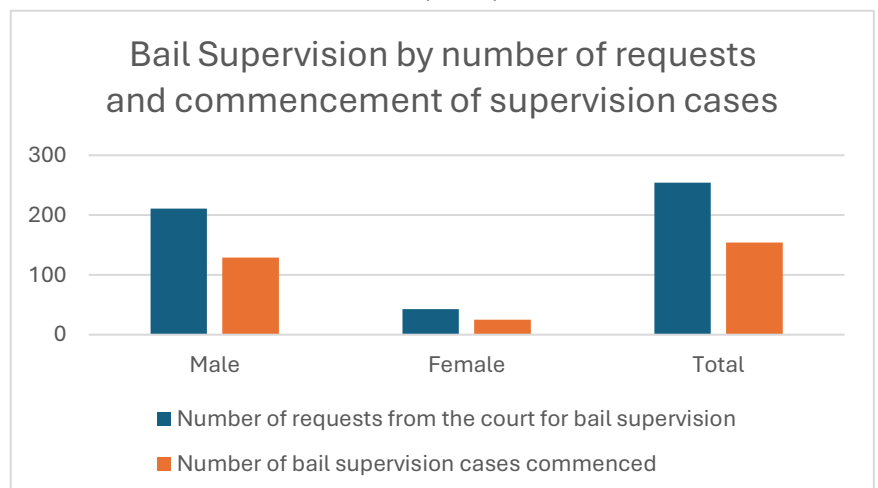
Our portfolio of improvement initiatives and activities in the past year includes:

- Continued promotion of the ‘Home First’ model where possible, ensuring patients are discharged home or to an interim placement as soon appropriate to do so.
- New Corporate Appointee-ship Practice Document to enhance financial practice by social work staff.
- New Adults with Incapacity channel and procedures documents.
- Increased Rehabilitation and Enablement Options – our Bon Accord Care Interim Care at Home service is an enablement-focussed project providing an effective alternative to bed-based rehabilitation, getting the individual back to their home, helping reduce the amount of care they will require.
- Initial Point of Contact project looking to streamline points of referral into community services (including Social Work) to improve client experience and maximise staff capacity.
- Implementation of the Mental Health Modernisation plan aligning Mental Health Social workers and Mental Health Officers to localities.

JUSTICE SOCIAL WORK

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

The Delivery Plan is currently being reviewed, with the new Plan expected to be in place for 2025-2029, in line with the Health and Social Care Partnership Strategic Plan timescales.



Delivery of statutory supervision was a huge challenge during the pandemic. Following a backlog of cases coming to Court in 2022/23, we are now seeing a return to pre Covid caseloads. There continues to be an increase in Diversion, Bail Assessments and Bail Supervision, as well as an increase in Supervised Release Orders. All of which means an increased level of demand for the service.

The continued increase in Diversion from Prosecution is very positive, as it enables individuals who have committed offences and have significant underlying needs to be diverted into support and ideally, out of Court involvement and further offending at an early stage. It is very noticeable that Diversion cases are becoming increasingly complex and, due to concerns regarding some of these cases which attracted media attention, this issue is being addressed nationally by the Social Work Scotland Justice Standing Committee. The number of Structured Deferred sentences (including those imposed in the Problem-Solving Court) are now also increasing. Structured Deferred Sentences are similarly intended to be a lower level, albeit intensive, alternative to custody.

'Unpaid Work' is requested by the public and often involves ground maintenance of local parks and, more recently, the development and maintenance of smaller community gardens and sustainable food allotments. Referrals are also received from schools, nurseries, youth clubs etc, to help produce equipment, renovating flats for refugee families. We have restarted (since the pandemic) our shopping bus to support some of our elderly and vulnerable city residents.

Currently the service is offering approximately 255 allocated outdoor placements a week. In addition to that, 50 full day and 30 half day placements per week are offered at our Indoor Light Seated Duties Workshops, including Adult Learning and Women Only sessions, totalling approximately 335 allocated placements a week. Individual placements are also available in charity shops, community centres, churches etc. The number of individual placements has however decreased considerably due to changes in insurance cover and health and safety for some previous providers.

In the fiscal year 2023 / 2024 we received a total of 52 requests for service from the public – 37 requesting removals. 9 related to paint jobs and 6 related to ground maintenance.

The prison population has reached crisis levels during this year as a result of longer remands, longer sentences and recalled prisoners. This results in the increased use of Supervised Bail and/ or Electronic Monitoring as appropriate alternatives to remand. We are required to screen and assess suitability of all those for whom bail is opposed, which is labour intensive as only 60% of assessments result in Bail Supervision. Consequently, the pre-disposal team workload has increased, and we now have a Senior Support Worker, and two Support Workers based in the Court specifically to assess for and manage Supervised Bail Orders. There is evidence that the use of Bail Supervision, while not reducing the number of Aberdeen prisoners, is preventing an increase in those held on remand.

Domestic abuse permeates much of our work. Caledonian assessments and resulting orders are now above pre-pandemic levels. 138 Caledonian assessments were undertaken for suitability of the programme. 41 Caledonian Programme requirements were imposed as part of Community Payback Orders, and we had an average of 90 men undertaking the programme during the year. This is an increase from an average of 80 the previous year meaning just over 10% increase. The service completes Caledonian assessments for most cases of domestic offending and victims are referred to the Caledonian Women's Service for support from a Women's Worker. We are exploring the possibility of developing and piloting a lower-level Domestic Abuse programme.

We continue to provide the Moving Forward Making Changes (MFMC) programme for sex offenders which involves a 3-year CPO Programme Requirement. This programme is currently transitioning to the 'Moving Forward 2 Change' Programme with training being rolled out. 87 assessments were undertaken for the programme, 18 were imposed, 34 had the 'Aberdeen Sex Offender Programme' imposed as an alternative, and 35 had no requirement imposed as a result of the assessment. On

average we have between 30 and 35 people on the MFMC programme at any time due to it being a three-year programme and people joining and leaving the programme throughout the year.

The majority of lower level/non-contact sexual offending will not meet the criteria for the MFMC programme and, where this is the case, the lower level/shorter programme, the 'Aberdeen Sex Offender Programme' will be proposed to the Court.

Justice Social Work continue to work in close collaboration with the Multi-agency Public Protection Arrangements (MAPPA) Co-ordination Unit and with our partner agencies such as Health, Housing, Police Scotland, Scottish Prison Service, Care Management and Children's Services. The revised guidance implemented in May 2022 has been incorporated into practice resulting in clearer processes and co-ordination of multi-agency services being taken forward. Thus, ensuring that access to appropriate housing and primary care services are in place when prisoners are released.

Throughout the year 2023/24, Justice Social Work reported 10 initial notifications of potentially serious incidents between MAPPA and the Care Inspectorate with none of those reported proceeding to a Serious Case or Learning Review which indicates the ongoing appropriateness of our interventions and balancing statutory obligations, public protection and the needs and rights of those we work with.

The Alcohol & Drugs Partnership /Justice Social Work (ADP/JSW) Development Worker has continued to work closely with the commissioned Assertive Outreach service to support individuals who leave prison, and to reduce the risk of drug related deaths. This colleague has also been involved in the collation of information and representation of JSW on the Drug Related Death reviews forum, SURGE and facilitated substance misuse training for JSW staff, regular and mandatory Naloxone training for staff, service users and across other services where appropriate.

The JSW service was involved in the pilot of the new Court Report template for shorter and more concise reports which has now been rolled out nationally. Aberdeen JSW now has a Senior Social Worker participating in the working group with the Scottish Government to review the National Guidance for Community Payback Orders.

Challenges

Last year we reported on the difficulties for the Justice workforce due to post-pandemic related backlogs and managing the increasing demand for services. Staff were tired and this was further compounded by the national risk management tool (LS/CMI) being off-line and paper based for 18 months. There were also challenges implementing a new data recording system. As reported earlier, whilst the use of D365 has greatly improved, with support from a dedicated product owner, it remains a challenge to practitioners and managers.

New Bail Supervision legislation has resulted in a very significant increase in workload for the Pre-Disposal Team and more widely across the JSW service which we are still coming to terms with. Release from custody via virtual Courts, whilst a good innovation, presents some difficulties for those on whom CPOs are imposed in respect of meeting with, engaging and inducting individuals being released from establishments across the country.

Numbers of Unpaid Work Requirements have now surpassed pre-pandemic levels. The service is already having to cope with changes in premises, problems with the vehicle fleet, difficulties in recruiting Task Supervisors, reduced availability of individual placements, and an increasing number of clients who can only undertake indoor or seated tasks. Increasing workload is yet another challenge.

4. Resources

Aberdeen is the third largest city in Scotland with an estimated population of circa 230K. It is, per head of population, the second lowest funded council in Scotland. The significant downturn in the oil industry

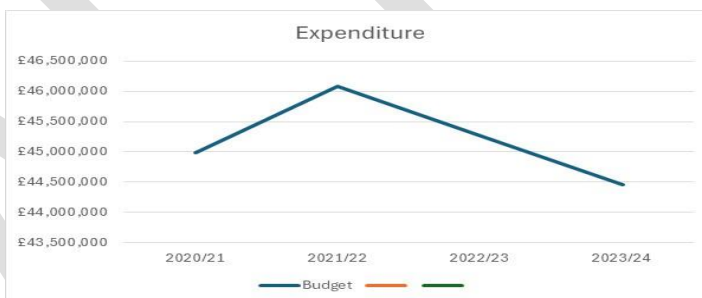
as well as the impact of austerity and the cost of living crisis has significantly impacted on the economic wellbeing of the city.

In recent years, the City's population has increased. As a result of world events, Aberdeen City has welcomed significant numbers of displaced persons from war affected countries. Aberdeen being a city with two universities, our population has been impacted by a high volume of international families coming to the city to study. Since 2019 there has been a 14% increase in the school roll. This change has unsurprisingly seen an increase in the demand for social work intervention.

As a result of high inflation, increases to employee salaries and commissioned services as well as increasing demand, all aspect of the Council and HSCP budgets continue to experience unrelenting pressure. The Council's medium term financial plan shows these pressures are likely to persist, impacting our ability to meet the needs of service users. We also recognise the continuing impact of the COVID pandemic - increased family fragility, poor mental health, delays in the Court system, and pressures on the health system, are all continuing to directly impact on social work services.

Given this context, it is crucial that new national policies and legislative duties receive full funding. In order to fulfil its statutory duty to deliver a balanced budget, all Council Services in 2023/24 were required to identify savings across head count, contracts and assets.

We continue to acknowledging the interconnected nature of social work. Most children come to the attention of social work due to care and protection issues arising from difficulties in their parents' lives. This reinforces our continuing efforts to explore opportunities to integrate planning and delivery of services that support the whole family. This concept will be core to our developing Family Support Model. The graph shows changes to the Children's Social Work budget over the past four years.



2023/24 - Gross expenditure on Adult & Justice Social Work was £184.5m

Critical Service Pressures

The welcome progress in medical treatments and medication has resulted in individuals living longer with more complex needs. This complexity necessitates higher levels of care and support, which require greater resource. Service providers are also facing heightened expectations from clients, driving performance metrics such as waiting times. The ongoing cost-of-living crisis in 2023/24 has highlighted the link between poverty and the demand for social work intervention. Those accessing money advice services and emergency food provisions report daily survival struggles and the detrimental impact on their confidence and mental wellbeing.

Having enough practitioners in all service areas to undertake statutory social work tasks is essential. It is crucial to focus on person-centred interventions to keep children and vulnerable adults safe at home for as long as possible.

Our [Children's Services Strategic Plan 2023-26](#) reinforces the continuing need to ensure families have access to early and preventative support that mitigates the need for social work intervention. Building a strong Family Support Model is a multi-agency responsibility. The varied funding for Tier 2 family support services brings both challenges and opportunities. Families have told us they want to more easily access early and preventative support without relying on professionals. These principles will be at the core of our developing Family Support Model.

Our Children's Services Strategic Plan is closely aligned with the HSCP's Strategic Plan. As a partnership, we have made significant efforts to align various strategic documents including the Local Outcome Improvement Plan, Child Poverty Plan, Carers Plan, and Corporate Parenting Plan. This endeavour enhances our strategic coherence and optimises our resources to achieve crucial shared priorities.

As a service we are committed to supporting children to remain within their family, where it is safe to do so, without the need for compulsory measures. However, to do this on a sustained basis can often require significant and sustained multi-agency resource to scaffold around families. As a consequence of these efforts our care population has reduced by circa 15% over recent years. This reduction is welcomed but we strive for it to reduce further. There has been a noted reduction in our foster care population and those looked after at home. As we continue to enhance support for children to remain within their family network, we have seen an increase in children placed in a kinship arrangement as well as a marginal increase to those in residential care. Given the average cost of a specialist residential placement is circa £300k per child annually, any increase has a significant budgetary impact.

The single biggest cost pressure for Children's Social Work continues to be the cost of specialist care for children who have experienced significant harm and abuse. The national shortage of foster carers is a challenge. We are working hard to build our internal fostering capacity. The cost of specialist residential care has increased well beyond Council budgets. This contributed to an overspend of circa £2.5m in the year 2023/24. Internal Audit identified that there was robust governance to the decision making and review of placing children in specialist residential care.

While the level of protection afforded by the Scottish Government to the funding of adult social work services is welcomed, there are recognised and significant cost pressures within the system as a result of service demand and inflationary pressures. The primary areas of budget pressure relate to the growing demand and complexity of demand to support older adults, as well as those with adults with complex mental health needs and with complex learning disabilities. Work is progressing at pace to develop local community housing options that will enable several adults living out of the authority to return to be near family members and their local community whilst also mitigating budget pressures.

Use of Technology

Recognising that budgets will remain challenged, the use of technology has to be part of planning to do more with less. This report references examples of this already in place – Technology Enabled Care; Mind of My Own apps are already positively contributing to service delivery.

In October 2022, in partnership with Microsoft, Aberdeen City Council launched 'D365' - its own data system across social work. This system was designed by social workers for social workers. It utilises the existing suite of Microsoft tools but has added functionality and capacity to support real time data reporting. The system has an iterative development programme directly informed by the experiences of those who use it. This flexibility ensures the system can respond at pace to legislative and policy change.

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

Our partnership with Microsoft will continue to allow us to explore evolving opportunities. Currently we are exploring how the use of Microsoft's digital tool co-pilot can support us to reduce the administrative burdens faced by frontline practitioners.

Charging policy

Within Adult Social Work application of charging policy for chargeable services is an important means of generating income. This year we have carried out a review of how our charging policy works, which identified instances where charges were not applied when they should have been, e.g. Housing support services and meals provision. We have worked with finance colleagues, social work staff and clients to understand the reasons for this and the changes needed to ensure that charging policy is always applied in a fair and consistent manner. This will inform a revised charging policy and contribute to ongoing sustainability of care provision in 2024/25 and beyond.

5. Workforce

The Setting the Bar Report (2019), and its sister report 'Taking the Wheel' (2022) whilst welcomed, brought no surprises emphasising that effective social work provision is going to need an increase in social workers who are suitably skilled and trained to undertake the complex roles that they fill. We are aware of the increasing pressures on social work staff, as they strive to offer high quality service to our most vulnerable groups of children and adults. This recognition has prompted us to further explore with our People and Organisation colleagues how to build increasing psychological resilience in a workforce who are at risk of vicarious trauma on a day-to-day basis.

I held a number of engagement sessions with the workforce in March 2024, coinciding with World Social Work Day. Practitioners told me of the emotional toll the work took on them. This was not said in a manner that was bemoaning, but reflective of the internal conflict they felt, undertaking a role they were proud of, but not always feeling they had the time to fully meet their client's needs. Some workers cite this issue as being a reason they have changed careers due to burnout/work stress. Aberdeen sits marginally higher than the national data which illustrates one in four social workers do not make it to 6 years in the profession, with a high percentage of newly qualified workers only remaining with us for between 1 and 4 years. We will work hard to ensure that our NQSW programme is meeting the needs of early years social workers, who we would wish to nurture at this crucial phase of their career.

Efforts to support and develop the workforce include creating a climate and culture conducive to social work values, which helps preserve and protect the workforce. Enabling a culture that encourages the agency of social workers, to learn from our mistakes and willing to take risks. To promote a relational approach to our practice, ensuring we give authentic effect to listening to the voice and views of our service users are important expectations we ask of all our staff.

Recruitment and retention in social work, particularly in some areas of Adult Social Work and across Children's Social Work present significant challenges. We want to continue to develop our 'grow our own' approaches to recruitment and to succession planning, providing opportunities for non-social work qualified staff to undertake professional learning to obtain a social work degree as well as supporting staff interested and able to take on "acting up" duties.

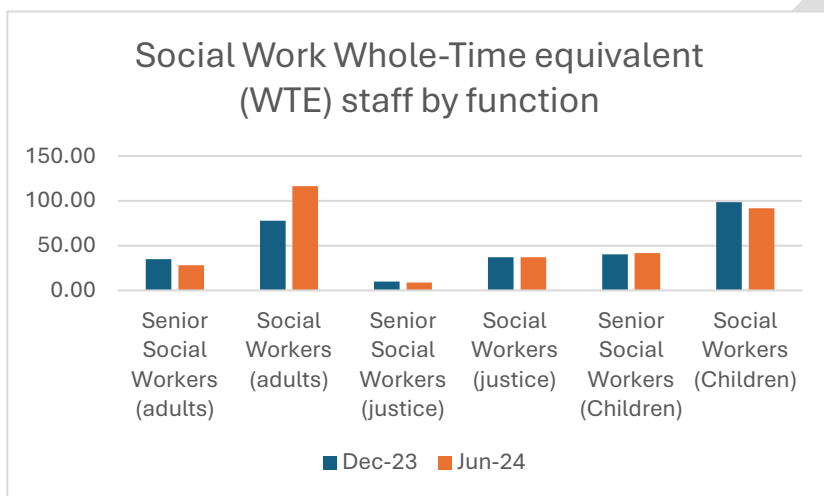
In April 2024, our [Equality, Diversity & Inclusion policy](#), was refreshed to reflect changes in legislation and the expectations of our citizens. As a significant public sector employer in our city, we want to lead the way in our commitment to diversity and inclusion. While the majority of our workforce identify their ethnicity as 'white-Scottish', the next highest category being 'white – other British' our data also tells us there is a growing diversity to our workforce. This data largely mirrors the ethnicity of those we work with.

We recognise the benefits of this greater diversity across our workforce as it enriches and enhances service delivery. We are clear that social workers who share cultural backgrounds with their clients can better understand and address specific challenges, fostering trust and effective communication as well as creating a more inclusive and supportive environment for those we serve to protect. We are conscious of national reports reflecting on the racism challenges that minority ethnic social workers continue to experience at work, and are committed as a service to ensuring that everyone is included, empowered, and treated with respect. Our [Diversity in Recruitment](#) report will be taken to the appropriate Council committee for approval in the early part of 2024/25.

Professional Learning & Development

In November 2022 the IJB approved the HSCP Workforce Plan 2022 – 2025 - Aberdeen with its key priorities for recruitment and retention, mental health and wellbeing, and growth and development opportunities. We recognise the need to ensure the needs of our social work workforce are aligned to this plan, and that the voice, experience and needs of social workers are considered in wider HSCP workforce discussions.

The above priorities are similarly reflected in the Children’s SW Workforce Plan which will be formally approved in 2024. We continue to celebrate the achievements of our staff both externally through further development as Mental Health Officers, Practice Teachers and the MSc in Residential Childcare. Internally through ceremonies like the Star Awards where we have seen social work staff winning awards including for Inspirational Leadership and whole system transformation activities.



All areas of social work continue to experience high demands. For this reason, recruitment and retention of our workforce continues to present challenges.

Moving more experienced social workers to areas that are harder to recruit to is not deemed to be feasible as ultimately it results in leaving another area with need. Social work vacancies are often attracting NQSW, and we recognise the first 2 years in these posts are a steep learning curve.

Our priority is to ensure our NQSW’s are afforded the necessary support and mentoring whilst they put knowledge into practice and build up their skills. Doing so is essential if we are to keep them in this demanding area of work beyond these early years of qualified practice. Success in doing also needs to ensure their learning is paced appropriately, with a focus on supervision (formal & informal), learning and development and peer support. As reported, if our staff remain with us over those challenging initial years many remain with us for much of their career. With most of our workforce being female and many also becoming parents, maternity leave and requests for flexible working are commonplace and require sufficient staff to ensure services continue to be safe and effective.

That said, our recruitment and retention work continues to pay dividends with our vacancy factor having slightly reduced across fieldwork services over the past 2 years. Whereas some areas previously required to rely heavily on the additional skill base and experience brought about by agency social work staff, we have made considerable improvement to reduce this reliance. This shift is part of a broader strategy to create a more stable and consistent workforce, which is essential for building trusting relationships with service users. This was not only a budget driven change but one influenced by our service users and their families, who told us frequent changes in worker was detrimental and unhelpful in planning their care and support.

We recognise the interconnectedness of our Social Work staffing challenges with those of our health, independent and third sector partners we engaged in a broader HSCP job fayre in November 2023. The event included “How to” sessions to encourage awareness of completing applications, including hints and tips for applications and interviews. These events were held every hour and fully booked throughout the day. There were over 260 attendees at the fayre and 100 direct applications made to organisations on the day.

To promote career opportunities, we continue to host an open day for final year students studying at Robert Gordons University. Practitioners from across the service, including early career social workers, are available to share their experiences of working in social work. We are clear these events continue to support recruitment activities and dispel continually held myths of working in a statutory social work setting.

As welcome as these developments have been, we are mindful that many colleagues continue to hold large caseloads with an increasing complexity of need. They also have significant statutory obligations that require appropriate decisions and effective interventions, to ensure that needs are met, and associated risks are reduced. We support staff with their wellbeing in different ways including:

- flexible working opportunities to support staff wellbeing, while ensuring service delivery
- service and team wellbeing events
- signposting to psychological resilience supports.
- refresh of our Staff Supervision Policy
- counselling support to staff who have experienced particularly traumatic events
- continuing to give effect to the “Roadmap for Creating Trauma-Informed and responsive change” and adopting trauma-informed and staff wellbeing supports.

The HSCP and CSW workforce development plans emphasise the importance of quality professional supervision, learning and development opportunities, and peer support. Frontline practitioners directly contributed to refreshing the supervision policies for children’s and adult services. Subsequently this was highlighted as a Case Study available via [this link](#) on the Improvement Service website.

Feedback from adult social work staff in January/February 2024 was highly positive.

82% of those who responded indicated that they had looked at the policy:

- 89% had used the revised Supervision Template.
- 33% of those who responded indicated that they felt it had improved their experience of supervision. 66% felt it had no impact, however comments indicating their experience of supervision were already positive.

“I like the new template as it provides structure for supervision and focuses on wellbeing rather than just cases.”

“Supervision has been effective before and after [the launch of the refreshed policy].”

“[Supervision] feels more holistic.”

The weekly online staff Forum for all adult Social Work staff, together with the weekly staff bulletin, continues to be a real strength. It provides an opportunity for directed learning as well as creating a culture of peer support and advice. The success of this has been evident through positive feedback from staff.

Across all social work domains over the past year, there has been a continuing focus on staff wellbeing. This has included:

- Utilising Scottish Government Adult social work funding to develop a partnership with our local college to offer access to appropriate training courses, e.g., pre-MHO development training, well-being treatments.
- Facilitate access to yoga for staff to take a break for their role during the workday.
- Journalling workshops
- Enabling staff to self-identify wellbeing activities to support their wellbeing.
- Council led wellbeing events and opportunities.

We have a well-established multi agency child and adult protection learning and development (L&D) programme. The programme is consistently quality assured which helps to measure the impact training has had on practitioners’ confidence and capabilities in supporting and improving outcomes.

Efforts to improve our learning and development offerings across children's social work services have persisted throughout 2023/24. These efforts include providing L&D opportunities for all staff, facilitating and supporting student placements, establishing a comprehensive learning programme for Newly Qualified Social Workers (NQSW), and spearheading improvements in whole service induction, supervision, and implementing the NQSW Supported Year.

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

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

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

At the beginning of 2023 the Adult Support and Protection Team set up a multi-agency Practitioner Forum to support practitioners working with people at risk of harm from self-neglect and hoarding. A range of professionals attend this forum and an in-person workshop, involving approximately 25 members was in September 2023. The aim of this was to consider our 'pathways' for support around this complex area. The output from this workshop significantly informed a refresh of our Aberdeen City Self Neglect & Hoarding Guidance which is due to be considered by the Adult Protection Committee in April 2024. Evaluation feedback following the workshop evidenced it had been well received, and that specific learning had been taken away by practitioners.

Teams across adult social work have collaborated to develop a programme of Induction and Core Skill training and this is available to new and existing team members. The training incorporates a number of key areas including finances, trauma informed practice, TEC, supporting carers in addition to specific content on each individual service area. It is hoped this will have a positive impact in terms of core learning for all staff and improve staff retention as all team members will have a basic understanding of the functions of each service area.

We are consistently ensuring the addition of new Mental Health officers with four completing the PG Cert with Robert Gordon University in 2023/24 and three further trainees identified for 2024/25. This additional capacity will mitigate the widening MHO shortage that we foresee over the coming years.

6. Looking ahead

The policy and legislative landscape as it relates to social work is a fast changing one. This brings opportunity and challenge in equal measure. Opportunity to develop and evolve practice to support delivery of improved outcomes for those we support. However, the capacity of the workforce to absorb the pace of change and deliver on the policy changes, in addition to the resource pressures, is a real and significant challenge. As I look ahead this reality is likely to persist:

A. National Care Service

The Scottish Governments intention to establish a National Care Service is potentially the most significant change to directly impact on social work for many years. Whilst a National Care Service has the potential to offer new opportunities, it will also bring a significant upheaval for the social work and social care landscape.

The findings of the Independent Reviews commissioned by the Scottish Government perhaps unsurprisingly don't provide clarity on the way ahead. The Reviews reinforce it is the capacity of local leaders that is key to delivering system cohesion and improved outcomes as opposed to structural arrangements. Aberdeen City established a multi-agency National Care Service (NCS) Board in 2022. The NCS Board will continue to engage with the development of the NCS, associated legislation, and policy development to help influence the final shape in a manner that supports the delivery of better outcomes for Aberdeen's citizens. It will also work to ensure that the transition to an agreed NCS is done in as considered a manner as possible.

As CSWO I welcomed the opportunity afforded to practitioners to contribute to the Independent Reviews and the workshops held in relation to establishing a National Social Work Agency. I know they did so honestly and with thought. The continuing uncertainty as to the final shape of a NCS is creating uncertainty and confusion for the workforce. This lack of clarity is unhelpful.

B. Workforce

I have unstinting respect for the commitment and dedication social work practitioners demonstrate on a daily basis support to our most vulnerable citizens despite significant and sustained operational challenges. I do not take their efforts for granted.

The volume and complexity of the work as well as the emotional toll impacts on the resilience of the workforce. The risk of burnout is high. Managers and leaders work hard to mitigate the effects of these through high quality professional supervision as well as other measures to support wellbeing. While this has mitigated some risks, the length of a social work career for some is worryingly short.

Critical vacancies continue to be experienced particularly in Learning Disability, Children's Fieldwork, Residential Services and Mental Health services. I share the aspiration of the proposed National Social Work Agency (NSWA) to promote the role of social work and consider what kind of social work service we want for Scotland going forward.

We welcome the intention to develop an Advanced Social Work Practice Framework. This will hopefully ensure greater access to high quality learning and development opportunities for practitioners. In turn this will hopefully contribute to retaining social workers in the profession and to ensure we have a pipeline of future social work leaders.

The major pipeline for staff to join the social work profession comes from Robert Gordon's University (RGU). There has seen a noticeable reduction in applications to undertake the Social Work degree courses in the current year. Additionally, financial pressures have seen a restructuring at RGU this has seen a dilution of profile of the social work school. This presents a concern for future recruitment opportunities reinforcing our efforts to "grow our own".

C. Social Care resilience

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

A number of care contracts have been under review in 2023/24 including supported living, care at home and our contract with our arm's length organisation (ALEO) Bon Accord Care. All new contracts are being developed with consideration of ethical commissioning, TEC and GIRFE principles in mind. We are working collaboratively with providers, our workforce and service users to focus on sustainability and resilience in the sector.

We continue to respond proactively to the system challenges of hospital discharge delays. The Scottish Government continues to place a strong focus on this area due to the potential for negative impacts on patients who experience unnecessary delays in hospital. Any noticeable changes in delayed discharge numbers, both positive and negative, are heavily scrutinised for the purpose of gleaning learning to understand and support practice across Scotland.

We remain mindful of overly focusing on one area at the expense of other equally important areas that don't demand the same level of Government scrutiny. Working through this over the forthcoming Winter and beyond will continue to challenge.

D. Legislative & Policy Landscape

The current policy and legislative context in which social work operates is fast changing with increasing complexities for the workforce to navigate. The pace of change is daunting for social work professionals. As leaders we need to ensure that our support to them responds with equal pace. For a range of reasons including reduced funding, resource capacity and policy clarity this is not always possible to the extent we would want.

The Independent Care Review, [The Promise](#), and the Adult Social Care Review acknowledged the complexity of the social work task, and the challenges faced by staff delivering services to vulnerable individuals and families.

The incorporation into Scots Law of the UNCRC is welcomed as is the proposed Human Rights Bill. Enabling vulnerable children and adults to fully claim the rights they are entitled is central to social work values. (*"Human rights and social justice serve as the motivation and justification for social work action. In solidarity with those who are disadvantaged, the profession strives to alleviate poverty and to work with vulnerable and oppressed people in order to promote social inclusion."* (BASW Code of Ethics)) The implications for social work of this legislative policy agenda are still to be determined. Similarly, while we welcome Children's (Care and Justice) Bill, clarity on the Bill and the funding that is required to delivery this is uncertain.

I note the intention to establish a National Public Protection Leadership Group in 2024. Bringing an enhanced level of multi-agency leadership to the public protection landscape is welcomed. Reflective of social work activity the public protection policy agenda is by its nature is cross cutting and reflects we need to see public protection through the lens of the whole family. Moving from a siloed policy approach to one which is more coherent and integrated is welcomed.

E. Financial Constraints

The increasing complexity of service demand alongside increasing budget pressures are likely to escalate in the coming year(s). This is compounded by the cost-of-living crisis and the impact of poverty. The fiscal pressures on Local Authorities and Health and Social Care Partnerships are unrelenting. Reflecting the cross sectoral needs of individuals and families reinforces the importance of closer collaboration/integration across social work services.

Work at a local level continues at pace to develop early and preventative support to children, young people, vulnerable adults and families that mitigates the need for social work intervention. Unsurprisingly, these have yet to evidence the full intended impact. Demand continues to outstrip the capacity of social work services. Inevitably this causes frustration for families which can lead to complaints. It also causes frustration to the workforce and an internal conflict with their professional values.

Given the fiscal pressures on social work will continue over the coming years, it is essential we retain a clear focus on our strategic priorities. Ensuring we to listen to our children, young people, families and vulnerable adults will continue to ensure we develop and design our

services according to their needs. It will also ensure individuals and families are able to access support in a manner that feels more integrated and relevant to their needs.

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

Graeme Simpson
CSWO/Chief Officer Children and Family Services
October 2024

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INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	Draft ACHSCP Strategic Plan 2025-2029
Report Number	HSCP.24.085
Lead Officer	Fiona Mitchelhill, Chief Officer
Report Author Details	Alison MacLeod Strategy and Transformation Lead ACHSCP AliMacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A – ACHSCP Strategic Plan 2025-2029 Evidence Document B - DRAFT ACHSCP Strategic Plan 2025-2029 C - ACHSCP Strategic Plan 2025-2029 Consultation Plan
Terms of Reference	8 - The approval or amendment of the Strategic Plan and on-going monitoring of its delivery through the Annual Performance Report

1. Purpose of the Report

- 1.1. The purpose of this report is to present to the Integration Joint Board (IJB) the first draft of the ACHSCP Strategic Plan 2025-2029 for approval to go out for public consultation.

2. Recommendations

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



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- a) Approves the draft ACHSCP Strategic Plan 2025-2029, the Evidence Document, and the Consultation Plan.
- b) Instructs the Chief Officer to consult with the public on this draft commencing immediately after approval and ending on 12th February 2025 (in time for report preparation for the IJB meeting on 18th March 2025).
- c) Instructs the Chief Officer to update the draft Strategic Plan with feedback and comments received from the consultation process and present the proposed final version to the IJB meeting on 18 March 2025 for approval.
- d) Notes that the Integrated Impact Assessment (IIA) is underway, is being informed by engagement and consultation, and will be presented along with the final Strategic Plan.

3. Strategic Plan Context

- 3.1. Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan. Our previous Strategic Plans have had a lifespan of a period of three years. The current ACHSCP Strategic Plan will conclude in March 2025 when it is proposed that the ACHSCP Strategic Plan 2025-2029 will begin. It is proposed that the lifespan of this Strategic Plan will be for a period of four years. This is to enable us to align with the proposed refresh periods of our partner plans, particularly the Local Outcome Improvement Plan (LOIP) and the Children's Services Plan. It also aligns with the current proposed implementation date of the National Care Service.

4. Summary of Key Information

- 4.1. Work on the ACHSCP Strategic Plan 2025-2029 began in February 2024 with raising awareness at a commissioned providers event and at the staff conference. In March and April 2024 the timeline and approach to refreshing the Strategic Plan were agreed by the Senior Leadership Team (SLT).
- 4.2. A number of other relevant and aligned consultations had either already taken place, or took place, during the development period for the Strategic Plan and the output from these were used to inform our thinking. These include the Carers Survey, Aberdeen City Voice 49th Survey Report – People Edition, the refresh of both the Locality Plans and the Local Outcome Improvement Plan (LOIP), and the General Practice Vision 2024-



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30. Using this output helped to avoid duplication and consultation/engagement fatigue and also enabled us to streamline our engagement approach.

4.3. In June 2024 three key sessions took place regarding the Strategic Plan; an insights session with IJB, a development session with SLT, and the Strategic Planning Group (SPG) meeting where members of the Locality Empowerment Groups (LEGs) are represented. These sessions focussed on the timeline and approach, an overview of the strategic context, and a review of our current aims, values, and priorities. The impact of the current financial climate was also explored. Feedback received from those sessions identified there should be a greater focus on:

- reducing stigma and inequality
- more Grampian wide collaboration with our partners
- being realistic and reflective of our financial position
- making best use of digital assets and innovation
- future planning, transforming services to make them sustainable

4.4. In July and August 2024 we provided opportunities for staff to engage with the development of the plan through partnership wide staff drop-in sessions where similar feedback was received.

4.5. Attached to this report at Appendix A is what we have called our Evidence Document. This is a detailed analysis of the national and local context for health and social care delivery; our statutory responsibilities; our links with our partners, not only in Aberdeen City but also across Grampian; our current performance; a horizon scan of emerging requirements; and feedback from engagement with staff and the public to date about what they would like to see represented in our strategic plan. This helped to crystallise what was important to include in the plan.

4.6. In September 2024, taking onboard all the feedback from the engagement work to date, the initial framework for the draft Strategic Plan 2025-2029 was developed and presented to the IJB insights session and to the SLT 'Critical Thinking' session. This identified our vision and four key aims along with the outcomes we hope to achieve:

Vision - 'Empower communities to achieve fulfilling and healthy lives'

4.7. Our **values** represent what is important to us and we have amended these slightly by removing the value of 'Transparency'. This does not mean we will not be transparent in everything that we do but the definition of honesty



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is 'truthful and hiding nothing' which articulates our intention. Our revised proposed values are therefore - Honesty, Empathy, Respect, and Equity the first letters of which create the acronym HERE, leading us to be able to say that Aberdeen city Integration Joint Board is HERE for the people of Aberdeen City.

- 4.8. Following a significant amount of work to understand the work we required to do along with what outcomes we wanted achieve through undertaking this work we identified four Strategic Aims and four Strategic Outcomes: -

Strategic Aims

- shift our focus towards Prevention and Early Intervention
- transform the way we approach service delivery
- improve equity of access to care and support
- collaborate with our communities and partners

Strategic Outcomes

- improve future population health and Healthy Life Expectancy and reduce the predicted increase in demand for health and social care services
- achieve affordable and sustainable service delivery and improve outcomes for individuals
- enable those who are disadvantaged to achieve as fulfilling a life experience as possible
- ensure our service delivery meets local need and complements the work of our partners.

- 4.9. We have also identified six Enablers which will support delivery of the draft Strategic Plan. These are Finance, Workforce, Infrastructure, Digital Innovation and Technology, Relationships, and Data. We have expanded on what we mean by 'Technology' and we have now included Data which is crucial in supporting day-to-day service delivery and decision making.

- 4.10. During October 2024 work was undertaken to develop the priorities that sit below the Strategic Aims and to consider what activity might be undertaken to deliver these. This included a rough drafting of the required activities for the delivery of the Strategic Plan as we needed an idea of these before confirming that the draft Strategic Plan could be delivered or not, given that over the lifetime of the plan our resources are likely to reduce further. In an ideal world we would like to be able to deliver all of the transformation and changes that the Evidence Document indicates is needed, however, we have had to be realistic in terms of the commitments we can make. In addition, at this point, the draft Strategic Plan was considered by



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Aberdeen City Council's Strategy Board on 10 October 2024 and by the Grampian Planners group on 22 October 2024.

- 4.11.** As in previous years, delivery of the Strategic Plan will be supported by a Delivery Plan. The Delivery Plan will not be subject to the same level of public consultation as the draft Strategic Plan. The detail of this will be developed with the Senior Leadership Team and staff over the coming months and will be presented to IJB along with the proposed final Strategic Plan on 18 March 2025. Previous experience has taught us that we operate in an ever-changing environment. The Delivery Plan presented in March is unlikely to cover all the details of every activity planned over the four-year lifespan of the Strategic Plan. The first year will be detailed as that will correlate with the Medium-Term Financial Framework (MTFF) also due to be submitted to the March IJB meeting. Details for subsequent years will only be provided for activity where there is a degree of certainty. The Delivery Plan will be reviewed annually allowing for emerging or changing priorities to be incorporated. Subsequent updated versions of the Delivery Plan will be submitted for approval along with relevant MTFFs year on year.
- 4.12.** Also appended to this report is a Consultation Plan. This lists the engagement undertaken to date and also the plans for consultation going forward. It should be noted that we intend to run the consultation on the Strategic Plan in conjunction with planned consultation events on our 2025/26 proposed budget savings. This will enable us to reach more people than we might otherwise and again should avoid consultation fatigue.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

An Integrated Impact Assessment (IIA) is being undertaken alongside the development of the ACHSCP Strategic Plan 2025-2029 which is helping to inform our progress. The assessment incorporates our duties and responsibilities as set out in our [Assessing our Impact guidance](#). The IIA will remain ongoing whilst the plan is in development. The final IIA will be submitted to the IJB in March 2025 and will be published at the same time as the ACHSCP Strategic Plan 2025-2029.



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5.2. Financial

The ACHSCP Strategic Plan 2025-2029 will be delivered within the existing IJB budget as approved within the Medium-Term Financial Framework (MTFF). The next update for the MTFF is due to be presented to the IJB in March 2025.

5.3. Workforce

The ACHSCP Strategic Plan 2025-2029 will be delivered by the existing workforce. Workforce is an enabler within the plan and focus will be given to addressing workforce priorities: recruitment and retention, mental health and wellbeing, growth and development opportunities. The current workforce plan will be refreshed in 2025.

5.4. Legal

Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan. This report details the actions we are taking to ensure this obligation is met.

5.5. Unpaid Carers

The development and delivery of our Carers Strategy is focused on improving experiences of unpaid carers. The Carers Strategy action plan and annual reporting provided to the IJB represents our progress and commitments moving forward. The Carers Strategy 2023-2026 is a core element to the ACHSCP Strategic Plan 2025-2029 and recognises the support that unpaid carers provide and ensures they will continue to be fully involved in the planning and delivery of services designed to support them.

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.



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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

6.1. Identified risks(s)

Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan. There is a risk that if we do not make progress in developing a Strategic Plan for 2025-2029, we will not meet this obligation.

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

The development and delivery of the ACHSCP Strategic Plan 2025-2029 is linked to and impacted by all the risks currently on the Strategic Risk Register as referenced in the Strategic Plan Evidence Document.

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

By developing and publishing the ACHSCP Strategic Plan 2025-2029 in April 2025 we are meeting our legal obligation and providing a strategic basis for the collaborative work of the IJB over the four years from April 2025 to March 2029.

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Aberdeen City
Health & Social Care
Partnership

A caring partnership

Evidence Document to inform ACHSCP Strategic Plan 2025-29

October 2024



1. National Context

Below, in no particular order, are the key national strategic developments that shape our strategic planning and direction.

National Public Health Priorities

In June 2018 the Scottish Government and COSLA agreed six Public Health Priorities. The intention was that these priorities were shared across the whole of public health and that they facilitated collaborative working. Indeed, these have informed a number of other priorities and policies and are still relevant today.

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

Verity House Agreement

The Verity House Agreement is a partnership agreement between the Convention of Scottish Local Authorities (COSLA) and the Scottish Government setting out their vision for a more collaborative approach to delivering shared priorities for the people of Scotland. It was published on 30 June 2023 and forms the first part of the new deal between national and local government.

There are three shared priorities under the Verity House Agreement: -

- tackling poverty;
- just transition to net zero; and
- sustainable public services

National Vision

In June 2024, the Cabinet Secretary for Health and Social Care outlined their vision for health and social care - a Scotland where people live longer, healthier and fulfilling lives. This vision is supported by four key areas of work:

- improving population health,
- a focus on prevention and early intervention,
- providing quality services, and
- maximising access.

To deliver this vision the Scottish Government are focusing on four core priorities - eradicating child poverty; growing the economy; tackling the climate emergency; and improving Scotland's public services.

Population Health Framework for Scotland

To help realise the national vision, a Population Health Framework (PHF) is being developed which takes a cross-government and cross-sector approach to improve the key building blocks of health. It will be a joint Scottish Government and Convention of Scottish Local Authorities (COSLA) publication and is being developed in collaboration with key system wide partners, including NHS public health leaders.

In the summary report relating to developing the PHF and why it is needed, the authors state that good physical and mental health is a basic human right and that everyone should enjoy the benefits of good health, regardless of age, sex, religion, race or ethnicity, disability, sexual orientation, gender identity or migration status. This includes not only the right to health services, but to the wide range of factors that help achieve the best health. It is acknowledged that in Scotland, the persistence of health inequalities means that the right to health is not experienced equally by everyone.

According to the National Records of Scotland figures, after decades of improvement, Scotland's health is worsening. Over the past decade Scotland has seen a decline in life expectancy, meaning people are, on average, dying younger now than they were ten years ago. There is also a widening of health inequalities. People living in the most deprived areas experience poor health longer and die younger than people living in the least deprived areas. The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years. Health and wider societal inequalities, along with an ageing population, will see this increasing burden fall disproportionately on a smaller population of people within our society. An anticipated rise in a range of diseases including cancer, cardiovascular disease, diabetes and neurological conditions will inevitably place additional pressure on health and care services.

The report confirms that there are a breadth of factors that impact people's health and wellbeing and these go far beyond what the health and care system itself can deliver. These building blocks of health and wellbeing include good early years and education, fair work and income, access to healthy places and public services, and the ability to lead healthy lifestyles

The PHF will set out how the Scottish Government, COSLA, Local Government, the NHS and partners across business, third sector and communities, can increase the positive effects that the social and economic drivers of health have on population health, mitigate those areas that contribute to negative health outcomes and build a Scotland that positively supports health and wellbeing. This will be complemented by holistic actions which will aim to promote improved health and wellbeing, reduce health harming activities and support more equitable access to health and care. The PHF is an opportunity to build on the Public Health Priorities for Scotland agreed in 2018 (see below) given the experience of the pandemic. In addition, the PHF can be used to bring greater focus to how priorities are delivered, setting out what actions and approaches are needed nationally and locally to support change. Within the proposed PHF the four drivers of health and wellbeing are noted as:

- **Social & Economic Factors** e.g. income, early years, education, housing, transport, etc.
- **Places & Communities** e.g. the places that people live, access to key services, etc.
- **Healthy Living** e.g. smoking, alcohol consumption, diet, physical activity, etc.
- **Equitable Health and Care** e.g. equity, early intervention, health promotion and disease prevention help people to have good health, etc



4 Guiding principles are being proposed for the PHF: -



National Performance Framework

The Scottish Government's National Performance Framework (NPF) sets out a vision for collective wellbeing. The majority of the National Outcomes that underpin this are directly affected by the health of the population. Given current and forecasted population challenges, tacking action to improve population health is vital to achieving the National Outcomes. It should be noted that the National Outcomes are currently being reviewed. New outcomes in relation to Care, Climate Change, Wellbeing and Fairer Work, Equality and Human Rights, and Housing are being proposed along with the proposal to amend the 'Poverty' outcome to 'Reduce Poverty'. It is anticipated that the National Performance Indicators will also be reviewed once the new outcomes are agreed.

Finance and Performance

In July 2024, the Accounts Commission published a report on Integration Joint Boards Finance and Performance. In it they say that Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties and that the financial outlook for IJBs continues to weaken with indications of more challenging times ahead. Inflation, pay uplifts and Covid-19 legacy costs are making it difficult to sustain services at their current level. Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The projected funding gap for 2023/24 almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets. In addition, the report noted that IJBs operate within complex governance systems that can make planning and decision making difficult and that uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs has further contributed to this. It also noted that the health inequality gap is widening.

Furthermore, the report noted that data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. The available national indicators, however, showed a general decline in performance and outcomes.

In relation to current commissioning and procurement practices the report noted that these are driven largely by budgets, competition, and cost rather than outcomes for people. They are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements were seen to have been slow to progress but it was noted that this is developing. Some positive examples of where more ethical and collaborative commissioning models are being adopted were cited.

Finally, the report noted that there is variability in how much choice and control people who use services feel they have and that unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living.

The Accounts Commission propose that whole system, collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.

Planning with People

In May 2024, the Scottish Government and COSLA updated their planning with People (Community Engagement and Participation) Guidance. The updated guidance takes into consideration the current challenges being faced by the Public Sector and ensures that all parties are clear on respective roles, responsibilities and processes. It also reinforces the statutory duties for engagement regardless of financial pressures. The guidance sets out the responsibilities each organisation has to community engagement when services are being planned, or changes to services are being considered, and supports them to involve people meaningfully.

The Cabinet Secretary for Health and Social Care confirmed that Scotland's national and local governments are committed to involving people and communities in the decision-making that affects them. Listening to the views of people who use services and involving them throughout the process of planning care delivery, is a key improvement recommendation of the Independent Review of Adult Social Care in Scotland. By working together with people and communities, care providers can transform the experience of people who use services, as well as the experience of those who deliver them. Fundamentally, good engagement is essential to good service planning and there is no doubt that greater participation brings better outcomes for communities all round.

Scotland's Digital Strategy

In March 2021 the Scottish Government published its Digital Strategy entitled A Changing Nation: How Scotland will Thrive in a Digital World. In it they comment that Scotland's future will be forged in a digital world in which data and digital technologies are transforming every element of the nation and of lives. The strategy refers to the Independent Review of Adult Care in Scotland which reinforced the message that transforming services requires the transformation of the organisations that deliver them. This is not simply about adopting new or better technology. It requires a fundamental shift in culture, skills, leadership, service design, process engineering, the use of data, collaboration, and investment planning. It requires leaders with the confidence to move away from the approaches, systems and ways of working that have been successful in the past. In short, it requires, the transformation of Government and the adoption of new digital business models based on greater accountability, networking, agility and a relentless focus on improving the customer experience.

In October 2021 Scotland's Digital Health and Care Strategy was launched. The vision of this strategy is to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. There are three aims: -

- Citizens have access to digital information, tools and services they need to help maintain and improve their health and wellbeing.
- Health and care services are built on people centred, safe and secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system in order to improve the delivery of care.
- Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of health and care systems and develop new and improved ways of working.

Delivery of the aims is focused on six priority areas – digital access, digital skills and leadership, digital services, digital futures, digital foundations and data driven services and insight.

Housing to 2040

The Scottish Government's Housing to 2040 Strategy was published in March 2021. The strategy recognises that good housing and homes lead to reduced poverty and inequality, better health outcomes, improved educational attainment and more cohesive communities. Specifically, the strategy commits to introducing new building standards from 2025/26 to underpin the new Scottish Accessible Homes Standard to future-proof new homes for lifelong accessibility and to improving the adaptations system which will make a critical contribution to supporting people to live independently. The strategy also commits to establishing an inclusive programme of retrofitting social homes which will ensure all planned refurbishment addresses accessibility requirements and that digital connectivity is in place to support technology-enabled care and telehealth.

