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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 26 November 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, 3 DECEMBER 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 10 September 2024 (Pages 5 - 8)
- 3.2 Business Planner (Pages 9 - 12)

#### **AUDIT**

- 4.1 Internal Audit Update Report - HSCP.24.090 (Pages 13 - 22)

- 4.2 Internal Audit Report - Social Care Financial Assessments - HSCP.24.106  
(Pages 23 - 28)
- 4.3 Internal Audit Report - JB Budget Setting and Monitoring - HSCP.24.107  
(Pages 29 - 34)
- 4.4 Internal Audit Report - JB Counter Fraud - HSCP.24.108 (Pages 35 - 38)

## **GOVERNANCE**

- 5.1 Finance Position - HSCP.24.112 (Pages 39 - 52)
- 5.2 Directions Tracker - HSCP.24.094 (Pages 53 - 76)

## **RISK**

- 6.1 Strategic Risk Register and Risk Appetite Statement - HSCP.24.089  
(Pages 77 - 110)
- 6.2 ACHSCP/JB Emergency Activation Plan - HSCP.24.099 (Pages 111 - 140)

## **PERFORMANCE**

- 7.1 Justice Social Work Delivery Plan update 2023-24 and Performance Report - HSCP.24.092 (Pages 141 - 172)
- 7.2 Adult Support and Protection - Biennial Report - HSCP.24.095 (Pages 173 - 202)
- 7.3 Quarterly Performance Report against the Delivery Plan - HSCP.24.097  
(Pages 203 - 230)

## **EXEMPT / CONFIDENTIAL BUSINESS**

- 8.1 There is no exempt business

## **COMMITTEE DATES**

- 9.1 Date of Next Meeting - 25 February 2025

Should you require any further information about this agenda, please contact Emma Robertson, [emmrobertson@aberdeencity.gov.uk](mailto:emmrobertson@aberdeencity.gov.uk)

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## **Risk, Audit and Performance Committee**

### **Minute of Meeting**

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

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

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

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

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

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

### **DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS**

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

### **EXEMPT BUSINESS**

2. There was no exempt business.

### **MINUTE OF PREVIOUS MEETING OF 4 JUNE 2024**

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

#### **The Committee resolved:-**

to approve the minute as a correct record.

### **DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS**

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

## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

10 September 2024

### **The Committee resolved:-**

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

### **QUARTERLY FINANCIAL MONITORING REPORT - HSCP.24.063**

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

### **The report recommended:-**

that the Committee

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

### **The Committee resolved:-**

to agree the recommendations.

### **INTERNAL AUDIT UPDATE REPORT - HSCP.24.065**

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

### **The report recommended:-**

that the Committee:

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

### **The Committee resolved:-**

to note the information provided.

**RISK, AUDIT AND PERFORMANCE COMMITTEE**  
10 September 2024

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

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

**The report recommended:-**

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

**The Committee resolved:-**

to note the information provided.

**NAVIGATOR PROJECT EVALUATION - HSCP.24.016**

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

**The report recommended:-**

that the Committee note the content of the report.

**The Committee resolved:-**

to note the information provided.

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

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

**The report recommended:-**

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

**The Committee resolved:-**

to note the information provided.

**RISK, AUDIT AND PERFORMANCE COMMITTEE**  
10 September 2024

**DATE OF NEXT MEETING - 3 DECEMBER 2024**

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

**The Committee resolved:-**

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

	A	B	C	D	E	F	G	H	I	J
2	<b>RISK and AUDIT PERFORMANCE COMMITTEE BUSINESS PLANNER</b>									
3	<b>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.</b>									
4	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
5	<b>3 December 2024</b>									
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.	HSCP.24.090	Jamie Dale	Chief Internal Auditor	Internal Audit	On the agenda		
7		Internal Audit Report - Social Care Financial Assessments	To present the outcome from the planned audit of Social Care Financial Assessments Services that was included in the Internal Audit Plan.	HSCP.24.106	Jamie Dale	Chief Internal Auditor	Internal Audit	On the agenda		
8		Internal Audit Report - IJB Budget Setting and Monitoring	To present the outcome from the planned audit of the Integration Joint Board (IJB) Budget Setting and Monitoring that was included in the Internal Audit Plan.	HSCP.24.107	Jamie Dale	Chief Internal Auditor	Internal Audit	On the agenda		
9		Internal Audit Report - IJB Counter Fraud	To present the outcome from the planned audit of the Integration Joint Board (IJB) Counter Fraud that was included in the Internal Audit Plan.	HSCP.24.108	Jamie Dale	Chief Internal Auditor	Internal Audit	On the agenda		
10	19.11.24	Finance Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.	HSCP.24.112	Fraser Bell	Interim Chief Finance Officer	Interim Chief Finance Officer	On the agenda		
11	Standing Item	Directions Tracker	To present the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian (NHSG).	HSCP.24.094	Alison MacLeod	Alison MacLeod	ACHSCP	On the agenda		
12	07.09.23	Strategic Risk Register and Risk Appetite Statement	To present the Integration Joint Board's (IJB) Risk Appetite Statement and an updated version of the Strategic Risk Register (SRR).	HSCP.24.089	Martin Allan	Business, Resilience and Communications Lead	ACHSCP	On the agenda		
13	23.10.2024	ACHSCP/IJB Emergency Activation Plan	To present the Integration Joint Board's (IJB) Emergency Activation Plan, as part of the IJB's duties under the Civil Contingencies Act 2004.	HSCP.24.099	Martin Allan	Business, Resilience and Communications Lead	ACHSCP	On the agenda		
14	19.09.2023	Justice Social Work Delivery Plan update 2023-24 and Performance Report	To present the Risk, Audit and Performance Committee with the updated Justice Social Work Service (JSWS) Annual Performance Report 2023/24. Plan last reported on 19.09.2023, Performance Report on 28.11.2023.	HSCP.24.092	Val Vertigans	Chief Social Work Officer	ACHSCP	On the agenda		
15	12.06.2024	Adult Support and Protection - Biennial Report	To share the Adult Protection Committee (APC) Independent Convener's Biennial Report for 2022-24 for assurance purposes, in terms of the delivery and impact of 'adult support and protection' in the City.	HSCP.24.095	Val Vertigans/ Claire Wilson	Claire Wilson	ACHSCP	On the agenda		

	A	B	C	D	E	F	G	H	I	J
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4										
16	21.05.2024	Quarterly Performance Report against the Delivery Plan	To provide assurance 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.	HSCP.24.097	Calum Leask/ Alison Macleod	Alison MacLeod	ACHSCP	On the agenda		
17		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.	HSCP.24.091	Stuart Lamberton / Grace Milne	Sandy Reid	ACHSCP		D	Request to defer to a date (TBC) in 2025 in order to allow the officers involved to complete time limited work on ACHSCP strategic plan, premises review and budget saving proposals.
18	10.07.24	Quarterly Financial Monitoring Report to September 2024	To present an update on the financial position.	HSCP.24.093	Chief Finance Officer/ Lesley Fullerton/ Georgia Baxter/ Catriona Gilmour	Chief Finance Officer	ACHSCP		R	Report went to the IJB on 19 November 2024
19	02.05.23	Primary Care Improvement Plan (Update)	Six monthly update regarding progress implementing the Primary Care Improvement Plan . Last reported 4 June 2024.	HSCP.24.096	Alison Penman	Emma King	ACHSCP	This report went to IJB on 19 November 2025.	R	Proposed to have one PCIP Update report per year following each financial year - that will be reported straight to the IJB.
20	24.09.2024	DwD Financial Consequences	At the IJB on 24/09/24 HSCP.24.062: the Board resolved to note that ongoing implementation of the improvement plan would be reported to each meeting of the Clinical and Care Governance Committee and the financial consequences to RAPC.	HSCP.24.098	Kay Diack/ Claire Wilson	Claire Wilson	ACHSCP		R	Remove as reporting within existing agenda reports.
21	<b>25 February 2025</b>									
22	19.11.24	Financial Position Update) see line 22	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							
23	10.07.24	Quarterly Financial Monitoring Report to December 2024) see line 21	To present an update on the financial position.		Chief Finance Officer	Chief Finance Officer	ACHSCP			
24	Standing Item	Review of Financial Governance	To provide assurance on Governance Environment annual report. Last RAPC was 13 June 2023.	HSCP.24.037	Chief Finance Officer	Chief Finance Officer	ACHSCP	Deferred from September due to staff vacancy.		
25	10.07.24	Quarterly Financial Monitoring Report to March 2025	To present an update on the financial position.		Chief Finance Officer	Chief Finance Officer	ACHSCP	Expected April/May 2025		
26	Standing Item	Whistleblowing Updates	Quarterly update		Martin Allan	Business Manager	ACHSCP			
27	<b>30 April 2025</b>									
28	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							

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4										
29	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		
30		Internal Audit Plan	To seek approval of the Internal Audit Plan for the Aberdeen City Integration Joint Board for 2025-28		Jamie Dale	Chief Internal Auditor	Governance	Last presented to RAPC on 2 April 2024		
31	Standing Item	Board Assurance and Escalation Framework (BAEF)	To note the Framework (reviewed by the Committee on an annual basis as per resolution on 26.08.2020)		Martin Allan	Business Manager	ACHSCP	Last presented 2 April 2024		
32	Standing Item	External Audit Strategy 2024/25	To provide a summary of the work plan for Audit Scotland's 2024/25 external audit of Aberdeen City Integration Joint Board (IJB).		Anne MacDonald	Audit Scotland	Audit Scotland	Last considered at RAPC 2 April 2024		
33	30.11.22	Quarterly Performance Reports against the Delivery Plan	To note the position.		Alison Macleod	Strategy and Transformation Team		Due March 2025 - Alison Macleod to confirm if Feb/April meeting.		
34	<b>17 June 2025</b>									
35	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							
36	19.09.2023	Locality Planning Annual Reports	To note the update - At IJB on 19 September 2023, members instructed the Lead Officer to submit the 2023-24 Locality Planning Annual Reports to the Committee in September 2024.		Alison Macleod / Iain Robertson	Lead Strategy and Performance Manager	ACHSCP	May/June 2025 - as the refreshed LOIP and Locality Plans come into effect on 29 April 2024, the Locality Planning Team representing both Community Planning and ACHSCP requested to move the annual reporting from August/September 2024 to June 2025 as the three annual performance reports on the new plans would have only been in place for a couple of months if taken in June 2024.		
37		Approval of Unaudited Accounts			Chief Finance Officer	Chief Finance Officer	ACHSCP	Last presented to RAPC on 4 June 2024		
38		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		
39		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.		
40	02.05.23	Primary Care Improvement Plan (Update)	Six monthly update regarding progress implementing the Primary Care Improvement Plan . Last reported 4 June 2024.		Alison Penman	Emma King	ACHSCP			
41	<b>27 August 2025</b>									
42	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							
43	<b>19 November 2025</b>									

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4										
44	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							
45	24 February 2026									
46	19.11.24	Financial Position Update	On 19 November 2024 at the IJB, Members agreed that a finance update would be presented to every IJB and RAPC meeting going forward.							
47	2026 and TBC									
48	20.08.2024	Accounts Commission: IJB Finance and Performance Report 2025? <b>(TBC Sarah Gibbon)</b>	To provide a summary of the Accounts Commission's Finance and Performance Report for IJBs in 2025 and to provide assurance across the Accounts Commission's recommendations.		Sarah Gibbon	Chief Finance Officer	ACHSCP	HSCP.24.072 report reported to RAPC on 10 September 2024.		





## Risk, Audit and Performance Committee

<b>Date of Meeting</b>	03 December 2024
<b>Report Title</b>	Internal Audit Update Report
<b>Report Number</b>	HSCP.24.090
<b>Lead Officer</b>	Jamie Dale Chief Internal Auditor
<b>Report Author Details</b>	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	Appendix A – RAPC - Internal Audit Update Report December 2024
<b>Terms of Reference</b>	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 December 2024 (“the Internal Audit Update Report”), as appended at Appendix A, and the work of Internal Audit since the last update;



## Risk, Audit and Performance Committee

- b) Note the progress against the approved 2023/24 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.



## Risk, Audit and Performance Committee

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

### 6. Management of Risk

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

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Aberdeen City Health & Social Care Partnership  
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## **Internal Audit**

# **Risk, Audit and Performance Committee Internal Audit Update Report December 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.

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## 2 Internal Audit Progress

### 2.1 2023/24 Audits

Service	Audit Area	Position
Council Led HSCP Services	Social Care Financial Assessments	Final Report Issued <sup>1</sup>

### 2.2 2024/25 Audits

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

### 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 September 2024 (the baseline for our exercise), three audit recommendations were due, two rated Moderate and one rated 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.

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<sup>1</sup> This report was finalised earlier in the year. However as it relates to a HSCP service delivered by the Council on behalf of the IJB, the report required to be presented in the first instance to the Audit, Risk and Scrutiny Committee. This took place in November 2024.



### 3 Appendix 1 – Grading of Recommendations

Risk level	Definition
<b>Corporate</b>	This issue / risk level impacts the Council as a whole. Mitigating actions should be taken at the Senior Leadership level.
<b>Function</b>	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.
<b>Cluster</b>	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
<b>Programme and Project</b>	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
<b>Minor</b>	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.	<b>Substantial</b>
<b>Moderate</b>	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.	<b>Reasonable</b>
<b>Major</b>	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.	<b>Limited</b>
<b>Severe</b>	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.	<b>Minimal</b>

Individual issue / risk	Definitions
<b>Minor</b>	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.
<b>Moderate</b>	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.
<b>Major</b>	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.
<b>Severe</b>	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
IJB	AC2415 – IJB Hosted Services	<b>Moderate</b>	Aberdeen City HSCP should seek additional assurance over budgeting and expenditure on hosted services (both hosting and hosted on its behalf), and report on this periodically to the IJB.	Sep-24	Dec-24	Although the three Chief Finance Officers (CFOs) did have an initial meeting to discuss how to achieve additional assurance, no conclusion was reached and further discussions are ongoing.	<b>In Progress</b>
HSCP	AC2405 – Care Management System	<b>Moderate</b>	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.	Sep-24	Dec-24	This recommendation is being worked on. The Product Council has been set up and a member of Internal Audit is to attend to offer some advice on processes. Management are in discussion around the job profile.	<b>In Progress</b>



## Risk, Audit and Performance Committee

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	Internal Audit Report – Social Care Financial Assessments
<b>Report Number</b>	HSCP.24.106
<b>Lead Officer</b>	Jamie Dale Chief Internal Auditor
<b>Report Author Details</b>	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	No
<b>Terms of Reference</b>	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

### 1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of Social Care Financial Assessments Services that was included in the Internal Audit Plan.

### 2. Recommendations

- 2.1. It is recommended that the Committee:

a) Review, discuss and comment on the issues raised in the 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



## Risk, Audit and Performance Committee

management and control. Each of these areas helps ensure that the JB can deliver on all strategic priorities as identified in its strategic plan.

### 4. Summary of Key Information

#### Assurance Assessment

- 4.1. The level of net risk is assessed as **MAJOR**, with the control framework deemed to provide **LIMITED** assurance over the Council's arrangements for completing social care financial assessments.
- 4.2. The Non-Residential Charging Policy: "Contributing to your care", was agreed by the Council (City Growth and Resources Committee) on 6 June 2019, updating a previously approved policy from 2015 which had not been implemented pending health and social care integration. The 2019 Policy, which was to be implemented from 1 July 2019, is published on the Health and Social Care Partnership's website, and sets out defined methods of calculating required contributions to the cost of service users' care. However, this Policy has not been implemented in practice. The Service has referenced the impact of COVID-19 (March 2020 onwards) and implementing a new Care Management System (October 2022), and bases current practice on Policy originally determined in 2011, amended for changes in costs and benefits. The Service commenced a review of charging policy implementation in November 2023 with a view to implementing further agreed charges, developing training and practice to support its application, and to update the Policy again to reflect current requirements. It is intended to report to the Finance and Resources Committee in August 2024 with a proposed new Non-Residential Charging Policy. In the interim, and since July 2019, service users continue to be charged based on historic practices rather than published policy. There is a risk this will have an unintended impact on Service and service user finances, presenting a risk to service delivery and the Health and Social Care Partnership's reputation.
- 4.3. The implementation of a new Care Management System in October 2022 was a major shift in working practices and development of the system functionality has continued since then, with further development planned. Whilst there are generic practical procedures, and controls built in to the system, there are only limited notes on local application, reducing assurance over the application of internal controls throughout the process. The small size of the financial assessment team presents risk to consistent application of working practices in the event of changes. Procedures and training for Social Care practitioners supporting service users in the



## Risk, Audit and Performance Committee

completion of application forms are still under development, presenting a risk of inconsistent application.

