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Aberdeen City Health & Social Care Partnership
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To: Members of the Risk, Audit and Performance Committee

Town House,
ABERDEEN 28 May 2024

RISK, AUDIT AND PERFORMANCE COMMITTEE

The Members of the **RISK, AUDIT AND PERFORMANCE COMMITTEE** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 4 JUNE 2024 at 10.00 am.**

ALAN THOMSON
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

DECLARATIONS OF INTERESTS AND TRANSPARENCY STATEMENTS

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

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

- 3.1 Minute of Previous Meeting of 2 April 2024 (Pages 3 - 6)
- 3.2 Business Planner (Pages 7 - 10)

GOVERNANCE

- 4.1 Review of Duties and Year End Report - Annual Review of RAPC - HSCP.24.038 (Pages 11 - 30)

4.2 Directions Tracker - HSCP.24.035 (Pages 31 - 44)

AUDIT

5.1 Approval of Unaudited Accounts - HSCP.24.039 (Pages 45 - 98)

5.2 Internal Audit Update Report - HSCP.24.042 (Pages 99 - 110)

5.3 Internal Audit Annual Report - HSCP.24.032 (Pages 111 - 126)

PERFORMANCE

6.1 Primary Care Improvement Plan update - HSCP.24.036 (Pages 127 - 136)

6.2 Quarterly Performance Reports against the Delivery Plan - HSCP.24.034
(Pages 137 - 164)

EXEMPT / CONFIDENTIAL BUSINESS

7.1 None at the time of issuing the agenda

COMMITTEE DATES

8.1 Date of Next Meeting - 10 September 2024

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



Risk, Audit and Performance Committee

Minute of Meeting

**Tuesday, 2 April 2024
10.00 am Virtual - Remote Meeting**

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

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

Apologies: Sandy Reid.

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

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

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

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

The Committee resolved:-

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

EXEMPT BUSINESS

2. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 28 NOVEMBER 2023

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

The Committee resolved:-

to approve the minute as a correct record.

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 April 2024

BUSINESS PLANNER

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

The Committee resolved:-

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

BOARD ASSURANCE AND ESCALATION FRAMEWORK - HSCP.24.017

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

The report recommended:-

that the Committee:

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

The Committee resolved:-

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

STRATEGIC RISK REGISTER - HSCP.24.015

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

The report recommended:-

that the Committee:

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 April 2024

The Committee resolved:-

to agree the recommendations.

EXTERNAL AUDIT STRATEGY 2023/24 - HSCP.24.014

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

The report recommended:-

that the Committee note the content of the report.

The Committee resolved:-

to note the information provided.

INTERNAL AUDIT PLAN 2024-27 - HSCP.24.018

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

The report recommended:-

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

The Committee resolved:-

to approve the Internal Audit Plan for 2024-27.

INTERNAL AUDIT UPDATE REPORTS - HSCP.24.019

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

The report recommended:-

that the Committee:

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

RISK, AUDIT AND PERFORMANCE COMMITTEE

2 April 2024

The Committee resolved:-

to note the information provided.

INTERNAL AUDIT REPORT - IJB HOSTED SERVICES - HSCP.24.020

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

The report recommended:-

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

The Committee resolved:-

to note the information provided.

QUARTERLY PERFORMANCE REPORTS AGAINST THE DELIVERY PLAN - HSCP.24.013

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

The report recommended:-

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

The Committee resolved:-

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

DATE OF NEXT MEETING - 4 JUNE 2024

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

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

	A	B	C	D	E	F	G	H	I	J
1	RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER									
2	The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.									
3	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
4	4 June 2024									
5		Review of Duties and Year End Report - Annual Review of RAPC	To present a review of reporting for 2023/24 and an early draft intended schedule of reporting for 2024/25 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference.	HSCP.24.038	Alison Macleod	Chief Finance Officer	ACHSCP			
6	Standing Item	Directions Tracker	To present the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian (NHSG).	HSCP.24.035	Alison MacLeod	Strategy and Transformation Team				
7		Approval of Unaudited Accounts		HSCP.24.039	Paul Mitchell	Chief Finance Officer	ACHSCP			
8	Standing Item	Internal Audit Annual Report	To provide the Committee with Internal Audit's Annual Report for 2023/24.	HSCP.24.032	Jamie Dale	Chief Internal Auditor	Governance	Report last presented to RAPC on 13 June 2023 - this is an annual requirement.		
9		Internal Audit Update Report	To provide an update on Internal Audit's work since the last update. Details are provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the Committee to be aware of.	HSCP.24.042	Jamie Dale	Chief Internal Auditor	Governance			
10	02.05.23	Primary Care Improvement Plan (Update)	Six monthly update regarding progress implementing the Primary Care Improvement Plan . Last reported 28 November 2023.	HSCP.24.036	Alison Penman	Susie Downie	ACHSCP			
11	30.11.22	Quarterly Performance Reports against the Delivery Plan	To provide assurance and update on the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan 2022-2025.	HSCP.24.034	Alison Macleod	Strategy and Transformation Team	ACHSCP			
12	Standing Item	Review of Financial Governance	To provide assurance on Governance Environment annual report. Last RAPC was 13 June 2023.	HSCP.24.037	Paul Mitchell	Chief Finance Officer	ACHSCP		D	Request to defer to September 2024 due to workload pressures.
13	13.06.2023	Local update on the full Mental Welfare Commission report.	Members agreed on 13 June 2023 to instruct the Lead for Mental Health and Learning Disability Inpatient Services, Specialist Services and CAMHS to bring a report back to Committee in 12 months' time in order to provide a local update on the full Mental Welfare Commission report.	HSCP.24.033	Judith McLenan / Amanda Farquharson	CAMHS	NHSG		T	Transfer to Clinical and Care Governance Committee as a more appropriate forum. In addition, a service update on the CAMHS service was circulated to RAP Committee Members on 23 May 2024.
14		Quarter 4 (2023/24) Financial Monitoring Update	To summarise the 2023/2024 revenue budget performance for the services within the remit of the IJB for quarter 4 ; To advise on any areas of risk and management action relating to the revenue budget performance of the IJB services; and approve the budget virements.		Paul Mitchell	Chief Finance Officer	ACHSCP		R	This was reported to the IJB on 7 May 2024.
15	10 September 2024									

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
3										
16	21.05.2024	Quarterly Performance Report against the Delivery Plan	To provide assurance and update on the progress of the Delivery Plan as set out within the ACHSCP Strategy Plan 2022-2025.		Alison Macleod	Strategy and Transformation Team	ACHSCP			
17	24.08.21	Navigator project evaluation	IJB 24.08.21 - NAVIGATOR REPORT - HSCP.21.086 - to instruct the Chief Officer, ACHSCP to present an evaluation and update report to the RAPC prior to conclusion of Year 2 funding. (First two years October 21 to October 23)	HSCP24.016	Simon Rayner	ADP Strategic Lead	ACHSCP			Simon Rayner advises that discussions are taking place in respect of the future of the project.
18	3 December 2024									
19	07.09.23	Strategic Risk Register	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register.		Martin Allan	Business Manager	ACHSCP	As agreed at Risk Workshop in Jan 24, the report will also present the IJB's Risk Appetite Statement for mid year review.		
20		Workforce Plan Annual Update Report	To provide an overview of the current workforce and the progress made against the Workforce Plan Priorities - Members agreed at IJB in November 2022 to instruct the Chief Officer to report progress annually to the Risk, Audit, and Performance Committee. Last reported on 28 November 2023.		Stuart Lamberton / Grace Milne	Chief Officer	ACHSCP			
21	19.09.2023	Justice Social Work Delivery Plan update 2023-24 and Performance Report	On 22.06.21, from Justice Social Work Performance Management Framework - HSCP.21.053; (i)to approve the Justice Social Work Performance Management Framework as a first iteration of work in progress and agree to its implementation by the justice service; and (ii)to instruct the Chief Officer (ACHSCP) to use this framework as the basis for a report outlining the performance of the justice service and present this report to RAPC no later than the end of Q1 2022-2023 and then similarly on an annual basis thereafter. Plan reported on 19.09.2023, Performance Report on 28.11.2023.		Kevin Toshney/ Claire Wilson / Lesley Simpson / Liz Cameron	Chief Social Work Officer	ACHSCP			
22	TBC									

	A	B	C	D	E	F	G	H	I	J
	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	Directorate	Update/Status	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
3	19.09.2023	Locality Planning Annual Reports	To note the update - At IJB on 19 September 2023, members instructed the Lead Officer to submit the 2023-24 Locality Planning Annual Reports to the Committee in September 2024.		Alison Macleod / Iain Robertson	Lead Strategy and Performance Manager	ACHSCP	May/June 2025 - as the refreshed LOIP and Locality Plans come into effect on 29 April 2024 , the Locality Planning Team representing both Community Planning and ACHSCP requested to move the annual reporting from August/September 2024 to June 2025 as the three annual performance reports on the new plans would have only been in place for a couple of months if taken in June 2024.		
23										
24	Standing Item	Board Assurance and Escalation Framework (BAEF)	To note the Framework (reviewed by the Committee on an annual basis as per resolution on 26.08.2020)		Martin Allan	Business Manager	ACHSCP	Last presented 2 April 2024		
25	Standing Item	External Audit Strategy 2024/25	To provide a summary of the work plan for Audit Scotland's 2024/25 external audit of Aberdeen City Integration Joint Board (IJB).		Anne MacDonald	Audit Scotland	Audit Scotland	Last considered at RAPC 2 April 2024		
26	Standing Item	Whistleblowing Updates	Quarterly update		Martin Allan	Business Manager	ACHSCP			
27	30.11.22	Quarterly Performance Reports against the Delivery Plan	To note the position.		Alison Macleod	Strategy and Transformation Team				
28	07.09.23	Strategic Risk Register	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register.		Martin Allan	Business and Resilience Manager	ACHSCP	Last presented to RAPC on 2 April 2024		
29		Internal Audit Plan	To seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2024-27		Jamie Dale	Chief Internal Auditor	Governance	Last presented to RAPC on 2 April 2024		

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RISK, AUDIT & PERFORMANCE

Date of Meeting	04 Jun 2024
Report Title	Review of Duties & Year End Report
Report Number	HSCP.24.038
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	Appendix A - Risk, Audit & Performance Duties Report

1. Purpose of the Report

1.1. This report presents the Risk, Audit and Performance Committee (RAPC) with a review of reporting for 2023/24 and an early draft of the intended schedule of reporting for 2024/25 to provide assurance that the Committee is fulfilling all the duties as set out in its terms of reference.

2. Recommendations

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

- a) Note the content of Appendix A – Risk, Audit & Performance Duties report.

3. Strategic Plan Context

3.1. Ensuring that the RAPC is functioning effectively and fulfilling its duties will help ensure that the Integration Joint Board (JB) achieves the strategic aims and priorities as set out in the strategic plan.



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4. Summary of Key Information

- 4.1. The terms of reference indicate several duties which the Risk, Audit and Performance Committee should ensure that it undertakes each financial year. These are listed in Appendix A, with a record of when these were met in 2023/24 and an indication of what is known so far that will be reported in 2024/25. It should be noted that the detail and dates of future reports will be updated on the Business Planner as and when this is known and agreed.
- 4.2. It should be noted that the meeting on 24th January 2024 was cancelled and that the meeting on 2nd April 2024 will form part of the 2024/25 annual review.
- 4.3. The Committee had one meeting less in 2023/24 than it had in 2022/23 due to the cancellation of the January 2024 meeting. The total number of reports received overall was therefore less with the breakdown against each of the duty headlines as shown below. The average number of reports per meeting was slightly less in 2023/24 at 6.5 than it was in 2022/23 when it was 6.8. It should be noted that some reports are only submitted on an as required basis, for example reports relating to national audit findings or inspections. The lower number of reports can also be due to timing. For example, the Board Assurance and Escalation Framework was reported in February 2023 (the 2022/23 cycle) and not again until April 2024 (the 2024/25 cycle) so does not feature in the 2023/24 cycle.

Area of Remit	Number of Reports Considered	
	2023/24	2022/23
Audit	7	10
Performance	12	13
Risk and Governance	4	7
Financial	3	4
Total	26	34
Average per meeting	6.5	6.8

- 4.4. Comparing the 2023/24 actual reports against those noted in the forward planner last year demonstrates that all reports that were expected at the Risk Audit and Performance Committee during 2023/24 were submitted and that additional reports were identified and submitted as the year progressed. It is proposed that the Risk Audit and Performance Committee can be assured that they are fulfilling their duties as set out in its terms of reference.



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- 4.5. The Chief Finance Officer will maintain this document as a record of the RAPC's business for 2023/24 and will present a similar report to the Committee at the end of financial year 2024/25.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

As this is a report on performance and no changes to service delivery are proposed, there is no requirement for an impact assessment to be undertaken and there are no direct implications in respect of Equality, Fairer Scotland or Health Inequality.

5.2. Financial

There are no direct financial implications as a result of the recommendations in this report.

5.3. Workforce

There are no direct workforce implications as a result of the recommendations in this report.

5.4. Legal

There are no direct legal implications as a result of the recommendations in this report.

5.5. Unpaid Carers

There are no direct implications for Unpaid Carers as a result of the recommendations in this report.

5.6. Information Governance

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

5.7. Environmental Impacts

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



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5.8. Sustainability

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

5.9. Other

None

6. Management of Risk

6.1. Identified risk(s):

Good governance and ensuring that the IJB's committees are delivering on their duties are fundamental to the delivery of the strategic plan and therefore applicable to most of the risks within the strategic risk register.

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

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

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

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

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

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

The Risk, Audit & Performance Duties Report, as attached at Appendix A, provides assurance that the RAP Committee is reviewing standards and outcomes to help keep people safe.



Risk, Audit & Performance Committee - Duties & Annual Plan

Review Date: April 2024 (submitted RAPC 4th June 2024)

Purpose of the Document

This document provides an overview of the duties of the Risk, Audit and Performance Committee (RAPC) and indicates when the duty was fulfilled for the financial year 2023/24. It further provides a plan for fulfilment of the same duties for the financial year 2024/25 although it should be noted that some of the detail has still to be finalised.

Duties & When Considered

The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

Specifically, it will be responsible for the following duties (Crosses refer to when the item was presented or is expected to be presented to the RAPC):



Duty	2023/24					
	020523	130623	190923	281123	240124 CANCELLED	
Audit						
1. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.	X					External Audit Strategy 020523
2. Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.		X	X	XXX		Internal Audit Reports – Internal Audit Annual Report for the year ended 31 March 2023 130623 Internal Audit Report – Adults with Incapacity 190923 Internal Audit Update Report 281123 Internal Audit Report – Care Management System 281123



						Internal Audit Report – IJB Complaints Handling 281123
3. Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.			X			Adult Support and Protection Inspection Report 190923
4. The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.	X	X	X	X		Standing IJB Agenda item.
Performance						
5. Review and monitor the strategy for performance, and the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and	X		XX	X		Delivery Plan Q4 Update 020523 Delivery Plan Q1 Performance Report 190923 Justice Social Work Delivery Plan Report 190923 Q2 Delivery Plan Update 281123



<p>implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.</p>						
<p>6. Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.</p>	<p>X</p>		<p>X</p>	<p>XXX</p>		<p>Primary Care Improvement Plan Update 020523</p> <p>Locality Planning Annual Reports 199023</p> <p>Workforce Plan Annual Update Report 281123</p> <p>Primary Care Improvement Plan Update 281123</p> <p>Justice Social Work Performance Report 281123</p>



7. Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.	X			X		Directions Tracker 020523 Directions Tracker 281123
8. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.						
9. Instruct Performance Reviews and related processes.						
10. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.		X				CAMHS Update Report – Young People Monitoring Report 2020-21, Mental Welfare Commission 130623
<u>Risk & Governance</u>						
11. The risk tolerance of the Committee is established by the Board Assurance Framework which						



<p>itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its appetite for risk-taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.</p>						
<p>12. Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-</p>		X		X		<p>Strategic Risk Register 130623</p> <p>Strategic Risk Register 281123</p>



depth review of a set of risks and annually review the IJB's risk appetite document with the full Board.						
13. Approve the sources of assurance used in the Annual Governance Statement.		X				Review of Financial Governance 130623
14. Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.		X				Review of Duties and Year End Report 130623
Financial						
15. Consider and approve annual financial accounts and related matters	X					Approval of Unaudited Accounts 020523
16. Receive regular financial monitoring reports		X	X			Quarter 4 (2022/23) Financial Monitoring Update 130623



						Quarter 1 (2023/24) Financial Monitoring Update 190923
17. Act as a focus for value for money.						
18. Approve budget virements.						



Forward Planning:

The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.

Specifically, it will be responsible for the following duties:

Duty	2024/25					Comments
	020424	040624	100924	031224	250225	
Audit						
1. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.	X					External Audit Strategy 020424
2. Monitor the annual work programme of Internal Audit, including ensuring IJB oversight of the function and programme to ensure this is carried out strategically.	XXX	X				Internal Audit Plan 020424 Internal Audit Update Reports 020424 Internal Audit Report – Hosted Services 020424



						Internal Audit Reports – Annual Report and IJB Performance Management Reporting 040624
3. Be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that all compliance has been responded to in timely fashion.						As and when reports are released
4. The Committee shall present the minute of its most recent meeting to the next meeting of the IJB for information only.	X	X	X	X	X	Recurring IJB agenda item.
Performance						
5. Review and monitor the strategy for performance the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and	X	X	X	X	X	Q3 Performance Report on Delivery Plan 020424 Q4 Performance Report on Delivery Plan 040624 Q1 Performance Report on Delivery Plan 100924 Q2 Performance Report on Delivery Plan 031224 Q3 Performance Report on Delivery Plan 250225



<p>implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.</p>					
<p>6. Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.</p>		<p>X</p>		<p>XX</p>	<p>Primary Care Improvement Plan Update 040624</p> <p>Workforce Plan Annual Update Report 031224</p> <p>Justice social Work Delivery Plan Update 2023-24 and Performance Report 031224</p>
<p>7. Support the IJB in ensuring that the Board performance framework is working effectively, and that escalation of notice and action is</p>		<p>X</p>		<p>X</p>	<p>Directions Tracker 040624</p> <p>Directions Tracker 031224</p>



consistent with the risk tolerance set by the Board.						
8. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.						
9. Instruct Performance Reviews and related processes.						
10. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working.		X				Local Update on the Full Mental Welfare Commission Report 040624
<u>Risk & Governance</u>						
11. The risk tolerance of the Committee is established by the Board Assurance Framework which itself is based on the Board's understanding of the nature of risk to its desired priorities and outcomes and its	X					Board Assurance and Escalation Framework 020424



appetite for risk-taking. This role will be reviewed and revised within the context of the Board and Committee reviewing these Terms of Reference and the Assurance Framework to ensure effective oversight and governance of the partnership's activities.						
12. Ensure the existence of and compliance with an appropriate risk management strategy including: Reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with the full Board.	X			X		Strategic Risk Register 020424 Strategic Risk Register 031224



13. Approve the sources of assurance used in the Annual Governance Statement.		X				Review of Financial Governance 040624
14. Review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.		X				Review of Duties and Year End Report 040624
Financial						
15. Consider and approve annual financial accounts and related matters		X				Approval of Unaudited Accounts 040624
16. Receive regular financial monitoring reports		X	X	X		Quarter 4 (2023/24) Financial Monitoring Update 040624 Quarter 1 (2024/25) Financial Monitoring Update 100924 Quarter 2 (2024/25) Financial Monitoring Update 031224



17. Act as a focus for value for money.						
18. Approve budget virements.						

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RISK AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	04 June 2024
Report Title	Directions Update Report
Report Number	HSCP24.035
Lead Officer	Paul Mitchell, Chief Finance Officer
Report Author Details	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: alimacleod@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. Directions Tracker
Terms of Reference	6. Instruct Performance Reviews and related processes.

1. Purpose of the Report

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

2. Recommendations

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



RISK AUDIT AND PERFORMANCE COMMITTEE

3. Strategic Plan Context

- 3.1. Under Section 26 of the Public Bodies (Joint Working) (Scotland) Act 2014, in order to carry out the functions delegated, the IJB must give Directions to a constituent authority. For Aberdeen City IJB the constituent authorities are ACC and NHSG. Monitoring the effectiveness of the Direction process provides assurance that activity is being undertaken to help further the delivery of Strategic Plan. Many of the Directions made are linked directly to specific programmes or projects as set out in the Delivery Plan.

4. Summary of Key Information

- 4.1. 'Health and Social Care Integration Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities', published in January 2020, states that there should be a log kept of all Directions made. At its meeting on 23 September 2020, the Risk Audit and Performance Committee (RAPC) agreed that a report on Directions would be presented every 6 months to review this log and provide assurance that the Directions were being issued and actioned in accordance with the 2014 Act.
- 4.2. Members agreed at the RAPC on 23rd June 2022 to a new 'traffic lights' system with four classifications to indicate the status of Directions. The classifications are as follows;

GREEN (Ongoing) indicating where the current direction is still valid, in place and not due for renewal or completion.

AMBER (Due) indicating Directions which are due for renewal or completion within the 6 months following the date of the Committee where the report is presented, including those which are at risk of not being completed within the timescale and / or within the allocated budget. In the case of the latter, an update to RAPC is required.

RED (Concern) indicating Directions which have either

- a) Not been implemented due to issues with implementation e.g. no service available to deliver on the direction.
- b) Directions which have expired and have not been reported as renewed or completed.

GREY (Complete) – indicating Directions where the date has expired, and the direction is either no longer required or has been superseded by a new



RISK AUDIT AND PERFORMANCE COMMITTEE

direction. It also includes Directions which have been completed within a set timescale and will not be required to continue beyond that.

- 4.3.** Appendix A shows all 'open' Directions and those Directions which were reported previously to the RAPC meeting in November 2023 but have since had a change in status. Those that are now complete will be archived for future reports. Five Directions have been added to the spreadsheet since the last report – one in relation to the Aberdeen City Vaccination Centre and Priority Intervention Hub with an 'effective to' date of 9th May 2025, two in relation to Procurement Workplans with effective end dates of 31st March 2028 and 31st March 2031 respectively and two in relation to the Medium Term Financial Framework (MTFF) both with effective end dates of 31st March 2025. The Directions in Appendix A are sorted in chronological order of the 'Effective To' date, starting with the oldest date.
- 4.4.** The total number of 'open' Directions reported is 42. It should be noted that some IJB decisions require a Direction to be made to both ACC and NHSG. Nine (21.5%) of the 42 Directions are now complete (Grey category). 29 (69%) are classified as Green (ongoing), three (7%) as Amber (due for renewal within 6 months), and one (or 2.5%) as Red (expired).
- 4.5.** The red status Direction is in relation to the Navigator Project which experienced a delay to its commencement date. As such the evaluation and proposal for future arrangements had also been delayed. It has now been confirmed that it is unlikely that the service, as it stands, will be funded going forward. It is possible that a similar service may be commissioned in the future through a competitive procurement route. The Direction remains at Red for the purposes of this report but should it be superseded by a Direction relating to the future competitive commissioning prior to the next reporting period, it will be closed at that point.
- 4.6.** The three Amber status Directions are related to commissioning activity. The 16 services covered by these have all been subject to review. The arrangements to continue or cease these contracts are noted in the narrative column in Appendix A. We are in discussions with the Strategic Procurement Manager as to how best to monitor and track the progress of these Directions with multiple entries linking with the system that manages the Contract Register.
- 4.7.** As part of the 2022/23 Internal Audit Programme an audit was undertaken on Data Sharing. One of the recommendations was to ensure assurance is obtained that Data Protection Impact Assessments (DPIAs) are completed where appropriate and that a register of these is held by each Data Controller.



RISK AUDIT AND PERFORMANCE COMMITTEE

The management response was that DPIA's are undertaken, where relevant for projects which are in turn reported to IJB and the subject of a Direction. It was agreed to add this assurance to the process of capturing and monitoring Directions. Data Protection Impact Assessments (DPIAs) have been submitted in relation to the following: -

- Adult Mental Health Mapping
- Community Mental Health Interventions Commissioning
- Transitions Survey
- GIRFE Pathfinder – Older People
- GIRFE Pathfinder – Transitions
- Assisted Care Robots (NB: project not now going ahead)
- Morse integration with TrakCare
- Morse Calendar Sync with O365

A DPIA is in development for Shared Federated Vision but it has not been submitted yet.

- 4.8.** We are working with our partners to ensure we can provide more robust and regular reporting on the number of DPIAs submitted to both ACC and NHSG Information Governance and the relevant timescales involved along with any relevant additional information e.g. impact on project delivery. It is hoped this will be in place for the next report due to the committee meeting in December.

5. Implications for Risk Audit and Performance Committee

5.1. Equalities, Fairer Scotland and Health Inequality

As this is a report on performance and no changes to service delivery are proposed, there is no requirement for an impact assessment to be undertaken and there are no direct implications in respect of Equality, Fairer Scotland or Health Inequality. The individual reports which prompted the Directions referred to within this report would have been subject to impact assessments where relevant.

5.2. Financial

There are no direct financial implications as a result of the recommendations in this report. The individual reports which prompted the Directions referred



RISK AUDIT AND PERFORMANCE COMMITTEE

to within this report would have noted the financial implications and the budget would have been identified within the Direction.

