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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 3 September 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, 10 SEPTEMBER 2024 at 10.00 am.**

ALAN THOMSON
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

DECLARATION OF INTERESTS AND TRANSPARENCY STATEMENTS

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

DETERMINATION OF EXEMPT BUSINESS

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

STANDING ITEMS

- 3.1 Minute of Previous Meeting of 4 June 2024 (Pages 3 - 8)
3.2 Business Planner (Pages 9 - 12)

GOVERNANCE

- 4.1 Quarterly Financial Monitoring Report - HSCP.24.063 (Pages 13 - 20)

AUDIT

5.1 Internal Audit Update Report - HSCP.24.065 (Pages 21 - 30)

PERFORMANCE

6.1 Quarterly Performance Report against the Delivery Plan - HSCP.24.064
(Pages 31 - 60)

6.2 Navigator Project Evaluation - HSCP.24.016 (Pages 61 - 68)

6.3 Accounts Commission: IJB Finance and Performance Report 2024 - HSCP.24.072 (Pages 69 - 140)

EXEMPT / CONFIDENTIAL BUSINESS

7.1 None at the time of issuing the agenda

COMMITTEE DATES

8.1 Date of Next Meeting - 3 December 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, 4 June 2024

10.00 am Virtual - Remote Meeting

ABERDEEN, 4 June 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, Shona Omand-Smith and Claire Wilson.

Also in attendance: Jess Anderson, Graham Lawther, Calum Leask, Judith McLenan, Alison Penman and Steven Stark.

Apologies: Michael Oliphant (Audit Scotland).

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

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

WELCOME

1. The Chair welcomed everyone to the meeting and advised that this would be the last RAPC meeting for Paul Mitchell, Chief Finance Officer, before he retired from ACHSCP. On behalf of the Committee, the Chair thanked him for his professionalism and wished him well for the future.

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

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

EXEMPT BUSINESS

3. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 2 APRIL 2024

4. The Committee had before it the minute of its previous meeting of 2 April 2024, for approval.

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The Committee resolved:-

to approve the minute as a correct record.

BUSINESS PLANNER

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

The Committee resolved:-

- (i) to note the reasons outlined for the deferral, transfer and removal of the reports at lines 12 (Review of Financial Governance), 13 (Local Update on the full Mental Welfare Commission report) and 14 (Quarter 4 (2023/24) Financial Monitoring Report) respectively; and
- (ii) to otherwise agree the Planner.

REVIEW OF DUTIES AND YEAR END REPORT - ANNUAL REVIEW OF RAPC - HSCP.24.038

6. The Committee had before it a review of reporting for 2023/24 and an early draft of the intended schedule of reporting for 2024/25, providing assurance that the Committee was fulfilling all the duties as set out in its terms of reference.

The Strategy and Transformation Lead introduced the report.

The report recommended:-

that the Committee note the content of Appendix A of the report – Risk, Audit and Performance Duties report.

The Committee resolved:-

to note the information provided.

DIRECTIONS TRACKER - HSCP.24.035

7. The Committee had before it a report prepared by the Strategy and Transformation Lead in respect of a six-monthly update on the status of Directions made by the IJB to Aberdeen City Council and NHS Grampian.

The report recommended:-

that the Committee note the detail and updates attached at Appendix A of the report.

The Committee resolved:-

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- (i) to note that an end-of-project report in respect of the Navigator Project would be presented to the Committee on 10 September 2024; and
- (ii) to otherwise note the information provided.

APPROVAL OF UNAUDITED ACCOUNTS - HSCP.24.039

8. The Committee had before it the unaudited final accounts for 2023/24, prepared by the Chief Finance Officer.

The report recommended:-

that the Committee consider and comment on the Unaudited Final Accounts for 2023/24 at Appendix A of the report.

The Committee resolved:-

to note the Unaudited Final Accounts for 2023/24.

INTERNAL AUDIT UPDATE REPORT - HSCP.24.042

9. The Committee had before it an update report prepared by the Chief Internal Auditor on Internal Audit's work. Details were provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.

The report recommended:-

that the Committee:

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

The Committee resolved:-

to note the information provided.

INTERNAL AUDIT ANNUAL REPORT - HSCP.24.032

10. The Committee had before it the Internal Audit Annual Report for 2023/24 prepared by the Chief Internal Auditor.

The report recommended:-

that the Committee:

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- (a) note the Internal Audit (IA) Annual Report 2023/24 as detailed in Appendix A of the report;
- (b) note that the Chief Internal Auditor had confirmed the organisational independence of Internal Audit;
- (c) note that there had been no limitation to the scope of Internal Audit work during 2023/24; and
- (d) note the progress that management had made with implementing recommendations agreed in Internal Audit reports.

The Committee resolved:-

to note the information provided.

PRIMARY CARE IMPROVEMENT PLAN UPDATE - HSCP.24 036

11. The Committee had before it an update in respect of the progress implementing the Primary Care Improvement Plan (PCIP). The Primary Care Improvement Plan Programme Manager introduced the report and responded to questions from Members.

The report recommended:-

that the Committee

- (a) note the update presented on the PCIP, as outlined in the report; and
- (b) note that the annual PCIP Update report was presented to the meeting of the Integration Joint Board at its meeting on 28 November 2023.

The Committee resolved:-

to note the information provided.

QUARTERLY PERFORMANCE REPORTS AGAINST THE DELIVERY PLAN - HSCP.24.034

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

The Transformation Programme Manager spoke to the report and highlighted that updated metrics had been integrated into the Delivery Plan Dashboard in respect of Mental Health & Learning Disability Inpatient, Specialist Services and Child and Adolescent Mental Health Services in order to ensure effective oversight and to ensure inclusion of key performance targets for ACHSCP and pan-Grampian services.

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The Programme Manager introduced the Lead for Mental Health & Learning Disability (MHLD) Inpatient, Specialist Services and Child and Adolescent Mental Health Services (CAMHS) who presented additional context in relation to the changes.

At this juncture, Hussein Patwa advised that he had a connection in relation to the item by virtue of being a Member of the Diverse Experiences Advisory Panel, however having applied the objective test, he did not consider that he had an interest and would not be withdrawing from the meeting.

The report recommended:-

that the Committee note the Delivery Plan Quarter 4 Summary, the Tracker and Dashboard as appended to the report.

The Committee resolved:-

- (i) to note the transparency statement from Hussein Patwa; and
- (ii) to otherwise agree the recommendation.

DATE OF NEXT MEETING - 10 SEPTEMBER 2024

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

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

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	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	10 September 2024									
5	10.07.24	Quarter 1 Financial Monitoring Report to June 2024	To present an update on the financial position.	HSCP24.063	Kenny Low	Chief Finance Officer	ACHSCP	On the agenda		
6	Standing Item	Internal Audit Update Report	To provide an update on Internal Audit's work since the last update: progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.	HSCP24.065	Jamie Dale	Chief Internal Auditor	Internal Audit	On the agenda		
7	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.	HSCP24.064	Calum Leask/ Alison Macleod	Strategy and Transformation Team	ACHSCP	On the agenda		
8	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)	HSCP.24.016	Simon Rayner	ADP Strategic Lead	ACHSCP	On the agenda		
9	20.08.2024	Accounts Commission: IJB Finance and Performance Report 2024	To provide a summary of the Accounts Commission's Finance and Performance Report for IJBs in 2024 and to provide assurance across the Accounts Commission's recommendations.	HSCP.24.072	Sarah Gibbon	Chief Finance Officer	ACHSCP	On the agenda		
10	Standing Item	Review of Financial Governance	To provide assurance on Governance Environment annual report. Last RAPC was 13 June 2023.	HSCP.24.037	Kenny Low	Chief Finance Officer	ACHSCP		D	Due to staff absence, this report will be deferred to the meeting of 3 December 2024
11	3 December 2024									
12	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.		
13		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			

	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										
26	30.11.22	Quarterly Performance Reports against the Delivery Plan	To note the position.		Alison Macleod	Strategy and Transformation Team				
27	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		
28		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		
29		Approval of Unaudited Accounts			Chief Finance Officer	Chief Finance Officer	ACHSCP	Last presented to RAPC on 4 June 2024		
30		Review of Duties and Year End Report - Annual Review of RAPC	To present a review of reporting for 2025/26 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.		Alison Macleod	Chief Finance Officer	ACHSCP	Last presented to RAPC on 4 June 2024		
31		Internal Audit Annual Report	To provide the Committee with Internal Audit's Annual Report for 2023/24.		Jamie Dale	Chief Internal Auditor	Governance	Last presented to RAPC on 4 June 2024 - this is an annual requirement.		
32	10.07.24	Quarterly Financial Monitoring Report to March 2025	To present an update on the financial position.		Kenny Low	Chief Finance Officer	ACHSCP	Expected April/May 2025		

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Date of Meeting	10 September 2024
Report Title	Quarter 1 (2024/25) Financial Monitoring Update – period ended 30 June 2024
Report Number	HSCP.24.063
Lead Officer	Fraser Bell, Chief Operating Officer
Report Author Details	Fraser Bell, frbell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Appendices	None

1. Purpose of the Report

- a) To summarise the revenue budget performance to 30 June 2024 for the services within the remit of the Integration Joint Board (IJB), to advise on any areas of risk and management mitigating action and to approve the budget virements so that budgets more closely align to anticipated income and expenditure.

2. Recommendations

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

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

3. Summary of Key Information

Background



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- 3.1. During the budget setting process for the financial year 2024/25, significant pressures and savings were highlighted and agreed. These were set out in the context of increasing levels of demand on ACHSCP services. This demand flows from significant levels of health debt created by, for example, Covid-19 and the restrictions put in place to mitigate the impact of Covid-19. There is also an ageing population with corresponding increases in long term health conditions and complex care needs. To manage the increase in demand, the ACHSCP is developing a digital innovation programme and is continuing to invest in preventative activities. Proposals to develop digital capability will be presented to the Integration Joint Board at its meeting on 24 September 2024. However, it has also had to decommission the capacity it held in community settings, including 43 interim beds, 20 rehabilitation beds, and 5 end of life beds.
- 3.2. Included within the Medium-Term Financial Framework, were agreed savings of £8.209m. Following an overspend in 2023/24, further additional savings were allocated across a range of services for 2024/25 requiring additional measures such as restricting recruitment, enhanced scrutiny of existing and proposed care packages and the limitation of budget uplifts to providers. These measures combined are mitigating the forecast 2024/25 position set out below. However, as noted below, there continues to be a sustained pressure on the IJB's budget.

Aberdeen City IJB Financial Information

- 3.3. A prudent methodology continues to be taken in respect of forecasting. The financial position of the IJB as at 30 June 2024, which projects a £622,000 overspend at the end of the financial year, is as follows:



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Period 3	Full Year	Period	Period	Period	Variance	Forecast	Full Year
	Revised						
	Budget	Budget	Actual	Variance	Percent	Forecast	Variance
	£'000	£'000	£'000	£'000	%	£'000	£'000
Mainstream:							
Community Health Services	45,191	10,914	11,410	496	4.5%	45,941	750
Aberdeen City share of Hosted Services (health)	29,569	7,412	7,694	282	3.8%	30,756	1,187
Learning Disabilities	40,980	10,248	10,540	292	2.8%	41,426	446
Mental Health and Addictions	26,029	6,399	6,763	364	5.7%	27,819	1,790
Older People & Physical and Sensory Disabilities Directorate	100,367	25,092	26,135	1,043	4.2%	103,100	2,733
Criminal Justice	167	42	42	0	-	167	-
Housing	1,750	437	437	0	-	1,750	-
Primary Care Prescribing	51,148	12,668	11,760	(908)	(7.2)%	46,649	(4,499)
Primary Care	45,937	11,562	11,352	(210)	(1.8)%	45,424	(513)
Out of Area Treatments	2,750	687	573	(114)	(16.6)%	2,873	123
Set Aside Budget	55,550	13,888	13,888	0	-	55,550	-
City Vaccinations	2,666	669	621	(48)	(7.2)%	2,643	(23)
Transforming Health and Wellbeing	3,571	895	816	(79)	(8.8)%	3,276	(295)
Uplift Funding	697	(9)	0	9	(100.0)%	697	-
	409,050	101,574	102,565	991	1.0%	409,672	622
Funds:							
Transformation Projects - Mental Health Funds	(0)	(0)	(0)	(0)	240.0%	0	(0)
Integration and Change	0	0	0	(0)	(52.2)%	0	0
Winter Funding	0	0	0	0	-	0	-
Risk Fund	0	0	0	0	-	0	-
Primary Care Improvement Fund	7,178	1,890	1,596	(294)	(15.6)%	7,178	-
Action 15 Mental Health	1,392	350	347	(3)	(0.9)%	1,392	-
Alcohol Drugs Partnership	1,999	501	313	(188)	(37.5)%	1,999	-
	10,569	2,741	2,256	(485)	(17.7)%	10,569	(0)
	419,619	104,315	104,821	506	0.5%	420,241	622

3.4. Prescribing received a significant budget uplift this financial year of £6m. This reflected a sustained upward pressure on the budget and projection data made available to the IJB at the time of setting the budget. Spend levels for the year to date are only marginally above 23/24 levels, with a forecast underspend of approximately £4.5m. This is helping to offset some of the overspending elsewhere. However, it should be noted that the year-end projection for prescriptions is based on the limited prescribing data available at this early stage of the year. The market can fluctuate significantly through increases in drug costs due to reductions in supply. There is a significant risk that the prescription underspend cannot be sustained at current levels which could have a detrimental impact on the overall financial position at the end of the year. Coordinated efforts at a national and regional level are being made to ensure best value across prescription budgets. This includes the



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promotion of alternative and better value medicines and the reduction of waste.

- 3.5.** During the budget setting process, funding is allocated to budget lines based on reasonable assumptions regarding income and expenditure. To date, not all income that is assumed to be received from the Scottish Government in-year has been confirmed. For example, it is anticipated that Community Health Services will receive £1.3m in funding based on previous awards. This has yet to be confirmed. Furthermore, the IJB was advised in July by the Scottish Government that mental health funding that would benefit Community Health Services and Mental Health and Learning Disabilities services will reduce by £120k this year. Given the national financial challenges, there is a risk that the assumed in-year income from Scottish Government will not be made available or may be reduced below assumed levels. This would, untreated, create additional pressures to the IJB's budget and affected overall year-end projections levels.
- 3.6.** There is a risk that cost based assumptions are lower than anticipated. A pay deal for NHS Grampian staff within ACHSCP is anticipated to be fully funded. However, there is a risk that the cost to the IJB of a pay deal for council staff across Scotland in 2024/25 is higher than budgeted for as a result of it not being fully funded. An assumption has been made for the increase in the National Care Home Rate. If this rate, negotiated at a national level, is agreed at a rate that is higher than budgeted for, there could be a significant detrimental impact on the IJB's budget.
- 3.7.** Given the projected overspend position, and the risks set out above, active consideration is being given to additional means to reducing the projected overspend. These would likely have a negative impact on the delivery of the IJB's Delivery Plan for Year 3 of its Strategic Plan and on performance levels. Amongst the areas under consideration are recruitment and procurement of care in the community.
- 3.8.** Robust arrangements in respect of vacancy control are in place. However further restraints could be put in place. This could include the pausing of all non-frontline services recruitment, regard to Scottish Government expectations would be considered. This would have to be considered against other competing factors. As part of the Agenda for Pay settlement in



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2023/24, arrangements to reduce the working week (at no pay detriment) are being introduced. As part of the first phase of the implementation, for ACHSCP Nursing alone this could amount to the potential reduction of approximately 30 whole time equivalent per year (of which there is a risk that IJB may not be fully compensated for). This arrives at the same time as the implementation of the Health and Care (Staffing) (Scotland) Act 2019 which sets minimum levels of staffing. Further reductions in recruitment would therefore have to be considered against the backdrop of a reduction in capacity and legislative requirements regarding staffing levels.

- 3.9.** Management have identified key areas for further review as part of the Quarter 1 position that will enhance planning and monitoring to reduce financial risk during the remaining financial year. The key areas include
- older people & sensory needs and disabilities (care packages) - spend varies depending on individual needs and demand. Monitoring continues on control of care package spend
 - prescription charges – this can be volatile due to medicine availability and market conditions; new medications and prescribing. Medical Director continues to work with prescribers on medicine switches to reduce spend with no detriment to efficacy of medicines
 - hospital discharges – with national mission to reduce the number of delayed people in hospital there has been significant focus on this area, our numbers are increasing due to the reduction of capacity in community settings to reduce spend.

Part of the monitoring will be to analyse the cost of the services and the impact on costs for the whole system, including IJB, NHS and Council.

4. VIREMENTS

- 4.1.** Further information on the virement process is contained within paragraph 3.4 and Appendix 1 of the [IJB Financial Regulations](#).
- 4.2.** Virements required in the first quarter and which balance to zero are set out below:



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Appendix E: Budget Virements (balancing)

Health 1-3		£
EST ADJUSTMENT	City Prior Year Reserve	(1,145,143)
EST ADJUSTMENT	Ring Fenced Funding	1,145,143
CITY ACTION 15	City Prior Year Reserve	(1,389,512)
CITY ACTION 15	Ring Fenced Funding	1,389,512
CITY ADP DRAWDOWN	City Prior Year Reserve	(1,996,916)
CITY ADP DRAWDOWN	Ring Fenced Funding	1,996,916
PCIP REALIGN	City Prior Year Reserve	6,272,882
PCIP REALIGN	Ring Fenced Funding	(6,272,882)
TARGET REALIGN	City Vaccinations	184,000
TARGET REALIGN	City Core	(184,000)

Total Virements -

Health 4-6 £

Total Virements -

Health 7-9 £

5. Implications for IJB

- 5.1. Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and the Risk Audit & Performance Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.
- 5.2. **Equalities, Fairer Scotland and Health Inequality** – there are no implications arising from this report.
- 5.3. **Financial** – the financial implications are contained throughout the report.



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- 5.4. **Workforce** – there are no workforce implications arising from this report.
- 5.5. **Legal** – there are no legal implications arising from this report.
- 5.6. **Other** – there are no other implications arising from this report

6. Links to ACHSCP Strategic Plan

- 6.1. A balanced budget and the medium financial strategy are a key component of delivery of the strategic plan and the ambitions included in this document.

7. Management of Risk

7.1. Identified risks

Risks associated with the IJB's 24/25 budget are outlined in the report above. There is a link to Strategic Risk 2 in the IJB's Strategic Risk Register: *a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.*

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

Financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues can be identified quickly, allowing mitigating actions to be implemented where possible.

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Risk, Audit and Performance Committee

Date of Meeting	10 September 2024
Report Title	Internal Audit Update Report
Report Number	HSCP.24.065
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 September 2024
Terms of Reference	2. Scrutinise, 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 September 2024 (“the Internal Audit Update Report”), as appended at Appendix A, and the work of Internal Audit since the last update;



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- b) Note the progress against the approved 2023/24 and 2024/25 Internal Audit Plans 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.



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- 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
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Internal Audit

Risk, Audit and Performance Committee Internal Audit Update Report September 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 and 2024/25 Internal Audit plans, 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 has been finalised with delivery of the 2023/24 Internal Audit Plan and is underway with the reviews for 2024/25.
- 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	Final Report Issued ¹

2.2 2024/25 Audits

Service	Audit Area	Position
Integration Joint Board	Counter Fraud	Review in Progress
Council Led HSCP Services	HSCP Commissioning	Review Scheduled
Integration Joint Board	IJB Budget Setting and Monitoring	Review in Progress

2.3 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 30 June 2024 (the baseline for our exercise), two audit recommendations were due, one rated Moderate and the other Minor.

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.

¹ Where this review has been finalised, as it related to a Council led HSCP service, reporting requirements mean that it must first be presented to the Aberdeen City Audit, Risk and Scrutiny Committee. This will take place on 26 September 2024, with the report subsequently presented to the IJB Risk, Audit and Performance Committee on 3 December 2024.

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
Care Management System	AC2405	Moderate	The H&SCP should review the governance in place for service users. This should look to formalise the role of product owner, which will ensure user needs and training needs continue to be met. A key focus area will be the need for system guidance and wider operational support.	May-24	Sep-24	This has been slightly delayed but is being worked on and will be implemented by September.	In Progress
IJB Complaint Handling	AC2402	Minor	Delegated authority should be adhered to or reviewed.	June-24	Sep-24	The Business, Resilience and Continuity Lead is currently working on this recommendation, and is pulling together flow charts that will enable SLT members and other officers in the Partnership to understand the different processes undertaken for complaints in ACC and NHSG, and will include details on sign off of complaints at the correct authority level.	In Progress



RISK AUDIT PERFORMANCE COMMITTEE

Date of Meeting	10 September 2024
Report Title	Quarter 1 Delivery Plan Update
Report Number	HSCP.24.064
Lead Officer	Alison MacLeod
Report Author Details	Calum Leask Transformation Programme Manager CLeask@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Exempt	No
Appendices	<ul style="list-style-type: none"> a. Quarter 1 Overview b. Delivery Plan Quarter 1 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

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 1 Summary, the Tracker and Dashboard as appended to this report.



RISK AUDIT PERFORMANCE COMMITTEE

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 1 update to the Risk, Audit and Performance Committee based upon the Year 3 Delivery Plan as approved by UJB 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. For the 2024-2025 financial year, there are a total of 82 projects within the Delivery Plan, spanning across 16 programmes. This compares with the 2023-2024 financial year where there were 64 projects spanning across 16 programmes. From the 2023-2024 financial year, the programme 'Flexible Bed Base' has been removed as a standalone programme, and for the 2024-2025 financial year, 'Hospital at Home Expansion' has been added as a standalone programme.
- 4.4. The Partnership also classifies its projects by Tiers: Tier 1 being prevention; Tier 2 being early intervention; and Tier 3 being response. The changes of the proportion of projects aligning to these tiers between the 2023-2024 and 2024-2025 financial year are visible below:



RISK AUDIT PERFORMANCE COMMITTEE

Tier	2023-2024 Delivery Plan No. Projects (%)	2024-2025 Delivery Plan No. Projects (%)
Tier 1 (Prevention)	53 (83)	17 (21)
Tier 2 (Early Intervention)	4 (6)	33 (40)
Tier 3 (Response)	7 (11)	32 (39)
Total	64 (100)	82 (100)

- 4.5.** Despite the above, direct comparisons with Year 2 are challenging for several reasons. Firstly, the tier allocation occurred after the Delivery Plan was agreed upon, and the initial attempt did not include agreed definitions. Additionally, the comparison is complicated because we included projects from the programme plans of some larger programmes, most of which fall into Response Tier 3. However, we have increased the number of projects within the Prevention programme from seven to twelve.
- 4.6.** 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 3 Delivery Plan. The Delivery Plan Dashboard in Appendix C displays the key measures and updated figures (where possible) related to these.
- 4.7.** The Delivery Plan Progress Tracker is a spreadsheet used 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 April to July 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.
- 4.8.** For this reporting period, there are six projects marked as completed, with the rationale for each provided below. Further information regarding project descriptions; their categorisations and programme alignments, can be viewed in Appendix B. All project closures have been approved by the Partnership’s SLT.



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Project Reference	Project Title	Rationale for Project Closure
SE27	Review BAC Contract	Contract has been reviewed with new service specifications added, contract has been signed by both parties
SE29	Interim Beds	Contract ended with Woodlands on 31 st May 2024, with two beds at Deeside remaining until March 2025
SE10	MORSE Review in CN / AHPs	Evaluation was completed and presented to the IJB in May 2024 alongside a paper recommending the renewal of the license for a further three year period until October 2027. This was approved.
AFHL08	Complex Care Workforce and Skills Development	The Complex Care Framework is out to tender and the Capability Framework is completed. The Capability Framework will be applied when providers are appointed to the Complex Care Framework.
CT21	Hospital Discharge Pathway	Project complete. Final survey on implementation success has been completed and findings indicate a continued positive benefit of the change to aligned wards.
SE23	Care for People	Local Resilience Partnership has tested new model and was well received, with no further action required at this time.

4.9. At a programme level, Flexible Bed Base (that was reported upon during the 2023-2024 financial year) is no longer a standalone programme for the 2024-2025 financial year.

4.10. Appendix C shows the Delivery Plan Dashboard. This has been sorted by Programme as consistent with reporting throughout the 2023-2024 financial year.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality



RISK AUDIT PERFORMANCE COMMITTEE

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.

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



RISK AUDIT PERFORMANCE COMMITTEE

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.

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.



RISK AUDIT PERFORMANCE COMMITTEE

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 1 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	5	6
Green	On track to deliver by deadline	62	76
Amber	At risk of non-delivery/not meeting deadline	13	16
Red	Missed Deadline/Unable to Deliver	0	0
White	Not Started	1	1
Purple	Closed	1	1
	TOTAL	82	100

NB: Rounding of percentages to the nearest whole number may mean that the total does not add up to exactly 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 (5)	40%	60%					<ul style="list-style-type: none"> GCC contract tender closed and under evaluation Procurement undertaken with preferred provider identified for MHLD commissioning 	<ul style="list-style-type: none"> Review BAC contract signed off and closed Interim bed contract with Woodlands ended 31.05.24
Communities (6)		100%					<ul style="list-style-type: none"> Evaluation of Aberdeen Vaccination and Wellbeing Hub completed and presented to IJB in July 2024 Revised Community Engagement Guidance approved by IJB in May 2024 Significant increase in Locality Empowerment Group membership between July 2023 (21 attendees) to July 2024 (34 attendees) 	<ul style="list-style-type: none"> Refreshed LOIP and Locality Plans presented at IJB in July 2024 Projected occupation date for Countesswells Health & Wellbeing Clinic September 2024
Digital (5)	20%	80%					<ul style="list-style-type: none"> Renewal of MORSE licenses approved for 	<ul style="list-style-type: none"> Digital investment business case being developed and aiming to

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<p>further 3 years at IJB in May 2024</p> <ul style="list-style-type: none"> Finance approved for implementation of eMAR system at an in-house Learning Disability service Replacement of analogue units with digital community alarms has reached almost 97% 	<p>be taken through IJB in September 2024</p>
Frailty (7)		100%					<ul style="list-style-type: none"> Aberdeen City Frailty Plan completed Short life working group started to consider further development of Enhanced Community Support huddles Projects ongoing to manage flow in Wards 102 and 304 	<ul style="list-style-type: none"> Options appraisal being developed for future use of Rosewell beds for SLT in Summer 2024 Workshops being planned to map Frailty pathways to gain a Grampian-wide overview
Home Pathways (3)		100%					<ul style="list-style-type: none"> Capital project board for Stoneywood capital project being established Sub-group established to review recently published adaptations guidance for suitable homes 	<ul style="list-style-type: none"> Scheme of assistance work is to avoid budget pressure to the value of the budget reduction as opposed to realising savings

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Hospital at Home Expansion (5)		60%	20%			20%	<ul style="list-style-type: none"> Hospital at home beds for acute medicine test of change commencing during Summer 2024 Organisational Development Facilitators provided team with Courageous Conversations training 	<ul style="list-style-type: none"> Digital and IT for hospital at home beds delayed to prioritise recruitment and onboarding of staff Hospital at home team looking to increase existing bed base by 4, taking the total number to 27 Frailty beds
Infrastructure (3)		67%	33%				<ul style="list-style-type: none"> Fit out of building for health and care services in Countesswells complete Mapping exercise of assets now being extended to Aberdeen City Council buildings in addition to NHS Grampian buildings 	<ul style="list-style-type: none"> Infrastructure Plan for ACHSCP not yet started Operation within health and care services in Countesswells estimated to commence August 2024
MHLD (6)	17%	50%	33%				<ul style="list-style-type: none"> The Complex Care Framework is out to tender and the Capability Framework is completed Endowment application has been submitted to support creation of a multi purpose clinical, staff and family room within the Blair Unit for Forensic services. Initial recording of out of authority placements 	<ul style="list-style-type: none"> No further Scottish Government funding for Adult Autism Assessment Team past March 2025 Exploring piloting a new database (QES) for death review process

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							undertaken by NHS Grampian <ul style="list-style-type: none"> • Planning underway to commence Learning Disability Health Checks at Len Ironside Centre starting July 2024 	
Prevention (12)		92%	8%				<ul style="list-style-type: none"> • LOIP project charters in development for reducing number of young people vaping and reducing women smoking during pregnancy • New Boogie in the Bar started at The White Cockade Torry in June • New Health Transport Action Plan 2024-2029 developed that Partnership staff participated in developing 	<ul style="list-style-type: none"> • HIS Sexual Health Standards unable to be progressed due to severe staffing pressures • Planning launch event of Whole Systems Approach to Obesity in August / September 2024 • PEEP project presented at both Public Health Scotland and NHS Scotland Conferences in Summer 2024
Primary Care (3)		100%					<ul style="list-style-type: none"> • CTAC practice based service fully delivered • Pharmacotherapy roll out almost at full capacity • First meeting of GP vision implementation programme board met July 2024 	<ul style="list-style-type: none"> • Multiple targeted cost saving projects underway regarding prescriptions

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Redesigning Adult Social Work (1)		100%					<ul style="list-style-type: none"> Timelines extended to enable programme to be completed 	<ul style="list-style-type: none"> Some areas of redesign slowed or paused due to operational, strategic and national priorities
Review of Rehab (3)			100%				<ul style="list-style-type: none"> Commission paper being developed by Chief Officer to progress review Plans underway to have new capacity and pathway for neuro-rehab 	<ul style="list-style-type: none"> Project support available from August for review of wheelchair service project commission
Resilience (5)		60%	40%				<ul style="list-style-type: none"> Annual communications plan developed for community communications Meeting held with Aberdeen City Council's Emergency Planning Team in May 2024 to discuss Partnership's emergency planning structures 	<ul style="list-style-type: none"> Feedback required to explore charging outwith social care context Chief Operating Officer to draft response to Scottish Government consultation RE: amendments to National Care Service (Scotland) Bill
Social Care Pathways (7)	14%	86%					<ul style="list-style-type: none"> Hospital Discharge Pathway project complete Revised Contributing to Care policy approved by ACC policy board in July 2024 Application to anti poverty committee to seek funding for Power of Attorney and 	<ul style="list-style-type: none"> Business case for strategic review of social care due at SLT in August 2024 TEC project board due to resume meeting in August

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							community alarms for individuals with low incomes across the City was approved	
Strategy (7)		86%	14%				<ul style="list-style-type: none"> Updated Integrated Impact Assessment now in place Strategic Plan refresh work now underway Aberdeen City cited twice in Good Practice document following review of our updated process and paperwork on the Equality and Human Rights Commission 	<ul style="list-style-type: none"> Climate Change work slowed in the short term to support budget saving initiatives
Workforce (4)		50%	50%				<ul style="list-style-type: none"> Feedback from Partnership Conference being analysed to inform next event in December 2024 	<ul style="list-style-type: none"> Sickness absence rates risen at the start of the Summer



1.3 Delivery plan Dashboard

The following provides comment on the Delivery Plan Dashboard.

Measure	Comment
H@H Admissions	Increase 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 slightly decreased compared to previous quarter
Ward 102 Boarders	Marked decrease in average daily boarders compared to previous quarter
Rosewell House	Admissions decreased compared to previous quarter. Decrease in percentage of step up admissions.
Rehabilitation review (SOARS admissions and occupancy)	Overall occupancy percentage remained high, however there has been an overall decrease in admissions 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 slightly in two and decreased slightly across four wards respectively.
Delayed Discharges Specialist Older Adults-Rehab Services	Slight increase in delayed discharges (both distinct count and bed days). Decrease in no harm falls.
Social care pathways	Average clients with unmet needs and unmet need carer hours increased from Quarter 4 of 2023-2024 to Quarter 1 of 2024-2025 but markedly lower compared to Quarter 1 of previous financial year.
Home Pathways	Continued increase in delayed discharges (both number and bed days).
Division A & B Hosted Services	Increasing percentage of patients being treated within 18 week target
MHLTD Transformation	Delayed bed days increasing. 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 marked decrease.
Strategy	No updated data to report.
Primary Care	Increasing number of Practices offering a full service.