- 4.4.** As part of its budget approved in March 2024, the Integration Joint Board agreed a saving of £1.5 million related to clearing a backlog of financial assessments. Additional staff resource has been identified to address this. At the time of the audit, data indicated there were 996 overdue assessments. Whilst this is being tracked, further data was not available to assist in prioritising this workload. The Service has noted this has increased to 1237, including 248 non-residential and 989 residential assessments.
- 4.5.** Although calculations are largely carried out by the System itself, reducing the risk of manual error, this is wholly reliant on the accuracy of the data input. Variations between application form data and system records indicate there are further calculations and adjustments being completed prior to data entry. These further calculations, and the sources of further information, are not being retained along with other supporting documentation on the system. Adjustments are being made regularly to change the values recorded on the system, to effect a desired outcome (e.g. to apply anticipated changes to allowances or capital values in advance, to avoid having to re-perform another assessment in the short term.) Whilst in individual instances the impact would have been minimal, it means a different threshold is being applied to that required, and accurate data is not being recorded. If this is occurring regularly, the financial impact may be more material, and it impacts on transparency and equitable treatment. Given that the Charging Policy being applied does not match what has been published it is unlikely that service users or their representatives will be able to independently confirm the accuracy of what they are being charged.
- 4.6.** Recommendations have been made to implement and consistently apply the agreed Charging Policy, seeking formal approval for any changes; to develop and implement written procedures clarifying the key controls to be applied; to set priorities for addressing overdue assessments; and to ensure all supporting evidence is reviewed and retained

### Severe of major issues / risks

- 4.7.** Issues and risks identified are categorised according to their impact on the Council. The following are summaries of higher rated issues / risks that have been identified as part of this review:



## Risk, Audit and Performance Committee

Ref	Severe or Major Issues / Risks	Risk Agreed	Risk Rating
1.1	<p><b>Charging Policy</b> – The latest version of the Non-Residential Charging Policy: “Contributing to your care”, was agreed by the Council (City Growth and Resources Committee) on 6 June 2019, updating a previously approved policy from 2015 which had not been implemented pending health and social care integration. The 2019 Policy is published on the Health and Social Care Partnership’s website, and sets out defined methods of calculating required contributions to the cost of service users’ care. It was agreed it would be implemented from 1 July 2019. However, this Policy has not been implemented in practice. The Service has referenced the impact of COVID-19 (March 2020 onwards) and implementing a new Care Management System (October 2022), and bases current practice on Policy originally determined in 2011 , amended for changes in costs and benefits.</p> <p>The Service commenced a review of charging policy implementation in November 2023 with a view to implementing further agreed charges, developing training and practice to support its application, and to update the Policy again to reflect current requirements. It is intended to report to the Finance and Resources Committee in August 2024 with a proposed new Non-Residential Charging Policy. In the interim, and since July 2019, service users continue to be charged on a different basis from agreed and published policy. There is a risk this will have a detrimental impact on Service and service user finances, presenting a risk to service delivery and the Health and Social Care Partnership’s reputation.</p>	Yes	Major
1.2	<p><b>Written Procedures</b> – Following implementation of a new Care Management System in October 2022, procedures and their application are still under development. Processes are reliant on existing staff knowledge of how the process should operate and from where information should be obtained: there are no formal written procedures. With the exception of generic procedures and controls built in to the system, this provides limited assurance over the consistent application of internal controls throughout the process.</p> <p>Service users are supported by their Social Care Practitioner to complete financial assessment application forms. The Practitioner is also involved in confirming the accuracy of the content. Written procedures and training to provide this support are still under development, reducing assurance that responsibilities are clearly understood, and that the process is being applied consistently.</p>	Yes	Major
1.4	<p><b>Supporting Records</b> – Calculations are largely carried out by the System itself, reducing the risk of manual error. However, it is evident there are further calculations and adjustments being completed prior to data entry. These further calculations, the sources of further information, assumptions and reviews to confirm values included in applications are accurate and reasonable, are either not</p>	Yes	Major



## Risk, Audit and Performance Committee

Ref	Severe or Major Issues / Risks	Risk Agreed	Risk Rating
	<p>being completed, or are not being retained along with other supporting documentation on the system. This, in addition to resource availability within the Service, led to delays in obtaining responses and explanations for audit enquiries.</p> <p>Adjustments are being made regularly to change the values recorded on the system, to effect a desired outcome (e.g. to apply anticipated changes to allowances or capital values in advance, to avoid having to re-perform another assessment in the short term.) Whilst in individual instances the impact would have been minimal, it means a different threshold is being applied to that required, and accurate data is not being recorded. If this is occurring regularly, the financial impact may be more material, and it impacts on transparency and equitable treatment.</p> <p>Given that the charging policy being applied does not match what has been published it is unlikely that service users or their representatives will be able to independently confirm the accuracy of what they are being charged. It is therefore essential there are sufficient checks, controls, supporting records and explanations on file to provide assurance to service users and management that the basis of charges is appropriate.</p>		

### Management Response

- 4.8. This report draws attention to the challenges and weaknesses that exist in the consistency and transparency of our processes for financially assessing the ability of service users to pay for adult social care services. A number of the recommendations were already being progressed, including preparation for the revision of the non-residential charging policy, which will be presented to the Finance & Resources Committee in August 2024. The recommendations also offer the opportunity for the Health & Social Care Partnership and Council to improve working practices, procedures and processes as well as consider the organisational structure and whether this is supporting the best outcomes for service users and the organisation.
- 4.9. The recommendations are agreed as being necessary and the Health & Social Care Partnership and Council will actively pursue the actions required to make the improvements needed.

### 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





## Risk, Audit and Performance Committee

RAPC to discuss, review and comment on the contents of and Internal Audit 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.
- 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.





## Risk, Audit and Performance Committee

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	Internal Audit Report – IJB Budget Setting and Monitoring
<b>Report Number</b>	HSCP.24.107
<b>Lead Officer</b>	Jamie Dale Chief Internal Auditor
<b>Report Author Details</b>	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	No
<b>Terms of Reference</b>	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

### 1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of the Integration Joint Board (IJB) Budget Setting and Monitoring that was included in the Internal Audit Plan.

### 2. Recommendations

- 2.1. It is recommended that the Committee:

a) Review, discuss and comment on the issues raised in the 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



## Risk, Audit and Performance Committee

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

#### Assurance Assessment

- 4.1. The level of net risk is assessed as **MODERATE**, with the control framework deemed to provide **REASONABLE** assurance over the Health and Social Care Partnership's Budget Setting and Monitoring processes.
- 4.2. There is clear governance and reporting lines, roles, and responsibilities. Assurance can also be taken from partners' (Aberdeen City Council (ACC) and NHS Grampian (NHSG) internal processes. There is extensive scheduling for updating the Medium Term Financial Forecast (MTFF) and Budget - a full project plan, tracker and timeline is in place and is being kept up to date, including timelines for obtaining key information, preparing committee reports, stakeholder workshops and management discussions.
- 4.3. There is emerging evidence of enhanced financial planning, and increasing engagement with senior management and budget holders, with regard to the identification and delivery of key savings options required to deliver a balanced budget for 2024/25.
- 4.4. However, the review identified some areas of weakness where the framework of control could be strengthened, specifically:
  - 4.4.1. **Financial Governance, Protocols, and Scheduling** – There are currently no written procedures for budget setting, monitoring or annual reporting, and no schedules for production of budget monitoring information, at an IJB level, though in practice a reasonably consistent approach was being taken. Given key staffing changes it would have been helpful to have procedures fully documented to ensure continuity and consistency of existing processes. Data is generated by partners in line with their own period-end processes, and collated at the IJB level to meet reporting requirements. There is a risk that wider partner demands and priorities could impact on the availability of up to date information for the IJB. Whilst the IJB and its Committees have business planners for upcoming reports, financial reporting is not being scheduled in advance. The need for a consistent approach to reporting was also recently highlighted by External Audit.



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4.4.2. **Finance and Support Resources** – Charges are being applied to the IJB for some corporate resources, but the extent to which budget for these was included in the amounts delegated at the point of the IJB's inception is not clearly recorded. The level of service has also reduced in some instances. The Integration Scheme sets out that any charges/changes are to be agreed between the partners and the IJB, but this agreement has not been documented. Internal reallocation within partners would normally be matched with reallocation of the relevant budget, and this is not apparent. There may be scope for clearer specification of the resource provided, and paid for, by the IJB.

4.4.3. **Use of Reserves** – The Reserves Policy was last formally reviewed in 2019, though it is currently under review for 2024. CIPFA guidance highlights that best practice includes clearly setting out the purpose for each reserve, how and when it can be used, procedures for its management and control, and a process and timescale for review to ensure continuing relevance and adequacy. This has not been explicitly set out for the IJB, and funds notionally set aside for 'integration and change' are continuing to be used to fund in-year budget overspends, rather than from the 'risk fund' or 'working balance' in the first instance. There is limited assurance that the overspends are a result of 'integration and change', and a risk that funds originally set aside to fund investment and delivery of potential savings, may be eroded.

4.4.4. **Budget Setting and Allocations** – The basis for the budget is largely historic, and as a result it may not fully reflect the actual cost of the activities, staff, and commissioned services, required to deliver the IJB's Strategic Plan. It is making use of the resource envelope made available by partners. Notwithstanding the challenging financial environment in which the IJB's partners operate within, there is further scope for the IJB prepare evidence-based cases for strategic resource (re)allocation for partners' collective consideration, as set out in the Integration Scheme and reflected in the IJB's Financial Regulations. There are transformation projects, and there are savings built in to future years of the MTF, however there is limited evidence of planning to transfer resource to specific parts of the system which require investment, to reduce whole-system impact and costs. This



## Risk, Audit and Performance Committee

could limit incentives for e.g. one partner to invest in changing processes which could reduce costs for the other, as the benefit would not be shared.

4.4.5. **Budget Monitoring** – Forecast accuracy is variable, with some areas (e.g. prescribing and in-year and variable central government funding) presenting particular challenges, and other areas where assumptions have changed significantly within the financial year. There is a risk that government funding announcements made in-year are not in line with reasonable assumptions made as part of the budget setting process. Year-end variances for 2023/24 exceeded original expectations, and plans set out earlier in the year to avoid potential overspends did not fully mitigate them. There is a variable level of management assurance being provided regarding variances highlighted within the IJB's budget monitoring reports. Whilst most variances are being explained, not all partners/service areas are providing sufficient narrative detail to assure stakeholders that appropriate mitigating actions are being implemented, which will address the identified forecast variances, either within the current financial year or in the medium term through the budget process.

4.4.6. **Resource Adjustments** – The IJB budget is not static throughout the financial year. Adjustments are regularly made to reflect revised government funding announcements, particularly for budgets managed by NHSG. Substantial reliance is placed on partners' finance teams to determine and agree the appropriate adjustments, and changes are not always well explained or supported.

4.5. Recommendations have been made for the Partnership to develop its planning and scheduling for financial reporting; to review forecast accuracy and options for obtaining improved data nationally; and ensure the level of detail contained in budget monitoring reports is sufficient to provide assurance over the mitigation of potential overspends; and improved transparency over the use of virements, budget adjustments, and Reserves where required. With regard to budget setting, and development of financial strategy, we have recommended the Partnership review the cost base and allocation of budget between partners, supported by the effective use of business cases, and Directions as appropriate; to include a review of the



## **Risk, Audit and Performance Committee**

provision of, and costs for, support services recharged to the IJB budget. The Reserves Policy should also be updated.

### Management Response

- 4.6. Significant changes and improvements have been made in recent years. Initiatives such as a detailed savings tracker and regular review and scrutiny meetings with SLT ensure that the focus remains on delivering target savings.
- 4.7. In terms of the budget setting process, a well-established MTFF process is in place. Added to this, a draft Budget Protocol document has been developed to better identify the key stages in developing the MTFF and annual budget, enabling a shared understanding of budget processes, options and impacts and the delivery of a balanced budget. Importantly, the process is connected to NHSG and ACC processes in terms of reaching agreement on allocations, including the need for wide stakeholder engagement for some of the more challenging future savings options.
- 4.8. The Budget Protocol is further underpinned by a much more detailed and live Budget Setting Pathway document, with more than 100 separate activities spread over the 4 quarters of the financial year.
- 4.9. Agree with the recommendations, all of which are “moderate”. Management actions have been duly provided, where appropriate.

### **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 and Internal Audit 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.



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- 5.6. Information Governance – There are no direct implications arising from this report.
- 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.



## Risk, Audit and Performance Committee

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	Internal Audit Report – IJB Counter Fraud
<b>Report Number</b>	HSCP.24.108
<b>Lead Officer</b>	Jamie Dale Chief Internal Auditor
<b>Report Author Details</b>	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	No
<b>Terms of Reference</b>	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

### 1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of the Integration Joint Board (IJB) Counter Fraud that was included in the Internal Audit Plan.

### 2. Recommendations

- 2.1. It is recommended that the Committee:

a) Review, discuss and comment on the issues raised in the 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





## Risk, Audit and Performance Committee

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

#### Assurance Assessment

- 4.1. The level of net risk is assessed as **MODERATE**, with the control framework, which relies on the partner organisations, deemed to provide **REASONABLE** assurance over the Health and Social Care Partnership's approach to Counter Fraud. This does not reflect a Moderate level of risk with regards to the occurrence of fraud across the IJB's operations, and instead is reflective of the framework of control.
- 4.2. The complexity of service delivery by Health and Social Care Partnerships necessitates fraud policies and controls that address different operations, controls and staffing between partners. While the unique nature of IJB operations (e.g., not holding assets, relying on partners' payment systems) limits strategic fraud opportunities, operational-level fraud risks remain where services are delivered by the Council and NHS on behalf of the IJB.
- 4.3. A strong Counter Fraud Framework is crucial for safeguarding the IJB's resources. The IJB must have clear measures for fraud prevention, detection, investigation, and reporting. Establishing a clear stance on fraud, in conjunction with consistent and appropriate practice, helps reduce the risk of financial loss and reputational damage which could result from fraud.
- 4.4. The IJB relies on the Counter Fraud policies and arrangements of its partners: NHS Grampian and Aberdeen City Council. Each organisation has policies and procedures in place, with ongoing reviews to ensure they meet their counter fraud requirements and, by extension, those of the IJB
- 4.5. However, while IJB Management has considered Counter Fraud in specific cases (e.g., procurements), more could be done to address the strategic risks to the IJB and the assurances in place. Counter Fraud is not yet fully integrated across the IJB's partners. Although the IJB can depend on the operations of the Council and NHS Board, it should further formalise its arrangements with partners to ensure strategic assurances over its operations. Without a properly considered control framework, the IJB faces several fraud-related risks, including financial losses, reputational damage, and potential operational impacts.
- 4.6. A single overarching recommendation has been made for Management to formally consider and document a Counter Fraud control framework across





## Risk, Audit and Performance Committee

the IJB's operations. This should include an action plan to address any gaps or areas for improvement, considering all points raised in this report, such as regular Fraud Risk assessments, promotion of Counter Fraud Principles, and proactive measures to identify and prevent fraud. Recognising the IJB's reliance on its partners' controls for most operations, it should seek assurance of the Counter Fraud frameworks in place. Internal Audit can support the IJB in gaining these assurances through ad hoc consultancy or future internal audit reviews on targeted operational areas.

### Management Response

- 4.7. The report is welcomed as is the assurance received by Internal Audit in respect of the health and social care partnership's approach to counter fraud.
- 4.8. The single recommendation is approved and will be taken forward in accordance with the timeline identified.

### **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 and Internal Audit 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.
- 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.



## Risk, Audit and Performance Committee

### 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.



## RISK, AUDIT & PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	Finance Update
<b>Report Number</b>	HSCP.24.112
<b>Lead Officer</b>	Alex Stephen, Interim Chief Finance Officer Fiona Mitchelhill, Chief Officer
<b>Report Author Details</b>	Name: Fraser Bell Job Title: Chief Operating Officer Email Address: frbell@aberdeencity.gov.uk
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	A. Recovery Plan
<b>Terms of Reference</b>	18 - <i>“Receive and review regular financial monitoring reports”</i>

### 1. Purpose of the Report

- a) To give an update on actions to address the Budget Recovery Plan and External Audit Recommendations as approved at the meeting of the Integration Joint Board (IJB) on 19 November 2024.

### 2. Recommendations

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



## RISK, AUDIT & PERFORMANCE COMMITTEE

- a) Notes the decision of the Integration Joint Board at its meeting on 19 November 2024 to approve a Budget Recovery Plan, the actions underway to implement the Recovery Plan, and the potential impact to performance;
- b) Notes the recommendations made by External Audit in their Annual Audit Report 23/24 and the actions underway to address those recommendation; and
- c) Notes that the Chief Finance Officer will report to the Risk, Audit and Performance Committee on 25 February 2025 with a further update on the Budget Recovery Plan, the Quarter 3 position, and progress towards addressing External Audit Recommendations.

### 3. Strategic Plan Context

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

### 4. Summary of Key Information

#### Quarter 2 Financial Performance & Recovery Plan

- 4.1. At its meeting on 19 November 2024, the IJB noted the [Quarter 2 Monitoring Report](#) that the IJB was forecasting an overspend of approximately £10.7m for financial year 24/25. The report acknowledged that the cause of the overspend was a shortfall of £2.1m in the delivery of savings targets and significant in-year pressures amounting to approximately £8.6m. To address the projected overspend, the IJB approved a Recovery Plan (see Appendix A to this report). The IJB also agreed the use of uncommitted reserves up to the value of £5.5m to account for different 24/25 financial scenarios.



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4.2. The Recovery Plan includes the reduction of spend on health and social care services through reducing spend on new care packages and on recruitment of staff. Such measures could have a significant impact through:

- a) Increased unmet need in the city;
- b) Increased waiting list for assessment of care needs;
- c) Reduction of service provision across health and care services;
- d) Increased rate of delayed discharges from hospital settings;
- e) Increase in complaints and potential regulatory intervention; and
- f) Impact on the delivery of the IJB Strategic Plan and associated Delivery Plan.

4.3. As will be reported to the meeting of the Clinical and Care Governance Committee on 17 December 2024, Aberdeen City's performance against delayed discharges during 2024 has deteriorated in line with the national performance rate. This deterioration of performance both at local and national levels has continued notwithstanding significant efforts to improve performance. The graph below set out below sets out the delays per 100,000 Aberdeen adults in hospital since April 2024. As can be seen, there has been a 79% increase in the delayed discharge rate. This follows a reduction in social care capacity within Aberdeen to address known budget pressures whilst at the same time experiencing an increase in demand for social care services.



4.4. Whilst every effort is being made to mitigate the number of patients who are experiencing delays in discharge from hospital, it is likely that there will be a further increase in delayed discharge rates as the Recovery Plan is implemented. This will in turn have an impact on the wider system including



## RISK, AUDIT & PERFORMANCE COMMITTEE

unscheduled care services within NHS Grampian and the Scottish Ambulance Service who are bringing people to the Emergency Department.

- 4.5. Where a reduction to service level is required because of the pause to recruitment, integrated impact assessments will be carried out. This will help to identify the possible impact from a reduction to service level and relevant actions to mitigate that impact. The final decision will be made by the Chief Officer following consultation with relevant stakeholders.
- 4.6. A plan is being developed to help implement the Recovery Plan. Relevant measures will also be identified to monitor the effectiveness of the Recovery Plan. Throughout, due regard will be had to statutory duties. An update on progress against the Recovery Plan will be brought before the Risk, Audit and Performance Committee at its meeting on 25 February 2025.

### National Context

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



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### 5. Budget Setting Process 2025/2026

5.1. Having regard to the Accounts Commission’s findings, and following the approval of the IJB Budget Protocol at the meeting of the IJB on 24 September 2024, the ACHSCP is currently consulting with the public on budget savings options. These include the potential for further significant reductions in service provision. Actions that are required in the Recovery Plan (Appendix A) may complement or replicate those in the budget consultation which means that further savings proposals may be required in order to address the budget gap for 2025/26. The anticipated financial gap will require to be kept under review having due regard to the projected outturn of 2024/25. The Chief Officer is actively engaging with the NHS Grampian Director of Finance and Aberdeen City Council Chief Officer – Finance on a regular basis to seek to quantify and address the 2025/26 implications and to promote a whole system approach to addressing the gap.