People at the Centre Approaches

There are a number of initiatives aimed at truly putting people at the centre of decision making in what care and support they get. We will take learning from each of them to improve practice in this area.

The Scottish Government's Getting it right for everyone (GIRFE) initiative is a proposed multi-agency approach to health and social care support and services from young adulthood to end of life care. It is intended that this will form the future practice model of all health and social care professionals and shape the design and delivery of services, ensuring that people's needs are met. GIRFE is about providing a more personalised way to access help and support when it is needed placing the person at the centre of all the decision making that affects them, with a joined-up consistent approach regardless of the support needed at any stage of life.

Human Learning Systems is an alternative approach to public management which embraces the complexity of the real world and enables organisations to work effectively in that complexity. It offers an alternative to the "Markets, Managers and Metrics" approach of New Public Management and outlines a way of making social action and public service more responsive to the bespoke needs of each person that it serves, creating an environment in which performance improvement is driven by continuous learning and adaptation.

The Liberated Method involves a switch of focus from services to people. It advises that we need to stop trying to improve services. If you start with services as your focus for change, you end up with services. People don't necessarily want services they want support, relationships, practical help and they want to be understood. The Liberated Method contests that designing public services around relationships is far more effective. People who have bounced around various public services for years start to positively change how they see themselves, the community, and the world when they're contributing to a relationship and are understood.

What does the National Context mean for ACHSCP Strategic Planning?

We need to improve the outcomes and experience for people who use, or may need, our services by: -

- Taking a Population Health Approach
- Reducing the impact of Inequality
- Influencing positive changes to the wider determinants of health
- Focusing on Early Intervention and Prevention
- Improving the quality of services delivered
- Improving access to services
- Engaging meaningfully with people and communities and involving them in decisions that affect them.
- Working Whole System and collaboratively
- Transforming our organisation by maximising the benefits of digital technology
- Adopting a people at the centre approach

2. Statutory Responsibilities

As a Health and Social Care Partnership under the Public Bodies (Joint Working) (Scotland) Act 2014, we must have a **Strategic Plan** (reviewed at least every three years) and publish an Annual Performance Report. Under the Carers Act (Scotland) 2016 we must have a **Carers Strategy**. Aberdeen City have chosen to develop a single Carers Strategy covering both Young and Adult Carers.

The 2014 Act also sets out the **principles** which underpin health and social care and describe how integrated care should be planned and delivered and are intended to work in tandem with the national health and wellbeing outcomes which describe what integrated care is intended to achieve. They set out the expectation of a culture of respect, parity of esteem and genuine engagement in the planning and delivery of person-centred, high quality integrated care and are intended to be the driving force behind the changes in culture and services.

Integration authorities must establish a **Strategic Planning Group** for the purposes of preparing a strategic plan. The views of **localities** must be taken into account with the integration authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Integration authorities should provide appropriate levels of support to the people participating in their planning activities.

In terms of the **Public Sector Equality Duty** in Scotland (part of the Equality Act 2010) we have a duty to actively consider how we can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

The **Fairer Scotland Duty**, set out in Part 1 of the Equality Act 2010, came into force in Scotland from 1 April 2018. It places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Under the Civil Contingencies Act 2004, the Aberdeen City IJB is a **Category One Responder** which means they are at the core of the response to most emergencies and are subject to the full set of civil protection duties such as assessing risks, putting emergency plans and business continuity arrangements in place, co-operating and sharing information with other local responders and communicating with communities to warn, inform and advise.

Part 4 of the Climate Change (Scotland) Act 2009 places duties on public bodies relating to **climate change**. The duties require public bodies to contribute to climate change mitigation and to climate change adaptation, and to act sustainably.

Health and Care Staffing Act provides a statutory basis for the provision of **appropriate staffing** in health and care services, enabling safe and high-quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns.

Under the terms of the Local Government in Scotland Act 2003 or, where applicable, the Public Finance and Accountability (Scotland) Act 2000, the implementation of the duty of **Best Value** applies to integration authorities. That duty is:

- to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance

- to have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development

The **United Nations Convention on the Rights of the Child** (Incorporation) (Scotland) Act 2024 makes it unlawful for a public authority, including an IJB, to act in a way which is incompatible with the United Nations Convention on the Rights of the Child (UNCRC) requirements. This includes any IJB functions carried out under a contract or other arrangement with another body. Part 3, section 18 of the 2024 Act also places new and enhanced planning and reporting duties.

Integration authorities are key within the collective local leadership of service planning to improve outcomes for babies, children, young people and families, and the development and delivery of each area's Children's Services Plan. A number of duties on IJBs are relevant to safeguarding, supporting and promoting child wellbeing, including upholding rights, and tackling child poverty and other inequalities. Services and professionals within integration authorities are therefore key to effective local partnership approaches to Getting it right for every child; making sure holistic whole family support is available, when it is needed, for as long as it is needed; and driving forward action to help Scotland to #KeepThePromise. As part of local **children's services planning** arrangements set out in part 3 of the Children and Young People (Scotland) Act 2014, IJBs have duties as designated 'other service providers'. IJBs are required to consider the wellbeing of local children and families in the planning and delivery of services and support. IJBs have responsibility for 'related services', which are those with an impact on child wellbeing, but not provided to children directly, such as services provided to a parent or carer in relation to their own needs, as part of holistic whole family support. In addition, where integrated, some IJBs have responsibility for the delivery of certain 'children's services'. Local planning, resourcing and delivery of services should also ensure that young people experience a smooth transition in the move from receipt of children's services to adult services, as well as considering the needs of care experienced young people, where certain entitlements extend up to age 26.

Introduced under the Social Care (Self-Directed Support) (Scotland) Act 2013, **self-directed support** is the primary delivery mechanism of social care support in Scotland. It puts people at the centre of their support by placing a duty on those who deliver it to involve, collaborate with, and support recipients of care to make informed choices.

Planning with People supports public bodies that plan and deliver health and social care services in Scotland, including integration authorities, to effectively undertake **community engagement and participation**. Effective community engagement and the active participation of people is essential to ensure that Scotland's care services are fit for purpose and lead to better outcomes for people. The guidance, which is co-owned by the Scottish Government and the Convention of Scottish Local Authorities (COSLA), outlines statutory requirements for public bodies, presents information on community engagement, and promotes good practice.

A housing advice note was published in 2015, which outlines **the role of housing** in the integration of health and social care and provides guidance on linking strategic plans and local housing strategies. This includes detail on the requirement for a housing contribution statement to form part of the strategic plan.

What do our Statutory Responsibilities mean for Strategic Planning?

When we develop our Strategic Plan we need to: -

- Ensure we are delivering on the Integration Principles
- Consider the impact our Strategic Plan may have and avoid unintentional negative impacts where possible
- Ensure we are achieving Best Value
- Undertake effective community engagement
- Prepare a Housing Contribution Statement

3. Correlation with Local Priorities

The revised statutory guidance on preparing strategic plans for health and social care integration states that these should ensure correlation with other local priorities, policy direction, service provision and improvement activity and includes a list of these (indicated below by the headings in blue text). Below is a list of the relevant documents for Aberdeen City along with comment in relation to the relevant links for ACHSCP.

• Alcohol and Drug Partnership plans

The 2019-2022 ADP Delivery Framework has five broad themes: -

- Whole Family Approach
- Reducing Harm, Morbidity and Mortality
- Service Quality Improvement
- Supporting Recovery
- Intelligence led Delivery

ACHSCP is also aiming to take a **Whole Family Approach** as well as improving quality and ensuring our planning is evidence led. Substance use is a key focus of our Community Mental Health Services and high on the agenda for our prevention programmes.

• carer strategies

The Aberdeen City Carers Strategy is completely aligned to ACHSCP's Strategic Plan and is identified as one of the key documents that supports delivery. The current Carers Strategy has four priorities: -

- Identifying as a carer and the first steps to support
- Accessing Advice and Support
- Supporting future planning, decision-making and wider carer involvement
- Community Support and services for carers

Our revised Strategic Plan will include a commitment to continue to **support unpaid carers**.

• children's services plans

Within the 'what we know' section of the Aberdeen City Children's Services Plan, the statements where ACHSCP can make an impact (with the relevant service in brackets) include: -

- The development of early speech and language skills continues to be a concern (AHP, SALT Service)
- The uptake of immunisations is lower than it should be (Community Nursing and the Aberdeen Wellbeing Hub)
- Closer collaboration and integration by the universal services helps to improve outcomes (all services)
- Schools can access advice and guidance from other professionals (all services)
- There is an increase in the number of children declared disabled (Learning Disability Services with a particular focus on Transitions and predicting demand in adulthood)
- Young Carers need our support (Carers Strategy)
- The mental health and wellbeing of children and young people continues to be a concern (CAMHS)
- Around 22% of children are experiencing child poverty (Reducing the Impact of Inequality/Prevention)
- 50% of households experiencing poverty have dependent children (Reducing the Impact of Inequality/Prevention)
- The groups most likely to be impacted by poverty face different challenges (Reducing the Impact of Inequality/Prevention)
- Food insecurity remains (Reducing the Impact of Inequality/Prevention)

As part of ongoing, routine business we will work closely with our colleagues in Children's Services to ensure there is relevant support where it is needed but the main focus within our Strategic Plan will be a focus on **improving Child Health** .

In terms of the commitments in the Children's Services Plan our main link is in relation to Stretch Outcome 3 of the LOIP '95% of all children will reach their expected developmental milestones by their 27–30-month review by 2026'. ACHSCP's chief Nurse leads the '**Best Start in Life**' Outcome Improvement Group ensuring relevant links are made. An enabler to this work noted in the plan is increasing integration. ACHSCP are committed to closer collaborative working and integration of service to improve outcomes for children.

- [community plans](#) (NB: for these we have translated as Locality Plans which are referenced within the LOIP section below)

- [housing and homelessness strategies](#)

ACC Local Housing Strategy

Key links are noted below: -

- There is an adequate supply of housing across all tenures and homes are the right size, type and location that people want to live in with access to suitable services and facilities.
- Homelessness is prevented and alleviated.
- People are supported to live, as far as is reasonably practicable, independently at home or in a homely setting in their community.
- Consumer knowledge, management standards and property condition is improved in the private rented sector.
- Fuel poverty is reduced which contributes to meeting climate change targets.
- The quality of housing of all tenures is improved across the city.

ACHSCP has close links with ACC Housing colleagues through regular meeting of the Housing and Integration meeting and the Disabled Adaptations Group. The Key Links above will be reflected in the **Housing Contribution Statement** which will form part of the Strategic Plan.

Local Development Plan 2023

Relevant Key Policy Areas within the above include: -

- Health and Wellbeing
 - Healthy Developments
 - Air Quality
 - Noise
 - Specialist Care Facilities
 - Changing Place Toilets
- Meeting Housing and Community Needs
 - Residential
 - Mixed Use
 - Density
 - Housing Mix and Need
 - Affordable Housing
- The Vibrant City
 - Tourism and Culture
 - Beach and Leisure
- Delivering Infrastructure, Transport and Accessibility

- Sustainable Transport
- Digital infrastructure
- Telecommunications

ACHSCP is a key consultee in relation to the LDP and will continue to influence those areas that will have a **positive impact on population health**.

- [transitional arrangements between children’s and adult services](#)

Children and Adult Services meet regularly to consider transition arrangements particularly in the area of Learning Disabilities but we still need to test and embed a **Transitions Plan**. Future demand is captured in our **Market Position Statements for Complex Care and for Independent Living and Specialist Housing Provision**. We will keep these under review as part of Business as Usual.

- [Local Outcome Improvement Plans \(LOIPs\)](#)

ACHSCP’s main link to the LOIP is through the Resilient, Included and Supported Outcome Improvement Group and Stretch Outcome 10 – Healthy Life Expectancy is 5 years longer by 2026. We do, however have a lead role in other areas of the LOIP and the relevant projects are noted in the table below.

Ref.	Project Aim
3.1	Reduce by 5% the no. of children aged 0-4 who are referred to Children’s Social Work as a result of neglect arising from parental mental health, addiction and domestic abuse 2026.
9.4	Increase to 80% the number of community justice clients completing exit questionnaires with 90% of those showing an improvement by 2026.
9.5	80% of individuals in the Justice system that identify to have concerns with their substance use are offered or accessing support by 2026.
10.1	Reduce the 5-year rolling average number of suicides in Aberdeen by at least 5% by 2026.
10.3	Increase by 50% the number of people engaged with Stay Well Stay Connected initiatives by 2025.
10.4	To support 50 low-income families in priority neighbourhoods to improve healthy eating behaviours and adopt good life choices to support healthy weight by 2026.
10.6	Decrease the number of women who are smoking in pregnancy in the 40% most deprived SIMD by 5% by 2026.
11.3	Decrease the number of women who are drinking in pregnancy in the 40% most deprived SIMD areas by 5% by 2026.
11.5	Reduce by 20% the number of drug related deaths in our priority neighbourhoods by increasing the distribution of naloxone by 25% year on year by 2026.
11.6	80% of people closed from Assertive Outreach as no longer considered at risk by 2026.

11.7	Increase by 10% the number of people in active recovery from drug and alcohol by 2025.
16.3	Increase the number and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2025.

Locality Plans

These are completely aligned to the LOIP and are codesigned with communities through the IJB and ACC joint locality planning arrangements. Delivery will be progressed led by the joint locality planning team. The priorities per locality relevant to adult health and social care are noted below: -

North Locality	Central Locality	South Locality
Improve the physical health and wellbeing of people	Improve mental health and wellbeing	Support children and young people
Support local volunteering	Ensure people can access services timely through a person-centred approach	Focus on early intervention, prevention, and re-enablement actions
Early Intervention Approach	Create safe and resilient communities	
Increase the number of people and groups involved in making improvements and decisions in their community	Increase the number of people and groups involved in making improvements and decisions in their community	Increase the number of people and groups involved in making improvements and decisions in their community

These will be reflected in the Strategic Priorities of our Strategic Plan.

- [NHS health board delivery plans](#)

NHSG's Plan for the Future commits to enabling wellness and includes commitments under the headings of People, Places and Pathways.

People

- **Citizens** (two way engagement, co-production with lived experience, support to access care)
- **Children** (maximise mental health and wellbeing, multi-agency approach to Adverse childhood Events (ACEs), reduce inequalities, voices of young people embedded in decision-making)
- **Colleagues** and Culture (workforce for today and innovate for tomorrow, support health, safety and wellbeing, colleagues included and empowered to make the best contribution)

Places

- **Anchor** (desirable employment destination, treat people equally, a workforce that reflects the community, social responsibility in decision-making, trusted partner who uses influence responsibly and effectively)
- **Communities** (ongoing dialogue leading work, empowerment for community led action, reinforced connection with marginalised and seldom heard communities, integral part of system – leading and participating)

- **Environment** (paperless, maximise technology, Realistic Medicine fully embedded, fit for purpose estate, maximise hybrid working, generate our own energy, resilient to climate conditions)

Pathways

- **Empowering** (self-management, mental and physical wellbeing treated equally, de-medicalised language, make every opportunity count)
- **Access** (pathways centred around individuals and systems joined up, ease of knowing how to get help, high quality and safe care, digital systems and equitable alternatives)
- **Whole System Working** (system leadership, shared actions, recognise value of partners and hold them to account, right care, right place, right purpose, see the whole person, support regional and national colleagues)

In particular, the themes highlighted in bold will be reflected in our revised Strategic Plan.

- [NHS health board and integration authority workforce plans](#)

The relevant actions for ACHSCP from NHSG's Workforce Plan 2022-25 are noted below along with our response/contribution in brackets: -

- Scaling MDT approach in Primary Care (Primary Care Vision)
- Developing sustainable Primary Care OOH services (Primary Care Vision)
- Increase capacity for in hour's routine and urgent dental care (Review of Dental Services)
- Build capacity to eliminate long waits for Psychological Therapies (PCIP)
- Develop digital skills of the workforce to make maximum use of Office 365 (Strategic Plan Digital Enabler)
- Developing and maintaining digital skills across the whole workforce (Workforce Plan)
- Support implementation and use e-Rostering to its fullest potential (Strategic Plan Digital Enabler)
- Commitment to the implementation of Healthcare Staffing (Scotland) Act (SLT)
- Non-pay reform commitments in Agenda for Change pay deal (SLT)
- Actions from Ministerial Taskforce on Nursing and Midwifery supply, recruitment and retention (SLT)
- Planning and resourcing strategies to ensure required workforce is in place to support recovery of services and increased service demand. (Workforce Plan)
- Succession Planning (Workforce Plan)
- Workforce planning for Allied Health Professionals (Workforce Plan)
- Equality and Diversity (EOMF and IIA process)
- Enhancing local supply pipelines and cement your role as an 'anchor institution', for instance your approach to apprenticeships and community outreach. (Commissioning)
- Making use of new roles, training and development opportunities to support workforce diversification (Workforce Plan)
- Health Care Support Workers (Workforce Plan)
- The use of technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures. (Digital Enabler)
- Use of national and local workforce policies to maximise recruitment, retention and wellbeing of staffing (Workforce Plan)
- Addressing and reducing barriers to delivering exemplary workforce practice (workforce Plan)

Our local **Workforce Plan**, which supports delivery of our Strategic Plan reflects the elements above that are relevant to Aberdeen City Health and Social Care partnership.

- [NHS clinical strategies](#) - NHS Grampian Plan for the Future covers this
- [other local corporate plans](#)

ACC Delivery Plan

The ACC Delivery plan is completely aligned to LOIP and therefore reference should be made to the section covering this above. Relevant commitments for ACHSCP include: -

- No-one will suffer due to poverty
- 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026
- 90% of Children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026. This is reflected in interactions, activities, supports and services
- As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026
- 30% fewer young people (under 18) charged with an offence by 2026
- Child friendly city where all decisions which impact on children and young people are informed by them as rights holders by 2026

Transformation projects include: -

- **Digital** – NB: ACHSCP are also working with Microsoft and have digital as a key enabler of the Strategic Plan
- Reconfiguration of working arrangements with ALEOs (BAC & Sport Aberdeen are of particular interest to ACHSCP as we work closely with both and will continue to monitor developments in this area)
- **Redesign and reconfiguration of Estates Portfolio** – this is of particular interest to ACHSCP as a number of services are delivered from ACC properties. Our Market Position Statements are designed to articulate our current and future needs in relation to property and our developing Infrastructure Plan will take into account our use of both ACC and NHS Grampian properties.

- [public protection](#)

Child Protection Committee (CPC) Improvement Aims

The Child Protection Programme aims to improve the safety, wellbeing and life chances of vulnerable children and young people. As a partnership we achieve this by

- recognising and responding when children and young people need protection
- helping children and young people stay safe, healthy and, for those who have experienced abuse and neglect, to recover from their experiences and
- providing strong and effective collaborative leadership to deliver the Child Protection Programme ensuring the CPC is ready to adapt and adjust as required to both local and national developments

Adult Protection Committee Strategy

Our Vision for Adult Support and Protection in Aberdeen is:

“Partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk.”

- We will develop a robust Data Performance and Quality Assurance Framework

- We commit to continue to develop appropriate mechanisms for effective communication
- We will continuously improve ASP practice, learning and development by reaching all our people, ensuring effective support, preventative measures and protection of adults at risk of harm.
- We commit to learning from situations where there is potential for improvement in practice, and to ensuring related learning is embedded into practice

Both Child and Adult Protection are seen as business as usual for ACHSCP. ACHSCP are represented in relation to public protection by the Lead for Social Work who sits on the committee and actions anything relevant arising from discussions.

In addition to those identified by the Statutory Guidance we have identified the following strategies we feel ACHSCP needs to align to.

Aberdeen Adapts

The JBA are a responsible body in relation to Climate Change and there is currently a Delivery Plan project in relation to this. This links to the Aberdeen Adapts strategy which has the following commitments.

Prevent, Protect, Inform, Collaborate, Innovate

- Minimising risks to people in Aberdeen and their health
- Buildings and Infrastructure
- Flooding and Coastal Change
- Natural Environment
- Society and Economy – reduce impact on health, disruption to services
- Understanding

Regional Economic Strategy

It is estimated that there are 2.8 million people in the UK inactive due to long-term sickness. Using population size as a comparator that could equate to 8,500 people in Aberdeen city. ACHSCP considers that it can contribute to the Regional Economic Strategy by keeping people well and enabling them to participate in the workforce and make a positive contribution to the local economy.

What does Correlation with Local Priorities mean for Strategic Planning?

The areas in bold above have been identified as areas that need to be reflected in our Strategic Delivery Plan.

4. Local Context (Needs Assessment)

Population Health

Life Expectancy and Healthy Life Expectancy

In Aberdeen, Life Expectancy (LE) at birth is higher for females than for males. In 2019-21 in Aberdeen City LE at birth was estimated to be 81.4 years for women and 76.9 years for men. This is similar to the figures for Scotland. LE had been increasing since the early 1980s but has now remained virtually unchanged since 2012-14.

Healthy Life Expectancy (HLE) represents the number of years that an individual can expect to live in good health. In 2019-21, males in Aberdeen City had an estimated healthy life expectancy of 60.2 years, giving an expected period of 'not healthy' health of 16.7 years. In 2019-2021, females in Aberdeen City had an estimated healthy life expectancy of 61.4 years, giving an expected period of 'not healthy' health of 19.6 years. So while on average females have a higher life expectancy than males, they also spend a higher proportion of their lives in 'unhealthy health'.

LE and HLE are affected by many behavioural risks to health such as smoking and poor diet; access to and use of health care; wider socio-economic determinants such as income, education, housing and employment; geography; and specific characteristics such as sex, ethnicity, disability and social exclusion. They are both therefore complex areas in which to achieve positive influence.

Alcohol and Drugs

In the period 2017-21, 25% of adults in Aberdeen City were drinking above the guideline recommendations of 14 units per week. This is slightly higher than the rate for Scotland of 24% and unchanged from the rate in 2016-19. Questions relating to alcohol consumption were asked in City Voice 46 (December 2022). When asked if they knew the maximum number of units of alcohol recommended over a week, less than half (46.7%) of respondents correctly choose 14 units. The next most common response was 'don't know' at 25.9%.

In 2022 there were 49 alcohol-specific deaths in Aberdeen City – up from 43 deaths in 2021. As the number of alcohol-specific deaths can fluctuate substantially on a yearly basis, a 5-year rolling average number is also given. For the period 2018-22 this figure was 41.8 – higher than the figure of 38.6 in 2017-21. The rate (5-year average age standardised) of alcohol-related deaths in 2018-22 was 20.2 per 100,000 population – slightly lower than the rate for Scotland of 21.2, but higher than the rate for 2017-21 of 18.7 per 100,000 population

In 2019/20-2021-22 there were 438 drug-related hospital admissions (3-year rolling average number) which is equivalent to a rate of 182 per 100,000 population, compared to 228.3 per 100,000 population in Scotland. Following a period of increasing drug-related hospital admissions, the rate has decreased slightly in the past two periods – from 191 in 2017/18-2019/21.

In 2022 there were 42 drug-related deaths in Aberdeen City – down from 62 deaths in 2021. Of the 42 deaths in 2022, 26 were males and 16 were females. Compared to 2020, females made up a higher proportion of drug-related deaths (38.7% in 2021 and 38.1% in 2022, compared to 23.2% in 2020). As the number of deaths can fluctuate substantially on a yearly basis, annual rates (age-standardised per 100,000 population) for 5-year periods are also given. In the period 2018-2022, the average annual rate for drug-related deaths was 22.9 deaths per 100,000 population. This is slightly lower than the equivalent rate for Scotland (23.4 per 100,000 population) and lower than the rate for 2017-2021 of 24 per 100,000 population. It is the 13th highest average annual rate of drug deaths of all local authorities in

Scotland (improvement from 5th highest in 2018). As in Scotland, rates of drug-related deaths have increased year-on-year since 2010-2014. This is the first drop in 5-year age-standardised rate since 2010-14. In Aberdeen City, drug-related deaths were highest in the 35–44-year age group and the 45–54-year-old age group (with 54.7 and 58.6 per 100,000 population respectively in 2018-2022)

Smoking, Vaping and Healthy Weight

Over half of the deaths in Aberdeen City in 2022 were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks.

In the period 2017-21, an estimated 15% of adults in Aberdeen City were current smokers compared to 16% in Scotland. A higher proportion of males (18%) than females (14%) were smokers. Smoking continues to be the greatest preventable cause of ill-health and death in Scotland. It causes around 1 in 5 of all deaths, remains the most significant cause of preventable cancer and contributes to much of Scotland's cardiovascular and pulmonary health problems. Scotland's Public Health Priorities (2018) recognise the need to reduce the use and harm from tobacco. The Scottish Government has set ambitious targets to reduce children's exposure to second-hand smoke to 6% by 2020 and reduce smoking prevalence in Scotland to 5% by 2034. Smoking during pregnancy can have significant consequences for mother and baby, and increases the risk of stillbirth, miscarriage and preterm birth. The National Childbirth Trust (2018) emphasises that the impacts of smoking in pregnancy can be longer term as well, putting babies and children at increased risk of asthma, chest and ear infections, as well as psychological problems. Despite the known risks, in Aberdeen, around 9% of pregnancies booked are current smokers.

The issue of vaping in young people has been growing over the past 3 years. Originally designed and loosely accepted as a stop smoking product, vapes were not seen as attractive or accessible for young people. However, the market has changed dramatically over the last 3 years and a new market space has been created which has seen cheap, brightly coloured vapes with sweet flavours which are blatantly targeted towards, and clearly have an appeal with, young people. Whilst most vapes purchased fit with the current legal requirements of having 2ml nicotine or less, this market has also seen illegal vapes appear which are available through various independent businesses which contain more than the legal amount of nicotine, or which are not approved for sale in the UK. In November 2022, 6.7% (473) of pupils in Aberdeen City schools reported that they have tried smoking (either cigarettes or e-cigarettes) – a reduction of 1.3% from March 2022. In 2022 and 2023, 5.6% of 13–18-year-olds reported that they were vaping regularly. Whilst it is documented that vaping is less harmful than smoking, the evidence on the long-term impact of vaping is not yet clear. 99% of e-cigarettes contain Nicotine which is highly addictive and the common link with tobacco smoking products. Anecdotal evidence from partners working with young people in hospitals have indicated vaping has been a major concern around their health conditions.

The Scottish Burden of Disease analysis indicates that of all healthy years lost in Scotland; one in ten are attributable to excess weight, and one in ten attributable to poor diet. The Scottish diet remains too high in calories, fats, sugar and salt, and too low in fibre, fruit and vegetables, and other healthy foods like oil-rich fish. Around two-thirds of all adults in Scotland (67%) are living with overweight (including obesity), with one third (33%) of children starting primary school being at risk of overweight (including obesity). In 2016-19 it was estimated that 23% of the City's adult population is obese (classified as a BMI of 30+). This is lower than the rate for Scotland of 29% and a decrease from 25% in 2014-17.

In the period 2017-21, an estimated 71% of adults in Aberdeen City were meeting the recommended guidelines for physical activity (150 minutes of moderate activity or 75 minutes of vigorous activity per week) compared to 66% for Scotland. 21% percent had low or very low levels of physical activity and 8% had some activity. Based on data from the

Scottish Household Survey, in 2021 89% of adults in Aberdeen City had taken part in some form of physical activity (including walking) in the previous month. When walking was excluded, the proportion dropped to 61%. The most common activities were walking (at least 30 minutes) at 82%, multi-gym/weight training at 21%, and running/jogging at 18%

Mental Health

Financial strain and poverty are key drivers of poor mental health. People struggling to pay their rent or mortgage, feed their families, or cover essential bills are at higher risk of developing mental health problems including anxiety and depression. While there is no specific data for Aberdeen City, research carried out for Mental Health Foundation Scotland reported that 33% of survey respondents experienced stress, 40% experienced anxiety, and 13% said they felt hopeless due to their financial situation in the previous month. Recent statistics published by the Scottish Government showed that in March 2023, almost half (49%) of Scottish adults reported that their mental health is being negatively impacted by the cost-of-living crisis, with 13% saying that their mental health was impacted negatively to a large extent. When management of household finances were taken into account, only 3% of those who were 'managing well' reported being negatively impacted to a large extent, compared to 9% for those who were 'getting by ok' and 31% who were 'managing less well'.

In 2020/21, 32,247 people in Aberdeen City were prescribed drugs for anxiety, depression or psychosis. This is equivalent to 16.3% of the population – lower than the proportion for Scotland of 19.3%. Although the rates for both Aberdeen City and Scotland fell slightly between 2019/20 and 2020/21 (from 16.6% and 19.7% respectively), the proportion of people receiving prescriptions for these conditions has increased in recent years, from (13% in 2010/11 for Aberdeen City).

In 2019/20-2021/22 there were 510 (3-year rolling average number) patients discharged from psychiatric hospitals in Aberdeen City. This is equivalent to a rate (age-sex standardised) of 228 per 100,000 population – similar to the rate for Scotland of 230 per 100,000 population. Rates of patients with psychiatric hospitalisation have fallen in both Aberdeen City and Scotland in recent years.

Suicide in Scotland is a significant public health issue which affects all age groups and communities. Although no-one is immune from suicide, some individuals are at greater risk. Data from the Scottish Suicide Information Database (ScotSID) report profiling suicide deaths between 2011 and 20193 shows:

- Just under three quarters of all suicides in Scotland are male
- Almost half (46%) were aged 35-54
- 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.

In 2022 there were 28 probable suicides in Aberdeen City (22 male and 6 female). The number of suicides in a single year in the City peaked at 43 deaths in 2015 [83]. For the period 2018-2022 the rate (age-standardised per 100,000 population) of 11.9 per 100,000 population is the lower than the rate for Scotland of 14.4 per 100,000 population.

The General Health Questionnaire (GHQ-12) is a standardised scale which measures mental distress and mental ill-health. A score of 4 or more is indicative of a potential psychiatric disorder. In 2017-21, an estimated 17% of people in Aberdeen City had a score of 4 or more – lower than the rate for Scotland of 19% and similar to the rate in 2016-19 of 16%. A higher proportion of females (18%) than males (14%) had a score or 4 or more [37].

Mental wellbeing is measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Possible total scores range from 14 to 70 with higher scores indicating greater

wellbeing. In 2017-21, the average (mean) score for Aberdeen City was 49.9 – similar to the score for Scotland of 49.5. Mean scores were similar for males (50.1) and females (49.8).

Dementia

Alzheimer Scotland estimate that there are 90,000 people with dementia in Scotland with around 3,000 of these being under the age of 65 years. In 2022, Dementia and Alzheimer's disease were the leading cause of death for females in Aberdeen City (12.2% of all female deaths) and the second most common cause of death for males (7.1% of all male deaths).

Key Diseases

In 2022, cancer and circulatory diseases (such as coronary heart disease and stroke) together accounted for over half (51%) of all causes of death in Aberdeen City.

In 2022, 27% of male deaths and 25.7% of female deaths were caused by cancer, and 27.8% of male deaths and 21.7% of female deaths were caused by circulatory diseases. Leading causes of death are also given for specific disease classifications (e.g. types of cancer and circulatory diseases are listed separately). In 2022, ischemic heart diseases were the leading cause of death for males (14.9% of a male deaths), followed by Dementia and Alzheimer disease (7.1%) and cancer of the trachea, bronchus and lung (6.7%). For females, Dementia and Alzheimer disease was the leading cause of death for (12.2% of all female deaths), followed by Ischaemic heart diseases (7.3%) and cerebrovascular disease (6.5% of all female deaths). The leading cause of death analysis is based on a list of causes developed by the World Health Organisation (WHO). There are around 60 categories in total and cancers are grouped separately according to the type of cancer, for example, lung, breast and prostate cancer are all counted as separate causes. If all cancers were grouped together, cancer would be the leading cause of death.

In 2018-20 there were 1,287 new cancer registrations in Aberdeen (3-year rolling average number). This is equivalent to a rate (age-sex standardised per 100,000 population) of 676.8 – higher than the rate for Scotland of 625.2. In both Aberdeen City and Scotland, the rate of cancer registrations decreased from the rates in 2017-19 (701.7 and 650.1 60 respectively).

In 2019-21 there were 279 early deaths (<75 years) from cancer (3-year rolling average number). This is equivalent to a rate of 153 per 100,000 population – slightly higher than the rate for Scotland of 150 per 100,000 population. Overall, the rate of early deaths from cancer has decreased over the last 10 years (from 181 per 100,000 population in 2009-11).

There are three main cancer screening programs offered to those residing in Scotland – bowel, breast and cervical screening. 71.5% of eligible individuals in Grampian returned their Bowel Screening kit in 2020-2022 (against a target uptake rate of 60%). Data per Health and Social Care Partnership area is not yet available. 75.3% of the eligible population in Aberdeen City attended a routine mammogram appointment for Breast Cancer Screening between 2019 and 2022 (against a target uptake rate of 80%). 63% of the eligible population in Aberdeen City attended a cervical screening appointment between 2021 and 2022 (against a target uptake rate of 80%).

In 2019/20-2021/22 there were 669 patient hospitalisations with coronary heart disease (CHD) (3 year rolling average number). This is equivalent to a rate of 350 per 100,000 population – slightly higher than the rate for Scotland of 342 per 100,000 population. In both Aberdeen City and Scotland, the rate of CHD patient hospitalisations has decreased over the past 10 years. In 2019/21 the rate of early deaths (<75 years) from CHD was 50.1 per 100,000 population in Aberdeen City, similar to the rate for Scotland of 52.6.

In 2019/20-2021/22, the incidence of COPD in Aberdeen City was 175 (3-year average number). This is equivalent to a rate of 112 per 100,000 population which is lower than the rate for Scotland of 126 per 100,000 population. Incidence of COPD has been decreasing in both Aberdeen City and Scotland over the last few data periods. In 2019-21 there were 82 deaths (3-year average), which is a rate of 54 per 100,000 population – lower than the rate for Scotland of 61 per 100,000 population. In 2019/20-2021/22 there were 295 (3-year rolling average number) patient hospitalisations in Aberdeen City. This is equivalent to a rate of 186 per 100,000 population – lower than the rate for Scotland of 207.

What does this mean for our Strategic Plan?

We need to address the behavioural risks to health such as smoking and poor diet; access to and use of health care; wider socio-economic determinants such as income, education, housing and employment; geography; and specific characteristics such as sex, ethnicity, disability and social exclusion to improve healthy life expectancy in Aberdeen (NB: this is the focus of Stretch Outcome 10 within the LOIP).

We need to reduce alcohol consumption in Aberdeen to a rate that is below the Scottish average.

We need to target drug use in the 35 to 44 year old age group to help reduce the rate of drug related deaths.

We need to reduce the incidence of smoking in pregnant women. NB: this is the focus of a LOIP project.

We need to reduce the incidence of vaping in young people. NB: this is the focus of a LOIP project.

We need to continue the downward trend of obesity in Aberdeen City by improving healthy eating behaviours and encouraging people to adopt healthy life choices. NB: this is the focus of a LOIP project.

We need to be alert to the impact of poverty on mental health and act to reduce the number of prescriptions issued for anxiety and depression by increasing opportunities for alternative social prescribing.

We need to improve cancer screening uptake in Aberdeen city NB: this is a focus of a LOIP project.

Deprivation

According to an analysis of the Scottish Index of Multiple Deprivation (SIMD) in 2016, 11.7% of Aberdeen City's population are in health deprived data zones. This is almost on a par with Edinburgh (12.1%) but considerably lower than both Dundee (34%) and Glasgow (50%). The neighbourhoods in the 20% most deprived data zones (Quintile 1) include Torry, Woodside, Seaton, Northfield, Middlefield, Tillydrone, Mastrick, Sheddocksley and George St.

Estimated Life Expectancy is strongly associated with deprivation. In Aberdeen City in 2017-2021, estimated LE for males in SIMD quintile 1 (most deprived) was 71.7 years compared to 81.7 years for males in SIMD quintile 5 (least deprived) – a difference of 10 years. For females, the difference in estimated LE was less marked, at 76.3 years for females in quintile 1 compared to 84.4 years for females in quintile 5 - a difference of 8.1 years. Comparison with data from 2013-2017 shows that the gap in estimated life expectancy between most and least deprived quintiles in Aberdeen City has increased for males (previously 9.7 years) and females (previously 7.4 years).

For males, estimated LE at birth ranges from a low of 69.4 years in Woodside to a high of 83.1 years in Braeside, Mannofield and Broomhill & Seafield North – a difference of 13.7 years. For females it ranges from a low of 72 years in Woodside to a high of 86.3 years in West End North – a difference of 14.3 years.

Alcohol-related hospital admissions were highest for those in the most deprived areas at 1,092 per 100,000 population for SIMD quintile 1 (most deprived) compared to 207 per 100,000 population for SIMD quintile 5 (least deprived). The rate of alcohol-related hospital admissions ranged from a low of 87.3 in Cults, Bieldside & Milltimber East to a high of 2,104 per 100,000 population in Old Aberdeen

Rates of alcohol-specific deaths are higher for those in deprived areas. In Aberdeen City in 2017-21, the rate (age-sex standardised) for those in SIMD quintile 1 (most deprived) was 33.1 per 100,000 population compared with 8.1 per 100,000 population for SIMD quintile 5 (least deprived). Rates of alcohol-related deaths vary across the city localities, (2017-21 data) from 13.9 per 100,000 population in Aberdeen South, to 15.5 in Aberdeen North and 28.9 in Aberdeen Central.

Rates of drug-related hospital admissions are higher for those in deprived areas at 466.5 per 100,000 population for those in SIMD quintile 1 (most deprived) compared to 26.5 in SIMD quintile 5 (least deprived). The rate of drug related hospital admissions varies across the localities from 136 per 100,000 population in Aberdeen South, to 175 in Aberdeen North and 250 in Aberdeen Central.

The rate of drug-related deaths is higher for those living in deprived areas. In Aberdeen City in 2017-21, the rate (age-sex standardised) of drug related deaths for those in SIMD quintile 1 (most deprived) was 58.1 per 100,000 population compared to 3.6 per 100,000 population in SIMD quintile 5 (least deprived).

In 2021/22, a higher percentage of women were recorded as smoking during pregnancy in more deprived areas: 23.9% in the most deprived SIMD quintile, compared to 2.9% in SIMD 5.

In Scotland's most deprived communities, adult obesity rates persistently exceed those living in the least deprived areas. Children living in our most deprived communities are twice as likely to be at risk of overweight compared to those in our least deprived, with the gap widening in recent years. Those living in the most deprived areas experience the most significant diet and health related inequalities. Affordability can be a barrier to being able to eat a healthy balanced diet. Research has shown that those with the lowest income currently

must spend around 50% of their disposable income to eat a healthy diet compared to only 11% for those with the highest income.

A higher proportion of those from SIMD quintile 1 (most deprived) were prescribed drugs for anxiety, depression or psychosis (22%) than those in SIMD quintile 5 (least deprived) at 12.5%. The proportion of people prescribed drugs for anxiety, depression or psychosis varied by Locality, at 15.2% in Aberdeen South, 15.3% in Aberdeen Central and 18.6% in Aberdeen North.

Rates of psychiatric patient hospitalisation varied by deprivation, being highest in SIMD quintile 1 (most deprived) at 326 per 100,000 population compared to 160 per 100,000 population in SIMD quintile 5 (least deprived). In Aberdeen City, rates were highest in Aberdeen Central (290 per 100,000 population). Rates were similar in Aberdeen North (204) and Aberdeen South (206).

In 2017/19-2021/22 the rate of deaths from probable suicide was highest for those living in the most deprived areas of the city (15 per 100,000 population in SIMD quintile 1 compared to 6 per 100,000 population in SIMD quintile 5). Rates varied by HSC locality at 10.4 per 100,000 population in Aberdeen South, 10.5 in Aberdeen North and 12.6 in Aberdeen Central.

The rate of cancer registrations varies by derivation (rate of 781 per 100,000 population in SIMD quintile 1 (most deprived) compared to 609 in SIMD quintile 5 (least deprived)) and by localities, at 644.8 per 100,000 population in Aberdeen South, 692.5 in Aberdeen North and 700.5 in Aberdeen Central.

The rate of early deaths from cancer is higher in deprived areas at 218 per 100,000 population in SIMD quintile 1 (most deprived) compared to 92 in SIMD quintile 5 (least deprived) and varies across the City (Intermediate Zones), from a low of 64 per 100,000 population in Braeside, Mannofield, Broomhill & Seafield South to a high of 303 in Seaton.

Hospitalisations for coronary heart disease (CHD) are higher in deprived areas at a rate of 506.4 per 100,000 population for SIMD quintile 1 (most deprived) compared to 254.2 in SIMD quintile 5 (least deprived). The rate of CHD hospitalisations varies by Intermediate Zone, from a low of 188 per 100,000 population in Ferryhill North to a high of 715 in Tillydrone. The rate of early deaths from CHD was higher in more deprived areas (73 per 100,000 population in SIMD quintiles 1 and 2 compared to 31 per 100,000 population in SIMD quintile 5) and varied across the city (Intermediate Zones) from a low of 11.3 in Cove North to a high of 186 per 100,000 population in Old Aberdeen.

The rate of patient hospitalisations for COPD is higher for those in deprived areas at a rate of 425 per 100,000 population for SIMD quintile 1 (most deprived) compared to 59 in SIMD quintile 5 (least deprived) and varied across the City (Intermediate Zones) from a low of 19 per 100,000 population in Kingswells to a high of 857 per 100,000 population in City Centre East.

What does this mean for our Strategic Plan?

We need to focus on improving Healthy Life Expectancy, reducing alcohol and drug use, reducing smoking rates in pregnancy, improving healthy weight, reducing prescriptions for anxiety and depression, reducing suicide rates, and improving cancer screening as described above needs to be targeted more towards areas of deprivation to achieve the highest impact.

Demand

The Population needs Assessment (PNA) for Aberdeen City confirms that there is an ageing population in the city. By 2028 the number of 65–74-year-olds will increase by 14.4% and the number of 75+ will increase by 16.1% - that represents an additional 4,000 people who will potentially require health and social care. In addition, 28% of people report they are living with limiting, long term conditions whilst 11% report living with non-limiting conditions.

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using the disability-adjusted life year (DALY), a time-based measure that combines years of life lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or years of healthy life lost due to disability (YLDs). One DALY represents the loss of the equivalent of one year of full health. DALYs are a way of identifying future health need. The latest figures show that under 15s are predicted to have better health in future whereas males over 85 are predicted to have a DALY score double to that for this cohort currently if nothing is done to intervene.

The Scottish Burden of Disease statistics referred to in relation to the Population Health Framework (PHF) (see Section 1 above) can also be applied to the local context so a 21% increase in burden would mean potentially an additional 6% reporting limiting, long term conditions.

In relation to local demand the following are areas of note: -

- Occupancy rates for Hospital at Home have increased from 70% in March 2022 to 77.7% in June 2024.
- Weekly contacts for Grampian General Medical Services have increased by 27%.
- Occupancy at Woodend has increased from 93.7% in March 2022 to 109.2% in June 2024.
- Length of stay at Woodend has also increased by 56%.
- Occupancy at Royal Cornhill has increased from 87% in March 2022 to 98% in June 2024.
- Visits to the Sexual Health Clinic have increased by 6.8% between March 2022 and March 2023.
- The number of people waiting for Psychological Therapy increased by 15.4% between April 2023 and March 2024.
- Waiting times for physiotherapy for Musculoskeletal conditions increased from 15 weeks in October 2023 to 21 weeks in March 2024
- Monthly referrals for community physiotherapy services increased from 266 in April 2023 to 296 in March 2024, however had been as high as 392 in November 2023 and 366 in February 2024.
- The waiting times for the Dietetics Child Healthy Weight Team increased from 59 weeks in November 2023 to 99 weeks in September 2024
- The waiting times for an assessment call for adult weight management is approximately 30 weeks and waiting times for one: one treatment another 30 weeks. The treatment time for digital and group options is less.

What does this mean for our Strategic Plan?

We need to increase the support we offer for Older People

We need to focus on early intervention and prevention to address the growing burden of disease.

We need to work with General Practitioners to help them cope with the increase in demand.

We need to consider more community based options for rehabilitation to reduce the demand on Woodend.

We need to promote prevention and early intervention in relation to sexual health to help reduce the demand on the service.

We need to seek alternative supports for those on waiting lists to help them manage their condition during their waiting time.

Budget

Considering the impact of demand on our budget, our latest audited accounts (relating to financial year 2023/24) identified the following as areas of concern: -

- Specialist Older Adults and Rehabilitations Services (SOARS) – overspends are mainly in relation to the use of locum and bank staff which are a more costly resource than employed staff. This is linked to the increased occupancy noted above but is not sustainable.
- Aberdeen City has a slightly higher rate of people (known to the Local Authority) with Learning Disabilities at 5.5 per 100,000 compared to 5.2 for Scotland as a whole. Community Learning Disability Services overspent by £3 million last year. This was due partly to a higher than budgeted uplift in relation to the National Care Home Contract (NCHC) rate (6% actual against 3% budgeted) as well as the number of children transitioned to adult services exceed the budgeted allowance by £713,000.
- The Adult Social Work budget was also impacted by the higher than budgeted for NCHC rate. The number of adults in receipt of a social work care package increase by 18% between April 2023 and March 2024. This was due mainly to the focus on reducing the unmet needs list.
- The Primary Care Prescribing Budget was overspent by 3.9% (£1,8 million) in 2023/24. This was due partly to a 3.8% increase in the number of items prescribed and partly to a 7.5% increase in costs.
- Out of area treatments were overspent by £753,000.

What does this mean for our Strategic Plan?

We need to review service delivery models to reduce spend on locums and bank staff.

We need to better plan for the demand from Children with Disabilities moving into Adult Services.

We need to find a balance between the level of unmet need and the cost of care packages provided.

We need to identify alternatives to traditional prescribing to reduce our overall spend in this area.

We need to identify ways to reduce out of area treatment costs.

Risks

The risks currently listed on our Strategic Risk Register are noted below.

1. Potential failure of commissioned services to deliver on their contract
2. Demand outstrips available budget
3. Hosted Services do not deliver the expected outcomes
4. Service provided by the IJB fail to meet the national, regulatory and local standards
5. Failure to deliver transformation and sustainable systems change
6. IJB fails to maximise the opportunities created for engaging with our communities
7. Insufficient staff to provide patients/clients with services required
8. Lack of funding to maintain buildings, not having adequate staff resources to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider planning

What does this mean for our Strategic Plan?

We need to continue to work with our commissioned providers to ensure they are able to meet our demand.

We need to transform our service delivery to ensure affordable services within reducing budget.

We need to implement the actions from the Internal Audit on Hosted Services to ensure transparency, accountability and that best value is achieved.

We need to monitor delivery against local and national performance indicators to ensure we are striving to meet expected levels of performance.

We need to transform services to achieve sustainable system change.

We need to maximise the opportunities for engagement with communities.

We need to deliver our Workforce plan to ensure we have the right skill mix and level of staffing to meet operational requirements.

We need to maximise the use of buildings in Aberdeen ensuring a safe and welcoming environment for staff and patients and making best use of the buildings available.

Capacity

So demand for health and social care services in Aberdeen City is predicted to grow, both in relation to an increased older population and in terms of a higher burden of disease. But the resources we have to deliver services are not predicted to grow to meet this demand.

Aberdeen City's Medium Term Financial Framework (MTFF) approved by the IJB in March 2024 identifies significant funding gaps in each of the seven financial years it covers. As we are funded by our statutory partners – Aberdeen City Council (ACC) and NHS Grampian (NHSG), who are both also facing financial challenges, we have to seek efficiencies and better use of our resources to balance our budgets from within our current resources. Indeed, we have a legal obligation to balance our budget. The MTFF also highlighted five main risks to the IJB's budget over the next few financial years: -

- Whether some of the changes in cost profile, demand and services as a result of COVID and COVID rules are recurring
- Impact of National Care Service
- Impact of the health debt caused by COVID
- The continuing pressures on Prescribing budgets, and
- The ongoing impact of the increase in the cost of living and inflation rates on our third-party providers.

Of course, our resources are not just about finance. There are almost 2,200 staff working in ACHSCP, almost 80% of these employed by NHSG with the remainder employed by ACC. Approximately 18% of our £435 million budget (£78 million) is committed to paying our in-house workforce, and a further £164 million, or 38% is spent on commissioning social care services from third and independent sector providers who collectively employ just under 3,000 staff. ACHSCP values the staff in commissioned services equally to our in-house staff as they are crucial to delivering services and we are as concerned about their wellbeing as we are for our own employed staff.