5.3. Workforce

There are no direct workforce implications as a result of the recommendations in this report. The individual reports which prompted the Directions referred to within this report would have noted the workforce implications and links to the Workforce Plan.

5.4. Legal

The monitoring of the Directions Log ensures that the IJB is discharging the requirement under the Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020).

5.5. Unpaid Carers

There are no direct implications for Unpaid Carers as a result of the recommendations in this report.

5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

5.9. Other

None.



RISK AUDIT AND PERFORMANCE COMMITTEE

6. Management of Risk

6.1. Identified risks(s)

There is a risk that if the Directions Log is not reviewed on a regular basis there would be no assurance that the IJB is discharging the requirement under the Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020).

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

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

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

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

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



APPENDIX A

Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Chaplaincy Listening Service	£178,369 p.a. X 4	18.151	K. Dawson	NHSG	26/03/19	Ongoing	Green	The service continues on an ongoing basis and is funded by Action 15 (PCIP) monies. Original Direction indicates the ongoing nature.
Navigator/Unscheduled Care	£146,160.00	21.086	S. Raynor	NHSG	24/08/21	30/09/23	Red	Direction expired due to delay to service commencement and therefore evaluation and decision on service future. Service due to close on 31/07/24 and now considering next steps.
Immunisations	£55,558,291.81	21.066	F. Mitchellhill	NHSG	24/08/21	Ongoing	Green	Ongoing business as usual.
Grant to Voluntary Organisation	£275,000.00	19.073	S. Omand-Smith	ACC	19/11/19	31/12/23	Grey	Superseded by HSCP23.005 approved at IJB meeting 31/01/23. New Direction effective to 31/03/25
First Contact Service	£1,462,733 p.a. X4	20.051	K. Dawson	NHSG	28/10/20	01/01/24	Grey	Direction now complete. Direction related to specific Action 15 funding which is no longer available. Service has been mainstreamed. Report 21.045 approved 25 th May 2021 approved tendering the service for 4 years.
Kingswells Care Home	£3,100,00.00	19.032	S. Omand-Smith	ACC	11/06/19	31/03/24	Grey	Direction now complete. IJB Report 24.007 on 6 th Feb 2024 approved up to 4 years extension of BAC SLA which includes Kingswells Care Home.

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Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
National Care Home Contract	£12,950,000.00	20.053	S. Omand-Smith	ACC	02/10/20	31/03/24		Direction complete. Superseded by HSCP24.004 Annual Procurement Workplan. Extension for 1 year.
Medium Term Financial Framework (MTFF)	£122.6m	23.020	P. Mitchell	ACC	28/03/23	31/03/24		Direction complete. Superseded by updated MTFF submitted to IJB March 24
Medium Term Financial Framework (MTFF)	£246M (inc. £23m for hosted services)	23.020	P. Mitchell	NHSG	28/03/23	31/03/24		Direction complete. Superseded by updated MTFF submitted to IJB March 24
Community Nursing Digitisation	£390,924.78	21.069	F. Mitchellhill	NHSG	25/05/21	25/05/24		Report proposing contract renewal for up to 3 years approved by IJB on 7 th May 2024. Direction complete and superseded by new Direction (see report number 24.030 effective to 01/10/27 below.)
BAC Contract	Existing Budget	18.035	S. Omand-Smith	ACC	22/05/18	31/07/24		IJB Report 24.007 approved 6 th Feb 2024 approved up to 4 years extension of BAC SLA. Superseded by new Direction.
Supplementary Workplan	£2,852,417.00	19.121	N. Stephenson	ACC	24/03/20	31/08/24		This Direction covers 4 services, all of which have been subject to review. 3 are proposed for extension under subsequent Directions and the remaining one will cease at the end of August.
Dual Sensory Impairment Service (NESS)	£215,368 (additional funding)	22.034	S. Omand-Smith	ACC	07/06/22	30/09/24		Service currently under review. Contract has option to extend and a proposal will be made prior to the Direction expiring.



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Contracts and Commissioning	£123,242,747.00	19.062	N. Stephenson	ACC	19/11/19	30/09/24		This Direction covers 11 services. 3 services are reviewed annually and a further 3 have been extended. All 6 of these are now subject to new Directions. 4 services have been reviewed and ended. The one remaining service covered by this Direction (Care at Home) has been reviewed and is currently out for re-tender.
Action 15 - Prison	£194,786 p.a. X 4	20.050	K. Dawson	NHSG	28/10/20	28/10/24		Project. now mainstreamed. Direction complete.
Grants	£661,227.00	23.005	S Omand-Smith	ACC	31/01/23	31/03/25		TSI, Counselling and Support Services – on Grants Register and all currently under review
Medium Term Financial Framework (MTFF)	£131,067,000	24.012	Paul Mitchell	ACC	01/04/24	31/03/25		Annual Budget Approval due to come back to IJB March 2025
Medium Term Financial Framework (MTFF)	£266,000,000 (of which approximately £30M relates to Hosted Services and £53M is set aside for large hospital services)	24.012	Paul Mitchell	NHSG	01/04/24	31/03/25		Annual Budget Approval due to come back to IJB March 2025

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Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Aberdeen City Vaccination Centre and Priority Intervention Hub	Not more than £334,300	23.090	Sandra MacLeod	NHSG	05/12/23	09/05/25		Contingency to cover potential shortfall from SG Funding (one off from Reserves) review already underway.
First Contact Mental Health and Wellbeing	£1,462,733.00	21.045	S. Omand-Smith	ACC	25/05/21	31/08/25		Action 15 Funding – service currently under review.
Rosewell House	Existing Budget	23.054	F. Mitchellhill	NHSG	22/08/23	31/12/25		Further report to be brought to IJB summer 2025 to determine the future of Rosewell House
Rosewell House	Existing Budget	23.054	F. Mitchellhill	ACC	22/08/23	31/12/25		Further report to be brought to IJB summer 2025 to determine the future of Rosewell House
Supplementary Workplan	£3,616,748.00	20.001	N. Stephenson	ACC	09/06/20	30/06/26		Training and Skills commissioned services listed on contracts register which is reviewed at least annually. Review date will be noted on 2025/26 Annual Procurement Workplan.
Annual Procurement Plan	£56,205,827.00	21.008	S. Omand-Smith	ACC	23/02/21	30/09/26		Various commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2025/26 Annual Procurement Workplan.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	22.037	K. Dawson	NHSG	07/06/22	30/06/27		Scheduled for review a minimum of 12 months in advance of the end date.

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Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	22.037	K. Dawson	ACC	07/06/22	30/06/27		Scheduled for review a minimum of 12 months in advance of the end date.
Morse Community Electronic Patient Record Evaluation and Contract Renewal	£913,042.00	24.030	A. MacLeod	NHSG	07/05/24	01/10/27		Approved at IJB May 2024. Contract review will be undertaken a minimum of 12 months prior to contract end date.
Supplementary Workplan	£42,391,380.00	22.098	N. Stephenson	ACC	29/11/22	31/03/28		Various commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2027/28 Annual Procurement Workplan.
Supplementary Procurement Workplan 2024/25	£146,096,300	24.007	Sandra MacLeod	ACC	01/04/24	31/03/28		Bon Accord Support Services including variation to detail (not timescale) of original Direction in relation to Rosewell House
Supplementary Workplan	£12,887,689.00	22.066	N. Stephenson	ACC	30/08/22	30/11/28		ADP and MH commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2028/29 Annual Procurement Workplan.
Annual Procurement Workplan	£110,536,534.00	23.002	N. Stephenson	ACC	31/01/23	31/03/29		Various commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted

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Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
								on 2028/29 Annual Procurement Workplan.
Independent Advocacy	£2,059,612.00	23.018	N. Stephenson	ACC	25/04/23	30/09/29		On Grants Register which is reviewed at least annually. Review date will be noted on 2029/30 Annual Procurement Workplan.
Procurement Workplan (Mental Health Community Intervention Services)	£4,824,046.00	23.056	N. Stephenson	ACC	22/08/23	31/10/29		Listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2029/30 Annual Procurement Workplan.
Link Practitioner Service	£6,129,974.00	22.062	A. MacLeod	NHSG	30/08/22	31/03/30		Funded by PCIP – on Programme for review prior to end of contract.
Annual Procurement Workplan 2024/25	£220,737,528	24.004	Sandra MacLeod	ACC	01/04/24	31/03/31		Various commissioned services including NCHC, Housing Support, Complex Care Support Services which are listed on the Contracts Register and Grant Funded Services which are listed on the Grants Register. Both of these are reviewed at least annually. Review date will be noted on 2030/31 Annual Procurement Workplan.
Supplementary Procurement Workplan 2024/25	£117,716,381	24.026	Fiona Mitchelhill	ACC	07/05/24	31/10/31		Care and Support at Home Services. Listed on the contracts Register which is reviewed at least annually. Review date will be noted on 2031/32 Annual



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
								Procurement Workplan. – contract will be reviewed a minimum of one year prior to contract expiry date.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	21.119	S. Omand-Smith	ACC	15/12/21	Ongoing		Ongoing funding from ADP Budget.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	21.119	S. Omand-Smith	NHSG	15/12/21	Ongoing		Ongoing funding from ADP Budget.
ADP/Blood Borne Viruses (BBV) Partnership Update	£65,000.00	20.068	S. Omand-Smith	ACC	01/12/20	Ongoing		Ongoing funding from ADP Budget.
ADP/Blood Borne Viruses (BBV) Partnership Update	£65,000.00	20.068	S. Omand-Smith	NHSG	01/12/20	Ongoing		Ongoing funding from ADP Budget.
ADP - Tele Healthcare	£70,000.00	20.068	S. Omand-Smith	ACC	01/12/20	Ongoing		Ongoing funding from ADP Budget.
ADP - Tele Healthcare	£70,000.00	20.068	S. Omand-Smith	NHSG	01/12/20	Ongoing		Ongoing funding from ADP Budget.

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Risk, Audit and Performance Committee

Date of Meeting	04 June 2024
Report Title	Unaudited Annual Accounts
Report Number	HSCP24.039
Lead Officer	Paul Mitchell Chief Finance Officer
Report Author Details	Paul Mitchell Chief Finance Officer PauMitchell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	A. Unaudited Annual Accounts
Terms of Reference	15. Consider and approve annual financial accounts and related matters

1. Purpose of the Report

1.1. The purpose of this report is to allow the Risk, Audit and Performance Committee (RAPC) to review and comment on the unaudited final accounts for 2023/24.

2. Recommendations

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

- a) Consider and comment on the Unaudited Final Accounts for 2023/24 at Appendix A.

3. Summary of Key Information

3.1. This is the seventh time that a full set of accounts have been prepared for the Integration Joint Board (IJB).



Risk, Audit and Performance Committee

- 3.2. A great deal of work has been undertaken at a national level to agree on a proposed approach to the Integration Joint Board Accounts. Even then there will be changes in format and the disclosures contained in the accounts based on local circumstances. However, the major disclosures and format are based on a template commissioned by the Scottish Government with the Chartered Institute of Public Finance and Accountancy (CIPFA).
- 3.3. 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.
- 3.4. There is a possibility that some of the disclosures and the accounts will need to be changed during the audit process.
- 3.5. The audit of the accounts will take place in June 2024. The final audited accounts will be brought back to a meeting of the Risk, Audit & Performance Committee once the audit has been undertaken.
- 3.6. The Local Authority Accounts (Scotland) Regulations 2014 defines the notice period, the inspection period, the deadline for submission of an objection to the accounts and the information which must be made available for inspection. The inspection must last 15 working days.
- 3.7. Aberdeen City Council have shortened the timescale for closing the final accounts of the Council. As the IJB accounts feed into the Aberdeen City Accounts, the IJB accounts also have to be closed off quicker than in most other IJBs.
- 3.8. At the time of issuing this report, information is outstanding to complete the Remuneration Report, this will be available and the report updated prior to submitting these accounts to Audit Scotland.
- 3.9. 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.



Risk, Audit and Performance Committee

Annual Governance Statement – Highlights the Governance Framework in place and describes performance and improvements against the local code of governance. This contains the assurances from Aberdeen City Council and NHS Grampian. It also contains wording from the Chief Internal Auditor on the internal control environment.

Financial Statements – contains details of the financial transactions, including the Income & Expenditure Account, Balance Sheet and Movement in Reserves Statement.

Notes to the Accounts – including the financial policies used by the IJB over this period and the relevant disclosures required through the code.

- 3.10.** As can be seen through the accounts at the end of the financial year the IJB has £9,834,836 in its useable reserve at the end of the financial year, which has largely been earmarked for activities where we received additional income in 2023/24 and require to allocate funding in 2024/25 to complete the activities associated with this income.

4. Implications for IJB

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

5. Links to ACHSCP Strategic Plan

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



Risk, Audit and Performance Committee

6. Management of Risk

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

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

6.2. How might the content of this report impact or mitigate the known risks: The audited accounts are an important document for the IJB, demonstrating financial performance over the year and are independently audited. Recommendations could be received from the external auditors which impact on any of the strategic risks highlighted above.



Aberdeen City Health & Social Care Partnership
A caring partnership



Aberdeen City Integration Joint Board

Draft 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 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.

Member 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 – 25/04/23 Chair from – 25/04/23
Luan Grugeon	NHS Grampian	Chair to – 25/04/23 Resigned – 16/10/23
June Brown	NHS Grampian	
Kim Cruttenden	NHS Grampian	up to – 06/07/23
Cllr Deena Tissera	Aberdeen City Council	up to – 29/08/23
Cllr Jennifer Bonsell	Aberdeen City Council	from – 10/10/23
Mark Burrell	NHS Grampian	from – 22/08/23
Cllr Christian Allard	Aberdeen City Council	up to – 22/08/23
Cllr Lee Fairfull	Aberdeen City Council	from – 22/08/23

Name	Organisation	
Cllr Martin Greig	Aberdeen City Council	
Hussein Patwa	NHS Grampian	from – 22/08/23 Vice Chair from – 10/10/23
Prof. Siladitya Bhattacharya	NHS Grampian	from – 10/10/23

Non-Voting Members

Name	Organisation	
Jamie Donaldson	Partnership Representative, NHSG	from – 22/08/23
Jim Currie	Trade Union Representative, ACC	
Alan Chalmers	Patient and Service User Representative	to – 05/12/23
Steven Close	Secondary Care Advisor	
Jennifer Gibb	Professional Nursing Adviser	
Maggie Hepburn	Third Sector Representative	
Christine Hemming	Secondary Care Advisor	
Dr Caroline Howarth	Clinical Director, ACH&SCP	
Phil Mackie	NHS Deputy Director of Health, NHSG	
Shona McFarlane	Carer Representative	
Paul Mitchell	Chief Finance Officer	to – 12/07/24
XX	Chief Finance Officer	from -
Alison Murray	Carer Representative	to – 06/02/24
Sandra MacLeod	Chief Officer	to – 15/02/24
Fiona Mitchelhill	Chief Officer	from – 19/02/24
Graeme Simpson	Chief Social Work Officer, ACC	

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.

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

Aim – Caring Together

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

Aim – Keeping People Safe at Home

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

Aim – Preventing Ill Health

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

Aim – Achieving Fulfilling, Healthy Lives

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

2023/24 was year two of our Delivery Plan. 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. 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 will be published at the end of September 2024 following the publication of validated data on the National and Ministerial Strategic Group Performance Indicators in July 2024 and approval by the IJB. In the meantime the commentary below gives an overview of the progress on our Delivery Plan projects and internal Dashboard performance by Strategic Aim and Enablers: -

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 proving Support is provided 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. 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.

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.

Through renewed focus on Technology Enabled Care (TEC), our Adult Social Work (ASW) team achieved a significant decrease in unmet social care need.

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.

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.

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. In addition, 60 people are now regularly attending 'Soup & Sannies' based in Seaton which 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. 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 out with Aberdeen City due to the lack of appropriate facilities. In February 2024 the JJB 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 Stonewood 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.

The Service Level Agreement (SLA) and aligned service specifications with Bon Accord Care (BAC) 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. Staff turnover and absence rates have stabilised and we held our first Recruitment Fair. The ACHSCP Annual Workforce Conference took place on 29th February 2024 and was a success. Feedback is being obtained to plan ahead for the next one.

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.

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.

Key Risks and Uncertainties

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

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

The IJB held a workshop in 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.

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)

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.

- 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 a 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 will be 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) will receive a briefing from the Chief Finance officer in April, 2024 which will highlight the pressures and savings in the agreed MTF for 2024/25. This will allow early identification of any additional pressures or savings that are unable to be made. This process is being undertaken earlier this financial year than previous

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 HSCTs, 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 convened for 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 overspend at the year end. Reserves were also used to cover overspends in various mainstream services across the IJB, including PCIP (£2.0m), Community Living (£.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.

John Cooke
IJB Chair



Fiona Mitchelhill
Chief Officer



Paul Mitchell
Chief Finance Officer



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

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 DD MMM 2024.

Signed on behalf of the Aberdeen City Integration Joint Board

John Cooke
JB Chair

Responsibilities of the chief financial officer

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

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

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

The chief finance officer has also:

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

With effect from DD MMM 2024, XXXX replaced Paul Mitchell as the Chief Finance Officer of the Partnership. Paul Mitchell left his post on 12 July 2024.

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.

XXX

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	Salary, Fees & Allowances £	Taxable Expenses £	Total 2023/24 £
130,259	Sandra Macleod Chief Officer to 15/02/24		-	
-	Fiona Mitchelhill Chief Officer From 19/02/24		-	
62,781	Fraser Bell Chief Operating Officer		-	
56,430	Paul Mitchell Chief Finance Officer	84,969	-	84,969
32,895	Alex Stephen Chief Finance Officer	-	-	-
282,365	Total		-	

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

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

Officer Name	Responsibility	Pension as at 31/3/2024 £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			-	-		26,192
Fiona Mitchelhill	Chief Officer From 19/02/24						
Fraser Bell	Chief Operating Officer			-	-		11,963
Paul Mitchell	Chief Finance Officer	27	26	23	23	15,209	10,101
Alex Stephen	Chief Finance Officer	0	(35)	-	(41)	-	5,888
							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	£80,000 - £84,999	
1	£95,000 - £99,999	
1	£130,000 - £134,999	

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\SOLACE¹ Delivering Good Governance in Local Government Framework (2016 Edition). The local code of governance is generally reviewed annually and reported to the same audit committee where the annual governance statement is approved. This code provides a list of documents\activities from an IJB, NHS Grampian and Aberdeen City Council perspective which provide assurance on the governance framework.

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

¹ CIPFA - The Chartered Institute of Public Finance and Accountancy

SOLACE – The Society of Local Authority Chief Executives

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

Seven Governance Principles of local governance framework

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

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

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

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

- caring
- person-centred
- enabling

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

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

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

Principle 2 – Ensuring openness and comprehensive stakeholder engagement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Review of Effectiveness

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

Aberdeen City Council's Chief Internal Auditor provides an Internal Audit services to the IJB. The Chief Internal Auditor's annual opinion on the effectiveness of the IJB's governance framework for 2023/24 will be reported to the Risk, Audit and Performance Committee on 4 June 2024

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

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

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

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

i. Aberdeen City Council's governance framework

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

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

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

The Audit, Risk & Scrutiny Committee has a key role in this, and an annual report of its activities and effectiveness will be considered by the committee and referred to Council for its consideration. This demonstrates improved transparency, understanding and challenge of the activity and outcomes from the Audit, Risk & Scrutiny Committee. The Council has an approved Local Code of Corporate Governance which sets out their commitment to the seven principles recommended in the CIPFA / SOLACE Framework 2016, by citing the primary sources of assurance which demonstrate the effectiveness of the systems of internal control.

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

- Principle B: Ensuring openness and comprehensive stakeholder engagement
- Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits
- Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes
- Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it
- Principle F: Managing risk and performance through robust internal control and strong public financial management
- Principle G: Implementing good practices in transparency, reporting and audit, to deliver effective accountability

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

ii. NHS Grampian governance framework

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

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

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

1. A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
2. The Board receives regular reports on Healthcare Associated Infection from the Clinical Governance Committee and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;
3. Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;

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

Endowment Sub Committee of Trustees with delegated authority to manage the day to day operational matters of the charity.

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

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

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Fiona Mitchelhill
Chief Officer

John Cooke
Chair

Comprehensive Income and Expenditure Statement

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

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	2,208,531	0	2,208,531
10,012,029	0	10,012,029	Covid	0	0	0
5,119,400	(4,958,384)	161,016	Criminal Justice	5,262,277	(5,114,956)	147,321
2,139,020	0	2,139,020	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
0	0	0		164,965	0	164,965
403,909,337	(4,958,384)	398,950,953	Cost of Services	434,346,988	(5,114,956)	429,232,032
0	(374,704,802)	(374,704,802)	Taxation and Non-Specific Grant Income (Note 5)	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)
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Movements in Reserves During 2021/22	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 Mar 2023		Notes	31 Mar 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 DD MMM 2024.



Paul Mitchell
Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 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 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

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

Employee Benefits

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

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

Reserves

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

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

The balance of the reserves normally comprises:

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

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

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

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

Indemnity Insurance

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

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

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

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

Support Services

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

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

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

The unaudited Annual Accounts were authorised for issue by the Chief Finance Officer in May 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.

5. 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

6. 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.

7. 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.

8. Usable Reserve: General Fund

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

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

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

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)	-	-
(1,052,874)	-	115,230	(937,644)	MH Recovery and Renewal	-	107,828	(5,396)
(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)

9. Agency Income and Expenditure

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

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

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		-

10. Related Party Transactions

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

NHS Grampian

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/>		

11. VAT

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

Glossary of Terms

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

Accounting Period

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

Accruals

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

Asset

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

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

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

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

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

Contingent Asset/Liability

A Contingent Asset/Liability is either:

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

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

Creditor

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

Debtor

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

Entity

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

Exceptional Items

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

Government Grants

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

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group.

LASAAC

Local Authority (Scotland) Accounts Advisory Committee.

Liability

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

Provisions

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

PSIAS

Public Sector Internal Audit Standards.

Related Parties

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

Remuneration

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

Reserves

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

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

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

SOLACE

Society of Local Authority Chief Executives.

The Code

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



Risk, Audit and Performance Committee

Date of Meeting	4 June 2024
Report Title	Internal Audit Update Report
Report Number	HSCP.24.042
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A – RAPC - Internal Audit Update Report June 2024
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

- 1.1. The purpose of this report is to provide the Risk, Audit and Performance Committee (RAPC) with an update on Internal Audit’s work since the last update. Details are provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the RAPC to be aware of.

2. Recommendations

- 2.1. It is recommended that the Committee:

- a) Note the contents of the RAPC - Internal Audit Update Report June 2024 (“the Internal Audit Update Report”), as appended at Appendix A, and the work of Internal Audit since the last update;



Risk, Audit and Performance Committee

- b) Note the progress against the approved 2023/24 Internal Audit Plan as detailed in the Internal Audit Update Report.

3. Strategic Plan Context

- 3.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

4. Summary of Key Information

- 4.1. Internal Audit's primary role is to provide independent and objective assurance on the Board's risk management, control and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and summaries of these are provided to the RAPC.

5. Implications for IJB

- 5.1. **Equalities, Fairer Scotland and Health Inequality** – An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of the Internal Audit Update Report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 5.2. **Financial** – There are no direct implications arising from this report.
- 5.3. **Workforce** – There are no direct implications arising from this report.
- 5.4. **Legal** – There are no direct implications arising from this report.
- 5.5. **Unpaid Carers** – There are no direct implications arising from this report.
- 5.6. **Information Governance** – There are no direct implications arising from this report.



Risk, Audit and Performance Committee

- 5.7. **Environmental Impacts** – There are no direct impacts arising from this report.
- 5.8. **Sustainability** – There are no direct impacts arising from this report.
- 5.9. **Other** – there are no other impacts arising from this report.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.
- 6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.

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Aberdeen City Health & Social Care Partnership
A caring partnership



Internal Audit

Risk, Audit and Performance Committee Internal Audit Update Report June 2024

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1 Executive Summary

1.1 Introduction and background

Internal Audit's primary role is to provide independent and objective assurance on the Council's risk management, control, and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control, and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and these are provided to the Risk, Audit and Performance (RAP) Committee. Along with other evidence, these reports are used in forming an annual opinion on the adequacy of risk management, control, and governance processes.

This report advises the RAP Committee of Internal Audit's work since the last update. Details are provided of the progress against the approved 2023/24 Internal Audit plan, audit recommendations follow up, and other relevant matters for the Committee to be aware of.

1.2 Highlights

Full details are provided in the body of this report however Internal Audit would like to bring to the Committee's attention that since the last update:

- Work is underway with regards to delivery of the 2023/24 Internal Audit Plan.
- Work is underway by Management with regards to the implementation of agreed audit recommendations.

1.3 Action requested of the RAP Committee

The Committee is requested to note the contents of this report and the work of Internal Audit since the last update.

2 Internal Audit Progress

2.1 2023/24 Audits

Service	Audit Area	Position
Council Led HSCP Services	Social Care Financial Assessments	Review In Progress

2.2 Follow up of audit recommendations

Public Sector Internal Audit Standards require that Internal Audit report the results of its activities to the Committee and establishes a follow-up process to monitor and ensure that management actions have been effectively implemented.

As at 31 March 2024 (the baseline for our exercise), three audit recommendations were due, all rated Major.