### 6. External Audit Recommendations

6.1. At its meeting on 19 November 2024, the IJB considered its [draft 23/24 Annual Audit Report](#). Within that report, the IJB’s external auditors, Audit Scotland, made eight recommendations. These are set out below. Officers will report on the progress against these recommendations at each meeting of the Risk, Audit and Performance Committee until such time as all actions have been satisfactorily addressed.

Issue/Risk	Recommendation	Agreed Action	Lead Officer	Target Date
<p><b>1.Completeness of expenditure:</b></p> <p>Accruals at 31 March 2024 were understated partly due to the £10,000 de minimus threshold used by the council and gaps in the social care manual accrual process</p>	<p>The year-end arrangements for accruing expenditure back into the previous year should be reviewed to ensure no significant amounts are omitted taking IJB materiality and the level of</p>	<p>Work has started to review and improve the arrangements, which will be fully implemented by 31<sup>st</sup> March 2025</p>	<p>IJB Chief Finance Officer and Aberdeen City Council Chief Officer - Finance</p>	<p>March 2025</p>





## RISK, AUDIT & PERFORMANCE COMMITTEE

	reserves into consideration			
<p><b>2. Management Commentary (also reported in 2022/23):</b></p> <p>While Guidance allows flexibility in terms of the level of performance information included in the management commentary, the initial version of the annual accounts being submitted for audit did not provide sufficient detail to allow a reader to fully assess the board's overall performance</p>	<p>The management commentary should provide a clear and balanced narrative on the performance of the IJB during the year and be supported by financial and non-financial information.</p>	<p>The performance information will be reviewed for inclusion in the accounts. It is important to highlight that the IJB already produces a comprehensive performance report in the way of its Annual Report. Therefore, a balance does need to be struck in relation to how much detail is contained within the accounts and the annual report. A clearer narrative will be provided on the balances.</p>	<p>Chief Finance Officer</p>	<p>March 2025</p>
<p><b>3. Annual Governance Statement:</b></p> <p>Given some of the major findings identified by internal audit, there is scope to better demonstrate that systems and processes are operating as expected across services</p>	<p>A framework should be put in place that requires managers to reflect on their areas of responsibility with a view to undertaking self-assessment each year and providing the chief officer with a certified assurance statement. In turn, the chief officer should consider the level of assurance required to support the Risk, Audit and Performance Committee when they consider the annual governance statement for approval.</p>	<p>We will review and implement a self-assessment having regard to assurances provided through NHS Grampian and Aberdeen City Council arrangements</p>	<p>Chief Finance Officer</p>	<p>31<sup>st</sup> March 2025</p>





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<p><b>4. Previous year recommendations/working paper package:</b></p> <p>Limited improvements were made in response to our recommendations following the audit of the 2022/23 accounts. There were delays in receiving 2023/24 working papers and responses to subsequent queries raised. The departure of key staff adversely affected the audit and with limited spare capacity, there was little alternative for the chief officer but to delay the conclusion of the audit by two months</p>	<p>Improvement is required to the working paper package provided for audit alongside the unaudited accounts and associated support arrangements.</p>	<p>Agreed and will be taken forward</p>	<p>Chief Finance Officer</p>	<p>May 2025</p>
<p><b>5. Budget Monitoring:</b></p> <p>Improvement is needed to support increased scrutiny and accountability of financial performance.</p>	<p>The board should review the adequacy and frequency of the financial information it receives and consider the best forum in which to monitor and scrutinise expenditure incurred, performance against budget and progress on savings. For example, the IJB could consider the overall financial position at every meeting and delegate specific budget lines to the Risk, Audit and Performance Committee for deeper-dive scrutiny and reporting</p>	<p>We will work with partners to consider if there is scope for receipt of more financial information on a more frequent basis.</p> <p>We will review the reporting of financial information to the IJB and it's Risk, Audit and Performance Committee and adopt a more consistent approach through, e.g., reviewing meeting dates and their alignment to the production of quarterly monitoring reports.</p>	<p>Chief Operating Officer</p>	<p>March 2025</p>
<p><b>6. Reporting Progress against workforce plans (also reported in 2022/23)</b></p>	<p>Targets and measures should be agreed and reported to demonstrate the</p>	<p>We will consider how we can enhance current reporting on</p>	<p>People &amp; Organisation Lead</p>	<p>May 2025</p>



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<p>Workforce planning arrangements set out clear aims and key actions. The recent update provides information and narrative on progress, but targets and measurable performance indicators have yet to be developed.</p>	<p>effectiveness of the workforce plan.</p>	<p>progress against the workforce plan with reference to targets and measures</p>		
<p><b>7. Arrangements for approving the annual accounts (also reported 2022/23)</b></p> <p>Consideration of the unaudited and audited annual accounts is currently split between the board and the Risk, Audit and Performance Committee. This is not in line with the terms of reference or standard audit practices.</p>	<p>Arrangements should be put in place for the Risk, Audit and Performance Committee, as the body charged with governance, to routinely consider and approve the board's annual accounts including the arrangements for producing the annual governance statement. This would be in line with the committee's existing terms of reference.</p>	<p>The Integration Joint Board will in November 2024, consider proposed dates for meetings of the Board and its committees in 2025/26. Due regard has been given to the availability of quarterly reports to allow those to be reported into Risk, Audit and Performance Committee in a timely manner.</p> <p>The Chief Officer reserves the power to report the accounts straight to the Integration Joint Board having regards to the level of risk.</p>		
<p><b>8. Strategic Plan- measuring impact (also reported 2022/23)</b></p> <p>It is not clear how the strategic planning actions relate to service delivery and improvement.</p>	<p>Consideration should be given to the use of success targets and outcomes when reporting on the impact of the delivery of the strategic plan.</p>	<p>We are currently working on how we can improve the visibility of the correlation of the successful delivery of our Delivery Plan project measures to the priorities within the Strategic Plan and the National Performance Indicators. We hope to be able</p>	<p>Strategy &amp; Transformation Lead</p>	<p>March 2025</p>



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		to better demonstrate this for 2024/25. We are in the process of refreshing our Strategic Plan for 2025 onwards and this correlation is being built into the design of that.		
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### 7. Implications for IJB

7.1. Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and the Risk Audit & Performance Committee. This report is part of that framework and has been produced to provide an overview of the financial operating position as at 30 September 2024.

7.2. **Equalities, Fairer Scotland and Health Inequality** – an Integrated Impact assessment (IIA) has been completed having regard to the potential implications of further restrictions on recruitment. This impact assessment will be kept under review as the proposal is implemented. A test of proportionality and relevance has been completed for the proposal to scope a threshold for care at National Care Home Contract rate, an option being considered as part of the 25/26 budget setting process. This will be updated and/or progressed to a full IIA pending the outcomes of the ongoing budget consultations. All other actions within the recovery plan relate to existing policies and practice and therefore do not amount to service change requiring an IIA.

7.3. **Financial** – the financial implications are contained throughout the report, however it is currently forecast that the IJB will have insufficient funds in the annual budget to pay for the current level of services.

7.4. **Workforce**



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

### **7.5. Legal**

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

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

Section 149 of the Equality Act 2010 requires public authorities, in the exercise of their public functions, to have due regard to 1) eliminating unlawful discrimination (both direct and indirect), harassment and victimisation, 2) advancing equality of opportunity between different groups and 3) fostering good relations between different groups. The IJB also has a legal obligation to balance its budget. The Recovery Plan prepared by the



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Chief Officer, Chief Finance Officer, NHSG and the Council is considered to be a reasonably necessary and proportionate means of achieving that aim.

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

### 8. Management of Risk

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

#### 8.1. Identified risks

In year pressures impacting the IJB's 2024/25 budget are outlined in the report above. There is a risk that these issues could be further exacerbated through, e.g., a higher than budgeted for settlement on the National Care Home Contract Rate for residential care and/or lack of full funding to address the Council staff pay deal.

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



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



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### APPENDIX A

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

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## RISK AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	03 December 2024
<b>Report Title</b>	Directions Update Report
<b>Report Number</b>	HSCP24.094
<b>Lead Officer</b>	Alison MacLeod, Strategy and Transformation Lead
<b>Report Author Details</b>	Name: Alison MacLeod Job Title: Strategy and Transformation Lead Email Address: <a href="mailto:alimacleod@aberdeencity.gov.uk">alimacleod@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	A. Directions Tracker B. Updated Directions Guidance and Template C. Record of Data Protection Impact Assessments (DPIAs)
<b>Terms of Reference</b>	6. Instruct Performance Reviews and related processes.

### 1. Purpose of the Report

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

### 2. Recommendations

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



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- a) Notes the detail and updates contained within the report and the three appendices.

### 3. Strategic Plan Context

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

### 4. Summary of Key Information

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

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

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

RED (Concern) indicating Directions which have either

- a) Not been implemented due to issues with implementation e.g. no service available to deliver on the direction.



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- b) Directions which have expired and have not been reported as renewed or completed.

GREY (Complete) – indicating Directions where the date has expired, and the direction is either no longer required or has been superseded by a new direction. It also includes Directions which have been completed within a set timescale and will not be required to continue beyond that.

4.3. Appendix A shows all ‘open’ Directions and those Directions which were reported previously to the RAPC meeting in June 2024 but have since had a change in status. Those that are now complete will be archived for future reports. Three Directions have been added to the spreadsheet since the last report – one from the IJB meeting on 9<sup>th</sup> July 2024 for additional rental, maintenance, cleaning, utilities etc. in relation to the continued delivery of community based services from a priority intervention hub and two from the IJB meeting on 24<sup>th</sup> September 2024, one in relation to digital innovation and the other in relation to the recommissioning of the Carers Support Services. The Directions in Appendix A are sorted in chronological order of the ‘Effective To’ date, starting with the oldest date.

4.4. The total number of ‘open’ Directions reported is 36. It should be noted that some IJB decisions require a Direction to be made to both ACC and NHSG. Five (14%) of the 36 Directions are now complete (Grey category) and will be removed from the report for the next iteration. 28 (78%) are classified as Green (ongoing) , and three (7%) as Amber (due for renewal within 6 months). There are no Directions in the Red (expired) category.

4.5. One of the Amber status Directions is in relation to grant funded providers whose funding is due to end 31<sup>st</sup> March 2025. Following review it has been agreed to amend the funding of these providers from grants to ‘commissioned and contracted’, providing five year funding as opposed to year on year (as tends to be the case with grant funding). This will provide more stability to both the providers and the IJB. It will also reduce the workload for both providers and partnership staff that arises from the process of awarding grant funding annually. Arrangements are in hand for the commissioning of these services which will form part of the Annual Procurement Workplan report going to IJB on 4<sup>th</sup> February 2025. The other two Amber status Directions are in relation to the Medium Term Financial Framework (one Direction to each of our statutory partners). The MTF for 2025 onwards will be presented to the IJB on 18<sup>th</sup> March 2025 and will be accompanied by Directions which will supersede these ones.



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- 4.6. The Committee is asked to note that a review of the Directions process has been undertaken. The Guidance Note appended to this report as Appendix B, seeks to ensure that Direction templates capture relevant information to help improve the monitoring and scrutiny of the Directions tracker. It also seeks to promote a more consistent approach to the development of Directions that is in alignment with statutory guidance. This updated Guidance and Template has been circulated to all potential report authors. Consideration is being given to Directions noted as 'ongoing'. It is thought that these areas of work may already be captured by the Direction that covers our Medium Term Financial Framework. We are currently checking whether they are or not and if they are we will clarify that on the next report and propose closing these off on the Tracker to avoid duplication.
- 4.7. As part of the 2022/23 Internal Audit Programme an audit was undertaken on Data Sharing. One of the recommendations was to ensure assurance is obtained that Data Protection Impact Assessments (DPIAs) are completed where appropriate and that a register of these is held by each Data Controller. It was agreed to add this assurance to the process of capturing and monitoring Directions. The record of Data Protection Impact Assessments (DPIAs) is attached at Appendix C.

### **5. Implications for Risk Audit and Performance Committee**

#### **5.1. Equalities, Fairer Scotland and Health Inequality**

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

#### **5.2. Financial**

There are no direct financial implications as a result of the recommendations in this report. The individual reports which prompted the Directions referred to within this report would have noted the financial implications and the budget would have been identified within the Direction.



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### **5.3. Workforce**

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

### **5.4. Legal**

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

### **5.5. Unpaid Carers**

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

### **5.6. Information Governance**

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

### **5.7. Environmental Impacts**

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

### **5.8. Sustainability**

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

### **5.9. Other**

None.



## RISK AUDIT AND PERFORMANCE COMMITTEE

### 6. Management of Risk

#### 6.1. Identified risks(s)

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

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

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

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

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

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



**APPENDIX A**

Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Navigator/Un-scheduled Care	£146,160.00	21.086	S. Raynor	NHSG	24/08/21	30/09/23		Test of change now concluded. Direction closed.
Supplementary Workplan	£2,852,417.00	19.121	N. Stephenson	ACC	24/03/20	31/08/24		This Direction covered 4 services, all of which have been subject to review. 3 were extended under subsequent Directions and the remaining one ceased at the end of August. This Direction is therefore now closed.
Dual Sensory Impairment Service (NESS)	£215,368 (additional funding)	22.034	S. Omand-Smith	ACC	07/06/22	30/09/24		Direction complete. Following review the contract for additional funding has ended and the option to extend will not be utilised.
Contracts and Commissioning	£123,242,747.00	19.062	N. Stephenson	ACC	19/11/19	30/09/24		This Direction covered 11 services. 3 services are subject to annual review and a further 3 have been extended. All 6 of these are now subject to new Directions. 4 services have been reviewed and have ended. The one remaining service (Care at Home) has been reviewed and a new Direction was approved on 7 <sup>th</sup> May for re-tendering.
Grants	£661,227.00	23.005	S Omand-Smith	ACC	31/01/23	31/03/25		Third Sector Interface (TSI), Counselling and Support Services – on Grants Register and all currently under review

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Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Medium Term Financial Framework (MTFF)	£131,067,000	24.012	Chief Finance Officer	ACC	01/04/24	31/03/25		Annual Budget Approval due to come back to IJB March 2025
Medium Term Financial Framework (MTFF)	£266,000,000 (of which approximately £30M relates to Hosted Services and £53M is set aside for large hospital services)	24.012	Chief Finance Officer	NHSG	01/04/24	31/03/25		Annual Budget Approval due to come back to IJB March 2025
Aberdeen City Vaccination Centre and Priority Intervention Hub	Not more than £334,300	23.090	Fiona Mitchelhill	NHSG	05/12/23	09/05/25		Direction Completed early. Contingency to cover potential shortfall from SG Funding (one off from Reserves) not required. All costs will be met from within the Vaccination budget.
First Contact Mental Health and Wellbeing	£1,462,733.00	21.045	S. Omand-Smith	ACC	25/05/21	31/08/25		Action 15 Funding – service currently under review.
Digital Innovation Programme	£1,250,000	24.071	Fraser Bell		24/09/24	30/09/25		Budget relates to initial costs.
Rosewell House	Existing Budget	23.054	F. Mitchellhill	NHSG	22/08/23	31/12/25		Further report to be brought to IJB summer 2025 to determine the future of Rosewell House





Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Rosewell House	Existing Budget	23.054	F. Mitchellhill	ACC	22/08/23	31/12/25		Further report to be brought to IJB summer 2025 to determine the future of Rosewell House
Supplementary Workplan	£3,616,748.00	20.001	N. Stephenson	ACC	09/06/20	30/06/26		Training and Skills commissioned services listed on contracts register which is reviewed at least annually. Review scheduled for January 2026.
Annual Procurement Plan	£56,205,827.00	21.008	S. Omand-Smith	ACC	23/02/21	30/09/26		Various commissioned services only two services remain open. NCHC is reviewed annually and the NESS contract which is due to end Sept 2026. Review scheduled to commence Sept 2025
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	22.037	K. Dawson	NHSG	07/06/22	30/06/27		Scheduled for review a minimum of 12 months in advance of the end date.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	22.037	K. Dawson	ACC	07/06/22	30/06/27		Scheduled for review a minimum of 12 months in advance of the end date.
Morse Community Electronic Patient Record Evaluation and Contract Renewal	£913,042.00	24.030	A. MacLeod	NHSG	07/05/24	01/10/27		Approved at IJB May 2024. Budget is maximum required, could be less if Shire and Moray come on board. Contract review will be undertaken a minimum of 12 months prior to contract end date.



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/NHSG	Date Approved	Effective To	Status	Narrative
Supplementary Workplan	£42,391,380.00	22.098	N. Stephenson	ACC	29/11/22	31/03/28		Various commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2027/28 Annual Procurement Workplan.
Supplementary Procurement Workplan 2024/25	£146,096,300	24.007	Fiona Mitchelhill	ACC	01/04/24	31/03/28		Bon Accord Support Services including variation to detail (not timescale) of original Direction in relation to Rosewell House
Aberdeen City Vaccination and Wellbeing Hub	c £300,000	24.047	Sandy Reid	NHSG	09/07/24	09/05/28		Continued delivery of community based services from a priority intervention hub. Budget in relation to additional rental, maintenance, cleaning, utilities etc. only.
Supplementary Workplan	£12,887,689.00	22.066	N. Stephenson	ACC	30/08/22	30/11/28		ADP and MH commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2028/29 Annual Procurement Workplan.
Annual Procurement Workplan	£110,536,534.00	23.002	N. Stephenson	ACC	31/01/23	31/03/29		Various commissioned services all listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2028/29 Annual Procurement Workplan.
Independent Advocacy	£2,059,612.00	23.018	N. Stephenson	ACC	25/04/23	30/09/29		On Grants Register which is reviewed at least annually. Review date will be noted on 2029/30 Annual Procurement Workplan.
Procurement Workplan (MH Community)	£4,824,046.00	23.056	N. Stephenson	ACC	22/08/23	31/10/29		Listed on Contracts Register which is reviewed at least annually. Review date will be noted on 2029/30 Annual Procurement Workplan.



Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Intervention Services)								
Link Practitioner Service	£6,129,974.00	22.062	A.MacLeod	NHSG	30/08/22	31/03/30		Funded by PCIP – on Programme for review prior to end of contract.
Annual Procurement Workplan 2024/25	£220,737,528	24.004	Fiona Mitchelhill	ACC	01/04/24	31/03/31		Various commissioned services including NCHC, Housing Support, Complex Care Support Services which are listed on the Contracts Register and Grant Funded Services which are listed on the Grants Register. Both of these are reviewed at least annually. Review date will be noted on 2030/31 Annual Procurement Workplan.
Supplementary Procurement Workplan 2024/25	£117,716,381	24.026	Fiona Mitchelhill	ACC	07/05/24	31/10/31		Care and Support at Home Services. Listed on the contracts Register which is reviewed at least annually. Review date will be noted on 2031/32 Annual Procurement Workplan. – contract will be reviewed a minimum of one year prior to contract expiry date.
Supplementary Procurement Workplan 2024/25	£200,250 (extension) + £7,103,102 (re-tender)	24.066	Fiona Mitchelhill	ACC	24/09/24	31/03/32		Carers Support Services – 4 month extension to Adult Carers Support Service and retendering of both Adult and young Carers Support Services.
Chaplaincy Listening Service	£178,369 p.a.	18.151	K. Dawson	NHSG	26/03/19	Ongoing		The service continues on an ongoing basis and is funded by Action 15 (PCIP) monies. Original Direction indicates the ongoing nature.

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Direction in relation to	Total Budget	Report No. (HSCP)	Lead Officer	ACC/ NHSG	Date Approved	Effective To	Status	Narrative
Immunisations	£55,558,291.81	21.066	F. Mitchellhill	NHSG	24/08/21	Ongoing		Ongoing business as usual.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	21.119	S. Omand-Smith	ACC	15/12/21	Ongoing		Ongoing funding from ADP Budget.
Alcohol and Drugs Partnership (ADP) Investment Programme	ADP Budget	21.119	S. Omand-Smith	NHSG	15/12/21	Ongoing		Ongoing funding from ADP Budget.
ADP/Blood Borne Viruses (BBV) Partnership Update	£65,000.00	20.068	S. Omand-Smith	ACC	01/12/20	Ongoing		Ongoing funding from ADP Budget.
ADP/Blood Borne Viruses (BBV) Partnership Update	£65,000.00	20.068	S. Omand-Smith	NHSG	01/12/20	Ongoing		Ongoing funding from ADP Budget.
ADP - Tele Healthcare	£70,000.00	20.068	S. Omand-Smith	ACC	01/12/20	Ongoing		Ongoing funding from ADP Budget.
ADP - Tele Healthcare	£70,000.00	20.068	S. Omand-Smith	NHSG	01/12/20	Ongoing		Ongoing funding from ADP Budget.



# Guidance on Directions, October 2024

## Introduction

Under Section 26 of the Public Bodies (Joint Working) (Scotland) Act 2014, in order to carry out the functions delegated, the IJB must give Directions to a constituent authority. 'Health and Social Care Integration Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities', published in January 2020 states that it would be helpful for IJBs to develop a Directions Policy, based on the guidance and this document forms Aberdeen City IJB's Directions Policy as per that recommendation.

For Aberdeen City IJB the constituent authorities are Aberdeen City Council (ACC) and NHS Grampian (NHSG). The Aberdeen City Integration Scheme sets out the governance arrangements within which the Integration Joint Board (IJB) and its two statutory partners – ACC and NHSG – interact to enable the delivery of delegated services and achieve the overall vision of integrated health and social care. The full list of services delegated to the IJB can be found in the Annexes to the [Integration Scheme](#)

The IJB is responsible for the planning of delegated services and achieves this through the Strategic Plan. The IJB does not employ staff or own buildings or assets, nor does it have the legal status to enter into contracts. Excluding budgets in relation to Set Aside, Hosted Services and Primary Care (including Prescribing), 96% of the Aberdeen City IJB's budget is spent on either staffing or commissioning costs. In discharging its function in relation to planning of delegated services it must therefore have a mechanism whereby it can instruct its partners to action its planning decisions particularly if these relate to a change in the way resources such as staff or assets are utilised or if one of the partners is required to enter into a contractual agreement. It does this by issuing Directions. This policy confirms the importance of Directions in supporting integration, details when Directions should be issued, confirms the form and content of Directions, the process for developing a Direction and how progress of Directions are monitored.



### What are Directions?

- Directions are both a necessary and important aspect of **governance and accountability** under integration, providing a means by which responsibilities are made clear and evident.
- Directions are a **legal requirement** and are **binding**, they are the legal basis on which NHSG and ACC can properly discharge their statutory duties to deliver services that are under the control of Aberdeen City IJB.
- Directions are the means by which Aberdeen City IJB tells NHSG and ACC what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in the Strategic Plan. As such, Directions must contain **sufficient detail** to enable NHSG and/or ACC to understand exactly what is being asked of them.
- Directions are the **end point of a process** of decision making by the IJB. The issuing of a Direction should follow a period of wider engagement and consultation on the function(s) that are the subject of the Direction including an Integrated Impact Assessment if relevant. This is part of the normal approach to service design, planning and delivery.
- Directions ensure a **record is maintained** of which partner decided what (and with what advice), which partner is responsible for what, and which partner should be audited for what (whether in financial or decision making terms).

### Partner Responsibilities in relation to Directions

- Aberdeen City IJB, ACC and NHSG must each take **individual and several responsibility** for complying with their statutory duties, and for being clear about the lines of accountability between one another.
- ACC and NHSG are **required to comply** with all Directions received from Aberdeen City IJB. The law is clear that NHSG and ACC may not amend, ignore, appeal or veto any Direction issued to them by Aberdeen City IJB.
- Neither ACC nor NHSG **may use resources** allocated via Aberdeen City IJB in pursuit of a Direction **for any other purpose than that intended**.

### Multi-partnership Co-ordination

The statutory guidance also covers Directions issued in relation to 'arrangements between neighbouring IJBs within a Health Board area where Directions for acute care are under consideration'. This is most likely to be in relation to Hosted Services i.e. delegated services which are delivered by one IJB on behalf of the others. The guidance refers to the need for collaboration and co-ordination between all parties through regular meetings of joint forums, and joint planning. It also highlights that all decisions about delegated functions still require to be made by constituent IJBs, whatever the operational delivery arrangements that are in place, and that an IJB cannot delegate its responsibilities to another IJB, or back to a Health Board or Local Authority. It suggests this situation may be best managed by the same decision being considered by each



relevant IJB supplemented with any additional information or reflections required by each, to ensure very localised matters are taken account of. Although, this describes in practice what is already happening, by referencing it in this new Policy, we are committing to ensuring joint communication and planning continues to take place.

When should Directions be issued?

- A Direction must be issued in respect of **every function** that has been delegated to Aberdeen City IJB. This can be done annually at budget setting via the approval of the Medium Term Financial Framework (MTFF).
- Aberdeen City IJB may, however, make decisions about service change, service redesign, investment or disinvestment **at any of their meetings throughout the year**. If these decisions utilise additional monies received out with the approved MTFF; if they require a material and permanent change in the way resources such as staff or assets are utilised; or if one of the partners is required to enter into a contractual agreement; a Direction will be required to be issued to the relevant partner to enable that function to be carried out.
- Directions should be issued to the **relevant statutory partner** responsible for the function referred to within the description of the service change. Directions can be issued to one of the partners or to both, although the description of what has to be delivered within the Direction may be different for each depending on the functions referred to.
- Directions should not be issued **unnecessarily** and should be **proportionate**.
- A Direction should always be **prompted by a decision made by the IJB** which will be based on the recommendations within a comprehensive and formal report to the IJB, on the agreed report template, which provides key information upon which the decision will be based, and confirms the alignment of the decision to the Strategic Plan, and the relevant implications and risks.
- Any Direction issued by the IJB **must meet all clinical and care governance requirements and standards** to ensure patient safety and public protection as well as to ensure staff and financial governance. The senior professional, clinical and financial advisors on the IJB should be appropriately experienced and supported to provide scrutiny of these aspects as part of their role.





## Form and Content of Directions

Directions must be **in writing and should be sufficiently detailed** to ensure the intention of the IJB is adequately captured and effectively communicated. The Direction should include information on the required delivery of the function, for example changing the model of care, as well as the financial resources that are available for carrying out the function. The Direction may specify in some detail what NHSG and ACC or both are to do in relation to carrying out a particular function. A lack of detail or specificity in a Direction may cause difficulties in performance monitoring and hamper the effective delivery of a function.

Directions must clearly identify **which of the integrated health and social care functions they relate to**. The IJB can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give Directions to carry out multiple functions however it is useful, for the purposes of the performance monitoring of Directions, if the start and end dates of the functions are the same.

Directions must include detailed information on the **financial resources** that are available for carrying out the functions that are the subject of the Directions, including the allocated budget and how that budget (whether this is external monies received or a sum set aside and made available from existing budgets) is to be used. Our Medium Term Financial Framework (MTFF) is reported annually to IJB and is covered by a Direction with the start and end dates of the relevant financial year. If funding for a service is of an ongoing nature it should form part of the MTFF Direction and not a separate one.

Directions are intended to provide **clear advice to delivery partners on the expected delivery of any given function, together with the identified resource available**. The exercise of each function can be described in terms of delivery of services, achievement of outcomes and/or by reference to the Strategic Plan.

The content of a Direction should be **informed by the content of a report on the function(s) submitted to and approved by the IJB**. The Direction should **draw on the report's content**.

The Direction should be **contained in the same report**, using a **standard format**, in order that it can be **approved by the IJB at the same time as the report and its recommendations are approved**.

The IJB are able to **raise queries about the clarity or content of a Direction** as part of their consideration of the accompanying report at its meetings and these queries can **prompt action by officers** to make any necessary amendments to the Direction.

A Direction will remain in place **until it expires, is varied, revoked or superseded** by a later Direction in respect of the same functions.





### Development of Directions

The following is the process to be followed when developing Directions: -

1) IJB Report will be drafted by a Lead Officer on the appropriate IJB report template

The report will contain:

- a) reason and rationale for recommendation
- b) integrated impact assessment if required
- c) links and impacts to risk register along with any possible mitigations
- d) financial, HR, legal and other relevant implications as per report template
- e) links to IJB strategic plan

2) The Lead Officer will determine whether a Direction needs to be issued in respect of the report recommendations having due regard to this Policy. If a Direction is considered necessary, the next steps are: -

- a) confirm the requirement in the appropriate section on the IJB Report template
- b) identify which partner the Direction(s) need to be issued to
- c) complete the appropriate Direction Template and append that to the IJB Report

3) Following approval of the recommendations in the report the Chief Officer (or their nominee) will send the approved Direction to the Chief Executive of either ACC or NMSG (or both if appropriate) within 2 weeks of the IJB meeting where the Direction was approved, when the draft minutes of the meeting are available. The following will be sent along with the Direction: -

- a) copy of the IJB report
- b) draft minute of the IJB meeting

4) The relevant Chief Executive instructs the Chief Officer to implement the Direction taking into consideration:

- a) compliance with the relevant financial and procurement regulations
- b) any approval process required by the partner organisations (e.g. completion of IJB procurement request form for ACC )

5) The Lead Officer should monitor the implementation of the Direction and determine and instigate the revocation, variation or supersession of this if appropriate. All of these situations require a report to IJB seeking approval to issue a revised Direction.



### The Directions Template

A copy of the Directions Template can be found at Appendix A to this Policy.

The Template includes confirmation of : -

- which partner (or partners) the Direction is being issued to.
- that the service(s) detailed within the Direction should be provided in line with Aberdeen City IJB's Strategic Plan for the duration, and within the associated budget, noted pending the Direction being varied, revoked or superseded by a later Direction in respect of the same functions.
- the delegated service as noted within the Integration Scheme
- whether the Direction is a new one, or whether it varies, revokes or supersedes a previous Direction
- the date of the IJB meeting where the Direction was approved
- the reference number and title of the report that the Direction relates to
- the reference number, report title and IJB meeting date relevant to the previous Direction that the new Direction varies, revokes or supersedes
- a detailed description to the instruction to the relevant partner (drawn from the content of the IJB report)
- the link to the IJB Strategic Plan
- the timescale (start and end date) that the Direction relates to in the format DD/MM/YYYY. The Act does not set out fixed timescales for Directions. This flexibility ensures that the delivery of integrated health and social care functions is consistent with the strategic plan and takes account of any changes in local circumstances. Our Medium Term Financial Framework (MTFF) is reported annually to IJB and is covered by a Direction with the start and end dates of the relevant financial year. If funding for a service is of an ongoing nature it should form part of the MTFF Direction and not a separate one. Directions can relate to multiple instructions to partners however if each Direction relates to activities that have the same start and end date this makes monitoring the progress of delivery of the Direction easier.
- the associated budget relating to the Direction NB: this should be the value in £s of the total budget that the Direction covers (value of services multiplied by number of years); plus the name of the existing budget line or external funding source, and, in terms of an external funding source, whether this is recurring or non-recurring; plus the name of the budget holder who confirms the availability of the funding source.



- a reminder to report authors that the Direction is subject to audit and therefore the information they provide should be comprehensive and accurate.

#### Recording and Monitoring Directions

'Health and Social Care Integration Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities', published in January 2020, states that a **log** of all Directions issued, revised, revoked and completed should be maintained, ensuring that it is checked for accuracy and kept up-to-date. This log should include, as a minimum, **the function(s) covered, any identifier (such as a log number), date of issue, identify to which delivery partner(s) issued, any delivery issues and the total resource committed**. The log should be **regularly monitored and reviewed** by the IJB and used as part of performance management, including audit and scrutiny. This should include monitoring the implementation and/or status of directions that have been approved by the IJB.

ACHSCP maintains a Directions Tracker. At its meeting on 23 September 2020, RAPC agreed that a report on Directions would be presented every 6 months to review the Tracker and provide assurance that the Directions were being issued and actioned in accordance with the 2014 Act.

In addition to this bi-annual reporting to RAPC, the report is also considered as part of the quarterly IJB performance meeting which includes the Chief Executives of both ACC and NHSG.

At the RAPC meeting on 23rd June 2022, members agreed to a new 'traffic lights' system with four classifications to indicate the status of Directions. The classifications are as follows;

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

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

RED (Concern) indicating Directions which have either

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

GREY (Complete) – indicating Directions where the date has expired, and the direction is either no longer required or has been superseded by a new direction. It also includes Directions which have been completed within a set timescale and will not be required to continue beyond that.



These classifications are used as part of the bi-annual report.



**INTEGRATION JOINT BOARD**

**DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014  
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The **ABERDEEN CITY COUNCIL/NHS GRAMPIAN** is hereby directed to deliver for the Aberdeen City Integration Joint Board, the services noted below in pursuance of the functions noted below, for the time period noted below and within the associated budget noted below.

Services will be provided in line with the Board’s Strategic Plan and existing operational arrangements for the duration of this Direction pending it expiring, being varied, revoked or superseded by a later Direction in respect of the same functions.

**This Direction relates to the following integrated health and social care function as noted in the Integration Scheme: -**

- This Direction: -**
- Is a new Direction\***
- Varies a previous Direction\***
- Revokes a Previous Direction\***
- Supersedes a Previous Direction\***
- \*delete as appropriate

**Approval was received in relation to this Direction from IJB at its meeting on:-**  
 [Please insert relevant date]

**The IJB Report Number and Title relevant to this Direction is** [Please insert related Report Number and Title of Report]:-

**If this Direction varies, revokes or supersedes a previous Direction please note the IJB Report Number, Title of Report, and IJB Meeting Date relating to the previous Direction: -**

**Description of services/functions to which this Direction is relevant (as they appear in the Integration Scheme):-**

**Detailed description of instruction to ABERDEEN CITY COUNCIL/NHS GRAMPIAN (delete as appropriate)** (NB: be specific, tell relevant statutory partner exactly what the IJB is directing them to do, draw on the content of the report and the recommendations approved, clarify exactly what is the new service delivery model or service change you expect our partner to deliver. For procurement



exercises reference can be made to the Business Case (quote reference number). The exercise of each function can be described in terms of delivery of services or achievement of outcomes).

**Link to Strategic Aim or Priority in the IJB's Strategic Plan:-**

**Timescale of this Direction:-**

Start date:- [DD/MM/YYYY]

End date:- [DD/MM/YYYY]

Please note if there are multiple actions on Statutory partners it is helpful if the Direction has the same start and end date. If that is not the case please consider issuing multiple Directions in order to ensure progress on the delivery of each Direction can be monitored effectively.

**Associated Budget in relation to this Direction:-**

- Value (in £s of the **total** budget required to deliver this service change throughout the timescale of the Direction): -
- Name of Budget Line:- [Service and Sub Service, or confirmation of external funding source and whether this is recurring on non-recurring – be specific): -
- Name the Budget Holder who has confirmed availability of the funding source for this purpose:-

**Note to IJB Report Authors** – the Direction you are completing is subject to audit, not only from the point of view of the IJB but also from our statutory partners. Please complete this Direction Template with that in mind and ensure that the information you report here is comprehensive, accurate and auditable from beginning to end of the Directions process.



**APPENDIX C**

**Record of DPIAs**

Topic and relevant Delivery Plan Project Reference	Service	Partner	Date Submitted	Date Approved	Comments
<b>Adult Mental Health Mapping</b> – AFHL09 Grampian wide MHLD Transformation	MHLD	NHSG	09/02/24	12/02/24	
<b>Community Mental Health Interventions Commissioning</b> – SE30 Consolidation/streamlining of existing MHLD commissioned services	MHLD	ACC	Oct 2023	Oct 2023	
<b>Complex Care</b> – AFHL09 Grampian wide MHLD Transformation	MHLD	ACC	06/06/2024	-	Currently with the DPO for review.
<b>Post Diagnostic Support</b> – AFHL15 Review arrangements for delivery of PDS	MHLD	NHSG	-	-	Being revisited by Royal Cornhill Hospital.
<b>Transitions Survey</b> – AFHL07 Future Needs and Transition	MHLD	ACC	06/06/23	06/06/23	
<b>GIRFE Pathfinder (Older People)</b> – KPS28 Community Prevention approaches to Frailty	ASW	ACC			
<b>GIRFE Pathfinder (Transitions)</b> – AFHL07 Future Needs and Transition	MHLD	ACC			
<b>Assisted Care Robots</b> – SE07 Seek to expand use of TEC	ASW	ACC	-	-	Project on hold
<b>MORSE Integration with TrakCare</b> – SE10 review future use of MORSE	Nursing, AHPs	NHSG	June 2023	April 2024 (conditionally)	Approved with conditions. Conditions have been met, awaiting final approval
<b>MORSE Calendar Sync with O365</b> – SE10 review future use of MORSE	Nursing AHPs	NHSG	-	-	On hold pending other priorities
<b>Shared Federated Vision</b> – CT15 Deliver the Strategic Intent for PCIP	Primary Care	NHSG	26/08/24		Approval Pending
<b>eMAR</b> – SE07 Seek to expand use of TEC	ASW	ACC	-	-	Being prepared

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Aberdeen City Health & Social Care Partnership  
*A caring partnership*







## RISK, AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	Risk Appetite Statement and Strategic Risk Register
<b>Report Number</b>	HSCP24.089
<b>Lead Officer</b>	Martin Allan
<b>Report Author Details</b>	<i>Name:</i> Martin Allan <i>Job Title:</i> Business, Resilience and Communications Lead <i>Email Address:</i> martin.allan3@nhs.scot
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	a. Risk Appetite Statement b. Strategic Risk Register
<b>Terms of Reference</b>	10. Scrutinise and ensure the existence of, and compliance, with an appropriate risk management strategy including: reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with recommendations being brought to the IJB

### 1. Purpose of the Report

- 1.1. To present to the Risk, Audit and Performance Committee (RAPC) the Integration Joint Board's (IJB) Risk Appetite Statement and an updated version of the Strategic Risk Register (SRR).