NB: Metrics whereby Q1 data are unavailable is due to data collection being on a monthly lag

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Delivery Plan Y3 Workplan 2024-25

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	Programme Description	REF#	Project Description	Title	Project Typ	Start Date	End Date	BRAG Status	Category	Tier	Latest Update
Commissioning	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.	SE27	Review of Bon Accord Care contract and redesign of associated service specifications.	65. Review BAC contract	BAU	24/02/2023	31/03/2025	Z - Complete	Future Sustainability	Tier 3 (Response)	Contract has been reviewed with new service specifications added, contract has been signed by both parties
Commissioning	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.	SE28	Review of GCC Contract to reflect flat cash agreement.	66. Review GCC Contract	BAU	30/06/2023	31/03/2025	Green	Future Sustainability	Tier 3 (Response)	Tender has closed and tenders are currently being evaluated. Provisional award is due on 22/07
Commissioning	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.	SE29	Review of use/availability of Interim Beds	67. Interim Beds	BAU	29/03/2024	31/03/2025	Z - Complete	Budget Saving	Tier 3 (Response)	Contract ended with Woodlands 31.5.24, 2 beds at Deeside remain until March 2025
Commissioning	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.	SE30	Consolidation/streamlining of existing MHLD commissioned services	68. MHLD Commissioning	BAU	29/03/2024	31/03/2025	Green	Budget Saving	Tier 3 (Response)	Procurement undertaken with Preferred Provider identified. Initial saving made via contract consolidation however Provider has also bid under the ceiling funding of the contract. Full savings profile will be provided following contract award and start date - 1st September 2024
Commissioning	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.	SE31	Explore how counselling service can work in a more collaborative, joined up way to support people experiencing care to benefit from a more holistic approach whilst achieving efficiencies	69. Collaborative Counselling	BAU	31/03/2023	31/03/2025	Green	Future Sustainability	Tier 2 (Early Intervention)	Meeting held with CEO of Institute for Research and Innovation in Social Services (IRISS) who shared her experience in creating an alliance model, focusing around telling a compelling story to address any scepticism and what the conditions need to be for success. She also shared her own implementation workshop notes.
Communities	Provide community based services codesigned and codelivered with our communities.	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		31/03/2025	Green	Prevention	Tier 2 (Early Intervention)	Northfield Hub - Room continues with 90% capacity. Test of Change - Community Appointment Day - Get Active Northfield identified as potential venue in conjunction with Physio/MSK. Meeting on 17th July to start initial discussions. Aberdeen Vaccination & Wellbeing Hub - Evaluation complete and presented to Integration Joint Board (IJB) in July 2024. Evaluation well received. Future IJB detailed session to review & support Vaccination uptake. Exploring the use of the Hub for Tests of Change around Community Appointment Days (CAD) & Chest, Heart, Stroke Scotland (CHSS) Health Defence Team roll-out within Aberdeen. Countesswells Health & Wellbeing Clinic - Work continues on internal fit out & ICT Installation. Proposed 95% occupation with Immunisations, CTAC and Health Visiting Services. Projected date for occupation around September 2024. Tillydrone Community Campus - Closer working with Tillydrone Community Campus Scottish Charitable Incorporated Organisation (SCIO). Reviewing use of Health Room - with request from SCIO for health visitor input in addition to pre-school vaccination clinic.
Communities	Provide community based services codesigned and codelivered with our communities.	CT08	Lead on increasing and diversifying the membership of our Locality Empowerment Groups and increasing wider participation in locality planning.	6. Develop LEGs and increase participation.	BAU	05/04/2024	31/03/2025	Green	National Agenda	Tier 2 (Early Intervention)	Attendance at Locality Empowerment Group (LEG) meetings has significantly increased since July 2023, with 21 attendees in July 2023, compared with 34 attendees in June 2024. All three LEGs have reasonably equal gender representation; all are attended by people with disabilities; the Central and South LEGs are regularly attended by ethnic minority representatives; and all three LEGs are represented by both older people and those of working age. Work is ongoing to ensure more consistent attendance from young people; and to identify more ethnic minority representatives for the North Locality. The Locality Planning Team is also working to ensure all neighbourhoods across Aberdeen City have at least one community representative on its respective LEG.
Communities	Provide community based services codesigned and codelivered with our communities.	CT10	Deliver North, Central and South Locality Plans and report on progress	8. Delivery Integrated Locality Plans	BAU	05/04/2024	31/03/2025	Green	National Agenda	Tier 2 (Early Intervention)	Refreshed Locality Plans were prepared following extensive engagement with community planning partners and community members between October 2023-March 2024. The refreshed Locality Plans incorporate 60 community change ideas which the Locality Planning Team will work with Local Outcome Improvement Plans (LOIP) project managers and community members to deliver. The Locality Plans align with thematic priorities of the citywide LOIP, to improve the economy, people, place and community empowerment within each of our three locality areas. The refreshed LOIP and Locality Plans will be presented to the IJB at its meeting on 9 July 2024.
Communities	Provide community based services codesigned and codelivered with our communities.	CT11	Ensure the use of Our Guidance for Public Engagement is embedded	9. Public Engagement	BAU	01/03/2024	31/03/2025	Green	National Agenda	Tier 2 (Early Intervention)	Our revised Community Engagement Guidance was presented to the Integration Joint Board (IJB) in May 2024 where it was approved. This guidance places greater emphasis on the legislative and regulatory requirements allied to Community Engagement work and draws attention to the recently developed Integrated Impact Assessments. The revised guidance also draws attention to suggested minimum standards for learning and development in relation to Community Engagement work and updates information relating to 'emergency situations' and 'temporary arrangements' as per the Scottish Government "PLANNING WITH PEOPLE Community engagement and participation guidance" (April 2023). A further update to Planning with People was received after the IJB meeting in May and we are now working on incorporating this.
Communities	Provide community based services codesigned and codelivered with our communities.	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	01/03/2024	31/03/2025	Green	National Agenda	Tier 2 (Early Intervention)	We continue to update and resolve issues with the Care Opinion 'service tree' ensuring that any feedback goes to the right people and places in our subscription, and that the structure of those services are accurately represented. Specialist Older Adults & Rehabilitation services and Len Ironside Centre being recent examples. We continue to check on accuracy of information we hold in respect of 'responders' and 'administrators' who may have moved on, or changed roles. All ACHSCP messages posted on care opinion are routinely monitored we aim to ensure there is a timely response to those. The Care Opinions system automatically updates us if there has been no response for 5 or more days.

Communities	Provide community based services codesigned and codelivered with our communities.	PIH08	Deliver various events such as Age Friendly Aberdeen, the Gathering and a Well Being Festival to support people to live well and independently as part of their communities.	11. Community Intervention	BAU	05/04/2024	31/03/2025	Green	Future Sustainability	Tier 1 (Prevention)	The Grampian Gathering this year is being held at King's church on the 28th September 2024 between 10:30am -4pm. The Gathering is being planned by a Pan-Grampian multi-agency project group. The Gathering is aimed at people over the age of 50 to encourage them to plan for their retirement, embrace lifelong learning and active ageing, support them to manage long term conditions, and plan for end of life by making sure wills and power of attorney are in place. There will be various stalls and tables showcasing all the various groups and charities to promote and encourage people to join groups and to take up opportunities to volunteer. Aims of the Grampian Gathering Support community members through interactive activities and stalls to engage with community-based interventions or set up a new group. Identify speakers who can inspire and motivate people to remain fit, well, active and in charge of their own retirement. Create a social movement of older people who are promoting and developing their own retirement community of social connections. Deliver a workshop on getting it right in the end, following a presentation on this topic. This will highlight the importance of putting wills and power of attorney in place and planning for death. We hope to ignite a conversation on how to talk about death to our families and live our best retirement lives. Encourage delegates to participate in health and social care projects, and Local Outcome Improvement Plans - LOIP projects.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE06	Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.	14. EMAR Implementation	FTP	07/04/2023	31/03/2025	Green	Budget Saving	Tier 2 (Early Intervention)	Finance has been approved and budget identified to proceed with implementation of an eMAR (electronic Medication Administration Record) system at one of our in-house Learning Disability services to replace the current paper-based system. Project documentation has been set up. Currently exploring the market to improve understanding of eMAR systems and functionality to inform requirements and recommendations.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	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		31/03/2024	Green	Future Sustainability	Tier 2 (Early Intervention)	A list has been compiled of all of the documents required and Service Managers are currently gathering all the documentation for submitting to Grampian Guidance. Allied Health Professionals have gathered their documentation ready for submission.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE10	Review the future use of Morse in Community Nursing and Allied Health Professionals	17. MORSE Review in CN/AHPs	BAU	01/03/2024	31/03/2025	Z - Complete	Budget Saving	Tier 2 (Early Intervention)	Evaluation was completed and presented to Integration Joint Board (IJB) in May 2024 alongside a paper recommending the renewal of the license for a further 3 year period until October 2027. This was approved.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE12	Deliver Analogue to Digital Telecare Implementation Plan	19. Analogue 2 Digital Telecare	FTP	30/06/2023	27/06/2025	Green	National Agenda	Tier 2 (Early Intervention)	Regional Communication Centre (RCC) have sent updated quote to their customers and currently responding to their queries. An order is going to be placed for the approved Alarm Receiving Centre platform (ARC) as soon as receiving confirmation from customers that they will be signing a new contract. The replacement of analogue units with digital community alarms is going well and has reached almost 97%. The infrastructure required to connect grouped living schemes to the new ARC are still waiting to be confirmed. We have received a quote for the preferred digital dialler, which would replace the ones in Fire & Security panels to keep their connection to the new ARC. We are in the process of negotiate better prices.
Digital	Maximise the use of technology to support innovation, efficiency and access to services.	SE32	Creation of capacity through targeted digital investment and service redesign.	70. Digital Investment	BAU		31/03/2025	Green	Future Sustainability	Tier 2 (Early Intervention)	A Business Case is currently being developed in relation to the Digital Investment Programme of work. This has been developed with the steering group and digital partners at Aberdeen City Council (ACC). The Business Case will be taken through the ACHSCP Governance route with the Strategic Commissioning and Procurement Board at the end of July and the Integrated Joint Board (IJB) for review and approval in September.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS13	Ensure that the acute frailty wards within ARI are able to meet patient need and allow flow through the hospital.	71. ARI-based Frailty	FTP	01/04/2024	31/03/2025	Green		Tier 3 (Response)	Projects ongoing to manage flow in 102 and ward 304. Ward 304 admissions added to data dashboard to monitor impact. Non-frailty ward liaison service test ongoing.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS24	Understand the Woodend-based Frailty provision requirement (patients with acuity of need needing in patient care) - linked to the Review of Rehab	72. Woodend-based Frailty	FTP	01/04/2024	31/03/2025	Green		Tier 3 (Response)	Short life working group in place to progress potential move of Geriatricians from 3 sites (Woodend, Rosewell, ARI) to 2 sites (ARI & Rosewell). This includes consideration of Specialty Dr and Specialist Dr roles to support Frailty. Working group has been paused due to interdependencies with decisions around future provision in Rosewell.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS25	Develop a process map for all City patients flowing in and out of the Frailty Pathway, linking this with wider Grampian work to ensure consistency of processes.	73. Patient Frailty Pathways	FTP	01/04/2024	31/03/2025	Green		Tier 3 (Response)	Collaborative planning is underway with support from Public Health Consultants to map the Frailty pathways across the 3 HSCPs and then to gain a Grampian wide overview. This is likely to involve a number of workshops over the next 4 months.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS26	Ensure that there is step up and step down capacity for Frailty patients including the 40 beds within Rosewell and put forward recommendations for the use of the remaining 20 beds.	74. Step up and step down pathways	FTP	01/04/2024	31/03/2025	Green		Tier 3 (Response)	Update in progress included in the Chief Officer report for July IJB. Project Initiation document being developed to agree scope of Options appraisal for future use of Rosewell beds and due to be considered by SLT on 24th July.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS27	Ensure there are appropriate alternatives to Hospital for Frailty patients (delivering via Expansion of Hospital at Home)	75. Alternatives to hospital	FTP	01/04/2024	31/03/2025	Green		Tier 3 (Response)	All relevant information provided within the H@H update section.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS28	Develop Community, Prevention and Primary Care approaches to the HIS Frailty Standards including those relating to falls, and align with existing prevention workstreams utilising the GIRFE approach where relevant.	76. Community, Prevention and Primary Care Approaches to Frailty	FTP	01/04/2024	31/03/2025	Green		Tier 3 (Response)	Work continuing to align these areas of work practically for staff. Short life working group has started to consider further development of the Enhanced Community Support (ECS) huddles. First ECS workshop has taken place and improvement options being scoped.
Frailty	Ensure there is a consistent approach to supporting Frail patients in Aberdeen both in a hospital and community setting with a focus on shifting towards community based support where possible.	KPS29	Contribute to, and influence the decision making of, the Grampian Board for Frailty reporting to the USC Programme Board as required. (NB: programme management support being provided to Grampian Frailty Board by ACHSCP.)	77. Contribution to Grampian Frailty and USC Programme Board	FTP	01/04/2024	31/03/2025	Green		Tier 3 (Response)	Aberdeen City Frailty Plan is completed. City Programme Manager continues to provide programme support to Grampian wide programme. Proposal to develop into a Managed Clinical Network model to be taken to each Chief Officer first then on to Chief executive team.

Home Pathways	Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements	AFHL05	Investigate whether we can bring people back into authority and whether this is more cost effective.	23. Home Pathways	FTP		31/03/2025	Green	Future Sustainability	Tier 2 (Early Intervention)	a) The foundations for the Stoneywood capital project is due to go on on Wednesday 12th June 2024. The capital project board for this project is currently being set up. There will be a monthly on-site meeting which will be attended by the Strategic Home Pathways Lead on behalf of ACHSCP. b) The Independent Living and Specialist Housing Provision Market Position Statement is currently under consultation and review. This will now be taken to the (Integrated Joint Board (IJB) in November 2024 following review at Aberdeen City Council's (ACC) Strategic Governance Board in September.
Home Pathways	Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements	AFHL14	Review Scheme of Assistance with a view to revising criteria for eligibility for funded adaptation support.	78. Scheme of Assistance	BAU		31/03/2025	Green	Budget Saving	Tier 2 (Early Intervention)	This project started out on the understanding that a change to the Scheme of Assistance was required in order to amend working practices to meet the reduced budget. There are no savings as such, the work is to avoid a budget pressure to the value of the budget reduction. During scoping it became apparent that a change to the Scheme is not required, nor is there any requirement to change guidance for the Occupational Therapists undertaking assessments. The change required will come from robust application of the guidance to the letter as over time a great deal of flexibility has been introduced. The impact of this change has been assessed and training is currently being refreshed for staff. This work has also led to exploration of alternative supports for those who may be impacted.
Home Pathways	Develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admission, delays in hospital discharge and out of area placements	KPS19	Help people to ensure their current homes meet their needs including enabling adaptations	59. Suitable Homes	BAU	01/04/2024	31/03/2025	Green		Tier 2 (Early Intervention)	The Disabled Adaptations Group (DAG) continues to meet quarterly and a sub group has been established to look at the recently published Adaptations guidance, the 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.
Hospital at Home Expansion	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.	KPS12	Monitor use of Hospital at Home beds for the Frailty Pathway.	79. Monitor use of H@H Beds	FTP	01/04/2024	30/09/2025	Green	Prevention	Tier 3 (Response)	Hospital@Home Team saw 82 frailty patients/referrals in June. Of this, 71 of these referrals were Admission Avoidance. The team are looking to increase this bed base by 4, taking the total number up to 27 Frailty Beds.
Hospital at Home Expansion	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.	KPS30	Implement actions in relation to H@H beds available for Respiratory Medicine	80. H@H Beds for Respiratory Medicine	FTP	01/04/2024	30/09/2025	Amber	Future Sustainability	Tier 3 (Response)	In June there were 5 respiratory referrals, down from 8 referrals in May. The Hospital@Home team have been continuing with visits down to the respiratory ward to highlight patients suitable for being brought into the care of the H@H team. The amount of time being spent in the ward is continuing to be monitored in order to see if the hours spent there is reflected in an increase in referrals being made.
Hospital at Home Expansion	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.	KPS31	Implement actions in relation to H@H beds available for Acute Medicine	81. H@H Beds for Acute Medicine	FTP	01/04/2024	30/09/2025	Green	Prevention	Tier 3 (Response)	The Test of Change for this pathway is set to commence on the 22nd of July, with the plan to end on the 2nd of August. The consultant will be working closely with the H@H team during this time. The whole team have been provide information on the process. No new patients will be accepted after the 31st of July in order to reflect on the process before looking to add acute medicine beds to our overall bed base.
Hospital at Home Expansion	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.	KPS32	Ensure digital and IT arrangements are in place for H@H expansion.	82. Digital and IT for H@H Beds	FTP	01/04/2024	30/09/2025	Not Started		Tier 3 (Response)	With the prioritisation of recruitment and then the onboarding of staff, this aspect was put on hold. Guidance is required as to the need for this at this time, where focus is going into the development of the Acute Medicine, General Surgery and Respiratory pathways. There may be some digital aspects incorporated into those pathways.
Hospital at Home Expansion	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.	KPS33	Implement Workforce and Organisational Development actions for H@H expansion.	83. Workforce and OD for H@H Beds	FTP	01/04/2024	30/09/2025	Green	Future Sustainability	Tier 3 (Response)	There are 6 steps to the Workforce Plan. Two members of the leadership team have completed steps 1 and 2, with the next 2 steps to be completed at the beginning of August. OD have been involved with providing the team with Courageous Conversations training. Mop up sessions are scheduled for mid August for those who were not able to attend the previous sessions. These have been well received by the team.
Infrastructure	Assess future infrastructure needs and engage with partners to ensure these needs are met.	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	01/03/2024	31/03/2025	Green	Future Sustainability	Tier 2 (Early Intervention)	The fit out of the building is now complete. The internal furnishings are ordered and are being delivered as and when they arrive. It has been agreed which services will operate from the building and a timetable of room usage throughout the working week has been confirmed. The information technology link to the main network is yet to be installed, this is dependent on an external contractor and their lead time, so this is the only aspect that does not have a confirmed date for completion. Once the link is installed the building can begin operating immediately, this is estimated to be in August 2024.
Infrastructure	Assess future infrastructure needs and engage with partners to ensure these needs are met.	SE21	Develop Infrastructure Plan for ACHSCP	25. Infrastructure Plan	BAU	01/08/2024	31/03/2025	Amber	Future Sustainability	Tier 2 (Early Intervention)	Premises Review ongoing. This work will feed into the infrastructure plan. However this is using all the capacity of the Infrastructure team which means it is at risk of not completing by 31st March
Infrastructure	Assess future infrastructure needs and engage with partners to ensure these needs are met.	SE33	Rapid Review of Assets	84. Rapid review of assets	BAU	08/07/2024	31/03/2025	Green	Future Sustainability	Tier 3 (Response)	The work on the premises review began in December 2023 with a significant amount of detail gathered and analysed ready for the Senior Leadership Team (SLT) business meeting in April 2024. At that meeting a very in-depth and detailed overview of the premises that Partnership staff operate from was presented. A mapping exercise was also carried out for Partnership staff operating from NHS Grampian buildings and this is now being extended to Aberdeen City Council buildings too. The goal is to have a single, multi agency, map of all services engaging with our partners - this will feed into the Infrastructure Plan. Following the meeting in April it was requested by SLT that a set of proposals be developed looking specifically at efficiencies, effective use of buildings, and potential savings. This was progressed as requested and presented to SLT in July 2024.
MHLD	Deliver Grampian wide and City specific MHLD transformation taking cognisance of national strategies, standards and service specifications.	AFHL08	Deliver a capability framework for a workforce to support complex behaviour.	27. Complex Care Workforce and Skills Development	BAU	06/04/2023	31/03/2025	Z - Complete		Tier 2 (Early Intervention)	The Complex Care Framework is out to tender and the Capability Framework is completed. The Capability Framework will be applied when providers are appointed to the Complex Care Framework.

MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AFHL09	Progress the Grampian wide MHL Transformation Programme monitored by the Portfolio Board ensuring project groups are established to ensure delivery and implementation of national Strategies, Delivery Plans, Standards and Service Specifications.	28. MHLD Programme	FTP	01/06/2022	31/03/2025	Amber		Tier 3 (Response)	<p>Adult Mental Health (AMH) Secondary Care Pathway Review: The primary Task and Finish workshop scheduled for 1st July 2024 has been postponed until August 2024. It is not anticipated that this will delay any update to the MHLD Portfolio Board or overall conclusion of the workshops, at this time. The first scheduled Task & Finish workshop was held on the 24th June and as a result of this workshop the AMH Steering Group has a much clearer understanding of its priority actions. An update on progress of the AMH review and its actions will be provided to the MHLD Portfolio Board on 11th August. This update will also conclude the initial aims of the project initiation document, with a simplified, single view of the AMH governance and process map of services within the scope of the project.</p> <p>Forensic Services: The NHS Grampian Asset Management Group (AMG) has approved and ratified an upfront sum per annum for two consecutive years), for medium term improvement work which has been earmarked by Infrastructure and Sustainability. A priority list of the backlog maintenance remedial work, and medium term improvement work is to be created. An endowment application has been submitted to support creation of a multi purpose clinical, staff and family room within the Blair Unit. Aberdeen City Council, Chief Executive visited the Blair Unit on the 2nd July. This visit included the Chair of Aberdeen City Integration Joint Board and ACHSCP senior social work team.</p> <p>Learning Disabilities (LD) Health Checks: Learning Disability Health Checks (LDHC) Project Board meeting took place on 01/07/2024 to discuss implementation of LDHCs across Grampian and any support required. Scottish Government meeting with Chief Officers from Aberdeen City, Aberdeenshire and Moray took place on 04/07/2024 for updates to be provided on delivery models being used across Grampian and a plan on how these models are being rolled out. Aberdeenshire - debrief of pilot took place on 09/07/2024 and a report compiled. Steps for next areas to implement are being planned. Aberdeen City - planning underway to commence LDHCs at Len Ironside Centre starting week commencing 29/07/2024. Communication has been sent out to all Clients and their families/service providers advising this trial will be implemented. Clinic dates/times have been confirmed with nursing staff from Aberdeen City Vaccination and Wellbeing Centre available to support. Information, including an easy read version of what the health check involves, is ready to be sent out. Next step will be implementing health checks at the Vaccination Centre and requesting patient information to enable engagement and communication. Moray - pilot will commence 19/07/2024. This will capture known Learning Disability patients at one GP practice with the opportunity to reach out to other patients in the surrounding area. Planning meeting scheduled 10/07/2024 to discuss final preparations.</p> <p>Psychological Therapies Improvement Board (PTIB): Performance overall against the Referral to Treatment (RTT) standard has been maintained over recent months despite funding challenges and an associated loss of some temporary funded posts. Some posts also frozen to recruitment currently due to financial pressures. The recent DCAQ (Demand, Capacity, Activity, Queue) re-fresh has highlighted some further areas of improvement around refining job plans and throughput in AMH. Additionally, further detailed clinician level data gathering in these areas has been highlighted to Health Intelligence and they are working to develop these reports. Also considering development of further cross system modelling in AMH.</p>
MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AFHL09g	Review strategy and arrangements for Learning Disabilities / Autism and Neurodevelopmental needs. To be informed by new legislation (current consultation on LD, Autism and Neurodivergence Bill)	30. LD, Autism and Neurodevelopmental Assessment	BAU		31/03/2025	Amber		Tier 3 (Response)	<p>The Adult Autism Assessment Team (AAAT) in NHS Grampian is being funded until March 2025 with existing money. There is no further Scottish Government funding past this. The new Learning Disability, Autism and Neurodiversity Bill (LDAN) consultation has now closed. Each locality City, Shire and Moray submitted a response in April 2024. City held a face to face workshop on 27.03.24. Response provided to the LDAN Bill Consultation and await outputs from this from Scottish Government. Meanwhile we continue to support the Adult Autism Assessment Team and seek further information which may support future planning/sustainability (e.g. neuro specifications and any associated budget, national requirements).</p>
MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AFHL09h	Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy	31. Suicide Prevention	BAU		31/03/2025	Green		Tier 1 (Prevention)	<p>SAMH sub-groups across the North East are ongoing. These are:</p> <ul style="list-style-type: none"> • Building Community Capacity • Children and Young People • Lived experience • Bereavement • Data analysis and risk <p>This feeds into the North East Suicide Prevention Leadership Group (NESPLG). Meeting held in July 24 and quarterly contracts monitoring held in June 24.</p> <p>Looking at North East piloting a new database system for death review process called QES. Meetings held re this. Presented to Integrated Joint Board on 9th July on progress on local implementation of national strategy.</p>
MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AFHL15	Review arrangements for delivery of Post Diagnostic Support for people newly diagnosed with Dementia.	85. Post Diagnostic Support	BAU	01/04/2024	31/03/2025	Green		Tier 2 (Early Intervention)	<p>Work commenced on project including data collation improvements for PDS referrals and movement of this to operational teams. Further work required on review of current PDS offer, including training, materials etc in addition to planning on current role commissioned jointly with Aberdeenshire on young onset.</p>
MHLD	Deliver Grampian wide and City specific MHL transformation taking cognisance of national strategies, standards and service specifications.	AFHL16	Review NHS Out of Authority Placements.	86. Review of NHS OOA Placements	BAU	01/04/2024	31/03/2025	Green		Tier 3 (Response)	<p>Initial recording of placements has been undertaken by NHS Grampian. As of July, awaiting sight of data to understand scope of project and any integration with the use of the Dynamic Support Register.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	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	01/04/2024	31/03/2025	Green		Tier 1 (Prevention)	<p>A project team for the Local Outcome Improvement Project - reducing alcohol drinking in pregnancy has been pulled together. A project charter is due to go to Community Planning Aberdeen Management group in August 2024. Work has been undertaken to ensure that where possible - connections and test of change are shared across the numerous Alcohol and Drug Partnership and other Outcome Improvement group LOIP projects.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH02	Deliver actions to meet the HIS Sexual Health Standards	33. HIS Sexual Health Standards	BAU	01/04/2024	31/03/2025	Amber		Tier 1 (Prevention)	<p>Not able to be progressed within service due to severe staffing pressures (especially nursing)</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH03	Increase uptake in Childhood Immunisations	87. Childhood Immunisation	BAU		31/03/2025	Green		Tier 1 (Prevention)	<p>Improvement Action Plan in place to improve childhood immunisation uptake.</p> <p>Increase promotion of immunisations - Pre-school Immunisation Team attended Aberdeen Football Community Trust, Northfield Community Centre, Seaton Community Centre, Kincorth Library, Grehope Torry Community Hub, Clarnry Community Centre, Cove Library, and Fersands and Fountain Woodside Community Centre to promote immunisations. Further programme of promotions ongoing.</p> <p>Test of Change 1 - Additional capacity created via new clinics at Tillydrone & Bucksburn - This has resulted in slight % increase uptakes across all immunisations and larger uptake for Rotavirus and Hib/MenC.</p> <p>Test of Change 2 - Drop in Immunisations sessions at Vaccination & Wellbeing Hub 2 days per week - Drop in Clinics commenced in May 2024 with a total of 13 walk ins between May and June 2024. These clinics continue to be promoted to support people new to the area with no GP to obtain vaccine histories and commence immunisation schedule.</p> <p>Test of Change 3 - Family Health & Wellbeing Day - focus on high DNAs and non engagement - Following Merseyside Model - Health & Wellbeing Day planned for 24th July 2024 with input from ACC Education, Health Visiting, Pre-school nursing, Childsmile, Peep, Homestart, Aberdeen City Libraries, Sport Aberdeen, Aberdeen Sports Village, Aberdeen Football Club Community Trust, Your Love Rara, Wetoo & Charlie House.</p> <p>Test of Change 4 - Home Visits being explored for exceptional circumstances.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH04	Contribute towards addressing the obesity epidemic through promotion of healthy food and nutrition, active travel, and place planning	34. Addressing Obesity	BAU	01/04/2024	31/03/2025	Green		Tier 1 (Prevention)	<p>Whole Systems Approach (WSA) to obesity is in phase 1- Set up stage. Planning for a launch event on 30th August 2024. The Event's purpose is to introduce and promote WSA to multi-disciplinary partners and have partner buy-in. Awaiting to hear decisions with regards to key actions in stage 1. Close working with Public Health Consultant for Aberdeen City on the WSA Obesity's development.</p>
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH05	Contribute towards nicotine cessation agenda in Aberdeen City, for example by scaping up Vaping Awareness work across all localities in the City	35. Nicotine Cessation	BAU	01/04/2024	31/03/2025	Green		Tier 1 (Prevention)	<p>Local Outcome Improvement Plan project charters are being developed for Reducing the number of young people aged 13-18 who are using vapes and reducing the number of women smoking in pregnancy. Train the trainer courses are being delivered by ASH Scotland focussing on the Cost of Smoking and Impact which specifically targets people working within Mental Health Services. These courses will be rolled out as part of a programme from September.</p>

Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH06a	Continue to deliver our Stay Well Stay Connected programme to keep people healthy and in good wellbeing, and avoid the risk of social isolation, poor health, illness, injury and early death.	37. Deliver SWSC Social Isolation	BAU	01/04/2024	31/03/2025	Green	Future Sustainability	Tier 1 (Prevention)	Lewis Court and Taransay Court Compassionate Buildings and Spaces Project being delivered in partnership with Bon Accord Care. Boogie in the House held at Lewis Court. Dementia and brain health awareness sessions being held. Stay Well Stay Connected monthly radio show on SHMU FM, topics discussed included Carers Awareness Week, Mental Health Awareness Week, 5 Ways to Wellbeing, Menopause and Stress Awareness. Health and wellbeing drop in sessions were held at The Bridge centre for those affected by RAAC housing on the 25th and 26th June. Mighty Oaks Menopause Support – Trial bike riding sessions successful and now runs weekly from Seaton. Walks in Powis and Sheddocksley will run over the summer. Menopause lunch and talks started in May at The Aberdeen vaccination centre. A new Boogie in the Bar started in The White Cockade Torry on the 3rd of June. Walking Football Wellbeing at Strikers (Bridge of Don) now have a regular circuit class to add to their wellbeing programme. Parkinson's Walking Football weekly session established in Strikers. Aberdeen Befriending Network Quarterly meeting addressed funding & volunteers. Discussion on Community Health information points taking place.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	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	01/04/2024	31/03/2025	Green	Prevention	Tier 1 (Prevention)	The key piece of work done in the last quarter was to contribute to the development of the new Health Transport Action Plan (HTAP) for 2024 - 2029. This included Partnership staff taking part in workshops, contributing through HTAP meetings and reviewing the draft document with the HTAP Programme Manager. A Health Improvement Officer (HIO) is now sitting on Sustainable Travel Local Outcome Improvement Plan (LOIP) group. The LOIP group is targeting 3 main areas to increase sustainable travel; to have 38% people walking, 5% people cycling and wheeling as main mode of travel; and a 5% reduction in car miles by 2026. The three areas meet as one group to account for cross-over and promote collaboration and shared knowledge. The HIO has connected the group with an Education Support Officer to ensure schools and young people are considered and included within project plans.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH09	Contribute towards tackling health inequalities in Aberdeen City through delivery of the Health Improvement Fund and wider collaboration with community planning partners.	88. Tackling Health inequalities	BAU	01/04/2024	31/03/2025	Green		Tier 1 (Prevention)	The Citywide Health Improvement fund allocation was opened in June 2024, with very strong demand from our communities, and has now closed with 10 projects being funded. The Localities Health Improvement fund is due to open in August 2024. Health Improvement Fund community projects will help the Partnership to deliver community priorities within all three of our Locality Plans. A draft plan detailing activities around improving health inequity has been developed and submitted through the Public Health Support and Oversight group. This encompasses all relevant Local Outcome Improvement Projects which relate to Improving uptake of cancer screenings through informed consent. The Partnership will contribute towards delivery of NHS Grampian's 5 year Health Equity Plan for communities within Aberdeen City. Close working with Public Health Consultant for Aberdeen City on the Partnership's approach to addressing health inequalities.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH10	Work on a system-wide basis to increase community and professional capacity through community led development approaches such as Health Issues in the Community	89. Community Led Development Approaches	BAU	01/04/2024	31/03/2025	Green		Tier 1 (Prevention)	Following the Health Issues in the Community (HiIC) short course at Middlefield in March 2024, a number of actions have been taken forward: An article published on HiIC and its projects was published in the Middlefield Mirror community newsletter in May. Two Facebook accounts have been developed – "KeepMiddlefield Clean" (KMC) and "Stand Up and Be Heard." Litter picking around Middlefield from the wider community has been organised as a weekly event, with support and involvement from Keep Britain Tidy. Eight-week Deaf Awareness classes run for 12 people at Middlefield Community Project free of charge. Community involvement in the consultation process for the revision of Aberdeen City Council and Aberdeen City Health and Social Care Partnership British Sign Language plan and ACHSCP Strategy and Transformation Team development day. Next steps and building capacity Evaluate the course outcomes and collated data with follow up evaluations after three and six months. Feedback and support to local and Grampian-wide HiIC tutor networks. Following three HiIC pilots, four community projects have been set up addressing poverty, littering, deaf awareness and community leaflet raising issues on crime and homeless support. Nine people trained in March 2023 – six people have now completed HiIC accreditation. Representatives from 11 services and organisations have completed HiIC tutor training during 2024, including Community Learning and Development, Pathways, Middlefield Community Project, and The Wood Foundation. The Communities Team will be supporting 21 tutors who are delivering HiIC courses within all three locality areas across Aberdeen City.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH11	Scale up the Healthier Families PEEP programme to support a whole family approach to health and wellbeing.	90. Scale up PEEP	BAU	01/04/2024	31/03/2025	Green		Tier 1 (Prevention)	Peep Healthier Families Toolkit finalised. This toolkit will provide Peep practitioners with the lesson plans with key health messaging, resources and learning from the Pilot to support their own planning and delivery of the healthier families programme. This toolkit will be tested and evaluated with Peep trained staff to ensure key health message elements are managed effectively. Second round of Healthier Families Peep Training completed and evaluated. This training is an optional third training session for any staff who have been Peep trained. The session reinforces how the ORIM framework (Opportunities, Recognition, Involvement, and Modelling) supports delivery of the activities and key health messaging designed to support families with making healthier choices. Two more training sessions organised for 1st October and 18th November 2024. Up to 10 Peep practitioners will be recruited to undertake the training. Peep have been allocated funding for 50 new practitioners to be trained (from the UK wide charity People). It is expected the recruits may be a mix of newly Peep trained delegates and experienced Peep delegates. Presented Peep information poster at Public Health Scotland conference on 1st May and NHS Scotland Conference on 10th June.
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH12	Work with NHSG Public Health Directorate and alongside other Grampian Health and Social Care Partnerships to explore the development of a public mental health approach for Aberdeen City	91. Public Mental Health Approach	BAU	01/04/2024	31/03/2025	Green		Tier 1 (Prevention)	The Partnership are supporting NHS Grampian's Public Health Directorate to develop and implement a Public Mental Health Approach in Aberdeen City. Public mental health involves a population approach to mental health, and includes treatment of mental disorder, prevention of associated impacts, prevention of mental disorder and promotion of mental well-being, including for those people recovering from mental disorder. The Communities Team are working closely with the Public Health Consultant for Aberdeen City on the development of a Public Mental Health Approach. As first steps, the Partnership will focus on two of our priority neighbourhoods within Aberdeen City: Middlefield and Torry. Middlefield Pilot The Middlefield Community Hub Manager has identified a need to provide training for his staff on how to support clients in distress. This work will include an interview with the Hub Manager and his colleagues to explore what (if any) training they have had in the past, what was/was not useful, and what is needed going forward. This information will then be used to determine who is best placed to deliver this input, which can then be piloted at Middlefield before evaluation and eventual scale up / roll out to other community based projects across Aberdeen City. Output/Timescales Meetings / discussion with Hub Staff to determine need - June 2024 Identify training provider; customise training content - July 2024 Delivery and evaluation, inc considerations for priority groups and populations with specific need(s) - Autumn 2024 Pilot revised training in 1x Central and 1x South Locality areas - From Jan 2025 Support for Torry Working alongside the Public Health Coordinator for South Locality, and as part of the wider RAAC Operational Group, explore mental health needs of the Torry Community and how these can be supported, with particular focus on promotion of existing resources. This may include focus groups with residents, community roadshows featuring providers of mental health support services in Aberdeen City, in addition to developing a series of bespoke resources for different staff groups, population cohorts and situations/circumstances. A need has already been identified to support those providing care for young people (including those in paid and voluntary capacities) by clarifying relevant signposting opportunities for a range of mental health concerns including self harm, body image and bullying. This request was fulfilled, working in partnership with Education colleagues in May 2024. Output/Timescales Discussions with community members and partner staff to determine need – TBC Develop and deliver solutions, working in partnership with Torry locality staff and City mental health support services / resource providers - TBC
Prevention	Keeping people healthy and avoiding the risk of poor health, illness, injury and early death	PIH13	Work alongside the Children's Services Board (CSB) on prevention and early intervention particularly in reducing local variations in health factors	92. Reduce local variations in health factors	BAU	01/07/2024	31/03/2025	Green		Tier 1 (Prevention)	Work started on identifying health outcomes within Children Service Plan (CSP) projects. Enhancing baseline data as part of the refocused Population Needs Assessment (PNA)/Joint Strategic Needs Assessment (JSNA) for children and young people to assess degree of variation being explored.