Appendix 1 – Grading of Recommendations provides the definitions of each of the ratings used. Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions provides a detailed breakdown of the outstanding audit recommendations that will be taken forward and followed up as part of the next cycle.

3 Appendix 1 – Grading of Recommendations

Risk level	Definition
Corporate	This issue / risk level impacts the Council as a whole. Mitigating actions should be taken at the Senior Leadership level.
Function	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given function.
Cluster	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net risk rating	Description	Assurance assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	Reasonable
Major	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Limited
Severe	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Minimal

Individual issue / risk	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, such as those described in the Board's Scheme of Governance. This could result in, for example, a material financial loss, a breach of legislative requirements or reputational damage to the Board. Action should be taken within three months.
Severe	This is an issue / risk that is likely to significantly affect the achievement of one or many of the Board's objectives or could impact the effectiveness or efficiency of the Board's activities or processes. Examples include a material recurring breach of legislative requirements or actions that will likely result in a material financial loss or significant reputational damage to the Board. Action is considered imperative to ensure that the Board is not exposed to severe risks and should be taken immediately.

4 Appendix 2 – Audit Recommendations Follow Up – Outstanding Actions

Overall Report Area	Report	Grading	Recommendation	Original Due Date	Current Due Date	Committee Update	Status
Adults with Incapacity - Management of Funds	AC2314	Major	1.1a – The Service should document and implement procedures in respect of DWP appointeeship, Intervention Orders, Access to funds, guardianship and POA in dealing with Adults with Incapacity. The Service should ensure these are clear, efficient, provide practical guidance on day-to-day management of funds, and are subject to periodic recorded reviews. Staff required to apply the procedures should be adequately trained in their application.	Jan-24	Jun-24	8 separate AWI Training sessions have been organised. These will take place during April/May/June. 165 social work staff will complete this mandatory AWI training. New procedures regarding Guardianship, Intervention Orders, Power of Attorney, Corporate Appointee Ship have been written. These will be produced and delivered at the AWI training sessions. All new AWI related documents will be stored in the new AWI team's channel which all staff will have access to. This has been extended to June 24.	In progress
Adults with Incapacity - Management of Funds	AC2314	Major	1.3 – The Service should review the appointeeship process to ensure it reflects the requirements of the scheme, and minimises intervention where possible. As part of the review the Service should ensure all interventions are subject to secondary review to ensure they are appropriate in line with policy and procedure in	Mar-24	Mar-24	Management has advised that the new ACC Corporate Appointeeship procedure was finalised this week at the Short Life Working Group. It is now being tested by operational social workers in some adult service test sights. No evidence has been provided of implementation or further update received.	In progress

Overall Report Area	Report	Grading	Recommendation	Original Due Date	Current Due Date	Committee Update	Status
			advance of their implementation.				
Adults with Incapacity - Management of Funds	AC2314	Major	1.5 – The Service should ensure there is a clear and consistent audit trail for all instances where funds are managed on behalf of service users. This should be subject to periodic reconciliation against other records (e.g. bank statements, cash balances, inventories, DWP data and other source documentation), and potential discrepancies escalated and the results and actions recorded.	Feb-24	Feb-24	Management has advised the ACC payment controls team which oversees the corporate appointment accounts continue to carry out regular reconciliation checks on all CA accounts. Within the new CA procedure it outlines that all CA accounts will now be monitored and reviewed by the client's allocated social worker. No evidence has been provided of implementation or further update received.	In progress

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Risk, Audit and Performance Committee

Date of Meeting	4 June 2024
Report Title	Internal Audit Annual Report 2023/24
Report Number	HSCP.24.032
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A – Internal Audit Annual Report for the year ended 31 March 2024
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

- 1.1. The purpose of this report is to provide the Risk, Audit and Performance Committee with Internal Audit's Annual Report for 2023/24.

2. Recommendations

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

- 2.1. Note the Internal Audit (IA) Annual Report 2023/24 as detailed in Appendix A;



Risk, Audit and Performance Committee

- 2.2. Note that the Chief Internal Auditor has confirmed the organisational independence of Internal Audit;
- 2.3. Note that there has been no limitation to the scope of Internal Audit work during 2023/24; and
- 2.4. Note the progress that management has made with implementing recommendations agreed in Internal Audit reports.

3. Summary of Key Information

- 3.1. Public Sector Internal Audit Standards require that Internal Audit produce an annual report on the adequacy and effectiveness of the Board's framework of governance, risk management and control. It is one of the functions of the Risk and Performance Committee to review the activities of the Internal Audit function, including its annual work programme.
- 3.2. This report is designed to meet three objectives; to present to the Risk and Performance Committee, and through them, the IJB:
 - A formal opinion on the adequacy and effectiveness of the Board's arrangements for:
 - Governance
 - Risk Management
 - Internal Control
 - A narrative over the key strategic and thematic findings from the assurance work undertaken by IA during 2023/24, drawing out key lessons to be learned.
 - An account of the assurance activities and resources of IA during the period 2023/24.
- 3.3. This report covers the period from 1 April 2023 to 31 March 2024 and any work finalised during the 2023/24 assurance period. It also takes account of work undertaken up to the date of the issue of this report. The report is grounded in the whole activity and work of IA, whether in terms of formal audit evidence and work, management assurance and consultancy activity, or evidence gathered throughout wider engagement across the Board and Council overall.



Risk, Audit and Performance Committee

4. Implications for IJB

- 4.1. **Equalities** – An equality impact assessment is not required because the reason for this report is for Committee to discuss, review and comment on the contents of the Internal Audit Annual Report for 2023/24 and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.
- 6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.
- 6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.

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Aberdeen City Health & Social Care Partnership
A caring partnership



Internal Audit

Annual Assurance Report and Chief Internal Auditor Opinion 2023/24

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1 Executive Summary

1.1 Introduction and background

Internal Audit's (IA) primary role is to provide independent and objective assurance on the Integrated Joint Board's (IJB) risk management, control, and governance processes. This requires a continuous rolling review and appraisal of the internal controls of the Board involving the examination and evaluation of the adequacy of systems of risk management, control, and governance, making recommendations for improvement where appropriate. Reports are produced relating to each audit assignment and presented when finalised to the Risk, Audit and Performance Committee. Along with other evidence, these reports are used in forming an annual opinion on the adequacy of risk management, control, and governance processes.

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

Public Sector Internal Audit Standards set the mission of IA as to enhance and protect organisational value by providing risk-based and objective assurance, advice, and insight.

1.2 Purpose of this report

Public Sector Internal Audit Standards require that IA produce an annual report on the adequacy and effectiveness of the Board's framework of governance, risk management and control. It is one of the functions of the Risk, Audit and Performance Committee to review the activities of the IA function, including its annual work programme.

This report is designed to meet three objectives; to present to the Risk, Audit and Performance Committee, and through it, the IJB:

- A formal opinion on the adequacy and effectiveness of the Board's arrangements for:
 - Governance
 - Risk Management
 - Internal Control
- A narrative over the key strategic and thematic findings from the assurance work undertaken by IA during 2023/24, drawing out key lessons to be learned.
- An account of the assurance activities and resources of IA during the period 2023/24.

This report covers the period from 1 April 2023 to 31 March 2024 and any work finalised during the 2023/24 assurance period. It also takes account of work undertaken up to the date of the issue of this report. The report is grounded in the

whole activity and work of IA, whether in terms of formal audit evidence and work, management assurance and consultancy activity, or evidence gathered throughout wider engagement across the Board and Council overall.

1.3 Conclusion

The overall Chief Internal Auditor's opinion is:

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.

For further commentary see the Annual Assurance Opinion section below.

1.4 Action requested of the Risk, Audit and Performance Committee

The Risk, Audit and Performance Committee is requested to note the contents of this report and the assurance opinion, to inform its annual report and its review of financial statements, in particular the governance statement.

2 Annual Assurance Opinion

2.1 Basis of annual assurance opinion

In accordance with the Public Sector Internal Audit Standards, IA's assessment, and opinion over the framework of governance, risk management and control is based upon the whole activity and work of IA including:

- The results of internal audits completed (in final or draft) up to the date of this report.
- Any follow-up action taken in respect of audits from previous periods.
- The effects of any significant changes in the Board's control environment.
- Matters arising from previous annual reports to the Board.
- Any limitations that may have been placed on the scope of IA – IA has no restrictions to declare in this report.
- Reports issued by the Board's external auditors.
- IA's knowledge of the Board and the Council's governance, risk management and performance monitoring arrangements.
- The assessment of risk completed during the formation of the 2024-27 Audit Plan.
- The results of other assurance activities completed during the year.
- The work of NHS Grampian's Internal Auditors covering those services that the Health Board leads on behalf of the IJB.

The Standards also require that IA confirms to the Committee, at least annually, that it is organisationally independent. The organisational independence of IA is established through Financial Regulations (approved by the Board and the Council) and the Internal Audit Charter (approved by the Council's Audit Risk and Scrutiny Committee). Other factors which help ensure IA's independence are that: the IA plan is approved by the IJB Risk, Audit and Performance Committee; and IA reports its outputs to Committee in the name of the Chief Internal Auditor. The Chief Internal Auditor considers that IA is organisationally independent.

2.2 Annual assurance opinion 2023/24

IA is satisfied that sufficient audit and assurance work has been undertaken to allow a reasonable conclusion to be drawn as to the adequacy and effectiveness of the Board's framework for governance, risk management and control. Aberdeen City IJB had an adequate and effective framework for governance, risk management and control, covering the period 1 April 2023 to 31 March 2024.

2.3 Rationale for the opinion

It is the responsibility of management to establish an appropriate and sound system of internal control and to monitor the continuing effectiveness of that system. It is the

responsibility of the Chief Internal Auditor to provide an annual overall assessment of the robustness of the internal control system.

The main objectives of the Board's internal control systems are to:

- Ensure adherence to management policies and directives to achieve the organisation's objectives.
- Safeguard assets.
- Ensure the relevance, reliability, and integrity of information, so ensuring as far as possible the completeness and accuracy of records.
- Ensure compliance with statutory requirements.

Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the Board is continually seeking to improve the effectiveness of its systems of internal control.

The Board has faced another year of challenges and its control framework and governance arrangements have come under sustained and significant pressure; primarily as it continued to adapt to the post-pandemic period, calls on services as a result of other external factors and strain on resources, specifically financial. Consideration has been given during the year to the impact on the level of assurance available and IA's work has been and remains cognisant of the risks to internal control from changes introduced in response to the pandemic and other external events.

During 2023/24, IA has completed four reviews across the IJB and Health and Social Care Partnership Services delivered by the Council.

The conclusions from the individual reports are listed below¹:

- **Adults with Incapacity (HSCP)** – Areas of controls are in development but have yet to be fully implemented. Efficiency is partly affected by ongoing development following the introduction of a new care management recording system – with specific service areas still identifying what needs to be recorded in the system. Procedures in respect of appointeeship, access to funds, financial guardianship and intervention are out of date and there is no evidence of review to ensure they are relevant and tried and tested for sufficiency. Reliance is largely placed on legislation and other high-level guidance, rather than locally relevant procedures and training. As a result, inconsistent practice was identified during the audit.
- **Care Management System (HSCP)** – Governance, risk management and control measures were sufficiently robust and fit for purpose, across areas such as System Maintenance and Development, Procurement, and Business Continuity and Disaster Recovery. However, the review identified some areas of weakness where enhancements could be made to strengthen the framework of control, specifically: Written Procedures and Training Access, and Interfaces.

¹ HSCP relates to those reviews of services that the Council delivers on behalf of the IJB. IJB relates to those services that the IJB delivers strategically or through various partners.

-
- **Complaints Handling (IJB)** – The following governance, risk management and control measures were generally fit for purpose: Governance Arrangements, Written Procedures, Guidance, and Training, Complaint Handling, and Annual Performance Reporting. However, the review identified some areas of weakness where enhancements could be made to strengthen the framework of control, specifically: Early Resolution, Management Monitoring, Public Reporting, and System Data and Dashboard Reporting.
 - **Hosted Services (IJB)** – Whilst the report identifies a Major risk in respect of under-developed governance arrangements, the relative low level of expenditure in this area compared with the overall budget reduces its significance. However, this still concerns HSCP operations and finances. The risk areas identified impact negatively on the overall level of assurance and raise the requirement for action to strengthen the control framework.

Management has agreed to timebound actions based on the recommendations of IA, with some already implemented in year.

2.4 Areas of risk for future IA focus

In addition to the points above continuing to be areas of focus for the Board, in the year there will be significant new risk areas for us to consider. The specific risk and control areas in the upcoming year that IA intends to focus on to a greater degree include:

- Budget Setting and Monitoring
- Counter Fraud
- HSCP Commissioning
- Other emerging risks identified during the year

2.5 Follow up of audit recommendations

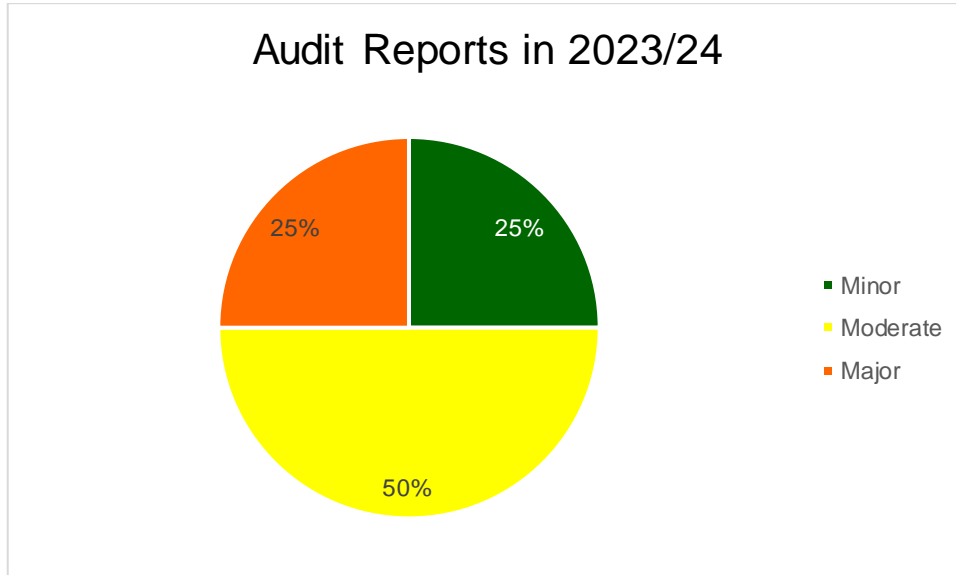
Public Sector Internal Audit Standards require that IA reports the results of its activities to the Committee and establishes a follow-up process to monitor and ensure that management actions have been effectively implemented.

As at the 31 March 2024, 29 audit recommendations were open (31 March 2023: 19), 26 due in the future (either as the original planned date of implementation or through an agreed extension). For the three due as at year end, these have been followed up with Management and updates provided as part of standard Committee reporting.

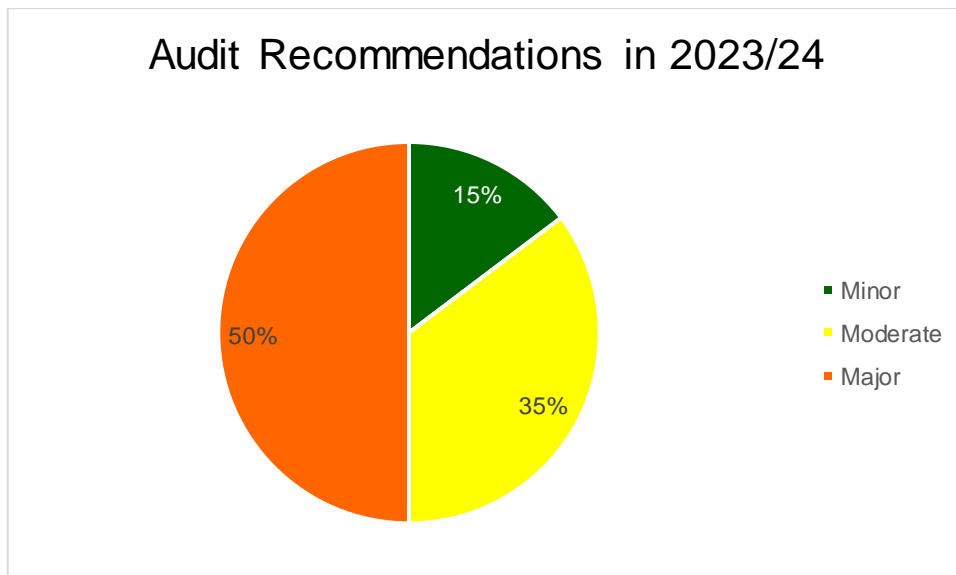
3 Audit Results

3.1 In year audit results

Across the year, irrespective of the period initially planned for the review, IA issued four audit reports. These reviews span the entire breadth of operations, touching on not just the IJB but the HSCP services delivered by Aberdeen City Council on behalf of the IJB.



Across the four audit reports issued, IA made 34 recommendations: 17 rated Major, 12 Moderate and five Minor.



3.1.1 Previous year reviews finalised in 2023/24

Service	Audit Area	Overall Rating
Council Led HSCP Services	Adults with Incapacity	Major

3.1.2 2023/4 reviews finalised in year

Service	Audit Area	Overall Rating
Council Led HSCP Services	Care Management System	Minor
IJB	IJB Complaints Handling	Moderate
IJB	IJB Hosed Services	Moderate

3.2 Post year end assurance

The information presented in the above table, concerning audit work, covers the period 1 April 2023 to 31 March 2024. However, consideration has been given to any work during the period until the issue of this report. Since year end, IA progressed the final review of the year, Social Care Financial Assessments, and this is currently being worked through with Management for finalisation. The emerging findings from the draft report have been factored into the year-end opinion.

3.3 Counter Fraud

IA does not have a dedicated responsibility across the Board to lead on Counter Fraud activities, instead this is within the remit of a separate in-house team of Aberdeen City Council, with NHS Grampian utilising NHS Counter Fraud Services. The potential for fraud is however considered as part of all reviews carried out by IA from a control framework perspective.

4 IA Performance

4.1 Quality assurance and improvement plan

The Public Sector Internal Audit Standards (PSIAS) require that the annual report must also include a statement on conformance with the PSIAS and the results of the quality assurance and improvement programme (QAIP).

In previous reports IA has updated the Committee on work to address previously noted issues; the main driver for these being the internal quality assessment, any external quality assessments and recommendations made by External Audit.

IA is pleased to confirm an internal review of the control framework has concluded that IA fully conforms with PSIAS. An External Quality Assessment, which was reported to the Aberdeen City Council Audit, Risk and Scrutiny Committee in 2023 also confirmed this assessment.

Complete details of the QAIP (including KPIs) have been presented to the Audit, Risk and Scrutiny Committee as part of the Council's overall Annual Audit Report and Opinion.

4.2 Staffing

Throughout the year IA has had several changes to staffing and resources, including the recruitment two new auditors.

At present IA is operating with a 12.6 FTE, 0.4 FTE under budget.

5 Appendix 1 – Grading of Recommendations

Risk Level	Definition
Corporate	This issue / risk level impacts the Partnership as a whole. Mitigating actions should be taken at the Senior Leadership level.
Function	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given directorate.
Cluster	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net Risk Rating	Description	Assurance Assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	Reasonable
Major	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Limited
Severe	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Minimal

Individual Issue / Risk Rating	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, which could result in, for example, a material financial loss. Action should be taken within three months.
Severe	This is an issue / risk that could significantly affect the achievement of one or many of the Partnership's objectives or could impact the effectiveness or efficiency of the Partnership's activities or processes. Action is considered imperative to ensure that the Partnership is not exposed to severe risks and should be taken immediately.

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RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	4 June, 2024
Report Title	Primary Care Improvement Plan (Update)
Report Number	HSPC.24.036
Lead Officer	Susie Downie, Deputy Primary Care Lead susie.downie1@nhs.scot
Report Author Details	Alison Penman, PCIP Programme Manager alison.penman1@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	No
Terms of Reference	<p>4. Approve, monitor and review a performance framework for the IJB in respect of its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other appropriate local objectives and priorities.</p> <p>5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.</p>



RISK, AUDIT AND PERFORMANCE COMMITTEE

1. Purpose of the Report

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

2. Recommendations

- 2.1. It is recommended that the Committee:
- a) Note the update presented on the PCIP, as outlined in this report;
 - b) Notes that the annual PCIP Update report was presented to the meeting of the Integration Joint Board at its meeting on 28 November 2023.

3. Strategic Plan context

- 3.1. 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. Background to the PCIP

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 referred to as the MOU2), is designed to enable improvement within primary care as envisaged by the General Medical Services (GMS) contract. The MOU2 was published in July 2021, taking into account the learning and experience from previous iterations of the contract. In terms of any update to the MOU2 the SG have stated that there are no plans to do a further MOU at the moment and will continue with the current version.

[The MoU2 is accessible via. this link.](#)



RISK, AUDIT AND PERFORMANCE COMMITTEE

The role of the PCIP will be 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.

All six MOU2 areas remain areas of focus. However, the Scottish Government has advised that the following three services should be considered as priority services:

- a) Community Treatment & Care (CTAC) Services;
- b) Pharmacotherapy Service; and
- c) Vaccination Transformation Programme (VTP)

4.2. ACHSCP PCIP Implementation Update

In terms of progress against the MOU2 all city practices receive at least a partial PCIP allocation and detailed commentary is in the sections below with operational updates. There is no change to the three Priority Areas which are to be focused on and they will remain as the Vaccination Transformation Programme, Community Treatment & Care, and Pharmacotherapy. Therefore, the planning process going forward will take cognisance of this.

In Grampian, the delivery of the 2018 GMS contract, the Memorandum of Understanding and the Aberdeen City PCIP has been challenging. This is due to a number of factors, including, recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography and teams being spread too thin when it is in the city.

In response to current sustainability challenges and evolving needs within the NHS Grampian area, a new 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”

A set of objectives that capture the changes are required to move towards a more sustainable general practice sector within the area. This was approved by the three Grampian Integrated Joint Boards (IJB's) in March, 2024.

The vision and objectives will be delivered via the creation of a new Programme Board which in turn will be supported by project sub



RISK, AUDIT AND PERFORMANCE COMMITTEE

groups. Existing resource within the three Health and Social Care Partnership's (HSCP) has been identified and released to deliver on the prioritised objectives.

As part of the work around the key objectives a review of the PCIP's across Grampian will be undertaken and a project sub group has been set up to take this work forward. The PCIP review project is in its infancy but has commenced.

4.2.1 CTAC

The blue print written in 2019 and updated in 2022 planned to deliver 1000 hours of clinical time per week. As the service has recruited fully to the staffing number in the plan they have reached this level and have capacity for 4000 x 15 minute weekly appointment slots, at times exceeding this figure.

The CTAC service provides basic cover for phlebotomy, suture removal, basic wound care, chronic disease monitoring and blood pressure monitoring. However, the PCIP Programme Board has supported the implementation of Electrocardiographs (ECG's) in hubs and also establishing a service to support the delivery of Vitamin B12 Injections (Vitamin B12 deficiency anaemia). The GP practices had requested support to free up some capacity that the provision of these injections requires and this is initially being provided in the Vaccination and Wellbeing Hub in Aberdeen City centre. The staffing level required to implement this change has been planned with a collaborative approach across CTAC and the VTP programme and has seen an uptake since implementation in February of this year. This is an option for practices and patients have the choice in terms of location to have their injection.

CTAC is now being delivered in eight clinic sites across the city and they are at Bridge of Don, Inverurie Road, College Street, Northfield, Carden House, Airyhall, Kincorth and the City Vaccination Centre. Space has been allocated in the Torry Neighbourhood Centre for 2 days per week and the service will commence in May.

As part of the improvement to service delivery a project to implement Shared Services (Federated Vision) continues to move forward. Shared Services is an IT platform that will enable PCIP staff to safely access



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patient details from the GP practice IT system. A project manager has been aligned to take the work forward and is progressing a DPIA (Data Protection Impact Assessment) to minimise risk to the participating GP practices.

4.2.2. Pharmacotherapy

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.

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.

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.

4.2.3. VTP – Vaccination Transformation/Immunisation Programme

The VTP has been delivered and is supported by the PCIP. The programme currently includes school age, adult routine i.e. adult flu, and pregnancy vaccinations.

The service had a change of location, moving into the Bon Accord centre last year and this gave an opportunity to set up a Making Every Opportunity Count (MEOC) approach. MEOC is a simple intervention, a light touch health conversation, being rolled out in Grampian to enable service users to live as well as they can. The new Priority Intervention Hub uses this approach to signpost service users to appropriate services when attending the hub for vaccination appointments.



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As mentioned in the CTAC update the staff in the VTP service are providing cross cover for the CTAC service and a training schedule is in place to upskill staff and maximise staffing availability. The aim is to work towards a multi-skilled hybrid workforce supporting GP practices.

Under the MOU2, the Scottish Government has advised that the remaining Multi-disciplinary Team services listed below should be maintained but progressed at a slower pace.

4.2.4. Community Link Workers

The contract is monitored on a quarterly basis and working in collaboration there has been agreement in the type of data that is presented and includes a dashboard. The data includes activity, outcomes for patients and patient and practice opinions. The information is broken down by localities and by practice so gives an in-depth level of detail.

Regular meetings take place to plan any service developments and 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.