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

### **2. Recommendations**

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

- a) Approve the approach proposed to align the Risk Appetite Statement and Strategic Risk Register with the refreshed Strategic Plan and Medium-Term Financial Framework (MTFF) as detailed at section 4.3 to this report; and
- b) Approve the IJB revised Strategic Risk Register at Appendix B;

### **3. Strategic Plan Context**

- 3.1. Ensuring a robust and effective risk management process will help the Aberdeen City Health and Social Care Partnership (ACHSCP) achieve the strategic priorities as outlined in its strategic plan, as it will monitor, control and mitigate the potential risks to achieving these. The Strategic Risks have been aligned to the Strategic Plan 2022-2025 and will be aligned to the refreshed Strategic Plan, when approved.

### **4. Summary of Key Information**

#### **Revised Risk Appetite Statement**

- 4.1. The IJB's Risk Appetite Statement is intended to be helpful to the Board in decision-making and to enable members to consider the risks to organisational goals of not taking decisions as well as of taking them. The ACHSCP's appetite for risk will change over time, reflecting a longer-term aspiration to develop innovation in local service provision. The IJB regularly debates its appetite for risks and opportunities in the pursuit of its objectives and will ensure that the statement on risk appetite reflects these discussions.
- 4.2. The IJB agreed that the Committee review the Risk Appetite Statement after the mid-point of financial year 2024/25 to sense check the Board's appetite to risk at that point.



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

**4.3.** At the IJB Insights Session on the 29<sup>th</sup> of October, the members of the IJB received presentations about various subjects, including the Risk Appetite Statement. The Insights Session heard from the Business, Resilience and Communications Lead explain that ACHSCP are drafting a refreshed Strategic Plan which will be taken through the IJB in March 2025. The refreshed Strategic Plan will be aligned to the MTFF and it is proposed that the Risk Appetite Statement and Strategic Risk Register also be aligned to these 2 key documents. It was further proposed that an IJB workshop session be held in the early part of 2025 and that SLT will work to prepare more guidance around risk dimensions and interdependencies, aligning this to the refreshed Strategic Plan and the MTFF. A copy of the current Risk Appetite Statement (February 2024) is attached as Appendix A to this report.

### **Updates on Strategic Risk Register**

- 4.4.** The fundamental purpose of the SRR is to provide the IJB with assurance that it is able to deliver the organisation's strategic objectives and goals. This involves setting out those issues or risks which may threaten delivery of objectives and assure the IJB that they are being managed effectively and that opportunity to achieve goals can be taken: it is the lens through which the IJB examines the assurances it requires to discharge its duties. The IJB uses this document to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issues, and that it takes remedial actions to reduce risk to integration. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions
- 4.5.** The Senior Leadership Team (SLT) reviews the SRR in light of their experiences and insight into key issues, including commissioning risk, and recommends the updated version to the RAPC for formal review (twice a year) and an annual review by the IJB. The IJB also hold an annual risk workshop whereat the Board review the Risk Appetite Statement and the Strategic Risks.
- 4.6.** Since the SRR was last submitted to the RAPC in April, 2024, the document has been updated and considered by the Partnership's SLT. The updates are undertaken by the Business, Resilience and Communications Lead meeting with the risk owners to look at any movement or changes to the risk, its controls, mitigating actions, and assurances



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

- 4.7.** The main changes to the SRR during this process have been: Details on controls, mitigating actions, assurances and gaps in assurance added to the commissioning risk (Risk 1). In relation to Risk 2 around financial failure, the Partnership's SLT have been working over recent months to identify savings to address the previously indicated £20 million budget gap. The results of this work has identified savings to be progressed in-year, which has reduced the potential overspend. SLT had increased the risk from High to Very High to reflect the financial position in May/June 2024, however due to the planned mitigations this has helped to partially control the risk and therefore it has been reduced back to High risk. In relation to Risk 4, to include the addition of the Governance Dashboard in gaps in assurance and the movement of locality planning details to Risk 6. Work has been undertaken to add the closer working relationship with Aberdeen City Health Determinants Research Collaborative (HDRC) to Risk 5. In relation to Risk 6, details on the recruitment of Service representatives to the IJB have been added.
- 4.8.** SLT have also drafted a new strategic risk (Risk 8). This is in relation to a risk that buildings across the City, operated by, or overseen by, the IJB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements
- 4.9.** The Business and Resilience Manager has met with all Risk Owners to review the risks and to take into account the discussions held at the IJB meeting in September 2024.
- 4.10.** The updated version of the SRR forms Appendix B to this report.

### **5. Implications for Committee**

- 5.1. Equalities, Fairer Scotland and Health Inequality**  
There are no direct equalities, Fairer Scotland and Health Inequalities implications arising from this report.
- 5.2. Financial**  
There are no direct financial implications arising from this report.



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

### **5.3. Workforce**

The deeper dive on 13 of October, 2023 discussed the Workforce Risk (Risk 7) in detail. The updated version of the Risk is outlined in Appendix B to this report.

### **5.4. Legal**

There are no direct legal implications arising from this report.

### **5.5. Unpaid Carers**

There are no direct implications relating to Unpaid Carers arising from this report.

### **5.6. Information Governance**

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

### **5.7. Environmental Impacts**

There are no direct environmental implications arising from this report.

### **5.8. Sustainability**

There are no direct sustainability implications arising from this report.

### **5.9. Other**

There are no other implications arising from this report.

## **6. Management of Risk**

The IJB's Board Assurance and Escalation Framework outlines the governance processes for the consideration and escalation of risks through the Partnership. The SRR is part of the governance arrangements.

### **6.1. Identified risks(s)**

All known strategic risks.

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

The report has the full SRR appended.

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## **IJB Risk Appetite Statement (as at February 2024)**

Aberdeen City Health and Social Care Integration Joint Board (the IJB) recognises that it is both operating in, and directly shaping, a collaborative health and social care partnership, existing in a mixed economy where safety, quality and sustainability of services are of mutual benefit to local citizens and to all stakeholders. It also recognises that its appetite for risk will change over time, reflecting a longer-term aspiration to develop innovation in local service provision based on evidence of benefits and on a culture of continuing, planned engagement with the public and other stakeholders, including those involved in service delivery. As a result, the IJB risk appetite will evolve and change over time.

The IJB recognises that achievement of its priorities will involve balancing different types of risk and that there will be a complex relationship between different risks and opportunities. The risk appetite approach is intended to be helpful to the board in decision-making and to enable members to consider the risks to organisational goals of *not* taking decisions as well as of taking them.

The IJB has identified several broad dimensions of risk which will affect the achievement of its strategic priorities. The IJB will set a level of appetite ranging from “none” up to “very high (none, low, medium, high, very high)” for these different dimensions. Higher levels of all risk types may be accepted if specific and effective controls are demonstrably in place and there are clear advantages for integration objectives. The dimensions of risk and corresponding risk appetite are:

<b>Dimension of Risk</b>	<b>Corresponding Risk Appetite</b>
Financial risk	Low to medium. It will have zero tolerance of instances of fraud. The Board must make maximum use of resources available and also acknowledge the challenges regarding financial certainty.
Regulatory compliance risk	It will accept no or low risk in relation to breaches of regulatory and statutory compliance.
Risks to quality and innovation outcomes	Low to medium (quality and innovation outcomes which predict clearly identifiable benefits and can be managed within statutory safeguards)

Risk of harm to patients/clients and staff	Similarly, it will accept low risks of harm to patients/clients or to staff. By low risks, the IJB means it will only accept low risk to patients/clients or staff when the comparative risk of doing nothing is higher than the risk of intervention
Reputational risk	It will accept medium to high risks to reputation where the decision being proposed has significant benefits for the organisation's strategic priorities. Such decisions will be explained clearly and transparently to the public.
Risks relating to commissioned and hosted services	The IJB recognises the complexity of planning and delivery of commissioned and hosted services. The IJB has no or low tolerance for risks relating to patient/client safety and service quality. It has medium to high tolerance for risks relating to service redesign or improvement where as much risk as possible has been mitigated.

The IJB has an appetite to take decisions which may expose the organisation to additional scrutiny and interest. Wherever possible, decisions will be taken following consultation/co-production with the public and other key stakeholders. Concerted efforts will be made to explain reasons for decisions taken to the public transparently in a way which is accessible and easy to understand. This risk appetite statement will be reviewed annually, and when the IJB's strategic plan is reviewed and more often when required.





# Strategic Risk Register

Revision	Date
1.	March 2018
2.	September 2018
3.	October 2018 (IJB & APS)
4.	February 2019 (APS)
5.	March 2019 (IJB)
6.	August 2019 (APS)
7.	October 2019 (LT)
8.	November 2019 (IJB workshop)
9.	January 2020 (ahead of IJB)
10	March 2020 (RAPC)
11	July 2020 (IJB)
12	October 2020 (IJB Workshop)
13	November 2020 (IJB)
14	January 2021 (RAPC)
15	May 2021 (IJB)
16	June 2021 (RAPC)
17	September 2021 (RAPC)
18	November 2021 (Following IJB Workshop and ahead of IJB meeting in Dec)
19	February 2022 (RAPC)
20	August 2022 (ahead of IJB Workshop)
21	Review reflecting workshop-IJB Oct 22
22	November 2022 (RAPC)
23	January 2023 (SLT)
24	May 2023 (RAPC and IJB)
25	September 2023 (ahead of deep dive in October 2023)
26	November 2023 for RAPC
27	December 2023 for annual IJB Workshop (held in January 2024)



# Aberdeen City Health & Social Care Partnership

*A caring partnership*

28	February 2024 for RAPC
29	April 2024 for Monthly meeting of SLT
30	July 2024-Updates from Risk Owners
31	August 2024 for SLT
32	September 2024 for IJB
33	October/November 2024 for RAPC

## Introduction & Background

This document is made publicly available on our website, in order to help stakeholders (including members of the public) understand the challenges currently facing health and social care in Aberdeen.

This is the strategic risk register for the Aberdeen City Integration Joint Board, which lays the foundation for the development of work to prevent, mitigate, respond to and recover from the recorded risks against the delivery of its strategic plan.

Just because a risk is included in the Strategic Risk Register does not mean that it will happen, or that the impact would necessarily be as serious as the description provided.

More information can be found in the Board Assurance and Escalation Framework and the Risk Appetite Statement.

## Appendices

- Risk Tolerances
- Risk Assessment Tables





**Colour – Key**

Risk Rating	Low	Medium	High	Very High
Risk Movement		Decrease	No Change	Increase


<b>Level of Risk</b>	<b>Risk Tolerance</b>
<b>Low</b>	<p>Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p>
<b>Medium</b>	<p>Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.</p>
<b>High</b>	<p>Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>
<b>Very High</b>	<p>Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners.</p> <p>Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>The IJB's will seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>



**Risk Summary:**

1	<p>Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.</p> <p>Event: Potential failure of commissioned services to deliver on their contract</p> <p>Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.</p> <p>Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.</p> <p>Consequences: ability of other commissioned services to cope with the unexpected increased in demand.</p> <p>Consequences to the partnership includes an inability to meet peoples needs for health and care and the additional financial burden of seeking that care in an alternative setting</p>	High
2	<p>Cause: IJB financial failure and projection of overspend</p> <p>Event: Demand outstrips available budget</p> <p>Consequence: IJB can't deliver on its strategic plan priorities, statutory work, and projects.</p>	High
3	<p>Cause: Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, who also hosts services on behalf of Aberdeen City.</p> <p>Event: hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.</p> <p>Consequence: Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.</p>	High
4	<p>Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.</p> <p>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.</p> <p>Consequence: This may result in harm or risk of harm to people.</p>	High
5	<p>Cause: Demographic &amp; financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.</p> <p>Event: Failure to deliver transformation and sustainable systems change.</p> <p>Consequence: people not receiving the best health and social care outcomes</p>	High
6	<p>Cause: Need to involve lived experience in service delivery and design as per Integration Principles</p> <p>Event: IJB fails to maximise the opportunities created for engaging with our communities</p> <p>Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims</p>	Medium
7	<p>Cause- The ongoing recruitment and retention of staff.</p> <p>Event: Insufficient staff to provide patients/clients with services required.</p> <p>Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</p>	High
8	<p><b>Description of Risk:</b> there is a risk that buildings across the city, operated by, or overseen by, the IJB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements.</p>	High



<p>Cause: Lack of funding to maintain buildings, not having adequate staff resource to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider asset planning.</p> <p>Event: IJB is unable to deliver on all of its strategic objectives</p> <p>Consequence: services not tailored to users' needs and reputational damage to organisation</p>	
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-1-

**Description of Risk: Cause: The commissioning of services from third sector and independent providers (eg General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.**  
**Event: Potential failure of commissioned services to continue to deliver on their contract**  
**Consequence: There is a gap between what is required to meet the needs of local people, and services that are available.**  
**Consequences: to the individual include not having the right level of care delivered locally, by suitably trained staff.**  
**Consequences: ability of other commissioned services to cope with the unexpected increased in demand.**  
**Consequences to the partnership includes an inability to meet people’s needs for health and care and the additional financial burden of seeking that care in an alternative setting**

**Strategic Aims:** Caring Together  
**Strategic Enablers:** Relationships and Infrastructure

**Leadership Team Owner:** Lead Commissioner and Primary Care Lead

**Risk Rating:** low/medium/high/very high  
**HIGH**

**Rationale for Risk Rating:**

**IMPACT**

**Primary Care**

<b>Almost Certain</b>					
<b>Likely</b>				✓	
<b>Possible</b>					
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>

- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has led to practices prioritising the core GMS contract over any non-essential work eg enhanced contracts, including LARCs & interim bed SLAs
- Increased demand in primary care and widespread recruitment difficulties continues to impact on practices, which has increased the risk and frequency of handing back their contracts, informally managing their practice list or closing their practice lists
- Increase in unexpected/unplanned and planned demand is a risk to patients in the community, services in acute settings and the ACHSCP
- Limited/partial implementation of Primary Care Improvement Plan (PCIP) due to the MoU not being funded for full role out and limited relevant qualified staff residing in Aberdeen
- The risks remain the same, with the savings efficiencies across our systems, increase in demand and apparent level of confusion of how an individual in our community access primary care services efficiently, and with the reduced workforce, the overall risk rating has not be able to reduce. The vision work followed up with the contract visits has enabled us to identify the issues with more certainty but does not enable solutions at the pace required to support practices or the whole system at the level required.

**Social Care**

- Recruitment and retention challenges in residential and non-residential businesses.
- Uncertainly regarding the National Care Home Contract percentage uplift for 24/25
- Commercial viability of providers given additional pressures on finances and cost of living

**Risk Movement:** increase/decrease/no change

**Rationale for Risk Appetite:**

As 3<sup>rd</sup> and independent sectors are key strategic partners in delivering transformation and improved care experience, we have a low tolerance of this risk. It is suggested that this risk tolerance should be shared right throughout the organisation, which may encourage staff and all providers of primary health and care services to escalate valid concerns at an earlier opportunity.