The Accounts Commission report referred to in Section 1 earlier, noted that the workforce is driven and committed but is under immense pressure. In addition, it noted that across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid-19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. The report concluded that without significant changes in how services are provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

Neither the Aberdeen City IJB nor ACHSCP own any premises. Health and social care services are delivered from a variety of settings in ownership of NHSG, ACC, or private landlords. GP practices often own or lease their premises and the funding of their building is an inherent part of their business model. The premises we utilise are in various states of condition and suitability. There is no doubt we could make better use of buildings we operate from and a key feature of our sustainability discussions during 2024 have been around how efficiently we can use these buildings currently, making us more efficient and also improving collaboration opportunities.

What does this mean for our Strategic Plan?

We have to seek efficiencies and better use of our resources to balance our budgets from within our current resources. Indeed, we have a legal obligation to balance our budget.

We need to deliver our Workforce Plan to ensure a workforce fit for the future.

We need to make better use of our buildings to ensure we can continue to deliver services within restricted budgets.

Performance

Our performance in relation to Integration Principles

Principle – Our services: -	Performance
1. Are joined up and easy for people to access	We have redesigned a number of our pathways and are in the process of developing single points of contact to make it easier for people to access our services.
2. Take account of people's individual needs	We have revised our Guidance for Community Engagement based on the Scottish Government and COSLA's updated Planning with People Guidance. Our focus for future years will be a person centred approach.
3. Take account of the particular characteristics and circumstances of different service users in different parts of the city	We have revised our Equality Outcomes aligned to our Strategic Plan and continue to deliver our Equality Outcomes and Mainstreaming Framework. Our Equality Outcomes will be revised again in light of our refreshed Strategic Plan 2025-29.
4. Respect the rights and dignity of service users	Our staff have undertaken Trauma Informed training and we continue to embed our Equality and Human Rights approach to service design and delivery.
5. Take account of the participation by service users in the community in which service users live	We continue to embed our joint approach to community engagement and participation along with our Community Development colleagues in Aberdeen City Council. 2024 saw the refresh of the Local Outcome Improvement Plan and the three Locality Plans in conjunction with communities. All of our commissioning activity includes participation from relevant groups of service users and providers.
6. Protect and improve the safety of service users	We continue to deliver our legal duty around both Adult Support and Protection and Child protection.
7. Improves the quality of the service	We continue to use the results from inspections, audits and feedback to make improvement to service design and delivery.
8. Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services	The Locality Empowerment Groups are now meeting regularly and membership is increasing.
9. Anticipate people's needs and prevent them arising	We continue to deliver our Stay Well Stay Connected initiative, which is a programme of holistic community health interventions and part of our prevention agenda designed to anticipate health issues in certain cohorts of the population. Participation in some of these initiatives such as Boogie in the Bar and Soup and Sarnies is increasing. Our prevention agenda continues to grow.
10. Make the best use of facilities, people and resources	We continue to deliver on our enabling priorities in relation to Workforce, Technology, Finance, Relationships and Infrastructure. Once again we balanced our budget in 2023/24 and we are on track to do so again in 2024/25. Support for our workforce including those employed by our partner organisations continues. In 2024 we began a review of our use of premises and that will continue into 2025 and beyond ensuring that we make the best use of these and help deliver a balanced budget.

Our performance in relation to the 4 Drivers of Health and Wellbeing

Social and Economic – the PNA notes that there is a link between economy and health. Child health starts before birth and continues during development. Whether a child lives in an affluent family or in an area of deprivation has an impact on their health. SDS performance is significantly lower than the Scottish average (36.2% v 88.5%)

Places and Communities – the PNA confirms that place is another important consideration in relation to population health and wellbeing. The design, build, and maintenance of ‘place’ are important aspects. Hospital admissions are reducing and there are high levels of care usage out with hospital setting. Safety is also a consideration – both in terms of levels of crime and having a safe place to live (temporary accommodation or homelessness).

Equity, Prevention and Early Intervention – the PNA tells us that poverty exists in Aberdeen City and is worse in areas of deprivation. Relative poverty is evident even in working households. The Covid-19 pandemic had an impact, particularly on women, children and ethnic minority groups. Child poverty is on the increase and financial insecurity, fuel poverty and food poverty exist. Climate Change also has an impact on health mostly on those living in more deprived areas. 13% of the population of Aberdeen identify as Unpaid Carers, the average in Scotland is 15%.

Healthy Living – the PNA confirms that smoking, obesity and physical activity are all closely related to preventable disease and that more than 50% of deaths in Aberdeen City are due to cancers and circulatory disease (linked to smoking, obesity and physical activity). High Blood Pressure/Hypertension and Depression are the main presentations in Primary Care. Drug use or smoking in pregnancy will affect child health as will breastfeeding, uptake of pre-school immunisations, healthy weight, physical activity, oral and mental health, are again all impacted by whether the child is living in an affluent or deprived area. There are variations across the city in inequality and there is no single cause. Rates of Bowel and Cervical Screening in Aberdeen are lower than ideal. Childhood immunisation rates are not as high as we would like. Improvement is required in vaccination uptake.

Our Performance in relation to National and MSG Indicators

Our latest Annual Performance Report for 2023/24 can be found [here](#) and an analysis of the results for Aberdeen City from the latest Health and Care Experience (HACE) Survey can be found [here](#).

A high level analysis of these including our proposed response is below: -

In terms of the National Performance Indicators, most of the HACE related ones are Amber or Red. The biggest reductions are: -

- Adults supported at home who felt they had a say in how their care is provided (-12% from previous report)
- % of people with a positive experience of care provided by their GP (-11% from previous report)
- % adults supported at home who agreed they felt safe (-9% from previous report)

We will respond to the Scottish Parliament’s Health, Social Care and Sport Committee, post legislative scrutiny of the Self-directed Support (Scotland) Act 2013, the final report of which is due Autumn 2024 as part of business as usual. We will implement our General Practice Vision to improve people’s experience of GP services. We will continue to deliver Adult Support and Protection services as part of business as usual to help keep people safe in their homes.

70% of 'health' related indicators are 'Green', with one Amber and two Reds. The Amber and Reds are as follows: -

- Care Inspectorate Gradings (Red)
- Number of days delayed (those aged 75+) (Red)
- % resource spent on hospital stays (Amber)

We will continue to develop positive relationships with our commissioned providers helping them to explore ways to improve services and increased their Care Inspectorate gradings. As part of business as usual we will continue our focus on reducing delayed discharges where possible.

Of the 11 MSG indicators, 4 are showing a negative (increasing) trend, 3 a positive (decreasing trend) and 4 a stable trend.

- The worst increasing trend is the number of delayed discharge bed days
- The most improved trend is unscheduled bed days in both acute and geriatric specialities.

Our business-as-usual focus on delayed discharges will include a focus on delays relating to those with the most complex needs which tend to have the highest delayed discharge bed days. Our Market Position Statements for Complex Care and Independent Living and Specialist Housing Provision will try to address the shortage in destinations for discharge for those with the most complex needs and thereby reduce delayed discharge bed days. They will also help to inform our partners priorities including Aberdeen city Council's Housing Strategy and the city's Local Development Plan

Whilst our ultimate aim is to reduce unmet need and delayed discharges this requires resources to achieve. Previous reductions have been achieved through additional funding being received. Without this, and given the current demands on reduced funding, we anticipate it will be difficult to sustain positive performance in relation to Delayed Discharges.

The current trend for increasing demand is being driven not only by increases in the proportion of the older population in our society and the increase in the burden of disease, but also in terms of population behaviour and expectations. Traditionally, the population have expected health and social care services to be available on demand. Times, and budgets have changed and the model for delivery of health and social care services also needs to change.

What does this mean for our Strategic Plan?

We need to improve access to services, particularly GP Services

We need to embed a person centred approach to service delivery

We need to take account of the needs of those experiencing inequality.

We need to increase participation from our communities

We need to recognise the link between health and the economy.

We need to support the reduction in poverty in Aberdeen City.

We need to reduce delayed discharges and lengths of stay in hospital

We need to continue to support our commissioned providers and improve the quality of services they deliver.

What ACHSCP has achieved from its Current Strategic plan

In no particular order, the following are key highlights from the delivery of our current Strategic Plan (2022-25).

- In 2022/23 a total of 622 Naloxone Kits were supplied to persons at risk – up from 426 in 2021/22.
- In Q3 2022/2023, 113 people accessed specialist drug treatment services, up from 84 in Q3 2021/22.
- Up to Q3 2022/2023, a total of 327 people accessed specialist drug treatment services.
- The percentage of adults who are current smokers has decreased to 15% from 18% in 2016-19 and 23% in 2014-17.
- Our social care unmet need has reduced significantly however this was due to investment and is not sustainable. As noted above the focus resulted in a budget overspend.
- Bookings at our Community Treatment and Assessment Centres (CTACs) increased tenfold between June 2022 and March 2023, and we have created two Priority intervention Hubs – one at the bon Accord Centre and one at Get Active Northfield.
- Our GP sustainability has improved. Only one GP Practice was providing a full service in March 2023, but that number had risen to 8 in March 2024.
- The Adult Mental Health Pathway and our Neurological Rehabilitation Services were both reviewed, and implementation of the findings is underway.
- A new development of bespoke specialist supported living accommodation for people with complex needs is underway. It should be completed by Spring 2025, and it is hoped to enable the service to bring back people who have previously been cared for out with authority.
- Three Market Positions Statements have been developed to articulate what services we need to be provided in future. It is hoped these will stimulate providers and developers to come up with innovative solutions to meet these needs.
- We have progressed with the implementation of innovative technology. The MORSE system roll out to Community Nursing and Allied Health Professionals in Grampian continues despite financial challenges. This is led by a post within ACHSCP. We have replaced 99% of our Community Alarms and are finalising arrangements for a new technology to support the Alarm Receiving Centre in readiness for the switchover from analogue to digital in January 2026. We have also adopted a Technology Enabled Care (TEC) First approach to social care assessments, supporting the creation of a TEC Hub in Aberdeen City and promoting the increase of the use of TEC in social care provision.

The following summarise Aberdeen City performance in relation to MSG Indicators over the lifetime of the current Strategic Plan (NB: timescales are as close as available to the Strategic Plan start and end dates)

- Emergency Admissions increased by almost 14% between June 2022 and March 2024
- Admissions from A&E increased by just over 4% between June 2022 and June 2024.
- Unscheduled Bed Days in Acute Settings increased only slightly by 0.6% between June 2022 and December 2023.
- Unscheduled Bed Days in relation to Geriatric speciality decreased by 16% between June 2022 and June 2023.
- Unscheduled Bed Days in relation to Mental Health speciality increased by 4.6% between June 2022 and March 2023.
- A&E attendances increased slightly by 1.7% between June 2022 and June 2024.

- Performance against the 4 hour waiting time target for A&E deteriorated from 67.8% in June 2022 to 60.4% in June 2024.
- Delayed Discharge Bed Days almost doubled from 738 in June 2022 to 1,381 in June 2024 however they had been as low as 255 in April 2023.
- The percentage of people who spent the last 6 months of their lives in a community setting decreased slightly from 90.9% in 2021/22 to 90.3% in 2022/23.
- In relation to the measure around Shifting the Balance of Care, between 2021/22 and 2022/23 the percentage of people who remained at home either unsupported or supported stayed the same whilst the number of people in a Care Home or large Hospital increased by 0.1% each.

The increases in some of the indicators above will be related to increasing demand for services and the increasing burden of disease. It is difficult to directly correlate the work of ACHSCP impacting most of these indicators or to quantify what some of the increases might have been in the absence of the work undertaken. We would suggest the significant decrease seen in unscheduled bed days in relation to geriatric speciality must in part be the result of the work undertaken in relation to the Frailty Pathway including our management of both Ward 102 in ARI and the innovative integrated facility at Rosewell House. Our performance in relation to Delayed Discharges does vary but we had a period of intense focus and investment which did result in a 65% decrease between June 2022 and April 2023. This however was unsustainable and unaffordable.

What does this mean for our Strategic Plan?

We need to increase capacity in the community to help reduce emergency admissions

We need to focus on support for mental health in the community to reduce the number of unscheduled bed days in relation to this speciality.

We need to provide more care for people in a home environment.

9. Horizon Scanning

We are currently aware that the following changes will impact our service delivery and planning over the lifespan of the refreshed Strategic Plan.

- Review of National Outcomes (and Performance Indicators?)
- Publication of Population Health Framework
- Implementation of National Care Service
- Implementation of Learning Disabilities, Autism and Neurodivergence Bill
- Implementation of Housing (Scotland) Bill (Ask and Act Duty in relation to prevention of homelessness)
- Implementation of new Frailty Standards

What does Horizon Scanning mean for Strategic Planning?

- We need to take cognisance of the review of national outcomes and Indicators and build any changes into our performance framework (NB: unlikely the review will be published in time for our draft Strategic Plan going out for public consultation but we may be able to include this in the final version. If not, we will incorporate it into one of our annual reviews.
- We need to plan for the implementation of the National Care Service
- We need to ensure we have a local action plan to respond to the implementation of the Learning Disabilities, Autism and Neurodivergence Bill
- We need to ensure the requirements of the Housing (Scotland) Bill (Ask and Act Duty in relation to prevention of homelessness) are embedded in day to day practice for frontline staff.
- We need to incorporate the new Frailty Standards into practice

10. Engagement

Outcome of engagement to date.

From LOIP

- Address inequality
- Tackle the underlying causes of the issues
- Reduce Smoking and Vaping

From Staff Drop Ins

- Inequality/Stigma
- Poverty
- Promoting Good health

From IJB and SLT

- Not everyone can be healthy so add 'as possible' or refer back to 'fulfilling lives'
- Equitable rather than equal access to care/opportunity
- Individualised care needs to also be clinically effective
- Plan on a page needs to be simpler and more impactful
- Separate physical and mental health
- Make transformation more prominent
- Different versions and comms plans for different audiences
- If service delivery needs to be affordable, be honest and say that
- Personalise care is better than individualised care
- There should be less focus on 'business as usual' service delivery i.e. what we are already doing
- We should be nurturing people and places
- Reference to co-developing both support and intervention
- Plan needs to repeat key messages
- Need to comment on what the future looks like, what our ambition we have and what transformation we need to achieve
- We must rebalance towards prevention and early intervention – falls prevention, management of long term conditions
- What do we need to do in relation to public communication and education using this as a tool for prevention encouraging self-care, improving health literacy, improving understanding that resources need to be targeted where they are needed not where they are wanted.
- Include redesignation and repurposing of building use

Feedback from ACC Strategy Board

- Co-construct rather than adopt Family Support Model
- Reference to Future Libraries Approach
- Reference to annual review of Delivery Plan ensuring alignment with refresh of LOIP and CSP

What does Engagement mean for Strategic Planning?

Most of the LOIP and staff feedback is covered in the sections above except the reference to reducing stigma which will be incorporated.

The feedback from IJB, SLT and the Strategy Board has been taken into account when developing the Strategic Plan

11. Problem and Action Statements

Problem Statement - Our demand is predicted to increase through a combination of an ageing population and a higher burden of disease, whilst our capacity is reducing as a result of the increased cost of service delivery and challenges with recruitment and retention.

Action Statement - We need to take action to try to reduce the predicted demand and, at the same time, identify different ways of delivering services in order that we can maximise the capacity we have.

Reduction of Demand

The main way we can try to reduce predicted demand is to shift investment and focus towards **early intervention and prevention activity**. If we can reduce the incidence of preventable diseases, both physical and mental, through encouraging people to make healthier choices in the way they live their lives we should be able to reduce the need for health and care service provision. This early intervention approach needs to start at the earliest point.

Although ACHSCP provide health and care services for Adults, children and the adults of the future so we need to work with our colleagues in Children's Services to ensure this approach to improving health starts as early as possible at pre-birth. Vaccinations provide immunity from certain diseases and the more people who come forward for these the healthier the population. If we can also promote the uptake of early screening programmes for the most common cancers that should enable earlier detection and access to treatment with a greater chance of survival.

We know that those living in areas of deprivation experience inequality and poorer health outcomes and therefore have a greater need for our services. The particular needs of people living in these areas need to be understood and the way we deliver services need to overcome any barriers in order that we provide **equity of access**.

Unpaid carers play a crucial role in the health and care system by providing care and support that would otherwise need to be provided by our in-house or commissioned services. By continuing to provide support to unpaid carers through the implementation and refresh of our Carers Strategy we will be helping unpaid carers to continue in their caring role and have a life alongside caring.

Health is impacted by a number of factors not just genetics and behaviour. The wider determinants of health include education, income, a person's physical environment such as housing and access to green space, and their social environment such as their support networks and connection to their community. These are factors that are out with the remit of ACHSCP however we can work with partners to try to have a positive influence on improving aspects of these wider determinants of health for the people of Aberdeen.

Different Ways of Working

We need to ensure our services meet the needs of our population, are affordable and that we achieve best value. We will do this in two main ways: -

We will **transform our approach to service delivery** this will encompass transformation in relation to people – patients/clients, staff, and the general public) - technology, and buildings which will enable us to make changes to the way we currently deliver services and increase our capacity to manage current demand and enable us to do more with less.

We need to ensure that changes we make will not negatively impact our population and we also need to work with our partners in Aberdeen to ensure we are making the best use of our collective resources. We will **collaborate with our communities and partners**, engaging with them and working together to collectively improve outcomes.

12. Risks (and Mitigations)

1. Finance

Risk – restricted pot, how to prioritise/distribute especially when currently heavily invested in response

Mitigations – working collaboratively to identify innovation, transformation and more efficient ways of working to enable service delivery within restricted budget.

2. Workforce

Risk – reducing, do we have the right skills to embrace change?

Mitigations – implementation (and future review of our Workforce Plan)

3. Population Behaviour/Expectations

Risk – we need to change approach, adopt new ways of working, will the public accept and embrace these?

Mitigations – increase opportunities for engaging with the public, listening to their views and ensuring appropriate communication and re-education is undertaken.

4. Partners

Risk – the outcomes rely on partner activity, are they committed to the same activity and will that support or detract from what we do.

Mitigations - continue to build and develop positive relationships with providers keeping them on board with our strategy and approach.

13. Key Strategic Documents Supporting Strategic Plan

What key strategic documents will support delivery of our strategy (give timelines of future review/renewal/update)

- Medium Term Financial Framework (MTFF) (revised annually)
- Workforce Plan (due for revision December 25)
- Infrastructure Plan (will be published March 25??)
- Carers Strategy (due refresh March 2026)
- Market Position Statements X 3 (will be kept under regular review)

National Strategies

Housing to 2040	Housing to 2040 - gov.scot (www.gov.scot)
Scotland Public Health Priorities	Public health reform - Our context - public health in Scotland - Our organisation - Public Health Scotland
Climate Change Plan 18-31	Update to the Climate Change Plan 2018 - 2032: Securing a Green Recovery on a Path to Net Zero (www.gov.scot)
Scotland's Digital Health and Care Plan	Digital health and care strategy - gov.scot (www.gov.scot)
The Promise	About the promise
UNCRC	https://dera.ioe.ac.uk/33463/1/childrens-rights-consultation-incorporating-united-nations-convention-rights-child-domestic-law-scotland.pdf
Independent Review of Adult Social Care	https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf?forceDownload=true
National Carers Strategy	National carers strategy - gov.scot (www.gov.scot)
Scottish Government GIRFE	Getting it right for everyone (GIRFE) - gov.scot (www.gov.scot)
Dementia in Scotland – Everyone's Story	Dementia in Scotland: Everyone's Story Delivery Plan 2024-2026 (www.gov.scot)

Local Linked Strategies

NHSG Plan for the Future	Plan For The Future (nhsgrampian.org)
Local Outcome Improvement Plan	LOIP_16-26-April-2024.pdf (communityplanningaberdeen.org.uk)
Locality Plans	North South Central
Housing Strategy	Local Housing Strategy 2018-2023.pdf (aberdeencity.gov.uk) – Has this been updated? No links on ACC Website.
Council Delivery Plan	Council_Delivery_Plan_23_24.pdf (aberdeencity.gov.uk)
Transport	Regional Transport Strategy Nestrans
Primary Care Improvement Plan	Primary Care Improvement Plan Aberdeen City HSCP
SAS Strategic Plan Report	Our 2030 Strategy (scottishambulance.com)



Aberdeen City Health & Social Care Partnership

A caring partnership

DRAFT Integration Joint Board Strategic Plan 2025-29

V5 11 November 2024



Introduction

We are delighted to present the Strategic Plan 2025 – 2029 for Aberdeen City Integration Joint Board (IJB) which will be delivered by Aberdeen City Health and Social Care Partnership (ACHSCP). This is our fourth Strategic Plan since integration and the delivery of it will probably be our most challenging yet. We have chosen a four-year timescale for this plan in order that we can better align to the refresh timescales of the Aberdeen City Local Outcome Improvement Plan and the Children's Services Plan going forward. This plan relates to services delegated to and hosted by the IJB and is based on a detailed analysis of the national and local context for health and social care delivery; our statutory responsibilities; our links with our partners, not only in Aberdeen City but also in Grampian; our current performance; a horizon scan of emerging requirements; and feedback from engagement with staff and the public about what they would like to see represented in our strategic plan. The outcome of this analysis has been collated into an Evidence Document which sits alongside, and forms the basis of the content of this Strategic Plan.

From the evidence gathered it is clear that we need to make changes to the way we design and deliver services. We have achieved a lot during the three years of our previous Strategic Plan. There has been a 16% reduction in geriatric unscheduled bed days; our concentration of effort in increasing the capacity of our social care teams has seen our performance in relation to Delayed Discharges remain in the top quartile in Scotland and a reduction in unmet need; sustainability of our GP practices has improved with more practices being able to deliver a full service; we have increased services delivered in local communities making them easier to access; we have increased the use of technology in service delivery ensuring this is more effective; we have developed three Market Position Statements which help articulate our future need for certain types of services; and we have achieved the first bespoke development of supported living accommodation for people with complex care needs in Aberdeen City for quite some time enabling people to be cared for within their home city.

As our Evidence Document shows, however, there is still more to be done, and this Strategic Plan will build on these achievements and challenge us to deliver more within the restricted resources that we have.

Our Problem and Action Statements

The analysis within the Evidence Document led to the following statements in relation to the key challenges we have and the action we need to take: -

Problem Statement - Our demand is predicted to increase through a combination of an ageing population and a higher burden of disease, whilst our capacity is reducing as a result of the increased cost of service delivery and challenges with recruitment and retention.

Action Statement - We need to take action to try to reduce the predicted demand and, at the same time, identify different ways of delivering services in order that we can maximise the capacity we have.

Further analysis of the problem

The data shows there is an ageing population in Aberdeen City. One third of the population are aged 65+. By 2028 the number of 65-74 year olds will increase by 14.4% and the number of 75+ will increase by 16.1%. That represents an additional 4,000 people who will potentially require health and social care.

Our data also tells us that the burden of disease is increasing, healthy life expectancy is reducing, and our population is getting sicker. There is a correlation between physical activity levels, obesity and smoking with the main preventable diseases. More than 50% of deaths in Aberdeen City are due to cancers and circulatory diseases.

We have experienced higher than budgeted for uplifts both in relation to staff costs and to contractual rates for externally commissioned services. Prescription volume and costs have also increased. Between April 2023 and January 2024 the actual number of items prescribed was 3.87% greater than the same period in 2022/23. This is coupled with a 7.5% increase in the estimated average item price (after Tariff reduction).

Our workforce is our biggest asset, and our Workforce Plan confirms that there are recruitment and retention challenges across all sectors. Both the birth rate and net migration rate in Aberdeen city is declining meaning the workforce pool of the future is potentially restricted. There has been an overall reduction in whole time equivalent number of General Practitioners in Aberdeen City. Staff absence rates continue to fluctuate and covering frontline clinical roles can only be achieved by utilising more expensive locum or agency staff which increases the overall payroll costs.

Further detail in relation to action required

Reducing Demand

The analysis of our national context indicates that we need to take a population health approach. This is an approach aimed at improving the health of an entire population, in our case the population of Aberdeen. It is about improving the physical and mental health outcomes and wellbeing of the population whilst reducing health inequalities. It includes action to reduce the occurrence of ill health; deliver appropriate health and care services; and address the wider determinants of health and also requires us to work closely with our communities and partners.

The main way we can try to reduce predicted demand is to shift investment and focus towards early intervention and prevention activity. In 2017, an article published in the Journal of Epidemiology & Community Health entitled 'Return on Investment of public health:

a systematic review' by Masters, R et al demonstrated that for every £1 invested in public health, £14 will subsequently be returned to the wider health and social care economy. In order to achieve this return on investment however we would need to undertake a strategic rebalancing of our budgets between prevention, early intervention and response and that will be difficult to achieve in the current climate whilst still having to respond to high levels of need.

If we can reduce the incidence of preventable diseases, both physical and mental, through encouraging people to make healthier choices in the way they live their lives we should be able to reduce the need for health and care service provision. This early intervention approach needs to start at the earliest point and continue for the duration of a person's life.

According to the World Health Organisation obesity is one of today's most visible, yet most neglected, public health problems. A position statement on behalf of Scottish Public Health published in July 2024 stated that the Scottish Burden of Disease analysis indicates that of all healthy years lost in Scotland; one in ten are attributable to excess weight, and one in ten can be attributed to poor diet. The same statement also commented that around two-thirds of all adults in Scotland (67%) are overweight (including obesity), with one third (33%) of children starting primary school at risk of being overweight (including obesity). The annual cost of obesity in Scotland in 2022 was estimated to be £5.3billion of which £4.1billion was the value lost to people through reduced quality of life.

The Health Foundation have identified that Chronic Pain has the highest impact on health care use and mortality among those aged 30 and older in England and have projected that will increase by 2040. 38% of people suffer from Chronic Pain and 22% of GP consultations focus on Pain Management. If we can help people self-manage their pain, we could reduce waiting lists and enable people to continue their careers and boost the economy.

Harmful alcohol consumption has been an ongoing public health challenge in Scotland for decades. It is linked with a risk of physical and mental health problems, as well as social and economic losses to individuals and society. The number of people in Scotland whose death was caused by alcohol remains at a high level.

Problem drug use in Scotland is defined as the problematic use of opioids (including illicit and prescribed methadone), and/or illicit use of benzodiazepines, routinely and over prolonged periods. Inevitably, much of the problem drug using population is hidden, and drug prevalence figures can only ever be estimates. Deaths from drug use in Scotland are on the increase.

Data on adults aged 16+ in Scotland from the Smoking Toolkit Study (STS) show an increase in the proportion reporting use of e-cigarettes and heated tobacco products from 7.3% in October 2020 to 13.2% in October 2022. 6.7% of 13 to 15 year olds in Scotland have reporting regular vaping.

Mental health is as important as physical health and maintaining public mental health and wellbeing and better management of this through more effective early intervention could potentially improve both mental and physical health.

Although ACHSCP provide health and care services for adults, children are the adults of the future, so we need to work with our colleagues in Children's Services to ensure this approach to improving health starts as early as possible at pre-birth and as part of a Family Support Model.

Vaccinations provide immunity from certain diseases and the more people who come forward for these the healthier the population. If we can also promote the uptake of early screening programmes for the most common cancers that should enable earlier detection and access to treatment with a greater chance of survival.

We know that those living in areas of deprivation experience inequality and poorer health outcomes and therefore have a greater need for our services. Understanding the particular needs of people living in these areas will help shape the way we deliver services to overcome any barriers in order that we provide equity of access.

Unpaid carers play a crucial role in the health and care system by providing care and support that would otherwise need to be provided by our in-house or commissioned services. By continuing to provide support to unpaid carers through the implementation and refresh of our Carers Strategy we will be helping unpaid carers to continue in their caring role and have a life alongside caring.

Health is impacted by a number of factors not just genetics and behaviour. The wider determinants of health include education, income, a person's physical environment such as housing and access to green space, and their social environment such as their support networks and connection to their community. These are factors that Aberdeen city IJB on their own cannot fully resolve however we can work with partners to try to have a positive influence on improving aspects of these wider determinants of health for the people of Aberdeen.

Our data and Population Needs Assessments tell us that there is a link between our economy and health. Fuel and food poverty, financial instability and child poverty is on the increase and is worse in areas of deprivation. If we translate the UK figure of 4.2% of the population being inactive due to long term sickness this equates to 9,416 people in Aberdeen City. If we can improve people's physical and mental health particularly those with long term conditions or on waiting lists for treatment, we can contribute towards a healthy workforce which in turn will contribute to economic growth in the City.

Doing things differently

We need to ensure our services meet the needs of our population, are affordable and that we achieve best value. We will do this in a number of ways: -

We will transform our approach to service delivery this will encompass transformation in relation to people – patients/clients, staff, and the general public – making the best use of technology and infrastructure and undertaking specific service transformations which will enable us increase our capacity to manage both current and future demand and enable us to do more with less.

Health and social care have traditionally had a 'siloes service' approach i.e. services have been developed per speciality and the individual must fit into these and often have to navigate a very complex landscape connecting to multiple services to get all the support they require. Research has identified that improved outcomes and efficiencies can be achieved by adopting a people first or personalised care approach. There are a number of approaches such as [Getting it right for everyone \(GIRFE\)](#), [Human Learning Systems](#) and the [Liberated Method](#) as well as NHS Grampian's [Putting People First](#) and we will take learning from all of these and embed them in our practice.

If we are changing practice we need to ensure that our staff are appropriately trained and equipped to deliver that and also that our patients, clients and the general public are aware of the changes and the reasons why they have to be made. We need to ensure that any changes we make will not negatively impact our population and we will engage with them in line with [Planning With People](#) Guidance and impact assess changes using feedback in line with our duties under the Public Sector Equality Duty.

We also need to work with our partners in Aberdeen to ensure we are making the best use of our collective resources. We will collaborate with our communities and partners, engaging with them and working together to collectively improve outcomes.

Advances in technology provide opportunity to make our service delivery more efficient and allow us to do more with the existing resources that we have. It requires initial investment but if we don't do this now, we will not be able to cope with demand in future. The way we use our buildings is based on traditional models of service delivery. We need to reconsider how we use the buildings we currently occupy and also be open to the prospect of sharing building use (and costs) with our partners. Whilst achieving efficiency is the driver for these considerations there are also benefits for our patients and clients who may be able to receive a variety of service provision from one location cutting down the time they have to set aside for this and the cost of travel.

Service redesign has been a constant feature under health and social care integration, and we have a number of initiatives planned for the lifespan of this new Strategic Plan. We will look at redesigning some aspects of commissioning; the hospital discharge process; the way General Practice services are delivered; some aspects of our Grampian wide Mental Health and Learning Disabilities services; move towards more community focused delivery of our rehabilitation services; and improve the transition experience of those moving from Children's to Adult Social Work services.

Our Vision and Values

Whilst the principle of our vision since the inception of the Aberdeen City IJB in 2016 has not changed, we have changed the wording slightly to reflect a stronger emphasis on our enabling role in helping our communities to achieve the best health that they possibly can. Our revised aim is to **'empower communities to achieve fulfilling and healthy lives'**.

Our values represent what is important to us. Again, we have tweaked these slightly by dropping the value of 'Transparency'. This does not mean we will not be transparent in everything that we do but the definition of honesty is 'truthful and hiding nothing' which articulates our intention. Our revised values are therefore - **Honesty, Empathy, Respect, and Equity (HERE)** – Aberdeen City IJB is HERE for the people of Aberdeen. Our values set the standard for our behaviour as colleagues and as an organisation. We will be honest in our communications and interactions. We will respect the views and the rights of the people of Aberdeen. We will empathise with our patients and clients understanding their needs, listening to their views, and involving them in decision making. We will provide services that have equity of access for all, and we will make every effort to reduce the negative impact of inequality.

Our Strategic Aims and Outcomes

Our strategic aims help shape our priorities and planning for the services we deliver. We recognise that the journey to successfully achieve these aims takes time to deliver and embed. As highlighted in our 'challenges' we are impacted by a changing and demanding financial climate and an increasing population with complex needs, but we want to retain our emphasis on prevention and early intervention with our communities, and particularly our Unpaid Carers, being at the core.

Our Strategic Aims are: -

- Shift our focus towards Prevention and Early Intervention
- Transform the way we approach service delivery
- Improve equity of access to care and support
- Collaborate with our communities and partners

The Strategic Outcomes we want to achieve by focusing on these aims are: -

- Improve future population health and Healthy Life Expectancy and reduce the predicted increase in demand for health and social care services
- Achieve affordable and sustainable service delivery and improve outcomes for individuals
- Enable those who are disadvantaged to achieve as fulfilling a life experience as possible
- Ensure our service delivery meets local need and complements the work of our partners.

Strategic Aims			
Shift our focus towards Prevention and Early Intervention	Transform the way we approach service delivery	Improve equity of access to care and support	Collaborate with our communities and partners
Strategic Priorities			
Improve Physical Health	Deliver people related transformation	Meet the identified needs of people with learning disabilities and autism	Co-design and co-produce services with those with lived experience and with commissioned providers in the third and independent sectors
Improve Mental Health	Promote and embed use of technology	Meet the identified needs of people with physical disabilities	Collaborate with partners to influence activity that has a positive impact on the wider determinants of health.
Improve Brain Health	Make the best use of our infrastructure	Meet the identified needs of Older People	Undertake consultation on service change and the use of our budget in line with the Planning with People Guidance and our Budget Protocol
Improve Sexual Health	Deliver Service Related Transformation : - <ul style="list-style-type: none"> Explore opportunities for innovation from commissioned providers Drive organisational change to improve the hospital discharge process Grow community rehabilitation capacity Deliver our responsibilities within the General Practice Vision Deliver the Primary Care Improvement Plan Deliver the Grampian wide MHL D Transformation programme Improve the Transition experience for those moving from Children’s to Adult Social Work 	Meet the identified needs of those who are digitally excluded	Collaborate with partners to ensure the service delivery from Hosted Services is transparent and accountable and that best value is achieved.
Reduce the harms due to the use of Drugs, Alcohol, Cigarettes and Vapes.		Meet the identified needs of those who are homeless to make homelessness rare, brief and non-recurring.	
Co-construct the ‘Family Support Model’ with relevant colleagues in Aberdeen City		Meet the identified needs of Unpaid Carers	
		Meet the identified needs of those experiencing poverty	
		Co-design with organisations representing lesser engaged groups to ensure their voices are heard and to help reduce stigma	
	Deliver the Spiritual Care Framework		

Strategic Priorities

In order for us to achieve our strategic aims we have identified the following strategic priorities:

Aim 1 – Shift our focus towards Prevention and Early Intervention

Improve Physical Health – Within this priority we will focus on continuing to deliver our Immunisations Blueprint and, in particular, the uptake of Childhood Immunisations in areas of deprivation. Screening for the likes of breast, bowel and cervical cancers can help detect problems early, meaning treatment can be accessed sooner and the likelihood of a positive prognosis is increased. We will aim to maximise the uptake of these lifesaving services to keep the population healthy for as long as possible. In Aberdeen City, our Public Health colleagues are developing a Whole System Approach to Healthy Weight, with the aim of the city avoiding an obesity epidemic. Within this priority we will also focus on those who are on waiting lists for the treatment of Chronic Pain. Falls are the most common type of accidents in people aged 65 and over and are a major cause of hospitalisation related to injury in this age group. Injuries as a result of falls can significantly impact quality of life and in some cases precipitate death. We will work with vulnerable groups to help support people to know how to fall safely and when falls occur we will wrap around the individual and their family to develop a plan which may include the provision of rehabilitation and/or home adaptations (whether permanent or temporary) to enable a return to independent living as quickly as possible.

Improve Mental Health – there are many levels of severity of mental health disorders ranging from mild anxiety through to complex needs that require inpatient or forensic support. Our mainstream services exist to support and treat those at the more severe end of the spectrum and the Grampian Mental Health and Learning Disabilities Transformation Programme is in place to transform these services and ensure they are sustainable for the future (see Transformation Aim). There is additional support provided by a range of workplace and community-based groups, including third sector organisations, that aim to help people recognise the signs of anxiety and stress and adopt coping mechanisms to avoid these becoming more severe disorders. We will ensure that such support is visible and accessible and that our population has the opportunity to have the knowledge and confidence to consider that maintaining their mental health is as important as that of their physical health and to seek support without discrimination or stigma. An intended outcome from this will be to reduce the number of prescriptions issued for anxiety and depression. Social isolation and loneliness can affect anyone at any stage of life and increases the risk of poor mental and physical health. We will increase opportunities for social connection via social prescribing and our Stay Well Stay Connected Programme and through working with colleagues developing the 21st Century Libraries model. We will continue to implement Self Harm and Suicide prevention initiatives promoting the Prevent Suicide North East website and App which provides support and information for those with suicidal thoughts or worried about a loved one as well as those bereaved by suicide.

Improve Brain Health – specifically in the ageing population. The World Health Organisation's definition of 'Brain Health' is the state of brain functioning across cognitive, sensory, social-emotional, behavioural and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders. Lifelong learning and social connection are two of the determinants that influence the way our brains develop, adapt and respond to stress and adversity. Optimising brain health by addressing these determinants not only improves mental and physical health but also creates positive social and economic impacts that contribute to greater well-being and help advance society. We will deliver events such as the Grampian Gathering and the Wellbeing Festival providing opportunities for our ageing population to learn ways of 'Ageing Well'

contributing to improved Brain Health in later life. We will develop a strategy for Ageing Well and a plan for delivering the Age Friendly Aberdeen initiative.

Improve Sexual Health – the Fast-Track Cities initiative is a global partnership between cities and municipalities around the world which outlines a set of commitments in relation to the attainment of zero new HIV infections and zero AIDS-related deaths. Aberdeen is one of the Fast Track Cities and will continue to work towards delivering the zero targets. Safe access zones are now in force in Scotland, banning people from protesting against abortion care outside clinics or hospitals offering the service. Implementation of the Sexual Health Standards are designed to improve access to sexual health care, reduce inequalities in sexual health outcomes, help services to identify areas for improvement and help services benchmark sexual health care. Grampian Sexual Health Services will continue progressing the implementation of these standards.

Reduce harms due to the use of Drugs, Alcohol, Cigarettes and Vapes - The Alcohol and Drugs Partnership will continue to work towards reducing the harm caused by alcohol consumption and in particular reducing deaths related to alcohol consumption. We will work with partners to support the reduction of harm (particularly deaths) related to the use of drugs. Although in Scotland, the average number of cigarettes smoked per day has steadily declined from 15.3 to 11.4, people from the most deprived areas smoke 13 cigarettes per day on average, compared to 10 cigarettes by those in the least deprived areas. We will work to reduce the incidence of smoking particularly in pregnant women in areas of deprivation. Although vaping is deemed to be less harmful than smoking it is nonetheless bad for heart and lungs and can be as addictive as traditional cigarettes. They can cause side effects such as throat and mouth irritation, headaches, coughs and feeling sick. We will work with partners to reduce the incidence of vaping particularly in young people.

Co-construct the Family Support Model - Aberdeen City's 'Family Support Model' aims to shift the focus from reactive and risk-based services to upstream and preventative approaches. This will help to improve the level of autonomy families experience and their longer term outcomes. The adults that ACHSCP supports are often part of a family group so we have a significant part to play in contributing to the family support model and ensuring services are joined up and integrated to achieve the best outcomes for the family as a whole. Stretch Outcome 3 of the Local Outcome Improvement Plan (LOIP) focuses on working with families and young children to ensure they have the best possible start in life focusing on improving child health and helping them reach their developmental milestones and our Adult Social Work and Community Nursing Services, in particular, have a crucial role to play in reducing the impact of parental mental health, addiction, and domestic abuse problems and improving the uptake of Childhood Immunisations.

Aim 2 - Transform the way we approach service delivery

Deliver people related transformation – there are a number of approaches by which we can assess need and then put in place individual plans to provide care and support.

Human Learning Systems is an alternative approach that enables us to work effectively in a complex system to meet a variety of needs. We need to be able to hear, understand and respond to that variety. To do this we must form effective human relationships, so that we have a deep understanding of people's lives and context, and have the autonomy to respond appropriately to each person's needs as close to the person as possible. The Human Learning Systems approach outlines a way of being more responsive to the bespoke needs of each person and these are the systems which create positive outcomes in people's lives.

Getting it right for everyone (GIRFE) is a multi-agency approach of support and services from young adulthood to end of life care which is about providing a more personalised way to access help and support when it is needed. It places the person at the centre of all the decision making that affects them, with a joined-up consistent approach regardless of the support needed at any stage of life. It is intended that GIRFE will form the future practice model of all health, social care and public sector professionals and shape the design and delivery of services, ensuring that people's needs are met.

When you start with people and work outwards from them, things don't look like services anymore. They look like things we would recognise when we go home (if we're fortunate). They look like family, agency, community, relationships and understanding. They look like things humans are good at. Designing public services around relationships is far more effective than designing them around services. People who have bounced around various public services for years start to positively change how they see themselves, the community, and the world when they're contributing to a relationship and are understood. The 'Liberated Method' has been developed over a series of prototypes over the last five years and initially focused upon freeing up the creativity and compassion of front-line caseworkers. It has since grown to include liberating leadership, partnership, commissioning, and governance. Public services do not singularly transform lives and communities. What they can do is to support people by helping them to create the conditions to effect the changes they feel compelled to make which will be more effective both in terms of the use of resources and outcomes for the individual.

Putting People First is NHS Grampian's approach to involving people in improving services with a focus on creating equal partnerships with the public to create more preventative models of care. The approach recognises the importance of relationships and building trust between people, taking a collaborative approach and using existing networks and structures with the public sector working as one whenever possible.

Each of these approaches are similar. We will take learning from all of them and deliver a set of principles to govern our approach to personalised service delivery.

The challenges of increasing demand but reduced budget and difficulties in recruitment are forcing our hand. We know we need to change but we also need to engage with our population to enlist their help in designing alternative service delivery that still meets their needs and, at the same time, getting them on board with managing their expectations for service delivery going forward and what they can do to help. In conjunction with our partners in the Grampian health and care system we will work with our population to ensure understanding of changes to service delivery and mitigate any potential negative impacts.

Promote and embed use of technology – in line with Scotland's Digital Strategy which aims to ensure that Scotland can fully embrace the transformative power of technology by

realising the power of data to improve services, increase efficiency and deliver better outcomes in an ethical, secure, efficient and user-centred way, ACHSCP is committed to maximising the benefits that technology can bring to the efficient and cost effective delivery of services, developing preventative and early interventional supports, and improving outcomes for patients and service users. This will include initiatives in relation to improved information about care and support services available, tools to improve access to care and support, systems to enable staff to undertake their roles more efficiently, and increased use of technology in care delivery improving safety and enabling greater independence for individuals.

Make the best use of our infrastructure – the IJB does not own any buildings. Our services are based mainly in buildings owned by our two key partners Aberdeen City Council and NHS Grampian. Being mindful of the financial challenges we face this we will undertake a full review of our needs for premises based on our population need for service delivery. Initial work on a review commenced in 2024 with an analysis of our current use of buildings but no decisions have yet been made in relation to any changes. Some decisions will be forthcoming towards the end of financial year with others not being made until 2025/26. Our Strategic Plan needs to reflect that the implementation of these decisions will take place during its lifespan. Also, in relation to buildings we will continue to develop and implement both the Primary Care Premises Plan and the Infrastructure Plan. Partnership working is a key focus for ACHSCP as is a shift towards community-based service delivery. We already have robust links with a wide range of partners in Aberdeen City such as NHS Grampian, Aberdeen City Council, Bon Accord Care, Sport Aberdeen, the Sports Village and through Community Planning with Police, Fire and Rescue, further education establishments and the Third Sector. Building on the person-centred approach and in conjunction with these wider partners we will seek to connect the physical assets we have in communities in a better and more coherent way. Our Stay Well Stay Connected Programme has a strong community focus and is delivered from community-based assets. We will continue to build on this expanding the number and range of community-based services. We are working with NHS Grampian to bring Diagnostic Services closer to communities to encourage uptake. Small tests of change have already begun but we will build on the success of these in the coming years. Aberdeen City Council's 21st Century Libraries initiative provides greater opportunities for joined up services being delivered in a community asset, maximising the reach and impact we can achieve, and we will work with colleagues to explore and exploit these opportunities. Our considerations will include how we can support delivery of the Premises objective within the General Practice Vision 2024-30.

Deliver service related transformation – this will cover a number of service areas.

A significant proportion of our budget (£164 million or 38%) is spent on commissioning. 99% of our social care is delivered by externally commissioned providers. It would be remiss of us to exclude these providers from our transformation agenda. We have recently renewed the Service Level Agreement with Bon Accord Care and re-commissioned Care at Home both exercises incorporated innovation. Going forward we will redesign the contract with Scottish Care and utilise the Innovation Grant Fund set aside for use with commissioned providers.

We will drive organisational change across the whole system to improve hospital discharge processes. Delayed hospital discharge has been a national focus for a number of years but has been brought into sharper focus with the increased pressure on hospitals evidenced by a significantly reduced performance in relation to the 4 hour waiting time target for the Emergency Department which for Aberdeen Royal Infirmary at the end of September 2024 was 50.3% against target of 95%. Achieving efficient discharge from hospital is a complex process, influenced by individual need and requiring support from a number of primary, secondary and community care services. Aberdeen City has made significant progress in

reducing delayed discharges in recent years however with increasing demand and burden of disease there is pressure to do more. We have implemented the easy fixes and what is required now is a system wide change.

During 2023/24 a General Practice Vision 2024-2030 for Grampian was developed with the aim of achieving a sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health. Within the vision ACHSCP have the lead responsibility for delivering certain aspects and we will deliver our lead responsibilities within the General Practice Vision 2024-2030.

The Primary Care Improvement Plan has been in place for some time but work needs to continue to complete our commitments in relation to this. We will continue to deliver the Primary Care Improvement Plan.

Grampian wide Mental Health and Learning Disability Services (MHLDS) are hosted by Aberdeen City IJB which means we have the responsibility for operational delivery including transformational activity. The Grampian MHLDS Transformation Team are based within ACHSCP Strategy and Transformation, and they will continue to contribute to achieving delivery of the Grampian Mental Health and Learning Disabilities Transformation Programme.

We will grow community rehabilitation capacity - rehabilitation services are hosted by Aberdeen City IJB. The services as a whole were due to be reviewed as part of our previous Strategic Plan however only the Neuro Rehabilitation Service and the Wheelchair service were reviewed. We plan to complete the review of the remaining services with greater emphasis on the benefits that community services can bring.

Transitioning from childhood to adulthood is challenging in itself but when you are in receipt of health and social care services that transition can bring different changes which can be unsettling and negatively impact a young person's health and wellbeing. We will seek to improve the transition experience for those moving from Children's to Adult Social Work.

Aim 3 - Improve equity of access to care and support

Meet the identified needs of people with learning disabilities and autism – the imminent implementation of the Learning Disabilities, Autism, and Neurodivergence Bill has been delayed but we have the consultation draft and are aware of what the Bill will eventually encompass. We will develop an interim/holding local response to this in the form of an action plan.

Meet the identified needs of people with physical disabilities Aberdeen City IJB has delegated responsibility for the provision of Disabled Adaptations. In January 2023 the Scottish Government produced statutory Guidance on the Provision of Equipment and Adaptations. The Disabled Adaptations Group (a sub group of the Strategic Planning Group) is currently implementing their local action plan to ensure the best arrangements are in place to deliver disabled adaptations for all who need these regardless of whether they live in a privately owned, council owned or registered social landlord owned property.

Meet the identified needs of Older People - there is no typical older person and each individual ages differently depending on genetics, environment and lifestyle but many health issues commonly affect older people more than the younger generation. Our Frailty Pathway is designed to provide support for those in our population who are frail and elderly both in the community and in hospital and care settings. We will work with frail, elderly people, their carers, and families to co-design and deliver a Community Frailty Pathway that meets their needs, increasing awareness of it, and ensuring those who require the support have the awareness and knowledge in terms of what is available and how best to access it. Dementia, although not only affecting older people, mainly affects people over the age of 80. It can affect every aspect of a person's life and this impacts on care partners, unpaid carers and families. We will work with partners and people with lived experience and their carers to deliver commitments in relation to Post Diagnostic Support available for people living with Dementia and their carers.

Meet the identified needs of those who are digitally excluded – particularly with our focus on increasing the use of technology, we are aware that there are certain cohorts of our population that are digitally excluded. Working with this cohort, we will aim to support them either by helping to develop their digital skills or by ensuring alternative options for accessing care and support are provided, whichever is most appropriate to individual need.