The referral criteria remains the same i.e. GP practice referrals and the main criteria for referral is as follows:

- Money/Finance
- Benefits
- Housing/Homelessness
- Mental Health
- Managing Conditions

4.2.5. Urgent Care/City Visits (Advanced Practitioners)

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



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monitoring and bladder scanning. The service is delivered by a team of qualified and trainee Advanced Clinical Practitioners.

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
- Acute admissions
- Total number of visits achieved
- Immediate life threatening SAS response.
- Indirect patients intervention time
- Travel time between visits

The detail in the data will form part of the PCIP review and also feedback to the PCIP Programme Board and GP practices.

4.2.6. MSK (Musculoskeletal): First Contact Physiotherapists (FCP's)

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.

Although recruitment is 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 of 2.64 WTE Band 7 posts.

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.

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.

Comparative data has shown that the percentage of contacts being true first contact appointments has risen from 50% in 2022/23 to 70% in 2023/24 which has freed up appointments for GP's, more appropriate use of the service and improved the patient journey.



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5. Implications for 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:

https://www.legislation.gov.uk/ssi/2018/66/pdfs/ssieqia_20180066_en.pdf

This is applicable to the PCIP Programme

5.2. **Financial** : There is specific ring-fenced funding provided by the SG to the Primary Care Improvement Fund in respect to 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 was included in a communication received on 28th March, 2024 and under the heading Planning Assumptions for 2024-25.

It should be noted that the funding allocation for 2024-25 has not been confirmed by the SG at the time this report was written.

£'000	22/23	23/24
SG allocation of funding	£6,480	£7,156
% used for PCIP activities	100%	100%

Funding is being closely monitored and updates presented at the monthly PCIP Programme Board meetings.

The SG requires a performance monitoring tracker to be completed bi-annually and this includes a workforce update and financial update. The recently completed version 7 was for submission by 10 May, 2024.

5.3. **Workforce** : There is ongoing recruitment to acquire the appropriate workforce with the required skills and experience to support implementation of the PCIP. Recruitment remains a challenge, particularly for pharmacist technician and first contact physiotherapist roles.

5.4. **Legal** : The PCIP seeks to provide the capacity within General Practice to support the implementation of the new GMS Contract. Any commissioning



RISK, AUDIT AND PERFORMANCE COMMITTEE

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

- 5.5. **Unpaid Carers** : Unpaid carers do not form part of the PCIP delivery.
- 5.6. **Information Governance** : As part of the Shared Services project a Data Protection Impact Assessment (DPIA) will be required to enable NHS staff to access GP practice systems. There has been engagement with NHS Grampian's Head of Information Governance and a process has been agreed to take this forward at an early stage in the project plan.
- 5.7. **Environmental Impact** : 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.
- 5.9. **Other** : NA

6. Management of Risk

6.1. Identified risks(s)

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

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

As recorded in the strategic risk register, delivery of the PCIP (and subsequently the implementation of the GMS contract) is a mitigating action against the risk identified above.

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RISK AUDIT PERFORMANCE COMMITTEE

Date of Meeting	04 June 2024
Report Title	Quarter 4 Delivery Plan Update
Report Number	HSCP.24.034
Lead Officer	Alison MacLeod
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Consultation Checklist Completed	Yes
Exempt	No
Appendices	<ul style="list-style-type: none"> a. Quarter 4 Overview b. Delivery Plan Quarter 4 Tracker c. ACHSCP Delivery Plan Dashboard
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

1. Purpose of the Report

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

2. Recommendations



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- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 4 Summary, the Tracker and Dashboard as appended to this report.

3. Strategic Plan Context

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

4. Summary of Key Information

- 4.1. This report represents the Quarter 4 update to the Risk, Audit and Performance Committee based upon the Year 2 Delivery Plan as approved by IJB in March 2023.
- 4.2. As outlined in the revised Performance Framework, the Delivery Plan Progress Tracker will show updates for all entries in the Delivery Plan while a supporting Dashboard will be presented showing the key measures which the progression of the Delivery Plan seeks to impact upon.
- 4.3. Appendix A aims to give some context to the progress being made over the past quarter while the Delivery Plan Progress Tracker (Appendix B) shows this detail for each entry within the Year 2 delivery Plan. The Delivery Plan Dashboard in Appendix C displays the key measures and updated figures (where possible) related to these.
- 4.4. There have been updated metrics integrated into the Delivery Plan Dashboard with regard to Mental Health & Learning Disability (MHL) Inpatient, Specialist Services and Child and Adolescent Mental Health Services. The reason for these are twofold: 1) ensure appropriate representation of the key metrics needed to provide effective oversight and 2) ensure inclusion of key performance targets (i.e. Referral to Treatment Time Guarantees (TTGs for Aberdeen City HSCP and Pan Grampian Specialist Psychological Therapies and Grampian Child and Adolescent Mental Health Services, CAMHS)).



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- 4.5.** The Delivery Plan Progress Tracker is a spreadsheet utilised by our programme and project teams to provide updates to the Senior Leadership Team (SLT). For the purposes of RAPC, an update which spans the full quarter has been submitted to provide an overview of what has been achieved over the period from January to March 2024 and any significant risks or issues encountered during that time. A BRAG (Blue, Red, Amber, Green) status is also provided giving an overarching indication of the health of the delivery plan entry. It should be noted that the status of a particular project may have progressed since the update in the report was given and therefore should be deemed to be historically accurate.
- 4.6.** For this reporting period, there are two projects marked as either closed or completed: AFHL10 (Achieving Fulfilling, Healthy Lives) - Unmet Need list support was closed as a standalone project as this work will be incorporated into the Social Care Pathways Review going forward; and AFHL09f - Mental Health Triage in Primary Care Settings was completed, with the close report issued to the Chief Officer.
- 4.7.** Appendix C shows the Delivery Plan Dashboard. This has been sorted by Programme rather than by Strategic Aim as was the case in 2022-2023.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report as it is a noting report.

5.2. Financial

There are no direct implications arising from this report.

5.3. Workforce

There are no direct implications arising from this report.

5.4. Legal

There are no direct implications arising from this report.



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5.5. Unpaid Carers

There are no direct implications arising from this report.

5.6. Information Governance

There are no direct implications arising from this report.

5.7. Environmental Impacts

There are no direct implications arising from this report.

5.8. Sustainability

There are no direct implications arising from this report.

5.9. Other

None.

6. Management of Risk

6.1. Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
Assurance over strategic plan not met	Low	Medium	Performance Framework outlines the required reporting to take place through the year in order to create assurance	If the paper was not presented, assurance would not be given to the RAPC and therefore part of the remit and responsibility of the Committee would not be met.



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Full Transformational Projects outlined within the Delivery Plan have their own governance routes and risk management in place. As outlined in section 4.5, where risks are required to be escalated this is made to SLT in the first instance as outlined by the Performance Framework.

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

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

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

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

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

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

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

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Risk, Audit and Performance Committee- Quarter 4 Delivery Plan Update

Delivery Plan Progress Report

Below is an overview of the number of projects listed within the Delivery Plan sorted by their BRAG (Blue, Red, Amber, Green) status although it should be noted that additional categories have been added i.e. White for Not Started and Purple for Closed.

Section 1.2 shows the projects sorted by Programme to give a sense of how these are progressing overall.

1.1. Overall Delivery Plan Status, by BRAG.

Status	Description	No. of Projects	% of Total Projects
Blue	Complete	3	5
Green	On track to deliver by deadline	45	70
Amber	At risk of non-delivery/not meeting deadline	10	16
Red	Missed Deadline/Unable to Deliver	1	2
White	Not Started	0	0
Purple	Closed	5	8
	TOTAL	64	100

1.2 Delivery Plan Status collated by Programme.

Programmes have an overall 'Green' status where the majority of their projects fall within the 'Green' rag status or if a proportion of projects have been completed / closed. Those with an overall Amber colour denotes where the majority of projects fall within an 'Amber' RAG status.

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Commissioning (3)	33%	33%			33%		<ul style="list-style-type: none"> Bon Accord Care Contract Review and Service Specification review continuing. A 3 year development plan currently being established First Commissioning Academy session due to take place end of April 2024 	<ul style="list-style-type: none"> Two remaining projects within this programme previously completed or closed
Communities (8)		100%					<ul style="list-style-type: none"> Granite City Gathering project team are working in partnership with both Moray & Aberdeenshire Social Care Partnership to host a month-long wellbeing festival in May with events in the city Funding application submitted to joint EU/UK Government Peaceplus programme focussing on frailty and to make Aberdeen an age friendly city. Refreshed Locality Plans were endorsed by all three Locality Empowerment Groups (LEGs) at start of 2024 	<ul style="list-style-type: none"> Expect to hear outcome of PeacePlus funding in August 2024 Locality plans remain on track to be approved by the Community Planning Board on 29 April.

Programme (total projects) no.	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Digital (8)		75%			25%		<ul style="list-style-type: none"> Approval received for pilot site to commence Electronic Medication Administration Recording. Proof of concept launched for Assisted Care Robots project. Digital Support Hub Pilot extended to October 2024 	<ul style="list-style-type: none"> Two projects marked as closed as their activities now integrated into other areas JB paper due to be presented in May 2024 for extension request to MORSE
Flexible Bed Base (2)		50%			50%		<ul style="list-style-type: none"> Exploring use of video conferencing capabilities in Hospital @ Home to make huddles more efficient for the staff Consultant from acute medicine to join the team for two sessions a week from May 	<ul style="list-style-type: none"> One project marked as closed as their activities now integrated into other areas Recruitment ongoing challenge with some roles remaining vacant

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Frailty (1)		100%					<ul style="list-style-type: none"> Frailty pathway review complete and governance oversight agreed by all 3 Chief Officers 	<ul style="list-style-type: none"> As the new Grampian Frailty Board approach is now only focussed on areas where a more focussed Grampian view is needed local plans for all 3 HSCPs will also be required.
Home Pathways (1)			100%				<ul style="list-style-type: none"> Contractor appointed for Stonewood development Draft Market Position Statement has been sent for review to service managers and colleagues to obtain feedback prior to being sent for COO consultation on the 29th April. 	<ul style="list-style-type: none"> Housing for Varying Needs Market Position Statement has a new working title of Specialist Provision Market Position Statement
Infrastructure (2)		100%					<ul style="list-style-type: none"> Target date of May 2024 still on track for services to be operational from new retail site at Countesswells Primary care premises plan approved by the Primary Care Premises group 	

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
MHLD (6)	17%	33%	33%	17%			<ul style="list-style-type: none"> • New Learning Disability, Autism and Neurodiversity Bill out for consultation • The Adult Mental Health Summary Report has been finalised and the report is progressing through the Aberdeen City, Aberdeenshire Health and Moray Health and Social Care IJBs. This will conclude at the end of May 2024 • Exploring the North East piloting a new database system for death review process called QES 	<ul style="list-style-type: none"> • Mental Health Triage in Primary Care settings completed • Complex care BRAG status as red due to timeline – current workload of colleagues is very high, making progress challenging to achieve within previous timescales
Prevention (7)		86%	14%				<ul style="list-style-type: none"> • Established a sub-group of the Alcohol & Drug Partnership (ADP) to take forward learning and best practice in preventing drug deaths. • ACHSCP's Public Health Team have worked with colleagues from NHSG Public Health Directorate; Aberdeenshire and Moray HSCPs; NHS Grampian Community Pharmacy; and ASH Scotland to develop the new Tobacco Strategic Plan. 	<ul style="list-style-type: none"> • The Public Health Team will present some of their key work at the Public Health Scotland Conference in June.

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<ul style="list-style-type: none"> A formal Health Impact Assessment of the Local Transport Strategy was completed and will be used to inform strategic developments once the strategy is operational. 	
Primary Care (3)		67%	33%				<ul style="list-style-type: none"> General Practice Vision programme approved in March 2024 CTAC and Vaccinations fully delivered Roll out of Pharmacotherapy service almost at full capacity 	<ul style="list-style-type: none"> Project 39 (Primary Care Stability) and Project 41 (Primary Care visioning) will be combined for Year 3 delivery plan Risk that General Practice Vision Programme not delivered due to financial pressures across Grampian
Redesigning Adult Social Work (1)		100%					<ul style="list-style-type: none"> SLT approved extension of timelines on redesign work to enable its completion 	<ul style="list-style-type: none"> All adult social work teams have continued to receive an increased

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
								number of referrals
Review of Rehab (2)		50%	50%				<ul style="list-style-type: none"> Implementation plan of neuro-rehabilitation review to be agreed in April following feedback from Grampian-wide workshops 	<ul style="list-style-type: none"> Strategic review of rehab discussion paper in development
Resilience (6)	17%	50%	33%				<ul style="list-style-type: none"> Two-tiered emergency response structure for the Partnership agreed by Senior Leadership Team. Comms Trustees Group operational to allow staff access to post social media content for promotion and awareness raising 	<ul style="list-style-type: none"> National care Service (Scotland) Bill recently passed Stage 1 of Scottish Parliamentary process. Stage 2 commencing over coming months
Social Care Pathways (4)		75%			25%		<ul style="list-style-type: none"> Programme implementation plan in place to monitor progress on strategic review of social care Pathfinder work will restart in April to test GIRFE (Getting it Right for Everyone) prototypes Initial Point of Contact Workshop undertaken to inform future business case development 	<ul style="list-style-type: none"> One project marked as closed as their activities now integrated into other areas Scottish Government have commissioned a review of National

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
								<p>Outcomes and Standard for Community Payback Orders</p> <ul style="list-style-type: none"> Identifying suitable premises for Unpaid Work team remains a challenge
Strategy (5)		100%					<ul style="list-style-type: none"> New Inequality Impact Assessment process now in place Aberdeen City cited twice in Good Practice document following review of updated processes and documentation to the Equality and Human Rights Commission 	<ul style="list-style-type: none"> Climate Change work to be integrated as full transformation programme into next strategic plan
Workforce (5)		60%	40%				<ul style="list-style-type: none"> Successful volunteer trial held at Health Village café Ongoing volunteer input at City Vaccination Hub Partnership Annual Workforce Conference successfully held earlier this year Regular development sessions ongoing for Senior Leadership Team 	<ul style="list-style-type: none"> Funding sought from budget setting process to continue health and wellbeing initiatives for staff



1.3 Delivery plan Dashboard

The following provides comment on the Delivery Plan Dashboard.

Measure	Comment
H@H Admissions	Slight decrease in overall number of admissions compared to previous quarter
H@H Capacity	Average percent occupancy similar across H@H and OPAT compared to last quarter, with slight rise in ELC
Ward 102 Admissions	Admissions similar to previous quarter
Ward 102 Boarders	Slight decrease in average daily boarders compared to previous quarter
Rosewell House	Admissions decreased compared to previous quarter. Percent of step up admissions rising but remains low.
Rehabilitation review	Overall occupancy percentage remained high, with admissions increasing compared to previous quarter
Specialist Older Adults Rehab Services-Length of Stay (LOS)	Overall admissions and average occupancy increasing across SOARS wards. Average length of stay has increased and decreased slightly across 3 wards respectively.
Delayed Discharges Specialist Older Adults-Rehab Services	Large increase in delayed discharges (both number and bed days). Sharp decrease in no harm falls.
Social care pathways	Average clients with unmet needs and unmet need carer hours decreasing overall
Home Pathways	Large increase in delayed discharges (both number and bed days).
MHLD Transformation*	Complex delayed discharge bed days decreasing. Average overnight occupancy remains high. Compliance with target for perinatal & maternity and neonatal treatment times remains high and increasing for Division A and B Hosted Services.
Prevention	Drugs related admissions showing a small decrease.
Strategy	Large increase in the number of carers supported.



Primary Care	CTAC calls responded to continues to increase. Booked appointments increasing sharply and attendance rate plateauing. Increasing number of Practices offering a full service.
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NB: Metrics whereby Q4 data are unavailable is due to data collection being on a monthly lag

*New metrics included for this Quarter

Delivery Plan Y2 Workplan 2023-24

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

Programme	SLT Programme Lead	Ref	Project Description	Project Name	Category	Start Date	End Date	BRAG Status	Tier	Latest Update
Commissioning	Shona Omand-Smith	KPS23	Deliver robust arrangements for medical cover for care settings	1. Medical Cover for Care Settings	FTP		May-24	Closed	Tier 1 (Prevention)	This project has been put on hold by SLT, and will be reviewed for re-starting in Year 3.
Commissioning	Shona Omand-Smith	SE14	Review availability of the range of independent advocacy and implement any recommendations from the review	2. Review range of independent advocacy	FTP		Jun-24	Completed	Tier 1 (Prevention)	The new contract for advocacy has been awarded and the service manager for advocacy has advised that the contract has now started as of the 1st October 2023.
Commissioning	Shona Omand-Smith	SE17	Develop and deliver the Procurement Workplan incorporating our commissioning principles so that our commissioning is ethical, creative and co-designed and co-produced with partners and communities.	3. Transformation of Commissioning Approach	BAU		Mar-25	Green	Tier 1 (Prevention)	<p>The Bon Accord Care Contract Review and Service Specification review has continued. The Service Specifications that will feed into the new contract are being finalised and in the process of being signed. These have been led by the Project Steering Group which consists of the Partnerships Commissioning Lead, Programme Manager, Procurement Category Manager and Bon Accord Care Head of Delivery and Development. The project steering group regularly meet to review the Service Specifications to ensure these are completed in the timeframe for the contract. A 3 year development plan is currently being established by the steering group.</p> <p>Discussions with Aberdeen Council of Voluntary Organisations (ACVO) have taken place regarding moving to a Grant Funding model for counselling services in Aberdeen City. Data on all counselling services in the city has been collated to help give a picture of what is available. Research on how this is delivered in other locations will be undertaken and an outline model will be considered. Following this discussions with service providers will be undertaken</p> <p>The development of the Commissioning Academy is progressing with the first session due to take place at the end of April 2024. Invites including details of the various sessions will be included have been shared widely. The project manager has completed the communications plan in relation to the Academy Sessions and has been shared with the Steering Group which consists of City and Shire Commissioning and Contracts teams.</p> <p>Review of the contract for Care at Home, Supported Living and Complex Care - Workshop held with Social Care Service Managers and the feedback from this, along with results from surveys completed by providers, social care staff and those currently receiving services has been collated and grouped into common themes. These will be analysed to determine which elements are within our "gift" to consider for inclusion going forward. A workshop is to be held on 28/11/2023 with colleagues from Moray with a view to further reflecting on the how the contract has worked so far and what is required for the future.</p> <p>Further discussions have taken place with ACVO relating to moving to a Grant Funding model for counselling services in Aberdeen. ACVO shared a good example of this in practice in Edinburgh. Our Programme Manager will reach out to IRISS and Thrive Edinburgh who were involved in the work in Edinburgh to discuss how best to approach moving to a Grant Funding Model.</p>
Communities	Alison MacLeod	CT03	Confirm the accuracy and accessibility of the map of existing universal and social support and work with partners and the community to develop services to meet any identified gaps	4. Support Mapping	BAU		Oct-24	Green	Tier 1 (Prevention)	<p>Mapping ongoing with community and statutory partners.</p> <p>Aberdeen Guide to Independent Living & Enablement (AGILE) guide is out where individuals, carers, families, and community groups can access support staying independent i.e. Care and Repair service, Bon Accord Care, Community Transport Team, Aberdeen Carers Support Service, and Housing Options.</p> <p>Guidance on avoiding social isolation includes information on lifelong learning, physical fitness, digital skills, and volunteering opportunities.</p> <p>Guidance on staying informed includes information on NHS services, cost of living support to maximise food, energy, and benefit support, advocacy services, social care and bereavement services, and Power of Attorney.</p> <p>Our community planning partners Grampian Regional Equality Council (GREC) have prepared a service directory and we will continue to work closely with them. All services on AGILE have been added to the Scotland Service Directory to support service being easy to find from various sources.</p>
Communities	Alison MacLeod	CT07	Continue to develop and evaluate the Northfield Hub as a test of change for cross-sector, easily accessible, community hubs where a range of services coalesce, all responding to local need, to feed into a wider initiative on Priority Intervention Hubs.	5. Priority Intervention Hubs	FTP		Mar-25	Green	Tier 1 (Prevention)	<p>Get Active Northfield. - The centre has seen an increase in bookings for the use of the room over the past month with the room nearing full capacity. A paper is currently being drafted for the Senior Leadership Team (SLA) for renewed funding into 2024/25. An Integrated Joint Board (IJB) update report will be presented in May 2024.</p> <p>Aberdeen City Vaccination & Wellbeing Hub - During January the Vaccination Service have been delivering the Shingles Programme whilst continuing to increase uptake for the Autumn Flu & COVID Programme. Community Treatment & Care (CTAC) Service moved to 5 days per week. This has been a popular location with clinics fully booked for 2-3 weeks in advance. Vitamin B12 Injections are now being delivered from the Hub, with a new process agreed with General Practice for these to move over to the Immunisation & CTAC Services to free up capacity within Practices. Community Respiratory Clinics have also increased to 3 days per week. A new workshop area has been formed at the hub to allow the inclusion of workshops to support social isolation & loneliness. Community Food Initiatives North East (CFINE) held their first "Grow Food Indoors" and "Stories through Songs" workshops. The team are working more closely with Aberdeen City Football Community Trust and wellbeing co-ordinators with the introduction of a Menopause Walk & Talk and developing Memories Sessions which will be held within the workshop area. Weekly "What's On at the Hub" posters are now being widely distributed to support increased promotion of support available.</p>

Communities	Alison MacLeod	CT08	Develop the membership and diversity of our Locality Empowerment Groups	6. Develop LEGs	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	<p>Integrated Locality Planning Team set up with a remit to grow and diversify Locality Empowerment Groups (LEGs) membership. LEGs and integrated locality planning are standing agenda items on Community Empowerment Group and Strategic Planning Group.</p> <p>Community Empowerment Strategy launched in December 2022. Stretch Outcome 16 added, with seven dedicated projects to promote community empowerment. A Local Outcome Improvement Plan (LOIP) Project Group has been set up to increase the level of participation and diversity at Locality Planning meetings, the Communities Transformation Programme Manager is Project Manager of this project group.</p> <p>A dedicated local outcome improvement group has been set up to increase and diversify locality planning membership and participation.</p> <p>Locality Planning Team held a series of community engagement events during October and November 2023 using the Place Standard Tool to inform the refresh of our three locality plans, and we used this opportunity to promote locality planning and membership of our Locality Empowerment Groups and Priority Neighbourhood Partnerships.</p> <p>Attendance at LEG meetings has been consistently growing since April 2023, both in terms of community attendance and locality based staff attendance. LEG meetings during March and April are focussing on the refreshed Locality Plans and members are being consulted on the Partnership's new British Sign Language Plan.</p> <p>The Integrated Locality Planning Team are visiting community members in their localities to raise awareness of locality planning and increase LEG and Priority Neighbourhood Partnership (PNP) membership. We have recently met with Kingswells Community Council, Bucksburn and Newhall Community Council, Mastrick Community Council, Bridge of Don Community Council, Danestone Community Council, Dyce Community Council, Culter Community Council, and the Community Council Forum.</p>
Communities	Alison MacLeod	CT09	Increase community involvement through existing networks and channels	7. Increase community involvement	BAU		Mar-25	Green	Tier 1 (Prevention)	<p>The Community Team continues to engage with communities across Aberdeen. This includes locality planning, community planning, wellbeing, and public health outreach. The Wellbeing Team currently engage with 83 community groups and services across Aberdeen City.</p> <p>The Communities Team are working in collaboration with statutory and community partners in Torry to support the 500 households who have been affected by Reinforced autoclaved aerated concrete - RAAC in Bahagask.</p> <p>The Public Health team continues to deliver training and capacity building for communities such as Health Issues in the Community and PEEP training.</p> <p>The Locality Planning Team continue to visit community councils across all three of our city's localities.</p>
Communities	Alison MacLeod	CT10	Deliver Integrated Locality Plans and report on progress	8. Deliver Integrated Locality Plans	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	<p>Refreshed Locality Plans were endorsed by all three Locality Empowerment Groups (LEGs) during January. More community groups continue to be added to the refreshed plans who will be our partners in delivering priorities within the plans.</p> <p>A new priority has been added to all three Locality Plans on Community Empowerment which reflects the addition of a fourth Community theme to the refreshed Local Outcome Improvement Plan (LOIP) which will sit alongside existing priorities of Economy, People, and Place.</p> <p>The locality plans remain on track to be approved by the Community Planning Board on 29 April.</p>
Communities	Alison MacLeod	CT11	Ensure the use of Our Guidance for Public Engagement is embedded	9. Public Engagement	BAU		Mar-25	Green	Tier 1 (Prevention)	<p>Our Guidance for Public Engagement has been used as basis, and informed the manner of engagement for (1) development of the Carers' Strategy 2023-2026 (2) work in relation to the creation of a 'Carers' Reference Group' for Aberdeen City (3) the 'Older People and Frailty' pathway (4) The Transitions pathway (Children with additional support needs moving on from school (5) the meal provision and payment options for all very-sheltered housing sites in Aberdeen (6) the redesign of the Neuro Rehab Pathway. The Guidance has been updated in line with the refreshed Community Empowerment Strategy and the updated Planning for People guidance and is going to the IJB in May for approval.</p>
Communities	Alison MacLeod	CT12	Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	10. Care Opinion Promotion	BAU		Mar-25	Green	Tier 1 (Prevention)	<p>The Specialist Older Adult Rehabilitation Service (SOARS) reviewed and asked for changes to be made to their 'service tree'. The result of which is (1) it makes it easier for the public to report on the specific treatment/ service they've received and (2) 'responders' see only the stories relevant to their service (previously all 'responders' would have seen stories relevant to all SOARS services. The next step is to produce QR codes specific for each SOARS service.</p> <p>Health Village: Dietetics received Care Opinion (CO) training in September. The list/ email address' of 'responders' for the Sexual Health Clinic have been updated and CO promotional materials were provided in August.</p> <p>Learning Disability Services and Community Nursing teams: errors have been identified for 'administrators' and 'responders' in those service tree's. Updates will be made when the correct information is passes to CO administrator</p>
Communities	Alison MacLeod	PIH08	Co-design Aberdeen as an Age Friendly City which supports and nurtures people to get ready for their best retirement and promotes the development of a social movement to encourage citizens to stay well and stay connected within their communities.	11. Community Intervention	BAU	01/03/2023	Mar-25	Green	Tier 1 (Prevention)	<p>Granite City Gathering project team are working in partnership with both Moray & Aberdeenshire Social Care Partnership to host a month-long wellbeing festival in May with events in the city and across the region, building momentum towards a larger celebration event in October to align with international older persons' day. Grampian Meaningful Activity Network will promote activity and good practice in all settings across the city and region as part of the wider festival in May. The next Granite City Gathering will be held in Kings Church on 28 September 2024. Planning for this event has begun.</p> <p>Funding application submitted to joint EU/UK Government Peaceplus programme focussing on frailty and to make Aberdeen an age friendly city. We expect to hear the outcome of the funding application in August 2024.</p> <p>The project team are attending Scottish Older Person Assembly (SOPA) age friendly communities' network to learn more about the process of endorsing the age friendly city application and support the creation on an older people champion. The SPM for the Stay Well Stay Connected is undertaking a locality audit of activities and projects that are age friendly. TPM is engaging in LOIP activity. □</p>
Digital	Fraser Bell	AFHL03	Make Every Opportunity Count by ensuring patients, clients and their carers are signposted to relevant services for help.	12. MEOC	BAU	01/04/2022	Mar-25	Green	Tier 1 (Prevention)	<p>No formal Grampian meetings just now there has been a Programme leadership change for the Grampian programme. Meeting planned for 22nd April with Public Health Manager and Training Fellow (Public Health) and Aberdeen City Health and Social Care Partnership (ACHSCP) Public Health Coordinator to follow up the work that was started by Realistic Medicine team. Operational training has been delivered to Sport Aberdeen staff within Northfield and staff that will be involved in a project to support community health checks.</p>
Digital	Fraser Bell	SE05	Support the implementation of digital records where possible	13. Digital Records	BAU		Mar-25	Closed	Tier 1 (Prevention)	<p>Marked as closed due as activity is incorporated into projects SE09 and SE10</p>
Digital	Fraser Bell	SE06	Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.	14. EMAR Implementation	FTP		Dec-23	Green	Tier 1 (Prevention)	<p>A business case was presented to SLT on 27th March 2024 and the recommendations to set up Electronic Medication Administration Recording (eMAR) at Back Hilton as a pilot and to set up an eMAR care home fund received approval. Discussion is ongoing with CPS Legal regarding the legal aspects of setting up the fund and potential requirement to attend IJB for this. Commissioning budget is identified as potential source of funding for project however decision required on the source of funding.</p>