**NO CHANGE 20.11.24**

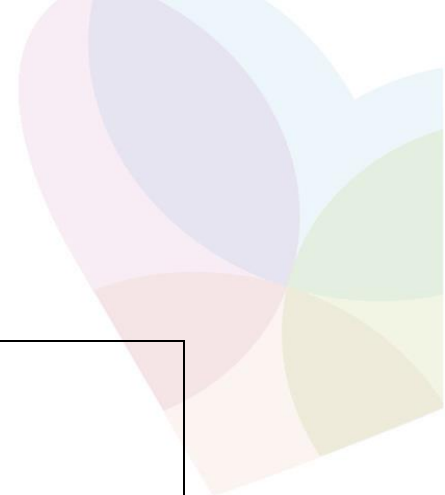
**Controls:**

**Mitigating Actions:**  
**Social Care**





<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Grampian Data Gathering Group</li> <li>• Quarterly Budget Monitoring Reports</li> <li>• Social Care contract monitoring processes</li> </ul> <p><b>Social Care</b></p> <ul style="list-style-type: none"> <li>• Register of all social care contracts</li> <li>• Dedicated and aligned Social Care Contract monitoring officers who provide a consistent approach to monitoring and managing all social care contracts</li> <li>• Conscious cultural shift to change relationships, with all strategic commissioning activity proceeding in a collaborative manner.</li> <li>• Examples of collaborative commissioning models used as exemplar models within the City. Care at Home, Mental Health / Learning disability accommodation review.</li> <li>• Strategic Commissioning Programme Board (SCPB) (includes representatives from third and independent sectors)</li> <li>• Residential and Non-Residential Oversight Groups-meet depend on the needs of the sector</li> <li>• Providers Huddle (meets weekly)</li> <li>• Stood up Care at Home Strategic Group (meets monthly)</li> <li>• Winter Planning and coordination workshop held annually</li> <li>• Care at Home clients have a personal RAG status identifying vulnerability and this will be linked to the Persons at Risk Database</li> <li>• Care at home clients are being reviewed in regard to how their outcomes are supported using a tech first approach</li> <li>• North East Commissioning Academy (City, Moray and Shire) to support sector</li> <li>• Technology First approach is being used to support people achieve the best outcome.</li> <li>• Social Care Pathways Board</li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>• Local Medical Council</li> <li>• GP Sub Group</li> <li>• Clinical Director and Clinical Leads</li> <li>• Primary Care Contracts Team</li> <li>• City Primary Care Team</li> <li>• GP Contract Oversight Group</li> <li>• ACHSCP PCIP Project Group</li> <li>• CCGG – Clinical Care &amp; Governance Group</li> <li>• Grampian Sustainability Group</li> <li>• Grampian Vision Programme Board</li> <li>• Senior Leadership Team</li> <li>• Grampian Vision Work and Sub Groups</li> <li>• Quarterly Budget Monitoring Reports</li> <li>• A Patient Stakeholder Group has been established around the Primary Care Visioning Exercise.</li> <li>• Cluster Quality Leads</li> <li>• Primary Care Leads Group (Scotland Wide and inclusive of Primary Care Scottish Government Leads)</li> </ul>	<ul style="list-style-type: none"> <li>• All opportunities to work in a collaborative manner to commission services are advertised on Public Contract Scotland, as well as individual invitations made to CEOs / owners of social care services.</li> <li>• Additional offers are made to encourage dialogue where the provider is unavailable to attend collaborative commissioning workshops and other meetings.</li> <li>• Agreed strategic commissioning approach for ACHSCP.</li> <li>• Strategic commissioning programme board (SCPB members) established to provide governance framework for commissioning activity. All extensions to contracts are being robustly scrutinised by the SCPB.</li> <li>• Continue to liaise with the care home sector through the collaborative approach detailed in the controls to explore agreement at a local level until a national agreement is in place with Scotland Excel</li> <li>• Winter Planning and coordination workshop will be held in Winter 2024             <ul style="list-style-type: none"> <li>• Interim provision in alternative housing including care homes, Very sheltered and Sheltered housing will be further developed during 2024-25</li> <li>• All people using care at home Self Directed Support Options 1, 2 &amp; 3 will be reviewed through a Technology first Lens.</li> </ul> </li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>• Contract Review Meetings with all Practices in Aberdeen City</li> <li>• Working in collaboration with the Scottish Government, Local Medical Council (LMC) and Clinical Leads to ensure that the vision work demonstrates Grampian Primary Care requirements and risks.</li> <li>• Collaborative approach with MEARS as the provider for the needs of asylum seekers in conjunction with City Practice Service Level Agreements, replacing the Health Assessment Team. Links with Aberdeen City Council's Settlement Team.</li> <li>• Weekly RAG status on general practices to understand pressures.</li> <li>• Working closely with those practices identified as highest risk in relation to premises (lease assignments and building limitations report)</li> <li>• Working with Marywell and Homewards Project Group to identify opportunities for improvements for this vulnerable service group</li> <li>• Working with all Practices to implement refreshed business continuity planning</li> <li>• significant event learning across primary care and secondary care is now taking place</li> <li>• Standard SEA template now rolled out for use across the city. SEA's now summarised and learning being shared across all four GP clusters</li> </ul>
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<ul style="list-style-type: none"> <li>NHSG Clinical, Assurance and Quality Group (with GP representation)</li> <li>As an addition to the above, significant event learning across primary care and secondary care is now taking place</li> <li>Medical Director's Annual Report 2024-identifies data across primary care settings to identify areas of risk, needs and opportunities for improvement</li> </ul>	
<p><b>Assurances:</b></p> <p><b>Social Care</b></p> <ul style="list-style-type: none"> <li>Progress against our strategic commissioning workplan monitored by Social Care Contracts Team</li> <li>Market facilitation opportunities and wide distribution of our market position statements</li> <li>Oversight of both residential and non-residential social care services via a variety of routes and methods</li> <li>Inspection reports from the Care Inspectorate and good working relationships forged and maintained</li> <li>Frequent operational and strategic meetings with Care at Home and Care Homes to help build relationships and better communication.</li> <li>We are currently undertaking service mapping through the Market Position Statement which will help to identify any potential gaps in market provision</li> <li>Working collaboratively with sector to shape commissioning and procurement processes.</li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>Monitoring of Primary Care Improvement Plan</li> <li>Renewed Primary Care Premises Plan</li> <li>Weekly report monitoring and escalation of concens/risk via GPAS</li> <li>Good relationships with GP practices, ensuring communication through agreed governance routes</li> <li>Links to Dental Practice Advisor who works with independent dentists</li> <li>Director of Dentistry and dental clinical leads across Grampian monitoring NHS access which has improved during 2024 particularly in Aberdeen City</li> <li>Dental deregistration activity appears to have reduced during 2024, and does not appear to be a significant issue in Aberdeen City at this time</li> <li>Part of the Eye Health Network and Clinical Leads for Optometry in Shire &amp; Moray and the overall Grampian Clinical Lead</li> <li>Roles of Clinical Director and Clinical Leads, including fortnightly Grampian wide Clinical Lead Meetings, including meetings with Office Bearers from LMC and GP Sub Committee</li> <li>Peer Support</li> <li>Public Dental Services staffing capacity to flexibly increase service provision in short term</li> </ul>	<p><b>Gaps in assurance:</b></p> <p><b>Social Care</b></p> <ul style="list-style-type: none"> <li>Difference between National Care Home Contract rate (last reviewed in 2013) and providing a 24 hour residential service</li> <li>Inability to benchmark accurately due to variation of contract management and monitoring between ACC, NHSG and ACHSCP</li> <li>Lack of placements across the City and wider North East region for people who need long term placements , including older people's care and complex care, specialist organic brain disease support and under 65 year old provision. Delays in placement result in long waits in acute.</li> <li>Not enough placements for people transitioning from young people's and children's services to adult services</li> <li>Insufficient placements for people transitioning from Learning Disabilities into Older People's Services</li> </ul> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>Market or provider failure can happen quickly despite good assurances being in place. For example, even with the best monitoring system, the closure of a practice can happen very quickly, with (in some cases) one partner retiring or becoming ill being the catalyst.</li> <li>The MoU for PCIP is not funded for complete roll out</li> <li>No financial uplift in GMS income for the last 10 years</li> <li>Sustainability loans tranche 1, most were paid (not all), and tranche 2 is 'frozen'.</li> <li>Premises are limiting practices ability to merge, strengthens their reserve and create new models of working</li> <li>Market forces and individual business decisions regarding community optometry, general practice and general dental practitioners cannot be influenced by the Partnership and lack of demand information</li> <li>Primary Care Premises Plan is still in development, work here is linked to the wider ACHSP premises review and AMG</li> </ul>
<p><b>Current performance:</b></p> <p><b>Social Care</b></p> <ul style="list-style-type: none"> <li>The established Care at Home Strategic Providers Group, with agreed terms of reference is now reporting to the Social Care Pathways Board. The Group's strategic ambition is to ensure the safe and effective delivery of care at home across Aberdeen.</li> <li>We are in the process of drafting a Market Position Statement which details all Accommodation needs across Aberdeen City, this will come to IJB in November 2024.</li> </ul>	<p><b>Comments:</b></p> <p><b>Social Care</b></p> <p>Cost of living continues to impact on the provision of the service and the staff ability to get to work due to fuel prices.</p> <p>Currently working with the market to find the best option which will be reduced and will affect the unmet need/ delayed discharges and delayed transfer of care figures.</p>





- A financial risk rating of each residential care home/setting is part of an on-going process, to give intelligence on the commercial viability and financial risks within these businesses.
- We are co-designing services with staff, managers and people with lived experience to ensure the services are fit for the future. This is being carried out in line with Ethical Commissioning Principles and Getting it Right for Everyone (GIRFE principles).
- Workshops planned on Learning Disabilities and mental health/substance use providers to co-design provision for the future
- Working with providers to develop a number of measures to support alignment of service and therefore reduce associated costs; Training Academy and Alliancing Models for example.
- Review of services which due to their environment are no longer viable and looking at alternative models and accommodation

#### **Primary Care**

- Demand still manages to outstrip capacity
- Primary Care still supplementing higher levels of acuity, especially for those on waiting lists for acute appointments
- Closed List updates available via ACHSP intranet ; closed lists updates change all the time and is regularly updated, [aberdeen-city-gp-practice-registration-availability.pdf](#)

#### **Primary Care**

Lack of space for MDT working.

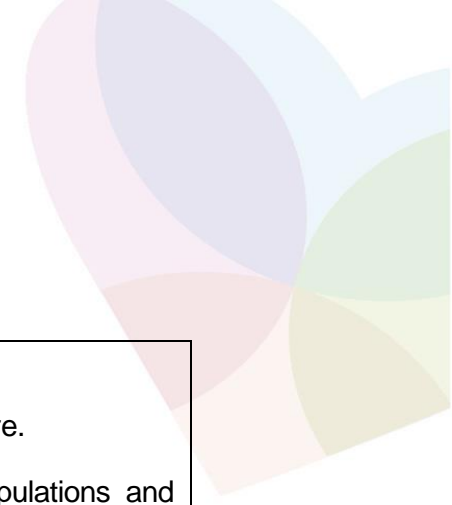
Sustainability report has a limited predictability due to the ever-changing nature of primary care.

GP practices are expressing an increasing challenge in meeting the needs of practice populations and therefore many are prioritising the delivery of the core GMS contract. The impact of this means that any additional non-core/statutory work is being reviewed by practices and in some instances, stopped. This varies across the City and the Partnership continues to work with Practices to find collaborative and financially sustainable solutions for both parties.

Further clarity is required around the UK Government's decision to increase Employers' National Insurance contributions and the exact implications and impact this will have on the 3rd and voluntary sector.

This main amendments made to this risk since the last time the Committee considered it are:

1. Details on controls, mitigating actions, assurances and gaps in assurance added to both the social care and primary care commissioning risks.
2. Updates on the Social Care element to reflect the Care at Home Strategic Providers Group now reporting to the Social Care Pathways Board and the potential impact of an increase in Employers' National Insurance contributions.
3. In relation to the Primary Care risk, additional controls and mitigating actions have been added, along with the assurance and gaps in assurance being updated too.





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<b>Description of Risk: Cause-IJB financial failure and projection of overspend</b>					
<b>Event-Demand outstrips available budget</b>					
<b>Consequence-IJB can't deliver on its strategic plan priorities, or deliver quality care, or statutory work, and projects.</b>					
<b>Strategic Aims:</b> All			<b>Leadership Team Owner:</b> Chief Finance Officer		
<b>Strategic Enablers:</b> Finance					
<b>Risk Rating:</b> low/medium/high/very high					
<b>HIGH</b>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>			✓		
<b>Possible</b>					
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> increase/decrease/no change: <b>NO CHANGE 20.11.2024</b>					
<b>Controls:</b>					

**Rationale for Risk Rating:**

**Impact:**

- If the partnership does not have sufficient funding to cover all expenditure, then in order to achieve a sustainable balanced financial position, decisions will be required to be taken which may include reducing/stopping services (major impact).
- If the levels of funding identified in the Medium Term Financial Framework (last reported March 2024) are not made available to the IJB in future years or fails to adequately meet demand on current levels of service standards, then tough choices would need to be made about what the IJB wants to deliver. It will be extremely difficult for the IJB to continue to generate the level of savings year on year to balance its budget.
- The ACHSCP Leadership Team (including our senior and operational managers) have worked extremely hard over recent months to identify savings to address the previously indicated £20 million budget gap. The results of this work has identified £17million of savings to be progressed in-year, which has reduced the potential overspend.

**Likelihood**

- The quarter 1 monitoring report confirmed that the savings are having the intended impact at time of publication. Coupled with ongoing work to identify further savings, this has reduced the likelihood of this risk being realised.
- However, the likelihood of projection of overspend will continue to be high due to projected increasing demand against flat cash settlements and whether the level of funding delegated from the Council and NHS is sufficient to sustain future service delivery.
- There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.
- There is increasing likelihood that following review, in year central government funding will not be forthcoming as central government seeks to reduce or stop previously funded activity to address financial challenges.

**Rationale for Risk Appetite:**  
 The IJB has a low-moderate risk appetite to financial loss and understands its requirement to achieve a balanced budget. The IJB recognises the impacts of failing to achieve a balanced budget on Aberdeen City Council & its bond – an unmanaged overspend may have an impact on funding levels. However, the IJB also recognises the significant range of statutory services it is required to meet within that finite budget and has a lower appetite for risk of harm to people (low or minimal).

**Mitigating Actions:**



<ul style="list-style-type: none"> <li>Financial information is reported regularly to the Risk, Audit and Performance Committee, the Integration Joint Board and the Senior Leadership Team</li> <li>Risk, Audit &amp; Performance receives regular updates on transformation programme &amp; spend.</li> <li>Approved reserves strategy, including risk fund</li> <li>Robust financial monitoring and budget setting procedures including regular budget monitoring &amp; budget meeting with budget holders.</li> <li>Budgets delegated to cost centre level and being managed by budget holders.</li> <li>Medium-Term Financial Strategy (MTFF) which was approved by the IJB in March 2024.</li> <li>SLT have a revised vacancy management process that has been operating since end of November, 2023, which prioritises vacancy approval to help support a balanced budget position in 2023/24, and this is continuing in 2024/25.</li> <li>NHSG and ACC vacancy control processes</li> <li>Budget Protocol approved by IJB in September 2024</li> <li>Review of Year 3 of the ACHSCP Delivery Plan to new projects that will help generate additional savings and to deprioritise some activity.</li> <li>Additional financial monitoring to IJB and RAP Committee every cycle, including reporting on the agreed Recovery Action Plan (as agreed at IJB on 19<sup>th</sup> November 2024)</li> </ul>	<ul style="list-style-type: none"> <li>The Senior Leadership Team are committed to delivering efficiencies, encouraging self-management and moving forward the prevention agenda to help manage future demand for services.</li> <li>The Senior Leadership Team have formalised arrangements to receive monthly financial monitoring statements in respect of NHSG services and quarterly in respect of Council services.</li> <li>Ongoing engagement with SLT and Operational Leadership Team (OLT) to develop and implement budget savings options and Integrated Impact Assessments (IIA).</li> <li>Increased capacity and adopting programme and change management approach for additional scrutiny and to support budget setting process, which includes extensive public consultation and engagement.</li> <li>Development and delivery of a recovery programme for financial year 2024/25 due to the recurring overspend in 2023/24. SLT are identifying by means of regular meetings, potential savings to reduce the likelihood / extent of an overspend occurring in 2024/25.</li> <li>Review of budget setting process for 25/26 to develop a Budget Protocol and Critical Pathway for the Integration Joint Board, aligning with Aberdeen City Council's budget setting process, which was agreed by the IJB in September 2024.</li> <li>Implementation of recommendations from the internal audit report in respect of budget monitoring.</li> <li>Progress is now underway to identify further savings to address the budget gap for 25/26 predicted in the MTFF and any shortfall in savings in 24/25. To be agreed by IJB in March 2025 alongside the MTFF.</li> <li>Agreement and implementation of in year Recovery Action Plan (as agreed by IJB on 19<sup>th</sup> November 2024).</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>IJB and the Risk, Audit and Performance Committee oversight and scrutiny of budget under the Chief Finance Officer.</li> <li>Board Assurance and Escalation Framework.</li> <li>Quarterly budget monitoring reports.</li> <li>Regular budget monitoring meetings between finance and budget holders.</li> <li>Monthly financial monitoring to SLT</li> <li>Internal Audit on IJB Budget Setting and Monitoring</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>The financial environment is challenging and requires regular monitoring. The scale of the challenge to make the IJB financially sustainable should not be underestimated.</li> <li>There is a gap in terms of the impact of transformation on our budgets. Many of the benefits of our projects relate to early intervention and reducing hospital admissions, neither of which provide cashable savings</li> <li>Uncertainty of level of funding for Agenda for Change review of Band 5 nursing jobs</li> <li>Resignation of the Chief Finance Officer (CFO) and capacity gap whilst undergoing a recruitment and selection process. As a result of this, the CFO of NHSG Grampian (will be) appointed the interim CFO at the November IJB.</li> <li>Review of financial regulations and reserves policy required by March 25 alongside MTFF approval</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>The quarterly monitoring report for Quarter 1, demonstrates progress made since the last strategic risk register report was last reviewed by the SLT.</li> <li>Cost of Agenda for Change review of Band 5 nursing jobs requires to be calculated. Risk that if this is not fully funded then will impact on IJB's budget.</li> <li>In-year allocations from Scottish Government are less than anticipated in the MTFF</li> </ul>	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>The financial position in future years will be challenging. Discussions are continuing with ACC and NHSG regarding level of funding for future years, keeping in mind that both organisations face the same budgetary pressures felt across the wider public sector. The budget protocol will ensure robust communication and engagement with these key stakeholders.</li> <li>The current financial pressures have the potential to impact on our ability to deliver on our strategic plan priorities and projects and the level of transformation and service change originally agreed. A consequence of this would be reduced patient flow and poorer outcomes for people if the best destination for their care is not available.</li> <li>This cycle's updates include details on Quarter 2 outturn results and updates to various text where documents and plans have been approved by the IJB and its wider governance structure.</li> </ul>



- 3 -

**Description of Risk: Cause:** Under Integration arrangements, Aberdeen IJB hosts services on behalf of Moray and Aberdeenshire, and who also hosts services on behalf of Aberdeen City.  
**Event:** hosted services do not deliver the expected outcomes, fail to deliver transformation of services, or face service failure.  
**Consequence:** Failure to meet health outcomes for Aberdeen City, resources not being maximised and reputational damage.

**Strategic Aims:** All  
**Strategic Enablers:** Relationships

**Leadership Team Owner:** Chief Officer

**Risk Rating:** low/medium/high/very high  
**HIGH**

**Rationale for Risk Rating:**

- Considered high risk due to the projected overspend in hosted services
- Hosted services are a risk of the set-up of Integration Joint Boards.

**IMPACT**

Almost Certain					
Likely				✓	
Possible					
Unlikely					
Rare					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>

**Rationale for Risk Appetite:**

- The IJB has some tolerance of risk in relation to testing change.