Primary Care	Identify strategy and actions to improve Primary Care services and ensure future sustainability.	CT15	Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	40. Deliver PCIP	FTP		31/03/2025	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, Garden House, Airyhall, Kincorth, Torry 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. Service in Torry commenced 2 days a week. Vaccinations (VTP)- fully delivered. Providing cross cover with the CTAC staff to deliver B12 injection at the VTP Wellbeing hub. This is a is an option for patients and frees up capacity in the practices for those participating. 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 MoJ2, 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 is included in the GP Visioning Programme which is currently being delivered across NHS Grampian in terms of revising the delivery of the plan. A project sub group has been set up to review the PCIP's across Grampian.
Primary Care	Identify strategy and actions to improve Primary Care services and ensure future sustainability.	CT18	Deliver City actions in relation to the Grampian vision for Primary Care	41. Deliver Vision for PC	FTP		31/03/2025	Green		Tier 1 (Prevention)	The GP Vision implementation programme board met for the first time on 10th July. Each of the prioritised workstreams fed back to the board. There are currently no risks to escalate.
Primary Care	Identify strategy and actions to improve Primary Care services and ensure future sustainability.	CT19	Develop and implement appropriate initiatives to mitigate increase in prescription costs.	93. Prescription Costs	BAU		31/03/2025	Green		Tier 3 (Response)	Grampian wide prescribing efficiency group working on multiple strands of cost saving activity. Communication initiatives to public, prescribers and Integrated Joint Board's (IJB's). Prescribing data sharing and benchmarking. 2 spend to save projects underway in primary care. Multiple targeted cost saving projects underway.
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.	CT01	Undertake evaluation of redesign work to date ensuring this links to latest service developments particularly in relation to use of digital.	42. Redesigning Adult Social Work	BAU		27/12/2024	Green	Future Sustainability	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	Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models.	KPS01	Develop a discussion paper to inform a strategic planning framework for the strategic review of rehabilitation across Grampian which will include Specialist Rehabilitation Services hosted by Aberdeen City IJB. This will include consideration of how partners in sports and leisure and wider community resources can assist in delivery of rehabilitation. This will consider rehabilitation delivery models including bed base and community requirements in line with national guidance including SG Progressive Stroke Pathway, SG Neurological Standards and Scottish Trauma Network Major Trauma minimal requirements guidance.	43. Strategic Planning Framework for Review Rehab	FTP		31/03/2025	Amber	Future Sustainability	Tier 3 (Response)	A commission paper is being developed by Chief Officer (CO) to progress this review
Rehabilitation Review	Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models.	KPS07	Implement the outcome of the strategic review of the Neuro Rehabilitation Pathway	44. Implement Strategic Review Neuro-Rehab	FTP		31/03/2025	Amber	Future Sustainability	Tier 3 (Response)	Agreement with Chief Officer (CO) to progress Phase 1 - plans underway to have new capacity and pathway Budget derives from Craig Court Transitional Living Support funding with IJB approval to spend on a staffing model to increase capacity for community rehabilitation and Homelink approach and to support people locally within their community as an alternative to bed-based model. An evaluation framework has been established in order that impact of investment can be reviewed across the three areas of pathway with evaluation over a 6 month period following recruitment, reporting back to IJB for decision on Phase 2. Organisational change for staff formerly employed to support CC and the requests for additional staffing to support revised pathway and enhance patient experience across Grampian are progressing via HR and recruitment with continued collaboration with Moray and Shire colleagues to ensure pathway shaping is cognisant of all Grampian patient needs. Programme team ready to progress with recruitment to Phase 1, with aim to have people in post by October 2024. Programme team are progressing with the recruitment.
Rehabilitation Review	Undertake a strategic review of rehabilitation services across Grampian to identify new delivery models.	KPS34	Review of Hosted Wheelchair Service model and processes to identify any areas where efficiency could be achieved.	94. Review of Wheelchair Service	FTP		31/03/2025	Amber	Future Sustainability	Tier 3 (Response)	Project commission being finalised by Spec rehab service manager with project support available from August
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE15	Develop proactive, repeated and consistent communications to keep communities informed	46. Community Communications	BAU		31/03/2025	Green	Future Sustainability	Tier 2 (Early Intervention)	This project is on track. The ACHSCP's Comms Trustees Group continues to meet. The membership of the Group has grown with all services now represented. An annual comms plan has been drafted and agreed by SLT with regular comms issued in support of the events in the Comms Plan. The Comms Adviser continues to manage all Press enquiries and works closely with the Chief Officer and others in SLT and ACC and NHSG to manage the external comms issued.
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE23	Review Care for People arrangements	47. Care for People	BAU		31/08/2024	Purple	Statutory Requirement	Tier 3 (Response)	The original ask around exploring any conflict of interest between ACHSCP's Business and Resilience Lead being the chair of the Grampian Care for People Group and the postholder being a Senior Manager On Call has been discussed by the Grampian Local resilience Partnership who have agreed to include a standing item on all response agendas to establish if a Grampian Care for People Group is needed to be established, and if so then if the postholder is SMOG at that give time then an alternative Chair for the Grampian care For People Group will be found. The LRP has tried and tested this in response mode and it was well received. The City's Care For People Plan is reviewed on an annual basis. No further action the project is now closed
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE25	Create and adopt a Generic Emergency Plan to reflect Aberdeen city IJB's Cat 1 Responder responsibilities	49. Cat 1 Responder	BAU		31/10/2024	Amber	Statutory Requirement	Tier 2 (Early Intervention)	Meeting held with Aberdeen City Council (ACC)'s Emergency Planning Team in May 2024 to discuss ACHSCP's emergency planning structures, along with the wider managerial structure in ACHSCP. Organogram has been drafted and sent to ACC colleagues outlining the structures. Next step will be to convene another meeting to start identify any gaps in emergency planning structures in ACHSCP.
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE26	Preparing for and managing the transition to a National Care Service (NCS) through the Aberdeen City NCS Programme Board	50. NCS	BAU		31/03/2025	Green	Statutory Requirement	Tier 2 (Early Intervention)	Scottish Government has published amendments to the National Care Service (Scotland) Bill and are consulting on these. Chief Operating Officer of ACHSCP will draft response to consultation on behalf of ACHSCP and Aberdeen City Council. Draft to be taken through the Aberdeen City NCS Programme Board and Council Strategy Board. IJB to be updated.
Resilience	Ensuring the conditions are in place to maintain our resilience as an organisation.	SE35	Explore other areas where charges could be raised to increase income and contribute to the cost of service delivery.	95. Additional Charging	BAU		31/03/2025	Amber		Tier 3 (Response)	Workshop scheduled for 19th August 2024 to consider potential opportunities to explore charging outwith social care.
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT02	Progress a number of priority tests of change to develop a preventative and proactive care approach for Aberdeen City including the development of an Initial Point of Contact (IPOC)	52. Strategic Review Social Care	FTP	01/07/2022	31/03/2025	Green	Statutory Requirement	Tier 1 (Prevention)	Mapping work for what service can look like has been completed, Business case close to completion. Following a visit to N Lanarkshire HSCP who have implemented their own Initial Point of Contact (IPOC) model, the maps and business case will be updated to reflect learning from their operating model. Further Teams meeting with colleagues from N Lanarkshire arranged for 18/07 to gain more detailed insight into how their model operates. Meeting arranged with colleagues from Scottish Ambulance Service (SAS) who have a similar call centre with non clinical members of staff acting as triage for those calling with mental health concerns. Business Case going to Senior Leadership Team (SLT) on 21/08.

Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT04	Implement the recommendations from the June 22 Adult Support and Protection inspection	53. ASP Recommendations Implementation	BAU	05/04/2024	31/03/2025	Green	Statutory Requirement	Tier 3 (Response)	<ul style="list-style-type: none"> Improvement to recording by NHS Grampian staff of Adult Support and Protection (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 endorsed by Adult Protection Committee in June 2024. Access to Advocacy – Significant improvement in relation to offer of and take up of advocacy. Being embedded into D365 throughout the process. Key data being 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 undertaken in June 24 (two years since they were established). Action plan covering the findings is in development. Staff workshop regarding our approach to Large Scale Investigations took place on 9th Oct 2024 – guidance being developed.
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT05	Deliver the Justice Social Work Delivery Plan	54. Deliver JSW Plan	BAU		31/03/2025	Green	Statutory Requirement	Tier 3 (Response)	<ul style="list-style-type: none"> The task of identifying suitable premises for the Unpaid Work team is being progressed with building plans for the building of interest being undertaken currently in collaboration with the Project team. The service continues to be provided within the temporary arrangements in place The new D365 system is being utilised as a working tool, Scottish Government returns are being submitted timeously as required with support from the Analytics and Insight team. We continue to see increased numbers of assessments and imposition of Orders for Bail Supervision and Electronic Monitoring which continues to support 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, in response to the rapid rise in the prison population, took emergency measures to release prisoners early across the prison estate. There is ongoing communication with SPS in preparation, co-ordination, and a holistic approach to ensure, that those transitioning from prison to the community have access to housing, healthcare, financial support, in the same way as we would seek to deliver for those being released from prison. The current arrangements will be complete by the end of July although there are some indications, if successful, the Scottish Government may seek to continue this further The new post of Strategic Service Manager within Justice Social Work has been progressed with a preferred candidate being identified and the recruitment process is now ongoing. The JSW Delivery Plan expires in 2024, the new Strategic Service Manager will review and present a new Delivery Plan in liaison with current partners.
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT20	Review of social care charging policy and procedures and robust implementation with a view of maximising income	96. Social Care Charging	FTP	05/04/2024	31/03/2025	Green	Budget Saving	Tier 3 (Response)	<ul style="list-style-type: none"> Delivery of programme will be delivered over three interlinked phases. The first phase has focussed upon reinstatement of previous charges that had been reliant on cash and staff interactions pre covid. Systems and invoicing have commenced for Very Sheltered housing meals and day care. Using existing Contributing to Care policy, a renewed implementation plan to enhance staff and public understanding by creating easy read and animation versions has supported this. The revised policy was reviewed and approved by ACC policy board on 2nd July and Risk committee on 10th July. A report accompanying the revised policy will be presented at ACC Finance and Resource committee on 7th August. When approved the revised policy can become operational practice and be referenced in both ACC /ACHSCP websites. A number of accessible tools using animation and a policy on a page have been created to support the implementation of the revised policy Current focus is on charging for Housing Support and creating a structure with providers for weekly reporting. This is likely to generate a third of the target income set against this programme. Structures been built into D365 to monitor impact of charging policy in order that any closures / refusals of care due to cost can be monitored and supported Working alongside Finance and Housing colleagues to address significant debt from Social care delivery across the City. This has enabled the targeting of support of support and communication to sheltered housing tenants in regards to what services are provided via housing support and reminding that this is a means tested service. An Application to Anti poverty committee to seek funding for Power of Attorney (POA) and community alarms for individuals with low incomes in Scottish Index of Multiple Deprivation (SIMD) 1 areas across the City was approved. A grant for was awarded to support the creation of 40 individual POA arrangements and 200 individuals to be supported to access community alarms. Quarriers, our commissioned carer support provider are supporting in the identification of individuals in need From non residential charging raised to date, an anticipated addition £700,000 will be generated. Additional charges are being presented for consideration to relevant ACC officers who hold delegated authority. Staff training sessions re Courageous conversations has commenced. Early feedback is highlighting the value in supporting with having difficult conversations, not only finance or charging related
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT21	Streamline processes and pathways for older adults social care in a hospital context.	97. Hospital Discharge Pathway	FTP	01/04/2024	31/03/2025	Z - Complete	Statutory Requirement	Tier 3 (Response)	<ul style="list-style-type: none"> Project complete. Final survey on implementation success has been completed and findings indicate a continued positive benefit of the change to aligned wards.
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT22	Develop an overview of the Partnership's Discharge to Assess approach incorporating links between Hospital at Home and intermediate Care at Home, enablement approaches, step up and step down and Interim Beds.	98. Discharge to Assess	FTP	01/04/2024	31/03/2025	Green	Statutory Requirement	Tier 2 (Early Intervention)	<ul style="list-style-type: none"> Pathways to Enablement Workshop took place on 16th May. This was well attended and key themes were identified to take forward a Project Initiation document. This will incorporate Discharge to assess within a wider approach to enablement care. This project line title may change as a result.
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	SE07	Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	15. Expanded Use TEC	BAU	01/04/2022	31/03/2025	Green		Tier 2 (Early Intervention)	<ul style="list-style-type: none"> The Technology Enabled Care (TEC) Project Board has been on hold since March whilst a review is undertaken and planning around the focus of TEC moving forward is considered. This is to take into account the strategic priorities of ACHSCP and alignment with the digital projects portfolio and social care pathways work. TEC Project Board will resume meeting in August and an outline business case is being prepared with proposals regarding the scaling up of use of TEC in Aberdeen City.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	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	01/03/2024	31/03/2025	Green	Statutory Requirement	Tier 2 (Early Intervention)	<ul style="list-style-type: none"> 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. 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) across Scotland. The Annual progress report of EOMF was presented to the Integration Joint Board in May 2024, where it was approved.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	AFHL02	Undertake and publish 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 IAs	BAU	01/03/2024	31/03/2025	Green	Statutory Requirement	Tier 2 (Early Intervention)	<ul style="list-style-type: none"> Updated Integrated Impact Assessments (IIA), which now include the Consumer Duty and Armed Forces Duty, is now in place following approval by the Integration Joint Board in May 2024. Previous Health Inequality Impact Assessments (HIIA) are now published on our website as required and the new IIA process is now being used. This is being supported, initially, by the DiversCity Officer (DCO) Network (DCO) to help build support and capacity across teams as this develops. The DCO Network is working on providing exemplars and video guides for staff to support the completion of IAs. The DCO Network continues to develop training opportunities and work in collaboration with Aberdeen City Council (ACC) Equality Development Officer and Public Health Scotland for opportunities to collaborate and share learning.

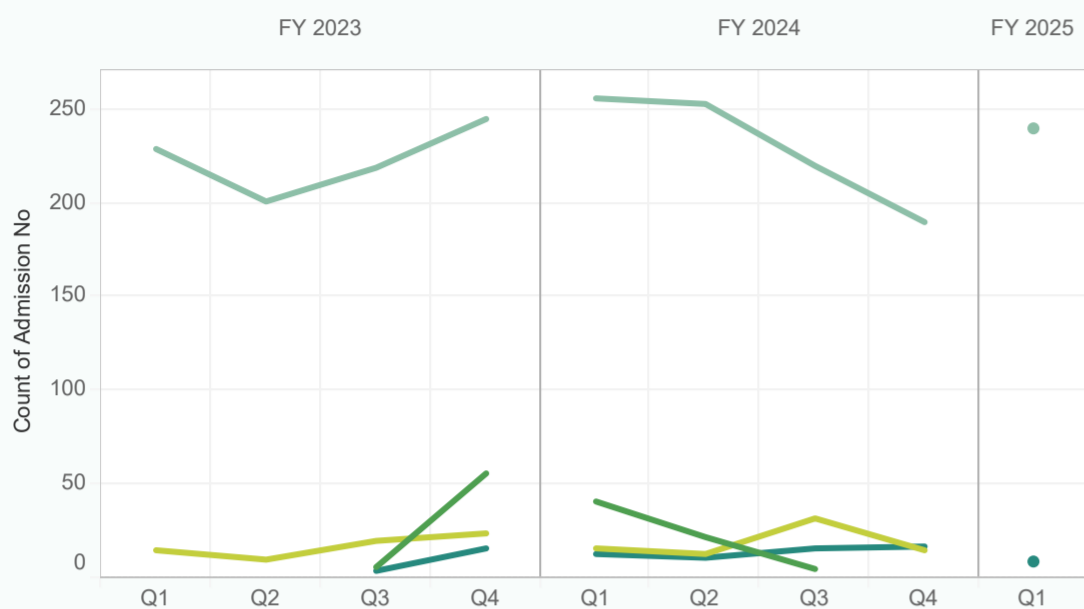
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	AFHL04	Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target.	57. Climate Change and NetZero	BAU		31/03/2025	Amber	Statutory Requirement	Tier 2 (Early Intervention)	As part of recent discussions regarding creating capacity within the Delivery Plan to support budget saving initiatives, SLT have agreed that the Climate Change work should be slowed in the short term. The statutory reporting will still be ensured by the project lead while other areas of work will be continued following return from maternity leave.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	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	01/03/2024	31/03/2025	Green	Statutory Requirement	Tier 2 (Early Intervention)	The Carers Strategy Implementation Group (CSIG) continues to meet bi monthly. The annual progress report in relation to the Carers Strategy was presented at Integrated Joint Board (IJB) on 6 February 2024 and work being undertaken will feed into the next annual report. Our Annual Carers Survey has now closed and the feedback is currently being analysed. 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. A collaborative commissioning process is now underway to renew the contracts for Carers Support Services for both Adults and Young Carers in the City.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	CT23	Develop the revised Strategic Plan for 2025 - 2028 taking cognisance of the strategic context, resources available and views of stakeholders.	99. Revised Strategic Plan	BAU	01/03/2024	31/03/2025	Green	Statutory Requirement	Tier 2 (Early Intervention)	The work to review and refresh our Strategic Plan is now underway. Initial feedback has been received from various events including our workforce conference and a commissioning event. We have also held sessions with the Senior Leadership Team and the Integration Joint Board. Priorities are being identified and developed in line with consultation across the Partnership. The first formal discussion at the Integration Joint Board will take place in September with an initial draft being ready for the November Integration Joint Board meeting. In conjunction with that, our public engagement plan is being developed so that when the initial draft has been to the Integration Joint Board we can then go straight out for public consultation thereafter with the aim of having the new Strategic Plan approved by IJB in March 2025.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	CT24	Revisit ACHSCP contributions to early years and school health and wellbeing.	100. Early Years and School	BAU		31/03/2025	Green	National Agenda	Tier 2 (Early Intervention)	Multiple links already exist and these are currently being reviewed and strengthened where necessary and any gaps filled.
Strategy	Develop and implement local strategies to ensure alignment with national and regional agendas.	CT25	Deliver relevant recommendations from the Hosted Services Internal Audit	101. Hosted Services Audit	BAU		31/03/2025	Green	Future Sustainability	Tier 3 (Response)	A working group has been set up with colleagues from Aberdeenshire and Moray HSCPs. The approach and timelines have been agreed as have standard templates for capturing information, reviewing the rationale for hosting and developing the resultant Service Level Agreements (SLAs) for those services that will remain hosted. This has been approved by all three Senior Leadership Teams which include the managers of Hosted Services. Workshops are scheduled over the next couple of months for the initial reviews to allow for completion of the process by the due date i.e. December 2024. The first due date for a recommendation is September 2024 and that is in relation to seeking additional assurance over budgeting and expenditure. This is currently being progressed by the three Chief Financial Officers (CFOs) and is on track for completion within the timeline.
Workforce	Develop and implement our Workforce Plan	SE01	Deliver the relevant actions on each of the three Workstream Action Plans supporting the Workforce Plan.	60. Develop Workforce Plan	BAU	01/03/2024	31/03/2025	Green		Tier 2 (Early Intervention)	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 are ongoing for the core elements of the plan. A workforce workstream conference took place in April 2024 to identify areas of crossover and reduce duplication in delivery and monitoring of the plan. Task and finish groups are being pulled together for some of the actions in the plan with the Senior Leadership Team having oversight of these. The latest 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 analysed to plan ahead for the next one which is due for December 2024.
Workforce	Develop and implement our Workforce Plan	SE02	Pledge support for Volunteer Scotland's Volunteer Charter and identify a Volunteer Champion for ACHSCP	61. Volunteer Charter and Champion	BAU		31/03/2025	Amber		Tier 2 (Early Intervention)	Still working with NHSG working group to agree protocols for volunteer use
Workforce	Develop and implement our Workforce Plan	SE03	Continue to support initiatives supporting staff health and wellbeing	62. Staff Health & Wellbeing	BAU		31/03/2025	Green		Tier 2 (Early Intervention)	Sickness absence has risen at end June - asking Senior Leadership Team (SLT) support to ensure good sickness management, return to work policies and staff attendance at various support opportunities available
Workforce	Develop and implement our Workforce Plan	SE04	Ensure our workforce are Trauma Informed	63. Trauma Informed Workforce	BAU		31/03/2025	Amber		Tier 2 (Early Intervention)	Working with Aberdeen City Council (ACC) to try to use allocate funds for a part time coordinator

FLEXIBLE BED BASE

Hospital at Home Admissions (Ward Starts)

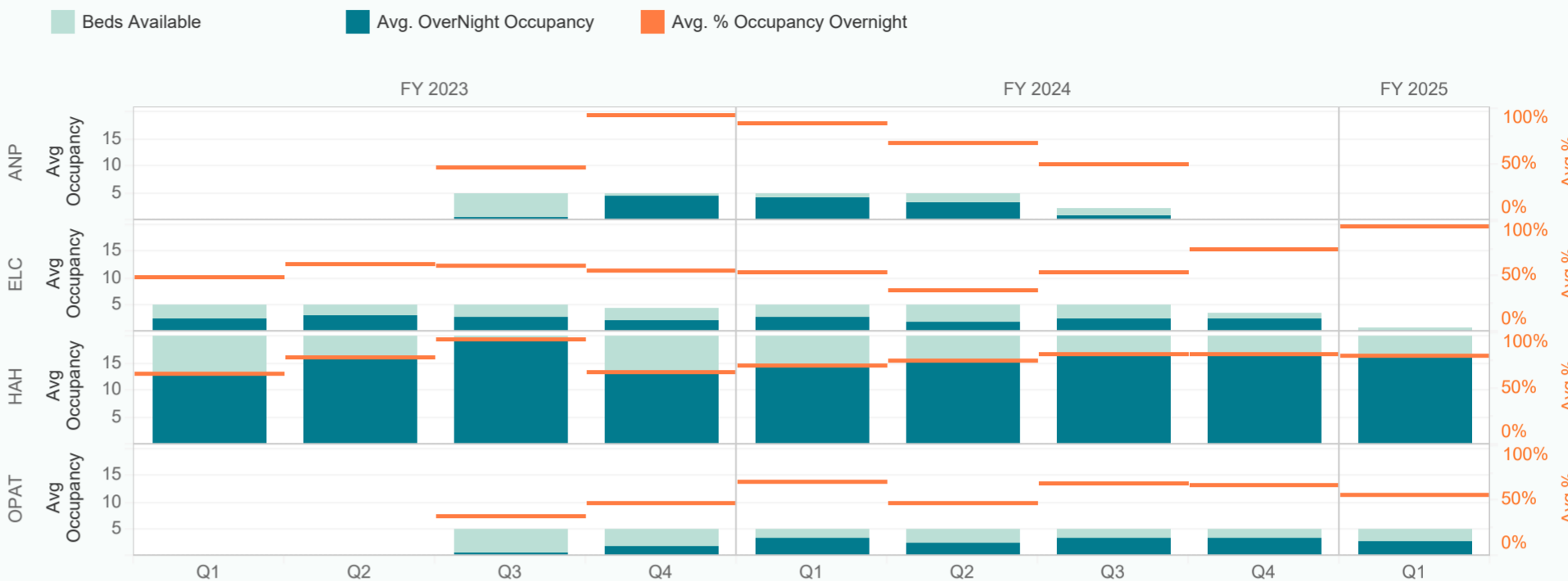
	FY 2022 Q4	FY 2025 Q1
Hospital at Home	187	240 ▲ 53
Hospital at Home - ELC	13	▼ -13
Hospital at Home - OPAT		9 ▲ 9

■ ANP ■ ELC ■ Hospital at Home ■ OPAT



Hospital At Home Capacity and Occupancy - Latest Quarter vs Baseline

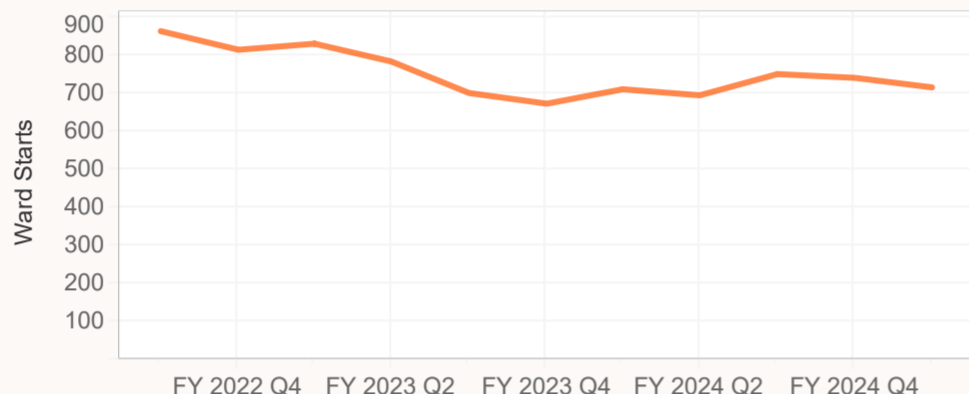
	Average Allocated Beds Available	Average Overnight Occupancy	Average % Occupancy
ANP	0.00	0.00	
ELC	0.62	0.56	96.5%
HAH	20.00	16.07	80.3%
OPAT	5.00	2.82	56.5%



FRAILTY

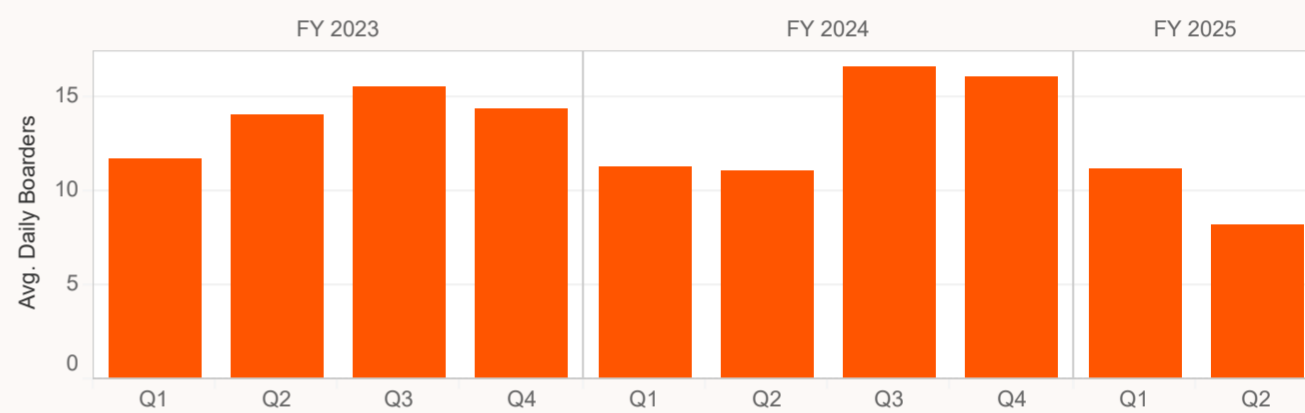
Ward 102 Ward Starts (Admissions)

	FY 2022 Q4	FY 2025 Q1
Ward 102, ARI	816	717 ▼ -99



Ward 102 Average Daily Boarders

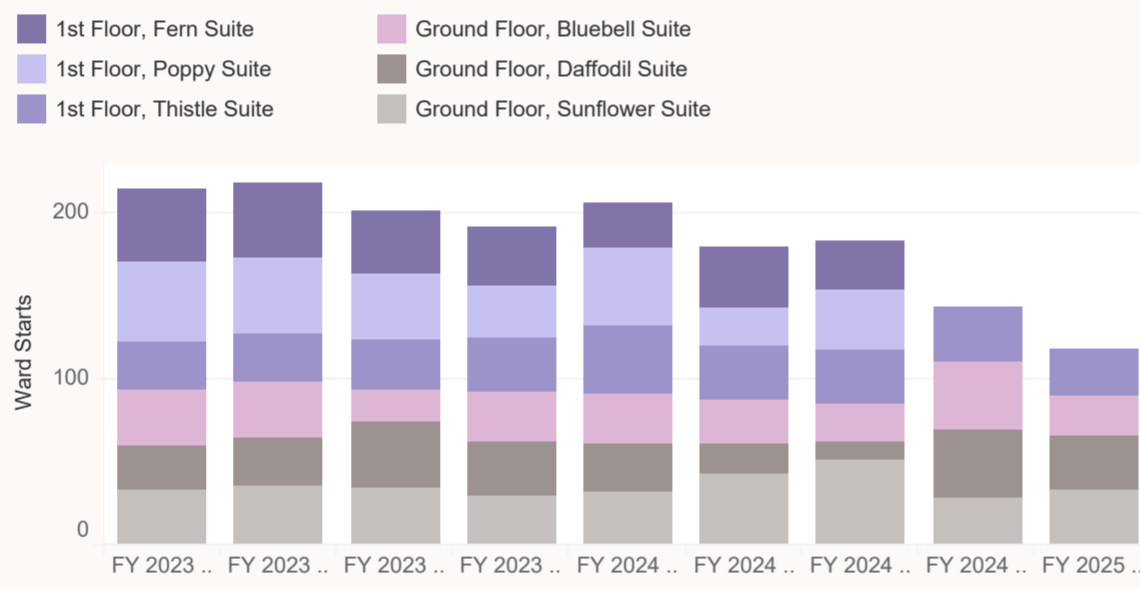
	FY 2022 Q4	FY 2025 Q1
Ward 102 Average Daily Boarders	15.7	11.2 ▼ -4.5