Digital	Claire Wilson	SE07	Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	15. Expanded Use TEC	BAU		Mar-25	Green	Tier 1 (Prevention)	Business case for Balnagask Court Technology Enabled Care (TEC) replacement has been completed. On hold pending outcome of availability of funding. Proof of Concept launched for Assisted Care Robots project. Kingswood Court day centre is identified as one site and initial meeting held with senior staff. Data Protection Impact Assessment (DPIA) has been concluded and signed off by ACHSCP and Bon Accord Care (BAC) for project. Site for the second robot remains under discussion. Digital Support Hub (DSH) pilot has been extended until October 2024. Meeting arranged week of 15th April to define clear, measurable objectives for this phase of the pilot Scottish Government have confirmed that they are not funding further phases of the Proactive Telecare pilot. Consideration being given as to whether this is something which ACHSCP would want to pursue without TEC Scotland funding.
Digital	Fraser Bell	SE09	Deliver a Single Point of Contact for individuals and professionals including a repository of information on health and social care services available, eligibility criteria and how to access	16. SPOC for Individuals/Professionals	BAU		Mar-24	Green	Tier 1 (Prevention)	SLT has approved the plan and are currently working with the project manager to identify the resources required to be the document authors for Grampian Guidance. Scheduled is also some time with the site owner to plan the submission of service documentation as each document will be vetted prior to publishing .
Digital	Fraser Bell	SE10	Review the future use of Morse in Community Nursing and Allied Health Professionals	17. MORSE Review in CN/AHPs	BAU		Mar-24	Green	Tier 1 (Prevention)	IJB paper due to be presented May 2024 outlining the outcomes from a user evaluation of the use of Morse and to request for the license to be renewed for 3 years (Oct 24-Oct 27). Chief Officer meeting planned for 18th April to discuss the Grampian wide options for a Community Electronic Patient Record (EPR) using Morse and whether finance is available to support this.
Digital	Alison MacLeod	SE11	Explore ways we can help people access and use digital systems	18. Access to Digital	BAU		Oct-25	Closed	Tier 1 (Prevention)	Closed as a standalone project. Work is incorporated in a number of other projects
Digital	Fraser Bell	SE12	Deliver Analogue to Digital Implementation Plan	19. Analogue 2 Digital	FTP		Mar-25	Green	Tier 1 (Prevention)	We are continuing to source providers for delivery of the ARC, including quotes in relation to fire and security connections. An Options Appraisal was prepared and shared with the project board for consideration.
Flexible Bed Base	Fiona Michelhill	KPS11	Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access.	20 Step-Up Beds	FTP	01.03.2022	Sep-23	Closed	Tier 2 (Early Intervention)	Due to progress on the workstreams identified (Rosewell Step-up and Woodlands GP Admission Beds) not moving forward as anticipated an SBAR was produced and taken to SLT on the 7th June and a discussion was had. Agreement made to stop the continuation of this as a separate project on the delivery plan due to the close links with frailty and rehab programmes of work. Step up beds must be clearly identified and planned for within these programmes.
Flexible Bed Base	Fiona Michelhill	KPS12	Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for Medical and Respiratory pathways, as well as the current Frailty, End of Life Care and OPAT pathways.	21. H@H Beds 100	FTP		Sep-25	Green	Tier 3 (Response)	Total capacity within the service is 32 beds (22 frailty consultant led, 5 OPAT, 5 Respiratory H@H beds). Looking into video conferencing capabilities in the ward to make huddles more efficient for the staff out on visits, and for consultants to be able to link in with discussions. This was looking to come from the funds from Scottish Government but equipment will not arrive in time to be spent from this funding stream. Consultant from acute medicine to join the team for two sessions a week from May, this will support in development of the acute medicine pathway Discussions have been ongoing with Surgical colleagues, to support the early discharge of colorectal pathway patients, with pathway mapping, Plan Do Study Act (PDSA) cycle and communications and engagement plan being drawn up to progress this pathway. Monthly reporting is ongoing to the Scottish Government under Virtual Capacity Recruitment an ongoing challenge with some roles still vacant. Team leader and 3x coordinator posts due to start in the coming weeks which all will benefit the culture of the team, releasing jobs from other team members to focus on their core task and clinical work. There are plans to submit the post of the GP for the third time to scrutiny in April, this is to support the clinical team.
Frailty	Fiona Michelhill	KPS13	Deliver the second phase of the Frailty pathway and undertake a review of implementation to date to identify further improvements to be incorporated into the programme plan.	22. Frailty Pathway 2nd Phase and Review	FTP		Mar-25	Green	Tier 3 (Response)	Frailty Pathway review has been completed and new Grampian Frailty Board Terms of reference agreed by all 3 Chief Officers with Governance oversight being provided by the Unscheduled Care programme Board (USC). The Grampian specific priorities agreed are: -Developing a sustainable Workforce -Implementation of a Managed Clinical and Care Network / Learning network for Frailty in Grampian -Grampian Frailty Performance Monitoring Grampian Board met on 11th March with a focus on the Managed Clinical network and a presentation from NHS Lanarkshire on their new network. As the new Grampian Board approach is now only focussed on areas where a more focussed Grampian view is needed local plans for all 3 HSCPs will also be required. These will be developed with local autonomy and demographics in mind but focussed on developing a level of shared understanding and consistency across Grampian around the following: -Hospital-based Frailty (patients with acuity of need requiring inpatient care) -Patient pathways (e.g. Aberdeen City & Shire flow through ward 102) -Step-up & Step-down pathways -Alternatives to hospital (e.g. Hospital at Home or equivalent) -Community, Prevention & Primary care approaches to Frailty -A commitment to Quality improvement approaches where appropriate -A commitment to gaining lived experience feedback and involvement For Year 3 the Aberdeen City Frailty plan and the work of the Grampian Board will be considered as separate but interlinked elements of the delivery plan. The City plan has been drafted and shared with the Grampian Board for review.

Home Pathways	Kay Diack	AFHL05	Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements	23. Home Pathways	FTP	a) 01/06/2022 23/08/2023	b) Mar-25	Amber	Tier 1 (Prevention)	a) Contractor appointed for the Stoneywood development. b) Housing for Varying Needs Market Position Statement has a new working title of Specialist Provision Market Position Statement. The draft v2.5now been distributed to all service managers and leads who are pertinent to production of Market Position Statement (MPS). There is a meeting on 19/04/2024 to have final discussions before production of draft to Chief Operations Officer (COO). The MPS is to inform the Local Housing Strategy with a target date for completion of 20/05/24. The draft Market Position Statement has been sent for review to service managers and colleagues to obtain feedback prior to being sent for COO consultation on the 29th April. The Market Position Statement was due to be taken to the IJB in May however the project group has sought to defer the Specialist Provision MPS until the July IJB to allow time to ensure the Data collated and information presented within the MPS accurately articulates the specialist provision of housing currently available and what is required in the future.
Infrastructure	Alison MacLeod	SE20	Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long-term solution	24. Health and Care in Countesswells	BAU	Apr-20	Mar-25	Green	Tier 1 (Prevention)	A unit at the new retail site at Countesswells was purchased by NHS Grampian to provide the interim solution within the Countesswells area. The fit out and furnishing of the unit is being funded by Developer Obligations that have been allocated to the Countesswells area though the new housing being built in the area. This was approved with Aberdeen City Council and the Asset Management Group of NHS Grampian. Services have been selected to operate from the Countesswells premises, after a robust application & selection process. Fit out works continue to be on track and furnishings are being ordered. The target date of May 2024 is still on track for services to be operational from the premises.
Infrastructure	Alison MacLeod	SE21	Assess future infrastructure needs and engage with partners to ensure these needs are met.	25. Infrastructure Plan	BAU	Mar-22	Mar-25	Green	Tier 1 (Prevention)	The NHS Grampian Asset Management Group (AMG) has instructed the Primary Care Premises Group (PCPG) to carry out an overhaul of the plan for the 2023/24 update. The PCPP has now been approved by the PCPG, it has also been approved by the GP Subcommittee and been to AMG. Some discussion to confirm the overall Grampian wide priorities are to take place and establish agreement for all 3 HSCP's. This will be confirmed and reported back to AMG in April 2024 for final sign off.
MHLD	Judith McLenan/Kevin Dawson	AFHL07	Work with Children's Social Work and health services, to predict and plan for future Complex Care demand including developing and implementing a Transition Plan using the GIRFE multi-agency approach for those transitioning between children and adult social care services, initially for Learning Disabilities	26. Complex Care Future need and Transition	FTP	01/06/2022	Mar-24	Red	Tier 2 (Early Intervention)	Complex Care: Future Demand This project is red due to timeline alone. We are engaging with children and adult services to ensure data is being gathered/collected and may support the development of a Standard Operating Procedure to assist in future data collection. The delay is due to the extra work which is needed to make it this process business as usual, which is not quite there yet. The current workload of colleagues critical to this project has been very high which has made their participation in progressing this work challenging. It is anticipated that this project will close in June 2024.
MHLD	Judith McLenan/Kevin Dawson	AFHL08	Deliver a capability framework for a workforce to support complex behaviour.	27. Complex Care Workforce and Skills Development	FTP	06/04/2023	Sep-23	Green	Tier 3 (Response)	Currently working with contracts team and commissioners for inclusion in Complex Care framework and elements of Supported Living frameworks, to be tendered later in 2024
MHLD	Judith McLenan/Kevin Dawson	AFHL09	Progress the Grampian wide MHLD Transformation Programme monitored by the Portfolio Board	28. MHLD Programme	FTP	01/06/2022	Mar-25	Amber	Tier 3 (Response)	General Adult Mental Health (AMH) Secondary Care Pathway Review: The AMH Summary Report has been finalised and the report is progressing through the Aberdeen City, Aberdeenshire, and Moray Health and Social Care Partnerships and their IJBs. This will conclude at the end of May 2024 Learning Disabilities (LD) Health Checks: Pilot in Shire commenced 3/4/2024. Community Treatment & Care (CTAC) model being discussed for the City model and Moray's Local Enhanced Service (LES) model to be decided, otherwise CTAC model may be an option. Scottish Government aware of NHS Grampian's challenges to secure robust delivery models. Oversight Group set up to provide updates and challenges to keep focus on LD Health Checks delivery. Operational Leads in each of the three Health & Social Care Partnerships to be identified to deal with issues with pilot/Test of Changes across areas. Standard Operating Procedures to be developed and project documentation refreshed. Psychological Therapies (PT): The Psychological Therapies Improvement Board (PTIB) continues to review its milestones/documentation. The work under the 'Expanding our workforce to provide high quality, safe, effective care' and 'Performance Management' short life working groups has now concluded. The Director of Psychology is currently engaged in a review of the developed national PT self-assessment tool. A review of DCAQ modelling is underway alongside the development of a Trajectory submission for Scottish Government which should be submitted mid-April. Significant senior post appointed into - Specialisms Psychology Professional Lead, who commences in post 1st May 2024. Public Empowerment Group (PEG): PEG members attended Mental Health & Learning Disabilities (MHLD) Portfolio Board Workshop on 04/04/2024. An SBAR (Situation, Background, Assessment, Recommendation) for the PEG Officer role submitted to the Cross System Strategic Delivery Team to review and it was agreed that funding will not continue beyond June 2024. This decision was supported by the MHLD Portfolio Board Lead. PEG members met with Health Improvement Scotland colleagues to discuss alternative funding streams for the PEG Officer role however, no alternative funding was identified. Support will now focus on transitional activities for the PEG as the PEG Officer role concludes. Forensic Services / Blair Unit: The Forensic Mental Health Services Steering Group formed in August 2023 on the conclusion of the Ligation Reduction Programme Board. It aims to support the Forensic Service to deliver high-quality care, to forensic patients. A paper was submitted to the NHS Grampian Chief Executive Team, with updates to the NHSG Asset Management Group. This contains recommendations on physical infrastructure improvements to the Forensic Services accommodation in December 2023, a backlog maintenance program is under development, though urgent, priority works have begun with replacement of carpets, repairs to damages within the accommodation. The Forensic Mental Health Services Workstream report was a report commissioned by the Chief Officers Group (COG) as a means of local response to the Scottish Government Independent Review into the Delivery of Forensic Mental Health Services (Barron Report (2021)). The Forensic Psychiatrist Consultant has finalised this report and has shared this with Forensic Mental Health Services Steering Group and other relevant stakeholders in February 2024. The Barron Report made 67 recommendations, to which the Consultant's report has reviewed and identified 19 local recommendations that need to be progressed. Head of Specialist Mental Health and Learning Disability Services has shared with the ACHSCP Senior Leadership Team and MHLDs Cross System Strategic Delivery Team.
MHLD	Judith McLenan/Kevin Dawson	AFHL09f	Develop a Mental Health triage approach in Primary Care to improve patient experience and promote self-management	29. Mental Health Triage in Primary Care settings	FTP	01/06/2022	Mar-24	V-Completed	Tier 2 (Early Intervention)	Close out report completed and issued to Chief Officer.
MHLD	Judith McLenan/Kevin Dawson	AFHL09g	Review strategy and arrangements for Autism/Neurodevelopmental including further development of the Autism Assessment service and expansion to include neurodevelopmental assessment	30. Autism and Neurodevelopmental Assessment	FTP	1/04/023	Mar-25	Amber	Tier 3 (Response)	The new Learning Disability, Autism and Neurodiversity Bill (LDAN) is out for consultation and a face to face consultation workshop was held in Aberdeen City on 27/03/2024 to gather feedback. Work is now focused on consolidating the feedback before the submission deadline on the 21.04.24.

MHLD	Judith McLenan/Kevin Dawson	AFLH09h	Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy	31. Suicide Prevention	FTP	01/04/2023	Mar-25	Green	Tier 1 (Prevention)	Northeast Suicide Prevention Leadership Group (NESPLG) to be held on Thursday 16.04.24 and quarterly contracts monitoring meeting to be held on 23.05.24. Grampian Wide Event for International Women's Day took place on 08.03.24 with speakers and discussion held in Inverurie. Grampian Suicide Prevention Leads attended National Suicide Prevention Conference and leads meeting in Glasgow on 5/6.03.24. Looking at North East piloting a new database system for death review process called QES. Meeting on 23.04.24. Aberdeen City Local Outcome Improvement Plan (LOIP) refresh. New City group is being refreshed. Police Scotland is no longer able to lead on this. The project aim should be finalised imminently.
Prevention	Phil Mackie	PIH01	Reduce the use and harm from alcohol and other drugs including through the Drugs Related Deaths Rapid Response Plan	32. Alcohol & Drugs Reduction	BAU		Mar-25	Green	Tier 1 (Prevention)	We have established a sub-group of the Alcohol & Drug Partnership (ADP) to take forward learning and best practice in preventing drug deaths. The group is chaired by Fraser Bell, Chief Operating Officer and is partnership with Public Health Scotland. The group will seek to make service improvements across the whole system. There is ongoing work with schools and care-experienced young people in relation to primary prevention. There is ongoing work to establish Medication Assisted Treatment Standards (MAT). There are significant staffing / capacity issues with our specialist services. A joint Local Outcome Improvement Plan (LOIP) project between the Communities Team and ADP will commence in August which aims to reduce the number of women drinking during pregnancy by 40% to improve mother and foetal health, and prevent conditions such as Foetal Alcohol Spectrum Disorder (FASD). Health Improvement Fund funding will also support this project through development of training materials and an awareness raising video which included contributions from public health and clinical professionals, and those with lived experience of FASD.
Prevention	Phil Mackie	PIH02	Deliver actions to meet the HIS Sexual Health Standards	33. HIS Sexual Health Standards	BAU		Mar-25	Amber	Tier 1 (Prevention)	Sexual Health and Blood Born Viruses Managed Care Network reconvened during the last quarter and met twice over the summer, primarily for gathering updates and exploring what a future plan could look like for this area. Further meeting scheduled for late October that is envisaged to be more action focused. Exploratory conversations held with colleagues regarding hepatitis testing and exploring opportunities to align potential actions with wellbeing activities.
Prevention	Phil Mackie	PIH04	Continue the promotion of active lives initiatives with our partners, for example the Physical Activity Academy, Active Travel etc.	34. Promote Active Lives	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	1) Facilitating connections and delivery of initiatives between sport providers, Sport Aberdeen, Robert Gordons University (RGU), Occupational Therapy and other health and social care staff for Specialist Referrals for long term conditions. 2) Community Physical Activity Plan are a kickstart/entry level opportunity to re-join or re-start any physical activity ambitions for older adults. 3)Physical Activity Academy – funding applied for to upskill Bon Accord Care (BAC) staff in Sheltered Housing in Strength & Balance exercises & delivery. 4)Link with 'Ashgrove Connects' to discuss opportunities for active travel health behaviour change opportunities within project. 5) Working in partnership with Sport Aberdeen delivering classes using Physical Activity packs with older people 6) Working in partnership to increase active travel to Foresterhill Campus 7) discussing use of the National Physical Activity Pathway with NHS.G. Th Partnership has now recruited a new Public Health Coordinator to focus on the obesity agenda, including promotion of active lives and active travel. Planning is underway to incorporate a whole system approach to obesity into the refreshed Local Outcome Improvement Plan. This activity is being led by a Public Health Consultant, alongside colleagues from Community Planning Aberdeen. The refreshed LOIP is on track to come into effect on 30 April 2024.
Prevention	Phil Mackie	PIH05	Reduce smoking prevalence across population and prevent e-cigarette and emerging tobacco produce use among young people.	35. Smoking Prevalence	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	An improvement project is being developed to look at reducing the number of pregnant women smoking in Aberdeen. This will form part of the refreshed Local Outcome Improvement Plan (LOIP). Charleston Primary School Pilot on Vaping Prevention being delivered by Youth work and Health Improvement Officers. Sharing of practice event has been held with the Education Health and Wellbeing network in relation to this work. ACHSCP's Public Health Team have worked with colleagues from NHSG Public Health Directorate; Aberdeenshire and Moray HSCPs; NHS Grampian Community Pharmacy; and ASH Scotland to develop the new Tobacco Strategic Plan. Public Health Team are contributing towards delivery of the Grampian Tobacco Strategy and Plan. The Public Health Team are focussing on reducing smoking amongst pregnant women, where we are working with community midwives on training and creating a digital smoking cessation app; and we are working with our community justice and Police custody suite colleagues to provide smoking cessation support for those involved in the community justice system.
Prevention	Phil Mackie	PIH06	Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on the prevention agenda.	36. Deliver SWSC Prevention	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	5 year Health Inequities Plan for Grampian being delivered in conjunction with NHS Grampian's Public Health Directorate and other Grampian Health and Social Care Partnerships (HSCP). Mental Health - Grampian wide PH partnership developing strategic framework to improve mapping of mental health & wellbeing services (non-Clinical) in Aberdeen city, with focus on gaps in perinatal mental health provision. Health Improvement Fund: Public Health Team facilitated decision making groups. We have received applications from various projects including support for asylum seekers, menopause, young people and gardening at sheltered housing complexes. A second round of HIF funding opened in the North Locality during January-February to allocate remaining funds which has now closed. Regular HIF updates are reported to the IJB via the Chief Officer Report. Health issues in the Community tutor training continues to be delivered. PEEP training to support disadvantaged parents and families continues to be delivered by Health Improvement Officers (HIO). We continue to support NHSG public Health Directorate's Healthy Futures Programme and the Public Health Team has secured funding from the Child Healthy Weight Fund to pilot the Healthy Futures Programme within PEEP aimed at Early Learning and Childcare Practitioners. The 10 week pilot will take place during March 2024 and an evaluation report will be reported to the Child Healthy Weight Group in May. Food in Focus initiatives ongoing to improve vulnerable people's cooking skills and to support better food choices, this includes food growing and confidence to cook initiatives. Young Carers Integrated Food Programme continues to be delivered. The Public Health Team will present abstracts and posters of effective practice at the Public Health Scotland Conference in June.
Prevention	Phil Mackie	PIH06a	Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on social isolation.	37. Deliver SWSC Social Isolation	BAU		Mar-25	Green	Tier 1 (Prevention)	Stay Well Stay Connected was the focus of the IJB insight Session for members on 20 February. Men's Wellbeing Groups –Topic led awareness raising for groups of older men to improve health and wellbeing outcomes. RGU Sport & Exercise Science Partnership – Wellbeing Coordinator and Robert Gordon University lecturers & student placements with an ageing population. Falls Prevention Awareness Events – Information and advice on falls prevention held regularly in communities. Aberdeen Befriending Network - Discussions held with Aberdeen Council of Voluntary Organisations - ACVO. Boogie in the Bar – Monthly events - Sunnybank Football Club, The Abbot & Dee Swim Club remain hugely popular. £19,200 of funding was secured for Boogie in the Bar initiatives through the National Lottery Community Fund. Stay Well, Stay Connected Radio Show – Monthly radio show on SHMU bringing health & wellbeing advice and information directly into people's homes, Wellbeing stalls -Bringing health and wellbeing information and advice into people's communities. Soup & Sannie's - food, company & sign posting events in Seaton, Kincorth & Torry. Sheltered Housing activity programme in Seaton & Torry. Mighty Oaks (menopause) - Exercise classes, health walks and planned conversation cafes for 2024 Dementia/Cognitive decline – Cornhill wellbeing programme, Resource centre wellbeing programme & Compassionate spaces with Bon Accord Care. AGILE - Copies are available at Hub 8 in Marischal college and distributed by care managers support workers, wellbeing coordinators, Vaccination centre, links practitioners, services featured in the AGILE brochure, project managers and community nursing team when they out seeing service users. There have been requests for additional copies of AGILE from OT's at ARI and from Garthdee Medical Practice.