**Risk Movement:** (increase/decrease/no change):  
**NO CHANGE 20.11.2024**

**Controls:**

- Integration scheme agreement on cross-reporting
- North East Partnership Steering Group
- Aberdeen City Strategic Planning Group (ACSPG)
- North East System Wide Transformation Group
- IJB Hosted Services Internal Audit

**Mitigating Actions:**

- Aberdeen City HSCP will review the rationale for services it hosts to ensure hosting remains the most relevant and appropriate approach-December 2024
- Aberdeen City HSCP has gained approval from the three Grampian HSCP Chief Officers that there is an appetite for a pan Grampian review of overall hosting arrangements and rationale and will liaise with regional partners to develop a scope and timeline for this, including presentation of proposals to each IJB-December 2024
- Aberdeen City HSCP are working with Aberdeenshire and Moray HSCPs to ensure the services it hosts on their behalf align with their Strategic Plans and, at the same time, seek to understand the current strategy for each of the services hosted by them on behalf of Aberdeen City IJB to confirm alignment to the Aberdeen City Strategic Plan.-December 2024
- Aberdeen City HSCP are working with Aberdeenshire and Moray HSCPs to develop and agree proportionate, risk based governance arrangements.-December 2024
- Aberdeen City HSCP will work with Aberdeenshire and Moray HSCPs to implement the agreed governance arrangements-September 2025
- Aberdeen City HSCP should seek additional assurance over budgeting and expenditure on hosted services (both hosting and hosted on its behalf), and report on this periodically to the IJB.- September 2024

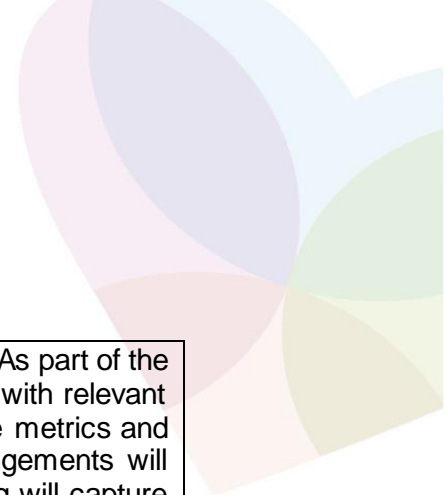




# Aberdeen City Health & Social Care Partnership

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	<ul style="list-style-type: none"> <li>• This action is linked to the one above in relation to overall governance arrangements: As part of the development of the governance arrangements, Aberdeen City HSCP, in conjunction with relevant colleagues in Aberdeenshire and Moray HSCPs, will develop relevant performance metrics and agree reporting routes and frequency. It is envisaged that the governance arrangements will include routes for agreement of transformation activity and any performance reporting will capture the progress on delivery and impact of this-March 2025</li> <li>• Once agreed, Aberdeen City HSCP, in conjunction with relevant colleagues in Aberdeenshire and Moray HSCPs, will implement the governance arrangements-September 2025</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• These largely come from the systems, process and procedures put in place by NHS Grampian, which are still being operated, along with any new processes which are put in place by the lead IJB.</li> <li>• North East System Wide Transformation Group (Officers only) led by the 4 pan-Grampian chief executives. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services.</li> <li>• Both the CEO group and the Chairs &amp; Vice Chairs group meet quarterly. The meetings are evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums.</li> <li>• The Portfolio approach and wider system approach demonstrates closer joint working across the 3 Health and Social Care Partnerships and the Acute Sector.</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>• Ongoing implementation of internal audit recommendations.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Officers are currently implementing the recommendations from the Audit on Hosted Services.</li> <li>• Standardised service templates have been implemented and sent to all hosted services and information is being gathered in preparation to presenting proposals to the Chief Officers, IJB's and NHS Grampian.</li> <li>•</li> </ul>	<p><b>Comments:</b></p> <p>Review of budget has highlighted that this work is crucial to maintain transparent accountability of service delivery and use of resources. The Lead for Strategy and Transformation will raise this with Grampian Planner colleagues to align to 2024/25 budget setting.</p> <p>The recommendations in the Audit will be implemented as per the agreed timescales, successful delivery will be reliant on collaboration with Aberdeenshire and Moray Health and Social Care Partnerships</p> <p>Update this cycle is in relation to the gathering of information through the service templates ( as per the audit recommendations).</p>





<b>Description of Risk:</b>					
<b>Cause:</b> Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.					
<b>Event:</b> 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.					
<b>Consequence:</b> This may result in harm or risk of harm to people.					
<b>Strategic Aims:</b> All			<b>Leadership Team Owner:</b> Strategy and Transformation Lead		
<b>Strategic Enablers:</b> Technology					
<b>Risk Rating:</b> low/medium/high/very high					
<b>HIGH</b>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>			✓		
<b>Possible</b>					
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> <i>(increase/decrease/no change)</i>					
<b>NO CHANGE 20.11.2024</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>Clinical and Care Governance Committee and Group</li> <li>Risk, Audit and Performance Committee</li> <li>Data and Evaluation Group</li> <li>Performance Framework</li> <li>Linkage with ACC and NHSG performance reporting</li> <li>Annual Performance Report</li> <li>Chief Social Work Officer's Report</li> <li>Ministerial Steering Group (MSG) Scrutiny</li> <li>External and Internal Audit Reports</li> <li>Links to outcomes of Inspections, Complaints etc.</li> <li>Contract Management Framework</li> <li>Weekly Senior Leadership Team Meetings</li> </ul>			<ul style="list-style-type: none"> <li>Continual review of key performance indicators</li> <li>Review of and where and how often performance information is reported and how learning is fed back into processes and procedures.</li> <li>On-going work developing a culture of performance management and evaluation throughout the partnership</li> <li>Refinement of Performance Dashboard, presented to a number of groups, raising profile of performance and encouraging discussion leading to further review and development</li> <li>Recruitment of additional resource to drive performance management process development</li> <li>Risk-assessed plans with actions, responsible owners, timescales and performance measures monitored by dedicated teams</li> <li>Restructure of Strategy and Transformation Team which includes an increase in the number of Programme and Project Managers will help mitigate the risk of services not meeting required standards.</li> </ul>		

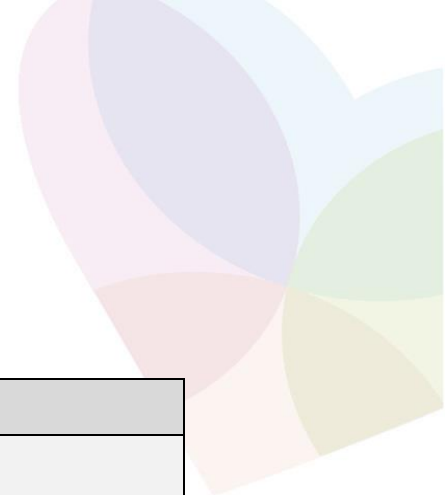
**Rationale for Risk Rating:** Service delivery is broad ranging and undertaken by both in-house and external providers. There are a variety of performance standards set both by national and regulatory bodies as well as those determined locally and there are a range of factors which may impact on service performance against these. Poor performance will in turn impact both on the outcomes for service users and on the reputation of the IJB/partnership. Given current situation with increased demand and staffing pressures there might be times that the likelihood of services not meeting standards is possible.

**Rationale for Risk Appetite:**  
 The IJB has no to minimal tolerance of harm happening to people as a result of its actions, recognising that in some cases there may be a balance between the risk of doing nothing and the risk of action or intervention.



<ul style="list-style-type: none"> <li>• Daily Operational Leadership Team Huddles</li> <li>• Urgent and Unscheduled Care Programme Board</li> </ul>	<ul style="list-style-type: none"> <li>• Use of Grampian Operational Pressure Escalation System (G-OPES) and Daily and Weekly System Connect Meetings help to mitigate the risk of services not meeting standards through system wide support.</li> <li>• Four focus areas of the system wide critical response to ongoing system pressures</li> <li>• All recommendations from the Internal Audit report on Performance Management have been implemented.</li> </ul>
<p><b>Assurances:</b></p> <ul style="list-style-type: none"> <li>• Joint meeting of IJB Chief Officer with two Partner Body Chief Executives.</li> <li>• Performance Dashboard reported quarterly to Risk, Audit &amp; Performance Committee.</li> <li>• Bespoke report developed for Clinical and Care Governance Committee and considered at every meeting.</li> <li>• Annual report on IJB activity developed and reported to ACC and NHSG</li> <li>• Care Inspectorate Inspection reports considered by services with action plans developed and monitored</li> <li>• Capture of outcomes from contract review meetings.</li> <li>• External reviews of performance.</li> <li>• Benchmarking with other IJBs</li> <li>• Now working more closely with NHSS Local Intelligence System Team (LIST), drawing on their expertise to ensure comprehensive and robust performance reporting (eg locality based data, enhanced population needs assessment)</li> </ul>	<p><b>Gaps in assurance:</b></p> <ul style="list-style-type: none"> <li>• SLT Governance Dashboard still in development.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• Performance reports submitted to IJB, Risk, Audit and Performance and Clinical and Care Governance Committees.</li> <li>• Various Steering Groups for strategy implementation established.</li> <li>• Close links with social care commissioning, procurement and contracts team have been established via the Strategic Commissioning and Procurement Board</li> <li>• IJB Dashboard has been shared widely.</li> <li>• SLT workshops held to develop a Partnership dashboard</li> <li>• SLT Governance Dashboard is under development.</li> <li>• Annual Performance Report for 2023/24 was approved by the IJB on the 24<sup>th</sup> of September, 2024 and is published (as required by statute) on the ACHSCP website.</li> <li>• There are plans to promote the Annual Performance Report through various means (social media, the Press and at the ACHSCP Conference).</li> </ul>	<p><b>Comments:</b></p> <p>Update this cycle are in relation to the details on the Annual Performance Report.</p>





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<b>Description of Risk:</b>					
Cause: Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.					
Event: Failure to deliver transformation and sustainable systems change.					
Consequence: people not receiving the best health and social care outcomes					
<b>Strategic Aims:</b> All			<b>Leadership Team Owner:</b> Strategy and Transformation Lead		
<b>Strategic Enablers:</b> Technology and Infrastructure					
<b>Risk Rating:</b> low/medium/high/very high					
<b>HIGH</b>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>					
<b>Possible</b>			✓		
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change)					
<b>NO CHANGE 20.11.2024</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>Governance Structure and Process (Senior Leadership Team meetings, Operational Team Daily Huddles and IJB and its Committees)</li> <li>Quarterly Reporting of Delivery Plan progress to Risk, Audit &amp; Performance Committee</li> <li>Annual Performance Report</li> <li>External and Internal Audit</li> <li>Programme management approach being taken across whole of the Partnership</li> <li>All Programme and Project Managers have been trained in the appropriate level of Managing Successful Programmes methodology and Prince2, where appropriate.</li> </ul>			<ul style="list-style-type: none"> <li>Regular reporting of progress on programmes and projects to Senior Leadership Team</li> <li>Increased frequency of governance processes, Senior Leadership Team now meeting weekly</li> <li>A number of plans and frameworks have been developed to underpin our transformation activity across our wider system including: Primary Care Improvement Plan and Action 15 Plan.</li> <li>The Lead for Strategy and Transformation is continuing to explore options around gaps in recruitment.</li> <li>Close working with Aberdeen City Health Determinants Research Collaborative (HDRC) to evaluate the impact of ACHSCP Strategic Plan.</li> </ul>		
<b>Assurances:</b>			<b>Gaps in assurance:</b>		





# Aberdeen City Health & Social Care Partnership

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<ul style="list-style-type: none"> <li>• Risk, Audit and Performance Committee Reporting</li> <li>• Robust Programme Management approach supported by an evaluation framework</li> <li>• IJB oversight</li> <li>• Board Assurance and Escalation Framework process</li> <li>• Internal Audit has undertaken a detailed audit of our transformation programme. All recommendations from this audit have now been actioned.</li> <li>• The Medium-Term Financial Framework prioritises transformation activity that could deliver cashable savings</li> <li>• The Medium-Term Financial Framework, Portfolio Management Approach aims and principles, and Programme of Transformation have been mapped to demonstrate overall alignment to strategic plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Our ability to evidence the impact of our transformation: documenting results from evaluations and reviewing results from evaluations conducted elsewhere allows us to determine what works when seeking to embed new models.</li> <li>• The current financial climate has brought uncertainty to the establishment of the Strategy and Transformation Team going forward and this will be reviewed in light of the resource requirements arising from the refreshed Strategic Plan.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>• The current Strategic/Delivery Plan has been approved and Strategy and Transformation resource has been allocated to deliver on the projects within the Plan.</li> <li>• Work is ongoing to refresh the Strategic Plan for April 2025 onwards (to be considered by IJB in March 2025)</li> </ul>	<p><b>Comments:</b></p> <p>The current financial pressures have the potential to impact on our ability to deliver on our strategic plan priorities and projects and the level of transformation and service change originally agreed. A consequence of this would be reduced patient flow and poorer outcomes for people if the best destination for their care is not available.</p> <p>Updates this cycle include details on the refresh of the Strategic Plan and the resource requirements arising from the Plan.</p>





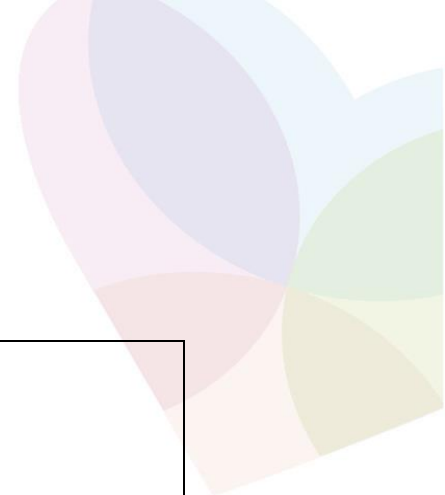
<b>Description of Risk</b>					
<b>Cause: Need to involve lived experience in service delivery and design as per Integration Principles</b>					
<b>Event: IJB fails to maximise the opportunities created for engaging with our communities</b>					
<b>Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims.</b>					
<b>Strategic Aims:</b> All			<b>Leadership Owner:</b> Chief Officer		
<b>Strategic Enablers:</b> Relationships					
<b>Risk Rating:</b> low/medium/high/very high					
<b>MEDIUM</b>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>					
<b>Possible</b>			✓		
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change)					
<b>NO CHANGE 20.11.2024</b>					
<b>Controls:</b>			<b>Mitigating Actions:</b>		
<ul style="list-style-type: none"> <li>• Locality Empowerment Groups (LEGs)</li> <li>• Senior Leadership Team Meetings and Operational Leadership Huddles</li> <li>• CPP Community Engagement Group</li> <li>• Equalities and Human Rights Sub-Group</li> <li>• A Patient Stakeholder Group has been established around the Primary Care Visioning Exercise</li> <li>• Reporting of Locality Plans Annual performance Reports to the IJB</li> </ul>			<ul style="list-style-type: none"> <li>• Strategic Planning Group (SPG) Pre-Meeting Group set up to support locality empowerment group members on the SPG.</li> <li>• Continued joint working with Community Planning colleagues to oversee the ongoing development of locality planning</li> <li>• An engagement plan has been developed to ensure that a co-production approach is being used for the Visioning Exercise, and patients from across the Grampian area are involved in the development of the vision and strategic objectives.</li> <li>• Work is continuing to engage with diverse groups across the City, including engagement with schools.</li> <li>• Continue to engage with the governance and monitoring on the delivery of the LOIP improvement projects and Locality Plans</li> </ul>		
<b>Assurances:</b>			<b>Gaps in assurance</b>		
<ul style="list-style-type: none"> <li>• Strategic Planning Group (LEGs have representation on this group)</li> <li>• IJB/Risk, Audit and Performance Committee</li> </ul>			<ul style="list-style-type: none"> <li>• Membership of the Locality Empowerment Groups has been increasing, and we have encouraged more younger people to join, but we still need to look at attracting representation from other diverse groups.</li> </ul>		



<ul style="list-style-type: none"> <li>CPA Board</li> <li>CPA Management Group</li> </ul>	<p>They are meeting regularly again. We are working with relevant groups to understand the best way to engage and recognise that one approach does not suit all.</p> <ul style="list-style-type: none"> <li>3 service user representatives have been recruited to the IJB and we are actively recruiting the 2<sup>nd</sup> of the 2 carer representatives.</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>LEGs representatives attend the SPG on a regular basis and participate in the meetings.</li> <li>Locality Plans have been streamlined and revised along-side the revision of the Local Outcome Improvement Plan (LOIP), this now includes a dedicated stretch outcome to Community Empowerment.</li> <li>Locality Plans have been streamlined and were approved by the CPA Board in April 2024 for approval.</li> <li>Community Planning Aberdeen (CPA) has refreshed the LOIP and the 3 Locality Plans. All LOIP projects are linked directly to the ACHSCP Strategic Plan.</li> </ul>	<p><b>Comments:</b></p> <p>Updated details on the recruitment of Service representatives to the IJB.</p>

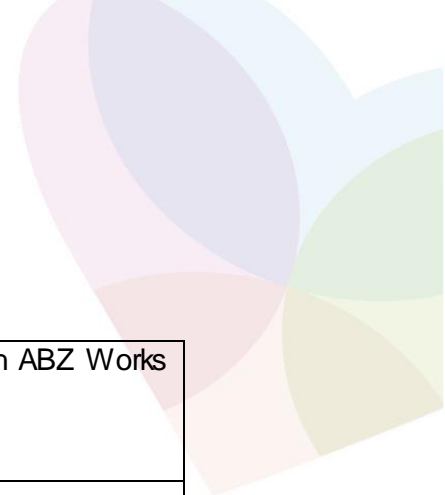
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<p><b>Description of Risk: Cause-The ongoing recruitment and retention of staff</b></p> <p><b>Event: Insufficient staff to provide patients/clients with services required.</b></p> <p><b>Consequence: Potential loss of life and unmet health and social care needs, leading to severe reputational damage.</b></p>					
<p><b>Strategic Aims:</b> All</p> <p><b>Strategic Enablers:</b> Workforce</p>			<p><b>Leadership Team Owner:</b> People &amp; Organisation Lead</p>		
<p><b>Risk Rating:</b> low/medium/high/very high</p> <p style="text-align: center;"><b>HIGH</b></p>					
<b>IMPACT</b>					
<b>Almost Certain</b>					
<b>Likely</b>			✓		
<b>Possible</b>					
<b>Unlikely</b>					
<b>Rare</b>					
<b>LIKELIHOOD -</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<p><b>Risk Movement:</b> (increase/decrease/no change)</p> <p style="text-align: center;"><b>NO CHANGE 20.11.2024</b></p>					
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Clinical &amp; Care Governance Committee reviews tactical level of risk around staffing numbers</li> <li>Clinical &amp; Care Governance Group review the operational level of risk</li> <li>Oversight of daily Operational Leadership Team meetings to maximise the use of daily staffing availability</li> <li>Revised contract monitoring arrangements with providers to determine recruitment / retention trends in the wider care sector-<i>replicate wording in risk 1 and include pc risk</i></li> <li>Establishment of daily staffing situational reports (considered by the Leadership Team)</li> </ul>			<p><b>Rationale for Risk Rating:</b></p> <ul style="list-style-type: none"> <li>The current staffing complement profile changes on an incremental basis over time.</li> <li>However the proportion of over 50s employed within the partnership (by NHSG and ACC) is increasing rapidly (i.e. 1 in 3 nurses are over 50).</li> <li>Totally exhausted work force with higher turnover of staff (particularly over 50)</li> <li>Current very high vacancy levels increased by very tight Aberdeen and NHSG processes in recruitment across ACHSCP services.</li> <li>Economic upturn in North East, which means there is direct competition with non-clinical posts and negatively impacting on the calibre of candidates for a number of posts, there are national Scottish shortages in all of the professions within the Partnership and we are competing with the Central Belt for people's choice for employment.</li> <li>Post Covid 19 landscape, where many staff have reflected on their personal situation, which has led to increased numbers of early retirement applications, requests for reduced hours and staff leaving the service</li> <li>It is likely to be a very challenging winter in 2024/25.</li> </ul> <p><b>Rationale for Risk Appetite:</b></p> <ul style="list-style-type: none"> <li>Will accept minimal risks of harm to service users or to staff. By minimal risks, the IJB means it will only accept minimal risk to services users or staff when the comparative risk of doing nothing is higher than the risk of intervention.</li> </ul>		