Meet the identified needs of those who are homeless to make homelessness rare, brief and non-recurring – homeless people need bespoke support when it comes to the provision of health and social care services. During 2024, in conjunction with homeless people we undertook a review of the provision of GP services at the Marywell practice. We will implement the agreed option from that to ensure the needs of homeless people continue to be met. We will contribute to delivery of the Homewards project to inform services and our population of the needs of homeless people. The Housing (Scotland) Bill introduced in March 2024 includes a duty on public bodies to 'Ask and Act', that is, to ask in relation to a person's housing situation and to take action to avoid them becoming homeless wherever possible. The Bill will require public bodies – including Aberdeen City IJB to implement systems whereby people at risk of homelessness are easily identified and directed to the appropriate services before they reach crisis point. To comply with this legislation, we will put in place systems and procedures to embed the 'Ask and Act' approach within routine contacts with patients and clients.

Meet the identified needs of Unpaid Carers – since the implementation of the Carers Act in 2018, Aberdeen City has had a local Carers Strategy and has worked with carers to ensure it continues to meet their needs and enable them to have a life alongside their caring

role. We will continue to implement our current Carers Strategy, reporting annually on progress and will also prepare for the refresh of that strategy in March 2026.

Meet the identified needs of those experiencing poverty - when we think of 'poverty' we tend to think of very low income, but reduced income can lead to other forms of poverty such as Fuel Poverty and Food Poverty. Poverty limits access to these important building blocks of health - where a person lives, the income they have, and the conditions in which they live, and work are all important aspects impacting both physical and mental health. Low income may mean people cannot afford to heat their homes, eat nutritious food, or access preventative healthcare – all of which can impact physical health and the stress of worrying about these things can impact mental health. Children living in low-income families are similarly impacted and therefore perhaps not able to achieve the best start in life that is vital to their health as an adult. We will work with those on low incomes to understand what support they need to improve their health and provide or signpost to that where possible.

Co-design with organisations representing lesser engaged groups to ensure their voices are heard and to help reduce stigma – our Equalities and Human Rights Group (a sub group of our Strategic Planning Group) will continue to work with organisations representing lesser engaged groups to ensure their voices are heard in service delivery and planning and that we educate and inform our staff and our population to help reduce discrimination and stigma.

Aim 4 - Collaborate with our communities and partners

Co-design and co-produce services with those with lived experience and with commissioned providers in the third and independent sectors - the best way to ensure our services will meet the needs of the people we serve is to co-design and co-produce them with the voices of lived experience. We will do this in line with the Planning with People Guidance. As of financial year 2024/25, £164 million of our social care delivery is provided via externally commissioned providers and their expertise and experience is crucial to designing and delivering the most appropriate and relevant services in line with need. We will undertake development work with our two biggest providers Bon Accord Care and Granite City Consortium to ensure their services remain relevant to client needs. We will work with our commissioned Counselling Services to develop a commissioning led alliance contract. We will also redesign our residential service for those with problems relating to alcohol use. We will make greater use of the Health Improvement Fund as a way to empower communities and drive forward community led health. The relationships ACHSCP has with the providers who deliver services on our behalf are key and we will maintain our focus on positive relationships to help ensure a positive experience for service users.

Undertake consultation on service change and the use of our budget in line with the 'Planning with People' Guidance and our budget Protocol – with the challenges we face in relation to budget, staffing and increased demand and the need to transform the way we deliver services it is likely that there will be a lot of changes for patients and clients. We need to consult with staff and service users to assess the impact of any proposed changes to help inform our decision making on final solutions which may include implementing mitigations to reduce any negative impacts.

Collaborate with partners to influence activity that has a positive impact on the wider determinants of health – place planning, the economy, transport strategies, and the provision of education and housing all have an impact on population health. ACHSCP has close links with Aberdeen City Council who are responsible for the provision of these services. We will make best use of these links to help influence the implementation of initiatives that will have a positive impact on the health of the population in Aberdeen. In conjunction with colleagues from Housing, we will look to redesign Provost Hogg Court from Sheltered to Very Sheltered Housing and undertake a programme of work investigate the potential of redesigning some Sheltered Housing to Amenity Housing ensuring we match the housing available to the needs of the people of Aberdeen.

Collaborate with partners to ensure the service delivery from Hosted Services is transparent and accountable and that best value is achieved – in 2024 an Internal Audit of Hosted services was undertaken with a number of recommendations on governance and reporting arrangements made which are to be implemented up to September 2025. We will implement the recommendations from the Hosted Services Audit working in partnership with colleagues from NHS Grampian and Aberdeenshire and Moray Health and Social Care Partnerships. The proposals will be agreed by the three IJBs and following implementation the new governance and reporting arrangements will be monitored for their effectiveness.

Our Strategic Enablers

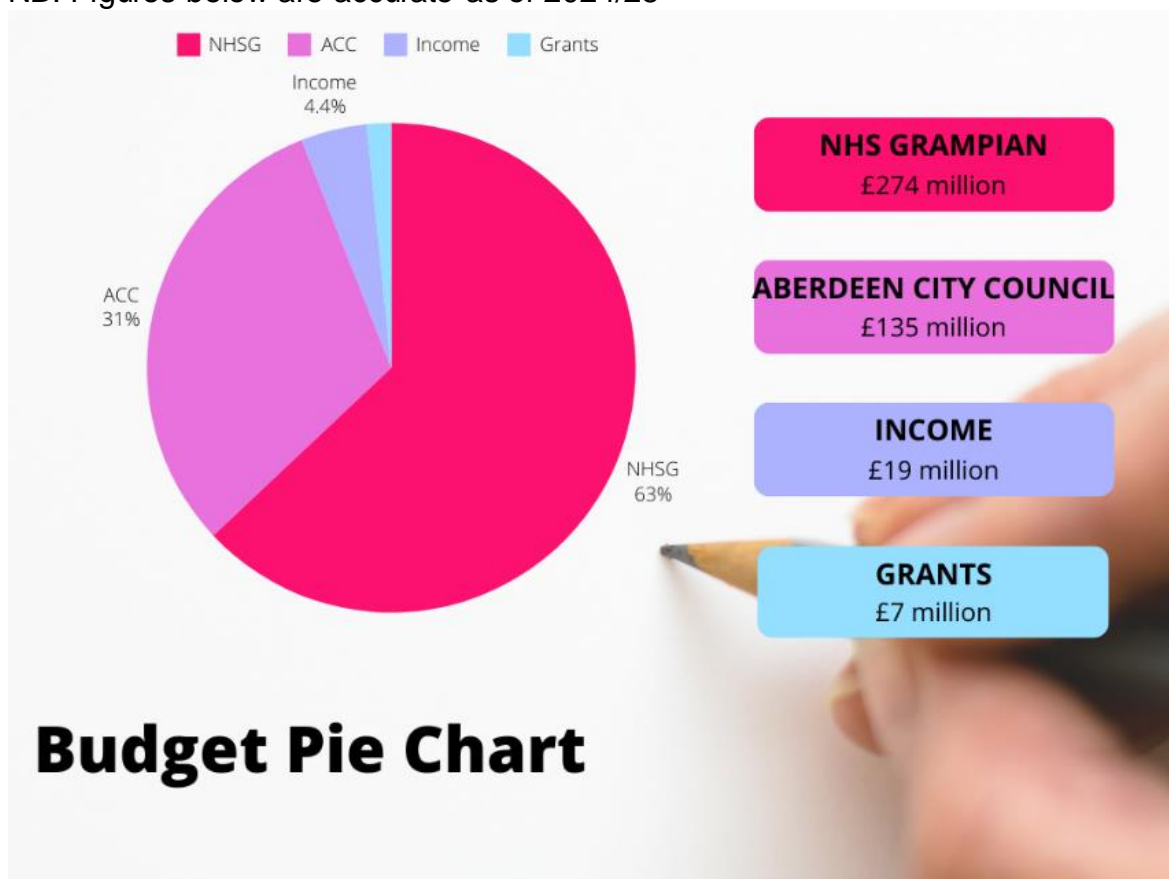
We have identified six key enablers to support the delivery of our Strategic Plan.

1. Finance

The Medium-Term Financial Framework (MTFF) will help inform our planning every year to support the delivery of our strategic priorities. A budget protocol will form part of the budget consultation in line with the Accounts Commission findings 2024. Our budget will be allocated in tiers to allow growth of our prevention and early intervention programmes. Our commissioning priorities will be reviewed on an annual basis to ensure best value is achieved.

- Our budget is **COMPLEX** – and our decisions are only going to get harder with increasing pressures on health & social care partnerships across Scotland.
- Our IJB has a statutory duty to set a balanced budget each year – which is getting more challenging
- As a result, it is important to have clear and collaborative conversations with all our stakeholders around the difficult choices to achieve financial stability
- This protocol identifies the key stages in developing and delivering Aberdeen City IJB's Medium Term Financial Framework and annual budget highlighting the importance of meaningful engagement to enable a shared understanding of potential impact of budget decisions. [Link to protocol?](#)

NB: Figures below are accurate as of 2024/25



£78 million on staffing across all our services

£164m on commissioning. This includes our contracts such as care at home, care homes and voluntary organisations

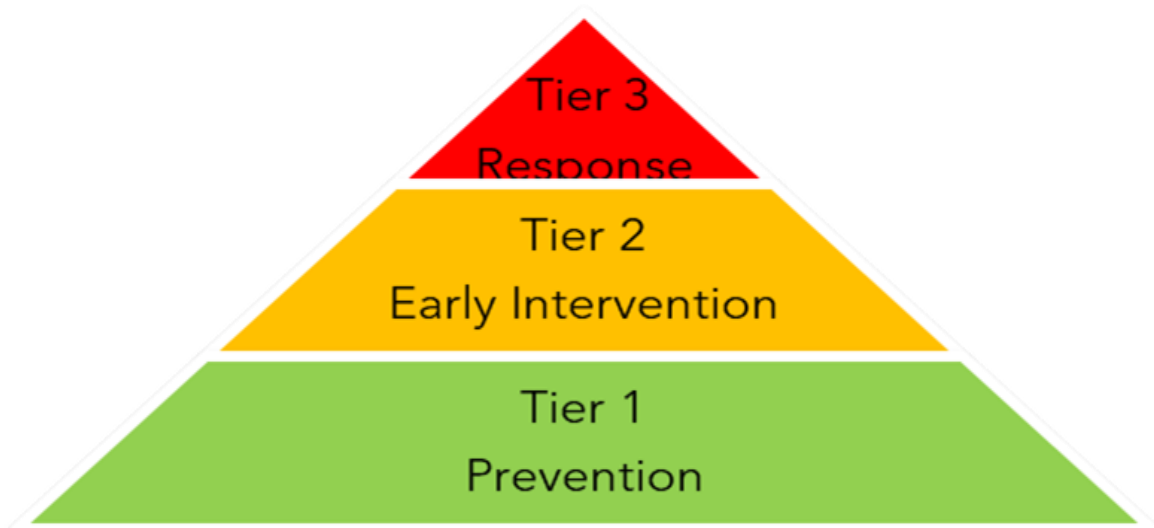
£52m on prescribing. This includes prescriptions written by our GPs and pharmacies

£85m on hospital-based services. This includes the services we host on behalf of other IJBs (specialist rehabilitation and frailty); as well as unscheduled care

£46m on primary care. This includes our contracts with GPs, pharmacies, dentists and optometrists.

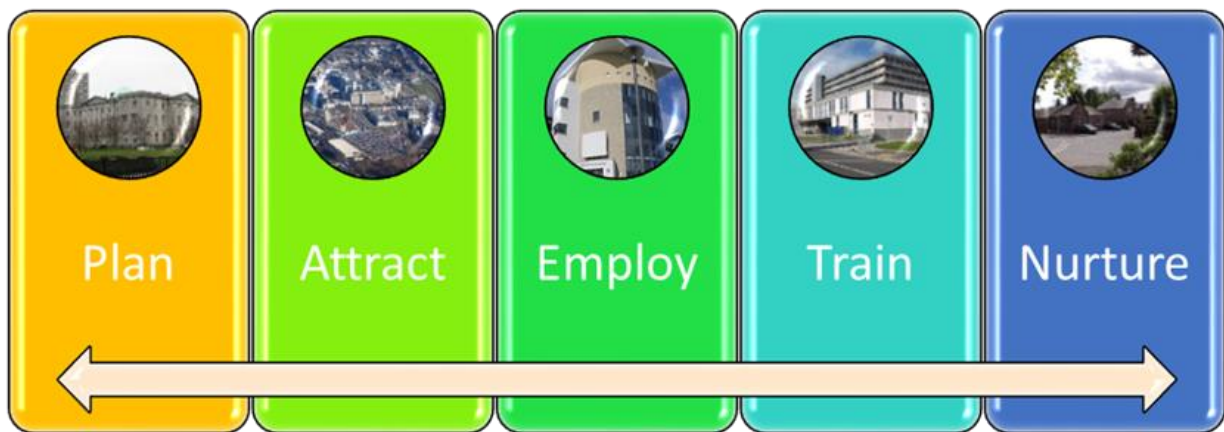
£10m on other costs such as supplies, premises, admin and transport

Prevention and early intervention are key ways in which pressures on care services can be better managed over time through reducing demand in the face of restricted funding. The [Commission on the Future Delivery of Public Services](#) undertaken by Dr Campbell Christie CBE and published in 2011, directed public bodies to make a deliberate shift to preventative spend. In March 2023 the IJB approved a recommendation that the Chief Officer included tiered analysis on annual reporting against the Health and Social Care Partnership Strategic Plan as part of evidencing the shift to a preventative approach. 72% of our budget for 2024/25 is allocated to prevention, 27% to Early Intervention and 1% to Response. We will continue monitoring our budget commitments to evidence the shift.



2. Workforce

It is essential we have the right capability and capacity to meet the future needs of Aberdeen. We will deliver our current workforce plan and being cognisant of future challenges develop the workforce plan for 2025-2030 to support the delivery of our strategic plan 2025-2030. Our staff across ACHSCP are our best asset and are crucial if we are to deliver on our strategic priorities. The challenge of recruitment and retention of staff continues, particularly within clinical and social care settings. Our workforce plan complements the delivery of our strategic plan, and we will support and develop our workforce using the five pillars set out the National Workforce Strategy for Health and Social Care which are: -



3. Infrastructure

Infrastructure Plan - our Infrastructure Plan 2025 -2030 will be derived from the need to review the allocation and use of space across premises we utilise across the City. The plan will identify and forecast the areas of pressure and demand across the City and how we intend to deliver services to respond to that demand. Aberdeen City IJB does not own any buildings or assets in this regard so our collaboration and partnership working with our partners in NHSG and ACC is crucial to achieve our aims.



The Aberdeen Community Health and Care Village, Frederick Street, Aberdeen

4. Digital Innovation and Technology

We will maximise the benefits both for staff and patients which will bring efficiency and improved outcomes. Digital technologies are transforming every element of our lives. They are radically redefining relationships between all organisations and their clients and customers. The effective use of technology can keep people at home, managing long term conditions and increasing independence, rather than remaining in hospital or a care setting. To most effectively improve outcomes, and to prevent and reduce demand, services and data need to be integrated and have the individual person and their unique circumstances at their core.



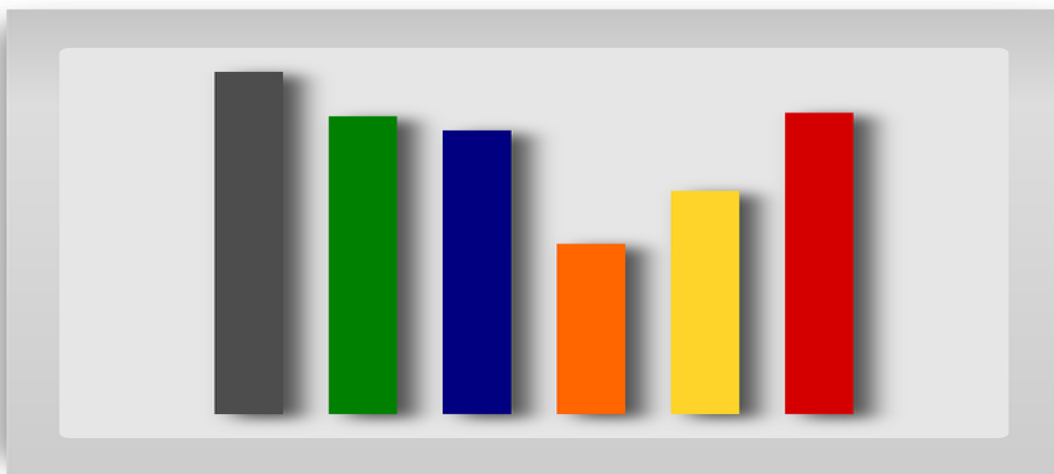
5. Relationships

99% of our care services are delivered by our commissioned services and we recognise the need to work better together to ensure we are using resources effectively to deliver the best outcomes for the citizens of Aberdeen City. Developing and maintaining positive relationships across the region with our partners, ACC and NHSG, and our communities is crucial to the successful delivery our strategic plan. We will continue to ensure that lived experience informs the design, delivery, and improvement services around the needs and requirements of the population.



6. Data

Data, both quantitative and qualitative should underpin everything we do and guide every decision we make. Data on demographics and population health are vital to forecasting future demand. Performance data helps us understand how we are doing and where we need to focus our resources to improve. Our Market Position Statements rely on data to shape future service provision. Qualitative data through surveys and engagement is crucial to help us understand how people feel about our services, whether they are meeting their needs and what we might need to change. Output from research such as that undertaken by the Health Determinants Research Collaborative (HDRC) can provide both quantitative and qualitative data and we will work closely with them to ensure we benefit from this valuable knowledge source.



Governance

Our Delivery Plan

As with our previous Strategic Plan, its delivery will be supported by a Delivery Plan which will be reviewed annually, enabling us to be able to respond to emerging needs and anything new arising from our partners refreshing their plans. The activity reflected in our Delivery Plan going forward will be much more targeted toward specifically achieving our aims ensuring that we can deliver these within the anticipated resource. We remain ambitious in what we hope to achieve but we have ensured that we are also realistic within the challenges already mentioned in relation to reducing budgets and restrictions around recruitment.

Measuring Impact/Success

The Strategic Aims and Priorities will be translated into a number of programmes with associated projects. Key Performance Indicators (KPIs) will be developed for each project although these will be a mix of qualitative and quantitative measures. The qualitative measures will form the basis of our Delivery Plan Dashboard whilst the quantitative measures will feed into our Delivery Plan Progress Report. We will also identify data to tell us whether we are delivering on our four Strategic Outcomes. These will form the basis of our Strategic Plan Dashboard and Progress Report.

Governance and Assurance around Delivery

We will continue to use a programme and project management approach to delivering our Strategic and Delivery Plans. Each programme will have a Senior Responsible Officer from the Senior Leadership Team (SLT) and each project will have a nominated lead, also from the SLT. Delivery of the projects and programmes will be supported by the Strategy and Transformation Team.

Progress against the Delivery Plan will be reported monthly to SLT, and quarterly to both the Risk Audit and Performance Committee (RAPC) and the Chief Executives of Aberdeen City Council and NHS Grampian. Progress against our Strategic Plan including the impact of the Strategic Outcomes and data in relation to National and Ministerial Strategic Group (MSG) Performance Indicators will be reported annually to the IJB, the Scottish Government, and other stakeholders including the public, through the publication of our Annual Performance Report.



Aberdeen City
Health & Social Care
Partnership

A caring partnership

Strategic Plan 2025 – 2029 Consultation and Engagement Plan





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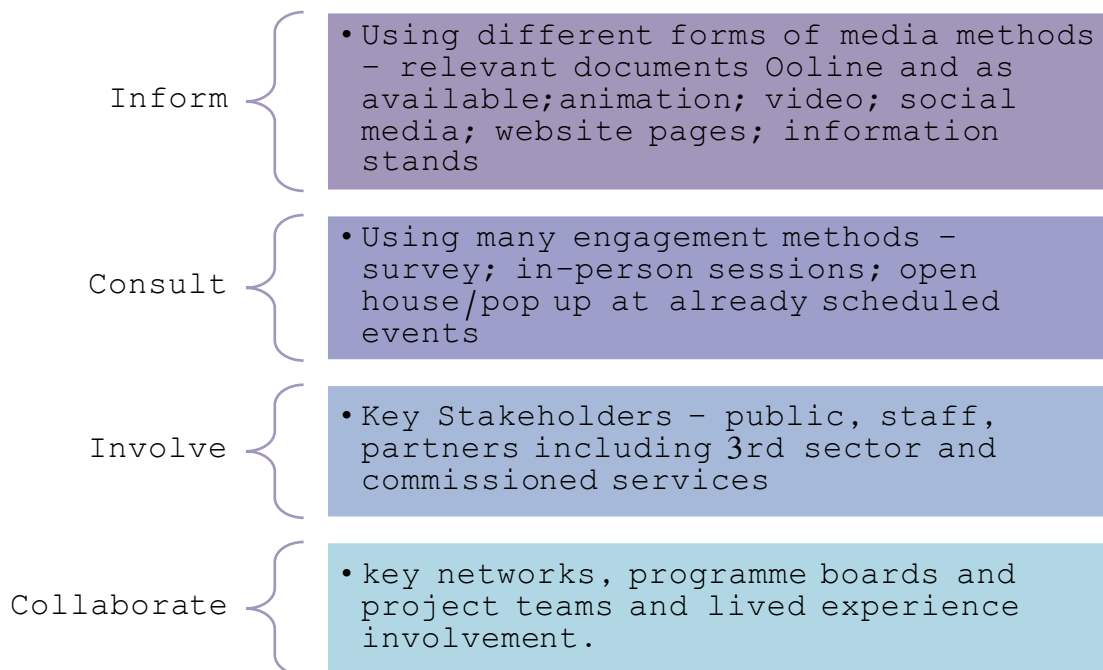
1. Key Facts

Purpose of Paper: To present engagement to date as well as the Consultation Plan for the refreshed Strategic Plan 2025 – 2029 ahead of the formal public consultation period and approval of the final Strategic Plan in March 2025.

Dates: Consultation period – 20th November 2024 – 12th February 2025 (12 weeks)

Leads:

- Strategy and Transformation Lead, Alison MacLeod
- Transformation Programme Manager, Stuart Lamberton
- Senior Project Manager, Grace Milne
- Development Officer, Matthew Carter



This document notes an extensive programme of engagement already undertaken as well as consultation planned towards March 2025. It is important to note that this will run alongside, and along with, the consultation on the Budget proposals – the project teams will take every opportunity to streamline and combine where relevant.

2. Overview of Engagement undertaken to date.



Page 38 of the Strategic Plan Evidence Document includes high level themed feedback from engagement undertaken to date. The Draft Strategic Plan has been informed by engagement with staff, colleague's, and partners.

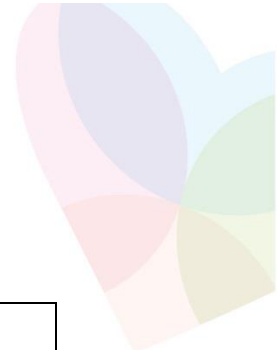
It has also been informed by a number of other relevant and aligned consultations that have already taken place for the Carers Survey, City Voice (#49 on Health), the Locality Plans and the refresh of the Local Outcome Improvement Plan (LOIP), and the General Practice Vision 2024-30. The availability of this rich source of information is was extremely valuable and helped to avoid duplication and consultation/engagement fatigue. It also enabled us to develop a better informed draft with more detail that we might have otherwise been confident to include. Our community representatives on the Strategic Planning Group advise us that they find it easier to comment on a document that contains a lot of information , saying what they like and what they don't like rather than being presented with a blank sheet of paper and being asked what they would want to see included. It is hoped that this approach meets those needs also.

Our engagement to date has, therefore, been more streamlined than previously. Our approach initially was to sense check the key components of our Strategic Plan. This included asking all partners and stakeholders if our Aims, Vision, Values and Enablers are still relevant, and if not, what were we missing.

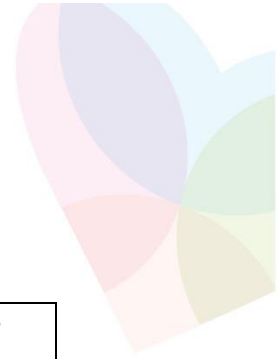
We also asked for opinions and options on how our Strategic Plan should be presented and what formats people find beneficial. During the initial engagement period we took the opportunity to check we are covering all relevant groups and contacts for consultation.

Timeline of Engagement To Date

Forum	Date	Outcome
Commissioning Event	19 February 2024	Awareness raising and provider priorities
Staff Conference	29 February 2024	Awareness raising
Senior Leadership Team	6 March 2024	Initial Approval of timeline and approach
JB CO Report	26 March 2024	Approval of timeline and approach
JB Insights	16 April 2024	Review of performance/identification of high level priorities. NB: SLT encouraged to attend.
Strategic Planning Group	18 April 2024	Seeking confirmation that reps are content with approach
JB Insights session	11 June 2024	Agreement of timeline and approach Overview of strategic context, direction and current priorities Values session and impact of budget explored
Senior Leadership Team	19 June 2024	Reviewed Agreement of timeline and approach Overview of strategic context, direction and current priorities Values session and impact of budget explored
Strategic Planning Group	20 June 2024	Feedback from engagement and confirmation of agreement of strategic context, direction and priorities (as per feedback from IJB and SLT)
Engagement Update to TPM meeting	2 July 2024	Planning: <ul style="list-style-type: none"> Strategy and Transformation Team - Jamboard- Priorities/ Delivery Plan



		<ul style="list-style-type: none"> • Staff Drop In Sessions (July/August) • Staff and Partners Questionnaire • Informed by Data / APR
ACHSCP Staff drop in session 1	24 July 2024	<p>Partnership wide session to raise awareness of timeline and approach</p> <p>Overview of strategic context, direction, and feedback received so far</p> <p>Encourage feedback and participation in development of the refreshed Strategic Plan</p>
Specific meeting	24 July 2024	Arranged by COO/CO to discuss progress
ACHSCP Staff drop in session 2	1 August 2024	<p>Partnership wide session to raise awareness of timeline and approach</p> <p>Overview of strategic context, direction, and feedback received so far</p> <p>Encourage feedback and participation in development of the refreshed Strategic Plan</p>
ACHSCP Staff drop in session 3	6 August 2024	<p>Partnership wide session to raise awareness of timeline and approach</p> <p>Overview of strategic context, direction, and feedback received so far</p> <p>Encourage feedback and participation in development of the refreshed Strategic Plan</p>
Strategic Planning Group	22 August 2024	Update on current progress and planning ahead for public Consultation, views on formats.
CAN Day	September	Stand Event at Aberdeen City Vaccination and Health and Wellbeing Hub, Come and Network Day looking for views on key components – Aims, Values, Vision and Enablers. Views on Communication and Formats.
IJB Insights Session	17 September 2024	Update on current progress and planning ahead for public consultation, and views on draft priorities and aims.
SLT – Critical thinking session	18 September 2024	Agreement of Strategic Plan priorities and high level overview, approval of comms plan and further discussions on content of 'evidence report'
IJB meeting	24 September 2024	APR approved at this meeting information to support draft Strategic Plan.
Impact Assessment	7 October	IIA developed and DiversCity Officers consulted
ACC Strategy Board	10 October 2024	Compiled Draft Strategic Plan, Evidence Doc and High Level overview on agenda for ACC Strategy Board to discuss.
IJB Consultation	11 October 2024	Compiled final version of the draft Strategic Plan containing high level overview and evidence report sent for IJB Statutory Consultation
SLT	9 October	Final version of the draft Strategic Plan presented to SLT containing high level overview and evidence report, and Consultation Plan
Grampian Gathering	12 October	Public Event, showcasing draft aims
Various	Locality Empowerment Groups	North, Central and South over October on views on Initial Priorities and Draft.
Various	Strategy and Transformation Team	Values Session – May 2024 – deep dive into our values and how we can further embed our values (feedback from Conference)



	Sessions	Initial Priorities and Draft – October 2024 – Team thoughts on initial priorities, aims and other strategic plan key components.
Various	Stand Events – Health and Wellbeing Hubs	Feedback and Thoughts gathered through 3 stand events for views on key components – Aims, Values, Vision and Enablers. Views on Communication and Formats.
Various		Consultation and Communication Plan project team progress next steps in preparation for IJB Approval in November.
Various	Leaflet	Leaflet displayed and sent to teams, partners and network to link to us for consultation. Information back to Strategy Senior Project Manager and Consultation and Engagement Development Officer.
IJB	November	Draft to be considered for approval.

Themes to date (reflected in and incorporated within Draft Plan)

- Prevention and Early Intervention needs to stay high on our priorities if we are going to impact future health needs.
- Being honest with our financial forecast and implications, If service delivery needs to be affordable, be honest and say that.
- Honesty and Transparency are similar values do we need both?
- We need to make sure our communications are clear and any changes to access to services and new initiatives are consulted and communicated to the public
- Our current Strategic Aims are still relevant, however stigma, inequalities and sustainability are key themes mentioned in feedback.
- There should be less focus on ‘business as usual’ service delivery i.e. what we are already doing.
- We must rebalance towards prevention and early intervention e.g. falls prevention, management of long term conditions
- What do we need to do in relation to public communication and education using this as a tool for prevention encouraging self-care, improving health literacy, improving understanding that resources need to be targeted where they are needed not where they are wanted.

3. Purpose of Consultation

The purpose of our consultation is to take our initial Draft Strategic Plan 2025 – 2029 and consult with our key stakeholders including, public, staff, partners to

- Share our draft Strategic Aims, Priorities, Vision, Values and Enablers
- Show our linked partnership organisations, influencing strategies and legislation
- Clearly express our indicative priorities for Strategic Plan over the period 2025-2029.



- Enable opportunities to shape and develop the draft priorities ensuring we are not missing anything important
- Move focus on opportunities around prevention, service accessibility and financial position
- Collaborate with our key stakeholders to shape the delivery plan to achieve our strategic aims.
- Agree an approach on implementation of the Strategic Plan aims.

4. Interdependencies

Consultation on the Strategic Plan will run in conjunction the following:

1. ACHSCP Budget Consultation Process
2. Achievements of annual performance report promotion

This will provide opportunities to work together to increase the number of opportunities to input, reduce engagement fatigue and ensure that all views are captured as well as informing our stakeholders of our performance achievements to develop from.

NB : Not all of these opportunities will be captured here, but will be added as the plan develops further.

5. Data Protection

A Data Protection Impact Assessment (DPIA) Screening Questions and DP Checklist has been completed and [can be viewed here.](#)

A Privacy notice has been drafted and can be viewed [here.](#) As the information gathered will be hosted on ACC engagement platforms and analysed from ACC devices, the ACC DPIA process has been followed. This assessment determined that a DPIA was not required.

6. Inform

6.1. Website

Website link - [Our Strategic Plan | Aberdeen City HSCP](#)

The following pages are required:

Consultation Drafts available with link to survey and questionnaire.

(To be uploaded once approved by IJB)

Draft documents in downloadable versions, with options for other formats as below.



If you need information provided in a different format, such as accessible PDF, large print, easy to read, audio recording or braille, or have any accessibility requirements please email equality_and_diversity@aberdeencity.gov.uk.

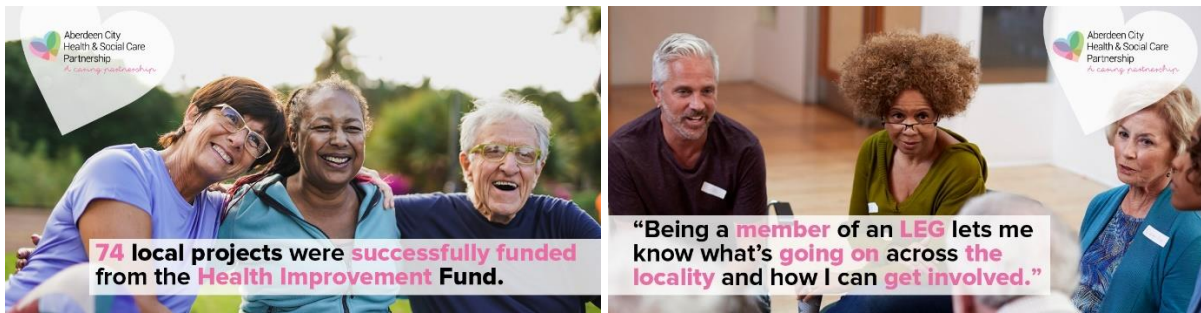
6.2. Animation

Short video will be created on Biteable to provide more information and explaining why views are so important to hear for our next Strategic Plan. The narrative is outlined below.

- Aberdeen City Health & Social Care Partnership is responsible for the planning and delivery of community health and adult social care services in Aberdeen
- We have drafted a Strategic Plan that we would like to have your views on, and we want you to help and shape our priorities for the next 4 years
- Rundown of some of our challenges
- Quick look at our strategic aims
- Draft Priorities
- How to get in touch or invite us to your event.

6.3. Social Media

Utilising the Annual Performance Report key measures and highlights, we will be ensuring our priorities are conveyed alongside development of our previous achievements.



Social Media Post planning

- **20 November – IJB Approval of Consultation Draft – Launch Consultation including Survey Link**
- **5 December – Conference Day – Consultation at Beach Ballroom**
- **DATE - Strategic Aim 1 – Picture representation and link to questionnaire**
- **DATE - Strategic Aim 2 – Picture representation and link to questionnaire**
- **DATE - Strategic Aim 3 – Picture representation and link to questionnaire**
- **DATE - Strategic Aim 4 – Picture representation and link to questionnaire**
- **11th January 2025 – Health and Wellbeing Festival – Come see us at Stall 14**
- **15th January 2025 – 1 month to go for Consultation**
- **5th February 2025 – 1 week to go for Consultation**
- **12th February 2025 - Closing Day for Consultation**
- **18 March 2025 - Strategic Plan approved**



Where to Share / Tag

NHSG; ACC; ACVO; SCOTTISH CARE; BAC; GCC; SHMU; LEGS; Community Planning; Community Councils

NB comments to be switched off

6.4. Visual Displays Onsite

Posters and interactive QR Boards to be developed and included at high-traffic sites including:

- Aberdeen Vaccination Centre
- Health Village
- GP Practices
- Grampian Gathering
- Aberdeen Royal Infirmary
- Woodend
- Rosewell

Example wall display below, and example poster overleaf. At times, a visual display could be manned to allow more explorative, qualitative discussions:

Figure 1 QR Code to be added when website live

7. Consult

7.1. Survey Questionnaire (Common Place)

In the process of being developed – link to be included

Survey to include; -

- Protected characteristics information
- Area of Aberdeen you live/ work in?
- Do you like the way the Strategic Plan is presented?
- Do you agree with the Strategic Aims – should these be our priority over the next 4 years?
- Are there any priorities you think that we are missing?
- Do you agree with the Projects within the Delivery Plan?
- Have you seen our Consultation Draft Strategic Plan Animation?



- How helpful was the animation in describing the main points of the Strategic Plan and the Consultation.
- What is important to you for Health and Care Services?
- What is concerning you about Health and Care Services in Aberdeen?
- How can we best communicate with you about Health and Care Services in Aberdeen City.
- We are keen to visit your community groups in a place that best suits you, please leave a contact if you would like us to attend your community group, class or area.

7.2. Consultation Approach

Largely, the approach to consulting with people about our Strategic Plan will follow an approach of “go where the people are” rather than to expect them to come us. We can do this by building on our existing high-traffic areas and events. We will be encouraging conversations and questions and also promoting feedback through the online survey questionnaire.

We have arranged a number of events to ensure we catch some of our key stakeholders and communities, but we are strongly encouraging and reaching out to those to invite us along to discuss with groups and communities where best suits them.

Spaces

Health Village
 Health and Wellbeing Hubs – Tillydrone, Greyhope, Healthy Hoose, GetActive@Northfield
 Sports Centres, Community Centres & Libraries
 Abdn City Vaccination Centre and Wellbeing Hub

Events

Date	Event
19 th November 2024	IJB Draft Consultation for Approval (Public Papers)
19 th November 2024	Launch Survey and Consultation – Social Media Event
5 th December 2024	ACHSCP Conference Beach Ballroom
10 th December 2024	Providers Event – Online
12 December 2024	Strategic Planning Group
11th January 2025	Independent Health and Wellbeing Festival – Beach Ballroom
The following will be	North East Scotland College (NESCOL) pop-up(s) Robert Gordon University – (Ishbel Gordon Building) pop-up(s)



pop up events (max of 2 per site) Dates yet to be determined

Aberdeen University pop-up(s)
Royal Cornhill Hospital pop-up(s)

Various Lived Experience Groups

Wellbeing Wednesdays
Carers Reference Group
Wee Blether
Locality Empowerment Groups
Priority Neighbourhood Partnership Meetings
Community council forum – first Monday of every month
GREC equalities group
Aberdeen Volunteer Co-ordinators Network
Aberdeen Youth Movement/ Council
North East Sensory Services
The Aberdeen Inter-Faith Group, which represents 17 religions or denominations.

8. Involve & Collaborate

8.1. Key Stakeholders

Staff – ensuring our staff recognise their contributions and understand how their work feeds into the Strategic Plan; making sure our staff's feedback and views are represented.

Partners and Linked Services, working with partners Housing, Children's Social Work, Education, Hospital services and linking in with subsequent action plans/ strategies that we can help influence or refer to within our Strategic Plan.

Public – ensuring our public's views, concerns, priorities are addressed where possible within the strategic plan, and supporting and enabling our communities to be involved and included in decisions.

3rd Sector - working with ACVO and others, to network and support opportunities within the sector and links with ACHSCP services, recognising their contributions to Health and Social Care support across Aberdeen.

Commissioned Services – Attendance at the Commissioning Academy and other commissioning or provider events to work with providers to gain more feedback on what we need to include in our Strategic Plan to support our commissioned providers.



8.2. Existing Groups with Lived Experience Representation

As these focus groups are confirmed, this document will be updated.

Existing groups within ACHSCP's will be encouraged to influence the development of the Strategic Plan, and we will make the first effort with these groups to be included for feedback within the Survey and also encouraged to include us within their meetings.

- Locality Empowerment Groups
- Carers Reference Group
- Strategic Planning Group
- Equalities Participation Network (GREC)
- Tenants and Care Home Participation Network
- Equalities and Human Rights Group
- Community Council Forum
- Aberdeen Volunteer Co-ordinators Network
- Aberdeen Youth Movement/ Council
- North East Sensory Services
- The Aberdeen Inter-Faith Group, which represents 17 religions or denominations.

9. Understanding Impact

In order to understand the potential impacts on people with protected characteristics and those considered within our Integrated Impact assessments, bespoke focus groups will be contacted and established where appropriate and as identified above.

We have considered an initial stage 1 Integrated Impact Assessment – proportionality and relevance for our Draft Plan and Consultation. [LINK DOCUMENT HERE](#)

Additionally, our projects and programmes will undertake separate engagement, inclusion and impact assessments as each progresses.

10. Completing the Feedback Loop

We recognise the importance of demonstrating how the views and impacts gathered in the consultation and engagement process have shaped the Strategic Plan 2025 -2029.

There will be a full Communications Plan to support the Final Strategic Plan full launch, including feedback on what we have heard and what we have incorporated or not, and the reason why not. This will form the basis of our governance and delivery plan structure to ensure our key messages, initiatives, changes and impacts are clearly consulted and communicated within Aberdeen City.

Throughout the Consultation period we will be seeking views on how best people would like these messages to be relayed, there are many imaginative communication methods, and we want to ensure ACHSCP are engaging the best way possible.



INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	Abortion Services (Safe Access Zones) (Scotland) Act 2024
Report Number	HSCP.24.086
Lead Officer	Fiona Mitchelhill
Report Author Details	Name: Sandy Reid Job Title: Lead People & Organisation ACHSCP Email Address: sandy.reid1@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	1.c) The IJB Shall consider the following – any other matter that the Chief Officer determines appropriate to report to the IJB

1. Purpose of the Report

- 1.1. This report is intended to inform and update the Integration Joint Board (“IJB”) about the Abortion Services (Safe Access Zones) (Scotland) Act 2024 (“the Act”) and the Aberdeen Health and Social Care Partnership’s (“ACHSCP”) preparations for the introduction of the Act.

2. Recommendations

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

- a) Notes that the Abortion Services (Safe Access Zones) (Scotland) Act 2024 became law after receiving Royal Assent on 22 July 2024;



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- b) Notes the information contained in the report about Act and the implications this has for the IJB and ACHSCP;

3. Strategic Plan Context

The IJB's 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.

As part of the third of these strategic aims, the ACHSCP hosts Grampian Sexual Health Services. Part of delivering these services is the provision of abortion care.

The legislation highlighted in this report has a direct impact on the delivery of abortion care throughout Grampian. Accordingly, it also has a direct impact on the delivery of strategic aim of 'Preventing Ill Health.'

4. Summary of Key Information

4.1. Background

In May 2022, Gillian Mackay MSP first noted her intention to introduce a Bill to the Scottish Parliament to establish safe access zones around places providing abortion services in Scotland. Following discussions and a conference on the provision of abortion care, the Scottish Government agreed to work with Gillian Mackay MSP on the Bill.

The Bill was first introduced to the Scottish Parliament in October 2023. Following debate and voting, the Scottish Parliament passed the Bill. It received Royal Assent on 22 July 2024 and thus became an Act of the Scottish Parliament.

The Act is intended to ensure that people accessing or providing abortion services are able to do so safely and without harassment. It does this by creating safe access zones around protected premises. The Act makes it a criminal offence to intentionally or recklessly influence, harass or prevent anyone from accessing or providing abortion services in a safe access zone.



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4.2. Protected Premises

'Protected Premises' are the buildings and places in which abortion services are provided. These will either be a hospital or part of a hospital, or a place approved under the Abortion Act 1967 for the provision of abortion services.

NHS Grampian is responsible for a number of protected premises. These are located at

- Aberdeen Royal Infirmary
- Aberdeen Community Health and Care Village
- Aberdeen Maternity Hospital

4.3. Safe Access Zones

Safe access zones include the protected premises and also any public grounds attached to the protected premises and any other public land within 200 metres of the protected premises. This includes the public road and

The Act contains provisions allowing particular safe access zones to be expanded or decreased in size. This is intended to ensure that safe access zones are appropriately sized for their individual locations.

4.4. Prohibited Actions

As noted above, the Act introduces a number of new criminal offences and prohibitions.

The Act makes it a criminal offence for people within a safe access zone to act in a way that might influence the decision of another person to access abortion services, prevent a person from accessing abortion services, or cause harassment, alarm, or distress to a person while they are accessing or providing abortion services.

The Act also makes it a criminal offence for someone within 200 metres of protected premises but not on public land (and therefore not in a safe access zone) to act in a way that might cause harassment, alarm, or distress to someone within a safe access zone who is accessing or providing abortion services, influence their decision to access abortion services, or prevent them from accessing services.

Anyone who commits one of the criminal offences above can be fined. The maximum fines is unlimited if that person is prosecuted under solemn criminal procedure.



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4.5. Enforcement of the Act

The Act first came into force on 24 September 2024. From this date onwards, the prohibited actions noted above became criminal offences.

Police Scotland are responsible for enforcing safe access zones. NHS staff are neither required nor expected to enforce the Act.

4.6. ACHSCP Preparations

There have never been any protests or demonstrations in this context outside any premise operated by Aberdeen HSCP, although there have been demonstrations in the vicinity of NHS Grampian operated premises. Aberdeen Partnership clinical representatives have been actively involved in the development of the Act in recent years via national forums. There are existing mechanisms in place for staff should they need to get support from management or police for any demonstrations,

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

We will review any implications in this context in the act's first year of implementation.

5.2. Financial

There are no financial implications of the Act.

5.3. Workforce

There are no workforce implications of the Act. Staff working in a protected premises or involved in the delivery of abortion Services will have been trained on what to do and how to escalate matters should the need arise

5.4. Legal

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

5.5. Unpaid Carers



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There is no direct impact on unpaid carers arising from the recommendations of this report.

5.6. Information Governance

No known issues.

5.7. Environmental Impacts

None

5.8. Sustainability

Not applicable.

5.9. Other

No other implications have been identified from the recommendations of this report.



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6. Management of Risk

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
Financial risk	N/A	N/A
Risks to quality and innovation outcomes	N/A	N/A
Reputational Risk	N/A	N/A
Risks relating to commissioned and hosted services	Low/Medium	Security escalations known to staff if required



INTEGRATION JOINT BOARD

Date of Meeting	19 th November 2024
Report Title	Independent Living and Specialist Housing Provision Market Position Statement 2024 - 2034
Report Number	HSCP24.050
Lead Officer	Kay Diack Strategic Home Pathways Lead
Report Author Details	Names: James Maitland Job Title: Programme Manager Email Address: JaMaitland@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix 1. Independent Living and Specialist Housing Provision Market Position Statement 2024 – 2034 Appendix 2. Inequalities Impact Assessment
Terms of Reference	Matters Reserved to the IJB 1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself;

1. Purpose of the Report

This report seeks approval from the Integration Joint Board (IJB) for the publication of the Independent Living and Specialist Housing Provision Market Position Statement 2024 – 2034 (MPS).

2. Recommendations

2.1. It is recommended that the Integration Joint Board:



INTEGRATION JOINT BOARD

- a) Agree and approves the Independent Living and Specialist Housing Provision Market Position Statement 2024 - 2034 (Appendix 1) as the reference for the provision of housing for varying needs in Aberdeen City.

3. Strategic Plan Context

- 3.1. The Independent Living and Specialist Housing Provision Market Position Statement 2024 - 2034 seeks to ensure that there is suitable housing in Aberdeen City for people with all types of care and support needs. This directly links to the Keeping People Safe at Home strategic aim of Aberdeen City Health and Social Care Partnership's [Strategic Plan 2022 - 2025](#). The quality and suitability of accommodation can have a significant impact on people's health and wellbeing and this MPS also has the potential to impact positively on both the Preventing Ill Health and Achieving Fulfilling Healthy Lives aims. The Market Position Statement will also help to inform future strategic documents including, but not limited, IJB workforce plan, the Aberdeen City Council housing strategy and IJB strategic plan.

4. Summary of Key Information

- 4.1. This Market Position Statement (MPS) outlines ACHSCP's vision, commitment, and expectations for accommodation across the city for people with specialist requirements, from 2024 until 2034, and sets out an aspiration that will help to ensure that accommodation provision in Aberdeen will meet the city's demographic need for the future. [The Housing for Varying Needs design guide](#) has been utilised since 1999 and sets out the design standards for mainstream housing to achieve and work to "barrier free housing". The aim is to provide a home that is flexible enough to allow a person to live independently for most of their life, and which meets the existing and future needs of the household.
- 4.2. The purpose of developing this MPS is to highlight to accommodation providers and service providers our understanding of the current and future needs in relation to specialist provision in Aberdeen.
- 4.3. This document will be used when Aberdeen City Council (ACC) is preparing its Local Housing Strategy (LHS) and the Strategic Housing Investment Plan (SHIP), and when Registered Social Landlords (RSLs) and social care providers are planning service provision in the City.



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- 4.4. A short life working group was convened in Spring 2023 to oversee the development of the MPS, consisting of a wide range of stakeholders from within ACHSCP and links were made with ACC's Housing for Varying Needs Steering Group and the Mental Health Forensic Accommodation Steering Group. Various workshops were held, followed by individual and groups meetings to gather and discuss the relevant information required. All of the stakeholders were consulted and contributed to the final draft of the MPS.
- 4.5. Acknowledging that needs will be continually developing and changing, and that not all relevant information is currently readily available, the MPS will be reviewed within 5 years to ensure this remains relevant to emerging needs.
- 4.6. ACHSCP has worked with service providers, colleagues, and teams within ACHSCP and more widely with partners to develop a detailed analysis and understanding, as far as we possibly could, of the accommodation needs of our citizens with specialist requirements.
- 4.7. In addition to considering the links to the ACHSCP Strategic Plan, the ACHSCP Workforce Plan and Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP) were also considered when developing the MPS. It also references current projects delivered following production of previous single service statements such as the MPS for Complex Care.
- 4.8. The Independent Living and Specialist Housing Provision Market Position Statement has had due regard to the needs of the ageing population and unpaid carers, whose health and wellbeing can be greatly impacted when service users do not have safe and secure accommodation.
- 4.9. A thorough evaluation was undertaken of the needs of people living in:
- care homes;
 - amenity housing;
 - sheltered and very sheltered housing;
 - forensic mental health accommodation; and
 - their own home whilst receiving care at home.