Prevention	Phil Mackie	PIH07	Continue to contribute to the Health Transport Action Plan (HTAP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	38. Contribute to Transport	BAU	Apr-22	Mar-25	Green	Tier 1 (Prevention)	A formal Health Impact Assessment of the Local Transport Strategy was completed and will be used to inform strategic developments once the strategy is operational. Public Health (PH) input relating to the Aberdeen Local Transport Strategy (ALTS) and Transport Action Plan (HTAP) remains in place. This programme of work is being led by the HTAP Programme Manager which is jointly funded post by Nestrans and NHS Grampian.
Primary Care	Emma King	CT14	Improve primary care stability by creating capacity for general practice	39. Primary Care Stability	BAU		Mar-24	Amber	Tier 1 (Prevention)	General Practice Vision Programme: In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and objectives that capture the changes required to move towards a more sustainable general practice sector within the area. The vision and objectives were approved by the 3 Grampian UBs in March 2024. The vision aims to chart a sustainable path forward for our practices. It highlights the commitment to delivering high-quality healthcare services that meet the needs of current and future generations. Existing resources within HSCP teams has been identified and released to deliver on the prioritised objectives. There is however a risk that the programme is not delivered due to the financial pressures across Grampian and other competing priorities. Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme, as well as phasing of timelines to make workloads manageable.
Primary Care	Emma King	CT15	Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	40. Deliver PCIP	FTP		Mar-25	Green	Tier 1 (Prevention)	The Primary Care Improvement Plan (PCIP) Programme continues to deliver on its 6 workstreams and Vaccinations (VTP), Community Treatment and Care (CTAC) and Pharmacotherapy being the 3 workstream of priority and delivery is against the 2018 PCIP. CTAC - practice-based service fully delivered; clinic-based service now operating from sites (Bridge of Don, Inverurie Road, College Street, Northfield, Carden House, Airyhall, Kincoth and the City Vaccination Centre) across the city. This workstream has been delivered 98% against the 2018 PCIP plan. All staff posts have been recruited to against the plan. Looking to operate a service in Torry 2 days a week and this is work in progress. Vaccinations (VTP) - fully delivered. The service has moved into the new location in the Bon Accord Centre and the HSCP have agreed to the lease for the premises to be extended for a further year. The centre is now renamed as the Aberdeen City Vaccination & Wellbeing Hub (formerly Aberdeen City Vaccination Centre) in the Bon Accord centre. Pharmacotherapy - roll out of the service is almost at full capacity, as outlined in our agreed service model of 1 WTE to 10,000 patients. It is recognised this model is insufficient to deliver the full commitments of the Pharmacotherapy service outlined in the MoU2, and the service model required to deliver is much higher with estimation closer to 2.5 WTE per 5,000. However currently there is no national agreement on this. The workstream has been delivered 99% against the 2018 PCIP plan. The PCIP will be included in the GP Visioning Programme which is currently being delivered across NHS Grampian in terms of revising the delivery of the plan.
Primary Care	Emma King	CT18	Develop a vision for Primary Care	41. Deliver PCIP	BAU		Mar-24	Green	Tier 1 (Prevention)	General Practice Vision Programme: In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and objectives that capture the changes required to move towards a more sustainable general practice sector within the area. The vision and objectives were approved by the 3 Grampian UBs in March 2024. The vision aims to chart a sustainable path forward for our practices. It highlights the commitment to delivering high-quality healthcare services that meet the needs of current and future generations. Existing resources within HSCP teams has been identified and released to deliver on the prioritised objectives. There is however a risk that the programme is not delivered due to the financial pressures across Grampian and other competing priorities. Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme, as well as phasing of timelines to make workloads manageable.
Redesigning Adult Social Work	Claire Wilson	CT01	Redesigning Adult Social Work enhancing the role of Social Work in playing a guiding role in the promotion of personalised options for care and support.	42. Redesigning Adult Social Work	BAU		Dec-24	Green	Tier 3 (Response)	All adult social work teams have continued to receive an increased number of referrals. Some areas of redesign have been slowed down or paused due to operational, strategic and national priorities. The redesign of teams aims to create a different way of working to meet the increased demand and also to have in place a system of early identification and prevention to reduce demand into the system in the long term. A Flash report was presented to SLT on 25th January 23 to extend the timeline from Sep 22 to Dec 24 to enable the above to be completed. This was agreed. 06/04/23 - Project listed as Tier 3 due to the statutory nature of Social Work provision as a response service. Where possible they would also be intervening in a manner in line with Tiers 1 & 2.
Rehabilitation Review	Lynn Morrison	KPS01	Develop a strategic planning framework for reviewing of rehabilitation services across ACHSACP /SOARS / Portfolio for phased implementation from April 2023. Each review should consider how partners in sports and leisure can assist in delivery of rehabilitation and will consider bed base requirements.	43. Strategic Planning Framework for Review Rehab	FTP	01.08.2022	Mar-25	Amber	Tier 1 (Prevention)	Will carry over in to Y3. This has been confirmed as the cross-system Strategic Review of Rehab and a discussion paper is being developed.
Rehabilitation Review	Lynn Morrison	KPS07	Undertake and implement a strategic review of the Neuro Rehabilitation Pathway	44. Strategic Review Neuro-Rehab	FTP	01.07.2022	Oct-24	Green	Tier 1 (Prevention)	Workshops were held on the 18th and 26th of March with a variety of stakeholders attending across Grampian, these were well attended. From these the attendees gave opinions on how the budget should be spent and the programme team are working on how this options might look for the redesign of the pathway. These options will be presented back to the group during April to agree the implementation plan and then progress will be made on recruitment in the Phase one of the spending.
Resilience	Martin Allan	SE13	Develop a critical path for future budget setting and ongoing monitoring	45. Financial Monitoring	BAU		Mar-25	Completed	Tier 1 (Prevention)	Regular reporting of the forecasted budget position to Senior Leadership Team, Risk, Audit and Performance Committee and the IJB Committee continues. The Delivery Plan Review will form part of the updated MTF. This will be scrutinised by the Senior Leadership Team prior to being formally presented to the IJB in March 2024. As part of the 2024/25 MTF, a timeline has been developed and agreed at SLT. The timeline details the individual stages in the budget setting process and deadlines for each stage.
Resilience	Martin Allan	SE15	Develop proactive, repeated and consistent communications to keep communities informed	46. Community Communications	BAU		Mar-25	Green	Tier 1 (Prevention)	Communications Adviser has been trained on social media platforms and has received all the invites for the internal comms meetings to allow for attendance and continuity in terms of internal, external and social media comms. A "Comms Trustees" Group has been established which allows more ACHSACP staff access to post social media content. The Group have developed a diary of social media post for various ACHSACP events planned in 2024/25 and will arrange for comms to be issued for the events.
Resilience	Martin Allan	SE23	Review Care for People arrangements	47. Care for People	BAU		Mar-24	Amber	Tier 1 (Prevention)	The City Care For People (CFP) Plan has been reviewed in 23/24, however once the Persons at risk Database (PARD) has been finalised the CFP Plan will be further revised. Representatives from Aberdeen City Health and Social Care Partnership and Aberdeen City Council are meeting with Aberdeenshire officers in April 2024 to discuss how the Shire's PARD system works to see if the City's system can be updated. The Grampian CFP Group met in Feb 2024 to discuss the outcomes of the exercise held in December 2023 around when a Grampian CFP Group should be set up in response mode, as a result a revised agenda for the Care For People Group in response mode has been approved and will be available for the next time there is a need for a Grampian Care For People response.

Resilience	Martin Allan	SE24	Review SMOC arrangements	48. SMOC Review	BAU		Mar-24	Green	Tier 1 (Prevention)	In March 2024, SLT agreed that ACHSCP would operate a two-tiered emergency response structure: Strategic and Operational. Senior Managers On Call do not now attend the week day Daily System Connect meetings, allowing them to focus on strategic response as a Category 1 Responder under the Civil Contingencies Act 2004. A further 3MB will be submitted to SLT around some logistical matters arising from the SLT decision.
Resilience	Martin Allan	SE25	Create and adopt a Generic Emergency Plan to reflect Aberdeen city IJB's Cat 1 Responder responsibilities	49. Cat 1 Responder	BAU		Mar-24	Amber	Tier 1 (Prevention)	Since SLT agreed in March 2024, that ACHSCP would operate a two-tiered emergency response structure, work has been ongoing to draft a generic emergency activation plan. Officers continue to liaise with ACC and NHSG colleagues on this, with the plan to bring the draft document to SLT in the first quarter of 2024/25.
Resilience	Martin Allan	SE26	Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board	50. NCS	BAU		Mar-25	Green	Tier 1 (Prevention)	The National Care Service (Scotland) Bill recently passed Stage 1 of the Scottish Parliamentary process. As part of Stage 2 over the coming months, we can anticipate Scottish Government proposals that would amend the Bill in its current form and provide more detail of the future shape and form of an NCS. Aberdeen City preparations for, and influencing of, an NCS is coordinated through the Aberdeen City NCS Programme Board, chaired by the ACHSCP Chief Operating Officer (COO). The COO is also engaging with the Scottish Government and Society of Local Authority Chief Executives (SOLACE) to influence final decisions in respect of the NCS. This includes putting Aberdeen forward as a pathfinder for different elements of the Bill.
Social Care Pathways	Claire Wilson	AFHL10	Explore opportunities for working with those on Social Work unmet need lists to help support them while they wait, or divert them from the list	51. Unmet need list support	BAU		Mar-25	Closed	Tier 1 (Prevention)	Agreed at SLT on 10th January 2024 this will be closed as a standalone project with the work being incorporated into the Social Care Pathways Review going forward.
Social Care Pathways	Claire Wilson	CT02	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	52. Strategic Review Social Care	FTP	Jul-22	Dec-25	Green	Tier 2 (Early Intervention)	<p>Programme Implementation Plan is in place to monitor overall progress of this work. Main updates at this point are.</p> <p>Social Care Pathway (SCP) 4 Hospital Discharge Pathways - Realignment to ward structure implemented. Monitoring of impact will be ongoing during winter period. Initial benchmarking survey indicates positive impacts for both SW and Ward staff.</p> <p>SCP6 - Preventative & Proactive Care - SCP6.5 - Initial Point of Contact (IPOC)- Workshop has taken place to consider how IPOC will be structured, sense-making in progress to inform a business case.</p> <p>SCP6.5 - Getting it Right for Everyone (GIRFE) - Pathfinder work will restart in April to test GIRFE prototypes as agreed by Scottish Government ministers.</p> <p>SCP 9 - Technology Enabled Care (TEC) plan incorporated within the SCP Board structure due to complimentary nature of projects and leadership responsibility moving to Chief Social Worker. Further work ongoing to streamline structure for various TEC projects. Electronic Medication Administration Recording (EMAR) and Assisted Care Robots progress presented to Senior Leadership Team in March.</p> <p>SCP 10 - Discharge to Assess - Situation, Background, Assessment, Recommendation (SBAR), presented to February SCP Board proposing a move away from a specific Discharge to Assess model to more scoping of existing services and how these can link together to facilitate Hospital discharge. Workshop planned for May 16th.</p> <p>SCP Newsletter available to provide an overview of work within the board during 23/34.</p> <p>As part of additional work identified to achieve budget savings a new project was identified in relation to Charging policy - Contributing to your care. This project will be delivered in three elements</p> <p>The first element is focusing upon restarting / starting payment for meals and services that were previously charged and moving away from cash systems to direct debits. Within phase two, a refreshed Charging Policy will be launched with communication to staff and public to support this. The third phase will be a change in modelling of finance into individual budgets for all clients within D365. The changes and developments will incrementally increase finance and greater sustainability for services delivered. This will sit as a standalone project in the Y3 plan.</p>
Social Care Pathways	Claire Wilson	CT04	Implement the recommendations from the June 22 Adult Support and Protection inspection	53. ASP Recommendations Implementation	BAU	Jan-21	Mar-25	Green	Tier 3 (Response)	<ul style="list-style-type: none"> Improvement to recording by NHS Grampian staff of ASP activity – Complete: training curriculum has been amended and a specific Practice Note issued to patient-facing staff. Investigations taking too long, and case conferences taking place when needed – COMPLETE Marked improvement seen – investigations being held more timeously, increase in proportion of case conferences and reviews taking place – audit work is being progressed to provide assurance about this. Chronologies & Protection Planning – Working Practice Guidance on most effective use of D365 and Chronologies is being developed (being progressed). A phased improvement plan for improving use of Chronologies is being developed, due to be finalised by May 2024. Access to Advocacy – Significant improvement in relation to offer of and take up of advocacy. Being embedded into D365 throughout the process. Data collection around this being reviewed – key data to be added in to the dataset which goes to the Adult Protection Committee. Multi Agency Evaluation & Involvement of staff in improvement work – Council Officer Support Groups are taking place and effective – including consideration of improvement work. Evaluation survey to be undertaken in Jan 24 (two years since they were established). Survey delayed, due to be circulated mid-April, with closing date end April. Workshop re our approach to LSIs took place on 9th Oct 2024 – guidance being developed.
Social Care Pathways	Claire Wilson	CT05	Deliver the Justice Social Work Delivery Plan	54. Deliver JSW Plan	BAU		Mar-25	Green	Tier 1 (Prevention)	<ul style="list-style-type: none"> The task of identifying suitable premises for the Unpaid Work team remains unchanged, there is however, one particular site of interest at present and this is at the planning stage in collaboration with the Project team. The new D365 system is being utilised as a working tool, Scottish Government returns were submitted for 2022/23 appropriately and progress is being made towards the 2023/24 returns. Following the introduction of Bail Supervision and Electronic Monitoring on Bail legislation in May 2022 we continue to see increasing numbers of assessments and imposition of Orders. This supports the national aim to reduce numbers of those remanded in custody as well as providing individuals with necessary support and interventions at an early stage. Additional government funding is provided based on the data returns and the service is staffed appropriately. The Scottish Government have commissioned a review of National Outcomes and Standards for Community Payback Orders, a Senior Social Worker from the JSW team in Aberdeen is participating in this on behalf of Aberdeen City Council. A post for a Strategic Service Manager within Justice Social Work has been approved and will be advertised in the coming weeks. The JSW Delivery Plan expires in 2024, it is envisaged that once the new Strategic Service Manager has been appointed, they will review and present a new Delivery Plan in liaison with current partners.
Strategy	Alison MacLeod	AFHL01	Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline.	55. Deliver EOM Framework	BAU	01/04/2021	Mar-25	Green	Tier 1 (Prevention)	Equality Outcomes and Mainstreaming Framework (EOMF) is a standing item on Equality and Human Rights (EHR) group agenda, a number of areas being progressed including the development of the DiversCity Officers Network and review of the partnership's Equality and Human Rights internal and external webpages. New EOMF and Inequality Impact Assessments (IIA) process approved by IJB on 25 April 2023, website updated. Following review of our updated process and paperwork the Equality and Human Rights Commission, Scotland has cited Aberdeen City twice in a Good Practice document that has been circulated to all Health and Social Care Partnerships (HSCP). Annual progress report of EOMF being presented to next IJB on 7 May 2024.

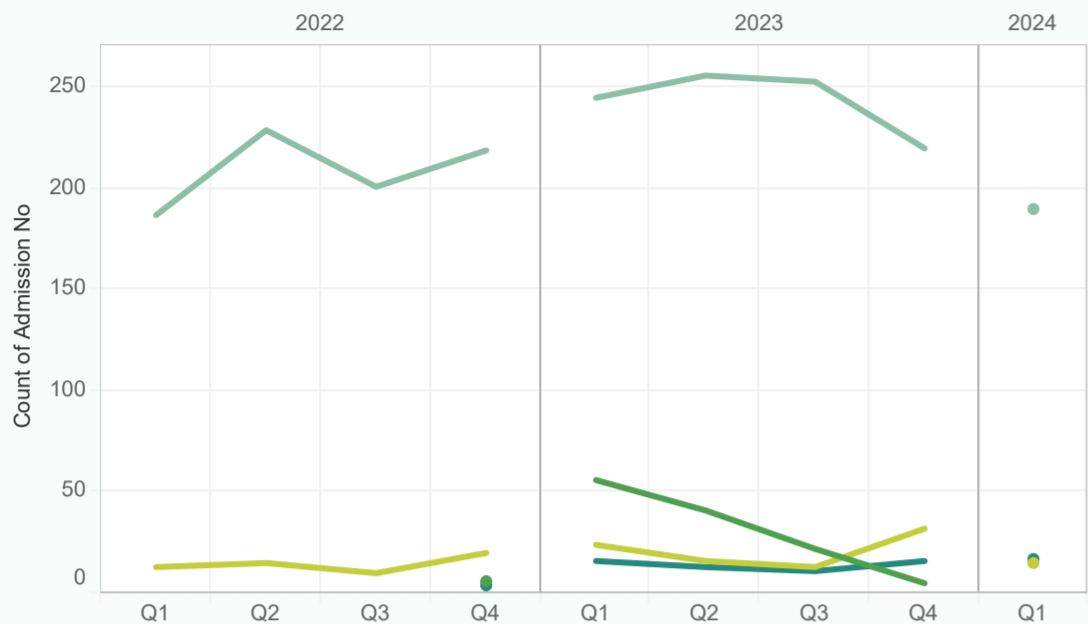
Strategy	Alison MacLeod	AFHL02	Undertake and publish Health Inequality Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics ensuring that the requirements of the UNCRC are incorporated.	56. Publish HIAs	BAU	01/04/2021	Mar-25	Green	Tier 1 (Prevention)	New Inequality Impact Assessments (IIA) process, including UNCRC, is now in place following approval of this and the new EOMF by the IJB on 25 April 2023. Previous Health Inequality Impact Assessments (HIA) are now published on our website as required and the new IIA process is now being used. This will be supported, initially, by the DiversCity Officer Network to help build support and capacity across teams as this develops. DiversCity Officers Network continues to progress with initial discussions in place with Aberdeen City Council (ACC) Equality Development Officer and Health Improvement Manager, Public Health Scotland for opportunities to collaborate and share learnings. Training Programme developing with (Grampian Regional Equality Council) GREC, as well as 3rd Sector reps to join the DiversCity Officer Network. Strategy Senior Project Manager attended Equalities Participation Network and shared the partnership's work and aspirations around IIAs. Group will help form and shape the Review process. Updated IIA procedure which includes Consumer Duty and Armed Forces Duty being presented to next IJB on 7 May 2024.
Strategy	Alison MacLeod	AFHL04	Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target.	57. Climate Change and NetZero Programme	BAU	Aug-22	Mar-25	Green	Tier 1 (Prevention)	This work was reviewed given resourcing challenges and it was concluded that the most appropriate course of action would be for this work to be integrated as a full transformation programme into the next strategic plan. Therefore an alternative approach to Y3 is being developed to focus on the development of a business case which will outline all of the workstreams/projects under the climate change programme, and which will be presented to IJB and the June 2024 IJB insight session.
Strategy	Alison MacLeod	CT17	Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision	58. Monitor and Evaluate Carers Strategy	BAU		Mar-25	Green	Tier 1 (Prevention)	The Carers Strategy Implementation Group (CSIG) continues to meet bi monthly and presented the annual progress report in relation to the Carers Strategy at IJB on 6 February 2024. Topic Specific Seminar was hosted with IJB members on 9 January 2024 and our Annual Carers Survey has now closed with information and feedback being gathered. A CSIG development session to look ahead at Year 2 of the Carers Strategy and the action plan took place on 28 March 2024 and funding for Carers Support Initiatives was approved through the existing budget.
Strategy	Alison MacLeod	KPS19	Help people to ensure their current homes meet their needs including enabling adaptations	59. Suitable Homes	BAU		Mar-25	Green	Tier 1 (Prevention)	The Disabled Adaptations Group (DAG) continues to meet quarterly and sub group established to look at the recently published Adaptations guidance, baseline assessment tool being used to ensure we are aligned with the new guidance. DAG continues to consider and monitor all major and minor adaptations to meet needs and requirements of people living in their homes.
Workforce	Sandy Reid	SE01	Deliver the Workforce Plan	60. Develop Workforce Plan	BAU		Mar-25	Green	Tier 1 (Prevention)	The workforce plan is aligned with the Aberdeen City Health and Social Care Partnership (ACHSCP) strategic plan 2022 – 2025 and focusses on three essential core elements: recruitment & retention, mental health & wellbeing, and growth & opportunities. Workstreams have been established for the core elements of the plan as well as an oversight group made up of senior representation across the partnership to monitor and ensure delivery of the plan. These meetings take place every 6 weeks and the annual update on the workforce plan was delivered to RAPC on 28 November 2023, where it was approved. The ACHSCP Annual Workforce Conference took place on 29th February 2024 and was a success. Feedback is being obtained to plan ahead for the next one.
Workforce	Sandy Reid	SE02	Develop and implement a volunteer protocol and pathway with a view to growing and valuing volunteering within the health and social care system	61. Volunteer Protocol Pathways	BAU		Sep-23	Amber	Tier 1 (Prevention)	Very successful volunteer trial held at Health Village cafe in March and working now with NHS Grampian to expand this to 'wayfinding' at health village. Ongoing volunteer input at city vaccination hub
Workforce	Sandy Reid	SE03	Continue to support initiatives supporting staff health and wellbeing	62. Staff Health & Wellbeing	BAU		Mar-25	Green	Tier 1 (Prevention)	Continuous work ongoing to deliver health and wellbeing initiatives. Initiatives and opportunities shared daily via OLT updates. Funding being sought from 23/24 budget process to continue initiatives. Workstream established specifically for Staff Health and Wellbeing under the Workforce Plan priority, this group will focus on actions and collation of health and wellbeing initiatives being delivered across the partnership to support our staff. Workstream for Staff Health and Wellbeing main action is Staff Engagement.
Workforce	Sandy Reid	SE04	Ensure our workforce are Trauma Informed	63. Trauma Informed Workforce	BAU		Mar-25	Amber	Tier 1 (Prevention)	ACC have £50k non-recurring funding to support this work and are trying to appoint a Coordinator SLT have been trying to convene a virtual training session, with shire/moray HSCP colleagues. SLT Trauma Informed Workforce session took place 6.9.23, to support leading by example, delivered by Mental Health Service, Clinical Psychologist.
Workforce	Sandy Reid	SE22	Create and implement an SLT Team Development Plan	64. SLT Development Plan	BAU		Mar-24	Green	Tier 1 (Prevention)	Regular Development Sessions are now taking place, with a core Development Group of four members of the SLT taking the lead on planning and facilitating these. Views of the wider SLT members are sought on the topics to be covered. This is now an embedded feature of the way SLT work. The project will be considered delivered within year 2 and deemed to be business as usual going forward."