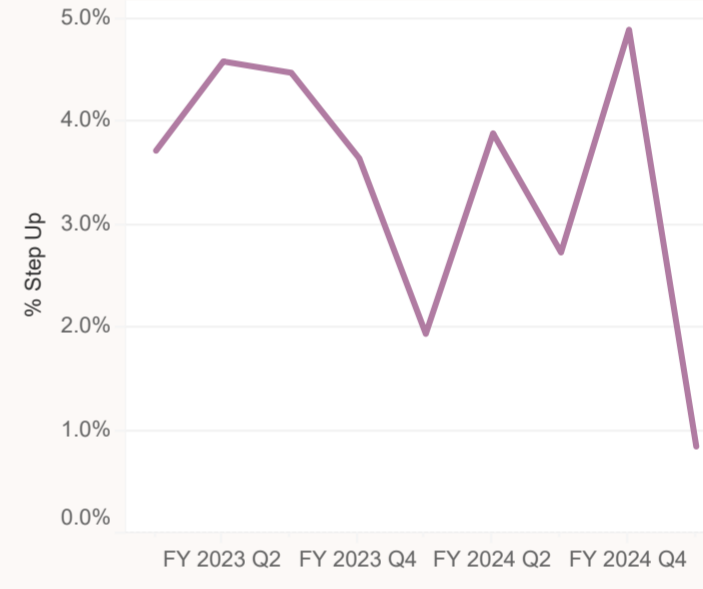
Rosewell House Ward Starts

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 2025 Q1
1st Floor, Fern Suite	26	▼ -26
1st Floor, Poppy Suite	42	▼ -42
1st Floor, Thistle Suite	39	▼ -11
Ground Floor, Bluebell Suite	17	▲ 7
Ground Floor, Daffodil Suite	18	▲ 14
Ground Floor, Sunflower Suite	35	▼ -1



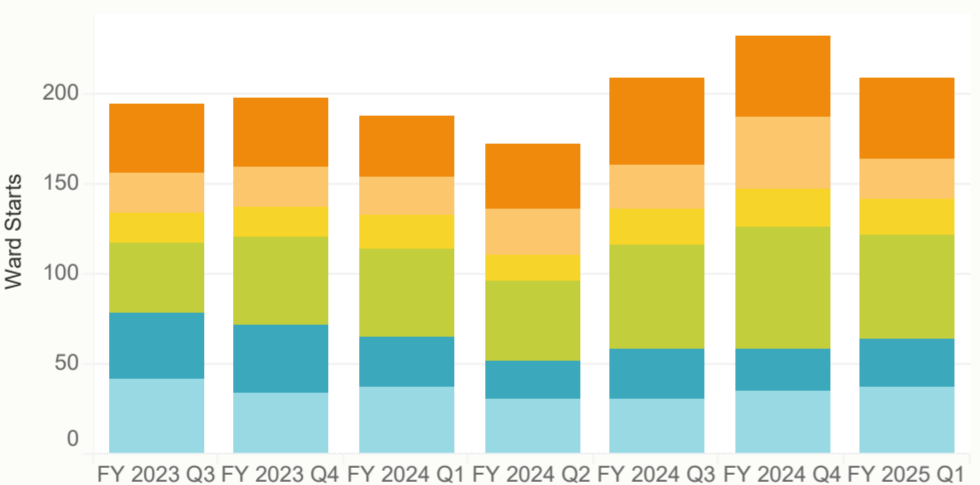
	FY 2022 Q4	FY 2025 Q1
1st Floor, Fern Suite	7.69%	▼ -7.69%
1st Floor, Poppy Suite	7.14%	▼ -7.14%
1st Floor, Thistle Suite	5.13%	0.00% ▼ -5.13%
Ground Floor, Bluebell Suite	5.88%	0.00% ▼ -5.88%
Ground Floor, Daffodil Suite	16.67%	▼ -16.67%
Ground Floor, Sunflower Suite	0.00%	2.94% ▲ 2.94%



REHABILITATION REVIEW

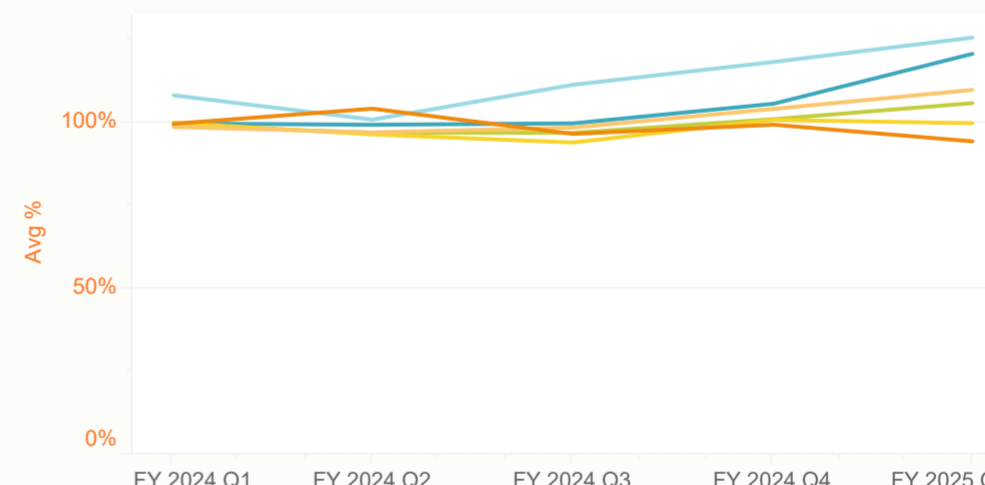
SOARS Ward Starts (Admissions)

	FY 2022 Q4	FY 2025 Q1
Links Unit	53	45 ▼ -8
Morningfield House	41	22 ▼ -19
Neuro Rehab Unit	23	20 ▼ -3
Orthopaedic Rehab Unit	52	58 ▲ 6
Stroke Unit East	34	26 ▼ -8
Stroke Unit West	27	38 ▲ 11



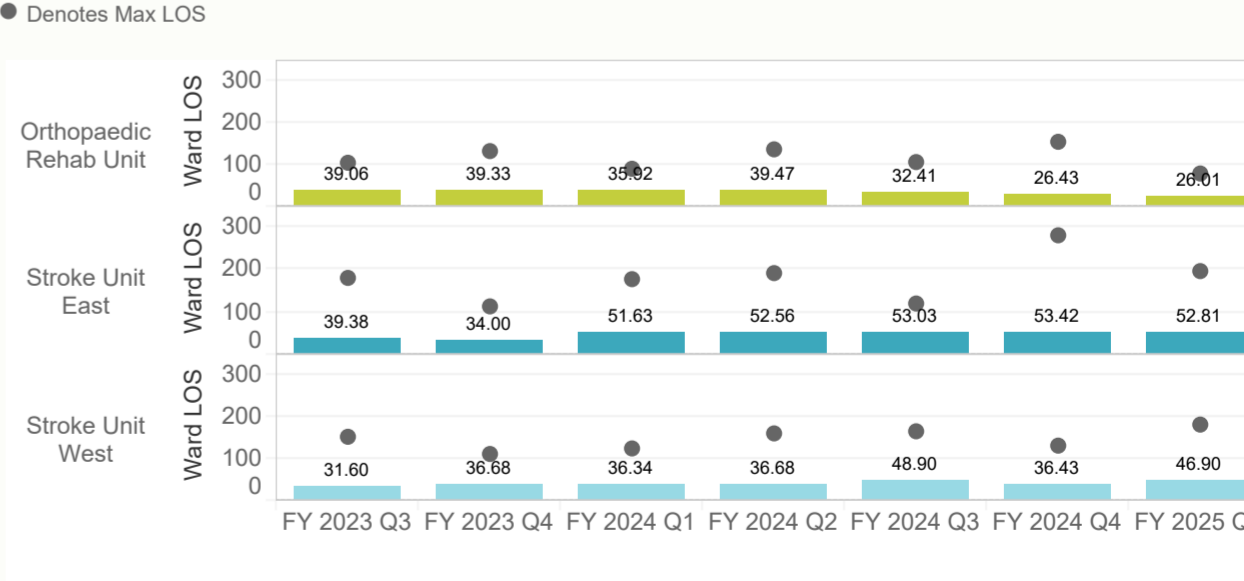
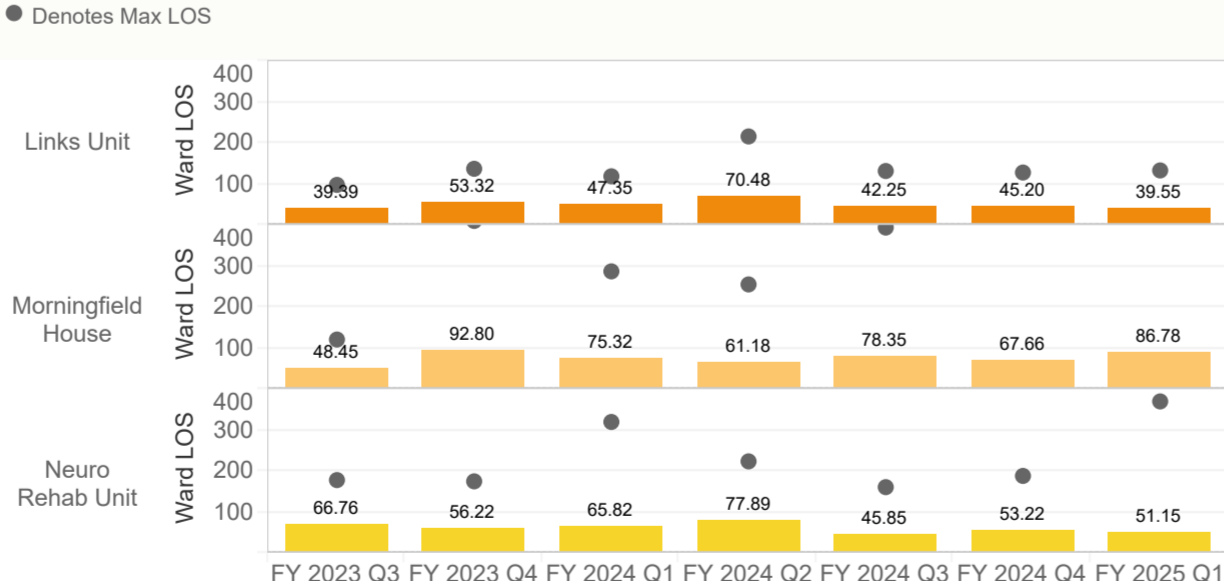
SOARS Average Occupancy

	FY 2022 Q4	FY 2025 Q1
Links Unit	101.3%	94.3% ▼ -7.0%
Morningfield House	97.5%	109.7% ▲ 12.3%
Neuro Rehab Unit	107.6%	99.7% ▼ -7.9%
Orthopaedic Rehab Unit	86.5%	105.7% ▲ 19.2%
Stroke Unit East	79.1%	120.6% ▲ 41.4%
Stroke Unit West	99.5%	125.4% ▲ 25.9%



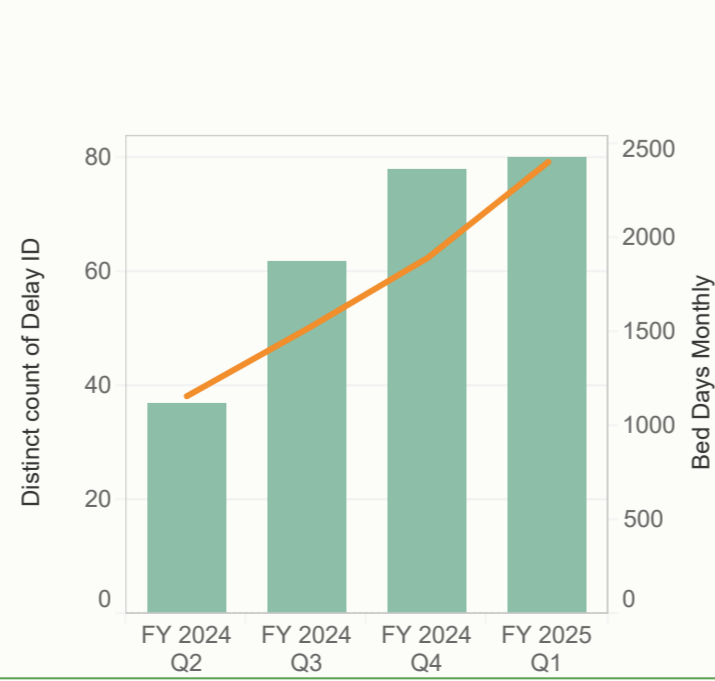
SOARS Average LOS

	FY 2022 Q4	FY 2025 Q1
Links Unit	39.52	39.55 ● 0
Morningfield House	26.29	86.78 ▲ 60.5
Neuro Rehab Unit	17.02	51.15 ▲ 34.1
Orthopaedic Rehab Unit	28.43	26.01 ▼ -2.4
Stroke Unit East	39.76	52.81 ▲ 13.1
Stroke Unit West	40.67	46.90 ▲ 6.2



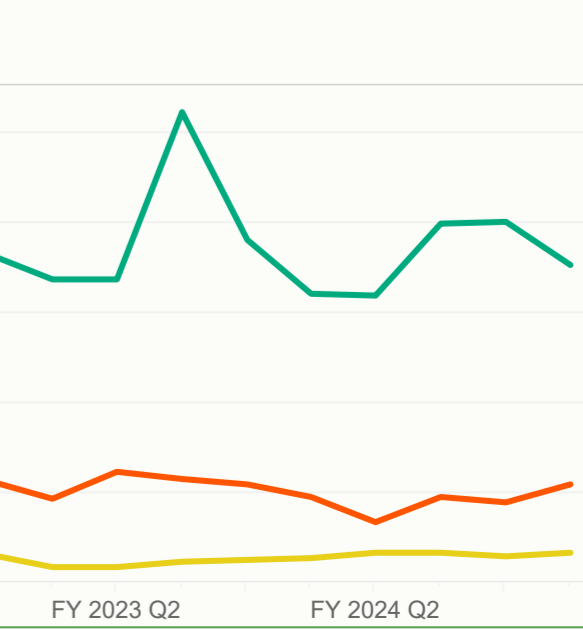
Delayed Discharges - SOARs Ward Codes at Snapshot (Note Ward102 delays not included)

	Delays	Bed Days Monthly
Woodend General Hospital	50	928
Woodend General Hospital	80	2,413



Datix Falls (All Falls Incidents Categorised to ABCITY Organisation)

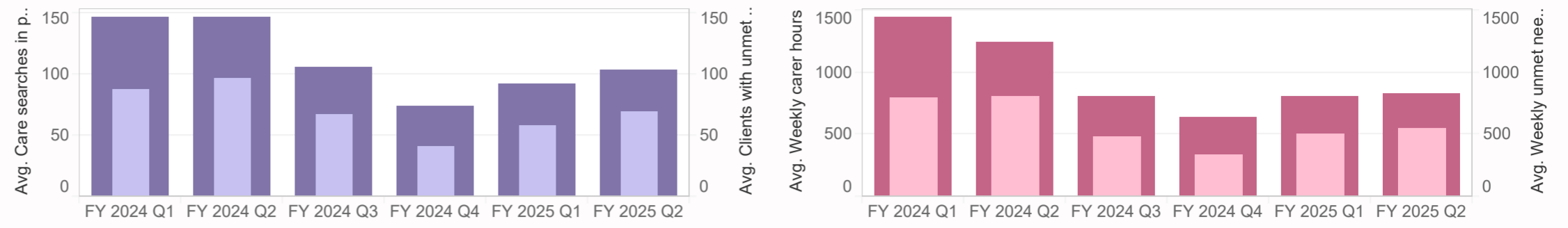
	FY 2022 Q4	FY 2025 Q1
HARM	57	55 ▼ -2
NMISS	16	17 ▲ 1
NOHARM	183	177 ▼ -6



SOCIAL CARE PATHWAYS

OPEN CASES AND UNMET NEED (14+ DAYS OPEN)

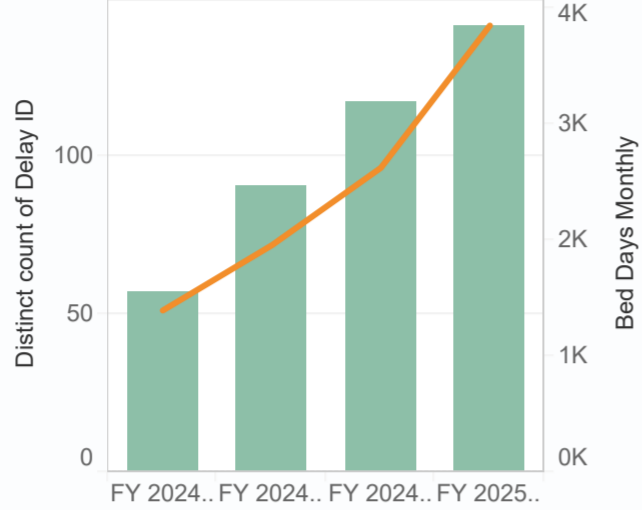
Avg. Care searches in place	FY 2022 Q4: 283.3	FY 2025 Q1: 92.3	▼ -191
Avg. Clients with unmet needs	152.5	57.3	▼ -95.2
Avg. Weekly carer hours	FY 2022 Q4: 2,756	FY 2025 Q1: 806	▼ -1,949.7
Avg. Weekly unmet need carer hours	1,225	507	▼ -718.2



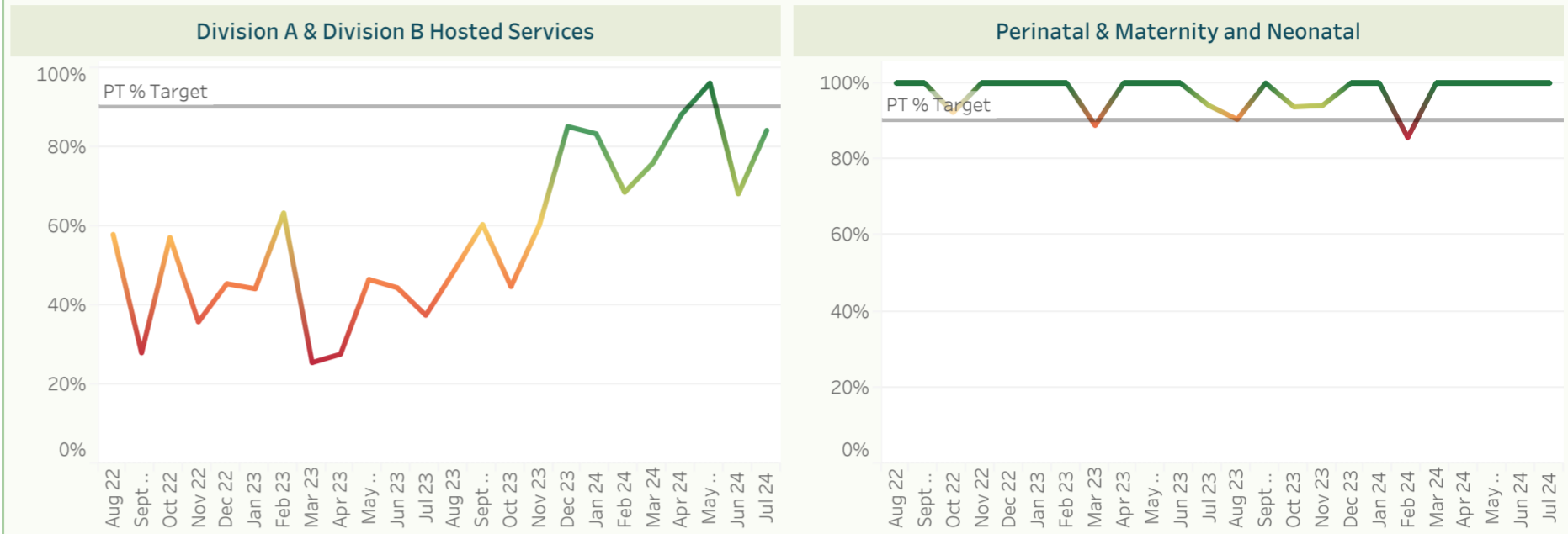
HOME PATHWAYS

DELAYED DISCHARGES (STANDARD AND COMPLEX)

Standard	FY 2022 Q3: 91	FY 2025 Q1: 127	▲ 36
Complex-Code 9	11	18	▲ 7
Standard	FY 2022 Q3: 1,258	FY 2025 Q1: 2,946	▲ 1,688
Complex-Code 9	367	897	▲ 530



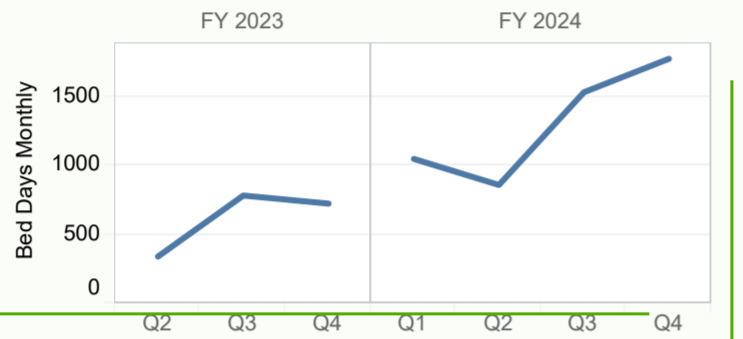
ADULT PT PERCENTAGE TREATED WITHIN 18 WEEKS



MHLD TRANSFORMATION

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

Code 9 reasons	FY 2022 Q4: 70	FY 2024 Q4: 518	▲ 448
Health and social care reasons	233	1,266	▲ 1,033



MH AVERAGE OVERNIGHT OCCUPANCY (LISTED WARDS ONLY)

Avg. % Occupancy (Allocated Only)	FY 2022 Q4: 78.5%	FY 2025 Q1: 98.0%	▲ 19.5%
Difference	▲ 19.5%		

Brodie Ward, RCH	FY 2022 Q4: 76.9%	FY 2025 Q1: 89.5%	▲ 12.6%
Corgarff Ward, RCH	75.5%	98.2%	▲ 22.7%
Davan Ward, RCH	0.0%	107.7%	▲ 107.7%
Dunnottar Ward, RCH	95.7%	107.6%	▲ 11.9%
Eden Ward, RCH	65.6%	91.2%	▲ 25.7%
Forensic Acute, RCH	111.7%	103.3%	▼ -8.4%
Forensic Rehab Ward, RCH	99.5%	108.9%	▲ 9.4%
Fraser Ward, RCH	97.6%	107.4%	▲ 9.8%
Fyvie Ward, RCH	93.7%	100.2%	▲ 6.6%
Huntly Ward, RCH	90.1%	107.9%	▲ 17.9%
IPCU, RCH	74.3%	91.1%	▲ 16.8%
Loirston Ward, RCH	99.3%	90.8%	▼ -8.6%
Muick Ward, RCH	0.0%	105.7%	▲ 105.7%
Skene Ward, RCH	96.5%	101.9%	▲ 5.3%
Strathbeg Ward, RCH	78.8%	90.4%	▲ 11.6%

Great Western Lodge	FY 2022 Q4: 100.0%	FY 2025 Q1: 100.8%	▲ 0.8%
Polmuir Rehab	59.1%	66.7%	▲ 7.6%

STRATEGY

SUITABLE HOMES

Major Adaptations	2018/19: 410	2019/20: 654	2020/21: 63	2021/22: 295	2022/23: 156	2023/24: 610
Minor Adaptations	1,569	1,234	3,105	1,313	1,230	2,382
Community Alarm	1,365	1,242	1,365	1,242	1,365	1,242
Telecare package	2,382	2,382	2,382	2,382	2,382	2,382
Very Sheltered Housing	594	1018	▲ 71.3%			

CARERS SUPPORTED

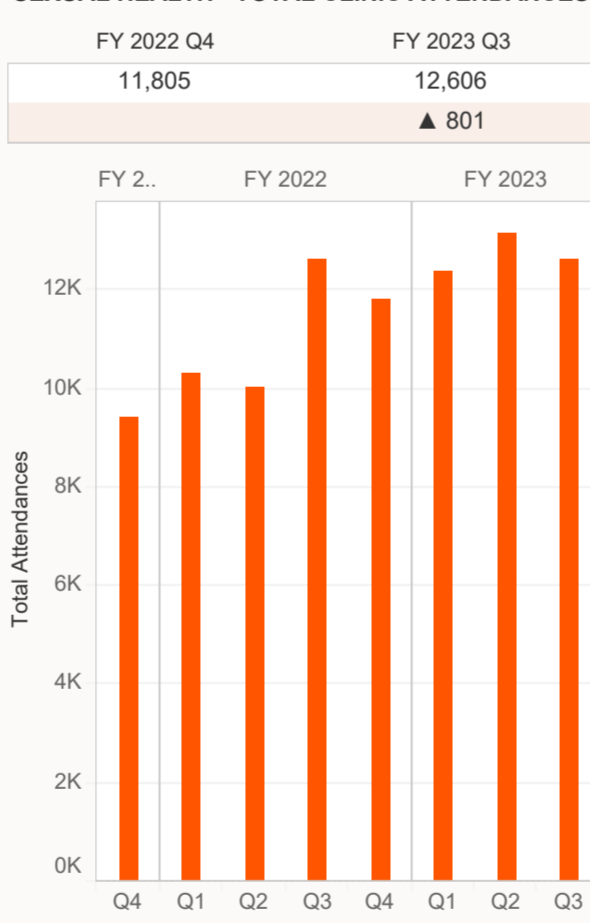
2021/22	594
2022/23	1018
	▲ 71.3%

PREVENTION

ALCOHOL AND DRUG RELATED ADMISSIONS



SEXUAL HEALTH - TOTAL CLINIC ATTENDANCES

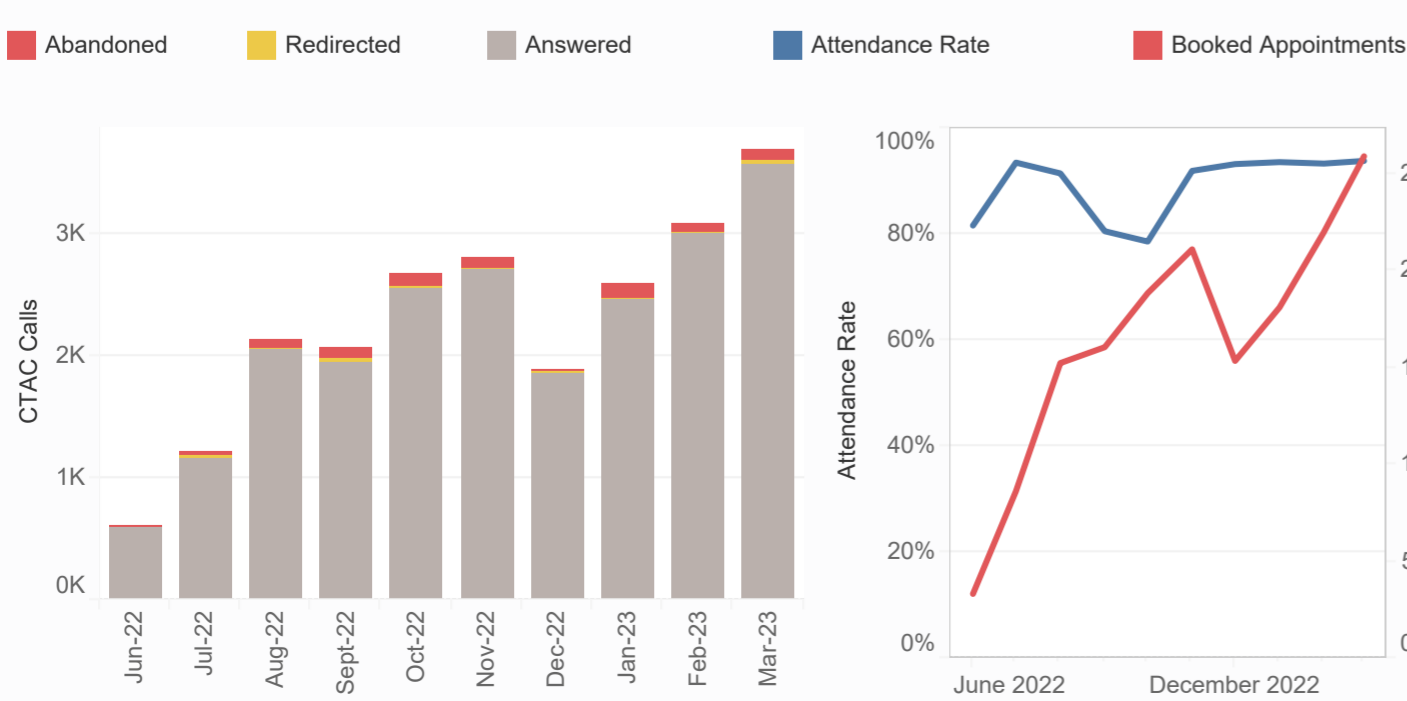


SMOKING CESSATION

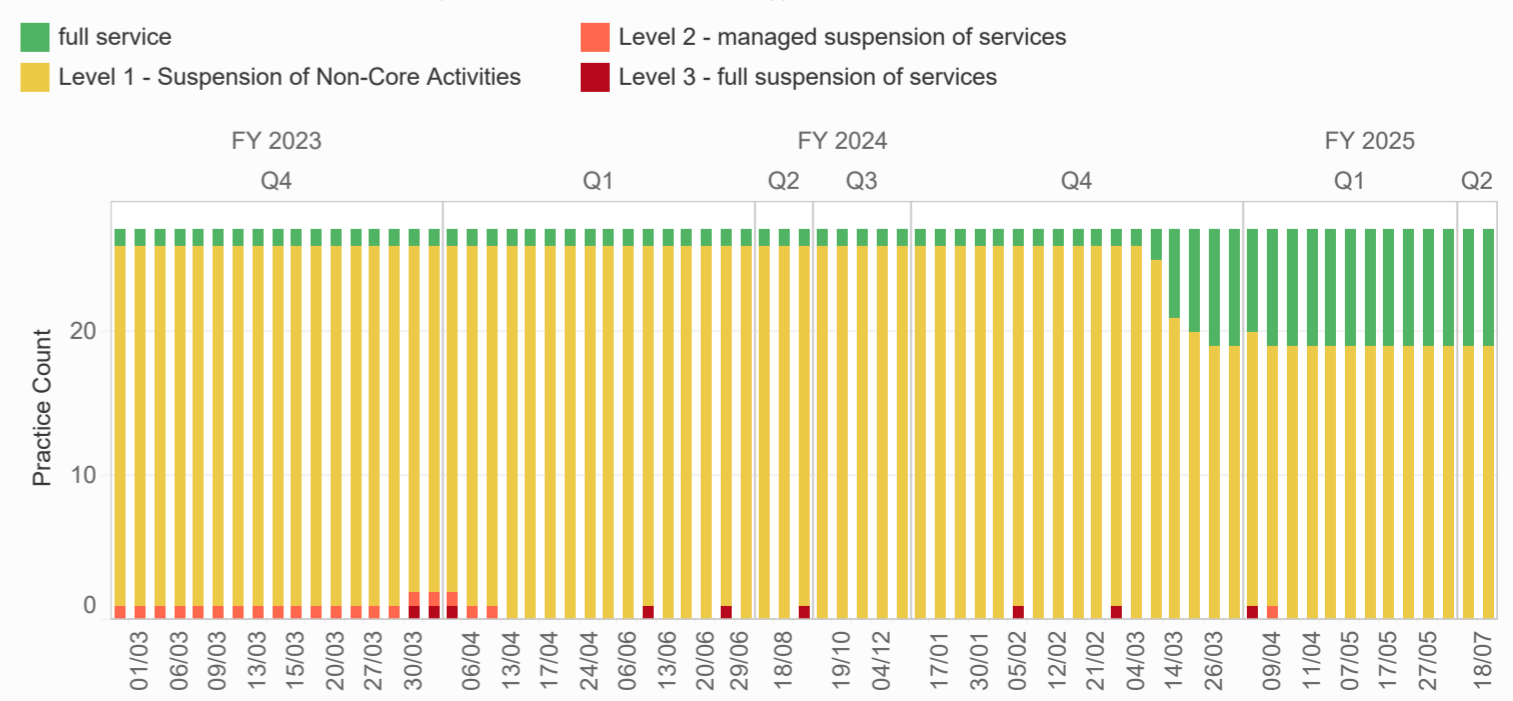
Number Quit Attempts	Four Week Quit Rate	Twelve Week Quit Rate
2022/23: 1,302	41.5%	20.4%
2021/22: 1,401	40.8%	22.1%
2020/21: 1,175	44.9%	25.5%
2019/20: 1,712	39.0%	22.7%
2018/19: 1,740	41.5%	28.5%
2017/18: 1,936	41.7%	29.6%
2016/17: 2,072	38.4%	25.7%

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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INTEGRATION JOINT BOARD

Date of Meeting	10 September 2024
Report Title	Aberdeen Royal Infirmary Navigator Service
Report Number	HSCP.24.016
Lead Officer	Fiona Mitchelhill
Report Author Details	Name: Simon Rayner Job Title: ADP Lead Email Address: Simon.Rayner@nhs.scot
Consultation Checklist Completed	No
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	7

1. Purpose of the Report

This report sets out learning from the a test of change using a navigator service funded by the Alcohol & Drug Partnership and based in Aberdeen Royal Infirmary.