The range of needs considered included:

- acquired brain injury;
- neurological conditions;
- bariatric needs;
- substance use;
- mental health and learning disability;



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- those currently within children's social work services;
- homelessness
- justice social work; and
- young people with lifelong care support needs.

People with these needs tend to be disproportionately affected by lengthy delays in hospital discharge, out of area placements, and breakdown in community support services.

- 4.10.** In developing the MPS, challenges were identified relating to the availability of suitable accommodation, funding, recruitment and retention of specially qualified workforce and data. ACHSCP is working closely with partners to understand these challenges and to overcome them, and will continue to involve providers, people who use services and their loved ones in this work.
- 4.11.** ACHSCP want people to live in their local communities, in appropriate accommodation environments that will be their home for as long as they need it, and which allows them to access the services most relevant to their needs. Our ambition is to see communities playing an active role in people's experience of care and support, promoting robust community connections and inclusion. By clearly demonstrating the priority we place on this, and outlining how ACHSCP will work with partners, we hope to see significant and meaningful progress in the development of specialist accommodation for people in Aberdeen City.
- 4.12.** The Independent Living and Specialist Provision Housing Market Position Statement aims to answer three main questions related to accommodation within Aberdeen City:
- What accommodation provision do we have now?
 - What accommodation do we need in the short term?
 - What accommodation do we need longer term to provide for future needs?
- The intention is to identify any gaps in provision and the accommodation that will be required.
- 4.13.** This Market Position Statement has been informed by the Population Needs Assessment 2023 of people across Aberdeen City. The impacts on those



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individuals with protected characteristics under the Equality Act 2010 have been considered. An Integrated Impact Assessment (IIA) (Appendix 2) has been completed and the recommendations from this have been incorporated into the Market Position Statement. It includes analysis of the current population who have unmet needs and anticipated projections of future demand for services, including the number of people in need of support and the budget available for the commissioning of services.

- 4.14. The focus of the MPS is those people who, by reason of a long-term health condition, require specialist provision in relation to their accommodation. It is recognised that, whilst it is not the purpose of this document, prevention and early intervention will greatly support people to remain in mainstream homes independently for longer. In addition, the increased use of Technology Enabled Care (TEC), enhanced Care at Home and Hospital at Home, and the provision of specialist equipment and adaptations to existing properties are all key enablers to support people living in their own homes for as long as possible, but there will always be a need for more specialist accommodation provision to meet particularly challenging needs.
- 4.15. By aligning the provision of specialist housing to the Getting It Right For Everyone (GIRFE) principles and embedding a human rights approach in the way we consider how care needs are met, we aim to ensure that people can live in their own homes with dignity and independence for as long as possible.
- 4.16. ACHSCP utilise a collaborative commissioning approach, which embeds the Ethical Commissioning Principles when procuring and commissioning future services. This approach includes engagement with providers, staff and people with lived experience when designing the service to be provided. The Independent Review of Adult Social Care outlined these principles focussing on achieving better outcomes for people.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

An Integrated Impact assessment (IIA) has been carried out and has been attached at appendix 2 to this report for the Board's consideration. The impact across the groups or rights have generally been seen as positive.



INTEGRATION JOINT BOARD

Where there has been any negative impact highlighted, mitigations will be put in place to overcome these going forward.

5.2. Financial

There are no direct financial implications in the publication of the Independent Living and Specialist Housing Provision Market Position Statement. It is foreseeable, however, that IJB may wish to consider the future allocation of funding and the funding of specific projects of work as part of its budget setting process to contribute to meeting the needs identified in the MPS. Any specific projects of work proposed would be brought forward in the form of a business case to the IJB for consideration. It is also anticipated that there may be scope to attract grant funding and private sector investment to meet the emerging needs as identified in the MPS.

5.3. Workforce

The Market Position Statement further considers changes in workforce both in demographics and how we work, including working patterns, where we work and other changes that support a sustainable future in specialist accommodation. Recruitment and retention of staff who have the requisite knowledge and understanding of providing support in each area will be critical to success. The IJB currently has a workforce plan in place dated 2022-2025 and the development of the new workforce plan will assist in supporting the findings made within the MPS around the challenges faced.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report however this collaborative MPS will help both ACC and ACHSCP discharge their duties to provide housing and housing related services effectively.

5.5. Unpaid Carers

The MPS could potentially have positive implications for the unpaid caring role. Caring for a loved one could be made easier by the provision of housing suitable for their needs providing an environment that minimises the challenges and barriers to a life alongside the caring role.

5.6. Information Governance



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

5.7. Environmental Impacts

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

5.8. Other

None

6. Management of Risk

6.1. Identified risk(s)

DESCRIPTION	LIKELIHOOD OF OCCURRENCE	IMPACT IF RISK DOES OCCUR	MITIGATION
Failure to accurately identify the future accommodation needs of those who have care and support needs	medium	Medium/High	Utilising the existing benefits of D365 and working with teams to ensure the data meets the needs of reporting going forward. Engagement with lived experience service users from service design and support after delivery of service
The MPS fails to adequately meet the specialist needs for groups mentioned and importantly not mentioned	Low/Medium	High	Extensive engagement with services, providers to ensure groups are accounted for within the MPS and the needs are correctly identified. Monitoring of MPS through the JB Delivery Plan.



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

This report links to Strategic Risk 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



Aberdeen City
Health & Social Care
Partnership

A caring partnership



Independent Living and Specialist Housing Provision

Market Position Statement 2024 - 2034

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Foreword

This Market Position Statement (MPS) outlines ACHSCP's vision, commitment, and expectations for accommodation across the city for people with specialist requirements, from 2024 until 2034, and sets out an aspiration that will help to ensure that accommodation provision in Aberdeen will meet the city's demographic need for the future. [The Housing for Varying Needs design guide](#) has been utilised since 1999 and sets out the design standards for mainstream housing to achieve and work to "barrier free housing". The aim is to provide a home that is flexible enough to allow a person to live independently for most of their life, and which meets the existing and future needs of the household.

The purpose of developing this MPS is to highlight to accommodation providers and service providers our understanding of the current and future needs in relation to specialist provision in Aberdeen.

This document will be used when Aberdeen City Council (ACC) is preparing its Local Housing Strategy (LHS) and the Strategic Housing Investment Plan (SHIP), and when Registered Social Landlords (RSLs) and social care providers are planning service provision in the City.

A short life working group was convened in Spring 2023 to oversee the development of the MPS, consisting of a wide range of stakeholders and partners from both within and outwith ACHSCP. Links were made with ACC's Housing for Varying Needs Steering Group and the Mental Health Forensic Accommodation Steering Group. Various workshops were held, followed by individual and groups meetings to gather and discuss the relevant information required. All of the stakeholders were consulted and contributed to the final draft of the MPS.

Acknowledging that needs will be continually developing and changing, and that not all relevant information is currently readily available, the MPS will be reviewed as part of the IJB Delivery Plan to ensure this remains relevant to emerging needs.

ACHSCP has worked with service providers, colleagues and teams within ACHSCP, and more widely with partners to develop a detailed analysis and understanding, as far as possible, of the accommodation needs of our citizens with specialist requirements.

In addition to considering the links to the ACHSCP Strategic Plan, the ACHSCP Workforce Plan and Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP) were also considered when developing the MPS. It also references current projects delivered following production of previous single service statements such as the MPS for Complex Care.

The Independent Living and Specialist Housing Provision Market Position Statement has had due regard to the needs of the ageing population and unpaid carers, whose health and wellbeing can be greatly impacted when service users do not have safe and secure accommodation.

A thorough evaluation was undertaken of the needs of people living in:

- care homes;
- amenity housing;
- sheltered and very sheltered housing;
- forensic mental health accommodation; and
- their own home whilst receiving care at home.

The range of needs considered included:

- acquired brain injury;
- neurological conditions;
- bariatric needs;
- substance use;
- mental health and learning disability;
- those currently within children's social work services;
- homelessness

- justice social work; and
- young people with lifelong care support needs.

People with these needs tend to be disproportionately affected by lengthy delays in hospital, out of area placements and breakdown in community support services.

In developing the MPS, challenges were identified relating to the availability of suitable accommodation, funding, recruitment and retention of specially qualified workforce and data. ACHSCP is working closely with partners to understand these challenges and to overcome them, and will continue to involve providers, people who use services and their loved ones in this work.

ACHSCP want people to live in their local communities, in appropriate environments that will be their home for as long as they need it, and which allows them to access the best services most relevant to their needs. Our ambition is to see communities playing an active role in people's experience of care and support, promoting robust community connections and inclusion. By clearly demonstrating the priority we place on this, and outlining how ACHSCP will work with partners, we hope to see significant and meaningful progress in the development of specialist accommodation for people in Aberdeen City.

Context

The Independent Living and Specialist Provision Housing Market Position Statement aims to answer three main questions related to accommodation within Aberdeen City:

- What accommodation provision do we have now?
- What accommodation do we need in the short term?
- What accommodation do we need longer term to provide for future needs?

The intention is to identify any gaps in provision and the accommodation that will be required.

This Market Position Statement has been informed by the Population Needs Assessment 2023 of people across Aberdeen City. The impacts on those individuals with protected characteristics under the Equality Act 2010 have been considered. An Integrated Impact Assessment (IIA) (Appendix 2) has been completed and the recommendations from this have been incorporated into the Market Position Statement. It includes analysis of the current population who have unmet needs and anticipated projections of future demand for services, including the number of people in need of support and the budget available for the commissioning of services.

The focus of the MPS is those people who, by reason of a long-term health condition, require specialist provision in relation to their accommodation. It is recognised that, whilst it is not the purpose of this document, prevention and early intervention will greatly support people to remain in mainstream homes independently for longer. In addition, the increased use of Technology Enabled Care (TEC), enhanced Care at Home and Hospital at Home, and the provision of specialist equipment and adaptations to existing properties are all key enablers to support people living in their own homes for as long as possible, but there will always be a need for more specialist accommodation provision to meet particularly challenging needs.

By aligning the provision of specialist housing to the Getting It Right For Everyone (GIRFE) principles and embedding a human rights approach in the way we consider how care needs are met, we aim to ensure that people can live in their own homes with dignity and independence for as long as possible.

ACHSCP utilise a collaborative commissioning approach, which embeds the Ethical Commissioning Principles when procuring and commissioning future services. This approach includes engagement with providers, staff and people with lived experience when designing the service to be provided. The Independent Review of Adult Social Care outlined these principles focussing on achieving better outcomes for people.

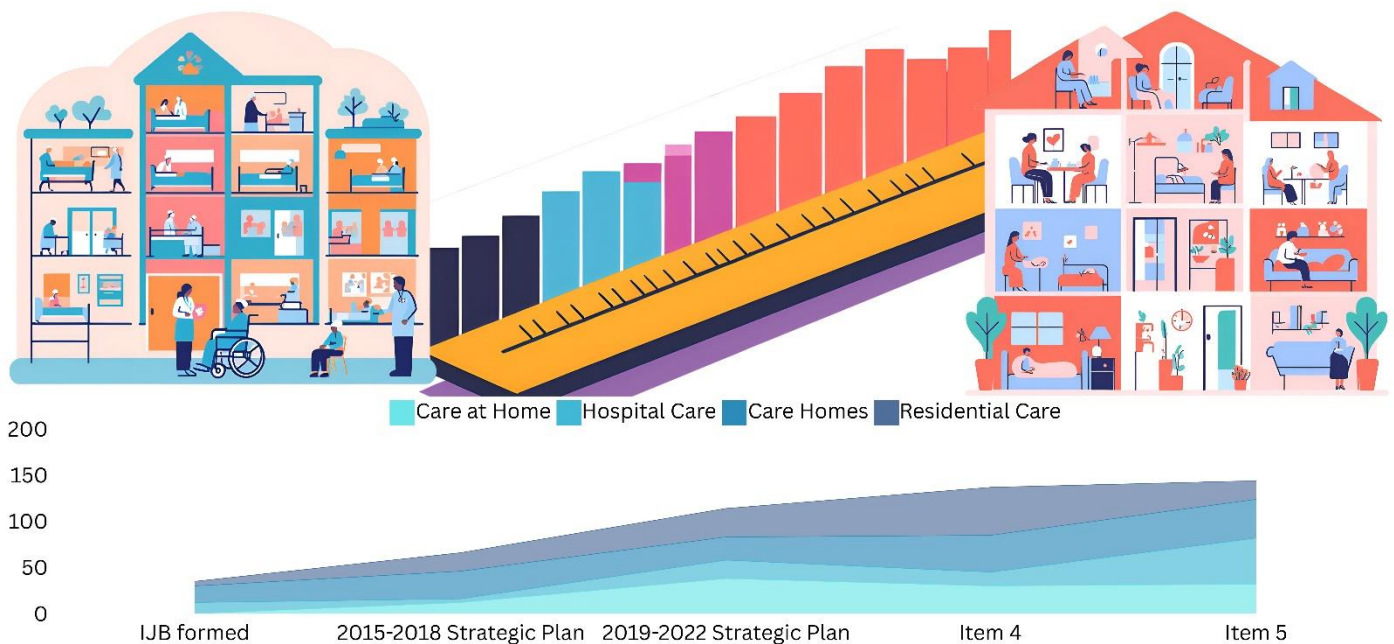
Previous Market Position Statements that have been published have been referenced within this document. [The Complex Care Market Position Statement](#) and [Mental Health and Learning Disability Residential and Supported Living Market Position Statements](#) were produced to inform the market of current and future need, and detail opportunities for new provision or re-provision, in addition to setting out how services will be delivered in future. These can be found on the Aberdeen City Health and Social Care Partnerships website - www.aberdeencityhscp.scot.

Whose needs are we looking to meet?

Supporting people to remain independent in their homes and in good health is central to our overall vision for the people of Aberdeen City. Having access to housing which is suitable and adaptable is essential to living independently. This can be challenging for some people who are affected by ill health or certain life circumstances, where mainstream housing is not able to meet their needs. Working with people with lived experience as partners recognises that no one is defined by their condition or the circumstances they find themselves in.

Having housing provision which is adapted to suit areas of identified need will reduce barriers for people, which can sustain increased independence and reduced levels of need. Not having this in place is likely to increase pressure on the health and social care system through delays in hospital discharges and unnecessary deteriorations in health which require higher levels of care and support. Gaps in provision for people in the following circumstances have been identified and are detailed below.

For illustrative purposes only, Final graphic still in development



Older People

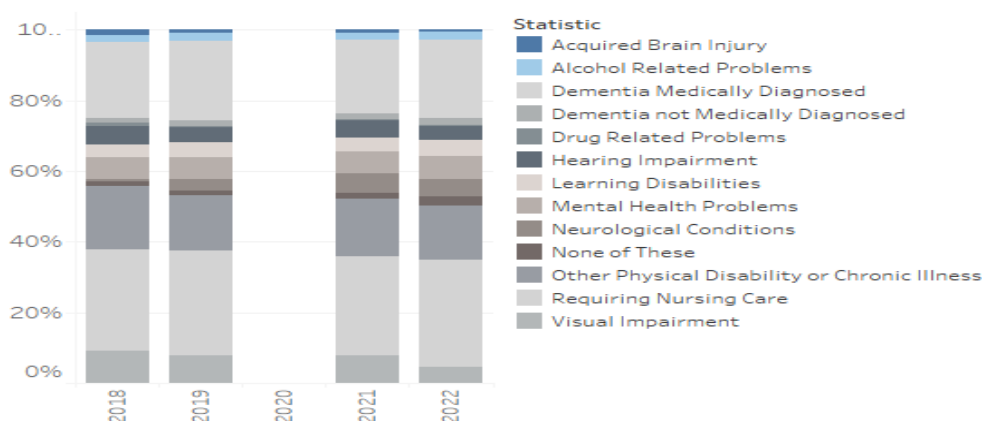
In Aberdeen City it is projected that the number of people aged 75 years and over will increase by 28.2% by 2033. There will be a 16.1% increase in the number of people over 75 by 2038.¹ Aberdeen City Health & Social Care Partnership continues to develop approaches to ageing well which support all adults to consider what plans they should make for the future to support them as they age. This includes considerations around housing and future support needs. There are also options available that enable older people to remain in their own mainstream homes for longer, including access to adaptations, Housing Support, Care at Home, and Technology Enabled Care.

Whilst the majority of older people live independently at home throughout older age, many are affected by changes in health, cognitive ability, and mobility as they get older which may require different types of housing provision. Data for 2020-2022 from the National Records of Scotland show the average life expectancy of an adult in Aberdeen is 76.9 years for males and 80.7 years for females. The data for 2019 – 2021 shows that in Aberdeen City the average healthy life expectancy is 60.2 years for males and 61.4 years for females, which indicates a significant period where people will not be in the best of health.

Demand for social care services is increasing as people live longer and live at home with more complex needs. The number of people living with a long-term condition is also rising. It is estimated that in Aberdeen approximately 66% of adults over the age of 65 will be living with multi-morbidity.

In Aberdeen there are approximately 250 people with a medical diagnosis of dementia known to, and actively working with health and social care services. This indicates that the need for a range of housing provision is directly linked to conditions which are more common for older people. Recent analysis by the Networked Data Lab indicates that where an older person is admitted to hospital in Grampian they are doing so at an older age (median 80 years) and that they are sicker at point of admission than they were 5 years ago. A higher proportion are also affected by dementia/delirium at point of admission.² Suitable housing options are needed for older people to support timely discharge from hospital. Patients with longer stays (more than three weeks) in hospitals tend to have poorer health outcomes and may require more support upon discharge.³ Deterioration in patients' general health due to lack of movement and loss of independence while in hospital are factors in this as well as effects on a patient's emotional state.

Long Stay Residents by Health Characteristic



Source: Public Health Scotland Hospital Long Stays by Health Characteristic 2022

Frailty can affect people as young as 50 years old, but is more common for older people with 10% of people over 65 in Scotland living with frailty.⁴ When a person is living with frailty, their body systems are gradually

¹ [Aberdeen City and Aberdeenshire Housing Need & Demand Assessment 3: 2023 -2028](#)

² NHS Grampian Health Intelligence

³ [Han et.al Evaluation of the association of Length of Stay in Hospital and Outcomes](#)

⁴ [Who we are, what we do \(ihub.scot\)](#)

losing their in-built reserves, leaving them vulnerable to significant changes in their health or circumstances.⁵ Increased frailty is a common contributor to changes in functional ability for older people, affecting mobility and ability to carry out daily living tasks. This can lead to a need for more care and a change of accommodation that better supports this.

Dementia is a collective term for a range of diseases of the brain which cause damage over time leading to deterioration in brain and body health. Dementia accounts for 10% of the deaths in Scotland according to [National Records of Scotland](#). Like frailty, dementia is not an inevitable part of ageing, but it predominantly affects older people.⁶ The effects of dementia may require environmental adaptations, additional support and accommodation equipped to meet these needs. [The Scottish Housing and Dementia Framework](#) sets out specific considerations which should be made when supporting people living with dementia such as incorporating dementia friendly design principles into new build properties. People living with early on-set dementia (under 65 years) experience additional challenges, particularly in relation to work, family life and finances which could affect their housing needs.

Where a person is living with advanced dementia, they may require high levels of care and support, including nursing level care as outlined in Scottish Government [Dementia in Scotland: Everyone's Story](#) . For some people this includes specialist dementia care provided in a secure environment and Aberdeen City has two services dedicated to care for those with dementia.

Nursing care homes fees on average in Scotland were £5,776 per month in 2023. In Aberdeen comparative costs were £7,396 per month. In the production of this Market Position Statement, care homes, nursing homes, amenity, extra care, sheltered and very sheltered housing provision have been evaluated to gauge capacity to deliver independent living which indicates the gap in housing need in the city.

Current Provision and Future Requirements

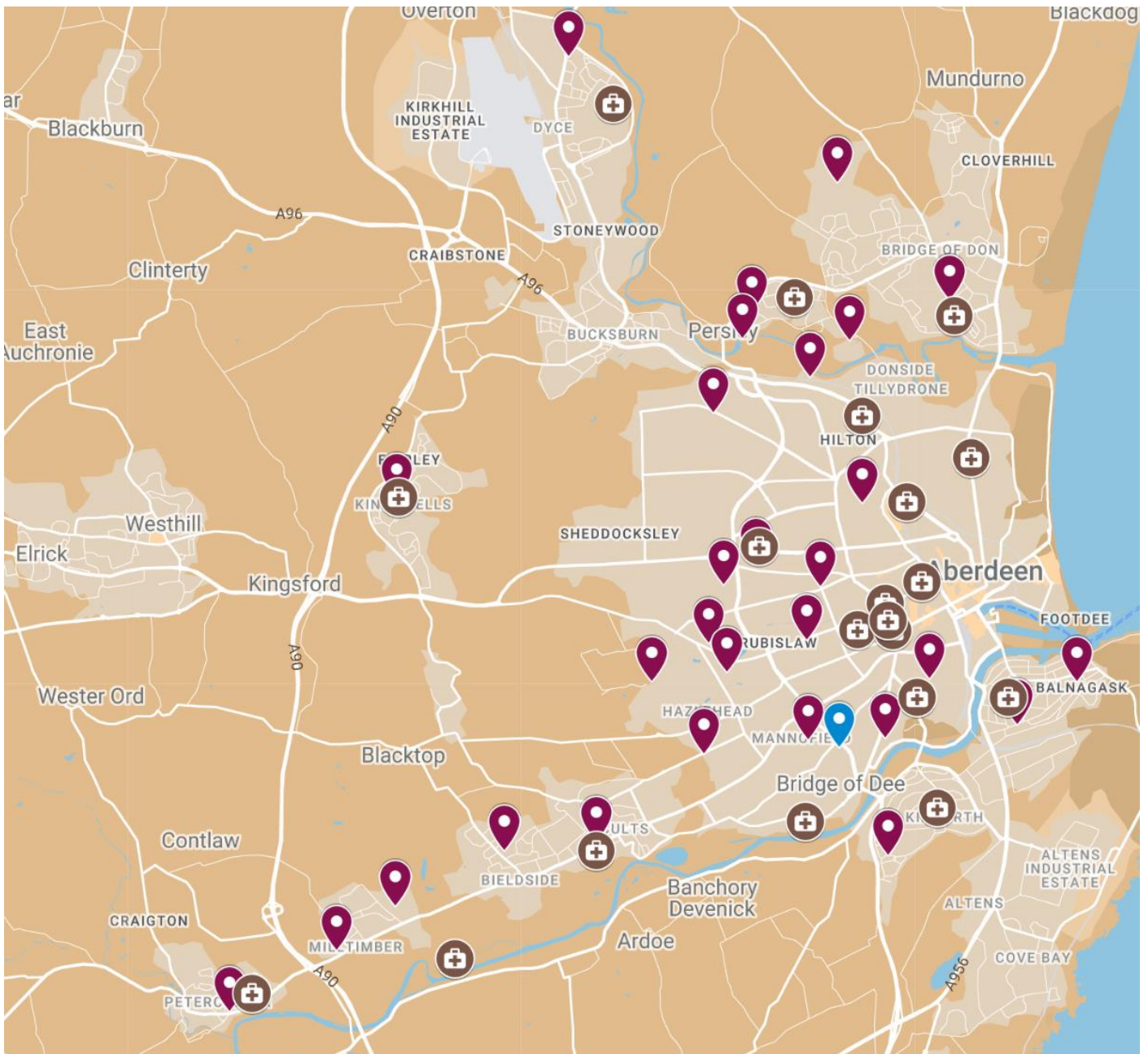
Care Homes

Public Health Scotland's [Care home census for adults in Scotland](#) highlights that demand for care homes has declined. Aberdeen City has a similar trend, with a 22% reduction in demand in 2011 and the number of registered places has reduced by 18% in 2023 which is more than the national average. The reduction in care home demand is due to many reasons such as affordability, improved estate planning for retirement, better outcomes in other care settings and lack of local authority funded places.

Aberdeen City has 30 care homes registered to support over 65's which are split over the three localities Central, North, and South [Care Homes: Aberdeen City – Google My Maps](#)

⁵ [Ageing Frailty Draft Standards April 2024.pdf \(healthcareimprovementscotland.scot\)](#)

⁶ [Care home census for adults in Scotland](#)



All of the remaining care homes in Aberdeen operate at near capacity, with on average, 4 or fewer vacancies per home. The ACHSCP Care Management Team often have waiting lists for local authority funded beds due to shortage of local authority funded beds, unlike private beds which are more readily available, but are dependent on demand from self-funding service users.

Within Aberdeen City there is a gap in provision of care home places for people under the age of 65 who require 24-hour care but are dependent on services provided within a care home setting. The majority of care homes have specialist beds where they provide dementia care, but more often than not data is not recorded in relation to their use as residents are in care because of other age-related care needs⁷. With the decline in available care home beds, rising costs of nursing care, and the complexities of varying registration to cater for the needs of under 65's within a care home setting, it is essential that the existing capacity is maximised.

It has been identified that specialist housing provision to support other independent living models with a focus on meeting people's specific specialist needs without age restrictions is required to meet future demand. This could include increased provision of Technology Enabled Care and models such as very sheltered housing. ACHSCP does not intend to develop its own residential care homes nor significantly increase funding on

⁷ [Care Homes and GP Practices: Aberdeen City – Google My Maps](#)

local authority funded beds. However, there is still a need to meet the requirements of self-funded citizens who wish to have a residential setting, and it is anticipated that this demand will grow.

Any proposed future care home builds should include cognisance to the availability of the area infrastructure at the pre-planning stage. For example, difficulty can be caused by not engaging with General Practitioners with regard to their patient list capacity and the capacity to enrol more patients at the practice.

Amenity, Sheltered and Very Sheltered Housing⁸

Amenity housing is designed for people who are usually 55 years and above with functional and support needs. There are two main types of amenity properties: stand-alone cottages, which are sometimes referred to as 'pensioners cottages', and the amenity/amenity plus properties that are located in former sheltered housing accommodation. The latter are fitted with a telecare/warden call system that enables people to call for assistance when required. People living in this type of accommodation are likely to have a lower level of care and support needs, compared to those living in sheltered housing.

Sheltered housing is designed for people of pensionable age in grouped developments. Most developments have common areas to allow people to meet and socialise and include facilities such as laundry. A 24-hour call system is available for emergencies.

Very sheltered housing provides an enhanced level of care and is allocated to people of pensionable age. Staff are available on-site 24 hours a day and tenants may choose to benefit from a cooked meal daily. A similar level of care and support is provided in extra care housing however, there is no age restriction for this type of accommodation.

Independent Living for Older People

Castlehill Housing Association introduced an independent living model for older people across six sites in Aberdeen. This replaced the sheltered housing provision that was previously delivered at these sites. The model is designed for people aged 55 years and over and aims to provide a safe and secure environment for tenants.

The properties provide a range of accessible features and may include communal facilities. Tenants can access community alarm in emergencies if appropriate. An enhanced housing management is provided by staff on site who can provide support with signposting to other services that may be required.

Current Provision and Future Requirements

There are six very sheltered housing services and one extra care housing service in Aberdeen (where the pensionable age restriction does not apply). The Health and Social Care Cost Benefits of Housing Older People report outlines NHS, Local Authority and Health and Social Care Partnerships collaborative working which provides better outcomes for older people being accommodated in very sheltered and extra care housing. Some of the benefits are reduced loneliness, improved psychological wellbeing, mental health and memory, unplanned hospital stays, reduced number of hospital callouts to NHS111, fewer community nurse visits, and residents are 22% less likely to enter long term care.

Aberdeen City Council are experiencing lower demand for multi storey sheltered accommodation, and this has been the case for some time. This has given rise to a Special Lettings Initiative in order to more effectively utilise the available housing stock, but this has only partially addressed the issue. There may be mileage in considering the available housing stock for this target group alongside the growing demand for additional support, for example, Very Sheltered Housing and Extra Care housing (supported living for people of all ages). It will be important that these considerations take account of the increasing demand from citizens to live well at home for as long as possible, and the necessity to design services around the service user needs, for example, hybrid living with care that increases as the needs of the individual increases.

It is anticipated that there will be a growing demand for Very Sheltered Housing in Aberdeen to meet the increasing complex needs of an older population. To this end, ACHSCP, ACC, and relevant partners have initiated early discussions to progress a proposal to increase the volume of very sheltered housing units in the city whilst reducing the number sheltered housing units. This aligns with the focus referred to above to help enable people to live within their own homes. It is anticipated that there is scope for additional independent providers in Aberdeen to meet the needs of self-funding residents over the long term.

⁸ [Definition of Terms Page 226 - Aberdeen City and Aberdeenshire Housing Needs & Demand Assessment](#)

People living with Disabilities

Disability is defined in the Equality Act 2010 as a long-lasting health condition that limits daily activity. Identified areas of need related to specific disabilities are included where there are identified gaps and a need for further consideration and development of provision.

Children and young people with lifelong care and support needs

Children and young people with lifelong support needs and their families have been included in this Market Position Statement because by the time these children are 12 years old it can usually be ascertained if they will require lifelong care.

There are a small but significant and growing number of children and young people that will require some form of specialist care setting due to their complex care needs, and these needs will continue into their adulthood. The nature of the care and support needs are broad, including but not limited to learning disabilities, cognitive/sensory impairment, mental health challenges, complex autism, extensive trauma background, and complex physical health disability. Life-long targeted specialist health and care support can be required to sustain the young person throughout their adult years in a home setting or alternative residential/24-hour care setting.

For a small, but significant proportion of children supported by the Children's Social Work service in Aberdeen, the specialist care will be crucial to supplementing the support provided by unpaid carers, usually family members, and to allowing the young person/young adult to remain within their home and continue to be part of their family network. Where this support is not provided, crisis can arise and result in a requirement for residential care. For other young people with complex needs, the specialist care will be to support the young adult in a more independent residential setting on a life-long basis.

Specialist Support

The home-based specialist support in place at present for children and young people with lifelong care and support needs can range from social care to more specialist nursing care. Support often requires to be bespoke and can be up to and including 24 hours per day, often requiring more than one specialist carer at a time. Some people are likely to have progressive and/or life-limiting illnesses, although there can be considerable unpredictability to these, hence it is often vital to prepare for care in the longer term. In addition to the self-directed, commissioned, or social work support that is in place, some children meet the high eligibility criteria for receiving NHS Homecare up to the age of 18, usually but not exclusively for children who require ventilation overnight. This support allows parents/carers to sleep and negates the need for hospitalisation. This is a provision that is not replicated by the NHS when this group reach adulthood, therefore resourcing defaults to statutory social work services to provide as a means of retaining this group within family and kinship care settings.

Some of these young people will have been cared for by the local authority during their childhood years and as *Looked after Children under the Children (Scotland) Act 1995*, they may be eligible for Continuing Care packages, for example, to remain supported in the care setting they were living in on their 16th birthday, up until they reach the age of 21, where it is proposed that this extended care will allow them to progress towards more independent living.

Looked after children may well be disconnected from their birth family and community links, and a number will have experienced a background of trauma which can compound their presenting needs on a lifelong basis. Some may be living within foster families and this commitment will not routinely be sustainable beyond the young person reaching adulthood. Whilst fostering 'payment for skills' is restricted to 18 years of age, (or to the age of 21 for some children who can be then supported to live more independently) alternative means of offering financial support to this group of carers may allow some arrangements to continue into adulthood where this negates the need to source alternative residential care for the adult with such complex needs.

Residential Support

Demand for residential support for children and young people with lifelong care needs outstrips available resources in the city. There are a number of children with the most complex of care and support needs, who require to be placed in residential children's homes or residential schools out with the city. Due to a shortage of carers recruited, trained, and supported by Aberdeen City (a situation which is reflective of the national picture), there is also a reliance on sourcing foster families from independent fostering agencies, many of which again are out of the area. This geographical distance can increase professional challenge in identifying resources which will meet needs for this group in adulthood. The struggle to secure care and intensive support within the city can be specifically challenging due to the complexity of needs exhibited by this group of children, including those with complex health and disabilities, learning difficulties, mental health challenges, cognitive impairments and those whose trauma background compounds their capacity to manage day to day living without intensive support.

Current Provision and Future Requirements

The Scottish Government's Mental Health and Wellbeing Strategy to 2034 outlines, among other groups, the care of young people with lifelong care and support needs. To contextualise, it is relevant to note that in recent years, parents and carers are requesting specialist housing and care support when their child is younger than had previously been the case. The reasons for this are likely to be multi-faceted, linked to increased life expectancy of children with life-limiting/complex health needs, an increase in mental health challenges of parents and carers which can impact on capacity to be cared for in a family setting, increased knowledge and diagnosis of health needs confirming a view that specialist intervention should be provided by statutory services.

Whilst Adult social work will not have had scope to confirm their assessment of need for all transitioning young people, the demand for those who will age out of children's social work provision within the next 3 years is largely known already. Twenty young people currently have needs that indicate specialist housing and care accommodation will be required (by 2027) when this group reach adulthood. Specialist care refers to those who require care to be provided by those with an increased level of skill, training, and experience. By nature, these carers usually require to be recruited via the commissioning of services, or through the use of specialist care agencies, and are costed accordingly. This data does not include the wider number of young people who are supported through the use of Personal Assistants, financed through their receipt of a Direct Payment at the standard rates of allowance.

This group of young people with the most complex of needs, and their parents and carers, can struggle when case responsibility transitions from Children's Social Work to Adult Social Work. This is in part due to the differing duties, rights, and responsibilities in relation to the care of children, as well as to the fact that children's services and adult services have their own respective eligibility criteria in operation. Additionally, the transition to adulthood comes at the same time as attendance within specialist education provision is ceasing. This coupled with what parents and carers tell us is an increasing sense of isolation and panic, renders the transition to adulthood as vulnerable to crisis and care arrangement breakdown.

Predicating demand beyond the initial 3 year period with any certainty presents greater challenges. For most parents with a child with a disability/complex health needs, the teenage years are the most challenging. While parents/carers may, with support, be able to meet the needs of their pre-teen child, for safety, health or protection concerns as adolescence progresses such arrangements can become unsustainable.

The forecast in the medium term (by 2030) is that 19 children will age out of children's social work and will require specialist housing and care accommodation. In the longer term (up to 2034) current forecasting indicates that 16 children will require specialist provision. It should be noted that intervention and support continues to take place, to build resilience and skills with these young people, striving to ensure that where it is possible, as many can be supported to remain in the care of their family networks when they reach adulthood. This potential is maximised through implementation of Self Directed Support (SDS) packages of care.

In the production of the Mental Health and Learning Disability Residential and Supported Living Accommodation - Market Position Statement 2021 - 2026, of the 8 Care homes which provided information in the service provider survey in 2021 only 1 (with 20 placements within it) was fully in line with the expectations of the current Market Position Statement. All others required varying levels of upgrading. Of the remaining seven services, two are Aberdeen City Council owned and are the focus of this Market Position Statement in the short to medium term forecast as our statutory landlords. The remaining five care homes are owned by Registered Social Landlords (RSL) with the operators of the buildings being a mixture of the RSLs themselves, third sector organisations and an independent care provider.

Many of the properties within the Learning Disability Portfolio have been operational for at least 15 years and at time of development met the needs of those who they were developed for. The care and support needs of Adults with Learning Disabilities has changed over the years resulting in a number of issues within the current properties. Managing compatibility across this client group is more challenging nowadays resulting in shared communal areas causing stress and distress at times, steep stairs to bedrooms, small floor space in key rooms in the house limiting those who are wheelchair dependant. Vacancies also exist in properties where there is contract non-compliance and poor Care Inspectorate Grades.

Aberdeen City Council delivers new homes and works with Registered Social Landlord partners to deliver the required affordable housing. Successful projects that have recently been delivered in partnership with Hillcrest Housing Association and Sanctuary Scotland include Newton of Charleston and North Anderson Drive, where specialist provision homes have been delivered through the Strategic Housing Investment Plan (SHIP) for ACHSCP with no capital costs being required from Aberdeen City Council or ACHSCP.

It is anticipated that there will be a growing need for care and support with mental health and learning disability requirements in Aberdeen as life expectancy increases within the relevant population.

This will likely require additional resource allocation towards MHLD placements and to addressing current environmental conditions.

Brain Injury

Acquired Brain Injuries (ABI) are caused by conditions such as strokes, tumours, blood clots, seizures, infections (encephalitis, meningitis), anoxia (lack of oxygen to the brain), metabolic disorders, drug use and neurotoxic poisoning. ABI is not hereditary, congenital degenerative or caused by birth trauma.

Traumatic Brain Injury (TBI) is defined by Headway UK as a jolt or blow to the head or penetrating head injury that disrupts the normal functioning of the brain. Causes of TBI are road traffic accidents, falls, gunshot wounds, sports related injuries, military actions, physical violence, and injuries caused by trauma.

Causes of Acquired Brain Injury - [Headway UK ABI Information and Statistics](#)



Neurological Conditions

A neurological condition is any condition that affects the brain, spinal cord, and/or nerves. Neurological conditions can be caused by a variety of factors, including genes, the environment, bacterial or viral infections and traumatic injuries or accidents. It's not always possible to tell what causes a neurological condition, although research is ongoing.⁹

An integrated rehab network across Grampian state there are gaps in appropriate long-term housing and care provision that supports individuals with ongoing cognitive support and behavioural support needs. There is a lack of provision across Grampian that will provide support, which has led to out of area placements or trying to create options within current providers.

Current Provision and Future Requirements

ACHSCP hosts Neuro rehabilitation for Grampian. This means that ACHSCP hold responsibility for the delivery of this service on behalf of NHS Grampian, Aberdeenshire Health and Care Partnership and Moray Health and Social Care Partnership.

A decision was taken by the IJB in March 2022 to shorten the notice period on the contract for the transitional living arrangements in Craig Court. This created the conditions to repurpose the budget and provided an opportunity to enable a full review of the neurorehabilitation pathway. This has included exploring how best to provide transitional living support in different ways to support the needs of patients across Grampian.

⁹ [What is a neurological condition? – The Neurological Alliance \(neural.org.uk\)](#)

From co-creating a revised pathway with a range of stakeholders in line with principles of good rehabilitation, an exploration of how transitional living could be delivered differently, using a localised community rehabilitation model as opposed to a centralised bricks and mortar model was agreed.

From examining patient profile of usage of Grampian Specialist rehabilitation, looking at 2022 data, a total of 1,514 patients went through ARI ward 203/204, acute neurological settings, and a total of 81 patients from Grampian through Neuro Rehabilitation Unit (NRU) at Woodend.

ARI responds to acute admissions whilst NRU offers step down from ARI and a small number of step up from wider community into a rehabilitation focused environment.

From reviewing patient recovery destinations, 75% patients go home directly, some with ongoing care.

A number are suitable for a HomeLink approach whereby a multi-disciplinary therapy team support the patient at home, allowing rehabilitation goals established on ward to be transferred to the much more applied environment of a patient's own home.

When reviewing the pathway, a limiting factor identified was therapy capacity within NRU. Timely access to rehab and the intensity of rehabilitation provided has an impact upon outcomes and length of stay.

It is anticipated that the re-modelling of the neuro rehab pathway could be delivered in two phases. Phase one would focus upon investment in additional staffing to support a rehabilitation in community model. After an evaluation to consider impact, a second phase would focus on investing on additionality of what has worked and targeting any identified clinical or geographical gaps. Consideration will be given to proceeding with the plans in full having due regard to the developing financial environment.

Across Grampian, there are several providers who offer long term care placements and have a Care Inspectorate registration recognising their ability to support individuals with neurological conditions. However, providers have not been operating at full capacity and have existing waiting lists that include individuals from Aberdeen City and across Grampian. The ACHSCP Contracts Team have supported in commissioning bespoke care packages that have enabled individuals to remain in their communities, either in supported living or nursing home care environments. A broader geographical range of resources are required that can provide skilled quality care in an individual community.

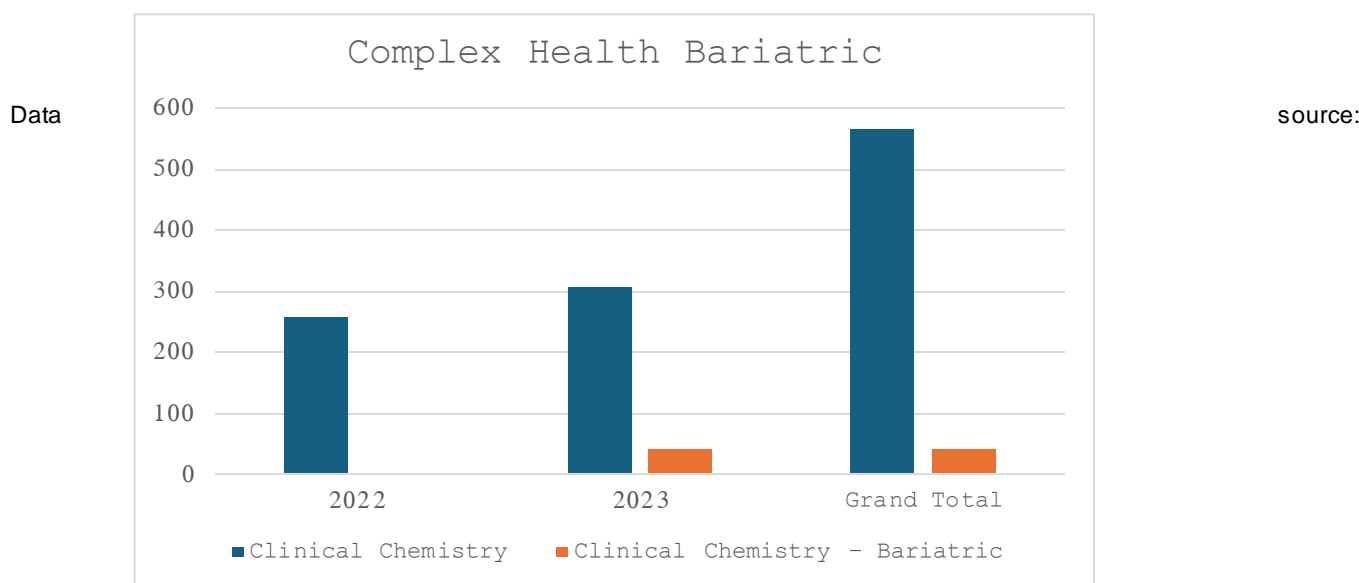
There needs to be a response to the evaluation of phase one of the Neuro rehab pathway in order to understand impact of an increased community rehabilitation model and respond to gaps and opportunities identified by the stakeholders around this.

There needs to be sufficient adequately trained staff in care homes, that can be agile and responsive to individuals with neurological needs. Alongside this is a recognition of the need to access very specialist care for a small number of individuals annually. Exploration is required regarding how best and where to meet these needs.

Bariatric Care

Bariatric care is the care of people who typically weigh 25 stones or more. Obesity and its related conditions can significantly affect individual health and wellbeing. 29% of adults in Scotland would be considered

obese¹⁰. The ACHSCP’s wider priorities around early intervention and prevention are also directed at tackling poor health related to obesity.



[https://www.nhs.scot/dataset/Bariatric care](https://www.nhs.scot/dataset/Bariatric%20care)

There has been an increase in the number of people requiring specialist bariatric care. In some circumstances, bariatric conditions can result in a loss of mobility and the need for additional space standards and specialist aids. There may also be a need to increase the number of carers to manage care safely to enable people to live independently. Mainstream housing does not always accommodate these requirements and specialist provision is therefore required. Care workers and Occupational Therapists currently have concerns on planning for the future in how we care for those with bariatric needs.

Two ‘bariatric standard’ properties were delivered as part of the Aberdeen City Council’s new-build programme in recent years. These benefit from additional space standards, robust fittings and accessibility features. An evaluation report highlighted tenants experienced improved levels of independence and a reduced requirement for care and support as a result of the design. In addition to the two new build properties, significant adaptations have been carried out to deliver a bariatric standard property in a sheltered housing development.

Those adults requiring bariatric care may also be subject to discrimination and stigma and may be susceptible to poor mental health. Housing requirements should not be considered in isolation of this, and a holistic and sensitive approach needs to be taken when determining need.¹¹

Work is underway to meet the current unmet need through the Aberdeen City Local Housing Strategy (LHS) and the associated Strategic Housing Investment Plan (SHIP).

The SHIP sets out local authority strategic investment priorities for housing over a 5-year period, specifically for affordable housing, with these strategic investment priorities being aligned with the priorities and outcomes set out in the local housing strategy.

The future need for bariatric care is difficult to predict, because robust data is not available to support future planning for this type of home, but the Housing Need and Demand Assessment identified an unmet need for 10 individuals living in Aberdeen City.

ACHSCP Dietetics Service and ACC Housing Service will continue to work collaboratively to identify and support individuals who may require specialist bariatric provision, and ensure early consideration is given to

¹⁰ [prevalence causes impact 1920 data f 2023 updated version.pdf \(obesityactionsotland.org\)](#)

¹¹ [obesity-and-mental-health-final-report-with-cover.pdf \(obesityactionsotland.org\)](#)

future housing needs. To support this Aberdeen City Council's Housing Service is changing the way it records information to support identification of need in future.

Current Provision and Future Requirements

Currently there are three homes provided in Aberdeen City Council's housing stock designed specifically for bariatric care. The [Aberdeen City and Aberdeenshire Housing Needs & Demand Assessment: 2023 -2028](#) identified the need for a further ten homes to meet existing and unmet need in the short term (up to 5 years) and predicted data shows that a total of 30 homes would be required to meet the increasing needs of the city by 2034. The issue of bariatric accommodation provision will require a whole system solution. ACHSCP will seek to contribute to the growing need through partnership working as opportunities arise.

People living with Alcohol and Substance Use

The Aberdeen City Alcohol and Drug Partnership (ADP) have a central role in reducing the use of and harm from alcohol and other drugs by supporting the delivery of the [Alcohol Framework](#) and delivering the Scottish Government Strategy "[Rights, Respect and Recovery](#)"

Within this context the ADP has three functions:

1. To identify the current issues and gaps where plans or improvements are needed
2. To co-ordinate efforts and work in partnership to deliver measurable improvements
3. To performance-manage and report achievements of the partnership

Problematic alcohol and drug use disproportionately affects deprived communities, where health outcomes are already poorer. Alcohol consumption directly impacts on population health with proven links to breast cancer, heart disease, type 2 diabetes, injury, stroke, and premature death.¹² Drug use also contributes to poor health and early death. Poor health as result of alcohol and drug use can lead to physical disability requiring additional support and treatment including nursing care. Older people who have used alcohol or drugs for many years are likely to present with complex co-occurring conditions.

There is a national commitment to preventing and reducing harm from the use of alcohol and drugs through methods such as high-quality early interventions. In January 2021, the Scottish Government launched the Residential Rehabilitation programme (2021–2026) to help improve access to residential rehab for individuals who use alcohol or drugs. The Scottish Government's stated aim is that access to residential rehab should be available in Scotland for everyone who wants it – and for whom it is deemed clinically appropriate – at the time they ask for it, in every part of the country¹³. ACHSCP has identified housing as an instrumental part to aid and support recovery.

Current Provision and Future Requirements

The Scottish Government response to unacceptably high levels of drugs deaths in Scotland was to launch [National Mission: Alcohol and Drugs](#) and [Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy](#). A new development of 23 units has been secured and funded for 3 years by the Scottish Government in relation to drug use. The North East Residential Rehabilitation facility, which is located in Aberdeenshire, has a dedicated programme for Aberdeen City residents to move back to the community.

Placements in this residential rehab facility are fully funded until 2026. There is uncertainty, and therefore a risk, in relation to the ongoing funding and demand for residential rehab after the three-year contract and for the 'moving on' accommodation. Whilst North East residents will be prioritised for placements, the provider will generate income from accepting referrals from all over the UK which potentially has an impact for their capacity for city residents. The 'moving on' capacity is at the request of the provider and is an ask of all City Housing providers. Commissioning the provision of housing sits centrally with Scottish Government, there is the potential for duplication in community provision as well as additional demand on the service from out of area placements.