FLEXIBLE BED BASE

Hospital at Home Admissions (Ward Starts)

	FY 2022 Q4	FY 2024 Q4
Hospital at Home	187	190
		▲ 3
Hospital at Home - ELC	13	15
		▲ 2
Hospital at Home - OPAT		17
		▲ 17

■ ANP ■ ELC ■ Hospital at Home ■ OPAT



Hospital At Home Capacity and Occupancy - Latest Quarter vs Baseline

	Average Allocated Beds Available		Average Overnight Occupancy		Average % Occupancy	
	FY 2022 Q4	FY 2024 Q4	FY 2022 Q4	FY 2024 Q4	FY 2022 Q4	FY 2024 Q4
ANP		0.00	0.00	0.00		0.0%
		● 0		● 0		● 0.0%
ELC	5.00	3.36	1.63	2.54	38.2%	76.0%
		▼ -1.64		▲ 0.91		▲ 37.9%
HAH	20.00	20.00	10.51	16.34	52.6%	81.7%
		● 0		▲ 5.83		▲ 29.1%
OPAT		5.00	0.00	3.25		65.1%
		▲ 5.00		▲ 3.25		▲ 65.1%

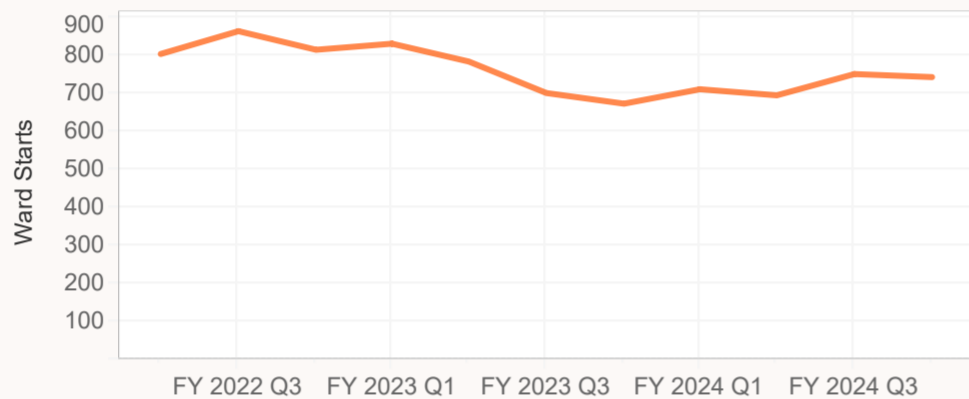
■ Beds Available ■ Avg. OverNight Occupancy ■ Avg. % Occupancy Overnight



FRAILTY

Ward 102 Ward Starts (Admissions)

	FY 2022..	FY 2024..
Ward 102, ARI	816	744
		▼ -72



Ward 102 Average Daily Boarders

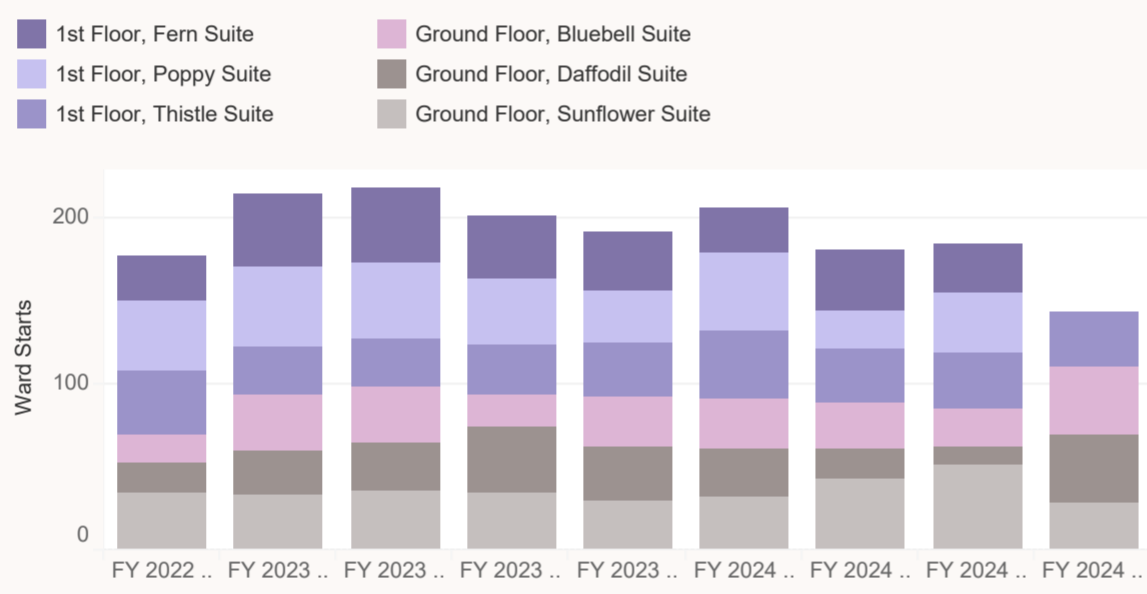
	FY 2022 Q4	FY 2024 Q4
	15.7	16.1
		▲ 0.4



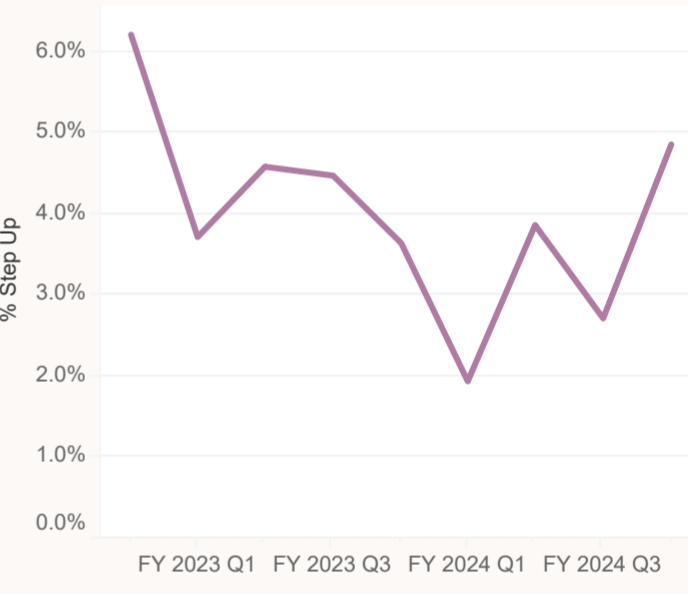
Rosewell House Ward Starts

Rosewell House % Step Up (Based on IsFirstWard=1 or Previous Ward Desc='Hospital at Home' derived from Trakcare for each Admission)

	FY 2022 Q4	FY 2024 Q4
1st Floor, Fern Suite	26	▼ -26
1st Floor, Poppy Suite	42	▼ -42
1st Floor, Thistle Suite	39	▼ -6
Ground Floor, Bluebell Suite	17	▲ 24
Ground Floor, Daffodil Suite	18	▲ 23
Ground Floor, Sunflower Suite	35	▼ -6



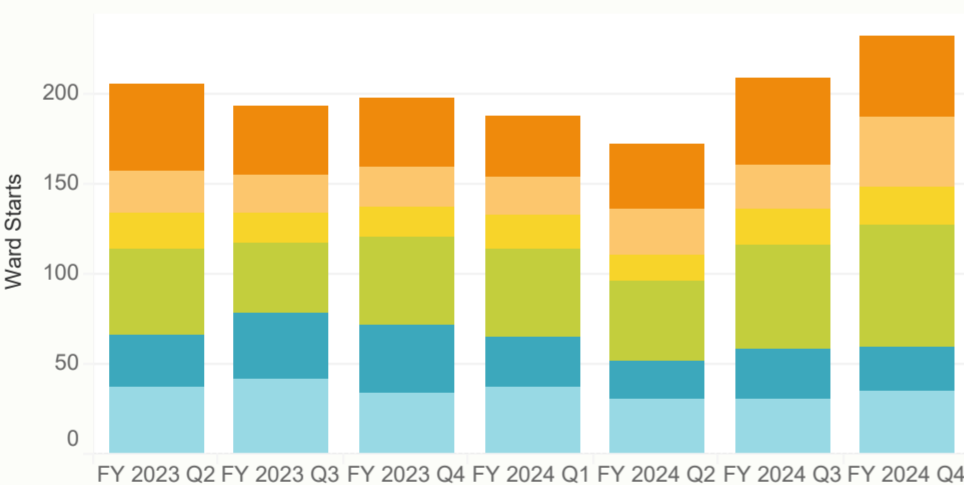
	FY 2022 Q4	FY 2024 Q4
1st Floor, Fern Suite	7.69%	▼ -7.69%
1st Floor, Poppy Suite	7.14%	▼ -7.14%
1st Floor, Thistle Suite	5.13%	▲ 6.99%
Ground Floor, Bluebell Suite	5.88%	▼ -5.88%
Ground Floor, Daffodil Suite	16.67%	▼ -11.79%
Ground Floor, Sunflower Suite	0.00%	▲ 3.45%



REHABILITATION REVIEW

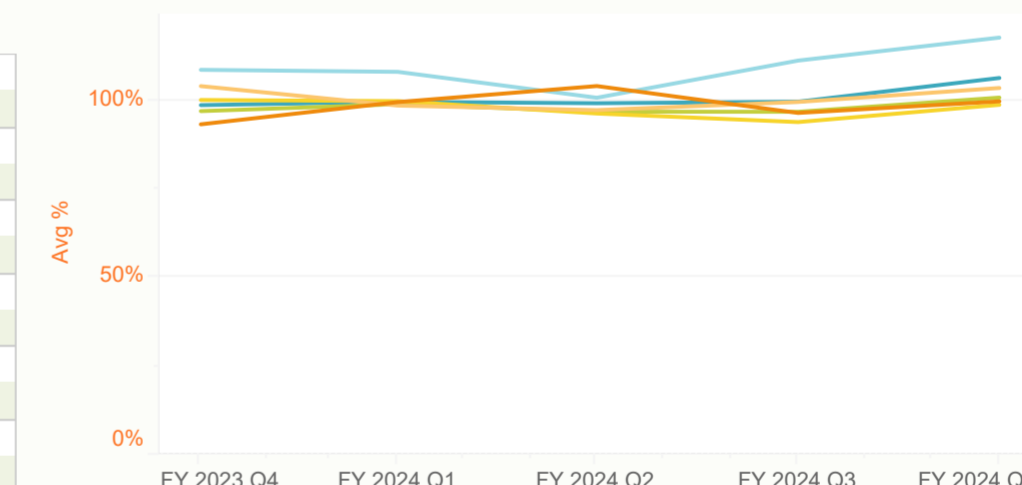
SOARS Ward Starts (Admissions)

	FY 2022 Q4	FY 2024 Q4
Links Unit	53	45
		▼ -8
Morningfield House	41	38
		▼ -3
Neuro Rehab Unit	23	21
		▼ -2
Orthopaedic Rehab Unit	52	68
		▲ 16
Stroke Unit East	34	24
		▼ -10
Stroke Unit West	27	36
		▲ 9



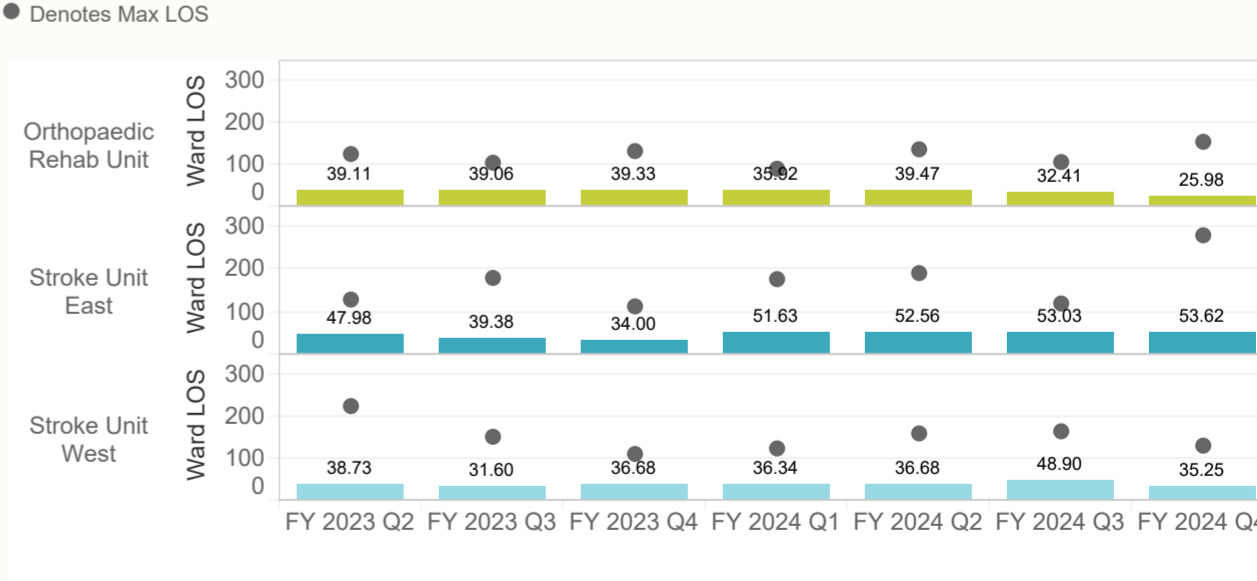
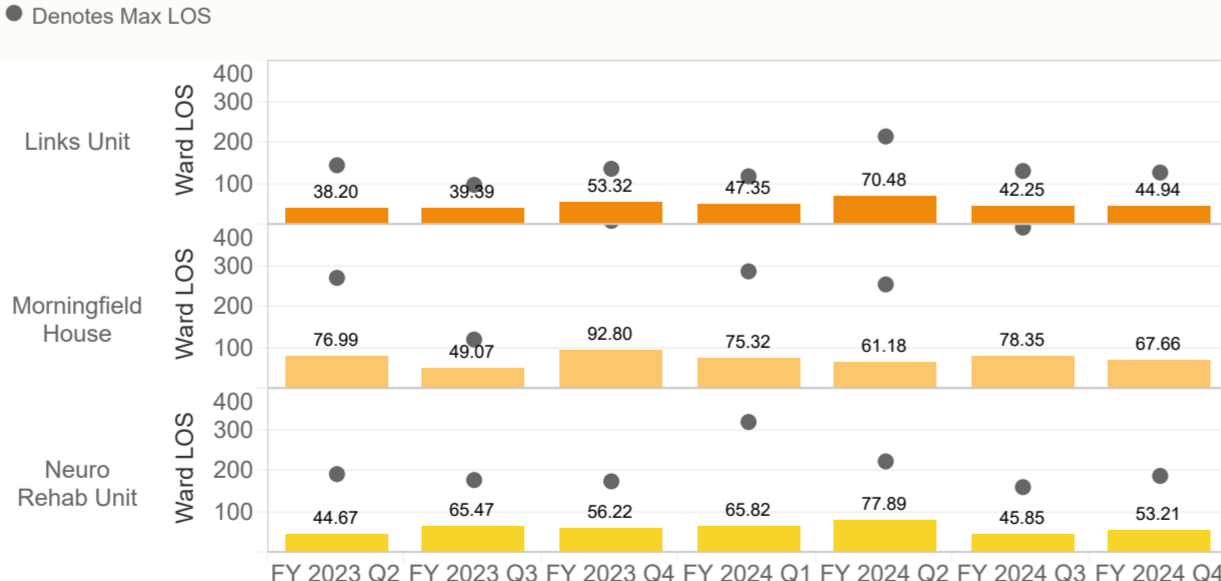
SOARS Average Occupancy

	FY 2022 Q4	FY 2024 Q4
Links Unit	101.3%	99.8%
		▼ -1.5%
Morningfield House	98.3%	103.5%
		▲ 5.3%
Neuro Rehab Unit	107.6%	98.8%
		▼ -8.9%
Orthopaedic Rehab Unit	86.5%	100.8%
		▲ 14.3%
Stroke Unit East	79.1%	106.4%
		▲ 27.2%
Stroke Unit West	99.5%	117.7%
		▲ 18.2%



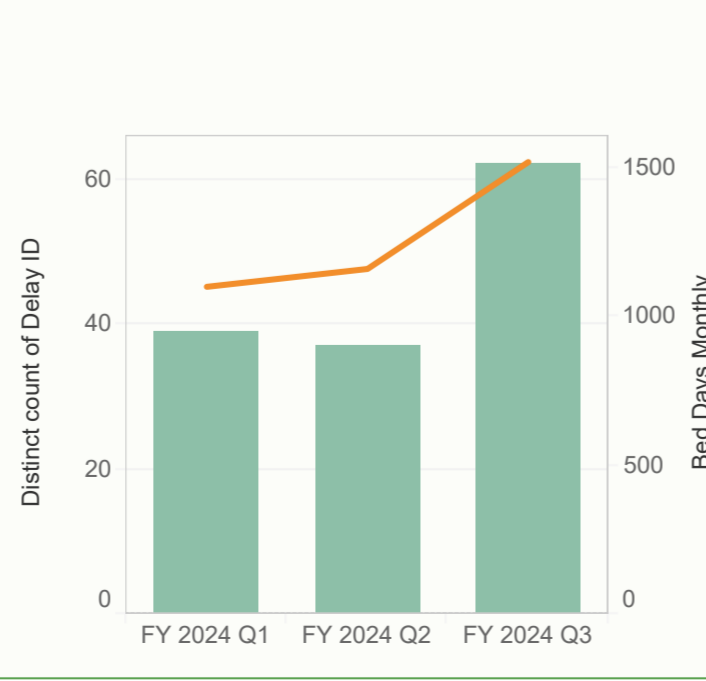
SOARS Average LOS

	FY 2022 Q4	FY 2024 Q4
Links Unit	39.52	44.94
		▲ 5.4
Morningfield House	26.29	67.66
		▲ 41.4
Neuro Rehab Unit	17.02	53.21
		▲ 36.2
Orthopaedic Rehab Unit	28.43	25.98
		▼ -2.4
Stroke Unit East	39.22	53.62
		▲ 14.4
Stroke Unit West	40.67	35.25
		▼ -5.4

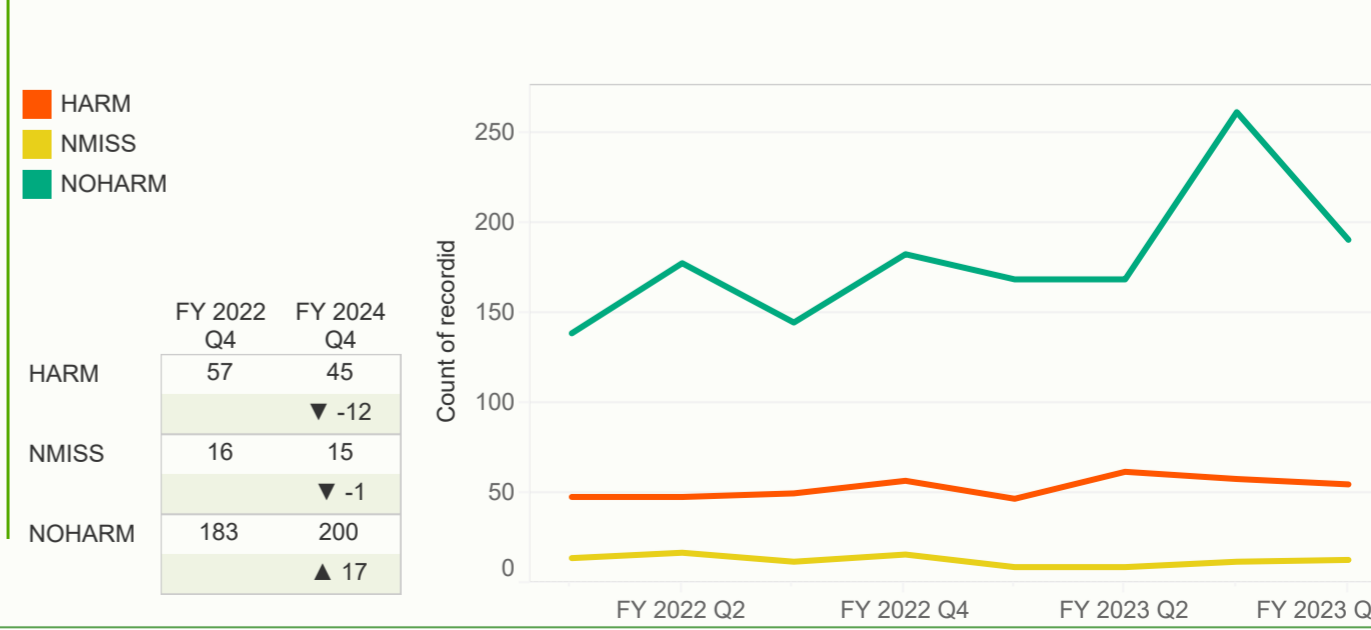


Delayed Discharges - SOARs Ward Codes at Snapshot (Note Ward102 delays not included)

	FY 2022 Q3	FY 2024 Q3
Delays	50	62
		▲ 12
Bed Days Monthly	928	1,519
		▲ 591



Datix Falls (All Falls Incidents Categorised to ABCITY Organisation)



SOCIAL CARE PATHWAYS

OPEN CASES AND UNMET NEED (14+ DAYS OPEN)

Avg. Care searches in place	FY 2022 Q4: 283.3	FY 2024 Q4: 73.5	▼ -210
Avg. Clients with unmet needs	152.5	41.0	▼ -111.6
Avg. Weekly carer hours	FY 2022 Q4: 2,756	FY 2024 Q4: 639	▼ -2,116.6
Avg. Weekly unmet need carer hours	1,225	338	▼ -887.3

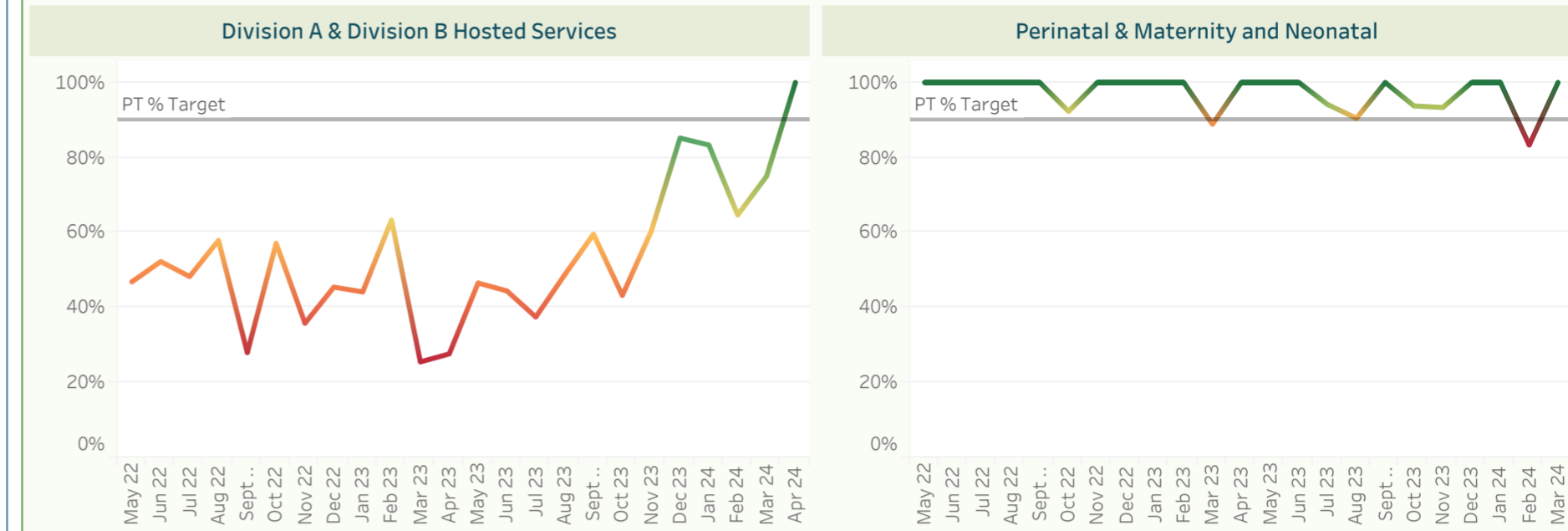


HOME PATHWAYS

DELAYED DISCHARGES (STANDARD AND COMPLEX)

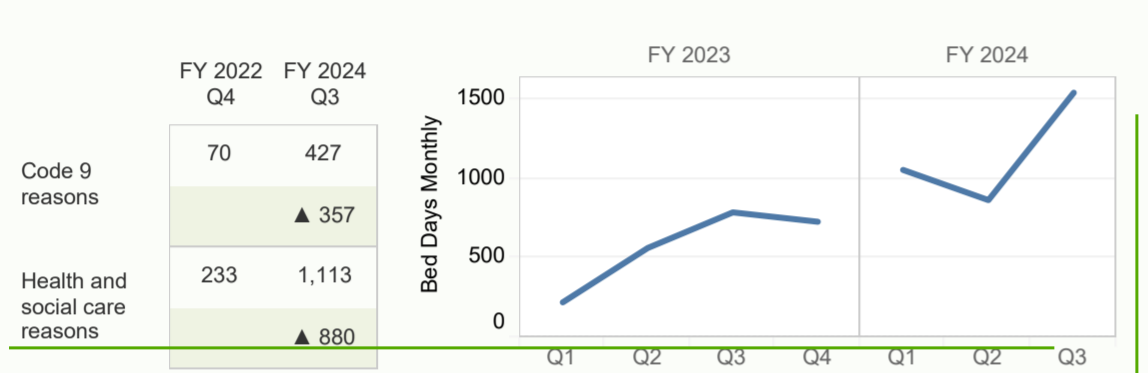
Standard	FY 2022 Q3: 91	FY 2024 Q3: 76	▼ -15
Complex-Code 9	11	15	▲ 4
Standard	FY 2022 Q3: 1,258	FY 2024 Q3: 1,246	▼ -12
Complex-Code 9	367	707	▲ 340

ADULT PT PERCENTAGE TREATED WITHIN 18 WEEKS

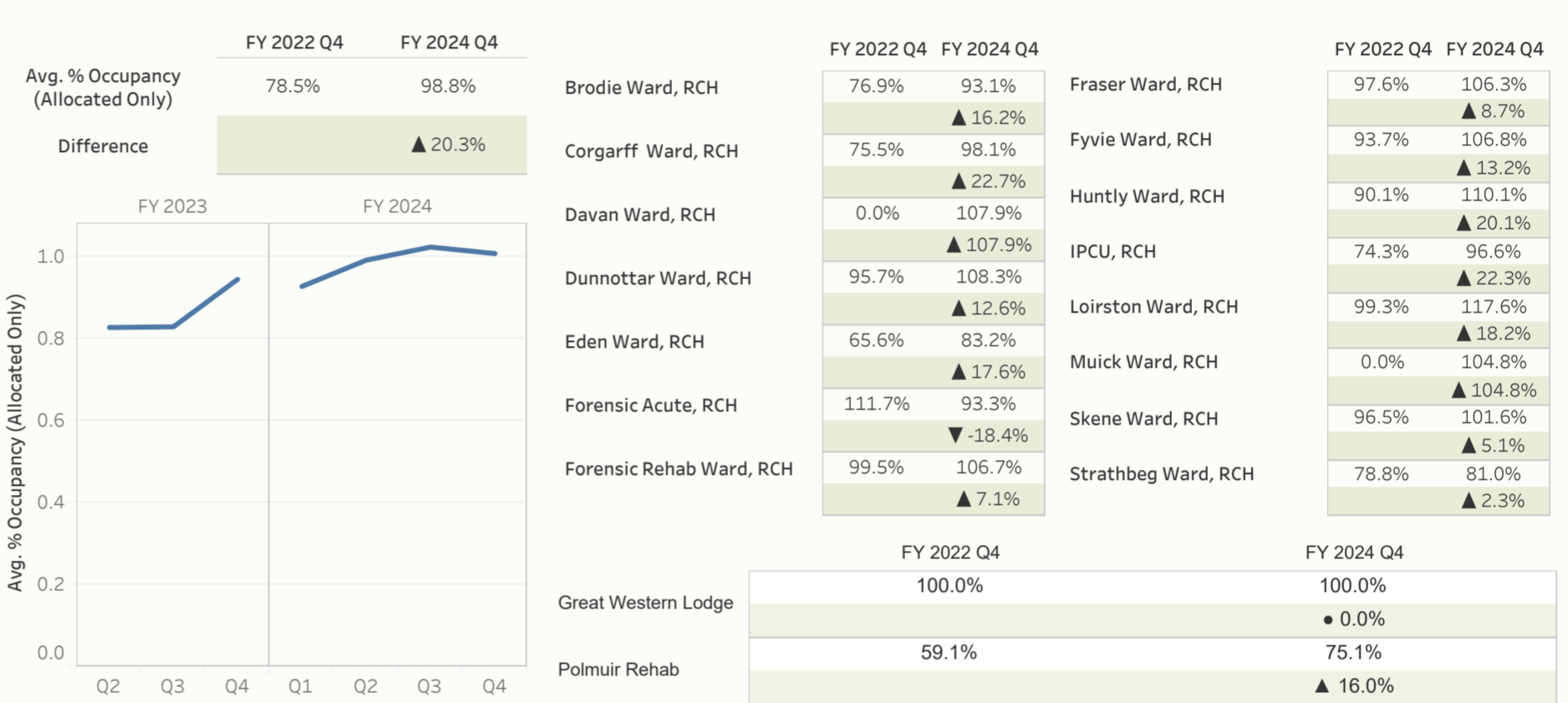


MHLD TRANSFORMATION

MHLD DELAYED BED DAYS (RCH, GREAT WESTERN LODGE & POLMUIR REHAB)