2. Recommendations

2.1. It is recommended that the Committee note the content of the report

3. Strategic Plan Context



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- 3.1. This report links to the Strategic Plan - Preventing Ill Health: Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs

4. Summary of Key Information

- 4.1. On 24 August 2021, the Integration Joint Board (IJB) approved a proposal from the Chief Officer and the Alcohol and Drug Partnership (ADP) to fund a two-year test of change to establish a Navigator Service within the Emergency Department (ED) at Aberdeen Royal Infirmary (ARI). The detailed business case was presented to a meeting of the Integration Joint Board on 24 August 2021.
- 4.2. The primary objective of this initiative was to introduce a support service complementing the work of the Drug and Alcohol Care Team (DACT) based at ARI.
- 4.3. Medics Against Violence (MAV), a third-sector charity founded by medical professionals in Glasgow, developed the Navigator Service in 2015 as a collaborative programme involving the Scottish Violence Reduction Unit, local NHS Boards, and the Scottish Government Community Safety Division. Originally aimed at assisting patients attending EDs due to community based violence, the Navigator Service evolved to address not only immediate needs but also social factors contributing to repeated ED visits. MAV has since worked to expand the Navigator Service to various locations across Scotland.
- 4.4. The Navigator Service positions staff with lived experience in Emergency Departments during peak times to establish voluntary connections with patients, potentially followed by community engagement and sign posting to relevant services.
- 4.5. Following the IJB's approval on 24 August 2021, the service commenced in Aberdeen in August 2022 and continued until November 2023. The intended outcome measures included:
- Reduction in repeat ED admissions: Aimed at addressing underlying issues to reduce the frequency of patient returns to the ED.
 - Reduction in alcohol-related admissions: Focused on decreasing admissions related to alcohol use.
 - Reduction in drug-related admissions: Focused on decreasing admissions related to drug use.



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- Increase in the number of individuals supported to appropriate services: Ensured that patients were linked with suitable community services for ongoing support.

Process Measures

- Number of hours Navigators operated: Monitored to assess the service's availability and accessibility.
- 4.6.** The ADP provided grant funding to MAV, totalling £80k per annum, to deliver the project. Initial challenges related to authorising payment, defining the service specification, and finalising the contract were encountered, leading to an initial delay in the project's launch.
- 4.7.** MAV employed two staff members and volunteers who worked during peak times within the ARI Emergency Department. The Navigators collaborated closely with the Drug and Alcohol Care Team (DACT), also based at ARI, to provide additional support to individuals engaging with the ED due to drug and alcohol-related harm. This partnership aimed to create a comprehensive support system within the ED, ensuring that patients received immediate assistance and were guided towards long-term support.
- 4.8.** During its 15 months of operation, the service reported engaging with 139 individuals, 91 of whom were from Aberdeen.

Demographics:

- Male: 111
- Female: 28
- Average age: 45

Primary Presenting Issues:

- Alcohol: 98 cases, underscoring the issue of alcohol misuse.
- Drugs: 30 cases, highlighting the need for drug-related interventions.
- Mental Health: 67 cases, indicating the strong connection between mental health issues and ED visits.
- Violence: Fewer than 10 cases, focused on targeted violence-related interventions.
- Domestic abuse: Fewer than 10 cases, addressing specific support for victims.
- Medical presentation: 22 cases, representing a variety of medical issues requiring immediate attention.



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Mode of Transport to Hospital:

- Ambulance: 105 cases
- Police: Fewer than 10 cases, indicating law enforcement involvement.
- Self-presented: 14 cases, showing patients seeking help independently.
- Friend or family: 15 cases, where support networks played a role in transporting individuals to the hospital.

Interventions at Presentation:

- Harm reduction related to alcohol: 23 cases, showing proactive measures at the point of care.
- Harm reduction related to drugs: Fewer than 10 cases, indicating similar efforts for drug misuse.
- Naloxone: 0 cases
- Alcohol Brief Intervention: 0 cases

Navigator Support Acceptance:

- Immediately: 53% of cases accepted support right away.
- Refused: 4%
- Unknown: 43% were unable to confirm due to intoxication or injury.

Referrals to Other Services:

- Women's Aid
- Integrated Alcohol Service
- Alcoholics Anonymous
- Fulton Clinic
- Alcohol and Drugs Action
- Social Work
- Cornhill

4.9. Turnover of Navigator staff meant that in October 2023 the service ceased operations at ARI, with staff no longer in post. After discussions with MAV, it was mutually agreed to conclude the test of change, as it was unlikely that MAV would be able to recruit staff for the remaining 6 month period.

4.10. During the period of the project, for the whole of Grampian, there were 1,367 hospital admissions due to alcohol and drugs. Ninety seven percent of these were non-elective. There were 99 readmissions within 7 days and 200 readmissions within 28 days. Fourteen percent of admissions (372



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people) had more than 1 admission. Comparing data for the equivalent preceding time period showed comparable rates.

4.11. Operational Challenges:

- Establishment of regular reporting: Challenges in regular reporting limited data on activity levels and outcomes, making it difficult to assess the service's effectiveness.
- Funding and Support: In 2024, national funding for the DACT service ended, and NHSG was not able to continue funding the DACT Team. The fixed term for the Navigator test of change funding also concluded.

4.12. While the Navigator Service were able to provide some data on operational activity, there was limited information available regarding the achievement of outcomes. Due to information sharing challenges and analyst capacity it was not possible to demonstrate reductions in repeat ED admissions, alcohol-related admissions, or drug-related admissions. Although community service referrals were reported, data from community services on referral rates to specialist drug or alcohol services didn't appear to increase.

4.13. Key Learning Points from the test of change include:

- Future Provision: NHSG Public Health is conducting a full review of the needs of people with drug and alcohol issues who engage with acute hospital settings. The Aberdeen Health and Social Care Partnership is also working on improving community-based supports for people both before and after hospital admission.
- Pathway Improvements: Enhancing and redesigning pathways from acute settings to community-based support is essential, incorporating third-sector peers, lived experience, and whole-system approaches. This work is ongoing within the HSCP following the service's conclusion.
- Lived Experience: Evidence suggests that peer-led initiatives can be beneficial in engaging people and providing community support. We are exploring opportunities to reinstate this with existing commissioned services
- Grant Funding and Contractual Processes: Normally, third-sector services are procured through standard competitive processes. Grant funding specific organisations can be more complex due to the lack of standard legal and contractual infrastructure and this to delays and



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clarity on legality of contracts, indemnity, PVGs and Honorary Contracts and Information Sharing agreements

- Remote Management: Remote management can present challenges in the operational delivery of services, emphasising the importance of robust on-site management and support.
- Project and Performance Management Capacity: Staff turnover and operational pressures can impact the ability to sustain ownership, project, and performance management within the 'host' services. This impacted on ability to gather and report health intelligence, clinical and management leadership

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no Equalities, Fairer Scotland and Health Inequality implications arising from the recommendations set out in the report.

5.2. Financial

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

5.3. Workforce

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

5.4. Legal

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

5.5. Unpaid Carers

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



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5.6. Information Governance

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

5.7. Environmental Impacts

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

5.8. Sustainability

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

6. Management of Risk

[Risk Appetite Statement](#)

6.1. Identified risks(s)

There are no identified risks associated with this report.

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RISK, AUDIT & PERFORMANCE COMMITTEE

Date of Meeting	10 September 2024
Report Title	Finance and Performance 2024 – Audit Scotland Report
Report Number	HSCP.24.072
Lead Officer	Fraser Bell, Chief Operating Officer
Report Author Details	Name: Sarah Gibbon Job Title: Programme Manager Email Address: sgibbon@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a. Integration Joint Boards Finance & Performance 2024
Terms of Reference	3 - Be aware of, scrutinise, receive assurance and monitor any relevant improvement activity arising from audit findings, inspections and regulatory advice from assurance providers (such as the Care Inspectorate, Audit Scotland, Healthcare Improvement Scotland and the Mental Welfare Commission), to ensure the integrity of Aberdeen City Health and Social Care Partnership (ACHSCP) control systems and processes.



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1. Purpose of the Report

- 1.1. This paper provides an overview and key messages from the recent Accounts Commission report, published by Audit Scotland on 25 July 2024 (as at Appendix A).

2. Recommendations

- 2.1. It is recommended that the Committee:

- a) Notes the report as attached at Appendix A and the assurance provided in respect of the recommendations made.

3. Strategic Plan Context

- 3.1. This report presents an assessment from the Accounts Commission (prepared by Audit Scotland) on IJBs' finance and performance across Scotland. The key messages and recommendations will help the Aberdeen City Health and Social Care Partnership (ACHSCP) to develop and deliver the Integration Joint Board's (IJB) strategic plan on a sustainable basis.

4. Summary of Key Information

- 4.1. Audit Scotland provide independent assurance that public money is spent properly, efficiently and effectively. They provide services to the Auditor General and the Accounts Commission. The Accounts Commission holds councils and other local government bodies in Scotland to account and helps them improve by reporting to the public on their performance. They operate impartially and independently of councils and of the Scottish Government.
- 4.2. The report prepared by Audit Scotland on Integration Joint Board's Finance and Performance 2024 provides a high-level independent analysis of the 30 Integration Joint Boards in Scotland, commenting on:
- the financial performance of IJBs in 2022/23 and the financial outlook for IJBs in 2023/24 and beyond;
 - performance against national health and wellbeing outcomes and targets alongside other publicly available performance information; and
 - a 'spotlight' focus on commissioning and procurement of social care.



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- 4.3. The report states that community health and social care faces unprecedented pressures and financial uncertainty, with rising unmet need.
- 4.4. This report builds on the previous [Audit Scotland report: Integration Joint Boards Financial Analysis 2021/22](#)
- 4.5. The report sets out key messages and recommendations for improving IJBs finance and performance, however importantly it notes that the ability to meet these recommendations does not lie solely with IJBs.
- 4.6. The report recognises that it focuses “on IJBs, however to respond to the significant and complex challenges in primary and community health and social care all the bodies involved need to work collaboratively on addressing the issues – IJBs alone cannot address the crisis in the sector. The next iteration of this annual report will be produced jointly with the Auditor General for Scotland and will take a whole system approach and will make recommendations to the Scottish Government, councils, NHS boards as well as IJBs, as appropriate”. It is the intention to report on that annual report, when available, to a future meeting of the Risk, Audit and Performance Committee.
- 4.7. The remainder of this report provides an assessment of these key messages and recommendations from our own IJB’s perspective.

Key Messages:

Message 1: Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties. These are not easy to resolve and are worsening, despite a driven and committed workforce. The health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs. There is also variability in how much choice and control people who use services feel they have, deepening challenges in sustaining the workforce, alongside increasing funding pressures.

Response: This reflects the position in Aberdeen and previous reporting to the IJB. Whilst many of these challenges are experienced nationally, and therefore may require a national effort to address, ACHSCP have noted progress in the following areas:

- The Aberdeen City Local Outcome Improvement plan and Integrated Locality Plans play a significant role in supporting the IJB in addressing



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health inequity. This helps ensure that health interventions are supported by complementary actions in other areas such as housing or increasing access to employment and education opportunities.

- The LOIP and locality plans are based on data analysis and community engagement which has allowed specific areas where health inequities are more pronounced and improvement projects have been developed.
- The integrated locality teams have been established with staff from Aberdeen City Council and Aberdeen Health and Social Care Partnership to take forward and support the delivery of the locality plans.
- The IJB delivery plan recognises the growing health inequalities gap with priority projects to work towards reducing this.
 - The Health Improvement fund and investment with “Health Issues in the Community” programme have supported local leaders and organisations to take an active role in addressing health inequalities.
- Locally, ACHSCP has worked collaboratively with partners across the public, independent and third sectors to reduce unmet need from an average of 284 care searches in Q1 2022 to 73 in Q4 2024.
- The ACHSCP has a consistently high iMatters score across the organisation emphasising that ACHSCP is a good place to work.

Message 2: We have not seen significant evidence of the shift in the balance of care from hospitals to the community intended by the creation of IJBs. They operate within complex governance systems that can make planning and decision making difficult. They cannot address the issues across the sector alone. Whole-system collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.

Response: Aberdeen has a track record of partnership working with acute sector colleagues, for example around the NHSG Frailty Programme Board. The Frailty Pathway Redesign and work with Hospital at Home are good examples of the shift in balance of care home hospitals to community, as evidenced in previous evaluations submitted to the IJB. The Frailty Pathway redesign moved £5.3million from hospital-based service into intermediate and community based services, with an accompanying movement of staff and care into the community. As a specific example, Hospital at Home has expanded its service to care for up to 36 acutely unwell patients within their own homes (who would have previously been cared for in hospital)



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The IJB delivery plan makes the commitment to do this in other areas of work, including specialist rehabilitation. The wider issues of operating within the complex governance systems are noted and recognised and consideration is being given to further promotion of a whole system approach, particularly in the context of budget setting. This will be more relevant as stretched budgets come under more pressure from increasing and more complex demand.

Message 3: The workforce is under immense pressure reflecting the wider pressures in the health and social care system. Across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid- 19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. Unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living. Without significant changes in how services are provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

Response: These issues are reflected across the wider sector in previous reporting to the IJB which outlines the difficulty in recruiting, but also the effort to address these challenges. Reduction in the working week as part of the 23/24 Agenda for Change settlement together with the implementation of the Health and Care (Staffing) (Scotland) Act 2019 also add to the factors that have to be managed. ACHSCP is committed to our workforce and has made key progress in developing and implementing our workforce plan which has resulted in better terms and conditions for care staff, reduced turnover and an increased headcount. (more detail on our workforce plan is included in the response to recommendation 3 further in the report).

Whilst unpaid carers are being increasingly relied upon, ACHSCP is making strong progress with the implementation of our [Carers' strategy 2023 - 2026](#), as highlighted in the IJB's [annual performance report](#). The ACHSCP is in the process of recommissioning both young and adult carers support services with new contracts to be in place by March 2025. Two successful LOIP project charters are increasing the number of Adult and Young Carers identified. Other priorities for the Carers Strategy includes, Identifying as a Carer and the first steps to support, Accessing Advice and Support, supporting future planning, decision making and wider Carer involvement and Community Support and Services.

Message 4: Uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs have also contributed to the difficult context for planning and delivering effective services. We are seeing



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examples of JBs trying to work in new and different ways, but there is a lack of collaboration and systematic shared learning on improvement activities.

Thoughts: ACHSCP is developing a response to the National Care Service Call for Views and will submit the response ahead of the submission date in September. The multi-agency, Aberdeen National Care Service Programme Board, has been operational since 2022 to identify risks and opportunities associated with the potential introduction of a national care service to ensure the city's readiness.

However, ACHSCP is not standing still and is actively contributing to and influencing national developments which contribute towards the outcomes that the NCS aims to bring. ACHSCP is one of 9 Getting it right for everyone (GIRFE) pathfinder HSCPs in Scotland. GIRFE is a national project aiming to develop a multi-agency approach to support from young adulthood to end of life care. There is a directed link between this and any future NCS. Being a pathfinder at this stage enables us to be at the forefront of development and prepare for changes in practice which will be required when the government move to full implementation of GIRFE in 2025.

Scotland's Digital Health and Care Strategy calls for the adoption of digital technologies to improve health outcomes, accessibility, and patient experience. Investing in the workforce to be more digitally informed with the right digital tools will enable greater capacity and flexibility as well as a more engaged, motivated and supported workforce. The partnership has been in active dialogue with Microsoft since 2023, building on Microsoft's partnership with ACC and their successful contribution to ACC's transformation programme including the creation of Dynamics 365, the social work digital platform.

A business case (on the agenda for the JB in September) with 2 Proposals as part of a first phase development will look at a Social Work Practitioner Application; and Home Care Commissioning Portal.

Message 5: The financial outlook for JBs continues to weaken with indications of more challenging times ahead.

- In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts and Covid- 19 legacy costs are making it difficult to sustain services at their current level and, collaborative, preventative and person-centred working is shrinking at a time when it is most needed.



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- The financial outlook makes it more important than ever that the budget process involves clear and open conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability.
- Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The total reserves held by IJBs almost halved in 2022/23, largely due to the use and return of Covid-related reserves. The majority of IJBs reported notable savings, but these were largely arising on a non-recurring basis from unfilled vacancies.
- IJBs have had to achieve savings as part of their partner funding allocations for several years. The projected funding gap for 2023/24 has almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets.

Response: The challenges outlined above are well documented within financial reporting to the IJB and the Risk, Audit and Performance Committee. The draft IJB Medium Term Financial Framework, which will set out the anticipated gap in the IJB's budget for 2025/26, is due to be reported to the IJB at its meeting on 24 September 2024.

Message 6: Data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. However, available national indicators show a general decline in performance and outcomes.

Response: ACHSCP reports against the required national indicators and as at 2023/24, local performance has been positive, despite financial challenges. ACHSCP has also developed its own performance indicators to demonstrate local priorities and engagement feedback from stakeholders has been consistently positive. ACHSCP is undertaking work to explore how it can use systems to view performance in a more integrated way from both local authorities and health boards (the development of an ACHSCP governance dashboard is an example of this). The Partnership's Senior Leadership Team also review an integrated dashboard on a quarterly basis aligned to delivery plan priorities, produced in Tableau, that considers data from a variety of areas across the integrated care system, including but not limited to acute hospital data; social care data; primary care data; housing data; and primary care data.

Message 7: Current commissioning and procurement practices are driven largely by budgets, competition, and cost rather than outcomes for people. They



RISK, AUDIT & PERFORMANCE COMMITTEE

are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements has been slow to progress but is developing. There are some positive examples of where more ethical and collaborative commissioning models are being adopted.

Response: Aberdeen City is included as a strong example of how IJBs are working to commission in a more collaborative and flexible way, with a detailed case study on the Granite Care Consortium being included as an example of best practice at page 56 of the report at Appendix A.

Recommendations

Recommendation 1: Integration Joint Boards should ensure that their Medium-Term Financial Plans are up to date and reflect all current known and foreseeable costs to reflect short and longer-term financial sustainability challenges

Response: This recommendation is within the power of the IJB to implement. An IJB budget protocol together with the draft Medium Term Financial Framework for the IJB is also on the agenda for the meeting of the IJB on 24 September 2024. This will set out the anticipated financial challenge for 25/26.

Recommendation 2: Integration Joint Boards should ensure that the annual budgets and proposed savings are achievable and sustainable. The budget process should involve collaboration and clear conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability

Response: This recommendation is within the power of the IJB to implement. The budget protocol scheduled for the meeting of the IJB on 24 September 2024 will set out the proposed approach to public consultation. The Budget Protocol will be supported by a more detailed Budget Setting Pathway.

Recommendation 3: Integration Joint Boards should work collaboratively with other IJBs and partners to systematically share learning to identify and develop:

- service redesign focused on early intervention and prevention
- approaches focused on improving the recruitment and retention of the workforce

Response: This recommendation is partly within the IJB power's to implement. Overall, it is agreed that there is scope for greater systematic sharing of information relating to prevention/recruitment building on local strong relationships with partners. The ACHSCP collaborates with partners through



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forums such as, Aberdeen City Transformation Management Group, the North East Population Health Alliance, and the North East Partnership Steering Group.

Early Intervention /Prevention: The IJB's strategic plan makes a strong commitment on early intervention and prevention and Aberdeen City was identified within the audit report for having put in place schemes and plans to maintain early intervention and prevention services, with the Listening Service being included as an example. The priority intervention hub related to the Aberdeen City Vaccination and Wellbeing Hub has been highlighted at both the Faculty of Public Health and NHS Scotland conferences as good practice too, another good example about preventive work. As part of setting its budget, the IJB's also considers how its budget is allocated against three tiers: prevention, early intervention, and response. This helps the IJB to monitor the extent to which its budget is being allocated to upstream activities.

Recruitment & Retention: Aberdeen City Health and Social Care Partnership's [Workforce Plan](#) was approved in November 2022 by the IJB (progress is reported annually to the IJB) and has resulted in a decrease in staff turnover and a slight increase in staff headcount, however there is still work to do. One of the three main aims is Recruitment and Retention and there are commitments to work on 3 main areas under this aim:

- Develop a recruitment schedule;
- Support the development of the 'grow our own' approach and ensure future career pathways are available within ACHSCP; and
- Develop and introduce an induction for all new ACHSCP staff.

Recommendation 4: work collaboratively with other IJBs and partners to understand what data is available and how it can be developed and used to fully understand and improve outcomes for those using IJB commissioned services. This should include a consideration of gaps in data. It should also include consideration of measures to understand the impact of preventative approaches

Response

There are examples of great collaborative working within ACHSCP to use data to improve outcomes, particularly the Dynamics 365 project, working collaboratively with Aberdeen City Council and Microsoft to work with stakeholders and system users to modernise and transform the social work data system using Microsoft Technologies. More about this project can be read here [Dynamics 365 People and Change.pdf \(aberdeencity.gov.uk\)](#)



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There are also examples locally of posts working across Grampian for mutual benefit in relation to data and systems, for example the pan-Grampian MORSE Programme Manager post.

Within ACHSCP, there is close liaison with NHS Grampian's Health Intelligence to produce performance reports against the delivery plan, which combines data from across the sector. As the IJB transitions to a new strategic plan, officers are reviewing existing performance reporting to ensure it remains fit for purpose. Part of this process has been working with LA and PHS to review Aberdeen's Population Needs Assessment that a gap analysis was conducted on to understand what supplementary data is needed to inform strategic planning conversation. All of ACHSCP's key preventative activities, in addition to all delivery plan activities, include evaluation plans to evidence their impact. Particularly when doing small tests of change, this is more meaningful to measure compared with high level performance monitoring that can be influenced by a variety of external factors and allows the ACHSCP to fully understand whether our activities are being implemented as planned.

Recommendation 5: evaluate whether the local commissioning of care and support services, and the contracting of these services, adheres to the ethical commissioning and procurement principles, improving outcomes for people.

Response: Ethical commissioning principles are part of the tender (procurement) process, and more importantly, our monitoring and reporting mechanisms. A local example of the commissioning of the Care at Home contract demonstrated how ACHSCP engaged with service users and staff in care management, using GIRFE and the Ethical Commissioning principles to frame the surveys. The results from these surveys then informed a series of collaborative engagement events identifying priority areas for the new contract such as Technology Enabled Care, Overnight Care and Climate Change. ACHSCP has also implemented its 'Commissioning Academy' which provides an opportunity for collaborative learning and explorations of emerging themes, topics, policies and frameworks through a relaxed learning environment.

5. Implications for IJB: Whilst there are no direct implication from this report, the issues, challenges, pressures and risks are clearly set out. These are all relevant locally as well as nationally.

5.1. Equalities, Fairer Scotland and Health Inequality: There are no direct impacts arising from the recommendations of this report.



RISK, AUDIT & PERFORMANCE COMMITTEE

- 5.2. Financial:** There are no direct impacts arising from the recommendations of this report.
- 5.3. Workforce:** There are no direct impacts arising from the recommendations of this report.
- 5.4. Legal:** There are no direct impacts arising from the recommendations of this report.
- 5.5. Unpaid Carers:** There are no direct impacts arising from the recommendations of this report.
- 5.6. Information Governance:** There are no direct impacts arising from the recommendations of this report.
- 5.7. Environmental Impacts:** There are no direct impacts arising from the recommendations of this report.
- 5.8. Sustainability:** There are no direct impacts arising from the recommendations of this report.
- 5.9. Other:** There are no direct impacts arising from the recommendations of this report.

6. Management of Risk

- 6.1. Identified risks(s):** The report at Appendix A highlights many risks which relate to most of the risks within ACHSCP's strategic risk register, in particular:
- **Risk 2** – There is a risk demand outstrips available budget resulting in financial failure and projection of overspend
 - **Risk 4** - There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.
- 6.2. Link to risks on strategic or operational risk register:** as above

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Integration Joint Boards

Finance and performance 2024



ACCOUNTS COMMISSION 

Prepared by Audit Scotland
July 2024

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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Audit team

The core audit team consisted of: Kathrine Sibbald, Zoe McGuire, Chris Lewis, Chris Dorrian and Philip Keane, under the direction of Carol Calder.

Key messages

- 1** Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties. These are not easy to resolve and are worsening, despite a driven and committed workforce. The health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs. There is also variability in how much choice and control people who use services feel they have, deepening challenges in sustaining the workforce, alongside increasing funding pressures.
- 2** We have not seen significant evidence of the shift in the balance of care from hospitals to the community intended by the creation of IJBs. They operate within complex governance systems that can make planning and decision making difficult. They cannot address the issues across the sector alone. Whole-system collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.
- 3** The workforce is under immense pressure reflecting the wider pressures in the health and social care system. Across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid-19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. Unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living. Without significant changes in how services are

provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

- 4 Uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs have also contributed to the difficult context for planning and delivering effective services. We are seeing examples of IJBs trying to work in new and different ways, but there is a lack of collaboration and systematic shared learning on improvement activities.
- 5 The financial outlook for IJBs continues to weaken with indications of more challenging times ahead.
 - In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts and Covid-19 legacy costs are making it difficult to sustain services at their current level and, collaborative, preventative and person-centred working is shrinking at a time when it is most needed.
 - The financial outlook makes it more important than ever that the budget process involves clear and open conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability.
 - Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The total reserves held by IJBs almost halved in 2022/23, largely due to the use and return of Covid-related reserves. The majority of IJBs reported notable savings, but these were largely arising on a non-recurring basis from unfilled vacancies.

- IJBs have had to achieve savings as part of their partner funding allocations for several years. The projected funding gap for 2023/24 has almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets.
- 6** Data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. However, available national indicators show a general decline in performance and outcomes.
 - 7** Current commissioning and procurement practices are driven largely by budgets, competition, and cost rather than outcomes for people. They are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements has been slow to progress but is developing. There are some positive examples of where more ethical and collaborative commissioning models are being adopted.
-

Recommendations

This report and the recommendations focus on IJBs, however to respond to the significant and complex challenges in primary and community health and social care all the bodies involved need to work collaboratively on addressing the issues – IJBs alone cannot address the crisis in the sector. The next iteration of this annual report will be produced jointly with the Auditor General for Scotland and will take a whole system approach and will make recommendations to the Scottish Government, councils, NHS boards as well as IJBs, as appropriate.

Integration Joint Boards should:

- ensure that their Medium-Term Financial Plans are up to date and reflect all current known and foreseeable costs to reflect short and longer-term financial sustainability challenges
- ensure that the annual budgets and proposed savings are achievable and sustainable. The budget process should involve collaboration and clear conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability
- work collaboratively with other IJBs and partners to systematically share learning to identify and develop:
 - service redesign focused on early intervention and prevention
 - approaches focused on improving the recruitment and retention of the workforce
- work collaboratively with other IJBs and partners to understand what data is available and how it can be developed and used to fully understand and improve outcomes for those using IJB commissioned services. This should include a consideration of gaps in data. It should also include consideration of measures to understand the impact of preventative approaches
- evaluate whether the local commissioning of care and support services, and the contracting of these services, adheres to the ethical commissioning and procurement principles, improving outcomes for people.

1. Introduction

About this report

1. In [2022](#) and [2023](#) the Accounts Commission published a bulletin setting out the financial position of the 30 Scottish IJBs. This year's report expands on this and provides a high-level independent analysis of IJBs, commenting on:

- the financial performance of IJBs in 2022/23 and the financial outlook for IJBs in 2023/24 and beyond
- performance against national health and wellbeing outcomes and targets alongside other publicly available performance information
- a 'spotlight' focus on commissioning and procurement of social care.

2. This report focuses solely on IJBs. While it comments on how they interact and perform within the wider system, the work does not comment on the work of councils, NHS boards or the Scottish Government or make recommendations to these bodies. In future reports we will expand the scope to include these public bodies. This will allow us to consider community health and social care as a whole system and look at how different parts work together when planning and delivering services.

3. Supporting this report we have also published:

- a supplement collating the performance information considered in the report
- a checklist of questions, based on the issues raised in this report, for IJB board members to consider
- a summary of the discussion at a stakeholders' roundtable session we hosted in February 2024 that has helped inform this report.

What is an IJB?

4. An IJB is responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults in its area.

5. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires the 32 Scottish councils and 14 territorial NHS boards to work together in partnerships to integrate how social care and community healthcare services are provided. IJBs were created as part of the Act as separate legal bodies. [Exhibit 1 \(page 9\)](#) sets out how these IJBs operate.

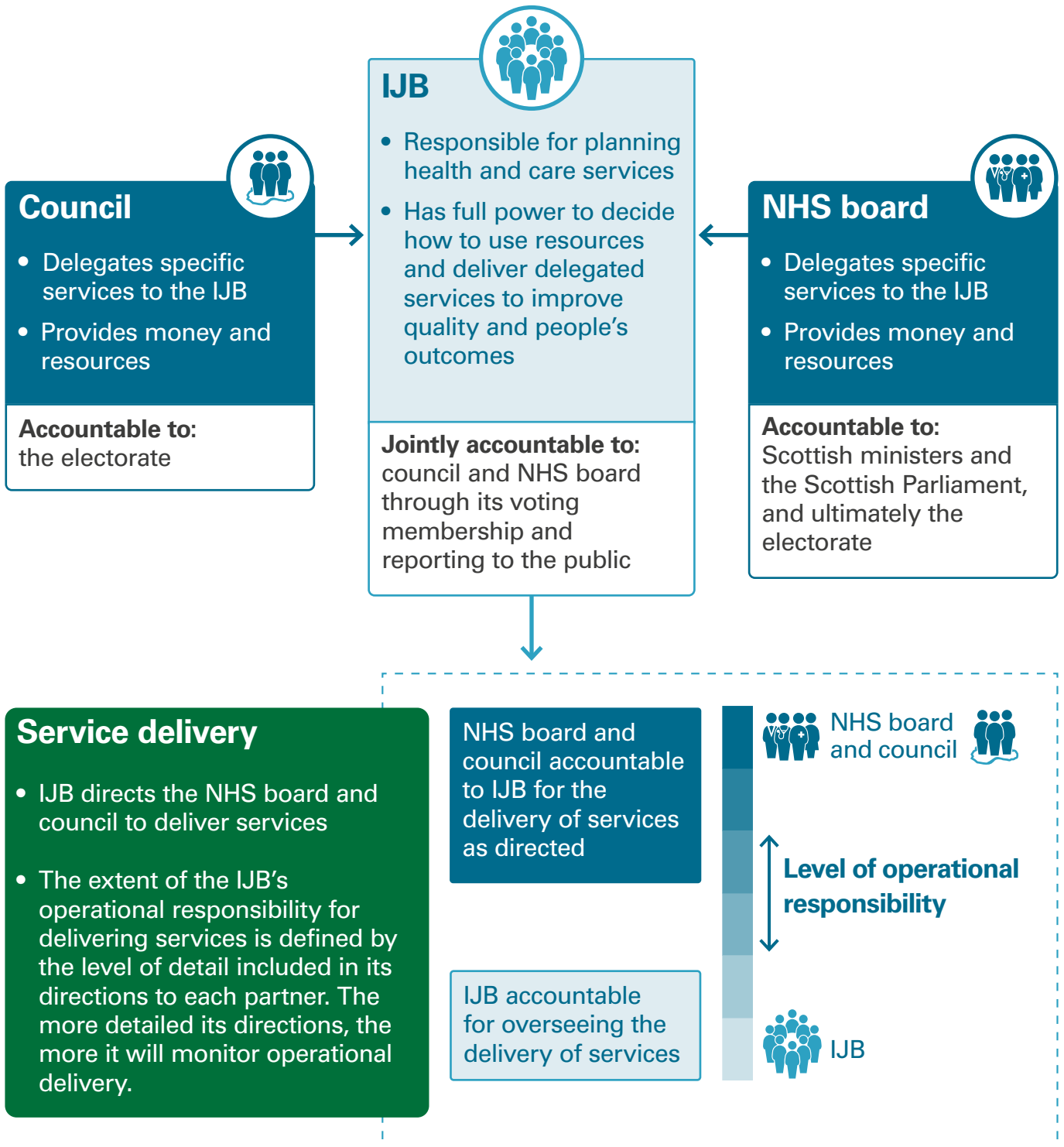
6. There are 31 partnerships across Scotland. Stirling and Clackmannanshire councils have formed a single partnership with NHS Forth Valley. The majority of NHS boards have a partnership with more than one IJB and five IJBs cover the same geographical area as their health boards.