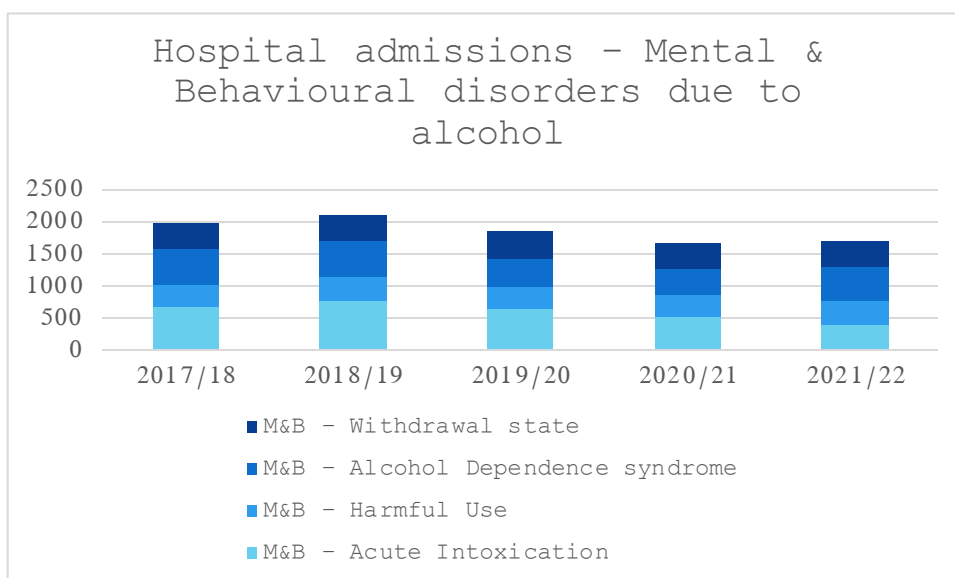
Future requirements going forward in Aberdeen ADP and Aberdeen City Council's Housing Service, and other housing providers will be collaborating on a pathway that looks at future requirements based on needs and risks of individuals, as illustrated below. Future work will look at capacity and demand in collaboration. National models of stabilisation and supported accommodation that is technology enabled to respond to potential drug and alcohol overdoses and harm will also be considered.

¹² [Policy briefing: alcohol \(publichealthscotland.scot\)](#)

¹³ [National mission - Alcohol and drugs - gov.scot \(www.gov.scot\)](#)

	Acute Risk	Engagement	Stable	Recovery
Situation	People who are homeless; people with housing difficulties, people using substances but not in treatment; very chaotic drug/alcohol users; high risk drug/alcohol users	People looking for or coming into structured treatment especially prescribing via outreach/ Timmermarket	People maintaining engagement in treatment	People looking to maintain drug free lifestyle away from potential neighbours/ suppliers/ dealers/ acquaintances

Aberdeen City has one alcohol related residential facility, and the service has been identified as in need of being replaced. The facility currently has 17 places that require to be reprovisioned for people with alcohol addiction. This facility is always operating at capacity. Waiting lists fluctuate but there are usually between 2 and 4 people waiting for access as any one time. Work is ongoing with Registered Social Landlords and service providers to find an alternative site for service provision and to progress with this development through the Strategic Housing Investment Plan. The process of commissioning a new service will look at best practice in relation to service model, design, and size to accommodate the needs of this group.



Source: Public Health Scotland Acute Hospital Activity 2023

People requiring forensic mental health support

Forensic mental health is the specialist response to assessment, treatment, and risk management of people with a mental disorder who are currently undergoing or have previously undergone court proceedings. Most mainland territorial health boards provide low secure services. In Aberdeen, services are comprised of:

- The Intensive Psychiatric Care Unit IPCU ¹⁴ - 8 bed spaces (2 designated specifically for female forensic patients)
- The Forensic Acute Ward which has 8 beds for males
- The Forensic Rehabilitation Ward which has 16 beds for males and 2 surge beds¹⁵.
- Step down accommodation which has 8 beds for males

It should be noted that there is very little or no provision for female forensic patients.

The resources currently available in the Aberdeen City Forensics estate do not always meet the needs of the patient group with gaps in services/pathways, particularly for females and those requiring specialist services (e.g. Acquired Brain Injury (ABI), Autism, Older Adult). This results in out of NHS/out of area placements. Out of area placements were recently reviewed by the [Mental Welfare Commission](#) (MWC) for Scotland. This review recommended regional solutions based on the following findings:

- The impact that out of area care had on patients, families, and barriers in returning to the local communities.
- The significant costs in relation to out of area placements.
- The length of out of area placements due to the difficulty identifying community care.

Community Provision

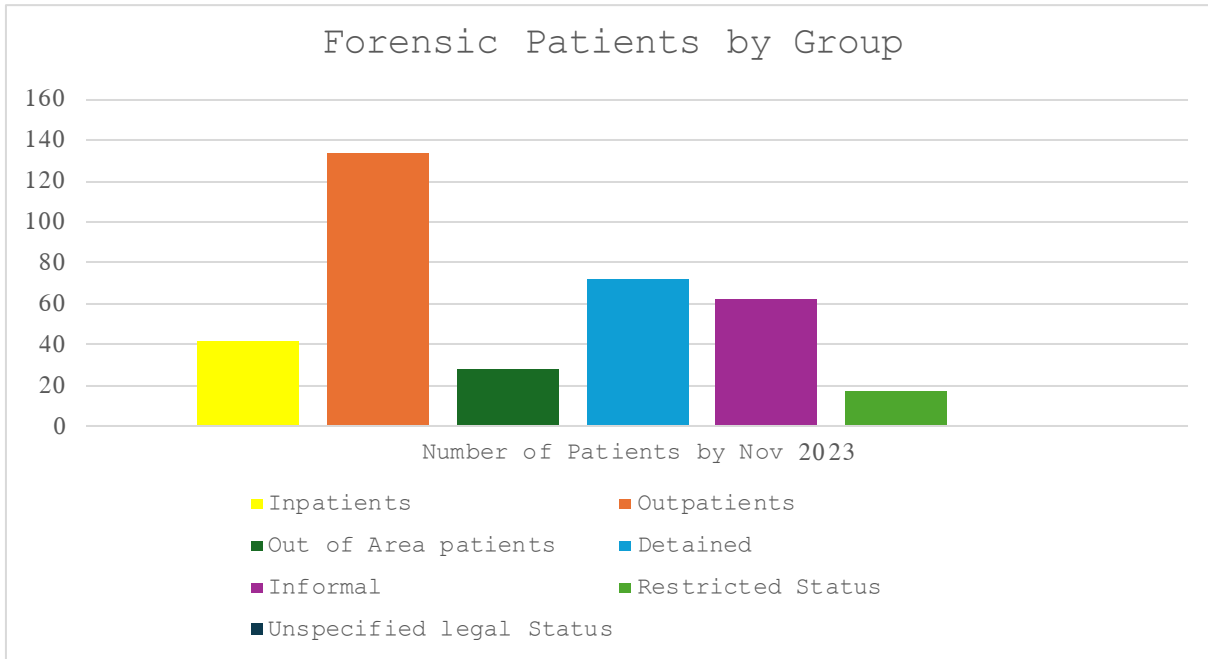
Current community accommodation for forensic mental health, including the use of general supported accommodation services, do not meet needs and are becoming harder to access due to perceived risk. This results in longer hospital admissions and readmissions due to 'failing' in supported accommodation as the support is not tailored to needs. The process of accessing supported accommodation has no specialist forensic input, and therefore does not always have a good understanding of the needs and aims for this patient group, with unrealistic expectations. To address this issue, a Forensic Mental Health Environmental Specification has been created, providing detail on the needs of this group in relation to accommodation settings. In general, standard accommodation such as council or private lets would be appropriate to meet the needs of the majority of this population, as the main concern is usually based around risk and relational security rather than functional ability. Specialist or supported housing may also need to be considered when an individual's level of risk and/or complex support needs requires this. There are other Environmental Specifications for complex needs such as dementia and autism that should be referred to for a more specific advice and recommendations. However, forensic patients with complex care needs will need to be considered when developing complex care accommodation or consider how care provision for this specialist group would be met in forensic settings. It is of key importance that the least restrictive option for housing and support is met as outlined in the Millan principles under the Mental Health Act (2003).

The Advance Statements in Forensic Mental Health Services in Scotland (January 2022) found that, of the 503 patients in forensic settings, forensic intensive psychiatric Care Units (IPCUs) and rehabilitation settings, the vast majority were male (92.3%) with an average age of 44 years. Most people receiving care and treatment in forensic mental health services have a diagnosis of a mental illness (75.1%), followed by intellectual disability (15.5%). 2% had a diagnosis of a personality disorder and for 7% their diagnosis was unknown.

The Renewal of Forensic Mental Health Services Review and Report was undertaken on request from the Chief Officers of Aberdeen City Health and Social Care Partnership (ACHSCP), Aberdeenshire Health and Social Care Partnership (AHSCP) and Health and Social Care Moray (HSCM), as a response to the findings of the Barron Report) found in November 2023:

¹⁴ At times patients may be residing elsewhere within Royal Cornhill Hospital (RCH). As of November 2023, there were 42 inpatients receiving forensic services, up from 38 in March 2022.

¹⁵ Surge beds – service user numbers exceeds capacity



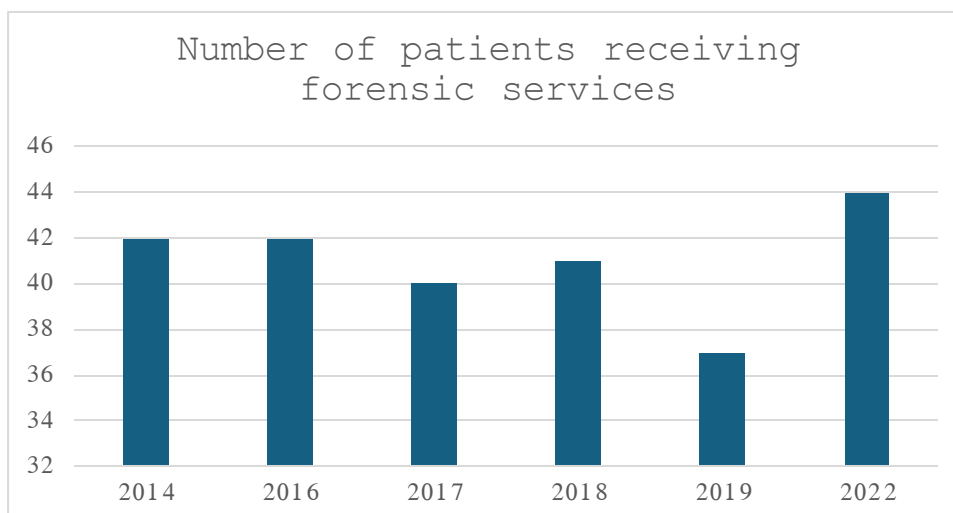
Source: [Scottish Government Mental Health in patients bed census](#)

Of the 204² patients in the care of Grampian’s forensic settings, forensic intensive psychiatric care units (IPCU) and rehabilitation settings, the vast majority are also male. 70% of the people receiving care have a primary diagnosis of a mental illness in the form of schizophrenia/schizoaffective disorder or bipolar affective disorder. The national statistics in Scotland for Forensic Mental Health accommodation make for difficult reading and Aberdeen City is no different.

The Forensic Services Steering Group has highlighted the following challenges:

- An overall lack of appropriate accommodation in Aberdeen City to support people with a Forensic Mental Health need.
- A lack of staff to work in forensic units with the necessary specialist knowledge and skills required when working in a ‘24/7’ forensic service.
- Forensic rehabilitative support services need to be improved and supported.
- There are currently small numbers of patients experiencing delayed discharge, with others progressing towards discharge into a community setting.
- Forensic patients discharged to community settings, with a care/support provider, can often be required to move every few years. This can result in a change of care/support provider, impacting upon the stability of their rehabilitation and care and the relationships that have been formed.
- Following on, if these patients are being discharged from a custodial sentence, their lives previously undertaken with routine and with other issues such as substance misuse, a lack of appropriate accommodation and support could accelerate a return to chaotic lifestyles.
- A lack of funding to specify and build appropriate, bespoke accommodation.
- Existing accommodation is not fit for purpose for both inpatient accommodation or regarding community environment specifications.
- Forensic programmes need to expand to meet demand and needs.

Forensic Services data includes patients managed primarily by Forensic Services within their NHS Board. The presented information includes data for the whole of NHS Grampian. There is a significant population in custody, out of area and a number of individuals inappropriately placed within the community.



Source: Mental Health and Learning Disability Inpatient Census 2022¹⁶

Current Provision and Future Requirements

Of the 204 patients open to the service, around 93 patients would benefit now and/or in the future from supported accommodation:

- i.* Restricted patients require the most support and can face limitations related to accommodation e.g. they may have multi-agency public protection arrangements (MAPPA) and cannot be placed near schools or specific individuals. They may be at risk of absconding and require 24/7 support.
- ii.* Complex patients may have a variety of behaviours or challenges in addition to their mental illness, which require supported accommodation. This could be a single room with shared facilities or their own property within a larger development. Behaviours or challenges could include substance misuse, violence and arson.
- iii.* Standard patients are considered low risk and require standard housing, with some patients requiring support at home. Otherwise these patients would continue to engage with their multi-disciplinary team as regularly as required from within their community.

Around five+ additional admissions each year are likely to require supported accommodation.

Several patients currently out of area in specialist community services would require accommodation but their needs cannot yet be met locally. It is anticipated that the current number of people requiring forensic support and suitable accommodation is likely to remain similar for the foreseeable future. However, due to the lack of suitable community housing provision, less people are able to move on from inpatient Forensic Services. So, while inpatient admissions continue to grow, so will the community accommodation need.

Further concerns related to inpatient and community housing provision for Forensic Services are:

- The strategic direction of housing services
- The 'cost of living crisis'
- The Scottish Government's strategic direction

There are approximately 23 inpatients who may be considered delayed discharge. Of these, two patients are likely to meet current definitions of delayed discharge, five did not have access to an appropriate community setting, which then required their admission for further rehabilitation. A stepdown service is required to accommodate these numbers.

The following need has been outlined by Aberdeen City/Hosted Forensic Services. However, this has been challenging, because the definitions of inappropriately placed/delayed discharge are not clear:

¹⁶ In November 2023 there were 42 inpatients receiving care within Aberdeen City/Hosted Forensic Services, up from 38 in March 2022

- Around 38 inpatients (inclusive of the above 23 inpatients and 5 additional admissions each year likely to require supported accommodation) have been identified as benefitting from supported accommodation from 2024 - 2027.
- A further 47 patients (inclusive of 12 current inpatients and 5 additional admissions likely to require supported accommodation) would benefit from supported accommodation from 2027 - 2034.
- An additional 9 patients (current inpatients) would benefit from supported accommodation beyond 2034.
- Low or community setting provision is required to alleviate the pressure from the current provision being provided within a Grampian and Highlands and Islands.

People subject to justice orders including those who are leaving prison

The Justice Social Work (JSW) service is diverse, complex, and busy and consists of [Caledonian](#), Community Payback Orders (CPO), Connections, Pre-Disposal, Throughcare, Unpaid Work, Support Work and Admin teams. It's primary remit is to provide statutory supervision and support to individuals who have offended, using interventions which are proportionate to risk and need. This supervision ranges from low level for those on diversion from prosecution to very high level, usually with multi-agency support, for the "critical few" who pose significant public protection concerns.

In Aberdeen City Justice Social Workers supervise approximately 1,020 Community Payback Orders, 60 post-release licences and 120 Bail Supervision Orders at any one time, many of whom experience severe and multiple disadvantages including housing issues (see [Hard Edges Scotland Report 2019](#)). Approximately 25% of those who completed Supervision Exit Questionnaires say that housing was an issue for them before their order. However, as Exit Questionnaires can only be collected from those who have successfully completed their orders, it is likely that those who did not complete their orders due to a breach or breaches were those who had the most complex needs, including lack of stable and safe accommodation.

The main issues in JSW providing specialist accommodation are:

Bail Supervision: The Scottish Government is committed to reducing the number of people in prison. Courts may therefore make people subject to Bail Supervision and/or Electronic Monitoring (tagging) as a direct alternative to remand, both of which require the individual to have a suitable address. Court based social workers are required to assess suitability within a short time frame and will contact housing services for information to inform the assessment including, if the person is homeless, whether housing can be provided. (N.B. Temporary accommodation within hotel accommodation is not suitable for this group.)

Changes in the prison population: In December 2023 The Prison Reform Trust published the Scottish Prisoner Advocacy and Research Collective Scoping Report which informs that there has been a 46% increase in prisoners over 60 years old since 2017 in Scotland. It is recognised that there are increasing numbers of elderly prisoners and those with increasing mobility issues which is attributed in part due to longer prison sentences and a rise in the number of those convicted of serious and organised crime as well as historical sex offences.

SPS processes for prisoners who will be subject to statutory supervision on release include multi agency meetings (Integrated Case Management meetings) held annually and 3 month pre-release. Part of this will discuss the individual's health, personal care needs, social care needs, mobility and identify specialist housing needs. Following the pre-release meeting and as part of the planning process, Justice Social Work make appropriate referrals to community partners such as Occupational Therapy, Care Management and Housing to support with planning for the needs/risk management plan for the individual's transition to the community. Within Aberdeen this is undertaken on a case by case basis, current numbers are low and average less than such case one per year.

National Accommodation Strategy for Sex Offenders (NASSO): This strategy applies to the housing of sex and high-risk offenders managed under the Multi Agency Public Protection Arrangements (MAPPA). Environmental Risk Assessments are undertaken on all tenancies under consideration for individuals in this client group. Sometimes multiple assessments are undertaken to find the best tenancy for an individual. Given the paucity of available housing these decisions sometimes come down to the "least bad" option.

Individuals released from prison and subject to statutory supervision by Justice Social Work such as Parole Licence (average 60 at any one time). Although services usually have prior knowledge of release dates for these individuals and can plan towards them, they are currently not allocated tenancies until the

day of release (at times this includes MAPPA cases dependent on availability of accommodation). This can cause considerable anxiety for some people as it does not allow for the person to visualise themselves in the tenancy.

No Recourse to Public Funds. There is a small but increasing number of individuals with no recourse to public funds but, as JSW funding is ring fenced for work with offenders, housing and associated costs cannot be met. Nonetheless, these costs are currently being charged to Justice Social Work.

The Sustainable Housing on Release for Everyone (SHORE) Standards: Promote a nationally consistent approach in meeting the housing needs of individuals in contact with the justice system and this approach is person-centred, trauma-informed, and prevents homelessness at liberation.” As the Scottish Government say, “evidence suggests that people who have access to stable housing are less likely to reoffend.”

Early Prevention: Wherever possible there is work undertaken to prevent individuals from going to prison in the first place through Diversion, Problem Solving Structured Deferred Sentences, Bail Supervision and the delivery of robust interventions in line with risk and need. Access to safe and affordable housing and productive multi-agency working underpins all of this.

Current Provision and Future Requirements

Justice Social Work requirement is to have access to housing for MAPPA clients and for those released from prison on licence who are subject to statutory supervision. Having stable accommodation reduces the risk of recidivism and enables justice social work and partner agencies to support the individual and more effectively manage any risk to the public. The number of people released from prison on Licences/Orders is on average 50 per annum, the majority of whom will require approved accommodation.

In many instances, MAPPA partner agencies are aware of an individual's planned date of release. It would be of benefit to the individual and partner agencies to have a suitable permanent tenancy identified 2-4 weeks prior to release. This would support timeous registration with a GP practice, identify support services local to the address and opportunities for community integration at an early stage.

For some prisoners who are released subject to statutory supervision every year, occasionally they will have accommodation, however, the majority will not. Most will require to be accommodated in a temporary tenancy whilst awaiting a permanent offer. Their status will depend on whether they have prison discretion, and whether they have a determinate release date. If they are eligible to apply for parole from the mid-point of their long-term prison sentence, usually annually, accommodation has to be applied for at each stage of the parole process and often they are not released. It is hard to predict the future requirements, however utilising previous years as a benchmark, it is anticipated maintaining 50 tenancies per year would continue to meet needs.

Homelessness

People Experiencing Homelessness

Demand for homelessness assistance in the city reached a peak in 2022-23 seeing the highest number of applications received since moving to delivery of a housing options model in 2011/12. Homelessness is influenced by a multitude of personal and socio-economic factors and for this reason is unpredictable, as seen by the fluctuations experienced during this period falling to a low of 1,285 in 2015/16, and a high of 1,772 in 2022/23. It is within the last few years where the city has experienced arguably its greatest homeless challenge, when applications rose by a sharp 26% in 2022/23, caused primarily by the ongoing effects of COVID-19 and the cost of living crisis that are still being felt today. Since this position, applicant demand has begun to plateau with 1763 applications received in 2023/24. As at 31st August 2024 no further change in trend is evident, and a similar position is expected to be reported at year end 2024/25 with demand remaining high.

Single member households are most at risk of homelessness in the city where approximately 72% of applicants applying each year are from this group, the majority of whom are male. Applications amongst the youth population in the city rose in 2023/24 and are higher than the national average. Homelessness among the over 60s is also on the rise increasing by 58% since 2021/22 (+34).

Whilst the number of homeless applications received has been on the rise, levels of homelessness in the city have remained more constant, increasing by a more modest 5% (+53) from 1225 in 2011/12 to 1278 in 2023/24. During this period the median levels of homelessness is 1,232 and provides a reasonable indication of year on year statutory homeless demands.

Demand for Temporary Accommodation

The rise in applications experienced over the last 2 years has led to increasing numbers of households requiring temporary accommodation. In 2023/24, 1,104 households applying were placed in temporary accommodation, up almost a third (+251) on 2021/22. To meet demands and ensure compliance with statutory instrument, the temporary stock profile has increased from 395 units on 31st March 2022, to 592 on the 31st of March 2024, a rise of almost 50% and the highest level seen since 31st March 2018.

Despite a further 100 furnished mainstream units being introduced into stock during this period there remains significant reliance on use of hotel rooms to ensure accommodation is provided to all who require it. Currently(as of November 2024) there are 60 hotel rooms occupied, 63 fewer than at the 31st March 2024, but while these continue to be used there remains significant financial and compliance risks.

Hotels have been commissioned as a short-term option to provide accommodation on an emergency basis, however, over time this has become a more medium term option, with average placement times rising from 9 days in 2022/23 to 64 days currently. The increase has subsequently led to 540 breaches of The Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014 being reported in 2023/24, the highest level on record.

It is not only hotel placements that have increased over the last 2 years. The average stay in a temporary furnished flat has increased by 31 days to 142 in 2023/24 and hostel by 25 to 56 days. The increase in placement times has been caused by a slowdown in throughput, which has led to increasing levels of occupancy. As at 31st March 2024 there were 442 homeless households accommodated in temporary accommodation a rise of 67% when compared with the same period in 2022. There are, however, signs that pressures might be beginning to ease with occupancy rates at 31st August 2024 receding to 408, a fall of 8% on year end.

In April 2023 the Scottish Government published a Framework for Temporary Accommodation Standards (Temporary Accommodation Standards Framework (www.gov.scot)). These standards are in addition to the

Unsuitable Accommodation Order and set out criteria in relation to 4 standards and overview of the provision under each standard is below:

Physical – accommodation that meets the needs of any disabled persons, complies with relevant housing quality standards, has units that are secure, has sufficient bedroom space, adequate cooking, laundry facilities and exclusive toilet and personal washing facilities and affordable heating systems.

Location – consider proximity to main essential services, access to employment, formal and informal support networks, religious and cultural needs, and an assessment of personal safety specifically for households experiencing domestic abuse.

Service – creating psychologically informed environments, ensuring staff have been trained in trauma informed care, offer support for households, conduct regular home visits to allow unmet needs to be identified, and support to access different types of accommodation allocated on the basis of gender.

Management – legally compliant occupancy agreements, clear communication about tenants' rights, housing support provided at the point of entry (rather than on completion of homeless assessment), information provided on repairs, notice agreement, how to report anti-social behaviour complaints procedure and information to support move on from temporary accommodation.

Continuation of hotel use in the city would be in direct breach of these 4 standards, particularly when considering the physical standards, and service standards. When reviewing these standards against our temporary flatted accommodation, the current provision in the city, would in some instances not meet the physical standards when considering larger families (households that require 4 bedrooms and above) and some cases which have physical disabilities that require temporary accommodation which is fully wheelchair accessible. The location of temporary properties is spread across the city, but with an average of 15 temporary furnished flats becoming available to let each week Aberdeen City Council is not currently in a position that employment, religious and cultural needs could be met in all instances.

Support Needs for Homeless applicants

As part of the assessment when a person presents as experiencing homelessness they are given the opportunity to self-disclose a support need. In 2023/24, 39% of statutory homeless households contained a member assessed as in need of support (495), a fall of 30% when compared with the 69% identified as requiring support in 2021/22 (775). Fewer households are now being assessed as in need of basic housing support, with a 30% fall evident during this period. However the proportion of homeless households with a member requiring support for mental health continues to rise with 215 identified in 2023/25 equivalent to 17% of the homeless population. Among those requiring support, the number identified with multiple needs is also on the rise with 269 reported in 2023/24, equivalent to 21% of this population, a 3% increase since 2021/22.

Current provision and future requirements

Supply Gap

Using a calculation introduced to support planning for a rapid rehousing approach, current gap analysis estimates suggest that an additional 452 properties are required to meet the needs of all homeless households who require to be permanently rehoused each year. Even if the council were to achieve its target and reduce homeless applications by 10% by 2026 this would still leave a forecasted shortfall of approximately 363 properties. Having sufficient supply of housing is essential to bridging this gap and achieving the principle aim of rapid rehousing policy - to rehouse homeless households as quickly as possible. In 2023/24 the average homeless journey time was 166 days, 44 more than the previous year.

Support Provision

The current options are available to provide support to a person experiencing homelessness are:

Specialist Support for Young People: Foyer Accommodation Based Support provides supported accommodation for 27 Young People (aged between 16-25) within a supported block. This service also provides resettlement support for young people for a short period after their service within supported accommodation has ended. A further service for young people is Foyer Nightstop for young people who are threatened with becoming homeless. It provides short-term support within hosts' homes for young people who are unable to stay in their family home. This aims to provide a period of respite to allow the young person to consider more fully their options, which may result in a return to the family home. Last year of the 481 young people who had a recorded outcome after presenting to the local authority as homeless, 82 returned to previous accommodation or made their own arrangement.

Long term housing support is provided through our Housing First programme in the city for up to 50 individuals. As an approach, Housing First prioritises providing permanent settled accommodation. This is open ended and intense housing support for statutory homeless individuals with a history of cyclical homelessness and multiple complex needs. This includes, but is not limited to, issues with alcohol and other drugs, offending behaviour and anti-social behaviours. Those referred are considered by a multi-agency triage panel. They must be statutorily homeless at the point of referral, and must have access to public funds in order to be considered. The service is provided by Turning Point Scotland.

Outreach Housing Support provides medium to long term housing support to those either at threat of homelessness or going through the homeless process. Support is also provided to those in mainstream council tenancies who have been identified as needing longer term housing support need by their Housing and Support Officer. Whilst the service supports those with other needs (mental health, financial, criminal justice etc), support is tailored to maintaining and sustaining tenancies. As such, identified support needs must be relevant or in the context of tenancy support. The contract is provided by Turning Point Scotland and supports in the region of 500 individuals across the course of a year.

Our offering related to support provision for people experiencing homelessness has aligned with the key approach to ending homelessness and rapid rehousing, prioritising prevention. If homelessness occurs then households are provided with appropriate settled housing as quickly as possible, paving the way for focussing on faster access to mainstream housing, and the support necessary to sustain their tenancy.

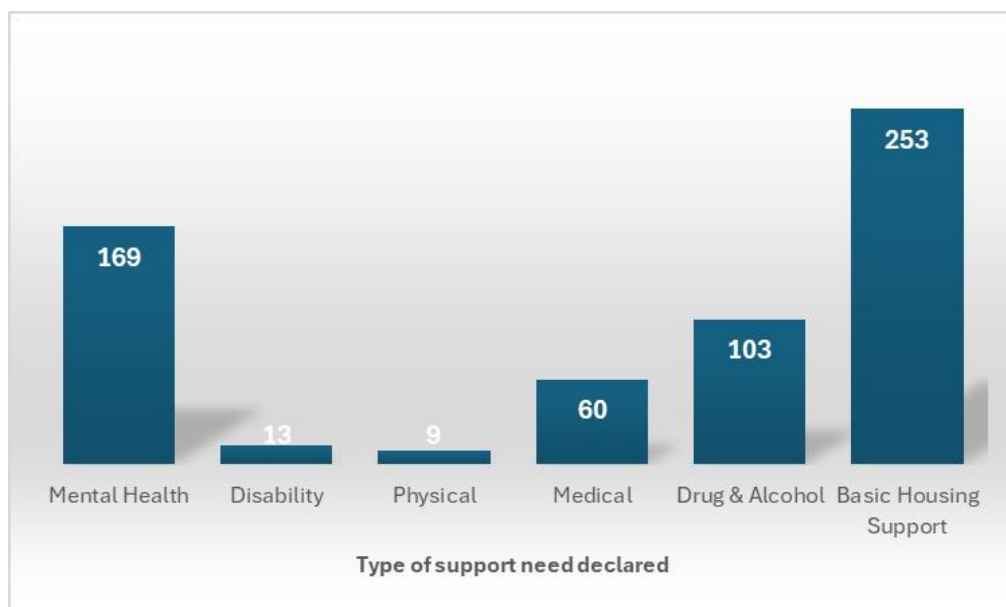
More recently however, a report published regarding supported housing ([Supported Housing Task and Finish Group Report](#)) has reviewed and presented recommendations related to supported housing. The report outlines that around 2-5% of those households who make a homeless application to their local authority would be the best fit for permanent supported housing.

Our current offering in the city aligns with the recommendations in this report, as we move away from our existing accommodation-based support service for adults. This was offered on a short Scottish secure tenancy basis, involving a move on from one property to another, and continuing with the specialist provision for young people which is provided in accommodation on interim basis. Aberdeen City Council identify the potential for a developing gap for those that do not view permanent accommodation as the goal. Aberdeen do not currently have an offer for people experiencing homelessness with multiple and complex needs who do not wish to progress into permanent accommodation, but currently attempt to fit these individuals into the Housing First model, whereby the outcome is permanent accommodation with wrap around support. We lack a firm data set to evidence this small cohort of individuals, however a review of individuals who have interacted with the Housing First service but not reached the panacea of long term settled accommodation is being undertaken to help understand this unmet need.

In addition, Aberdeen City Council do not have a permanent supported accommodation service for adults which can be accessed through a housing options/homeless pathway. The Supported Housing task and finish report clearly recommends that there should be jointly planned and commissioned supported housing as a response to homelessness, between Health and Social Care Partnerships and Local Authorities. Aberdeen City Council do not currently jointly commission provision in the city, however, given the growing number of people presenting as homeless with complex and multiple needs, there would be value in exploring this approach and adopting a health rather than purely housing led approach to homelessness.

As evidenced by data, there is an increasing number of people who are experiencing more than one area of support need, with some recent case examples of individuals experiencing homelessness, substance use,

mental health and physical disability. Whilst the data to evidence this gap in provision of short term supported accommodation provision is not fully developed, it is understood that there is increasing complexity of need and an increasing level of abandonments from secure tenancies. The chart below illustrates the type of support need declared by 269 people in 23/24 who indicated that they had multiple support needs.



Forthcoming legislation

The Housing (Scotland) Bill is currently at stage 1 of the parliamentary process. Scottish Government states that the package of reforms ‘will help ensure people have a safe, secure and affordable places to live while contributing to the ambition to end homelessness in Scotland’. Part 5 of the Bill relates to the prevention of homelessness and places duties on relevant bodies such as health boards and Police Scotland to ask if an individual is homeless or at risk of homeless and requires them to take action if they are. The overarching aim is to make homelessness prevention a shared responsibility across the public sector. Local authorities will also have to act sooner to prevent homelessness by providing support to households threatened with homelessness up to 6 months before homelessness appears imminent rather than the current two months. The ‘ask and act’ duty within the Bill raises concern of a potential increase in homelessness presentations with the potential that it could be seen as an ‘ask and refer’. With current operating systems, including siloed databases, there will be a challenge around mapping a person’s journey, touch points across services and identifying preventative steps taken by services. However, given what is known about a person’s increasing contact with medical services as they escalate towards a housing crisis, there is real opportunity for a more cohesive, person centred approach across housing and health.

Displaced Households

Along with other Local Authorities across the UK, Aberdeen has striven to meet the challenges presented by the rapid influx of displaced people seeking support and refuge, and is currently home to around 2,000 displaced people, having witnessed a ten-fold increase in arrivals over the last 2 years. Aberdeen City Council remains committed to welcoming and supporting displaced people in line with the New Scots Refugee Integration Strategy, yet recognises challenges which may be exacerbated by the increase in migration such as pressure on housing supply, increases in homelessness presentations, lack of school places and the provision of primary care and mental health services.

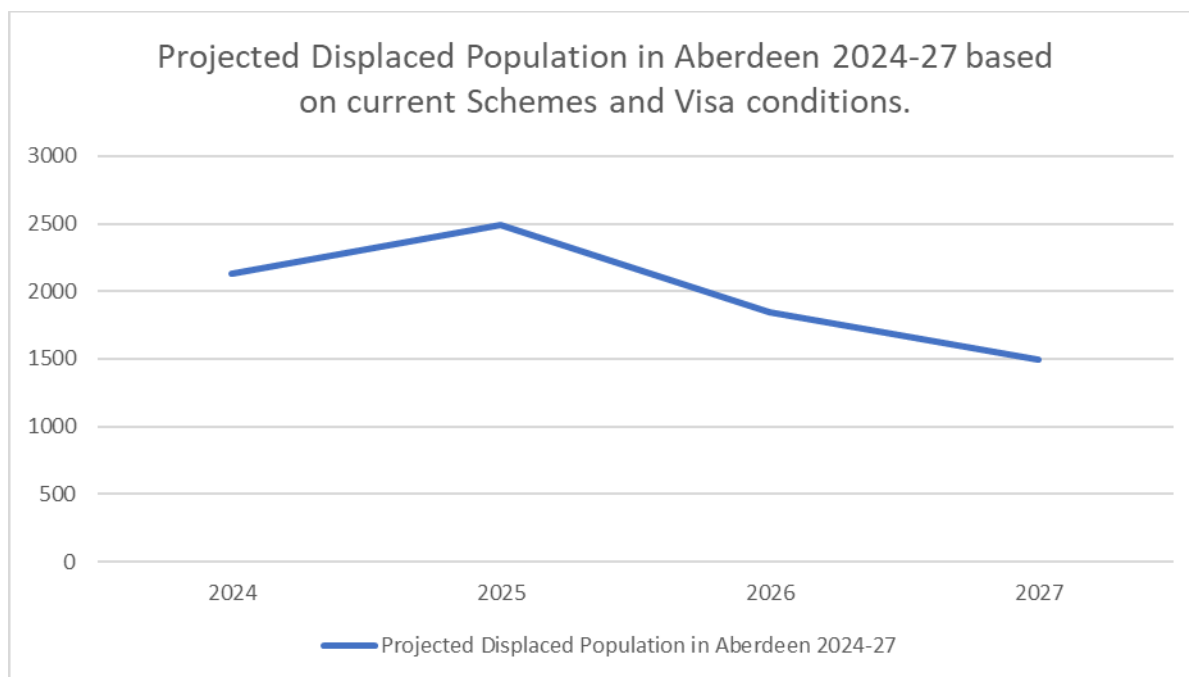
Current Provision and Future Need

The number of displaced households making Aberdeen their home is projected to increase by circa 20% over the next 12 months due to the National Accommodation Plan V2 which will increase the number of dispersed bedspaces in the city, asylum backlog decisions, UK Resettlement Scheme (UKRS) and Afghan arrivals. There is also the possibility of a surge in Ukrainian arrivals due to imminent visa changes, which will likely require residency in the UK as a prerequisite for extending current visas for a further 18 months.

Thereafter, beyond 2025, a marked shift in population numbers is anticipated dependent on whether the Homes for Ukraine Permission Extension Scheme is further extended or not.

There are 2 potential population scenarios:

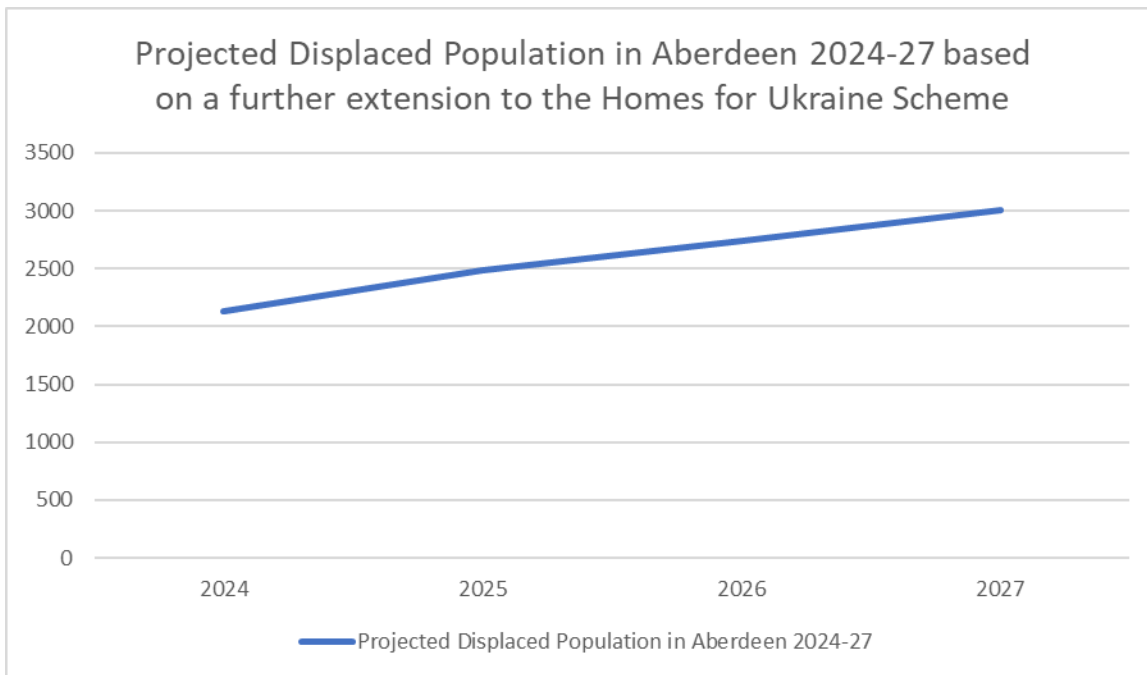
Scenario 1: No extensions to the Ukrainian Schemes



This population scenario assumes:

- No further extensions are granted for the Homes for Ukraine Scheme and those currently here will be required to leave based on their visa expiration date. Current expiration dates are staggered across 2026 to 2028.
- New arrivals via the Homes for Ukraine schemes continue at current levels.
- Increased demand from the arrival of Afghan Relocations and Assistance Policy (ARAP) households and a shift towards assisting those on UNHCR (The UN Refugee Agency) programmes, namely Afghan Citizens Resettlement Scheme (ACRS) and UKRS households.
- Increased demand from Asylum Refugees due to accelerated decision making, continued growth in the asylum-seeker population and a marked shift in focus from Contingency Hotels (CA) to asylum -seekers being based in dispersed accommodation.
- No further migration related to civil war, international conflict, climate, economic change or natural disasters.

Scenario 2: Further extension to the Ukrainian Schemes



This population scenario assumes:

- The UK Government announces further provision to those on Homes for Ukraine visas beyond the current Extension Scheme and that approximately 95% of Ukrainians currently living in Aberdeen will stay here.
- New arrivals via the Homes for Ukraine schemes continue at current levels.
- Increased demand from the arrival of Afghan ARAP households and a shift towards assisting those on UNHCR programmes, namely ACRS and UKRS households.
- Increased demand from Asylum Refugees due to accelerated decision making, continued growth in the asylum-seeker population and a marked shift in focus from Contingency Hotels (CA) to asylum -seekers being based in dispersed accommodation.
- No further migration related to civil war, international conflict, climate, economic change or natural disasters.

There is likely to be a continued housing need that arises across the schemes, The 500 Aberdeen City Council owned properties that were allocated to people fleeing the conflict in Ukraine for up to a 3 year period would likely to continue to be used for this purpose, meaning they would be unable to be used to alleviate housing pressures elsewhere. The additional 120 properties provided outwith the Ukraine Long Term Resettlement Funding (ULTHF) scheme would also continue to be used as they are currently. In 2023/24 Aberdeen City recorded a 33% increase in homeless applications from people who were present in the UK having been granted refugee status or leave to remain, suggesting a growing number of people choosing to stay in the city after receiving a positive asylum decision.

Unaccompanied Asylum-seeking children and young people

Current Provision & Future Need

The arrival of Unaccompanied Asylum Seeking Children and Young People (UASYP) also poses challenges as these individuals also typically have high support needs due to their young age and the likelihood that they

have experienced some form of trauma prior to arriving in the UK. Table 1.0 below shows the number of UASYP that have arrived in Aberdeen as well as the route of referral.

Table 1.0: UASYP in Aberdeen City as of 31st December 2023

Route of Referral	UASYP
Spontaneous Arrival	3
Hotel Dispersal	21
National Transfer Scheme	25
Total	49

Source: Social work service provision for Unaccompanied Asylum-Seeking Children and Young People (UASYP), [CFS/24/045](#), 20th February 2024

UASYP have the same status as other Looked After Children and Aberdeen City Council will fulfil its duty to provide care and support as a corporate parent to this group. UASYP can be from a wide range of age groups, however, the majority of UASYP in Aberdeen are between 16-18 years of age. The Council has worked with RSLs and other housing providers to source accommodation for UASYP, as well as with third-sector organisations to ensure that these groups receive appropriate aftercare support.

Conclusion

This Independent Living and Specialist Provision Housing Market Position Statement has set out the future requirements for provision of specialist housing in Aberdeen, notwithstanding the current economic

challenges. A key element of delivery will be the further engagement with service providers and those with lived experience of the various target groups with the aim of delivering the improved outcomes highlighted.

In developing the MPS, a number of challenges have been identified however, these also provide opportunities for improvement, particularly in relation to the data collected and how this can be used to enhance future updates to this document. The vision is for a flexible approach to housing provision that meets a variety of needs, and ensures people can live in the community of their choosing, throughout their life, in a home of their choosing, with the care or support they require. Working collaboratively with our partners will help achieve that vision.

Where care provision is required, co-locating people with similar needs provides opportunities for economies of scale in terms of staffing. This also helps to ensure consistency of care which improves understanding of needs, the quality of care provided, and confidence in that care from those receiving care and their loved ones. In order to make the best use of the resources available, existing models may be re-provisioned to meet the changing needs of the population. There is evidence to suggest care delivered in communities is more cost effective, as well as providing improved outcomes by maintaining independence. There is commitment to shifting the balance of care towards community and the use of digital solutions for the provision of support where this is appropriate.

Finally, aligning the provision of specialist housing to the Getting It Right For Everyone (GIRFE) principles, and embedding a human rights approach in considering how care needs are met, will ensure that people can live in their own homes with dignity and independence for as long as possible. In addition, ethical commissioning and collaborative stakeholder engagement will secure stronger outcomes for the people of Aberdeen via aligning the work Community Planning Partners are undertaking in relation to prevention of demand for various services.

Next Steps

This MPS will be a working document which informs planning and delivery to close the gap in demand and supply in the short term, medium term and longer term. The closing of the gap is anticipated to come from a combination of public and private investment and may include adaptations, refitting, and bespoke builds. This will be supplemented with relevant lived experience and professional views, as well as improved data collection, interpretation, and forecasting of need. ACHSCP will continue to work in partnership across the

city and beyond to deliver these changes and have already commenced solutions focussed work with partners.

The Disabled Adaptations Group is already underway in relation to the provision of equipment and adaptations in all tenures, which can help people continue to live safely in their own home for longer. This includes the promotion of early planning for long term housing needs. Once this work is concluded, consideration will be given to the impact of this on the Market Position Statement for Independent Living and Specialist Provision Housing.

Action
Forensic – Open dialogues on new secure stepdown accommodation
Sheltered, Very Sheltered and Extra Care Housing – Review Strategy and redesignation of stock where appropriate
Development of Mental Health and Learning Disability & Bariatric Accommodation
Replacement substance related residential facility
Preparation for Ask and Act Legislation
Complete the Housing for Varying Needs Review

Appendixes

1. Definition of terms
2. Summary table

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- [National Health Wellbeing Outcomes Framework](#)

Appendix 1: Definition of Terms

Care homes	Care home provision in Aberdeen City is delivered by the private sector and voluntary organisations in both privately owned properties and local authority owned properties. In Aberdeenshire, providers include private sector, voluntary organisations, and the local authority. The sector meets a range of personal and nursing care needs. Residents can be either long stay, short stay or respite.
Amenity Housing	Amenity housing or medium dependency housing is designed to be suitable for older people or ambulant disabled. This type of housing is specially designed or adapted to provide accessible accommodation. Some properties may have an integrated telecare system that is linked to an alarm receiving centre.
Independent living	Independent living provides for older and disabled people the same freedom, choice dignity and control as other people at home at work and in the community. It does not mean living by yourself or looking after yourself on your own. Independent living means a person has the right to practical assistance and support to participate in society and live an ordinary life.
Sheltered Housing	Sheltered housing allows older people or people with particular needs to live independently, with the right support, in a comfortable and secure environment. It also gives the opportunity for social contact and companionship through communal facilities. Sheltered housing is generally a self-contained, one bedroom flat in a main scheme or a one-bedroom linked property. Two-bedroom properties are available at some schemes. An alarm or telecare system is available. Support is provided onsite by support staff, sheltered housing officers or mobile service.
Very Sheltered Housing	Very sheltered housing provides a safe environment for people with higher level support needs to live independently. Tenants are usually aged 60 years or above and may have additional care needs or be vulnerable in their current accommodation. Younger applicants may be considered depending on their circumstances. Very sheltered housing has a dedicated team of care and support staff, available on-site 24 hours a day, seven days a week.
Extra Care Housing	Extra care housing provides a similar level of support to sheltered or very sheltered housing for adults with a range of disabilities. Each tenant is provided with agreed levels of care and support on site. Individuals have self-contained homes with access to communal facilities, and there is onsite accommodation for support staff.
Core and Cluster	Core and cluster housing is a model of supported living where tenants have self-contained flats and receive support, usually from visiting staff. The flats can be dispersed within housing schemes and may have on-site office facilities. The colocated individual tenancies help to reduce dependency and increase community participation without the stresses associated with communal living.
Group home	A property where a small number of adults live alongside each other, usually in groups of four and under. Facilities such as a kitchen and living space will typically be communal. Care and/or support will likely be provided 24/7
Housing Support	As part of our housing support, those tenants living in Aberdeen City Council Sheltered Housing that are entitled to receive assistance can expect the following from our Service Supervisor will receive some or all depending on assessment and level of need. Daily call or visit , Assisting with the security of the complex, Assisting with arranging repairs of the property , Helping to arrange appointments with relevant professionals, Liaising with families, Supporting good relationships with neighbours, Assisting to deal with letters, bills and benefit claims, Helping maintain and responding to fire alarms and emergency call system , Personal care in the event of an emergency, Assisting with social interaction and social activities, Checking and dealing with health and safety issues in the building, Developing, reviewing and monitoring individual support plans
House of Multiple Occupation (HMO)	House of multiple occupation (HMO) are properties where there are at least three or more unrelated adults who live in a property where bathroom, living or kitchen spaces are shared. HMO's offer a suitable option for individuals with a preference for supported group living.