MH AVERAGE OVERNIGHT OCCUPANCY (LISTED WARDS ONLY)



STRATEGY

SUITABLE HOMES

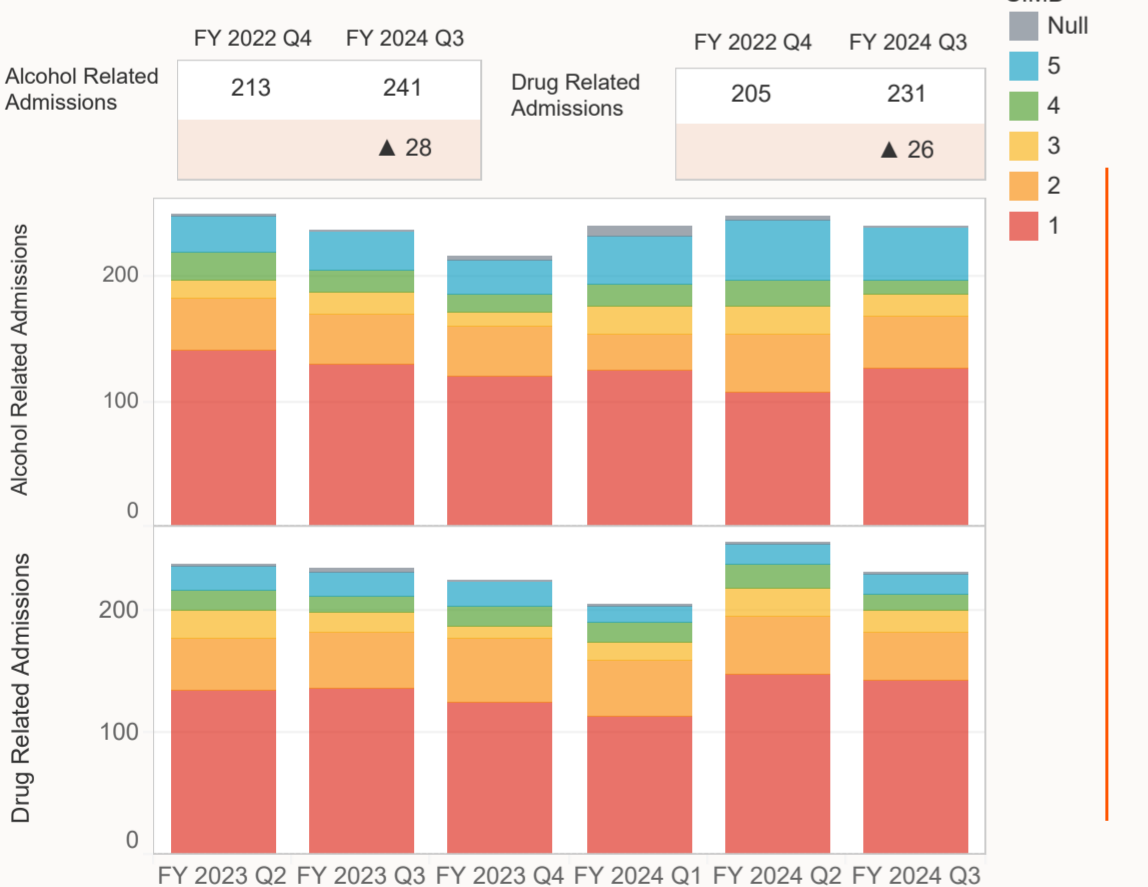
Major Adaptations	2019/20: 410	2020/21: 63	2021/22: 156	2018/19: 1,569	2019/20: 3,105	2020/21: 1,313	2021/22: 1,365	2022/23: 1,365
Minor Adaptations	654	295	610	1,234	2,382	1,230	1,242	1,242
Community Alarm				2,382				
Telecare package				2,382				
Very Sheltered Housing				2,382				

CARERS SUPPORTED

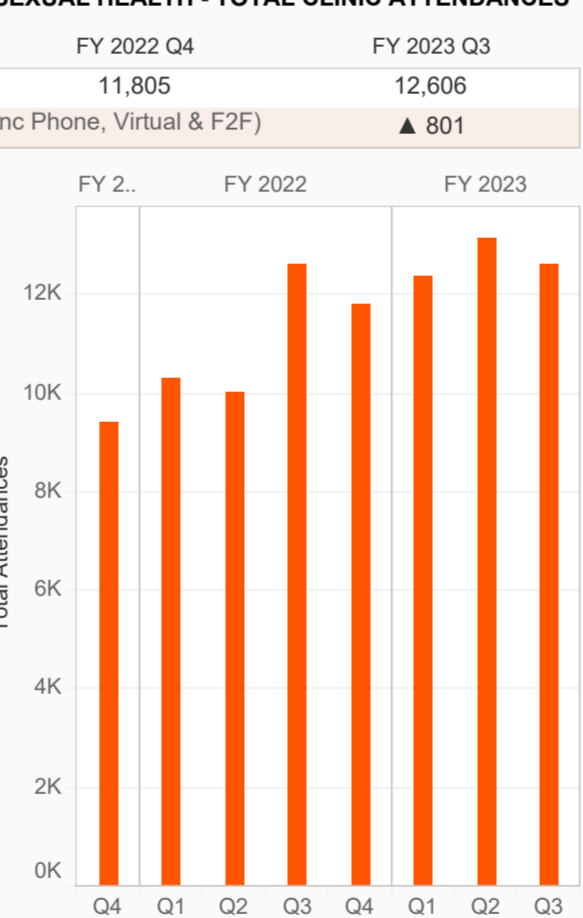
2021/22	594
2022/23	1018
	▲ 71.3%

PREVENTION

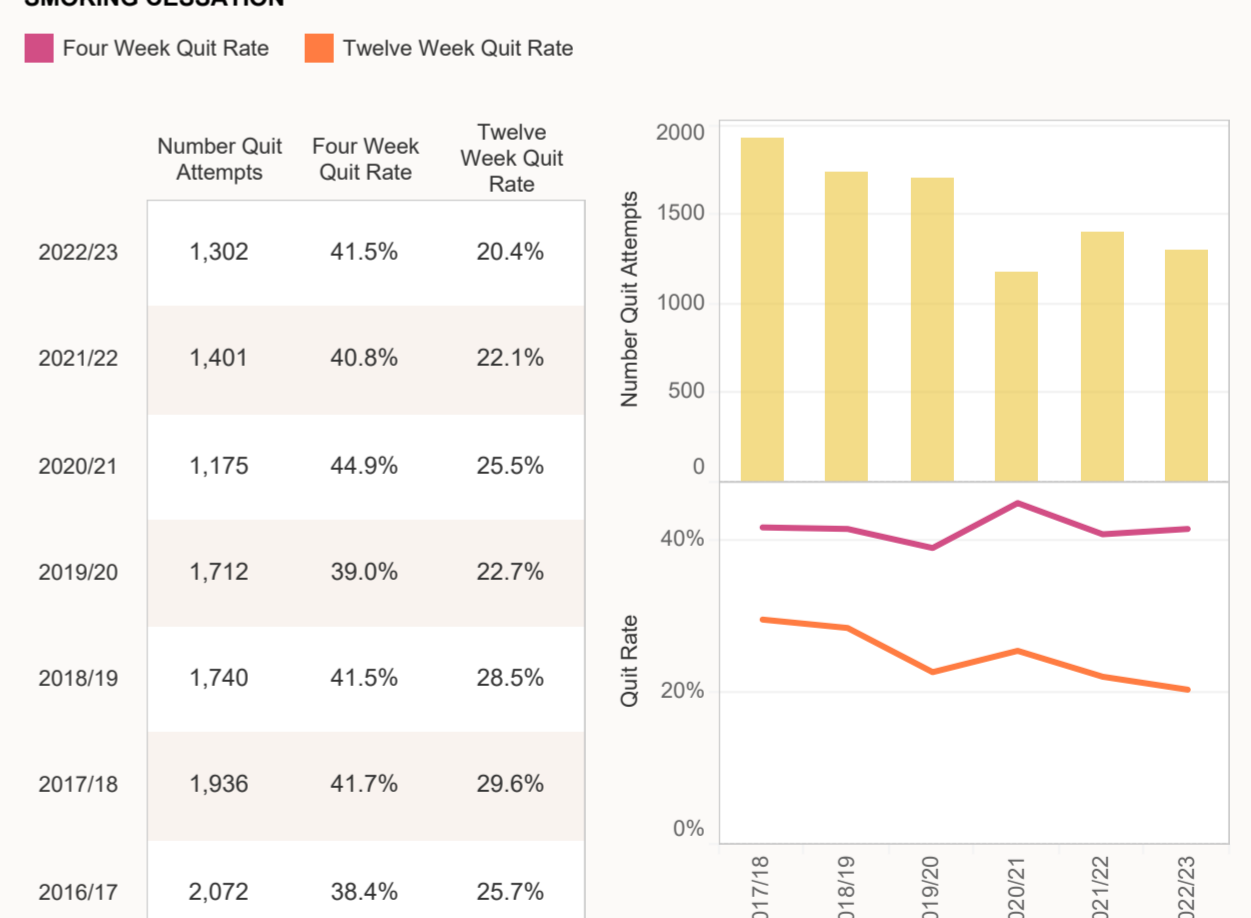
ALCOHOL AND DRUG RELATED ADMISSIONS



SEXUAL HEALTH - TOTAL CLINIC ATTENDANCES

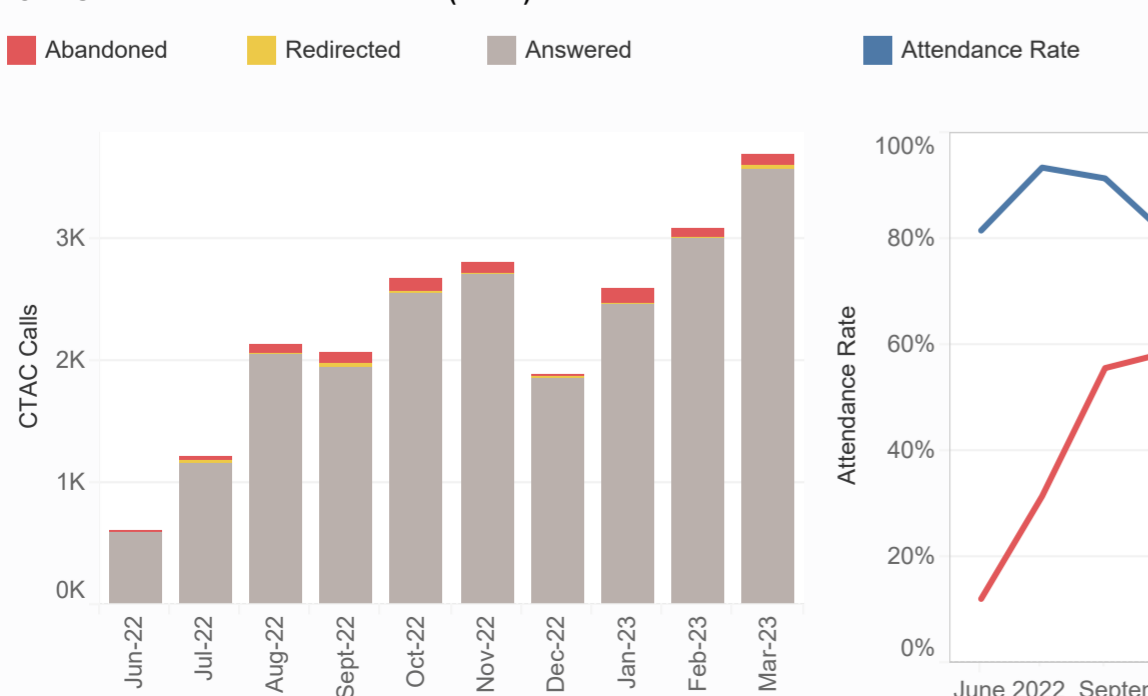


SMOKING CESSATION

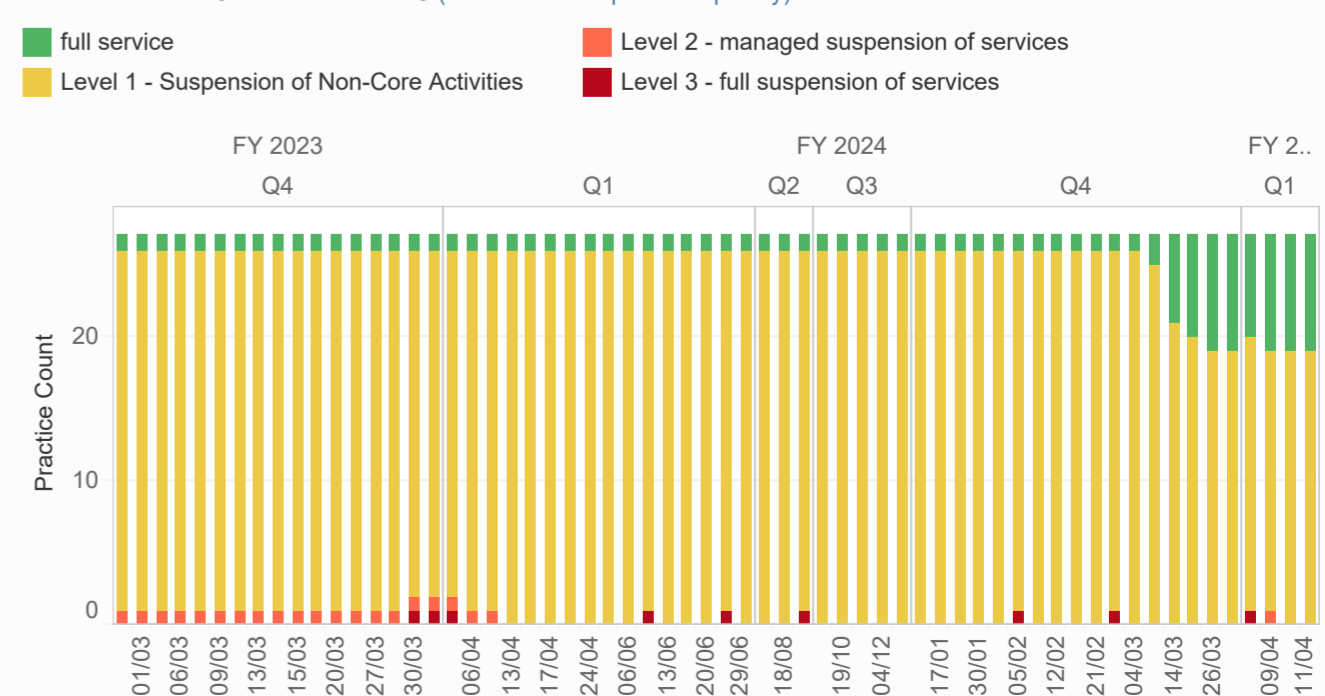


PRIMARY CARE

COMMUNITY TREATMENT AND CARE- (CTAC)



PRIMARY CARE STABILITY LEVELS (Non-standard update frequency)



DEFINITIONS

METRICS USED

			Primary Care	CTAC calls and attendance	Provided by ACHSCP. Community Treatment and Care services appointments booked and attended. Call numbers and results also included.
Datix	Falls	This is taken from DATIX as all falls listed under the ABCITY organisation where the incident result is provided as HARM/NO HARM/NEAR MISS.		Primary Care Stability Levels	Supplied by the Primary Care Contracts Team. Practices contact the team with their current 'Level' which can range from full services to full suspension of services.
Delayed Discharges	Complex Delays	A delay meeting the definition for delayed discharge for which the reason for delay is considered a 'Complex' reason (full delay reason codes available via PHS). These are typically delays where the HSCP has less control (i.e. Adults with Incapacity, Guardianship, Specialist Facility requirements).	Rosewell House	% Step Up (RWH) -	There are beds which are allocated for people who are presenting as unwell but not requiring an admission to an acute hospital setting. These beds may prevent the person from an avoidable admission to hospital or a crisis driven avoidable admission to a mainstream care home. For the dashboard these are identified using the IsFirstWard flag.
	Delayed Discharges	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date and 48 hours after social work has been contacted. It is very important that, while the clinician in charge has ultimate responsibility for the decision to discharge, the decision must be made as part of a multi-disciplinary process and focuses on the needs of the individual patient.		Ward Starts (RWH) -	Admission to Rosewell House wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements.
	Monthly Bed Days	The total number of bed days in a month occupied by a delayed discharge. Note this is not the total length of delay.	SOARS	Average LOS	Calculated as the number of hours between the ward start and the end date divided by 24 to give a decimal day value. This value is expressed as an average for all ward end dates (discharges and transfers) during the given date range.
	Standard Delays	A delay meeting the definition for delayed discharge for which the reason for delay is considered a 'Standard' reason (full delay reason codes available via PHS).		Average Occupancy % -	Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage.
Hospital at Home	Allocated Beds Available	Allocated beds is pulled directly from the applicable field in Trakcare for that ward.		Max LOS	As above however, only the maximum LOS value for a discharge that has occurred in the given date range.
	Average % Occupancy	Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage.		Ward Starts -	Admission to SOARS wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements.
	Hospital at Home Admissions	Admission to Hospital at Home wards from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for the given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements.	Social Care	Care Searches in Place	Provided by ACHSCP. The total number of cases which remain open and awaiting care (a single client can have multiple cases).
	Overnight Occupancy	The total number of occupied beds at midnight for The given date.		Clients with Unmet Needs	Provided by ACHSCP. The number of clients who have been waiting over 14 days for one or more open cases for social care.
Mental Health	Probable Suicides	'Probable suicides' refers to deaths from intentional self-harm and events of undetermined intent. The latter category includes cases where it is not clear whether the death is a suicide. Data used for this chart is from published data.		Weekly Carer Hours	Provided by ACHSCP. The total number of hours required to satisfy the care requirements for all open cases.
	RCH Average Overnight Occupancy	Calculated using the overnight occupancy for a given ward or group of wards divided by the allocated beds available for the applicable ward(s), given as a percentage.	Strategy	Adaptations	Provided by ACHSCP. Adaptations completed split by major/minor.
Prevention	Alcohol and Drug Related Admissions	These are admissions which have ICD10 codes given below. Note that this figure can vary and lag as diagnosis is determined and amended on Trakcare - this can take a few months to appear within the data. Recent data should be considered as changable. Alcohol Related- F10 codes. Drug Related - F11 - F19 codes.		Telecare	Provided by ACHSCP. Telecare and community alarm clients.
	Sexual Health Clinic Activity	Provided by ACHSCP for the dashboard and include face to face and phone/virtual visits.	Ward 102	Daily Boarders -	A patient who is physically located on a different ward but should have been admitted to the given ward, however no bed was available to admit them. For example a patient who is under the care of Ward 102 may use a bed in another ward.
				Ward 102 Ward Starts	Admission to Ward 102 from anywhere in the system at any point during a patients stay, including transfers from any other ward/locations as well as first ward admissions for a given date range. Individuals who have multiple movements into the ward in a date range are counted for both movements.

GLOSSARY OF ADDITIONAL TERMS

Creative breaks	Creative Breaks is a funding programme of the Short Breaks Fund, operated by Shared Care Scotland on behalf of the Scottish Government. The purpose of the Short Breaks Fund is to increase the range, availability, and choice of short breaks for carers and those they care for across Scotland. The Short Breaks Fund aims to make a lasting positive impact to carers and the people that they care for, to funded organisations, and to wider short breaks policy and practice. The Creative Breaks programme provides grant funding to third sector organisations to develop and deliver short breaks projects and services for carers of adults (aged 21 years), and young carers (caring for children or adults), and the people that they care for.
Criteria led discharge	This term is used to describe a discharge process which is led by certain criteria that will enable the person to be discharged safely. During the persons stay the doctors, nurses and other staff will work with them to observe and record their progress with certain "goals". The term 'goal' refers to what the healthcare team want they person to achieve for their individual health needs. Discharge from hospital happens when they are medically ready to go and their healthcare team have confirmed they have met their goals as an inpatient. Criteria Led Discharge goals may include: <ul style="list-style-type: none"> • Ability to transfer safely – this doesn't necessarily mean walking, but means they can safely transfer from bed to a chair etc. with any equipment assessed necessary for their needs. • that their blood pressure and temperature are within the required range. • their discharge destination is ready, safe for them to return to and they have any required care packages/equipment in place.
Delayed Discharge	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date. It is very important that, while the clinician in charge has ultimate responsibility for the decision to discharge, the decision must be made as part of a multi-disciplinary process and focuses on the needs of the individual patient
Delayed Transfer of Care	A 'delayed transfer of care' occurs when a patient is ready to leave their current bed but requires some further care in another facility or community hospital but is still occupying an acute bed. Delayed transfers – also referred to as 'DTCs' or sometimes, often in the media, described as 'bed-blocking' – can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients
Discharge to Assess,	Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person
Emergency discharge beds	This is provision of care in a care home setting for the care of people who are medically fit for discharge however, there is no placement in the current system able to support them with their preferred placement. They may also need a bit more nursing or support to recover completely before moving onto their selected placement. The placement may be required due to a lack of care at home care availability or a place in their preferred care home or Very Sheltered housing scheme not being available. Emergency discharge beds tend to be purchased as a result of increased pressure and demand on the system to support people to move on from the hospital and release bed capacity.
Hospital at home	Is a short-term, targeted intervention that aims to provide a level of acute hospital care in a person's own home or normal place of care that is equivalent to that provided within a hospital.
Hospital Homecoming	A two year volunteer project with nine test sites, at the time of writing, to support people up to 12 weeks after they have been discharged from hospital. Services the volunteers offer include shopping, prescription collections, transport to appointments, befriending and dog walking.
Interim placement	There will be times when a patient in hospital, or the community cannot access the service they require, be that a Care Home, alternative housing with care, or a Care at Home service and therefore a variety of interim options are required. This avoids risk or harm to patients by reducing unnecessary delays for individuals being discharged from hospital but also to avoid where possible unnecessary admissions to hospital.
Reablement	The reablement approach supports people to do things for themselves and helps people to retain or regain their skills and confidence so they can learn to manage again after a period of illness. It is usually provided in the person's own home and aims to assist people to continue to live as they wish and to enable the individual to do ordinary activities like cooking meals, washing, dressing, moving about the home and going out. Reablement may be used to support discharge from hospital, prevent readmission or enable an individual to remain living at home. (from SCIE)
Rehabilitation	Person-centred interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment. Rehabilitation may be required following an injury, surgery, disease or illness or because their functioning has declined with age. Rehabilitation can help to reduce, manage or prevent complications associated with many health conditions, such as spinal cord injury, stroke, or a fracture. Rehabilitation is provided by a multidisciplinary workforce including physiotherapists, occupational therapists, speech and language therapists, audiologists, orthotists and prosthetists, clinical psychologists, physical medicine and rehabilitation doctors, and rehabilitation nurses. It addresses underlying conditions such as pain and supports people to overcome difficulties with movement, communication, eating, thinking, seeing, hearing. It helps the person be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful roles. (WHO)
Respite	An opportunity for carers and those that they care for to have a break from their current circumstances in a residential setting such as a care home or very sheltered housing complex. Respite may be planned in advance, or unplanned where there is a sudden change in someone's situation or as a place of safety, in response to an Adult Protection situation and/or emergency response to risk allowing time to forward plan and make arrangements.
Step down beds	These are rehabilitation beds when people need a bit more time to recover after a period of time when they have been unwell or after surgery. The person is generally well but require a time of support to help them rehabilitate with input from Allied health Professions such as Occupational Therapists and Physiotherapists.
Step up beds	There are beds which are allocated for people who are presenting as unwell but not requiring an admission to an acute hospital setting. This may be in a care home for example which provide 24 hour care and support to a person who may be requiring additional care and support and in some cases nursing input. These beds may prevent the person from an avoidable admission to hospital or a crisis driven avoidable admission to a mainstream care home.

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