7. Highland follows a different arrangement, a Lead Agency model.¹ This Accounts Commission report focuses on the work of the IJBs and does not comment on the performance of the Highland Health and Social Care Partnership as its scrutiny sits with the Auditor General for Scotland rather than the Accounts Commission.

8. The aim of integration is to ensure that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care; improving the outcomes for patients, people who use services, carers and their families. The services are provided by a mixture of public, private and third sector providers dependent on who is most suitable to deliver those services.

9. The Act sets out which services are required to be delegated by councils and NHS boards to the IJBs as a minimum. This includes social care and primary and community healthcare. Services within this scope include for example, services for adults with physical disabilities, mental health services, drug and alcohol services and unscheduled health care. Some IJBs have also integrated other services. For example, 11 IJBs also have strategic responsibility for children's social care services and 16 IJBs have strategic responsibility for criminal justice social work.

Exhibit 1. How IJBs work



Source: [What is integration? A short guide to the integration of health and social care services in Scotland](#), April 2018, Audit Scotland

10. Audit Scotland has published reports and is currently undertaking work, on behalf of the Accounts Commission and the Auditor General for Scotland, on some of these service areas.

- [Adult mental health](#) Report published 13 September 2023.
- [Children and young people who need additional support for learning](#) Blog published 17 May 2022.
- [Drug and alcohol services: An update](#) Report published 8 March 2022 and [Drug and alcohol services – audit scope](#) Ongoing work to be published Autumn 2024.
- [Social care briefing](#) Report published 27 January 2022.
- [General Medical Services contract progress](#) Audit scope report to be published spring 2025.

2. The context

IJBs face a complex landscape of considerable challenges and uncertainties

11. Social care and primary and community healthcare services in Scotland currently face complex and unprecedented pressures and challenges. These challenges are not easily resolved and are worsening. There is an increased demand for services, deepening challenges in sustaining the workforce, alongside increasing financial pressures. These longstanding challenges have been exacerbated by the cost-of-living crisis, increasing cost of provision of services and a changing policy landscape. The Covid-19 pandemic has also had a lasting impact on this sector, given the impact on health and social care staff and the need to continue to protect vulnerable people.

12. [The Independent Review of Adult Social Care²](#) (Feeley Review) (published in February 2021), and the scrutiny of the [National Care Service \(Scotland\) Bill](#) has stimulated a lot of public debate and consideration of the need for change in the sector. But, to date there has been limited change for people experiencing or working in social care. It is important to emphasise that this is not a reflection on individuals working in the sector. Our experience, through this work, is that those involved, at all levels, are driven and passionate about improving the lives of people who need support.

13. IJBs cannot address the issues across the sector alone, whole-system collaborative working is needed as part of a clear national strategy. In the Auditor General for Scotland's [NHS in Scotland 2023](#) report, he stated that 'there are a range of strategies, plans and policies in place for the future delivery of healthcare, but no overall vision. To shift from recovery to reform, the Scottish Government needs to lead on the development of a clear national strategy for health and social care. It should include investment in preventative measures and put patients at the centre of future services'.

IJBs are facing significant financial sustainability challenges and cost pressures are only increasing

14. In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts, the cost-of-living crisis and Covid-19 legacy costs are making it difficult to sustain services at their current level. IJBs are also experiencing an increase in prescribing costs. IJBs have had to achieve savings as part of their partner funding allocations for several years and achieving these savings, while maintaining service levels, has become increasingly difficult. IJBs are now having to consider more significant options as statutory duties have to be prioritised. This

includes ending funding for some care and support services, to ensure financial sustainability in the medium to long term.

The demand and need for services continue to increase and become more complex

15. Demographic changes and the increasing complexity of care needed are driving an increase in the demand for services. For example, an estimated one in 25 people of all ages in Scotland received social care support and services at some point during 2022/23. It is estimated that 76 per cent of these people are aged 65 and over, and 63 per cent are aged 75 and over.³ An estimated 20 per cent of Scotland's population is aged over 65. In many rural and island areas this population group is even higher, for example 27 per cent of the population in Argyll and Bute and the Western Isles are over 65.⁴

16. The proportion of the population over the age of 65 is projected to grow by nearly a third by mid-2045. Since currently around three-quarters of people receiving social care support are aged 65 or over, this means that there will likely be a substantial rise in the number of people requiring social care support. It is likely this pattern reflects the challenges across most other services commissioned by IJBs. A recent study found that 93 per cent of people aged over 65 who received social care had two or more medical conditions simultaneously.⁵ People over 75 are around twice as likely to require outpatient or inpatient care compared to those aged in their mid-20s.⁶

The workforce is under immense pressure

17. Across the primary and community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. Without significant changes in how services are provided and organised, this issue will get worse as demand continues to increase and the workforce pool continues to contract. The number of people aged 25-44 is predicted to fall from 1.4 million to 1.3 million by 2045. Meanwhile the number of people aged over 75 will rise from 469,000 in 2021 to 774,000 in 2045.⁷

18. We have previously highlighted how the [effects of the pandemic](#) worsened existing pressures on the social care workforce causing experienced staff to leave their posts. Our ongoing monitoring and discussions with stakeholders show that these issues remain and the cost-of-living crisis and the ongoing impact of withdrawal from the European Union have added to the pressures.

19. The staff vacancy rates across social care and support services in Scotland is high. At 31 December 2022, 49 per cent of services reported vacancies; 63 per cent of these services with vacancies reported problems filling them. The percentage of care services reporting vacancies had been consistent over time up to and including 2020, before a large increase of 11 percentage points reported in 2021.⁸

20. Almost 90 per cent of social care providers stated recruitment and retention was problematic for them in a survey carried out by Scottish Care.⁹ This survey also found that a quarter of staff leave an organisation within the first three months of joining. Providers find they are competing for staff:

- across other public, independent and third sector providers with differences in pay and terms and conditions
- with the hospitality and retail sectors, who pay more for less demanding roles
- with the health sector with an increasing disparity between health sector and social care sector wages – the current pay gap is 19 per cent between adult social care workers and NHS entry level pay.

The cost-of-living crisis is affecting the demand for services as well as the ability to provide them

21. The increased costs of living have exacerbated the workforce challenges as the low wages are making it a less favourable career choice. This is particularly an issue for those providing care at home services who are experiencing an increase in petrol costs and are not always reimbursed in a timely manner, or, in some cases, at all for all their journeys.

22. Unpaid carers are also disproportionately affected by the increased cost-of-living crisis. People in the most deprived areas are more likely to provide 50 or more hours of unpaid care a week compared to people living in the least deprived areas.¹⁰

23. The cost of provision of services has also increased. Homecare costs per hour have increased by 19 per cent between 2016/17 and 2022/23. Residential care costs per week (for those aged 65 and over) have increased by 23 per cent between 2016/17 and 2022/23. There are also significant cost differences between urban and rural areas.¹¹

24. In particular, for smaller, independent and third sector service providers, increased costs are causing problems for the sustainability of services. For example, in residential care homes, an increase in fuel costs to heat and provide power for residents has made their financial viability increasingly challenging.

IJBs operate within complex governance systems that can make planning and decision making difficult

25. We previously reported in our [Health and social care integration: update of progress](#) report, that the current model of governance is complicated, with decisions made at IJB, council and health board level. We found that cultural differences between partner organisations are a barrier to achieving collaborative working and achieving key priorities. These challenges have not been resolved.



An unpaid carer is anyone who cares for someone who is ill, disabled, older, has mental health concerns or is experiencing addiction and is not paid by a company or council to do this. Primarily, this is a family member or friend.

Instability of leadership continues to be a challenge for IJBs

26. A notable turnover of senior leadership positions since the start of health and social care integration continues to be a concern. Half of all IJBs experienced turnover in either their chief officer and/or chief finance officer posts in the last two years. Across 2021/22 and 2022/23, seven Chief Officers, 11 Chief Financial Officers, one IJB chair and one chief social work officer changed. Instability in leadership teams has the potential to disrupt strategic planning at a time when difficult and significant decisions need to be made. It can affect the culture of an organisation at a time when the workforce is under pressure.

Plans for a National Care Service have brought uncertainty for IJBs

27. In June 2022, the Scottish Government introduced the National Care Service (Scotland) Bill to Scottish Parliament. The Bill was intended to ensure:

- consistent delivery of high-quality social care support to every single person who needs it across Scotland, including better support for unpaid carers
- that care workers are respected and valued.

28. The main elements of the Bill were the proposed creation of a National Care Service, including a national board, making Scottish Ministers accountable for social work and social care support. The original Bill also set out to transfer social care and social work council functions, staff and assets to Scottish Ministers or local care boards. This put in question the role and responsibility of IJBs and caused uncertainty for IJBs on the timescales for implementing the proposed National Care Service and what form it would likely take. This has complicated IJBs ability to undertake medium- and long-term financial planning.

29. After some delays, Stage 1 of the Bill was passed in March 2024. Amendments planned for the NCS Bill now mean IJBs will be reformed rather than replaced by 2029/30. IJBs should therefore ensure they have effective medium- and longer-term planning in place and continue to drive improvements in how they commission and deliver services.

3. Financial performance

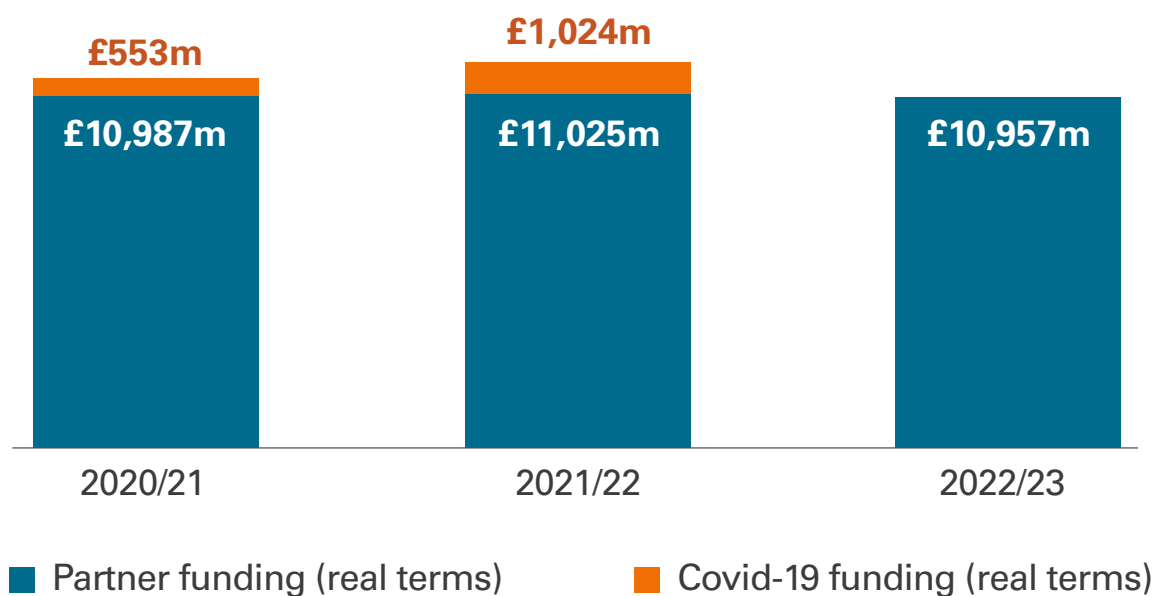
The financial health of IJBs continues to weaken and there are indications of more challenging times ahead

IJB funding has decreased in real terms compared to 2021/22

30. IJBs receive their funding as annually agreed contributions from their council and NHS board partners. Funding is largely received to cover in-year expenditure on providing services but can also be received for specific services and national initiatives to be funded in future years.

31. Funding to IJBs in 2022/23 decreased by £1.1 billion (nine per cent) in real terms to £11.0 billion; a £342 million decrease in cash terms [Exhibit 2](#). IJBs received £1.0 billion of additional funding in 2021/22 to support their response to the Covid-19 pandemic. Excluding the 2021/22 Covid-19 related funding, this shows an underlying decrease of £68 million in real terms, representing a 1.0 per cent decrease.

Exhibit 2. Real terms movement in IJB funding



Source: IJB audited annual accounts 2020/21, 2021/22 and 2022/23 and ONS deflators

Non-recurring savings, largely arising from unfilled vacancies, led to the majority of IJBs reporting a surplus on the cost of providing services

32. Nineteen IJBs reported a surplus on the cost of providing services, but these underspends were driven largely by vacancies and staff turnover ([Exhibit 3, page 17](#)). Three IJBs reported a break-even position and the remaining eight IJBs recorded an overspend of two per cent, or under, of their net cost of services. The three IJBs reporting a break-even position did so after receiving additional funding allocations from their partner bodies. The net underspend position on the costs of providing services across IJBs was £110 million.

33. The IJBs ability to meet the rising demand for their services and maintain service quality, is weakened by unfilled vacancies. The IJBs reporting a surplus would be unlikely to do so if the workforce was at full capacity.

The majority of the total planned savings were achieved, but over a third were achieved only on a one-off basis

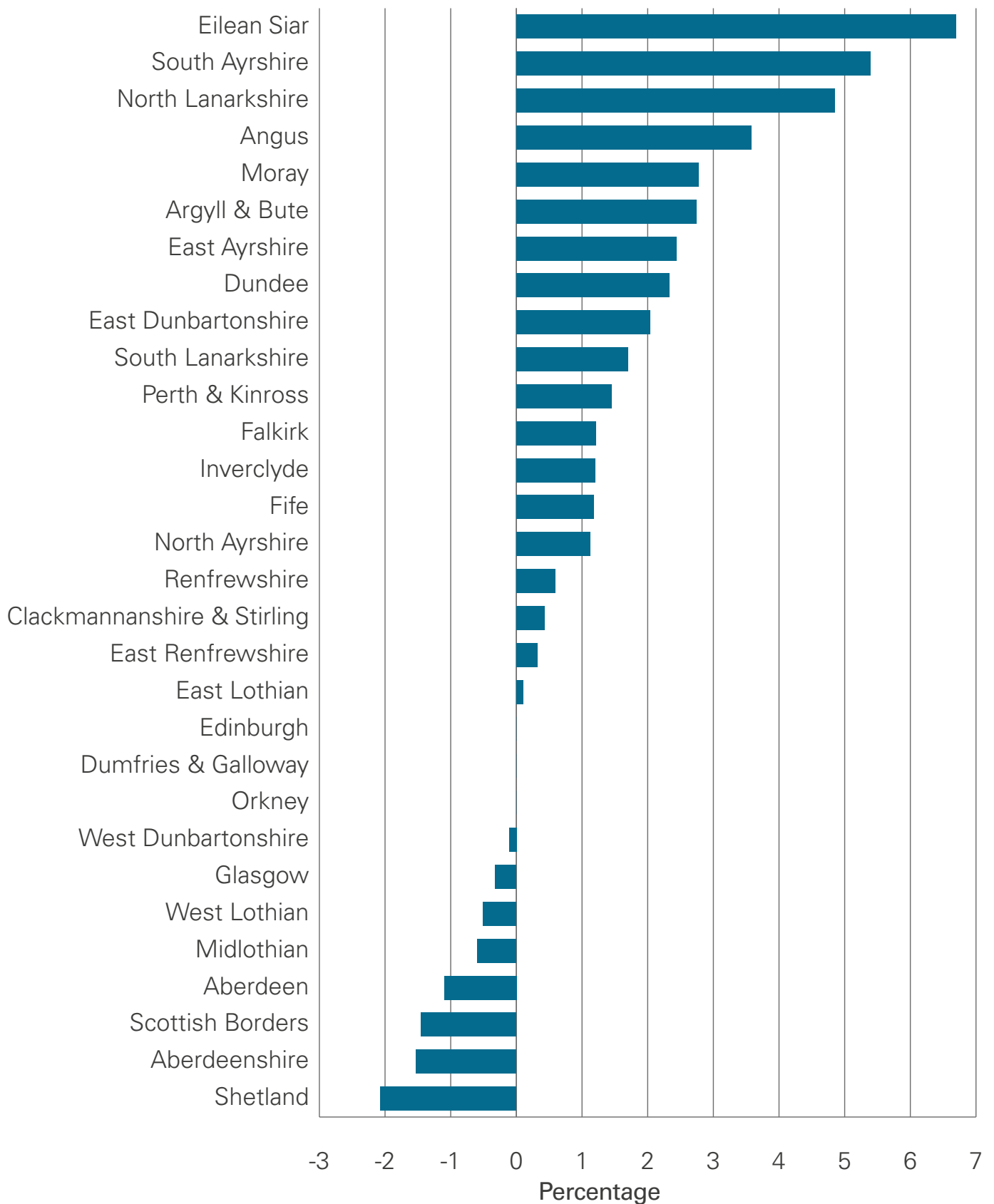
34. IJBs achieved 84 per cent of their £77 million planned savings target in 2022/23. Over a third of this was achieved on a non-recurring basis. This means that these savings will be carried forward to be found again in future years. Identifying and achieving savings every year on a recurring basis, and moving away from relying on one-off savings, is essential for IJBs to maintain financial sustainability.

Total reserves held by IJBs have almost halved in 2022/23 due largely to the use or return of Covid-19 related reserves

35. By the end of 2022/23, all IJBs reported a reduction in their total level of reserves, decreasing by £560 million to £702 million, a 44 per cent reduction.

36. The decrease in the overall reserves balance was largely the result of a reduction in the reserves of funding that the Scottish Government specifically provided for the response to the Covid-19 pandemic. The Covid-19 related reserves decreased by 97 per cent, from £502 million to £14 million. Auditors confirmed that over two-thirds (£333 million) of the Covid-19 reserve reduction was a result of unused balances being returned to the Scottish Government.

Exhibit 3. Operational surplus as a proportion of net cost of service



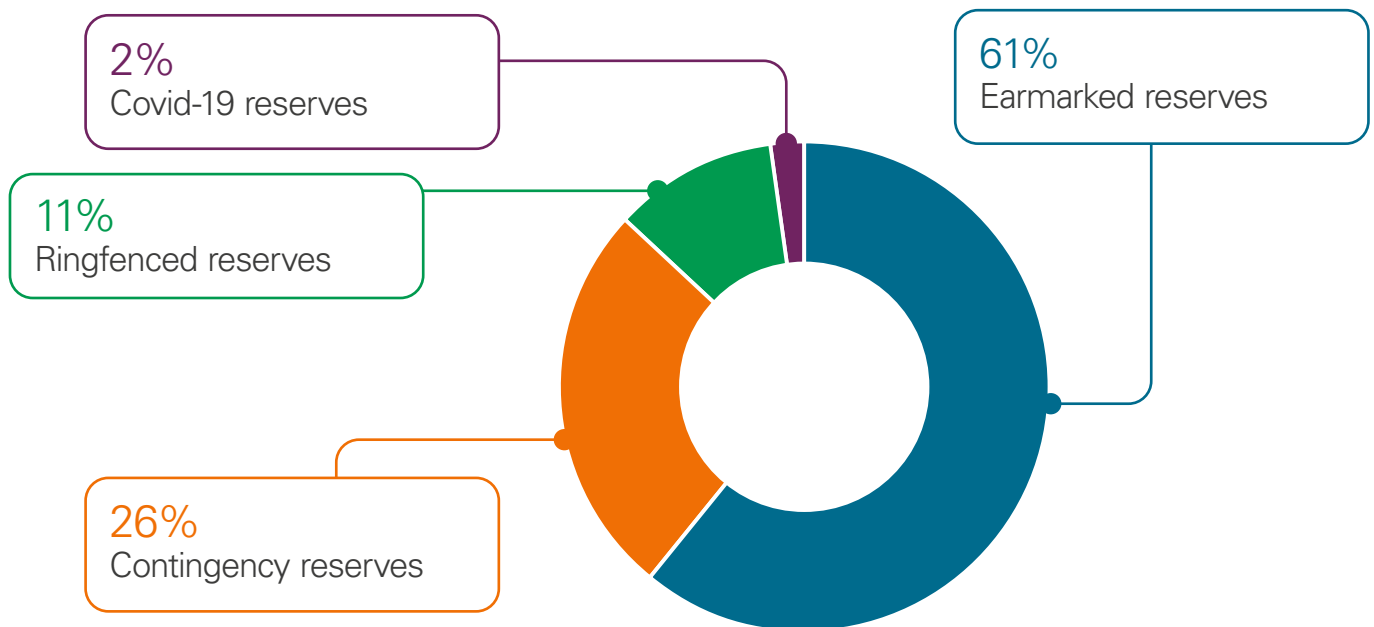
Source: IJB audited annual accounts 2022/23

37. The exceptional impact of Covid-19 reserve movements can obscure underlying reserve movements. When Covid-19 reserve movements are excluded, the total value of reserves was reduced by 10 per cent (£72 million) from £760 million to £687 million.

38. IJBs hold reserves for a variety of reasons, including reserves held to address specific local or national policy initiatives or to mitigate the financial impact of unforeseen circumstances. The reserves held by IJBs consisted largely of four main areas ([Exhibit 4, page 19](#)), as follows:

- Earmarked reserves of £426 million (£426 million in 2021/22) held by individual IJBs for a range of local planned purposes, such as reserves for multidisciplinary teams, interim care beds, as well as more generic reserves associated with winter planning and local reserves to support newer innovative practices that contribute towards strategic change.
- Ring-fenced reserves of £79 million (£185 million in 2021/22) provided to support Scottish Government national policy objectives. Examples include the Primary Care Improvement Fund, Mental Health Recovery and Renewal, Mental Health Action 15, Community Living Change Fund and Alcohol and Drug Partnership funding.
- Contingency reserves of £183 million (£148 million in 2021/22) that have not been earmarked for a specific purpose. IJBs have more flexibility on the use of this type of reserves which are often used to mitigate the financial impact of unforeseen circumstances.
- Covid-19 related reserves of £14 million (£502 million in 2021/22), representing all unspent funding received to support the impact of the pandemic on IJB services.

Exhibit 4. 2022/23 Reserves



Source: IJB audited annual accounts 2022/23

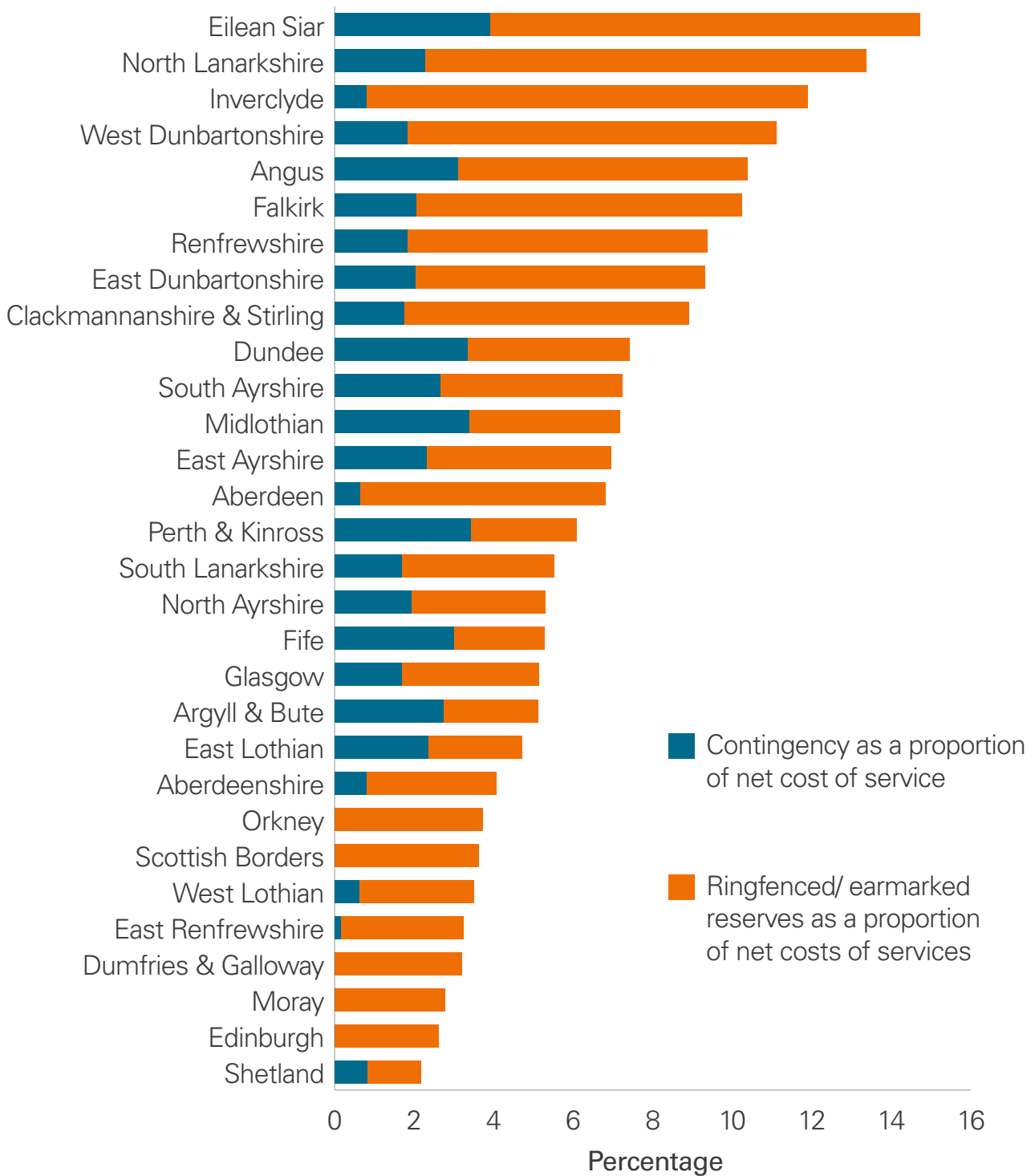
39. Reserves ring-fenced to support Scottish Government national policy objectives saw a 57 per cent reduction of £106 million to £79 million. These national initiatives include programmes for primary care improvement and mental health programmes.

40. These reserve balances largely represent non-recurring amounts of money that can only be used for specific and defined national policy priorities. As these non-recurring reserves are utilised, funding will need to be identified to fund any continuing associated initiatives on a sustainable basis.

41. The reduction in reserves was slightly offset by increases in the contingency reserves and other locally earmarked reserves. Contingency reserves have continued to increase, largely as a result of unplanned vacancy savings, and now represent a quarter of the total year end reserves balance.

Exhibit 5.

Year end IJB reserves as a proportion of net cost of services



Source: IJB audited annual accounts 2022/23

42. Contingency reserves are uncommitted funds held by IJBs to mitigate the financial impact of unforeseen circumstances and the amount held will vary depending on individual IJB reserve policies. A review of a sample of ten IJB reserve policies showed that the majority (eight) had a contingency reserve target of two per cent of annually budgeted expenditure. There is no statutory maximum or minimum level of contingency reserves.

43. Seventeen IJBs reported an increase in their contingency reserves leading to a net increase of 24 per cent (£35 million) to £183 million between 2021/22 and 2022/23. Across the IJBs, contingency reserves, as a proportion of the net cost of services, ranged from zero per cent to four per cent ([Exhibit 5, page 20](#)). Two thirds of IJBs had contingency reserve levels of over two per cent of the net cost of services. Five IJBs had no contingency reserves.

The projected financial position is set to worsen

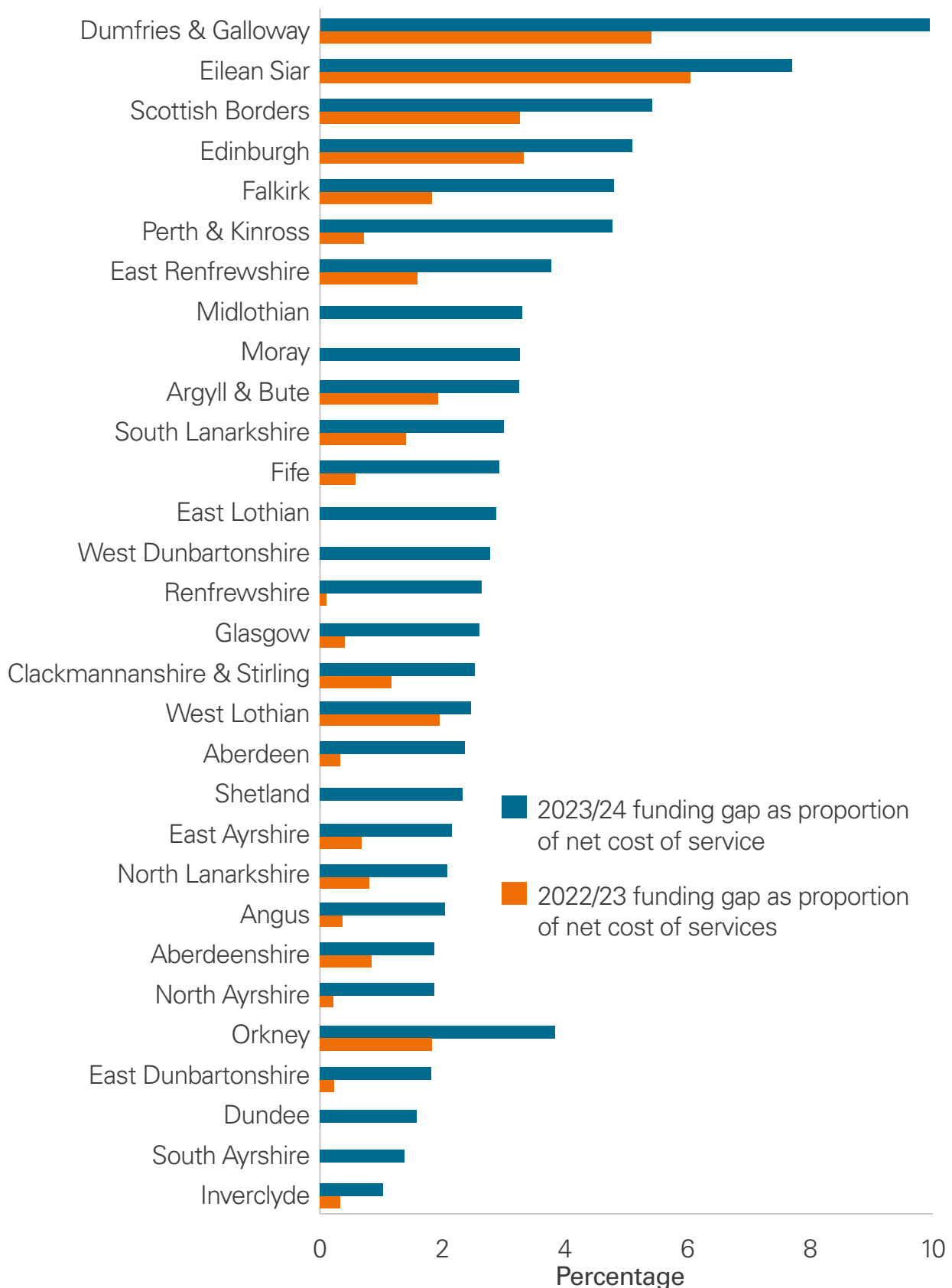
44. Twenty five IJBs agreed their 2023/24 budget before the start of the financial year. Delays in the agreement of savings plans and uncertainty around NHS partner funding were the most common reasons for IJBs not agreeing a balanced budgets before the start of the financial year.

45. IJBs do not always receive notification of funding allocations from NHS boards before the start of the financial year. This adversely affects the IJBs' ability to plan expenditure, can cause delays to decision-making and lead to vacancies being held unfilled due to uncertainty over funding.

46. The projected funding gap for 2023/24 has almost tripled in comparison to the previous year. All IJBs reported an increase in their projected funding gap with the exception of Orkney IJB. The 2023/24 projected funding gap was £357 million representing a 187 per cent increase from the 2022/23 projected funding gap (£124 million). Funding gaps, as a proportion of the 2022/23 net cost of services, ranged from one to ten per cent ([Exhibit 6, page 22](#)).

Exhibit 6.