Personal care	Personal care includes things like bathing, showering, hair washing, shaving, brushing your teeth, and nail care, going to the toilet, catheter and stoma care, skin care, incontinence laundry and bed changing, eating, special diets, and food preparation, mobility support, counselling, behaviour management, psychological support and reminding devices taking medication (like eye drops), application of creams and lotions, simple dressings and oxygen therapy, getting dressed, surgical appliances, prostheses, mechanical and manual aids, help getting in and out of bed and using hoists
Nursing care	nursing care, requires a qualified nurse to help you. For example, a nurse will give injections or help to manage pressure sores.
RSL	Registered social Landlord
Retirement housing	Retirement housing has similar features to sheltered housing but is usually provided in the private sector. Levels of care and support may vary from site to site.
Supported living	Supported living services for adults with learning disability or mental health problems have their own tenancy with appropriate care and support. This helps them to live as independently and safely as possible. Support can include assistance with activities such as personal care, managing bills and accessing social experiences.
Standalone services	Stand-alone services in mainstream housing provision with visiting support or overnight support can enable people to live independently. The levels of support can vary depending on individual's needs.
Unpaid carer, care partner	The term unpaid carer is used in this document as the term used by ACHSCP. Care partner is preferred by the National Dementia Lived Experience Panel

Appendix 2 – Summary Table

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
<p>Care Homes (this includes Residential Care and Nursing Care)</p>	<p>Total bed numbers in Aberdeen City Older Adult Care Homes: 1446</p> <p>Total number of residents in Aberdeen City Older Adult Care Homes: 1353</p> <p>Total number of residents in Aberdeen City Older Adult Care Homes, receiving care funding via ACHSCP: 1074</p> <p>782 are funded at the full National Care Home Contract levels, and 292 are self-funders (note: In Scotland, there is entitlement to free personal and nursing care. Therefore, no care home resident has to pay for the own personal and nursing care charges (currently £248.70 & £111.90 per week respectively)</p> <p>Free personal and nursing care: questions and answers - gov.scot</p> <p>.)</p>	<p>ACHSCP is not planning to significantly increase the proportion of spend on national care home rates contracts so far as possible and does not intend to commission new Local Authority Care Home(s). ACHSCP focus will be on enabling people to stay within their own homes to mitigate demand for care home placements with a view to potentially reducing residential care home placements at national care home contract rate.</p>		<p>It is anticipated that there is scope for additional independent providers in Aberdeen to meet the needs of self-funding residents over the long term.</p>

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
	<p>Total number of residents in Aberdeen City Older Adult Care Homes, who are out-of-area placements:</p> <p>Approx. 279 of the residents do not have ACHSCP funding. This however can be due to placements being arranged directly without any local authority involvement.</p>			
Sheltered Housing	<p>2,194 (ACC 1873, RSL 321) units.</p> <p>Several multi-storey sheltered properties are experiencing low demand. This reflects an increase preference for people to stay at home with appropriate adjustments.</p>	<p>ACHSCP anticipates reducing the volume of sheltered housing units in Aberdeen. This is due to evidence of overprovision and the anticipated increased complexity of need. This will be achieved via working in partnership with Aberdeen City Council and relevant partners.</p> <p>It is not anticipated that there will be additional scope for independent provider investment at this stage.</p>		
Very Sheltered Housing	<p>280 Units (ACC 110, RSL 170)</p>	<p>It is anticipated that there will be a growing demand for Very Sheltered Housing in Aberdeen to meet the increasing complex needs of an older population. To this end, ACHSCP has initiated early discussions with partners to progress a proposal to increase the volume of very sheltered housing units in the city whilst reducing the number sheltered housing units. This aligns with the focus referred to above to assist and enable people to live within their own homes.</p> <p>It is anticipated that there is scope for additional independent providers in Aberdeen to meet the needs of self-funding residents over the long term.</p>		

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
<p>Children and young people with lifelong care, support needs</p> <p>Factors which will impact on the forecasting data include:</p> <p>Migration – A small number of families each year (largely from the wider Grampian area) relocate to Aberdeen to be nearer specialist medical facilities. Unpredictable demand.</p> <p>Migration - Inward migration of families from other parts of the world with a child with complex disabilities. Unpredictable demand.</p> <p>There are children and young people with a life limiting condition who were not predicted to live for more than a few years but who, as a result of advances in medical science, are living well beyond this and into adulthood. Growing population/demand.</p>	<p>Children with the most complex health and disability needs are currently cared for in various care settings.</p> <p>Most remain in parental care, with Self Directed Support (SDS) packages of support to meet need.</p> <p>Others are accommodated in residential care resources or within foster placements. These can be within or outwith the city.</p>	<p>Demand in the coming three years (2024-2027) is largely known –</p> <p>20 young people are likely to need specialist accommodation and/or care provision as they will neither be able to live independently within mainstream accommodation nor be able to remain in the care of family or their current alternative care networks.</p> <ul style="list-style-type: none"> • 13 of these young people are currently looked after in residential or foster care placements which should end within 3 years (at 18 years of age) • Most of these 20 young people are likely to be able to be supported in some form of specialised supported housing and care (Various degrees of complexity of health and care needs so will require further assessment to determine what tier of service provision) • 10 of the 20 young people are likely to require lifelong 24 hour care due to the complexity of their needs. Whether these needs are met within residential care or specialist supported housing and care in the community will be dependent on availability of resource to meet need. 	<p>Predicting demand beyond the initial 3 year period with any certainty presents greater challenges. For most parents with a child with disability/complex health needs, the teenage years are the most challenging. While parents/carers may, with support, be able to meet the needs of their pre-teen child, for safety, health or protection concerns as adolescence progresses such arrangements can become unsustainable. For this reason, these numbers may increase.</p> <p>There are currently 19 children who are likely to need specialist accommodation and/or care provision within the next 3 to 6 years (2027-2030)</p> <ul style="list-style-type: none"> • A small number of these children (4) may be able to be supported within their families if sufficiently robust bespoke packages of care can be mobilised. Intervention aims to support this option if feasible. • One of this group is currently in residential 	<p>There are currently 16 children who are likely to need specialist accommodation and/or care provision within 6 to 10 years (2030-2034). As for the previous group, this is based on knowledge of current children and their circumstances hence numbers may increase.</p> <ul style="list-style-type: none"> • Most of this group's needs are complex indicating they will require 24 hour care. Given the timeframe, intervention and support will continue to strive to build the necessary resilience and skills. • Only one of this group is currently within a residential care setting and one more is on the edge of care. • A small number of these children may be able to be supported within their families if sufficiently robust bespoke packages of care can be mobilised. Intervention aims to support this option if feasible.

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
			<p>care and two more are on the edge of care.</p> <ul style="list-style-type: none"> 7 of the 20 young people are likely to require lifelong 24 hour care due to the complexity of their needs. Whether these needs are met within residential care or specialist supported housing and care in the community will be dependent on availability of resource to meet need. 	
<p>Mental Health and Learning Disability¹⁷</p>	<p>93 Mental Health Care Home Placements</p> <p>Of the 8 Care homes which provided information in the service provider survey in 2021, only 1 (with 20 placements within it) was fully in line with the expectations of the current <u>Mental Health and Learning Disability Residential and Supported Living Accommodation - Market Position Statement 2021 - 2026</u>. All others required varying levels of upgrading.</p>	<p>It is anticipated that there will be a growing need for care and support with mental health and learning disability requirements in Aberdeen as life expectancy increases within the relevant population.</p> <p>This will likely require additional resource allocation towards MHLD placements and to addressing current environmental conditions.</p>		

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¹⁷ People living with disability and complex Care see earlier MPS- Mental Health and Learning Disability Residential and Supported Living Accommodation - Market Position Statement 2021 - 2026 and Complex Care Market Position Statement 2022 - 2027

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
Bariatric Care	Less than 5 individual homes are provided by Aberdeen City Council	<p>A further 10 individual homes to meet existing and unmet need in the short term (up to 5 years) and predicted data shows that a total of 30 individual homes would be required to meet the needs of the city by 2034.</p> <p>ACHSCP will seek to contribute to the growing need via partnership working as opportunities arise.</p>		
Substance use	<p>Alcohol/Drugs use: Current service has 17 places but requires to be re-provisioned for people with alcohol dependence. Currently at capacity with less than 5 people on the waiting list.</p> <p>Alcohol/Drugs use: Phoenix Futures (3rd sector provider) has secured 23 units funded by the Scottish Government until 2026.</p>	<p>ACHSCP is working in partnership with the ACC housing service and third sector to identify a suitable alternative site to replace current accommodation for alcohol use. It is anticipated that technology enabled care will play an increasing role in supporting the needs of people. It is anticipated that 17 or less SMS residential/supported accommodation places would be sought for the future.</p> <p>Regarding drug use, there is currently no intention to replace government funding beyond the current funding arrangement to 2026.</p>		
Forensic Mental Health Accommodation	42 current places are provided at RCH. There are currently 29 people on the waiting list for a placement within the forensic mental health accommodation unit.	It is anticipated that 38 places will be required. This incorporates 23 patients currently considered delayed discharge and 5 additional admissions that will likely require supported accommodation, from years 2025- 2027.	It is anticipated that 59 places will be required. This incorporates 6 additional patients currently receiving care and 5 additional admissions that will likely require supported accommodation, from years 2028-2030.	<p>It is anticipated that 85 places will be required. This incorporates 6 additional patients currently receiving care and 5 additional admissions that will likely require supported accommodation, from years 2031-2034.</p> <p>Given the significant scale of current and anticipated demand, it is anticipated that this need will require local, regional and national cooperation across public, private and third sector stakeholders.</p>

Appendix 2 – Summary Table

SPECIALIST PROVISION	CURRENT PROVISION	SHORT TERM to 2027	MEDIUM TERM to 2030	LONG TERM to 2034
Justice Social Work	<p>The number of people released from prison on licences or orders is on average 50 per year.</p> <p>ACHSCP seeks to maintain 50 tenancies through ACC to keep people safe in the community and reduce reoffending.</p>		<p>It is hard to predict the future requirements, however utilising previous years as a benchmark it is anticipated maintaining 50 tenancies per year.</p> <p>Wider engagement and development of business case with National Accommodation Strategy for sex offenders which applies to the housing of sex and high-risk offenders managed under the Multi Agency Public Protection Arrangements (MAPPA)</p>	
Homelessness	<p>Temporary Accommodation- 592 Units, 72 of which are hotel accommodation.</p> <p>Support Provision – Outreach Housing Support for up to 500 people experiencing homelessness, Housing First support for up to 50 people with enduring complex needs, Foyer Accommodation Based support for up to 27 young people(aged 16-25).</p> <p>Mainstream need.</p>		<p>Increased provision of temporary furnished properties.</p> <p>Wider consideration required of a supported accommodation model that could be provided on a flexible basis for those with complex and multiple health needs, including mental health, physical disability and substance use. Compounded by challenges of cyclical and sporadic interaction with services (social work, treatment services)</p> <p>A gap in mainstream provision of 452 units is highlighted, with the upcoming introduction of Ask and Act Legislation and a potential risk of increase referrals into the homelessness service as a result brings a challenge of predicting future need. Despite increases in homeless applications, levels of homelessness have remained fairly stable in the city.</p>	

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** Acquired Brain Injury and Neurological conditions – Ongoing work has informed this market position statement.



Areas for Consideration of Impact

Protected Characteristics

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

Fairer Scotland Duty

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

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

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

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

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

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

UNCRC

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

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	Independent Living & Specialist Housing Provision Market Position Statement
Name of Officer completing Proportionality and Relevance Questionnaire	James Maitland, Transformation Programme Manager
Date of Completion	11/10/2024
What is the aim to be achieved by the policy or practice and is it legitimate?	<p>The Independent Living and Specialist Provision Housing Market Position Statement (MPS) is aiming to answer three main questions related to accommodation within Aberdeen City.</p> <ul style="list-style-type: none"> • What accommodation provision do we have now? • What accommodation do we need in the short term? • What accommodation do we need longer term to provide for future needs? <p>The intention is to identify any gaps in provision and the accommodation that will be required for those with care and support needs.</p> <p>This is specifically focussed on those who are not able to access mainstream housing and require additional considerations, for example, adapted housing and access to care within their home environment.</p>
What are the means to be used to achieve the aim and are they appropriate and necessary?	<p>ACHSCP has worked with service providers, colleagues, and teams within ACHSCP and more widely with partners to develop a detailed analysis and understanding, as far as we possibly could, of the accommodation needs of our citizens with specialist requirements.</p> <p>This Market Position Statement is not prescriptive. However, it sets out an aspiration that will help to ensure that the City's accommodation provision will meet the City's demographic need for the future.</p> <p>The Market Position Statement focuses on people who require Specialist housing provision. These are care homes, care at home, Amenity housing, sheltered housing, very sheltered housing, acquired brain injury, neurological conditions, bariatric care, substance use, mental health and learning disability, forensic mental health accommodation, homelessness, justice social work and children, young people with lifelong care support needs.</p>

	<p>In developing the MPS, challenges were identified relating to the availability of suitable accommodation, funding, recruitment and retention of specially qualified workforce and data. ACHSCP is working closely with partners to understand these challenges and to overcome them, and will continue to involve providers, people who use services and their loved ones in this work. These challenges will help to inform future strategic documents including, but not limited, IJB workforce plan, the Aberdeen City Council Local Housing Strategy and IJB Strategic Plan.</p>
<p>If the policy or practice has a neutral or positive impact please describe it here.</p>	<p>Ensuring that there is sufficient independent living housing to meet the needs of those who require it will have considerable positive impacts across all areas especially when people have been discharged from hospital and have a clear pathway back to community living.</p> <p>The positive impacts of this MPS will be achieved by evaluating inequities identified and promoting inclusion by addressing what needs to be done in the short, medium and long term to transform the service. The MPS has proposed that engaging citizens, staff and providing services by co-design and participation with ensure that change is lasting as people have been included. These will include business case to provide more support for people diagnosed with dementia with special consideration those with early onset diagnosis and their varying needs. Support for young people who are transitioning from children services to adult services and have lifelong care needs. The Market Position Statement considers having flexible units that can be used for independent living for those who need access to bariatric services. There is need to consider a pathway for those who have Acquired Brain Injury and Neuro rehabilitation and how they can live independently in community setting and have access to the health care they need. Consideration to converting sheltered housing to very sheltered housing and increasing the provision of and reducing reliance on the already scarce and stretched nursing care model will improve the outcomes of those being cared for as evidenced in the MPS.</p> <p>These will be assessed in full in the full integrated Impact Assessment (Stage 3).</p>
<p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</p>	<p>Yes</p>
<p>Rationale for Decision NB: consider: -</p>	<p>As noted above the Market Position Statement aims to provide the information to inform future housing</p>

<ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	<p>development to meet the needs of a range of people with varying needs in Aberdeen City. This is a complex landscape with considerable intersectionality between groups. It is the nature of this complex landscape that has led to the requirement for a Market Position Statement to be developed and as such a full integrated impact assessment is required to support the implementation and use of the MPS during the ten years it will be in place (2024 -2034).</p>
Decision of Reviewer	
Name of Reviewer	
Date	

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

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

ACHSCP has implemented a collaborative and ethical commissioning model which aim to ensure that people with lived experience, providers and other stakeholders are part of the review and co-design process of contract development. This aims to ensure all new contracts are developed through an ethical and human rights-based lens.

This includes consideration of fair work practices for staff, regardless of employer, which encourage the development of a quality, sustainable, and appropriately valued work force.

Increasing awareness of the impact of service on both the climate and circular economy are directing our development of services to ensure that their carbon and environmental footprint is heading in the direction of net zero; financial transparency and commercial viability of any outsourced services forms part of the commissioning process and cycle but even more so recently with the increased cost of living which have seen increased pressures on independent services.

The MPS is a working document which will be used to inform planning and delivery to close the gap in demand and supply. As such there will require to be ongoing focus on ensuring

that collaborative and ethical commissioning principles and consideration of the impacts of this IIA are used to inform any new contracts required as a result of future developments in provision.

As standard, within the procurement activity for any new provider duties with regard to equality, human rights and fairer Scotland duty will be contained within the evaluation process and assessed, so that the successful provider may also address these duties.

The construction and or repurposing of housing stock will consider human rights, children's rights and Fairer Scotland Duties will be taken into account for any tendering process and in the subsequent final contractual agreements and or plans of work for construction or repurposing or redesign. New IIA's will be created and signed off prior to tendering and finalising contracts.

Providers of support services when construction and or repurposing is complete, the co-produced contracts mentioned earlier will, in their finalised form, take full account of human rights children's rights and Fairer Scotland Duties.

ACHSCP Impact Assessment – The Integrated Impact Assessment

<p>Description of Policy or Practice being developed including intended aim.</p>	<p><u>Independent Living & Specialist Housing Provision</u> <u>Market position statement 2024 - 2034</u></p> <p>The Independent Living and Specialist Provision Housing Market Position Statement is aiming to answer three main questions related to accommodation within Aberdeen City.</p> <ul style="list-style-type: none"> • What accommodation provision do we have now? • What accommodation do we need in the short term? • What accommodation do we need longer term to provide for future needs? <p>Short term is 0-3 years, medium term 4-6 years and long term is 7-10 years</p> <p>The intention is to identify any gaps in provision and the accommodation that will be required.</p> <p>This is specifically focussed on those who are not able to access mainstream housing and require additional considerations, for example, adapted housing and access to care within their home environment.</p>
<p>Is this a new or existing policy or practice?</p>	<p>New Policy document</p>
<p>Name of Officer Completing Impact Assessment</p>	<p>James Maitland, Transformation Programme Manager</p>
<p>Date Impact Assessment Started</p>	<p>11/10/2024</p>

Name of Lead Officer	Kay Diack, Strategic Home Pathways Lead
Date Impact Assessment approved	

Summary of Key Information

Groups or rights impacted.	<p>Protected Characteristics</p> <p>The proposals of this MPS will have a positive impact as the housing and independent living provision will account for the persons needs and requirements and provision of a person centred care provides better outcomes and improved quality of life.</p> <p>The increase in choice and availability of accommodation will mean that people are living closer to their community and enjoying the benefits of connection and support.</p> <p>The MPS has a direct impact on</p> <ul style="list-style-type: none"> • Disability People in this category are likely to suffer disability either temporary or long term. This include care homes, care at home, short term based care, amenity, sheltered, very sheltered, acquired brain injury, neurological conditions, bariatric care, substance use, mental health and learning disability, forensic mental health accommodation, justice social and children, young people with lifelong care support needs. • Age In Aberdeen City it is projected that there will be a 16.1% increase in the number of people over 75 by 2038.¹ Aberdeen City Health & Social Care Partnership continues to develop approaches to ageing well which support all adults to consider what plans they should make for the future to support them as they age. This includes considerations around housing and future support needs. There are also options available that enable older people to remain in their own mainstream homes for longer, including access to adaptations, housing support and Care at Home and Technology Enabled Care.
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¹ [Aberdeen City and Aberdeenshire Housing Needs & Demand Assessment 3: 2023 -2028](#)

Children and young people with lifelong support needs and their families have been included in this market position statement because by the time these children are 12 years old it can usually be ascertained if they will require lifelong care

The MPS is a strategic policy document and there are no direct impacts identified in relation to the following protected characteristics;

- Race
- Religion or belief
- Pregnancy & maternity
- Gender reassignment
- Sexual Orientation

It is recognised that those whose housing needs are met by the MPS will likely also be considered as having a range of protected characteristics. Person-centred planning supports these to be fully assessed on an individual level.

- Marriage and civil partnership

Should the work proposed proceed the impact on marriage and civil partnership will be positive because there are proposals to give considerations for those in marriage and civil partnership when proposing moving from their home for example to very sheltered on the implications of the partner moving from their home because they are the main carer. The impact on caring partner moving to continue providing care should be a separate assessment on their future life apart from the caring duties.

- Sex

The Impact on sex will be positive as numbers indicate that more men are likely to need care and support in later life. This numbers are better for planning and providing care, support and accommodation to targeted demographics.

Fairer Scotland Duty

Positive impacts for people affected by low income, wealth, material deprivation, living in areas of deprivation as the MPS will lead to the development of appropriately designed, accessible accommodation that meets modern building standards

- **Low income**

Data and intelligence from the Aberdeen City Population Needs Assessment has informed our

	<p>understanding of the type and distribution of services required for the citizens of Aberdeen.</p> <p>A well-functioning housing system is about connecting communities and building better links between Housing, health, social care and providing everyone a safe, affordable home within the city's system. Housing for varying needs should be no different and the Local Authority can provide this by increasing housing supply, improving existing homes, working in partnership with partners, providers and ethical commissioning to ensure delivery of personalised care. The Scottish Index of Multiple Deprivation (SIMD) demonstrates that those citizens that are in areas of lower deprivation are more likely to require hospital admissions and or have poor or inadequate housing.</p> <ul style="list-style-type: none"> • Low wealth • Material deprivation • Area of deprivation / communities of place • Socio-economic background <p>Those who are older in the populations in Aberdeen and live in property purchased from Local Authority might be asset rich and cash poor. Traditionally these properties can be difficult to modify and adapt and this can lead to home owners ability to live in their homes in later life.</p> <p>It is widely recognised that much of the existing housing stock will not be suitable long term for people with specialist needs. This is in part due to accessibility of the accommodation and access to local services and community resources. Some groups requiring specialist provision will have specific accommodation needs which extend beyond the type of housing stock that is either currently available or will be developed. There are often additional costs to developing suitable accommodation such as provision of lift access or the ways in which homes are laid out and constructed.</p> <p>Health Inequality</p> <ul style="list-style-type: none"> • Low literacy / Health Literacy <p>The outcome of the MPS and subsequent works, cannot predict either a positive or negative impact on low literacy and or health Literacy</p> <ul style="list-style-type: none"> • Discrimination / stigma
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The outcome of the MPS and subsequent works will take account of the design and location of any new construction and the repurposing of existing building stock by collaborative engagement to help avoid any negative perception from local communities. Where negative perceptions are predicted, e.g. in respect of forensic accommodation or A&OD services, engagement activities and information sharing events will be planned and rolled out to mitigate against any negative impacts.

- **Health and social care service provision**

Housing is integral to delivery of health and social care services. Where a person lives has significant impact on their ability to continue to live in a homely setting in their own communities.

Set against the backdrop of current specialist housing provision and support, the MPS and subsequent works will lead to measurable improvements in respect of health and social care housing, care and support.

- **Physical environment and local opportunities**

The MPS and subsequent works will, with compliance with current planning and building regulations, lead to: improvements in the quality of housing stock and associated outdoor environments.

Local opportunities will arise in respect of

- 1) employment, both in the construction and subsequent staffing and maintenance of the specialised housing.
- 2) regular planned engagement with affected communities prior to design and construction stages for any new works will increase 'buy in' and lower and concerns or objections to any new works.

It is widely recognised that much of the existing housing stock will not be suitable long term for people with specialist needs. This is in part due to accessibility of the accommodation and access to local services and community resources. Some groups requiring specialist provision will have specific accommodation needs which extend beyond the type of housing stock that is either currently available or will be developed. There are often additional costs to developing suitable accommodation such as provision of lift access or the ways in which homes are laid out and constructed. Funding for such accommodation

provision is limited and therefore there will be ongoing challenges in how this is funded and what is therefore prioritised in any new developments.

- **Education and learning**

Evidence suggests that early, cyclical community engagement will help local communities to understand and accept the need for both service provision and the need for construction work.

Children and young people with lifelong care support needs in education and learning have been considered here.

Other considerations

- **Looked after children and young people**

The impact on looked after children and young people will be a positive to this group.

The provision of co-designed, specialised housing will, in the long term, lead to improvements in the living arrangements and environments for any young people who must be cared for by Aberdeen City Council, ACHSCP, and for any of those who require Continuing Care.

The MPS proposes that should the work proceed the focus will be to provide support at home where possible or closer to home and within community setting and support networks. The MPS proposed support for parents and carers with built in respite when required to manage and mitigate stress can thatacerbate breakdown in care or placement.

There are a small but significant and growing number of children and young people that will require some form of specialist care setting due to their complex care needs, and these needs will continue into their adulthood.

Some of these young people will have been cared for by the local authority during their childhood years and as *Looked after Children under the Children (Scotland) Act 1995*, they may be eligible for Continuing Care packages, for example, to remain supported in the care setting they were living in on their 16th birthday, up until they reach the age of 21, where it is proposed that this extended care will allow them to progress towards more independent living.

Looked after children may well be disconnected from their birth family and community links, and a number will have experienced a background of

trauma which can compound their presenting needs on a lifelong basis. Some may be living within foster families and this commitment will not routinely be sustainable beyond the young person reaching adulthood. Whilst fostering 'payment for skills' is restricted to 18 years of age, (or to the age of 21 for some children who can be then supported to live more independently) alternative means of offering financial support to this group of carers may allow some arrangements to continue into adulthood where this negates the need to source alternative residential care for the adult with such complex needs.

- **(Unpaid) Carers**

Delivering on the aspirations of the Market Position Statement will have a positive impact on unpaid Carers. The design of any new builds will take account of:-

- 1) the potential need for future adaptations (e.g. corridors designed at a 1.4m width, rather than the 0.9m requirement of the of the current building standards, to allow for easy wheelchair access/ movement)
- 2) retrofits: e.g. the inclusion of ducting and passageways to allow for the easy introduction of new wiring or pipework when needed in future.

Delivering on the aspirations within the Market Position Statement will have a positive impact on Carers by ensuring those they care for have access to suitable housing to meet their individual needs.

Carers in couples / extended families should be considered to be for housing together if that is their wish to stay in the same dwelling such as moving to sheltered accommodation instead of one person moving to a care home.

- **Homelessness**

The MPS specifically identifies housing needs for a range of people in different circumstances across Aberdeen city. Whilst it does not directly look to address homelessness (Homelessness and those housed in temporary accommodation are in the remit of Aberdeen City Council) it will have an indirect positive impact by having a planned approach to housing provision which minimises the likelihood of requiring people to live in temporary accommodation or with family as a result of suitable housing being unavailable to meet their needs.

- **Involvement in the Justice System**

Forensic mental health is the specialist response to assessment, treatment, and risk management of people with a mental disorder who are currently undergoing or have previously undergone court proceedings. Some people are managed by the forensic mental health service under civil legislation, such as the Mental Health (Care and Treatment) (Scotland) Act 2003 if they are considered to be at a high risk of harming others or in some cases themselves. The [Independent Forensic Mental Health Review \(Barron Report\)](#) commissioned by the Scottish Government highlighted the key principles and aims to contribute to a cohesive culture within forensic mental health services.

- I. Detention and people's rights,
- II. reciprocity, rehabilitation and recovery
- III. person-centred practice.

- **Alcohol and other drug dependency**

Audit Scotland's [Drug and Alcohol Services](#) report 2021/22, stated there were 35,187 alcohol-related hospital admissions (stays) in Scotland. The majority of alcohol related hospital admissions (94%) were treated in general acute hospitals (33,060) with the remaining 6% of admissions (2,127) occurring in psychiatric hospitals. Men were 2.3 times more likely than women to be admitted to general acute hospitals for alcohol-related conditions (856 compared to 365 per 100,000 population). People in the most deprived areas were six times more likely to be admitted to general acute hospitals for an alcohol-related condition than those in the least deprived areas (991 compared to 153 per 100,000 population). Grampian health board in 2021/22 there were 1695 patients admitted. Within Care Homes, there were 60 long stay residents with alcohol related problems and 21 residents being recorded as having with acquired brain injuries in 2021/22.

- **Refugees and asylum seekers**

In the United Kingdom refugees have no resource to public funds and as such are not eligible to services. No Recourse to Public Funds. There is a small but increasing number of individuals with no recourse to public funds but, as Justice Social Work funding is ring fenced for work with offenders, housing and associated costs cannot be met. Nonetheless, these costs are currently being charged to Justice Social Work. This has implications on service provision under the human

rights act. Services will support refugees via third sector organisations where possible.

- **Staff: full/part time; voluntary; delivering/accessing services.**

The Market Position Statement will have a positive impact on staff as it considers changes in workforce both in demographics and how we work, including working patterns, where we work and other changes that support a sustainable future in specialist accommodation. Recruitment and retention of staff who have the requisite knowledge and understanding of providing support in each area will be critical to success.

- **Consumer duty**

The MPS is a strategic policy document and therefore has a neutral impact on the Consumer Duty. Any work with providers which is being considered will require a business case and IIA for consumer duty will be considered where applicable.

- **Armed forces covenant:**

The MPS is a strategic policy document and therefore has a neutral impact on Armed forces covenant and any work being considered will require a business case and include IIA to Armed forces covenant where applicable.

Human rights

The MPS outlines a strategic approach which is explicitly human rights based. Those rights which are most likely to be impacted by the proposals within the MPS are;

- **Article 2 – the right to no discrimination**

The MPS takes a needs based approach to housing which is inclusive of provision of housing for a variety of needs and circumstances minimising direct or indirect discrimination, it will have a positive impact on this right.

- **Article 3 – the right to life**

This right specifically states that 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. Suitable housing is an essential basic necessity which would enhance this right.

- **Article 9 – the right to liberty**

The right to liberty is a limited right. Consideration of this is specifically important in relation to

	<p>Housing for those with Forensic Mental health needs where secure arrangements are required. This will be monitored in line with development of provision in this area.</p> <ul style="list-style-type: none"> • Article 12 – the right to respect for private and family life, home and correspondence <p>This is a qualified right and specifically includes the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making). The MPS has a positive impact on this right as there is a specific commitment to collaborative commissioning of housing with people with lived experience and a person-centred approach to individual housing provision.</p> <p>UNCRC</p> <ul style="list-style-type: none"> • Article 23 – Children with a disability • Article 27 – adequate standard of living <p>There are a small but significant and growing number of children and young people that will require some form of specialist care setting due to their complex care needs, and that this will continue in their adulthood. The nature of the care and support needs are broad, including but not limited to life-long targeted specialist health and care supports being required to sustain the young person throughout their adult years in a home setting or alternative residential/24hr care setting. The needs of this group include learning disabilities, cognitive/sensory impairment, mental health challenges, complex autism, extensive trauma background, complex physical health disability challenges.</p> <p>For a small but significant proportion of children open to children’s social work service in Aberdeen, the specialist care will be instrumental in supporting unpaid carers, usually family members thus allowing the young person/young adult to remain in their home or family network. Where this support is not provided, crisis can prevail and we see families enter crisis resulting in residential care options becoming inevitable. For other young people with complex needs, the specialist care will be to support the young adult in a more independent residential setting on a life-long basis.</p>
<p>Feedback from consultation and engagement and how this informed development of the policy or practice</p>	<p>The production of the Independent Living and Specialist Housing Market Position Statement will impact the identified groups when the work proposed on the forecast section. During the production of this MPS, the stakeholders</p>

	<p>engagement in workshops, interviews and for those with lived experience, market position statement working groups findings, project steering group (Mental health forensic accommodation).</p> <p>A summary of what we need is one Current linear Pathway. Access health care and how to be supported at home. High level support, crisis Support. Secondly Step down from hospital supported accommodation. Short term accommodation with support to enable continuation of recovery journey. Example Acquired Brain Injury</p> <p>Thirdly, short term crisis services. Residential care, Respite care, supported living providers has guest suite available for people in crisis as short term (unpaid carers, dementia care). Fourth Specialist provision identified. Small developments of accessible self-contained units with appropriate and identifies supported available for various groups</p> <p>Finally commissioning and ACHSCP strategic plan, Providers and commissioners work together, developing realistic options and providers becoming strategic suppliers across health and social care.</p>
<p>Performance Measures identified, where these will be reported and how impact will be monitored.</p>	<p>Data informed decision making is key to evidencing current need and future projections. Use of data will inform the commissioning of services and accommodation moving forward and this can be integrated to demonstrate baselines and improvements. The current available data shows key areas of change are required to build flexibility into how services for people with care needs are commissioned, e.g. people are living longer with more complexity of need. Enhancing data sharing in all areas would provide a better understanding of current patterns and support future projection and forecasting. The Market Position Statement has been added as part of the ACHSCP Delivery Plan where performance and evaluation measures will be reported.</p>

Review

<p>Date the Impact will be reviewed</p>	
<p>Rationale for Date</p>	

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

<p>The Independent Living and Specialist Housing Provision Market Position Statement addresses the wider issues facing those in need of accessing housing and independent living accommodation such as affordability, reducing stock, ageing population in social housing. The MPS highlights the Scottish Government consideration certain subgroups and how their needs are met. These subgroups of the population could be vulnerable with above average potential of losing their current housing, or are likely to have access to inadequate housing and support for care and higher health inequalities. These are older people, health workers, unpaid carer, people with physical disabilities, people with learning disabilities, people with mental health or substance misuse, families and lone parents, ethnic minority households, European Union migrant workers, gypsy travellers and show people, students, care experienced young people, homeless Households including young vulnerable adults, especially 16 year olds and those households fleeing domestic violence or abuse, lesbian, Gay, Bisexual and Transgender. By considering anyone in the above mentioned group in the IIA we will have a positive outcome including those who are protected in the Equality Act 2010.</p>			
	Yes /No	Details	Evidence
Protected Characteristics	Yes	Included in table above	Included in table above
Fairer Scotland Duty	Yes		Included in table above
Health Inequality	Yes	Example of a health inequality for those who have alcohol and other drug dependency	In 2020/ 21 there was calculated to be 60 long stay residents within Care homes in Aberdeen City who lived with alcohol related problems – e.g., Korsakoff’s psychosis. Delivering on the MPS for ‘Independent Living & Specialist Housing Provision’ would result in a greater provision of accommodation suitable for people significantly affected by alcohol and other drug use, thereby freeing up space within existing care home settings.
Other Groups	Yes	(Unpaid) Carers,	the MPS and subsequent works will have an indirect positive impact by having a planned approach to housing provision which minimises the likelihood of requiring people to live in temporary accommodation or with family as a

			result of suitable housing being unavailable to meet their needs.
Human Rights	Yes	The Market position statement has considered human rights for all groups including those in the criminal justice system	Included in table above
UNCRC	Yes	Included in table above	Included in table above

Will there be any cumulative impacts between this policy or decision and others	Yes	The publication of this Market position Statement will be used by ACHSCP, ACC, Registered Social Landlords, care and support service providers to inform the city partnership gap in need and provision of service.
Describe what this cumulative impact will be and include evidence mitigations in the sections below	Financial climate and requirement to stay within existing budgets does not constrain the publication of this Market Position Statement (MPS). In the publication of the MPS is an opportunity to shape the market for private sector willing undertake projects and have ACHSCP commission their service. Aberdeen City Council has an opportunity to lobby Central Government, European Union or other sources for funding.	

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
Market Position Statement short life working group	Included in table above	Included in table above
Independent Living and specialist Housing Market Position Statement Steering Group	Included in table above	Included in table above
Mental Health Forensic Steering Group		Delivering on the MPS for 'Independent Living & Specialist Housing Provision' would result in a greater provision of secure, stable accommodation for people who require forensic mental health support within the community. This carefully designed accommodation

		will increase security and privacy for all community residents.
Lived experience engagements in sheltered housing	Included in table above	Included in table above

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

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

<p>ACHSCP has implemented a collaborative and ethical commissioning model which aim to ensure that people with lived experience, providers and other stakeholders are part of the review and co-design process of contract development. This aims to ensure all new contracts are developed through an ethical and human rights-based lens.</p> <p>This includes consideration of fair work practices for staff, regardless of employer, which encourage the development of a quality, sustainable, and appropriately valued work force.</p> <p>Increasing awareness of the impact of service on both the climate and circular economy are directing our development of services to ensure that their carbon and environmental footprint is heading in the direction of net zero; financial transparency and commercial viability of any outsourced services forms part of the commissioning process and cycle but even more so recently with the increased cost of living which have seen increased pressures on independent services.</p> <p>The MPS is a working document which will be used to inform planning and delivery to close the gap in demand and supply. As such there will require to be ongoing focus on ensuring that collaborative and ethical commissioning principles and consideration of the impacts of this IIA are used to inform any new contracts required as a result of future developments in provision.</p> <p>As standard, within the procurement activity for any new provider duties with regard to equality, human rights and fairer Scotland duty will be contained within the evaluation process and assessed, so that the successful provider may also address these duties.</p>

The construction and or repurposing of housing stock will consider human rights, children's rights and Fairer Scotland Duties will be taken into account for any tendering process and in the subsequent final contractual agreements and or plans of work for construction or repurposing or redesign. New IIA's will be created and signed off prior to tendering and finalising contracts.

Providers of support services when construction and or repurposing is complete, the co-produced contracts mentioned earlier will, in their finalised form, take full account of human rights children's rights and Fairer Scotland Duties.

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?	

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	no		
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	19 November 2024
Report Title	North East Population Health Alliance: End of Year One Progress Report
Report Number	<i>HSCP.24.061</i>
Lead Officer	<i>Fiona Mitchelhill</i>
Report Author Details	<i>Name: Martin Murchie Job Title: Director, Health Determinants Research Collaboration Aberdeen Email Address: mmurchie@aberdeencity.gov.uk</i>
Consultation Checklist Completed	<i>Yes/No</i>
Directions Required	<i>Yes/No</i>
Exempt	<i>Yes/No</i>
Appendices	A - Progress Made in Relation to the Strategic Partnership Agreement
Terms of Reference	<i>1c)</i>



INTEGRATION JOINT BOARD

1. Purpose of the Report

- 1.1 To present a progress report after the first year of operation of the North East Population Health Alliance (NEPHA).

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- i. notes the report and provide comments and observations on the information contained in the report; and
 - ii. agrees to instruct the Chief Officer to provide a progress report to the IJB on the second year of the operation of the Strategic Partnership Agreement.

3. Strategic Plan Context

- 3.1 The report advises on progress made, through the NEPHA, on joint working arrangements designed to support the overall delivery of the Strategic Plan.

4. Summary of Key Information

- 4.1 Public sector leaders in the North East made a collective commitment to focus on population health in a bid to reverse current trends (stalling life expectancy and widening levels of inequality). The North East Population Health Alliance was formed to facilitate public health learning across existing partnership arrangements to explore shared challenges, test evidence based solutions and implement what works at scale and pace through respective structures and systems.
- 4.2 A [Strategic Partnership Agreement](#) was prepared in 2023 to formalise this collaboration, setting out the parameters of engagement between the nine North East partners (NHS Grampian, Police Scotland, Scottish Fire & Rescue Service, the 3 north east local authorities and the 3 north east Health & Social Care Partnerships alongside Public Health Scotland).
- 4.3 The IJB agreed at their meeting on 22nd August 2023 to be a signatory to the strategic partnership agreement and requested officers to provide an annual progress report on the strategic partnership agreement.



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- 4.4 The following high level themes were agreed for focus in this first year of operation:
- i. Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and implements what works at scale and pace.
 - ii. Form collective knowledge, data, and evidence to shape more powerful collective conversations and action to achieve the vision of thriving communities living fulfilled lives.
 - iii. Developing common data governance and system models to enable findable, accessible, interoperability and re-useable data to support research, policy development and operational delivery such as Persons At Risk Database (PARD) and local, use of common identifiers, including the community health index (CHI).
 - iv. Collaboration on the commissioning and conduct of research on the wider determinants of health across the north east and the application of knowledge to practice locally and nationally.
 - v. Development of a baseline of prevention activity within the region with a view to establishing some targets for growth in activity.
 - vi. Child poverty, the drugs mission and the eradication of homelessness to appear in a detailed workplan given the commitment is established at a national and local level and therefore the Alliance can maximise the collaboration on the achievement of these commitments.

4.5 Assessment

- 4.5.1 Activity in this first year has focussed on developing a learning system to facilitate collective knowledge through shared data and evidence. Appendix A summarises the key areas of work progressed and how they align to the Strategic Partnership Agreement high level themes (SPA HLTs).
- 4.5.2 At their June 2024 meeting, NEPHA members reflected on the Strategic Partnership Agreement, Public Health Scotland's involvement in the Alliance to date and, more widely, NEPHA's progress in relation to joint learning and action for population health improvement. It was generally felt that the first 12 months had been a developmental year, the potential to deliver real value through the Alliance was acknowledged with it still to be fully realised. There was a sense that greater progress on the Strategic Partnership Agreement (SPA) priorities / themes was required, with prioritisation needed to deliver outcomes. It was agreed to support further reflection through a series of interviews within individual members.



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4.5.3 A series of individual conversations have been scheduled with NEPHA members to understand the expectations of working together and steps required to collectively deliver improvements. Further discussions are planned within the NEPHA on the insights gathered from these conversations.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

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

5.2. Financial

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

5.3. Workforce

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

5.4. Legal

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

5.5. Unpaid Carers

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

5.6. Information Governance

There are no direct 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.



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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

6.1. Identified risks(s)

There are no identified risks related to this report.



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Appendix A Progress Made in Relation to the Strategic Partnership Agreement

Developing a Learning System and Test Solutions (aligned to SPA HLT 1)

NEPHA has been exploring the Human Learning Systems approach and how this may be used to improve outcomes for people. It challenges thinking about public service and is based on the belief that the role of public services is to support human flourishing rather than to improve performance for organisations. It embraces complexity and suggests ways to work effectively within it. Over the past year the NEPHA have combined theory-based presentations with practical experiments – a ‘learning while doing’ approach. Exploratory learning events have involved NEPHA members including colleagues from wider public and voluntary sector, facilitated by Public Health Scotland and Healthcare Improvement Scotland. With the focus on learning within organisations and partnerships, the NEPHA is also learning together with national agencies to sustain improvement at all levels of the system.

The main practical experiment underway is in substance use where reducing harm is complex and enduring, and has been a long-standing area of concern for the NEPHA. A workshop in Torry held in June 24 was attended by a range of stakeholders from across the system - all keen to share their experiences and learning about naloxone kit distribution and how uptake can be increased where it is low and harms are high. Facilitated by Public Health Scotland (PHS) and HIS, this was the first ‘learning cycles’ where many insights were shared. Planning is underway for the next cycles which will extend to people with lived and living experience of substance use harm. Updates and insights will be provided as this progresses.

Conversations are underway with a range of partners who are keen to utilise the learning from the human learning system approach for example in the areas of child poverty, family support services and schools. NEPHA will seek to support sharing the learning of adopting this approach with the support of national colleagues.

Community appointment days is a new approach to providing care that has been tested in other parts of the UK. With a focus on the individual, this human centred approach will experiment with different ways to improve health, care and wellbeing. The NEPHA aim to ‘experiment’ with this, beginning with musculoskeletal care, working with Moray Health and Social Care Partnership in September 24.



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Partners are beginning to look at human centred approaches for people who are delayed in hospital. The learning cycles are just evolving and it is very early days, but this is a good example of addressing a complex situation in partnership.

In summary, there is a lot happening in this space. Experiments, learning and improvement will all take time but the lessons and evidence from elsewhere is that impact can be significant.

North-East Health Inequalities Atlas (aligned to SPA HLT3)

Building knowledge and evidence to inform collective action is central to NEPHA's aims. This requires an in-depth understanding of our communities and the needs of disadvantaged groups including how inequalities have emerged and anticipation of future trends. Whilst there is a range of ongoing work to improve data sharing, this could be better coordinated and resourced. Getting 'smarter' around data is fundamental to achieving improvements across the North East. A detailed 'atlas of health inequalities' drawing on the collective data assets of partners is being developed. A North East Portal is underway and a prototype regional geographical reporting system using PowerBi was built using datazone and Intermediate datazone data for all 3 LA areas.

Prototype regional reporting of data and mapping at various geographic levels was demonstrated at the NEPHA in March 2024. Since then the reporting format has been expanded to capture and visualize the data released from the 2022 Census, again across the Region. Census data is being released in phases. The reporting currently includes Population; Age; Sex; Households; Ethnicity; Religion; Sexual Orientation; Trans History; and BSL use. National Records Scotland have scheduled further releases as follows:

- Housing, 22 August 2024
- Education, labour market and travel to work, September 2024
- Health, disability and unpaid care, September 2024

The data will allow us to create a solid foundation for a health inequality atlas for the North East region?.

Officers from each of the NE local authorities and NHS Grampian have met to establish a permanent local data analytics community and Terms of Reference for this group have been agreed. The development of a Health Inequalities Atlas is part of their planned work programme and further work will be undertaken to set out timelines for delivery.

Exploring Substance Use in the North East (aligned to SPA HLT 2,4,6)



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One of first areas of work NEPHA commissioned was focussed on stigma associated with substance use. Two multi-agency regional workshops were hosted. The first was a stakeholder's workshop exploring substance use using the Kings Fund 'four pillar' approach. Addressing stigma was identified as the focus for future activity. A second workshop in June 2023 concentrated on capturing the lessons and truths of the lived experiences of those affected by substance use – in particular their experiences of specialist services as well as the health and social care environment as a whole and including wider determinants of health and wellbeing.

A 'Charter of Rights' setting out the rights people can expect when accessing services in the North East of Scotland was the main recommendation for action. A regional short life working group led by Pam Miliken, involving the three ADPs has been progressing this.

In 23 March 2024 a 'Grampian Charter of Rights' Workshop was held with key representatives from each ADP, with people with lived experience, members of the NEPHA and the National Collaborative. Approximately 47 people attended the workshop, valuable time was spent in the morning discussing the importance of a Grampian Charter of Rights and listening to people with lived experience on their views on what was important to be included within the local charter. Two key questions were considered:

- 'What rights do you believe individuals struggling with substance use should have within our community?'
- 'Measures implemented to prevent discrimination against individuals with substance use in employment, house, healthcare etc?'

People articulated the need to be seen and heard, to see stigma disappear and to be treated as humans. Services should be located near to where people live and able to address multiple needs, across all aspects of life e.g. finding a safe place to live, to access food, gain employment, manage chronic conditions, kinship, address mental health and wellbeing or just taking the time to listen. Looking past the symptoms of substance use and better understand the cause(s) is important, as is trauma informed staff, not having to repeat the same story, knowing how and where to get help and recognising the struggle with both professional and self-stigma.



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Jacqui Stevenson from the National Collaborative also presented the proposed National Charter of Rights, welcoming feedback from workshop attendees as part of the national engagement on the proposed National Charter.

On 11 June 2024 a further meeting was hosted to progress next steps for the Grampian Charter of Rights. A survey was developed to engage those who attended the workshop in March to drill down further into what must be included within a Grampian Charter of Rights. Responses to the survey have now been received from those with lived experience and service providers.

During the Grampian Charter of Rights development phase, the National Benchmarking Report on the Implementation of the Medication Assisted Treatment (MAT) Standards was published (18 July 2024). MAT refers to the use of medication alongside psychological and social support in the treatment of people who are experiencing issues with their drug use. These new MAT Standards came into force in April 2022.

It is envisaged that the National Charter of Rights will be embedded within the MAT Standards and form part of the annual performance reporting. This proposal will add some authority to the National Charter of Rights. Therefore, a decision is required as to how a Grampian Charter of Rights aligns with the National Charter of Rights and provides additional qualitative evidence from a local perspective.

In September 24, the proposed Grampian Charter of Rights will be presented for discussion and shared with those with lived experience to agree and sign-off. Once there is agreement on the Grampian Charter of Rights these will be presented to the NEPHA (North East Population Health Alliance) in December 2024 for further endorsement.

Place and Wellbeing (aligned to SPA HLT 2,4,6)

A strong sense of 'place' is a foundation for health and wellbeing, in particular supporting deprived communities. This has been recognised in each of the 3 Grampian Community Planning Local Outcome Improvement Plans. To build further on this sense of 'place to improve health' NEPHA sponsored activity in the form of two symposiums to build strategic understanding across the North East, to share ideas and best practice. The second event held in November 23, with 100 participants from third sector organisations, local authorities, NHS, academia and Public Health Scotland, focussed on nature-based activities to improve health and the environment. Participants valued having the visible presence of local and national leaders not just as demonstration of support, but



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also to hear the challenges and possibilities for change from a grassroots perspective.

The symposiums have increased networking, helped build relationships and inspire action. One of the developments from the symposiums has been the North East Place and Wellbeing Network. It is an informal network that meets every quarter with approximately 70 members registered from across the North East. The Network has focussed on two key priorities - Social Prescribing and connection to nature/greenspace, particularly focusing on children and young people.

Social prescribing is a means of enabling health professionals to refer people to a range of non-clinical services, such as physical activity, social interactions, volunteering, cookery and healthy eating classes, etc. Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors.

Social prescribing has the potential to change the way the health service interacts with our communities, de-medicalising issues which are social, economic, environmental and cultural. To shift power out of the clinic and into the community. There are currently different models of Social Prescribing across Grampian. The Place and Wellbeing Network has been investigating the possibility of a consistent approach to Social Prescribing which could apply across the whole of the North East. This seeks to take Social Prescribing beyond primary care to incorporate secondary care and other areas of the health system. There is a wealth of activity and experience to learn from and build upon, identifying aspects which could be applied universally.

A paper compiled by a Network working group to fully understand the current national and local landscape around social prescribing was shared widely across colleagues and partners in the North East as well as national stakeholders. The feedback acknowledged and confirmed that there were many variations of both formal and informal social prescribing taking place. The Network is now proposing to focus on four universal themes:

- Support with Information Governance Solutions
- Campaign for changes at national level for a Single Directory of Services
- Development of a North East Social Prescribing Awareness Campaign
- Evaluation and Research on different approaches of Social Prescribing

The Network is also looking at ways for young people to engage and connect with nature and greenspace. A literature review was carried out to pull together evidence around the benefits for children and younger people accessing nature



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and green space. There is a large and growing body of evidence that suggests that more time spent in nature and a richer connection with nature as a child have significant benefits for health and wellbeing of both people and planet. The evidence highlights there is a “Teenage Dip” in nature connection. Younger children demonstrate high connection with nature, but this drops in the teenage years.

The Network action group agreed to gain an understanding and map current service provision / activities in the North East for young people to connect with nature. The Place and Wellbeing Network is planning to support and raise the profile of existing projects as opposed to developing something new.

There are currently no future plans to deliver another symposium due to financial constraints. However, the North East Place and Wellbeing Network is currently exploring becoming a constituted body and the development of a digital platform for partners to network and share information about ‘Place’ pieces of work.