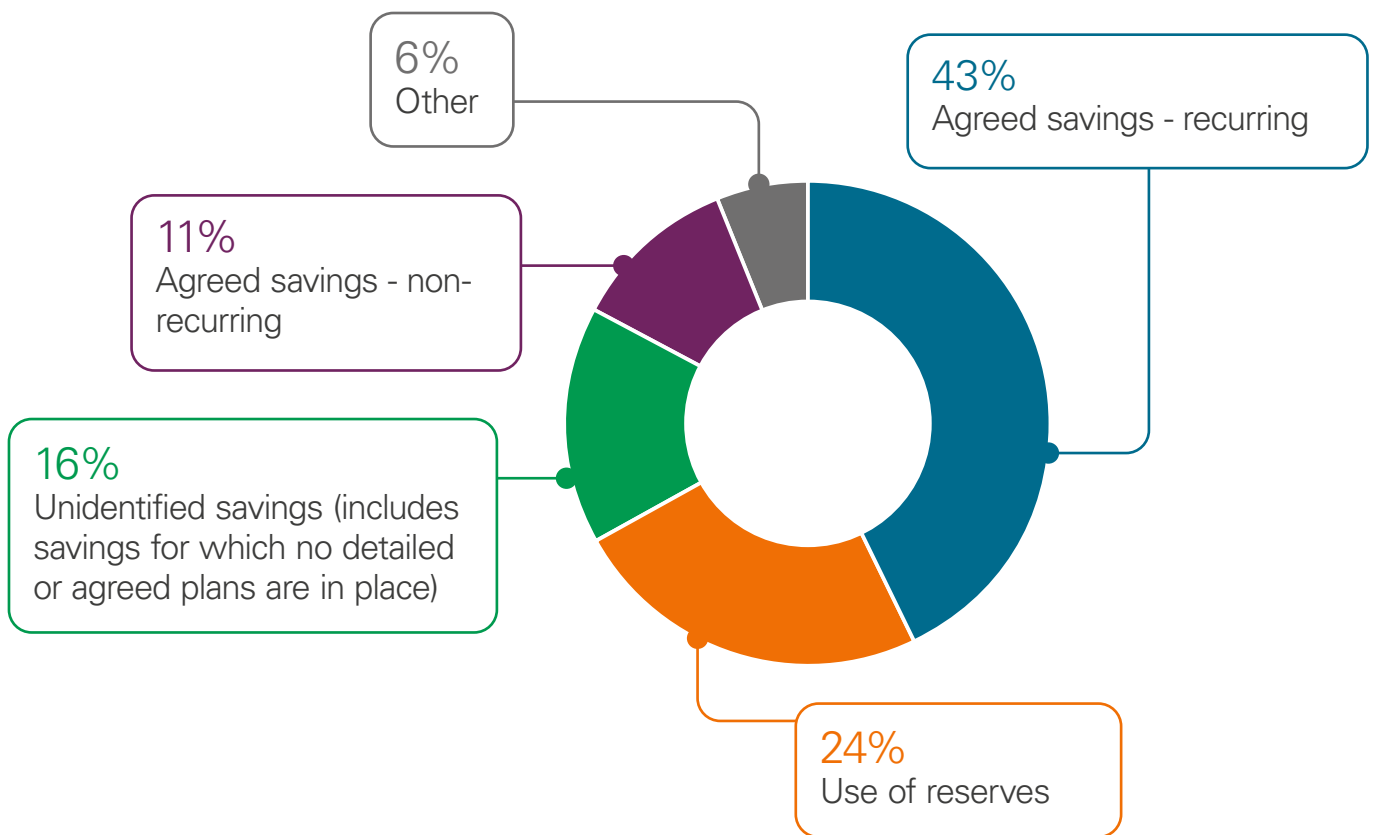
Funding gap as a proportion of net cost of service



Source: Auditor data return

47. Of the total funding gap, 53 per cent (57 per cent in 2021/22) is anticipated to be met by identified savings, 24 per cent from the use of reserves, with actions yet to be identified to bridge the remaining gap [Exhibit 7](#).

Exhibit 7. 2023/24 IJB funding gap planned action



Source: Auditor data return

The increasing reliance on non-recurring sources of income is not sustainable

48. At the time of the 2023/24 budget setting, over a third of the projected funding gap was anticipated to be bridged by one-off sources of funding, ie on a non-recurring basis. A quarter of the projected funding gap was planned to be bridged by the use of non-recurring reserves and a further fifth of the identified savings were anticipated to be non-recurring.

49. In addition, a significant proportion of the funding gap did not have planned savings action agreed against it at the time of budget setting. These unidentified savings made up 16 per cent of the total projected funding gap and were the result of eight IJBs not starting the 2023/24 financial year with a balanced budget.

50. The increased reliance on non-recurring sources of income to fund recurring budget pressures is unsustainable in the medium to long term. The identification and delivery of recurring savings and a reduced reliance on drawing from reserves to fund revenue expenditure will be key to ensuring long-term financial sustainability.

Financial sustainability risks have been identified by auditors in the vast majority of IJBs

51. Auditors identified financial sustainability risks for 80 per cent of IJBs as part of their 2022/23 audits. Findings suggested that there was a reliance on non-recurring savings and sources of income to achieve financial balance.

52. As recurring savings get more difficult to identify and achieve, the need for a more significant transformation of services, in order to achieve financial sustainability, becomes more important.

53. IJBs are currently facing a range of significant and growing challenges and uncertainties impacting financial sustainability and service provision, including:

- uncertainty around the level and terms of future funding settlements and funding allocations for specific initiatives
- significant recruitment and retention challenges, both with the IJB and partner bodies and with external providers in the sector
- rising demand and increasing complexity of care arising from the demographic challenges of an ageing population
- cost-of-living crisis and inflationary cost pressures, including prescribing costs, making it more expensive to maintain the same level of services

- ongoing legacy cost impacts of Covid-19, including vaccination programmes, testing and Personal Protective Equipment costs.

54. An initial analysis of 2024/25 budget setting reveals that the projected funding gap for IJBs has increased again to £456 million. This increase underlines the importance of IJB board members having clear and frank conversations not only at the board level, but with partners, providers and the wider public, about the decisions that will be required to achieve future savings and the likely implication these decisions will have on the services individuals currently receive.

Medium-Term Financial Plans need to be updated to reflect all cost pressures currently known

55. The majority of IJBs have an up to date Medium-Term Financial Plan in place, but auditors found a third needed to update their plan. It is essential that IJBs ensure Medium-Term Financial Plans are updated, reflecting all known and foreseeable costs, to allow informed decision-making on the delivery of sustainable service provision and reform in the future.

4. Performance

Data quality and availability is insufficient to fully assess the performance of IJBs, but national indicators show a general decline in performance and outcomes

Data quality and availability is insufficient to fully assess the performance of IJBs and inform actions to improve outcomes for service users with a lack of joint data across the system

56. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out nine National Health and Wellbeing Outcomes. These seek to measure the impact that integration is having on people's lives. These national outcomes are underpinned by 23 associated national indicators, although four indicators have not been finalised for reporting. These national indicators have been developed from national data sources to provide consistency in measurement. IJBs are also encouraged to devise their own performance indicators for their area. Each IJB produces an annual performance report which sets out publicly its performance against key performance indicators.

57. Our review of IJB annual performance reports for 2022/23 shows the majority report against the key national performance indicators. All set out performance against their own identified strategic priorities. Some IJBs have developed their own indicators, as suggested in the Act, to help demonstrate how they are working towards their strategic outcomes. This allows for flexibility in reporting on local performance but means that describing a comprehensive national picture of performance is not possible.

58. Published performance information is not always clearly linked to the National Health and Wellbeing Outcomes with some gaps in the completeness of national performance information. Nine of the national integration performance indicators are based on the biennial Health and Care Experience Survey (HACE). Response rates for the HACE are generally quite low, with more deprived areas experiencing the lowest response rates. This increases the risk that there may be underrepresentation of the experience of certain groups of people and areas.



The IJB Performance Supplement to this report sets out the performance of each IJB against the 19 national indicators available under the National Health and Wellbeing Outcomes.

59. In our engagement with stakeholders, we heard a consistent message that data is key to a whole system approach and performance management needs to be redefined to reflect this. They indicated a range of challenges around data that is currently collected:

- The current data does not provide good evidence on how the performance of one part of the system impacts on either other parts of the social care system or the system as a whole. This means the current performance data is of limited use in helping to inform system changes which might improve performance and deliver better long-term outcomes.
- There is too much emphasis on data that is used by individual organisations for their governance and operational purposes rather than the collective partnership focus on its priorities. Current arrangements do not reflect a 'whole-systems' approach to performance management and reporting.
- A lack of good data on primary care as it is voluntary for GP's to report.
- Data is more routinely collected and published on health services than social care services.

Work to improve the data sets is at an early stage but is progressing

60. Work is being carried out by the Scottish Government and Public Health Scotland to improve data and allow the comparison of performance including the development of the Care & Wellbeing dashboard. This was launched in November 2023 and is populated with management information and updated on a weekly basis. IJB chairs and chief officers have access to the system to monitor significant shifts in performance and anomalies in the data. The system is still in its early stages of development and use.

61. There are other resources that can be utilised to assist in the analysis of data. In our [Health and social care integration: update of progress](#) 2018 report we set out the existence of Local Intelligence Support Team (LIST) analysts. Using a LIST analyst to tailor and interpret local data helps IJBs to better understand local need and demand and to plan and target services.

62. There are also examples of individual IJBs starting to manage their data in more innovative ways, for example at Midlothian IJB. [\(Case study 1, page 28\)](#)

Case study 1.

Midlothian IJB outcome mapping

Midlothian IJB coordinates health and social care support to nearly 97,000 people. To better understand how the IJB contributes to personal outcomes for people, it asked all Midlothian HSCP services to track their contribution to improving outcomes using an outcome mapping approach by January 2024.



Outcome mapping is a way to understand how services contribute to people achieving the outcomes that matter to them and can help services make more targeted, locally informed decisions about how to design, deliver or commission services. This approach allows them to describe what they do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives. The outcome mapping approach was developed by 'a Scottish software and consultancy company in partnership with the Midlothian HSCP Planning and Performance team.

Each 'stepping-stone' of the outcome map framework includes a set of success criteria aligned to the Care Inspectorate joint inspection framework. The outcome map is colour-coded to show an evaluation of the extent to which the service is making progress towards personal outcomes and confidence in how strong the evidence is to support that progress rating. This results in a two-factor rating system for each 'stepping-stone' in the outcome map.

The IJB also uses outcome mapping and has developed a Strategic Commissioning Map that provides a real-time picture of the whole system progress towards their strategic aims and the nine National Health and Wellbeing Outcomes by linking to service outcome maps.

Outcome mapping is now central to performance measurement in the planning and performance teams. It is part of the triangulation of three types of data: service activity, population experience, and personal outcomes. The information collected from each of these three areas together provides objective, whole system evidence that supports services to develop meaningful action plans for change.

Currently 60 per cent of service areas are using the framework. Some services are using this system to articulate, record, examine, and evaluate service provision and actively using this tool to support service redesign. Resourcing pressures continue to present challenges for some areas to find the time and space to complete a first map and a programme of targeted support is in place to help those areas with the most significant delivery pressures.

The partnership has shared this work with Healthcare Improvement Scotland (HIS), the Scottish Government team developing the National Improvement Framework for Adult Social Care and Community Health and most recently the team developing a new improvement framework for health that will support person centred care.

Available national indicators show a general decline in performance and outcomes for people using social care and primary and community healthcare services

63. As set out in the thematic sections below (and in the performance information supplement) there is a general decline in performance against the national indicators.

64. The following sections draw out performance findings against key themes set out in the bullet points below. Alongside nationally available data, for each theme we also describe the context and challenges. Some case studies of examples are also set out in [Appendix 1 \(page 50\)](#). These illustrate examples of where IJBs are using or developing different working practice to improve performance and outcomes.

- Theme 1 – Prevention and early intervention
- Theme 2 – Shifting the balance of care
- Theme 3 – Person-centred care/choice and control
- Theme 4 – Reducing inequalities
- Theme 5 – Unpaid carers/community resilience.

Theme 1 Indicators – Prevention and early intervention

Collaborative, preventative and person-centred working is shrinking at a time when it is most needed. Instead of a focus on care at the right place at the right time, there is a shift to reactive services with little capacity to invest in early intervention and prevention.

65. Addressing individuals' health and social care needs at an earlier stage through prevention and early intervention promotes better outcomes for individuals, improving their quality of life and independence, and reduces the need for costly support and care later on. The 2021 Independent Review of Adult Social Care in Scotland (Feeley Review) set out the need for an increased focus on preventative, early intervention and anticipatory forms of support and a shift away from a crisis intervention. However, this is difficult to progress when the pressures on services are so acute.

66. As financial pressures have increased, eligibility criteria for individuals accessing social care services have tightened. With this, opportunities to undertake prevention and early intervention focused services have decreased. IJBs and their partner bodies have instead signposted less formalised support in the community, often provided by third and voluntary sector organisations. However, we have found that the financial challenges are leading IJBs and other funding bodies such as NHS boards and councils to reduce grant funding to these service providers reducing the capacity to meet and address these lower level, often more preventative focused needs.

67. Leaving lower-level health and social care needs unaddressed until they become more significant tends to lead to increased complexity of need, the requirement for a more resource intensive intervention and less positive outcomes for individuals in the longer term. It is essential that IJBs and their partner bodies find ways to protect and increase the health and social care interventions at an earlier stage. This will be key to addressing future demand pressures arising from demographic shifts to an older population in a more financially sustainable manner.

68. How well individuals consider themselves able to look after their health is indicative of the IJBs' and partner bodies' effectiveness in addressing and supporting individual needs to sustain healthy lives in the community. Since 2013/14, there has been a deterioration by four percentage points of adults who are able to look after their health either 'very well' or 'quite well' [Exhibit 8](#). All the IJBs recorded a reduction in this measure over the period 2013/14 to 2022/23. Fourteen IJBs saw a reduction greater than average over this period, with three IJBs recording a reduction greater than five percentage points.

Exhibit 8.

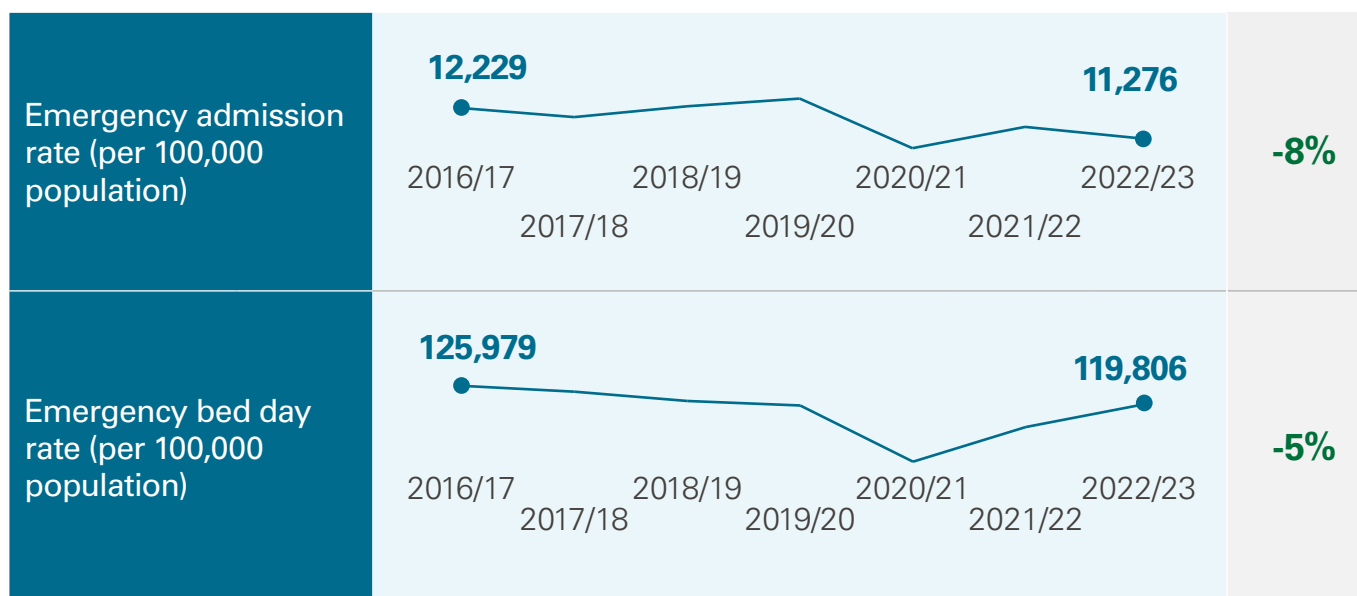
Theme 1 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

Exhibit 9.

Theme 1 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

69. Emergency admissions rate and the emergency bed day rate are often used as indicators of how well IJBs are reducing unnecessary hospital stays and situations where individuals remain in hospital while they are deemed to be fit enough to return to a more community-based setting.

70. Positively, there has been an eight per cent reduction in the emergency admissions rate as well as a five per cent reduction in the emergency bed day rate since 2016/17. Compared to 2020/21 there is an 16 per cent increase in the emergency bed day rate, however this reflects the impact of the Covid-19 pandemic [Exhibit 9](#).

71. Eighteen IJBs recorded a reduction in emergency bed day rate over the period 2016/17 to 2022/23 [Exhibit 9](#). Of the twelve that recorded an increase, two IJBs record an increase of over 10 per cent.

72. Some IJBs have put in place schemes and plans and maintain early intervention and prevention services. For example, Aberdeen City have set up a listening service to offer first-level support for people with low-level mental health challenges, addressing issues such as bereavement, redundancy, and life changes that can impact overall wellbeing. In Fife, a text chat service was launched in November 2022 enabling young people aged 12 to 19 to have direct, confidential access to the school nursing service. Further examples are set out in [Appendix 1 \(page 50\)](#).

Theme 2 Indicators – Shifting the balance of care

There is a recognition by the Scottish Government, councils and NHS boards that the balance of care needs to shift out of hospital to the community. Although this was the intention of the creation of IJBs, we have not seen significant evidence of this happening.

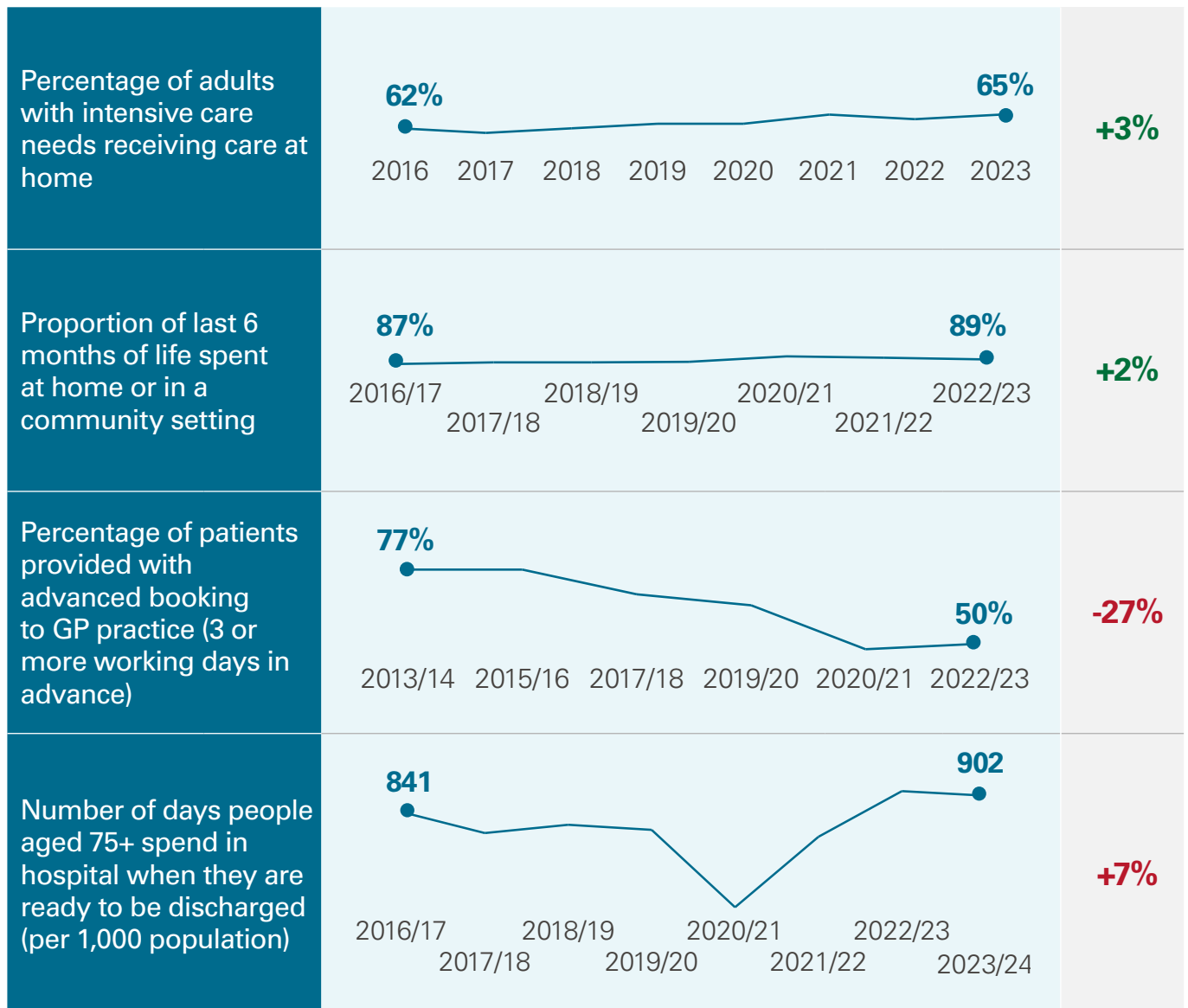
73. Part of the aims of the integration of health and social care was to help shift resources away from the institutional settings, such as hospitals and residential care institutions, and into more community-based services. The rationale for this is that, alongside it often being a more cost-effective way of providing services, it also helps promote greater independence and improved outcomes for the individual.

74. There has been an increase in the provision of services in the community, with an increase in the percentage of adults with intensive care needs receiving care at home and in the proportion of end-of-life care provided at home or in a community setting. At the same time, the percentage of expenditure on institutional and community-based Adult Social Care services has largely remained static with a small increase in the proportion spent on accommodation-based services.

75. Indicators tracking the balance of care and provision of services in the community have largely shown an increase in the number of individuals receiving care at home or in the community. However, these changes are marginal when viewed over the period since the inception of health and social care integration in 2015. There are also indications of pressures impacting the access to community-based services and the capacity of community services ([Exhibit 10, page 33](#)).

Exhibit 10.

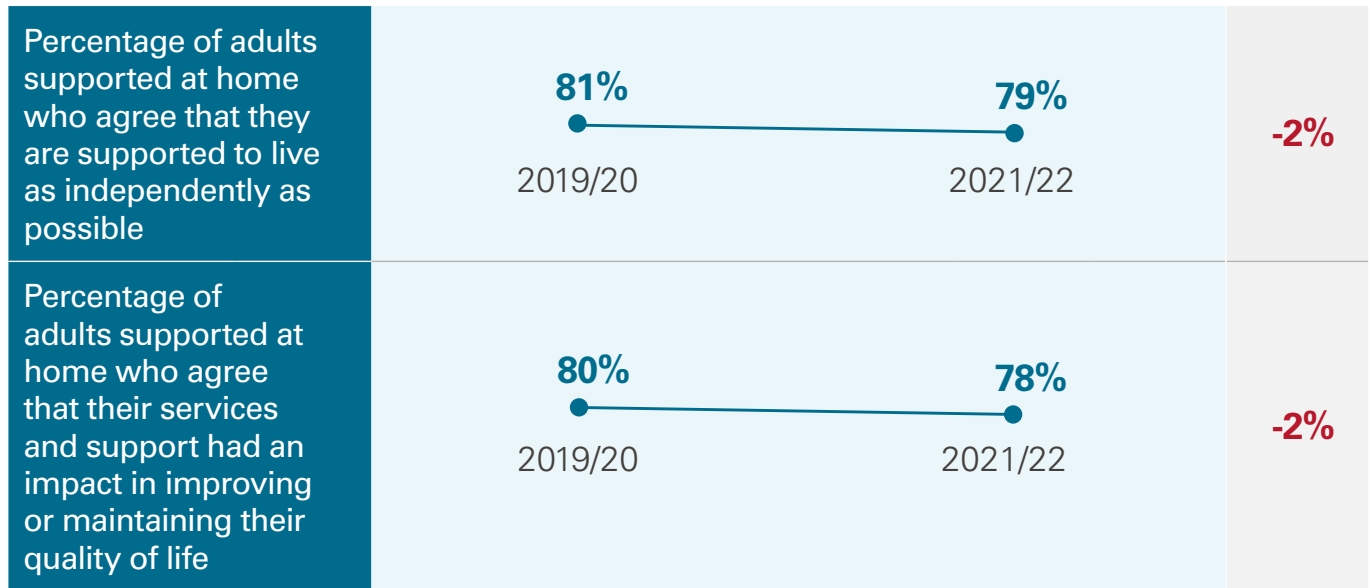
Theme 2 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

76. At the same time there has been a deterioration in the experience of those receiving those services in the community nationally [Exhibit 11](#).

Exhibit 11. Theme 2 indicators



Source: Core Suite of Integration Indicators, Public Health Scotland

77. The Auditor General for Scotland [NHS in Scotland 2023](#) report states that 'lack of social care capacity remains an obstacle to improving patient flow and reducing the number of delayed discharges from hospital. This is supported by data showing that many patients whose discharge is delayed are awaiting the completion of care arrangements to allow them to live in their own home (awaiting social care support), waiting for a place in a nursing home, or awaiting the completion of a post-hospital social care assessment'.

78. Examples of approaches to shift the balance of care from the hospital to community settings are set out in [Appendix 1 \(page 50\)](#).

Theme 3 Indicators – Person-centred care: choice and control

The amount of choice and control service users feel they have is variable across the country

79. In 2010, the Scottish Government and COSLA set out a ten-year self-directed support (SDS) strategy with the aim of supporting people's right to direct their own social care support. The Social Care (Self-directed Support) (Scotland) Act 2013 was part of the SDS strategy and set out how councils should offer people options for how their social care is managed.¹²

80. The Scottish Government, IJBs, councils, providers and service users and their carers recognise the gap between what the SDS legislation is designed to do and what is happening for people trying to access services in parts of Scotland. While there are examples of people being supported in effective ways through SDS, not everyone is getting the choice and control envisaged through the strategy. Some people who use services feel they have a lack of choice and need to accept what is offered with the type of care they receive being driven by the service provider. This is most recently evidenced in the Scottish Parliament's Health, Social Care and Sport Committee post-legislative scrutiny of the Self-directed Support (Scotland) Act 2013 phase 1 report.¹³ Examples of increased flexibility, choice and control were given for both individuals and unpaid carers but the Committee also reflected that many areas of improvement are required. For example, a need to improve the consistency of implementation between councils and improve clarity and knowledge around SDS by providing more support and guidance to navigate the process.

81. People who use services and their carers highlight issues accessing services. Either the times at which services are available is unsuitable or the process required to access them is overly complicated. Service users also highlighted a lack of coordination and communication between services, often having to repeat their symptoms or issues multiple times as they move from service to service. Poor data sharing was highlighted as a contributing factor.

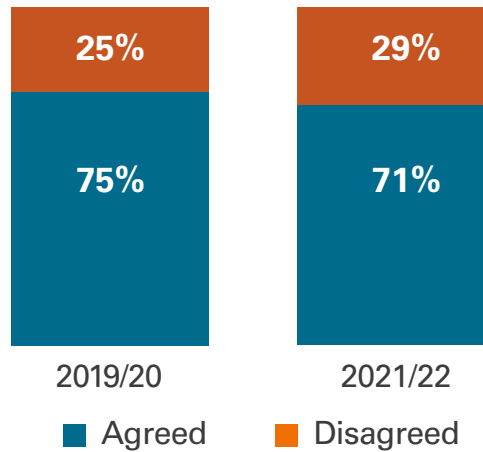
82. People who use services described being put to bed at 2pm or left in bed for hours at a time during the day. This was largely attributed to care services being under-resourced and care workers having to schedule their day to fit in additional people.

83. Research¹⁴ has found that while those who received SDS generally had positive experiences and found it beneficial, more than one-quarter of people who use SDS had their option chosen by someone else.

84. The percentage of people who are receiving social care support through SDS is increasing, estimated at 88.5 per cent in 2021/22, up from 77.1 per cent in 2017/18.

Exhibit 12.

Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



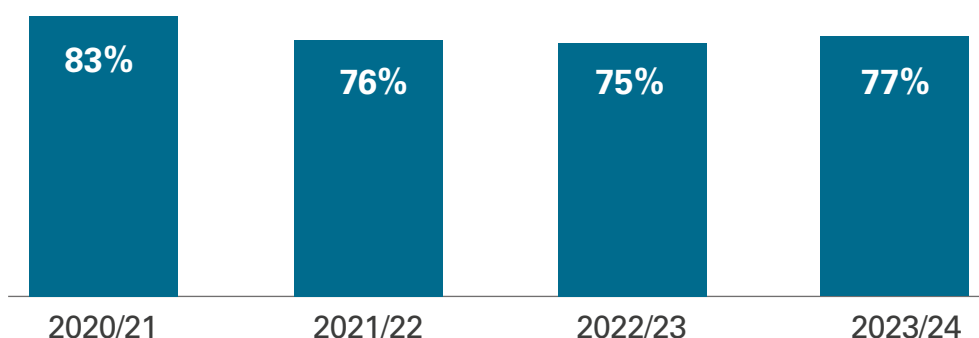
Source: Core Suite of Integration Indicators, Public Health Scotland

85. In general, there has been a deterioration in the proportion of adults who felt that they had a say in how their care is provided [Exhibit 12](#). The latest year of data (for 2023/24) shows that 60 per cent of adults supported at home who disagreed that they had a say in how their help, care or support was provided. Due to how the data is collected this data is not comparable to previous years.

86. The Care Inspectorate amended their approach to inspections of care services in response to the Covid-19 pandemic. Inspection activity was shifted to focus on services where there were concerns or intelligence suggesting that they are a higher risk. The overall trend since 2020/21 has seen a reduction in the number of care services graded as either 'good' or better [Exhibit 13](#).

Exhibit 13.

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

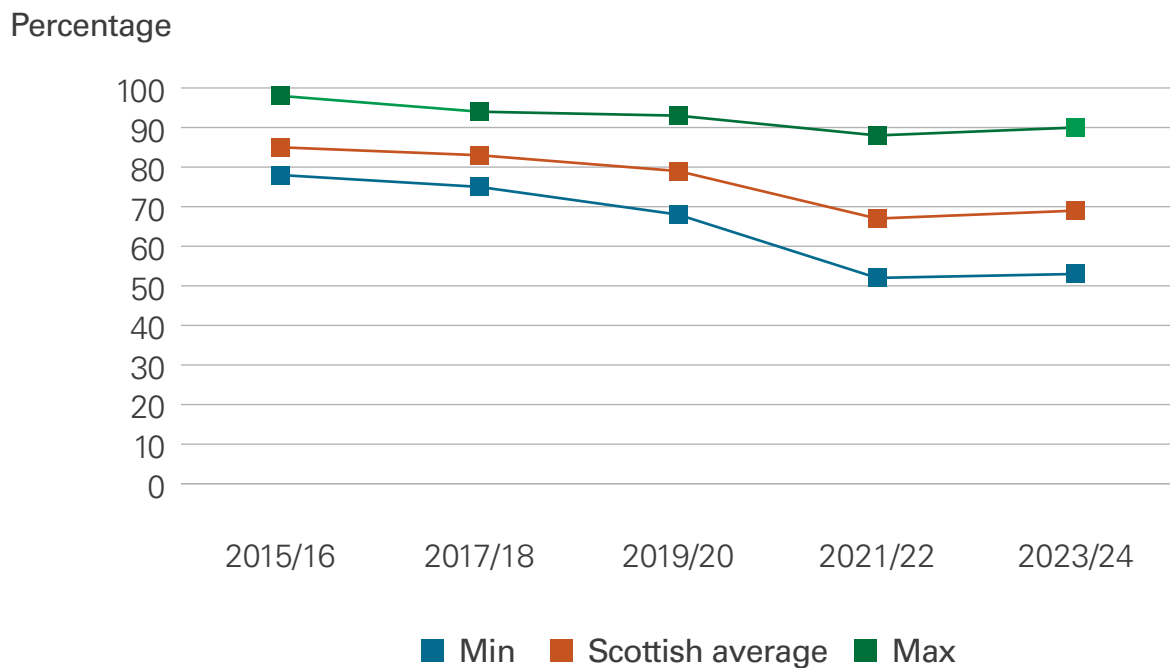


Source: Core Suite of Integration Indicators, Public Health Scotland

87. There is limited national data on access to GPs. (The Auditor General for Scotland’s upcoming report on the General Medical Services contract will look further at the availability and quality of data.) However, the percentage of people reporting a positive experience of care at their GP practice between 2015/16 and 2023/24 has declined by 17 points [Exhibit 14](#). There has been a decline across all IJBs and the gap between the best and worst performing areas has widened.

88. Some examples of IJBs working with partners to intervene to give people more choice and control and feedback on the services they receive are set out in [Appendix 1 \(page 50\)](#).

Exhibit 14. Percentage of people with positive experience of care at their GP practice



Source: Core Suite of Integration Indicators, Public Health Scotland

Theme 4 Indicators – Reducing inequalities

The Covid-19 pandemic has exacerbated existing inequalities

89. A recent review¹⁵ of health inequalities found that the health of people living in Scotland’s most deprived areas is not keeping up with the rest of society. The health inequality gap is widening, evident through increased drug deaths, infant mortality and a fall in life expectancy in more deprived areas. People living in deprived areas have a significantly lower healthy life expectancy, 26 years less for males and 25 for females in the most deprived decile compared to the least deprived decile. This gap has been widening over the past decade.¹⁶

90. Research has found people who access social care, unpaid carers and those who work in the social care sector have been disproportionately impacted (both directly and indirectly) by the Covid-19 pandemic and mitigation measures.¹⁷ The review also highlights that some groups could experience multiple and compounding inequalities. There is a risk that equality groups and people most at risk of having their human rights breached are set back by changes to and reductions in service provision, particularly as finances become tighter.