Working Together for Health Improvement - Cost of Living (aligned to SPA HLT 2,4,5,6)

In 2023 the Alliance agreed to utilise the Director of Public Health Annual Report as a framework to engage with partners to identify the areas where we can work together to improve population health, reduce health inequalities and further develop and strengthen our population health system. A joint planning steering group was established with cross-system representation to ensure this engagement work met the requirements of all partners and built on what was already in place. It was agreed to focus specifically on the rising cost of living threat to identify what is working well (to enable us to share learning), identify any gaps in our response and the opportunities to work together for greater action.

A policy and practice briefing was developed by the Aberdeen Health Determinants Research Collaborative providing the evidence base. This was used to guide a series of workshops in summer 2023 with approximately 100 representatives from a wide range of organisations including health, education, third sector, academic, sport & leisure and social care. The outputs were then considered by North East community planning partners at a workshop in October 23. Five areas for improvement emerged, and a public health system leadership deep dive was held in June 24 to explore these areas with a specific focus on data and sharing good practice, next steps are outlined below:

Focus Required	Activity Being Taken
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Develop opportunities to share good practice	Child Poverty Community of Practice – currently exploring further opportunities to share practice in conjunction with outputs from recent child poverty deep dive at Public Health System Leadership Group.
Maximise Anchor Institution collaborations to address issues such as physical space, volunteering	Aberdeen City Council has led the establishment of the NE Anchors Group which has met 3 times. Representatives from partner organisations have been working on respective community wealth building and anchor plans and the NE Anchor group will use these plans and the output of the cost of living work to identify areas for collaboration. The use of physical space is also included as an action within NHS Grampian's anchor strategic plan and will be progressed through the land and assets pillar.
Data sharing	A PHSLG workshop is scheduled in Sept focussing on developing a pan Grampian approach to Joint Strategic Needs Assessments, this will include data sharing with input on the NE Health Inequalities Atlas
Support population health needs assessments to enable targeted local activities	As above
Support evaluation of local programmes	An evaluation strategy is in early stages of development, this will direct how public health resources/ expertise support evaluation for population health across the local system. Having a shared evaluation framework will support consistency and build evaluation into practice through L&D
<p>A purpose of this focussed engagement over the past 18 months was to understand how as partners we can work together to improve population health and strengthen our population health system. This has provided good insight. Working in partnership now to improve these identified areas will continue to support and reinforce cross system working.</p>	
<p><u>Wider Public Health Workforce Development</u> (aligned to SPA HLT 1,2)</p>	



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Organisations within the public, private and voluntary sector have a long-standing commitment to public health. Ensuring that Senior Managers within these organisations are supported and have the right tools to recognise the wider scope for, and delivery of, public health should support improved population health outcomes. NEPHA has sponsored the development and testing of a training module for senior managers to provide a broad understanding of population / public health within the context of local authority and wider functions.

The overall scope of the proposed module was agreed with senior officers from Aberdeen City Council – the agreed pilot local authority. An initial workshop was organised and delivered with 20 council senior managers and executive directors in May 2024. An immediate, informal evaluation of this first session indicated that it was welcomed by those attending and a keenness for moving to the next sessions noted. A formal timetable for these and a formal evaluation of the module are currently being developed. Support for the overall approach has been agreed with the Health Determinants Research Collaboration Aberdeen, who are being approached to undertake the formal evaluation. It is anticipated that learning from this will feed into both the ongoing work of the Health Determinants Research Collaboration Aberdeen and will facilitate adoption of the module by other LAs in Grampian.

Whole System Approach to Healthy Weight and Active Living (aligned to SPA HLT 2,4)

Local authorities, Health & Social Care Partnerships and Community Planning Partnerships are in a uniquely influential position to work with their communities and local partners to tackle obesity. In October 2023 the North East Population Health Alliance endorsed a Grampian wide whole systems approach to promoting healthy weight and active living, building on the approach being taken in Aberdeenshire. Public health capacity is supporting this shared approach.

Following NEPHA endorsement, a series of discussions were undertaken with senior executives in Aberdeen City Council and Moray Council to discuss and agree a way forward. A gap analysis using the [University of Edinburgh Local Levers for diet and Healthy Weight](#) as a framework was completed for all 3 Community Planning Partnership areas to support these conversations.

In July 2024 Aberdeen City Council Education and Children's Committee agreed that the 6 stage whole systems model will be adopted to guide the approach in Aberdeen City to tackle the rise of children and expectant mothers who are not of a healthy weight (highlighted in the Children's Service Annual report). The Children's Service Board will champion this, with the City Council acting as



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organisation lead for child obesity and weight management. An initial stakeholder event is scheduled in Sept to complete stage 2 of the WSA. ACHSP will drive work from an adult perspective.

In Moray, full engagement with the Council's senior executives has not been possible with the very recent appointment of the new Chief Executive and HSCP Chief Officer. The Public Health Consultant aligned to Moray is leading on this engagement. In February 24, Moray Community Planning Partnership endorsed a proposal led by the Leisure Services to progress a WSA for physical activity, with PHS support. A series of 3 PHS led workshops have been facilitated to date with stakeholders to implement the [PHS framework](#). The ambition is to broaden this to include focus on obesity as agreed at the Community Planning Partnership Board.

Aberdeenshire CPP adopted the whole system model in 2021. In April 2024 the CPP Board requested a review using recent data and emerging evidence. The purpose was to prioritise actions that will have the greatest impact, recognising the challenges of partners' capacity. The 'Local Levers' gap analysis is informing this review. An initial stakeholder workshop was hosted in June 24, with a second workshop scheduled for August 24 focussed on integrating HEAL action and Local Place Plans.

As part of the WSA to healthy weight, a strong argument can be made for increased provision of weight management services in Grampian, in particular with enhanced specialist services that can be delivered digitally. Following a recently submitted expression of interest to NHS Grampian Charity Public Health have been invited to prepare a funding application in two parts; the first to enhance existing weight management support services and reduce inequalities through the provision of new digital evidence based interventions designed and targeted at the most socio-economically deprived communities. The second part of the submission, based on the experience of Aberdeenshire's health improvement team, proposes that Public Health support is provided to CPPs to develop, project manage and implement their Healthy Eating, Active Living delivery plans using the Whole Systems Approach.

It is planned that a Grampian 'healthy eating active living' symposium will be hosted by March 25 bringing stakeholders together across the region with representation from the three CPPs to facilitate shared learning and promote good practice.

Data Driven Community Action – Winter Falls and Ice Crew Gritting
(aligned to SPA HLT 3)



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An analysis of Emergency Department presentations at ARI and DGH was undertaken for the winter period in 2023. Maps were prepared by Public Health to show the geographical postcode of residence of those who had presented due to a fall.

A test of change was taken forward in Aberdeen City engaging the communities of Hilton, Stockethill, Cults and Bielside, as these areas had the highest incidences. Through engagement with community councils, and in collaboration with the Aberdeen City roads department, volunteer 'Winter resilience rapid response task forces', which later became known as 'Ice Crews' were deployed. The hospital data informed where street gritting was targeted by these volunteer 'ice crews'. Delivery of the equipment needed was coordinated through Public Health and the Roads Department. The Community Councils did their own advertising across their communities and sourced high-visibility vests for the crews and one liaised with their local primary school to help name their group and the gritters.

The crews used hand gritters and salt bags provided by the council to grit the pavements where the highest number of falls were seen the previous winter (according to where people lived, not necessarily where the fall occurred). These areas include a lot of sheltered housing as well as community venues used by vulnerable members of the community. Gritting took place on many occasions during the winter and anecdotal evidence shows the affected communities were appreciative and it helped to build a level of community resilience and spirit.

An evaluation to assess the impact on A&E attendances and more widely on community resilience is currently being undertaken. The evaluation findings will be concluded by early September 24, to inform volunteer ice crew activity in Aberdeen City for Winter 24. Some of the community councils are planning activity for the winter and identifying where to access funding to ensure this project continues. This has led to a CPP objective to roll the project out to other communities in the City.

The findings will be shared with all three Community Planning Partnerships/ local authorities to consider extension of this approach across Grampian to build on local elected member interest.

NE Co-ordinated Approach

Throughout the year NEPHA has discussed opportunities to take a co-ordinated approach across the North –East to achieve added value and shared learning in relation to specific population health plans and approaches. Examples of this include:



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Joint Health Protection Plan:

The Grampian Joint Health Protection Plan 2024-26 was considered by NEPHA in May 24. Whilst acknowledging that partners have individual responsibilities for the delivery and governance of specific actions / services to protect the health of the population, NEPHA concluded that there is further scope and added value for North East organisations to collectively contribute. One specific area identified was public communications and messaging.

Putting People First

Following a presentation on NHSG's developing approach 'Putting People First' -shaping a new relationship with the public in June 24, NEPHA acknowledged the value in North-East partners developing a whole-system approach to listening to and involving people. Partners were keen to optimise connectivity with existing networks and approaches e.g. place based approaches and there is interest in provision of holistic community appointment days. There was agreement that capturing the shared learning was important to future activity.

National Population Health Framework and Marmot Places

Public Health Scotland has provided NEPHA with a series of updates across the year on the developing national population health framework and the partnership with the Institute of Health Equity to progress Marmot Places in Scotland, both key national drivers to tackle health inequalities. The partners agreed that mapping relevant local policies to assess if local responses are sufficient will be considered once the draft national framework is published. NEPHA committed to developing a strong response to the draft national framework to ensure the north east perspective is fully considered.



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Date of Meeting	19 November 2024
Report Title	Specialist Mental Health and Learning Disability Services (MHLDS), Discharge Without Delay (DwD)
Report Number	HSCP .24.087
Lead Officer	Judith McLenan
Report Author Details	<i>Name: Judith McLenan/Claire Smith</i> <i>Email Address: Judith.mclenan@nhs.scot</i>
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a.
Terms of Reference	The IJB shall consider the following; 1c) Any other matter that the Chief Officer determines appropriate to report to the IJB

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 (DwD), relating to Specialist Mental Health and Learning Disability Services (MHLDS).

2. Recommendations

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



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- a) Notes the content of the report; and
- b) Notes that ongoing implementation of the improvement plan will be reported within Specialist MHLDS report to each meeting of the Clinical and Care Governance Committee (CCGC).

3. Strategic Plan Context

3.1. This is linked to Aberdeen City's Health & Social Care Partnership's (HSCPs) 3 year Delivery Plan and Strategic 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 Dwd, a strategic priority for the Partnership.

4. Summary of Key Information

4.1 Following the last report presented to the Board 24th September 2024 with an update of the implementation of the ACHSCP Dwd Action Plan, it was agreed that an update would be provided on the implementation of the Specialist MHLDS improvement plan – Appendix 1 of this report.

4.2 Specialist MHLDS cover a range of specialist inpatient pathways, 17 inpatient wards including; Functional Acute Admission (Adult and Older Adult), Dementia Assessment, Forensic Mental Health, Intensive Psychiatric Care, Learning Disabilities, Rehabilitation, Acquired Brain Injury (Neuropsychiatry) and Eating Disorders within Royal Cornhill Hospital (RCH) (and additionally, Adult Mental Health Rehabilitation at Polmuir Road and Forensic Rehabilitation at Great Western Lodge). Our inpatient wards provide specialist beds for all three HSCP's. RCH remains under sustained pressure with current performance summary reflecting a high number of delays to discharge, low percentage of available beds, high overnight occupancy, and high occupied bed days, with a dependence on use of surge beds. RCH has had 110% occupancy on average for the last 12 months with the service most often in G-OPES level 4 (systems pressures escalation system, where Level 4 denotes highest pressure and Level 1 the lowest). There are 22 unfunded surge beds in use across the hospital, this means that surge beds are staffed with supplementary staffing required for safe staffing of the high demand and high acuity of patients over and above our funded workforce establishment. Delayed Discharges (DD) and Delayed Transfers of Care (DToC) can be seen in the table below. The clinical teams in



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RCH have identified areas where dedicated activity would lead to improvements in pathways and patient experience of discharge.

Mental Health

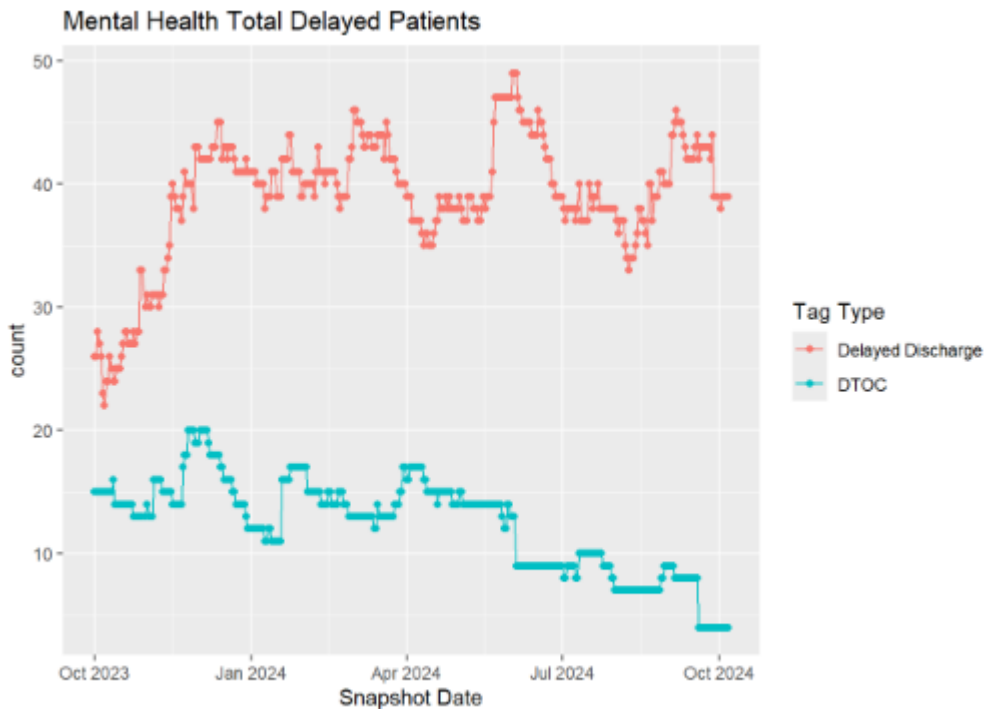
Mental Health Is Including all wards in the following hospitals

- _____
- Hosp Desc
- _____
- Pluscarden Clinic
- Bennachie View Care Home
- Royal Cornhill Hospital
- Polmuir Rehab Hospital
- _____

And in addition the following specific wards:

- _____
- Ward Desc
- _____
- Muirton Ward, Seafield Hospital
- Fraserburgh, Brucklay Ward
- _____

Total Trend





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4.3 Specialist MHLDS are engaged in both the Grampian DwD Group and the ACHSCP DwD short life working group (SLWG). Following agreement to develop a separate action plan for Grampian wide MHLDS, a group has been convened with representation from all three HSCP's and professional disciplines. The aim of this group is to review and build on the previously agreed actions from the MHLDS cross system discharge planning and improvement group, with the aim of reducing delayed discharges, length of occupied bed day delay and improving the quality of care and multidisciplinary working around discharges. The group now meets weekly to review the live project action plan. In the development of this plan national guidance and best practice has been reviewed and included.

[The Daily Dynamic Discharge Approach: Improving the timeliness and quality of patient care by planning and synchronising the day's activities \(www.gov.scot\)](#)

[Emergency Department Guidance Signposting/ Redirection: Best Practice Guidance \(Update\) \(www.gov.scot\)](#)

4.4 Activity identified and undertaken to date includes;

Achieved;

- A 'Day of Care Audit' has been completed in the 6 acute admission wards (Adult and Older Adult Mental Health, RCH), a report completed and shared for learning and application to improvement work.
- Review of current discharge processes and pathways at RCH.
- Improved the timing of Core Discharge Document (CDD's) to ensure discharge medication is available 24 hours prior to discharge.
- Improvement work has been implemented to the format and function of the weekly DD/DTOC meeting. Each week every delayed patient is discussed collaboratively between ward nursing staff and social work from ACHSCP and Aberdeenshire HSCP to improve communication, identify any barriers and seek solutions to delays.
- Pop up demonstrations regarding Technology Enabled Care have been attended by ward staff.

In progress:



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- Review of NHS Grampian MHLDS RCH 'Admission and Discharge Policy', exploring criteria led discharge and scoping current policies and procedures from other NHS boards.
- Improvement in use of the Planned Date of Discharge (PDD) function on the electronic patient record system 'TRAKCARE' and monitor compliance.
- Development of a discharge tab on TRAKCARE to support early planning or discharge.
- Social work access to electronic patient record on TRAKCARE.
- Developing the patient flow co-ordinators role in discharge support.
- Reinstate the delayed discharge co-ordinator
- Inclusion of family and carers in discharge planning. Supporting consistent and courageous conversations between clinicians and family and carers, promotion of appropriate policies to support this.

To be commenced:

- Implementation of the Specialist Pathway based planning model to support early recognition of patients likely to face delays to discharge.
- 'Daily Dynamic Discharge' meeting is a national approach that has been used traditionally in acute hospitals to support early discharge planning. This is being included within the MHLDS Action Plan for evaluation.
- Implementation of the 'Golden hour' Multi-Disciplinary Team meeting (MDT) format to prioritise appropriate tasks within (MDTs) to facilitate effective discharge.
- Develop an escalation process for persistent delays.
- Education for ward staff in relation to DD/DTOC and guardianship.
- Embed 'Home first' approach and improved co-ordination with community teams and social care services.

4.5 The Specialist MHLDS DwD group has been working collaboratively with Healthcare Improvement Scotland (HIS) identifying areas HIS can support the service to understand the challenges and make sustained changes to improve discharges. Two workshops have taken place with HIS who are in the process of identifying improvement projects they will support the service with. A test of change has been identified to improve communication and engagement for delayed discharges where there is regularly no update with the aim to identify barriers to discharge, seek solutions and escalate where necessary.



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5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

The Grampian MHLDS RCH Admission and Discharge Policy review will adhere to the NHS Grampian “Procedure for the Development, Approval, Review, Revision and Communication of Clinical Policies.

5.2. Financial

Specialist Mental Health and Learning Disability Services budget is retained by NHS Grampian. It is noted that due to current financial pressures, NHS Grampian are not 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 Specialist Mental Health and Learning Disability Services to progress the improvement plan. Therefore, teams are redesigning within existing resources to make improvements.

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.



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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, there 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



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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 (including MHLDS patient pathways) is also a national issue which CoSLA have also agreed to address in the longer term.

MHLDS social work team continue to have a focus on delays and are collaborating with Specialist Mental Health and Learning Disability Services clinical colleagues in terms of discharge planning from the point of admission. There is risk of our local figures increasing as demand continues. A weekly focus health and social care meeting on discharges is ongoing with the weekly group driving forward the required improvements.

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

DwD has been added to the operational risk register.

Appendix 1 – Specialist MHLDS LIVE Action Plan as at 17th October 2024, as requested for submission process. A verbal update will be provided to IJB at 19th November meeting.

Approvals

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
1st Driver - Early Planning of Discharge							
Implement NHS Scotland pathway based planning model for discharges.	<p>The Pathways Planning Model developed by NHS Scotland Centre for Sustainable Delivery builds on the Daily Dynamic Discharge approach and describes four pathways. Each pathway requires early discharge planning and as the complexity increases so does the requirement to strengthen the whole system approach to decision-making and planning.</p> <ol style="list-style-type: none"> 1. Simple Discharge – no ongoing health and social care needs 2. Moderately Complex Discharge – known to Social Care, may need some input 3. Complex Discharge – likely to require significant Social Care input 4. End of Life – should follow a 'fast track' pathway 	Oct-24	Ongoing	Add once completed	In Progress (major delay)	Claire Smith, Lead Nurse	15.10.24 - Pathways model discussed with the group and how this would fit in with the development of the discharge tab on TRAK. 5.11.24 - NHSG has adopted a RAGG status for discharge planning in the TRAK discharge tab rather than implement the pathways model, would only be able to embed if change adopted by NHSG, may be opportunity to embed principles of pathway model in the rationale for each RAG. CS to discuss with JM.
Implement daily dynamic discharge huddles	Implement the daily dynamic discharge approach from the 6 essential actions to improve the timeliness and quality of patient care by planning and progressing in parallel all treatment and necessary tasks to ensure discharge without delay. Implementation guidance can be found here https://www.gov.scot/publications/daily-dynamic-discharge-approach-guidance-document/documents/	Oct-24	Ongoing	Add once completed	In Progress (on track)	Claire Smith, Lead Nurse	15.10.24 - Group discussed the concept and agreed in principle to develop a test of change in Muick ward. Agreed older adult best place to do this due to current capacity issues. To be discussed with other stakeholders for finals agreement, HIS have agreed to support. 5.11.24 - HIS to co-design test of change with Muick MDT. CS contacting stakeholders, meeting planned for 19.11.24. CMHN and social work to also be included. JM asked to collate pre TOC data.
Embed criteria led discharge	Empower members of the multi-disciplinary team (MDT) to finalise a patients discharge without relying on one last review from a senior clinician. Use patient specific discharge criteria to ensure the entire team, including the patient are aware of what needs to happen before the patient can leave hospital.	Oct-24	Ongoing	Add once completed	In Progress (on track)	Claire Smith, Lead Nurse	15.10.24 - Discussed within the group, concerns raised by CM due to risk of mental health patients on discharge. More information required on criteria led discharge, HIS may be able to support with evidence base/ rationale etc. 5.11.24 HIS have requested evidence base for criteria led discharge to be presented to clinicians. Have shared RCP's best practice, CS shared with group for review.

Improve the functionality and accessibility of TRAK for discharge planning	Development of the discharge tab on TRAK, Social work access to TRAK, review discharge checklist	01/09/2024	Ongoing	Add once completed	In Progress (minor delay)	Dr Chris McDonald/Kerry Ross	1.10.24 Meeting set for next week to look at MHO access to EPR. Waiting for update information governance. 3.10.24 CM updated currently working on discharge tab for MH&LDS re suitability/ optimise usage. 15.10.24 Update from CM re meeting with NHS Lothian re discharge tab 30/10/24 5.11.24 Tab is available in basic state for use by mental health services. Changes to it now need to be agreed by whole trak team as system used in ARI as well which will slow customisation. Could look at trialing the implementation of the basic functionality in muick as part of test of change.
Golden hour' MDT format	Embed principles to ensure prompt discharge and minimal waits and delays in the transfer of care. The order in which patients are reviewed in the ward rounds has an impact on how promptly appropriate tasks are carried out, which supports the optimal operational flow of patients and therefore quality of care; by discharging patients as soon as they are ready to go, thus ensuring timely admission to appropriate specialties. The order of the 'golden hour' round is always: – sick patients from overnight or anyone who the team are worried about – new patients who are unwell and have not been seen yet – patients who require a discharge review – patients who require discharge tasks to be completed – all other patients.	Oct-24	Ongoing	Add once completed	In Progress (on track)	Claire Smith, Lead Nurse	15.10.24 - Discussed within the group, to potentially include in Muick test of change. 5.11.24 - will be included in Muick TOC to embed best practice and national guidance for early discharge planning.
Improvement to compliance with planned date of discharge (PDD)	The PDD process to be consistently utilised across site. Review of current process for PDD's, education for staff and compliance monitoring.	Sep-24	Ongoing	Add once completed	In Progress (on track)	Johnny McCann	1.10.24 JM and CS now have access to PDD compliance report on illuminate. PDD added to patient flow recording document as a prompt to ensure PDD is recorded. 15.10.24 In line with national guidance the PDD is to be set by the nurse admitting the patient and reviewed and updated at the MDT. Actions required- refresh guidance, PDD added to canned text. 6.11.24 Compliance currently at 40.1% First weekly compliance prompt sent to nursing and medical staff.
Standardised process for Core Discharge Documents (CDD's)	CDD's to be consistently completed within a set time frame from all relevant members of the MDT to avoid delays to discharge. Implement a best practice approach to improve communications and forward planning with a standardised process for discharge planning documents. CDD's to be sent to pharmacy 24 hours prior to discharge.	Sep-24	Ongoing	Add once completed	In Progress (on track)	Dr Chris McDonald, Fiona Raeburn	1.10.24 CS has identified a pharmacy and medical rep for the group. Request has been made by pharmacy to complete CDD 24 hours prior to discharge.

Discharge before noon	Managing Capacity and demand at hospital level and ensuring admissions and discharges align is a key operational and performance goal. Afternoon peaks in attendances with a rise in required admissions is the norm for many hospitals. The same afternoon peak in discharges also occurs causing crowding to occur in Lochhead/ admission wards as patient flow slows down or stops. The solution is early in day discharge or transfer. A key improvement measure of the 6 Essential Actions to Improving Unscheduled Care. Aim for is 40% of ward discharge to occur before 12.00 midday. Achieving this goal will require the MDT to work together across the Daily Dynamic Discharge model and ensure all elements are in place. This includes communication of the discharge plan, and timely completion of the tasks necessary for discharge.	Oct-24	Ongoing	Add once completed	In Progress (on track)	Claire Smith, Lead Nurse	15.10.24 Discussed with group, conflicting views as preference is person centered discharge date. CS to review data and bring to next meeting. Consider inclusion in test of change. 5.11.24 - will be included in Muick TOC to embed best practice and national guidance for early discharge planning.
Review of discharge policy	Review of current processes and pathways for admission and discharge. Review of policies from other NHS boards. Update discharge policy to include national guidance and local practices	Sep-24	Ongoing	Add once completed	In Progress (minor delay)	Claire Smith & Fiona Tejada	1.10.24 CS and FT Fiona have met to start the review of the admission and discharge policy and shape terms of reference. Admission and Discharge Policies have been requested from other boards via HIS, none received as yet. 15.10.24 NHS Lothian Policy and patient information leaflet shared with the group for review.5.11.24 ON PAUSE UNTIL AFTER TOC.
2nd Driver - Prioritise the discharge of delayed patients							
Clear process, systems and pathways for adding patients to DD/DTOC lists.	Education for ward staff and community staff, speak with gram.delayeddischarges. Data input (HIS). Correct coding. Promote guidance and good language. Ensure MDT discussions. Repeat Day of Care Audit on a quarterly basis. Discuss with Dr Alastair Palin and Ruari McFie.	Sep-24	Ongoing	Add once completed	In Progress (on track)	Johnny McCann, Nurse Manager	5.11.24 - Guidance required for staff to follow, consider an SOP. Date of next day of care audit to be confirmed.
Home First	Develop a "discharge to assess" model so that older people can be assessed for their long-term needs in their own home. Commission a dedicated "Hospital to Home" transition team to support older people going home to be assessed and supported in the days after discharge. Utilise intermediate care "step-down" beds to provide a halfway house between hospital and home, for those who need additional recovery time before going home.	Oct-24	Ongoing	Add once completed	In Progress (on track)	Claire Smith, Lead Nurse	15.10.24 - Discussed within the group, to potentially include in Muick test of change.5.11.24 - will be included in Muick TOC to embed best practice and national guidance for early discharge planning.
Application for interim guardianship orders with delays	Education for staff around interim guardianship. Include in the discharge planning tab / discharge checklist	Sep-24	Ongoing	Add once completed	In Progress (on track)	Claire Smith, Lead Nurse	1.10.24 VH to check if any learning resources for guardianship/ interim guardianship can be shared with staff. CS to delegate review of discharge checklist (and audit tool). Discuss discharge tab next week with Chris.
3rd Driver - Family Readiness for Discharge							

<p>Ensure effective and inclusive engagement with the patient, family and carers throughout the discharge planning process</p>	<p>Communication between professionals and the patient, involvement of family and carers in these discussions, ensuring necessary information is available in different formats, making sure conversations are realistic and manage expectations, managing choice and brokering constructive conversations. Involve carers in early planning of discharge, consider use of Care Programme Approach (CPA) for more complex cases. From the moment a patient is admitted to hospital, the multi-disciplinary team, along with the patient, family and carers should begin to develop an understanding and expectation of what is going to happen during the stay in hospital. Discharge planning conversations are important to patients when they are admitted to or leaving the hospital setting to ensure a smooth, safe and supported transition from hospital to home. Effective and timely involvement of patient, carer and family members from the outset is therefore required as they are central to the decision making process being productive. This will also include Power of Attorney Welfare Guardians for patients who lack capacity.</p>	<p>Oct-24</p>	<p>Ongoing</p>	<p>Add once completed</p>	<p>In Progress (on track)</p>	<p>To be determined</p>	<p>15.10.24 - Discussed within the group, to potentially include in Muick test of change. 15.11.24 - National guidance sourced, to be reviewed by the group.</p>
<p>Clinical teams to be consistent in approach making sure conversations are realistic and manage expectations, manage choice and brokering constructive conversations regarding discharge.</p>	<p>Support to have courageous conversations. Staff training opportunity. Awareness of policies & education. Consistency with guidance and timeline. The key message is that no person should suffer unnecessary delay in their discharge from hospital. <input type="checkbox"/> Communication should be clear that the expectation is the patient goes home – "the best bed is your own bed". <input type="checkbox"/> Active participation of patients and their carers is central to the delivery of good discharge planning.</p>	<p>Oct-24</p>	<p>Ongoing</p>	<p>Add once completed</p>	<p>In Progress (on track)</p>	<p>To be determined</p>	<p>15.10.24 - Discussed within the group, to potentially include in Muick test of change. 15.11.24 - National guidance sourced, to be reviewed by the group.</p>
<p>4th Driver - Coordination of Care</p>							
<p>Implement 7 days discharges</p>	<p>Early planning of discharge would ensure all MDT members, patient and carers are fully involved in the discharge process. Link with community mental health teams and social care service</p>	<p>Oct-24</p>	<p>Ongoing</p>	<p>Add once completed</p>	<p>In Progress (minor delay)</p>	<p>To be determined</p>	<p>15.10.24 - Discussed within the group, to potentially include in Muick test of change. Will be dependant on the adoption of criteria led discharge principles.</p>
<p>Patient Flow team input into supporting discharge without delay.</p>	<p>Patient Flow Team at Royal Cornhill Hospital (RCH), Social Work Colleagues & all teams involved to balance workload between admissions & discharges. Coordination with all teams involved (pathways). Explore reinstating the discharge coordinator role.</p>	<p>Sep-24</p>	<p>Ongoing</p>	<p>Add once completed</p>	<p>In Progress (on track)</p>	<p>Johnny McCann & Claire Smith</p>	<p>1.10.24 recruitment paperwork done for discharge coordinator however finance remains a challenge. CS to discuss with JMc.</p>

<p>Technology enabled care (TEC)</p>	<p>Have a good understanding of telecare and what can be offered – to prevent over, under or inappropriate provision of telecare; be aware of ethics and issues of informed consent regarding telecare (for example for people with dementia); provide the level of information the telecare service requires to install equipment and initiate the service – this will often involve liaison with family and carers; provide the patient, and where appropriate, their family and carers, with information about the service so they fully understand they will have devices in their home that connect to an alarm receiving center, and that they will need to nominate key holders or contacts; inform the patient and where appropriate, their family and carers that a charge for telecare applies. Almost all telecare services in Scotland charge, however some offer a free trial period. □ Where there is a clear need for the introduction, or enhancement of telecare, early referral should be made, well in advance of discharge. Referrers should have a knowledge of telecare and an awareness of referral processes, and liaise with TEC/telecare service as required. Referrals should contain the right level of detail to allow timely and appropriate installations; liaising with families and carers.</p>	<p>Sep-24</p>	<p>Ongoing</p>	<p>Add once completed</p>	<p>In Progress (on track)</p>	<p>To be determined</p>	<p>1.10.24 been shared with SCN's and attendance at event has been promoted.</p>
<p>Review weekly DD/ DTOC Meeting</p>	<p>Implement recommendations to improve format of the meeting, monitor and review. Consider escalation process.</p>	<p>Sep-24</p>	<p>Ongoing</p>	<p>Add once completed</p>	<p>In Progress (on track)</p>	<p>Johnny McCann/ Gordon Hay</p>	<p>01.11.24 Data analysis will commence following final round of data collection from 6th Nov DD&DToc meeting. 15.10.24- Test of change has been identified and data collection has begun. HIS providing support.</p>
<p>Simplified access to community / social care support.</p>	<p>Ensure community services have a simplified point of access. Where there is a clear need for on-going support on discharge, early referral for community services must be made, well in advance of discharge. Referrals should contain sufficient but concise detail to allow timely and appropriate interventions. Ensure that people already receiving community support are discharged as soon as it is safe to do so, with re-starts of care and minimal cancellation of existing services. Sitting alongside an Anticipatory Care Plan , an alert could be available on admission to inform ward staff the patient is already known to social work.</p>	<p>NOT STARTED</p>	<p>Add once complete</p>	<p>Add once completed</p>	<p>Not Started</p>	<p>To be determined</p>	

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Date of Meeting	19 November 2024
Report Title	Position of the Out of Hours Primary Care (GMED) Service
Report Number	HSCP.24.084
Lead Officer	Fraser Bell
Report Author Details	Name: Magdalena Polcik-Miniach Job Title: Service Manager Out of Hours Primary Care (GMED) Email Address: magdalena.palcik-miniach@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A: Terms of reference for GMED Redesign Programme Board
Terms of Reference	1

1. Purpose of the Report

The purpose of the report is to update the IJB on the position of the Out of Hours Primary Care (GMED) Service with Moray as the Hosting Integration Joint Board (IJB) and the progress of the redesign work commissioned by the three Chief Officers of the IJBs.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) notes the establishment of a Primary Care Out of Hours (GMED) Redesign Programme Board to consider service redesign options;



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- b) notes the principles of the redesign as detailed in the Terms of Reference (TOR) for the Redesign Programme Board; as detailed in Appendix A,
- c) notes the timeline for the Programme Board.

3. Strategic Plan Context

3.1 Redesign Vision

GMED seeks to deliver a high quality, person-centred, sustainable, urgent and unscheduled primary care services to the Grampian population. It aims to do this by ensuring that the service has safe workforce levels in line with the Health and Care (Staffing) (Scotland) Act 2019 that came into force in April 2024 and by promoting staff wellbeing.

The Grampian GMED Service is hosted by Health and Social Care Moray on behalf of Aberdeen City and Aberdeenshire Health and Social Care Partnerships.

GMED delivers urgent (non-emergency) primary care to the Grampian population when GP Practices are not operational (Monday to Friday between 1800-0800, weekends and public holidays).

The team is made up of approximately 300 members of staff including, predominantly Bank General Practitioners (GPs) with a core of substantive Advanced Nurse Practitioners (ANPs) and healthcare support staff (Drivers, Dispatch and Admin).

The team is made up of GPs and Advanced Nurse Practitioners with a logistics and transport team. There are 8 GMED satellites (Aberdeen, Stonehaven, Banchory, Huntly, Inverurie, Peterhead, Elgin, and Fraserburgh). In the out of hours period the GMED service also provides direct support, advice and care to partnership professional services and service users including the Scottish Ambulance Service (SAS), Police Scotland, Custody Services, Scottish Prison Service, Out of Hours (OOH) District nurse Services, Mental Health Services, NHS 24, Hospital at Home and community hospitals along with direct service to patients with palliative care needs.

A recent internal review of bank GP rates in 2023 highlighted differences between bank rates and salaried rates for Out of Hours GPs. It has also brought to light, through various feedback received, that caseload management processes and clinical governance should be reviewed to improve staff wellbeing and their work environment. Therefore, Chief Officers for Aberdeen City, Aberdeenshire and Moray IJBs have requested that the service's clinical model is reviewed to enhance quality, safety, and efficiency.



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A GMED Service Redesign Programme Board was established in February 2024 with the objective of exploring and finding the balance between clinical governance, patient safety, staff governance and financial pressure, with a focus on prevention and improving patient's outcomes.

The Programme Board have established a number of Short Life Working Groups (SLWGs) to deliver on specific aspects of the redesign:

1. Medical Pay SLWG; the purpose of this group is to:
 - Review medical payments structure for salaried and bank staff;
 - Ensure that GMED is delivered as efficiently and effectively as possible, whilst at the same time ensuring that clinical outcomes are met;
 - Act as an advisory body with an expertise in the delivery of the GMED service.

2. Service Delivery Model SLWG. The purpose of this group is to:
 - Review the Service delivery model of OOH care in Grampian;
 - Ensure that GMED is delivered as efficiently and effectively as possible, whilst at the same time ensuring that Clinical outcomes are met;
 - Assure the Project Board that any recommendations are grounded in a full assessment of a sustainable service fit for the future;
 - Consider trends and analysis of patient population;
 - Act as an advisory body with an expertise in the delivery of GMED;
 - Make recommendations as to the future of the Service delivery model based on a collaborative approach.

3. Clinical Pathways SLWG; the purpose of this group is to:
 - Review the clinical pathways within the service, including review of redirection pathways in line with national redirection and signposting policies;
 - Assure the Project Board that any recommendations are grounded in a full assessment of a sustainable service fit for the future;
 - Act as an advisory body with an expertise in the delivery of GMED.

4. Data Analysis
This SLWG advises on and provides data required by the other SLWG's to assist in any decision making; e.g. financial information; trends (patient and staff), information and learning from other health board areas.

4. Summary of Key Information

- 4.1. The Grampian Out of Hours Primary Care Service committed to delivering a proposal for the redesign of the service by end September 2024; this required each of the sub groups to meet on a regular basis (every 2 weeks



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or more often approx.). GMED Senior Management Team has extended the review timeline following learning of best practice shared by other out of hours services across Scotland. Three additional SLWGs have been set up. The team have committed to end of January 2025 deadline to develop initial proposals based on the findings of the review. Additional SLWGs are: Patient Flow and Pathways; Multidisciplinary Team and Training, and Operational Model.

- 4.2. It seeks to assure the HSCPs that the Service can deliver efficiently and effectively across all areas of the system.
- 4.3. The GMED Service Redesign Programme Board will engage with Health Improvement Scotland, following the principles of '[Planning with People](#)'; patients and stakeholders (including staff) will be considered throughout the redesign. Using a mix of quantitative and qualitative measures throughout the process will provide a comprehensive assessment of the success of the redesign, ensuring that various aspects of it are adequately evaluated.
- 4.4. The Programme Board Terms of Reference are attached for information.
- 4.5. The host IJB (Moray IJB) and H&SCP (Health and Social Care Moray) have responsibility for performance management of the hosted service for which they have operational oversight and shall use performance information to monitor the delivery of this project on an ongoing basis.
- 4.6. Aberdeen City and Aberdeenshire IJBs will be consulted first prior to submitting final redesign proposals to Moray IJB for final approval.
- 4.7. Further updates will be provided to the IJB as the redesign continues whilst it is anticipated that proposals will be able to be presented to the Aberdeen City IJB in spring 2025.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

An Integrated Impact Assessment (IIA) will be carried out as part of the redesign programme work. The IIA will be presented with further updates to the board as appropriate.

5.2. Financial

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

5.3. Workforce



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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.

Management of Risk

Risk Appetite Statement

There is no direct risk from this report. However, it should be noted that risk may arise from the programme as it develops.



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Appendix A

Terms of Reference

GMED Service Redesign

1. Introduction

Overview

GMED delivers urgent (non-emergency) primary care to the Grampian population when GP Practices are not operational (Monday to Friday between 1800-0800 and Saturday to Monday morning/Public Holidays on a 24-hour basis).

The team is made up of GPs and Advanced Nurse Practitioners with a logistics and transport team. There are 8 GMED satellites (Aberdeen, Stonehaven, Banchory, Huntly, Inverurie, Peterhead, Elgin, and Fraserburgh).

In the out of hours period the GMED service also provides direct support, advice and care to partnership professional services and service users including SAS, Police Scotland, Custody Services, Scottish Prison Service, OOH District and Marie Curie Nursing Services, Minor Injury Units, Mental Health Services, NHS 24, Hospital at Home and community hospitals along with direct service to patients with palliative care needs.

In-hours, business support team focuses on the management of rotas, liaising with GP practices/practitioner services and any other operational activities to ensure patient and staff safety.

Background

The review of bank GP rates in 2023 has brought to light that there is a differential between bank rates and salaried rates for Out of Hours GPs. It has also brought to light, through multiple feedback received, that caseload management processes and clinical governance should be reviewed to improve wellbeing and work environment. Therefore, Chief Officers requested that the service's clinical model is reviewed to enhance quality, safety, and efficiency.

Vision

Delivery of high quality, person-centred sustainable urgent and unscheduled primary care services to the Grampian population by ensuring that the service has safe workforce levels in line with the Health and Care (Staffing) (Scotland) Act 2019 that comes in force in April 2024 and by promoting staff wellbeing.



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2. Principles

The 2020 Framework for Quality, Efficiency and Value sets out the NHS Scotland ambitions for improving quality, efficiency, and value of healthcare for the people of Scotland and is based on 10 key principles. These principles will underpin the work around GMED redesign.

1. Reduce unwarranted variation in service provision, remove waste and eliminate harm;
2. Use resources effectively – reduce costs, improve productivity, and release efficiencies to enable reinvestment in front line patient care;
3. Adopt a whole system approach to service redesign;
4. Ensure clinical decision-making takes precedence over short term efficiency gains or achievement of targets;
5. Use good quality benchmarking and performance data, together with insight into service provision, to identify where productive opportunities lie;
6. Improve healthcare quality and person-centred care by increasing the safety, effectiveness, experience and responsiveness of services;
7. Encourage innovative approaches to service redesign and use of technology;
8. Collaborate and partner with stakeholders;
9. Encourage a more productive and empowering workplace culture;
10. Identify, spread and sustain good practice.

3. Objectives

Through this redesign, the service will find the balance between financial pressure, clinical governance and patient safety, staff governance with a focus on prevention:

- Enhance efficiency and quality through streamlining processes and optimising resource allocation to deliver efficient, person-centred and financially viable service delivery model of urgent/ out of hours primary care service through innovative approaches or restructured workflows.
- Leadership and Management Teams, Clinicians and Support Staff will be equal partners in decision making and be supported to have honest conversations where an intervention adds no or minimal value;
- GMED will be recognised as an employer of choice for urgent care Advanced Nurse Practitioners and General Practitioners, where education, training and development are embedded.

4. Scope



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Workforce

Review of staffing models within GMED. This should involve:

- assessing the current structure,
- evaluating its effectiveness, and
- determining if it aligns with organisational strategic intent and partners.

Alternative efficient, reliable and sustainable staffing model should be proposed. The model should reflect:

- supporting and management of healthy work-life balance, wellbeing and stress levels across the whole team;
- risks mitigation through implementation of an alternative workforce strategies/models;
- increase skill-mix to allow for better caseload management and resource utilisation;
- training and development of current staff within GMED;
- training and development of future cohorts of General Practitioners, Advanced Nurse Practitioners, Advanced Paramedic Practitioners and Health Care Support Workers;
- increase in operational supervision and review of management structure;
- cost efficiencies and effectiveness by reviewing skill-mix and pay structures.

The model should be able to respond flexibly to future demand based on growth and changes in the NHS Grampian population trend predictions.

Locations

Evaluate if GMED locations optimally distribute the workforce and its impact on workflow and performance. Consider feedback from local stakeholders. Provide well-supported recommendations on alternatives based on the assessment.

Processes and Workflows

Analyse and optimise existing demand and workflows to streamline operations as well as ensure clinical governance standards are reviewed, updated or established to enhance protocols, redirection in line with 'Know Who To Turn To' and 'right place, right time, right professional' campaign principles.

Service Components: the redesign might impact all GMED workforce

Geographical Limitations: the redesign might affect all GMED locations



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Exclusions: the redesign will not include review of the service's fleet as new contract will be in place from January 2024 for 3 to 4 years (i.e. until 2027 or 2028).

5. Membership

Chair: GMED Clinical Director

Core Members: Associate Medical Director Primary Care; Clinical Director Primary Care, Deputy Chief Officer/ Head of Service, Chief Nurse, Lead Nurse, Service Manager, HR, Finance, Partnership Representative, Head of Transformation.

Stakeholders:

Primary Care Lead: City	Primary Care Lead: Moray	MIU
Primary Care Lead: Shire	Primary Care Contracts	FNC
GP Representative	LMC/GP Sub Rep	ED
ANP Representative	Assistant Business Support Manager	H@H
Community Hospital: Moray rep	Community Hospital: Shire rep	SAS
Driver Rep	Dispatcher Rep	ANP Team Leaders
Deputy Service Manager	Operations Manager	Clinical Leads
BMA Representative	Joint Negotiating Committee	

Conflict of Interest: Any attendee who becomes aware of a potential conflict of interest relating to matters to be discussed by the Programme Board must give prior notification to the Chair. If this is not possible, or if the conflict only becomes apparent at the meeting, they should declare this at the meeting and, where necessary, withdraw during discussion of the relevant agenda item.

6. Governance Structure

The host IJB (Moray IJB) and H&SCP (Health and Social Care Moray) have responsibility for performance management of the hosted service for which they have operational oversight and shall use performance information to monitor the delivery of this project on an ongoing basis.

Aberdeen City and Aberdeenshire IJBs will be consulted first prior to submitting final redesign proposals to Moray IJB for final approval.

7. Roles and responsibilities

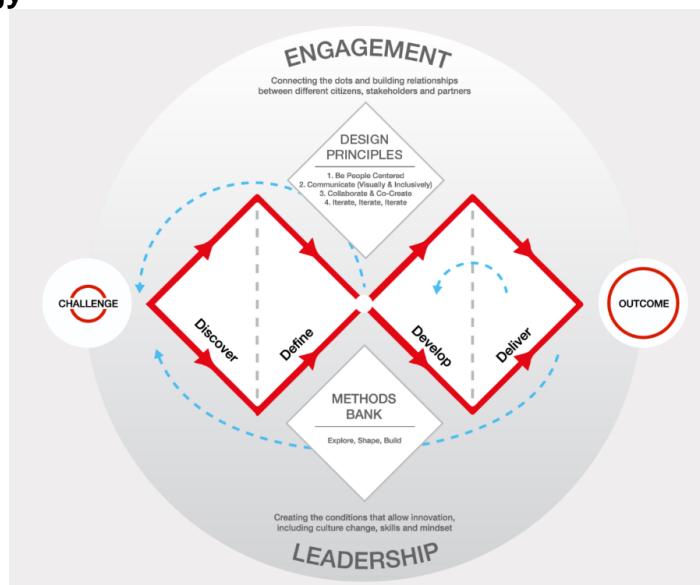
1. Ensure alignment with the organisation's strategic goals and vision; in particular Plan for the Future and the Principles outlined in section 2;
2. Coordination and prioritisation of redesign itself and related projects;



INTEGRATION JOINT BOARD

3. Provide oversight, direction, and decision-making frameworks for the redesign
4. Manage high-level interdependencies and risks associated with the redesign within the wider sector and organisational context;
5. Approve and allocate resources necessary for the redesign; identify any risks associated with resource allocation;
6. Ensure effective communication strategies are in place with stakeholders and wider organisation;
7. Monitor progress of the redesign program against predefined KPIs and milestones;
8. Provide guidance and make key decisions on critical issues affecting the redesign;
9. Provide quality oversight and ensure compliance with relevant standards and frameworks;
10. Ensure appropriate and adequate public and patient engagement is undertaken;
11. Evaluate the effectiveness of the redesign, initiate improvement initiatives as per PDSA framework and capture lessons learnt;
12. Ensure that change management theories underpin the redesign; in particular ensure that GMED staff are included in each step of the redesign.
13. Equalities Impact Assessment should be conducted in order to avoid discriminating against people with a protected characteristic, to ensure alignment with the current legislative framework and to promote equality and celebrate diversity.

8. Methodology



[Framework for Innovation - Design Council](#)



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9. Meeting Frequency

- Frequency: 6 weeks
- Duration: 1 hour
- Location: Teams or in Person

10. Evaluation and Measurements

KPIs:

- Operational efficiency:
 - o response times
 - o appropriateness of triage for home visits
 - o effective information exchange
 - o cost efficiencies
- Patient Feedback
- Stakeholder Feedback
- Employee feedback to measure engagement and satisfaction: use of existing tools such as iMatter

Using a mix of quantitative and qualitative measures across the above KPIs will provide a comprehensive assessment of the success of the redesign, ensuring that various aspects of it are adequately evaluated.

11. Key Short Life Working Groups/Programmes:

To be expanded and leads identified

- GP Pay Review;
- Skill-mix review across Grampian: implementation of an alternative clinical model;
- Support staff roles review
 - o Dispatchers
 - o Drivers
 - o Elgin Admin
- OOH Nursing
- Staff Wellbeing
- Data Analytics

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