91. Respondents to a survey about their experiences of social care¹⁸ who did not receive support but felt they needed it, were proportionally more likely to be non-white, disabled, living in deprived areas, LGBO (lesbian, gay, bisexual, other) and unpaid carers.

The premature mortality rate is increasing with rates higher in more urban and more deprived areas

92. The premature mortality rate is increasing across Scotland [Exhibit 15](#) with a one per cent increase between 2016 and 2022.

Exhibit 15. Theme 4 indicator



Source: Core Suite of Integration Indicators, Public Health Scotland

93. IJBs were found to have consistently lower rates of premature mortality in areas that were more rural and/or relatively more affluent. Five IJBs, all from more urban and less affluent areas (Dundee, Glasgow City, Inverclyde, North Lanarkshire, West Dunbartonshire), have consistently had relatively high premature mortality rates.

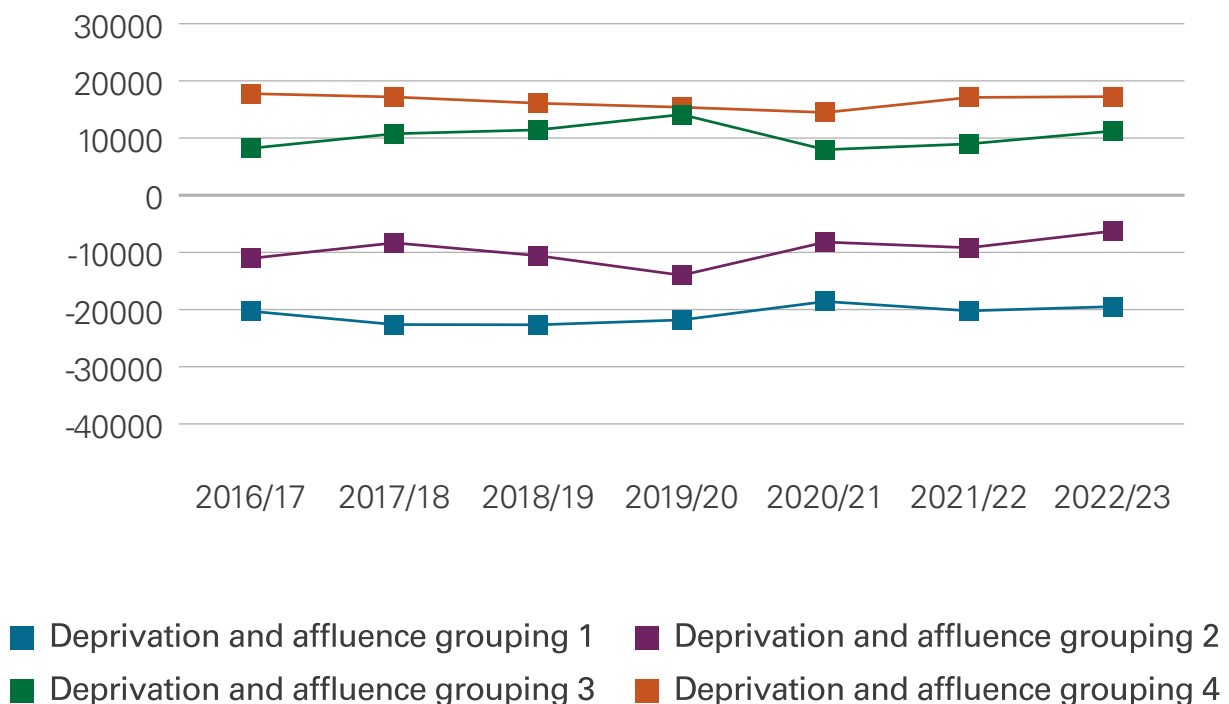
Emergency bed day rates are greater in areas with higher levels of deprivation

94. There is a clear relationship between the emergency bed day rate and the deprivation and affluence of an area. Using the Improvement Service’s **family groupings of IJB** areas, shows that areas with higher levels of deprivation have higher levels of emergency day bed rates than areas that are more affluent [Exhibit 16](#).

Family groups are groupings of IJBs that are similar in the type of population they serve (deprivation and affluence levels) as well as the type of area they serve (rural, semi-rural and urban).

Exhibit 16.

Emergency bed day rate (per 100,000 population): Difference to Scottish rate



Note: Grouping 1 represents the least deprived/affluent IJB areas and grouping 4 represents the most deprived/affluent

Source: Core Suite of Integration Indicators, Public Health Scotland, Improvement Service (deprivation and affluence grouping)

95. Example case studies in [Appendix 1 \(page 50\)](#) set out some programmes IJBs have in place to tackle inequalities in their communities and improve outcomes for all.

Theme 5 Indicators – Unpaid carers

The reliance on unpaid carers is increasing as the social care workforce is under added pressure

96. There is an enormous reliance on unpaid carers to support the social care system. These carers provide support to friends or family who need it. Carers can claim an allowance of £81.90 a week if they care for someone at least 35 hours a week. An additional carer support payment of £288.60 twice a year is also available to some carers. Although the exact number of unpaid carers is not known, as many carers don't identify themselves as such, there are an estimated 800,000 unpaid carers in Scotland; this includes 30,000 young carers under the age of 18.¹⁹ The social care system relies on the contribution of the community and unpaid carers with the value of unpaid care estimated at £36 billion a year in Scotland.²⁰ The Feeley Review stated that 'The role communities play in supporting adults to remain active in their community simply cannot be overstated.'²¹

97. This reliance on unpaid carers is increasing as the social care paid workforce is under increased pressure. This is unsustainable.

98. Carers are feeling the mental, physical and financial pressure of a system under strain. Carers Scotland's latest State of Caring survey²² found that over half (54 per cent) of carers said that their physical health had suffered because of their caring role, with one in five (20 per cent) suffering a physical injury from caring. Forty-four per cent of those on Carers Allowance are cutting back on food and heating. Research²³ carried out by the Carers Trust on the experience of older carers found:

- 80 per cent said their physical health had been affected by their caring role
- 87 per cent said their mental health and wellbeing had been affected by their caring role
- 82 per cent felt as though their caring role has financially affected them; 37 per cent have used less gas and electricity in their homes as a way to save money, and 19 per cent have skipped meals in the past 12 months
- 46 per cent of carers had missed some form of health appointment due to their caring role. This will have knock effects for the efficiency of the health service.

Exhibit 17.

Theme 5 indicator



Source: Core Suite of Integration Indicators, Public Health Scotland

99. Caring responsibilities fall disproportionately on women, people living in rural areas and people living in deprived areas. National indicators also illustrate the declining sense of wellbeing for unpaid carers and those needing care [Exhibit 17](#). There are provisions in the NCS Bill to improve support to unpaid carers but this has been subject to ongoing delays.

100. Some IJBs have set up interventions to support unpaid carers such as Falkirk and Clackmannanshire Carers Centre who provide information and signposting to those who are assessed as low or moderate on the unpaid carers eligibility for support.

5. Commissioning and procurement

Commissioning and procurement practices for social care services continue to be largely driven by budgets, competition, and cost rather than outcomes for people. Improvements to commissioning and procurement arrangements have been slow to progress but are developing

101. Our 2022 [Social Care briefing](#) highlighted commissioning arrangements as a key issue stating: ‘Commissioning tends to focus on cost rather than quality or outcomes. Current commissioning and procurement procedures have led to competition at the expense of collaboration and quality.’ In this section of this report, we focus on this issue and consider what progress is being made.

What are commissioning and procurement?

102. Commissioning identifies what is to be provided. It is the process each IJB uses to set out to its partner councils and NHS boards, what it requires them to provide to meet its strategic plan for social care and primary and community health services, based on population needs and available budgets. Procurement establishes how and who will provide the services. It is the process of contracting or purchasing specific services to meet those requirements. The IJBs do not procure the services. This is done by the relevant councils or the NHS and can be from the public, private and third sector. Scotland Excel assists some councils in procuring services and has developed national adult social care frameworks. Currently, the private sector provide 54 per cent of social care services, 24 per cent by councils, 21 per cent by the third sector and the remaining element (one per cent) by health boards.²⁴

103. All IJBs have integration strategic commissioning plans. The 2014 Act sets out requirements for the plans that are also supported by Scottish Government guidance issued in 2015.²⁵ The plans are required to:

- be reviewed at least every three years
- set out what the arrangements are to carry out the tasks of the IJB over the three years

- divide the area geographically into at least two localities for setting out these arrangements with each locality done separately
- include how the arrangements are intended to contribute to achieving the national health and wellbeing outcomes.

104. The commissioning of social care and primary and community health services is a cyclical process carried out by a Strategic Planning Group for each IJB. This group must consider the outcomes for people and how the needs and availability of services change. Healthcare Improvement Scotland and the Care Inspectorate have produced a quality framework²⁶ to evaluate the effectiveness of strategic planning.

105. The Independent Review of Adult Social Care in Scotland, considered in detail the arrangements for commissioning and procuring social care services in Scotland. The review identified ten changes needed in commissioning and procurement practices.

Improvements to commissioning and procurement arrangements have been slow, with cost rather than outcomes driving decision-making

106. Commissioning and procurement decisions are currently driven largely by achieving the range and volume of services required at the lowest cost. This is understandable given the financial pressures and increased demand faced by IJBs, but the pressure on the service providers to remain competitive can reinforce a focus on driving down prices. This can be at the cost of promoting service quality, equality, innovation and collaboration with others, to improve people's outcomes.

107. Tenders for support packages for people are often constructed around time and task of the service, rather than the outcomes. This lack of flexibility in the system means that NHS and council resources can get tied up in providing services that aren't effective in improving outcomes. More flexibility is needed across the system.

108. The cyclical nature of the commissioning and procurement, mean that time and resource are focused on contracts renewal processes instead of a more strategic long-term approach.

109. As set out at [paragraph 25](#), the current model of governance is complicated. This can cause difficulties when trying to commission services in a collaborative way. All stakeholders, including providers and users need to be part the strategic commissioning process in order to reflect what people need and want. This current approach also does not fully allow for innovation of the sector in finding solutions.

110. The current commissioning and procurement system lacks a process of accountability when people do not receive the services they need. People have described the process of accessing social care as

'notoriously difficult' and 'over-complicated' and needing to 'fight for' and 'justify' their support where they had a negative experience.²⁷

Current commissioning and procurement practices are a risk for the sustainability of service providers and the workforce

111. Current arrangements are heavily reliant on a stable provider market and workforce but there are exacerbating financial and workforce issues facing providers, risking the viability of some.

112. A consequence of the current cyclical commissioning and procurement arrangements is that many risks around the effective delivery of service are largely put onto the providers. For example, where the cost of energy makes a service more expensive to deliver than the contract provides for, the provider is still required to provide the service, bearing the loss.

113. There is uncertainty for all providers, particularly in the third sector around future funding and their role in service provision. Providers are also experiencing challenges with providing services and fulfilling contracts largely due to difficulties with workforce recruitment and retention:

- Private and third sector providers find that council commissioning rates are not enough to deliver social care and support and residential, personal and nursing care, and pay expenses such as staff, training and overheads. These providers say they cannot compete with councils where pay and terms and conditions are better than they can provide due to the flat cash settlement local government receives from the Scottish Government.
- Non-committal framework agreements leading to zero hours or short hour contracts for staff.
- Contracts that do not cover travel costs, especially challenging in rural Scotland which were particularly badly affected by fuel price rises.
- Growth in split shifts and reduction in paid sleepovers for staff.
- Although there has been an uplift in adult social care workers' wages, this has not been universally applied for all social care workers as some roles have been out of scope for the intended policy outcome. This has focused on uprating pay for those on the lowest incomes. There is no equivalent uplift for those with supervisor or manager roles making these positions less desirable.
- High levels of overtime and agency costs.
- High and ongoing recruitment costs, particularly in more rural areas.

114. Local government have been calling for multi-year funding settlements from the Scottish Government to support providers with medium- to long-term planning. This is currently being discussed through the Verity House Agreement and the fiscal framework discussions.

115. As set out in the context section, the workforce feel undervalued in the system and there are unprecedented numbers of vacancies ([paragraph 19](#)). The **Fair Work** Convention Report²⁸ set out that 'Despite some good practice and efforts by individual employers, the wider funding and commissioning system makes it almost impossible for providers to offer fair work.' Without urgent progress on the fair working agenda nationally it is likely that the risks to the sustainability of the sector will deepen.

Current commissioning and procurement practices are not always delivering improved outcomes for people

116. People who use services are often not involved in commissioning and procurement processes and therefore services are not necessarily reflective of what people need and want. The Independent Review of Adult Social Care in Scotland²⁹ reported that commissioning using generic frameworks based on an hourly rate does not work well for people who have fluctuating needs for support, particularly support for mental health.

117. The Self-directed Support (Scotland) Act 2013 was designed to ensure people had choice and control in how their social care support is provided. As highlighted at [paragraph 80](#), there is a recognised implementation gap in this policy. The Scottish Parliament's Health, Social Care and Sport Committee post-legislative scrutiny of the Act has highlighted concerns around commissioning in relation to SDS including:

- the importance of facilitating collaborative commissioning conversations
- a need to develop a marketplace of providers
- a need to end competitive tendering and restrictive procurement processes
- the disparity in the relative available funding under different SDS options.

Fair work is work that offers all individuals an effective voice, opportunity, security, fulfilment and respect. It balances the rights and responsibilities of employers and workers.

There is an increasing desire to move towards more ethical and collaborative commissioning models but it has not yet been universally adopted

118. There are examples of IJBs attempting to adopt collaborative and **ethical commissioning** processes in their strategies but these appear to be at an early stage. Almost a third of IJBs have adopted the Unison Ethical Charter for Social Care Commissioning³⁰ which is based on ethical commissioning principles.

119. IJBs are reaching out for support from IRISS (Institute for Research and Innovation in Social Services) in collaborative commissioning, for example work to improve outcomes-based commissioning with East Dunbartonshire, East Ayrshire and Orkney IJBs with Healthcare Improvement Scotland. IRISS has also been supporting West Dunbartonshire and North Ayrshire IJBs to change commissioning to a more collaborative approach. Both projects are at an early stage but they have highlighted that the relationship between stakeholders are a key aspect of addressing commissioning arrangements. Significant time and resource capacity is needed to work out these relationship issues.

120. There are some strong examples of how IJBs are working to commission in a more collaborative and flexible way including Aberdeen IJB and Fife IJB. Two examples are set out in [Appendix 1 \(page 50\)](#).

National approaches to improve commissioning have been slow to progress but are developing

121. Across stakeholders we have engaged with, there is a recognition that commissioning needs to improve. The Feeley Report recommended that the Scottish Government and COSLA develop and agree ethical commissioning principles and core requirements. This is happening through the development of the NCS Bill, an Adult Social Care Ethical Commissioning Working Group was set up (also including the Institute for Research and Innovation in Social Services (IRISS), Social Work Scotland (SWS) and the Coalition of Care and Support Providers in Scotland (CCPS)). This group is developing a framework for ethical commissioning and has identified nine ethical commissioning principles:

- Person-led care and support
- Outcomes-focused practices
- Human rights approach
- Full involvement of people with lived experience
- Fair working practices
- High-quality care and support
- Climate and circular economy

Ethical commissioning

aims to embed ethical standards into the commissioning and procurement process to ensure the process is around equity and quality for people, not just around efficiency and cost.

- Financial transparency, sustainable pricing and commercial viability
- Shared accountability.

122. Current Scottish Government plans are that the NCS Bill will include a clear and comprehensive definition of ethical commissioning, with a National Care Service Board³¹ providing national oversight, guidance and practical support.³²

Endnotes

- 1 Lead Agency model - In Highland the NHS Board and council have adopted a different model for integration, a lead agency model. NHS Highland leads on adult services and Highland Council leads on children's services. Therefore, there is no Integrated Joint Board but an Integration Joint Monitoring Committee to monitor the planning and delivery of services. Revisions to the National Care Service Bill currently being developed, propose that Highland adopt a reformed IJB model as these are implemented.
- 2 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021
- 3 People supported through Social Care Services: Support provided or funded by health and social care partnerships in Scotland 2022/23, Public Health Scotland, March 2024.
- 4 Mid-2022 Population Estimates, Scotland, National Records of Scotland, March 2024.
- 5 Scotland's Health and Demographic profile, Social Research, Scottish Government, June 2022.
- 6 Scotland's Unsustainable Health Service Modelling NHS demand to 2040, Our Scottish Future Health Commission, December 2023.
- 7 Population projections of Scotland - National Records of Scotland January 2023.
- 8 Staff vacancies in care services 2022, Care Inspectorate and Scottish Social Services Council, September 2023.
- 9 Workforce Recruitment and Retention Survey Findings, Scottish Care, September 2021
- 10 People who access social care and unpaid carers in Scotland, Scottish Government, June 2022
- 11 Local Government Benchmarking Framework, Improvement Service, February 2024
- 12 Self-directed support (SDS) aims to improve the lives of people with social care needs by empowering them to be equal partners in decisions about their care and support. Four fundamental principles of SDS are built into legislation – participation and dignity, involvement, informed choice and collaboration. The Social Care (Self-directed Support) (Scotland) Act 2013 gave councils responsibility, from April 2014 onwards, for offering people four options for how their social care is managed:
 - Option 1: The individual or carer chooses and arranges the support and manages the budget as a direct payment.
 - Option 2: The individual chooses the support and the authority or other organisation arranges the chosen support and manages the budget.
 - Option 3: The authority chooses and arranges the support.
 - Option 4: A mixture of options 1, 2 and 3.
- 13 Post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013: Phase 1: SP Paper 577, Health, Social Care and Sport Committee, May 2024.

- 14 My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland National Report, ALLIANCE and Self Directed Support Scotland, October 2020.
- 15 Leave No-one Behind The state of health and health inequalities in Scotland, The Health Foundation, An Independent Review, David Finch, Heather Wilson, Jo Bibby, January 2023.
- 16 Health Life Expectancy in Scotland 2019-2021, National Records of Scotland, December 2022.
- 17 Adult Social Care in Scotland – Equality Evidence Review, Scottish Government, June 2022.
- 18 Health and Care Experience Survey, Scottish Government, May 2022.
- 19 Scotland's Carers Update Release, Scottish Government, December 2022.
- 20 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 21 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
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- 25 Strategic commissioning plans: guidance, Scottish Government, December 2015.
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- 27 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 28 Fair Work in Scotland's Social Care Sector 2019, Fair Work Convention, February 2021.
- 29 Independent Review of Adult Social Care in Scotland, Derek Feeley, February 2021.
- 30 UNISON's ethical care charter, UNISON.
- 31 The remit and membership of a National Care Service Board will be determined by at Stage 2 of the National Care Service Bill. The overarching purpose of the Board 'will be to ensure consistent, fair, human rights-based social care support and community health services, underpinned by effective complaints mechanisms and enhanced advocacy services'.
- 32 National Care Service (NCS) (Scotland) Bill: Scottish Government Response to Stage 1 report, Letter from Minister for Social Care, Mental Wellbeing and Sport to Health, Social Care and Sport Committee, March 2024.

Appendix 1

Case studies

These case studies set out some examples of where integrated joint boards are using or developing different working practice to improve performance and outcomes.

Case study 2. Early intervention and prevention services

Preventing Frailty by Improving Nutrition (Shetland)

People providing care and support have an important role in recognising risk and preventing malnutrition. A project in the summer of 2022 led by the dietetics department in collaboration with Shetland residential teams including social care workers, seniors, care home cooks and care at home staff in the community. The project included reviewing dietetic patients care, menu and mealtime observations and advice, training needs analysis and delivery of MUST (Malnutrition Universal Screening Tool) training.

The IJB reported that confidence in ability to screen for malnutrition, provide nutrition advice and care, and actioning nutritional care plans was considerably increased following training, which was provided to more than 100 staff across Shetland.

Whole Family Wellbeing Funding programme (national scheme)

The Whole Family Wellbeing Funding (WFWF) is a £500 million Scottish Government investment in preventative whole family support measures. The aims of the fund are to support the change that is necessary for reducing the need for crisis interventions in families, and to move investment towards early intervention and prevention. The scheme is funded nationally from 2022 to 2026 with any new systems or services funded locally after that period.



The programme is split into three parts:

- to provide direct support to Children's Services Planning Partnerships (CSPPs) to help expand and deliver whole family support services as well as support transformational change
- to support local transformation through National Support for Local Delivery
- support projects that take a cross Scottish Government approach to system change which progress the aims of WFWF.

An evaluation report of year one funding of the first two parts reports that substantial progress has been made so far across most CSPPs. However, they have found it difficult to achieve the pace of progress envisaged by the Scottish Government in year one of the funding.

In South Lanarkshire, the funding has enabled the recruitment of peer support workers with lived experience who are able to reduce the stigma of needing support. The funding also enabled the creation of a team of early years staff, based in NHS Lanarkshire, that will give support to families that have children under the age of five. In addition, the funding enabled the expansion of Pathfinders, a school-based family project that aims to reduce the need for later intervention.

The funding has supported North Ayrshire to add two further locations to their Family Centred Wellbeing Service. The fund has also seen the expansion of North Ayrshire's Health Visiting Team, which aims to support early intervention and prevention for children by working with the whole family.

Source: Scottish Government and Shetland Health and Social Care Partnership

Case study 3.

IJBs shifting the balance of care

Home First Response Service (Glasgow)

Glasgow's Home First Response Service has the aim of ensuring frail people spend less time in hospital. The service is community led and made of multi-disciplinary frailty teams. Each team is led by advanced frailty practitioners based in hospitals with 26 now in post following a successful pilot of the service.

One in three people identified during the pilot were discharged the same day with a care plan having been put in place.

To enable fast access to the community services needed to move frail people out of hospitals and back home, the service uses a hub and spoke service model with each of the six Health Partnerships in Glasgow having their own frailty teams.

The teams liaise with other healthcare colleagues in the community including advanced nurse practitioners, pharmacists and allied health practitioners. This ensures that people receive the same level of care that they would in a hospital setting.

The Home First Response Service has been achieving, on average, a 50 per cent early turnaround rate per month.

Integrated Discharge Hub (West Lothian)

The West Lothian Integrated Discharge Hub (IDH) was set up in 2018 at St John's Hospital to improve delayed discharges and reduce the time it was taking to make arrangements for people requiring care and support in the community following discharge from hospital.

To plan the safe and timely discharge of patients, an inter-agency team consisting of discharge coordinators, hospital social workers, Carers of West Lothian as well as inhouse care team staff work with patients and their families to plan their discharge and how their ongoing requirements will be met in the community.

Since the implementation of the discharge hub the IJB reports that improvements have been seen, with reduced lengths of stay, reduced occupied acute bed days, improved performance for days lost to delays in discharge and improved processes for interim placements when a patient is waiting for care home placement.

Between December 2022 and April 2023, the average number of days between a person being admitted to St John's Hospital and being identified as needing the support of the discharge hub has been reduced by 52 per cent. The length of stay for patients getting help from the discharge hub has also been reduced by 28 per cent during the same period.

The success of the discharge hub has drawn interest from other IJBs across Scotland.



The Joint Dementia Initiative (Falkirk)

The Joint Dementia Initiative (JDI) is a registered service in the Falkirk Health and Social Care Partnership. It has two main services: a one-to-one support service, which provides care and support at the user's own home, and a Home from Home service, which provides support to users in a group setting.

The JDI service aims to help people with dementia to continue to live the life they want to live by continuing to live at home in their own communities for as long as possible. This is delivered through meaningful engagement with service users, families, and key stakeholders from across Falkirk HSCP following a person-centred approach to the care provided.

A review of the JDI was carried out in April 2021 that included arranging engagement events with service users, their families, carers, staff, and stakeholders. The aim was to improve outcomes for families and carers and identify specific areas of concern and gaps in service delivery.

Identified as an important issue at the engagement events, the partnership looked at the flexibility of the service and dementia being a 24/7 illness. The partnership is working to provide evening and weekend support for families and carers, due to start in August 2024. These improvements would allow the partnership to achieve outcomes from their strategic plan.

A current project is being carried out to change Adult Placement Carers in the Home from Home service from self-employed to employees of the partnership. This change aims to improve recruitment and retention rates for the service.

The JDI has been successful in achieving funding from multiple funds including the Dementia Innovation Fund and the Carers Challenge Fund. This has allowed the Initiative to renovate their community space as well as create two part time support worker posts to help provide evening and weekend support to service users

Source: NHS Greater Glasgow and Clyde, West Lothian Health and Social Care Partnership, and Falkirk Health and Social Care Partnership

Case study 4. Choice and control

Community Brokerage Network (North and South Ayrshire)

The Community Brokerage Network is well established in the Ayrshires and provide brokers, who offer free independent information about self-directed support to people and their carers at any stage in their social care journey, whether they are entitled to a formal social care assessment or not. They have successfully connected people with services that have helped them achieve their personal outcomes in a way that works for them. [A Brokerage Framework for Scotland](#) has recently been produced by Self-directed Support Scotland and its partners to help encourage the use of this model further across Scotland.



Care Opinion (Falkirk)

Care Opinion is an online integrated platform where people can safely share their experience of any health service or Care Inspectorate-registered providers of adult social care services. Care Opinion has national scale and visibility and has worked with all Scottish health boards as well as ten HSCPs. Over 29,000 stories have been shared about health and social care services in Scotland on the Care Opinion platform.

Care Opinion enables Falkirk HSCP and the commissioned providers to use online feedback as one method of learning from lived experience. The aim is to drive forward quality service improvements, build a reputation for openness, to potentially avoid formal complaints, and develop a culture of transparency across the Partnership.

Source: Self Directed Support Scotland, Falkirk Health and Social Care Partnership

Case study 5.

Work to reduce inequalities

Welfare Advice & Health Partnerships (WAHPs) programme (Glasgow)

Scottish Government funding is enabling 84 GP Practices across the most deprived parts of Glasgow to host a dedicated welfare and health adviser one day per week. According to the Partnership this has had a positive impact on patient health, poverty and health inequalities, while also freeing up staff time for clinical care. In the last year, there have been 3,997 referrals made by WAHP practice staff across Glasgow, achieving a reported £3.3 million in financial gains and £1.1 million in debt managed for people.



eFRAILTY Power BI dashboard (West Lothian)

The eFRAILTY Power BI Dashboard was created with the aim to provide a snapshot of the make-up of frailty within the West Lothian population with the goal of identifying people who could benefit from help, improving the health inequality gap. The dashboard also has the aim of mapping frailty data by GP postcode to enable the targeting of resources.

The data in the dashboard uses the Rockwood clinical frailty score from patient and carer self-assessment forms. These forms are collected at vaccination centres each year during the patient's annual flu jab. The frailty data is collected by the vaccination nurses and then entered into GP systems before being extracted and used to populate the eFRAILTY dashboard.

The dashboard is still in the scoping and data-gathering phase, however the Partnership is looking at options for how to put the data to use. An example given by the Partnership for the use of the data was to refer patients graded as having mild frailty to their Xcite Exercise referral scheme.

Source: Glasgow City Health and Social Care Partnership, Scottish Government, and West Lothian Health and Social Care Partnership

Case study 6.

Granite Care Consortium

Established in October 2020, Granite Care Consortium (GCC) is composed of a mix of ten independent and third sector care providers delivering over 12,000 hours of care a week to more than 1,200 people.

GCC was set up with the aim of creating market stability, improving outcomes for service users and building a consistent trained and skilled workforce. Competitive methods of commissioning and procurement were identified as presenting a risk of providers reducing their services or exiting the market completely. Providers also often work in silos with little input or communication from other services.

Aberdeen City Health and Social Care Partnership (ACHSCP), commissioned GCC to take a collaborative approach, with a focus on the outcomes for the individual. This saw GCC move away from a 'time and task' model towards one built around the service user. The collaboration between providers allows different types of support to be added to a care plan without the need for time consuming reassessments.

For example, someone receiving mental health support who then required personal care could have this added to their care plan in a matter of hours.

Collaboration has also enabled greater data sharing and visibility. GCC use data at a local level as well as city wide to inform decision-making. A recent test of change has seen the introducing of hotspots allowing GCC to focus on where demand for care is greatest.

Funding is provided in monthly blocks by ACHSCP which allows GCC to flex individual care and support packages without the need for social worker authorisation. This speeds up the process, improving outcomes for individuals. The number of days those aged 75+ in Aberdeen City are waiting to be discharged from hospital (per 1,000 population) stands at 112 as of November 2023. This is down from 579 in 2019/20.

GCC faces the same workforce challenges as the wider sector but is using its outcomes focussed model as a positive tool to aid recruitment and retention. Learning and development is also a large part of the workforce strategy with GCC working in partnership with Robert Gordon University to develop new ways of delivering training.

I have felt partnership working between ACHSCP and GCC has been stronger than my previous experience before GCC – Social Worker

Building trust, both from ACHSCP and the ten partnering service providers, was crucial in delivering this model. Challenging traditional ways of working and thinking was acknowledged by GCC as difficult but it reports that there is now genuine trust between all parties and the culture of collaboration is now embedded within the consortium.



The Scottish Parliament Health, Social Care and Sport Committee have identified this work as a good model to provide the basis to develop best practice in ethical commissioning.

Source: LGBF Indicators, GCC Annual Report 2020-21

Case study 7. Fife Care Collaborative

Established in 2021 the Care at Home Collaborative was a Collaborative of 16 Independent Care at Home Providers who delivered over 90 per cent of externally commissioned care at home services in the Fife IJB area. The Collaborative in June 2024 are now made up of 41 care at home Providers including Fife Council. The split between service delivery is approximately 30 per cent Council and 70 per cent Collaborative.

The aim of the collaborative is to involve all member organisations in active engagement and participation as well as to share best practice and lessons learned. The collaborative also aims to benefit from the economy of scale of working together, for example securing funding to maintain a higher weekend pay rate has helped the retention of staff.

One of the members of the collaborative, Cera Care, commented:

‘Since joining the Collaborative we have seen a dramatic improvement in the services we deliver as a whole in Fife. It has given us the opportunity to communicate with Scottish Care, Fife Council and External Providers together to input ideas and suggestions across to help each other and the people we care for.’

The collaborative makes use of a GPS tool called ‘Pin-Point’ which is a live dashboard of services used to manage commissioning. The IJB is able to manage capacity across the whole system by using monitoring and escalation systems that are connected to the collaborative.

A recent self-evaluation saw that previous recruitment and retention issues encountered by providers have been continuously improving and attributable to the success of the Collaborative.

Source: Fife Health and Social Care Partnership



Appendix 2

Methodology

Previous work

In [2022](#) and in [2023](#), the Accounts Commission published bulletins setting out the financial performance of IJBs. Together with the Auditor General for Scotland and Audit Scotland, we have reported more widely on the progress of health and social care integration and social care in Scotland. This includes reports in [2015](#) and [2018](#) setting out improvements needed by integration authorities. Our work in [2014](#) and [2017](#) set out the progress of the self-directed support legislation implementation and found while implementation was happening successfully in some areas, not everyone was getting the choice and control in their social care support envisaged in the legislation. In January 2022, a joint [Social Care briefing](#) set out the significant ongoing challenges impacting the delivery of social care services.

We aim to answer the following audit questions in this report:

- How well are IJBs responding to contextual challenges and improving their performance and the outcomes for people?
- How financially sustainable are IJBs and how are they responding to the financial challenges they face?
- How are IJBs using commissioning and procurement to improve performance and deliver improved outcomes in the lives of people who use social care services?

Our findings are based upon:

- the 2022/23 audited accounts and annual audit reports of IJBs and supplementary returns provided by appointed auditors
- the 2022/23 annual performance reports and Chief Social Work Officer reports of IJBs
- national data sets including core integration indicators and the Local Government Benchmarking Framework (LGBF)
- a review national reports and guidance
- a review of relevant published research
- interviews with key stakeholders including IJB chief officers and chief finance officers.

In February 2024, we hosted a roundtable discussion bringing together key stakeholders to consider the critical issues for IJBs and in particular

the provision of social care. The discussion covered immediate challenges as upcoming issues in the medium and long term. The discussion helped to inform this report and also identify future work for the Accounts Commission. The additional output sets out a summary of discussion.

Advisory Group

To support our work, an Advisory Panel was established to provide challenge and insight at key stages of the audit process. Members sat in an advisory capacity only and the content and conclusions of this report are the sole responsibility of Audit Scotland.

Members of the group included representatives from Health and Social Care Scotland, COSLA, Care Inspectorate, The ALLIANCE, Coalition of Care and Support Providers Scotland, Scottish Care and SPICe. We would like to thank them for their support.

Integration Joint Boards

Finance and performance 2024



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