<ul style="list-style-type: none"> <li>• NHSG and ACC workforce policies and planning groups</li> <li>• Daily Grampian System Connect Meetings and governance structure</li> <li>• Daily sitreps from all services (includes staffing absences)</li> <li>• ACHSCP Workforce Plan Oversight Group has met twice. There are 3 workstream groups established under the Plan.</li> <li>• The Partnership's Workforce Plan Annual Report was submitted to the Risk, Audit and Performance Committee on 28<sup>th</sup> November, 2023. The report received positive feedback from the Members of the Committee.</li> <li>• ACHSCP internal vacancy control process</li> <li>• NHSG and ACC vacancy control processes</li> </ul>	
<p><b>Assurances:</b></p> <p>ACHSCP Workforce Plan and Oversight Group          Agreed governance arrangements          Formal performance reporting against the Strategic/Delivery Plan has continued to be developed in consultation with the SLT.          Staff side and union representation on daily Operational Leadership Team meetings          SLT Delivery Plan          Working collaboratively with NHSG to participate in their Year of The Manager Programme (helping develop our current, middle and future senior managers).</p>	<p><b>Mitigating Actions:</b></p> <ul style="list-style-type: none"> <li>• Significantly increased emphasis on health/wellbeing of staff and positive feedback regularly received, over 400 staff attended these type of initiatives, so far in 2024.</li> <li>• All staff strongly encouraged to use their annual leave throughout the year, take regular breaks and this to be positively modelled by SLT (given vacancy challenges outlined above in risk rationale)</li> <li>• establishment of ACHSCP recruitment programme, with significantly increased Social Media presence</li> <li>• promotion and support of the 'We Care' and 'Grow of own' approaches</li> <li>• embrace the use of new/improved digital technologies to develop and support the ACHSCP infrastructure &amp; develop a road map with a focus on enablement for staff. Working with Microsoft to increase online appointment bookings and significantly reduce pressure on staff, as well as looking at resolving current IT issues regarding different systems.</li> <li>• flexible/hybrid working options to become 'normal' working practice that benefit staff time &amp; supports their wellbeing as well as helps staff retention</li> <li>• Increased emphasis on communication with staff</li> <li>• increased collaboration across the Senior Leadership Team (SLT) and integration between professional disciplines, third sector, independent sector and communities through Localities to help diversity of the workforce</li> <li>• Increased monitoring of staff statistics (sickness, turnover, CPD, complaints etc) through Senior Leadership Team Governance Dashboard and daily Operational Leadership Team meetings</li> <li>• Awareness of new Scottish Government, NHSG and ACC workforce policies and guidelines</li> <li>• Staff Wellbeing budget in 2024/25 of £25,000</li> <li>• Well established "Comms Trustees Group" which helps to positively promote the work of ACHSCP and its staff, including the promotion of targeted vacancies. The Group now has a rota of social media promotion and is able to review in real time, activity generated by social media posts.</li> <li>• Partnership Jobs Fair-Date to be fixed for 2024</li> <li>• Holding regular job showcase sessions with clients seeking work in Aberdeen City.</li> <li>• Ongoing support from the Partnership to continue the mentoring of Career Ready students in 2025.</li> <li>• Foundation Apprentice scheme continuing in 2024/25 after positive feedback.</li> <li>• Currently working with 3 City and 1 Aberdeenshire Academies around a variety of different subjects to match school curriculum with future workforce opportunities.</li> <li>• Partnership Staff Conference will be held in December 2024.</li> <li>• Workforce Workstream Workshop held on 25<sup>th</sup> of April, 2024. Workshop reviewed progress on the Workforce Plan and looked at integrating different workforce activity eg immunisation and CTAC staff moving between services during quieter periods. A second Workshop is planned to be held in 2024 (date to be confirmed).</li> </ul>





	<ul style="list-style-type: none"> <li>Regular attendance at various recruitment events, including working collaboratively with ABZ Works to showcase health careers to clients (in Aberdeen Health Village).</li> <li>Since late August very few staff vacancies have been approved at ACHSCP level</li> </ul>
<p><b>Current performance:</b></p> <ul style="list-style-type: none"> <li>Managing workforce challenges through daily Operational Leadership Team meetings and Daily Connect Meetings and structures</li> <li>Promotion of the benefits of breaks, including the new NHSG campaign “You’re at best with rest”</li> <li>ACHSCP strongly supported the Grampian Wellbeing Festival (including SLT attendance and promotion of activities).</li> <li>The reduction in the working week (NHS) means in real terms that the capacity of nursing staff across the Partnership will be reduced by 40 wte</li> <li>Partnership staff sickness stats (NHSG employees) were 4.83% at the end of September, compared to NHSG average of 4.98%.</li> <li>Partnership staff sickness stats (ACC employees) were 4.48 days (average number of total working days lost due to sickness) compared to ACC average of 4.86 days.</li> </ul>	<p><b>Gaps in assurance</b></p> <ul style="list-style-type: none"> <li>Development of governance dashboard is ongoing, including updates on Workforce Plan data. Staff have been trained in early May, 2024. SLT considered the draft dashboard in July 2024, with additional amendments to be made.</li> <li>Reduced capacity for the small number of staff leading workforce plan implementation (so that they can focus on other Partnership priorities)</li> <li>The reduction in the working week will put more pressure on the nursing services’ capacity</li> </ul>
	<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>Ongoing consultation on National Care Service. Any updates arising from the progress of the Service that has a bearing on the risk will be updated in due course.</li> <li>Workforce is an enduring risk across Scotland.</li> <li>Ongoing scrutiny of budget position may well have a detrimental affect on staff wellbeing eg potential need for organisational change</li> <li>Vacancy controls are increasing pressure on staff wellbeing</li> </ul> <p>Updates this cycle include updated information on staff absenteeism figures.</p>

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<p><b>Description of Risk:</b> there is a risk that buildings across the city, operated by, or overseen by, the IJB/ACHSCP are not being used to maximum efficiency and are not in line with statutory/regulatory requirements.</p> <p>Cause: Lack of funding to maintain buildings, not having adequate staff resource to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider asset planning.</p> <p>Event: IJB is unable to deliver on all of its strategic objectives</p> <p>Consequence: services not tailored to users’ needs and reputational damage to organisation</p>	
<p><b>Strategic Aims:</b> All</p>	<p><b>Leadership Team Owner:</b> Lead for Strategy and Transformation</p>



<b>Strategic Enablers:</b> relationships					
<b>Risk Rating:</b> low/medium/high/very high					
<b>HIGH</b>					
<b>LIKELIHOOD</b>					
<b>Almost Certain</b>					
<b>Likely</b>			✓		
<b>Possible</b>					
<b>Unlikely</b>					
<b>Rare</b>					
<b>IMPACT</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Risk Movement:</b> (increase/decrease/no change)					
<b>NEW RISK 20.11.2024</b>					
<b>Controls:</b>					
<ul style="list-style-type: none"> <li>NHSG's Asset Management Group (AGM)</li> <li>Aberdeen City Council's Local Development Plan</li> <li>ACHSCP's Strategic Plan</li> <li>IJB and Committees</li> <li>Complex Care Market Position Statement</li> <li>ACHSCP's Primary Care Premises Plan</li> <li>ACHSCP Premises Group</li> <li>ACHSCP Primary Care Team</li> <li>ACHSCP Business Support Team</li> <li>Senior Leadership Team (SLT)</li> <li>Forensic Service Infrastructure Improvement Board and Project Team</li> </ul>					
<b>Mitigating Actions:</b>					
<ul style="list-style-type: none"> <li>ACHSCP Premises Review will be reported to SLT on 20<sup>th</sup> of November, 2024 (work will be ongoing over next 2-3 years-with specific mitigating actions being added when dates are known)</li> <li>Development of the IJB's Infrastructure Plan by December 2025. The plan will identify and forecast the areas of pressure and demand across the City and how ACHSCP intend to deliver services to respond to that demand.</li> <li>Development of a Market Position Statement for Independent Living and Specialist Housing Provision by November 2024.</li> <li>Scottish Government Whole System Infrastructure approach being adopted by Health Boards (by Jan 2025 NHSG require to have a maintenance schedule in place for all buildings and by Jan 2026 they require to have a 30 year plan in place for all of their Infrastructure).</li> <li>A review of Rosewell House is under way with findings anticipated by December 2024.</li> <li>A review of Aberdeen Health Village will start in early 2025</li> <li>Premises Review Update paper to be submitted to IJB in February 2025</li> </ul>					
<b>Assurances:</b>					
<ul style="list-style-type: none"> <li>NHSG, ACC, IJB's and SLT's oversight of assets</li> <li>Programme/Project Management support</li> <li>Health and Safety Executive</li> </ul>					
<b>Gaps in assurance:</b>					
<ul style="list-style-type: none"> <li>IJB/ACHSCP's ability to influence the location and type of assets in the City</li> <li>The IJB does not currently have an Infrastructure Plan to set out which assets it believes are required to help enable the delivery of its Strategic Plan.</li> <li>There is currently no Market Position Statement in place for Independent Living and Specialist Housing Provision Market Position Statement.</li> <li></li> </ul>					



# Aberdeen City Health & Social Care Partnership

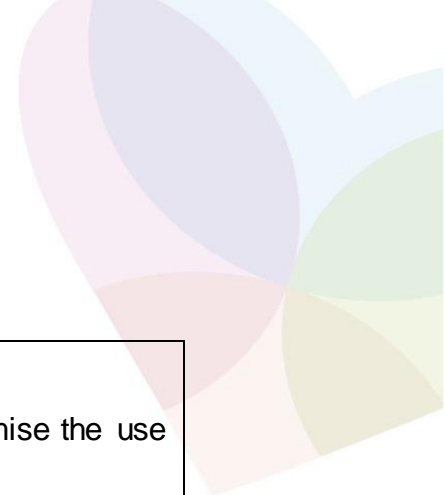
*A caring partnership*

**Current performance:**

- The Market Position Statement is on schedule to be considered by the IJB in November, 2024.

**Comments:**

- The refreshed Strategic Plan will outline closer links with our partners to maximise the use of premises across the City.  
Potential for staff to relocate to other buildings will impact on their wellbeing.  
No major updates this cycle as mitigating actions are planned for future dates.





**Appendix 1 – Risk Tolerance**

<b>Level of Risk</b>	<b>Risk Tolerance</b>
<b>Low</b>	<p>Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p>
<b>Medium</b>	<p>Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective.</p> <p>Chief Officers/Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.</p>
<b>High</b>	<p>Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Chief Officers/Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>Relevant Chief Officers/Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The IJB's may wish to seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>
<b>Very High</b>	<p>Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Chief Officer/Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners.</p> <p>Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.</p> <p>The IJB's will seek assurance that risks of this level are being effectively managed.</p> <p>However the IJB's may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public</p>





Appendix 2 – Risk Assessment Matrices (from Board Assurance & Escalation Framework)

Table 1 - Impact/Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
<b>Patient Experience</b>	Reduced quality of patient experience/ clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects –expect recovery >1wk.	Unsatisfactory patient experience/clinical outcome, continued ongoing long term effects.
<b>Objectives/ Project</b>	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
<b>Injury (physical and psychological) to patient/ visitor/staff.</b>	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
<b>Complaints/ Claims</b>	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim. Complex justified complaint.
<b>Service/ Business Interruption</b>	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect.
<b>Staffin and Competence</b>	Short term low staffin level temporarily reduces service quality (< 1 day). Short term low staffin level (>1 day), where there is no disruption to patient care.	Ongoing low staffin level reduces service quality <b>Minor error</b> due to ineffective training/implementation of training.	Late delivery of key objective/ service due to lack of staff. <b>Moderate error</b> due to ineffective training/ implementation of training. Ongoing problems with staffin levels	Uncertain delivery of key objective /service due to lack of staff. <b>Major error</b> due to ineffective training/implementation of training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. <b>Critical error</b> due to ineffective training / implementation of training.
<b>Financial (including damage/loss/ fraud)</b>	Negligible organisational/ personal financial loss (£<1k).	Minor organisational/ personal financial loss (£1-10k).	Significant organisational / personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/ personal financial loss (£>1m).
<b>Inspection/Audit</b>	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
<b>Adverse Publicity/ Reputation</b>	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/ public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/International media/ adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/FAI.

Table 2 - Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
<b>Probability</b>	<ul style="list-style-type: none"> <li>Can't believe this event would happen</li> <li>Will only happen in exceptional circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>Not expected to happen, but definite potential exists</li> <li>Unlikely to occur.</li> </ul>	<ul style="list-style-type: none"> <li>May occur occasionally</li> <li>Has happened before on occasions</li> <li>Reasonable chance of occurring.</li> </ul>	<ul style="list-style-type: none"> <li>Strong possibility that this could occur</li> <li>Likely to occur.</li> </ul>	<ul style="list-style-type: none"> <li>This is expected to occur frequently/in most circumstances more likely to occur than not.</li> </ul>

Table 3 - Risk Matrix

Likelihood	Consequences/Impact				
	Negligible	Minor	Moderate	Major	Extreme
<b>Almost Certain</b>	Medium	High	High	V High	V High
<b>Likely</b>	Medium	Medium	High	High	V High
<b>Possible</b>	Low	Medium	Medium	High	High
<b>Unlikely</b>	Low	Medium	Medium	Medium	High
<b>Rare</b>	Low	Low	Low	Medium	Medium

References: AS/NZS 4360:2004 'Making It Work' (2004)

Table 4 - NHSG Response to Risk

Describes what NHSG considers each level of risk to represent and spells out the extent of response expected for each.

Level of Risk	Response to Risk
<b>Low</b>	Acceptable level of risk. No additional controls are required but any existing risk controls or contingency plans should be documented. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective.
<b>Medium</b>	Acceptable level of risk exposure subject to regular active monitoring measures by Managers/Risk Owners. Where appropriate further action shall be taken to reduce the risk but the cost of control will probably be modest. Managers/Risk Owners shall document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Assurance Committees will periodically seek assurance that these continue to be effective.
<b>High</b>	Further action should be taken to mitigate/reduce/control the risk, possibly urgently and possibly requiring significant resources. Managers/Risk Owners must document that the risk controls or contingency plans are effective. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. Relevant Managers/Directors/Executive and Assurance Committees will periodically seek assurance that these continue to be effective and confirm that it is not reasonably practicable to do more. The Board may wish to seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept high risks that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.
<b>Very High</b>	Unacceptable level of risk exposure that requires urgent and potentially immediate corrective action to be taken. Relevant Managers/Directors/Executive and Assurance Committees should be informed explicitly by the relevant Managers/Risk Owners. Managers/Risk Owners should review these risks applying the minimum review table within the risk register process document to assess whether these continue to be effective. The Board will seek assurance that risks of this level are being effectively managed. However NHSG may wish to accept opportunities that have an inherent very high risk that may result in reputation damage, financial loss or exposure, major breakdown in information system or information integrity, significant incidents(s) of regulatory non-compliance, potential risk of injury to staff and public.

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## RISK, AUDIT AND PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	JB/ACHSCP Emergency Activation Plan
<b>Report Number</b>	HSCP24.099
<b>Lead Officer</b>	Martin Allan
<b>Report Author Details</b>	<i>Name:</i> Martin Allan <i>Job Title:</i> Business, Resilience and Communications Lead <i>Email Address:</i> martin.allan3@nhs.scot
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	JB/ACHSCP Emergency Activation Plan
<b>Terms of Reference</b>	8. Monitor the JB's work and performance as a Category 1 Responder under the Civil Contingencies Act 2004

### 1. Purpose of the Report

- 1.1. To present to the Risk, Audit and Performance Committee (RAPC) the Integration Joint Board's (JB) Emergency Activation Plan, as part of the JB's duties under the Civil Contingencies Act 2004.

### 2. Recommendations

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



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

- a) Note the IJB Emergency Activation Plan as detailed in the Appendix to this report; and
- b) instruct the Chief Officer to make and implement any reasonable and necessary arrangements regarding the response duties of the Senior Managers On Call (SMOC's) (and other Aberdeen City Council and NHS Grampian employees) connected to the IJB's work as a Category One Responder under the Civil Contingencies Act 2004 (including appropriate delegations where necessary), to support the attached Emergency Activation Plan (as detailed at Sections 4.8 and 4.9 to this report).

### **3. Strategic Plan Context**

- 3.1.** Ensuring a robust and effective risk management process will help Aberdeen City Health and Social Care Partnership (ACHSCP) achieve the strategic priorities as outlined in its strategic plan, as well as the IJB's duties under the Civil Contingencies Act, 2004 as it will monitor, control, and mitigate the potential risks to achieving these. The Operational Risk relating to the IJB becoming a Category 1 Responder has been aligned to the ACHSCP Strategic Plan.

### **4. Summary of Key Information**

- 4.1.** The IJB has emergency planning responsibilities to fulfil as a Category 1 responder, as defined by the Civil Contingencies Act 2004 ("The Act"). These responsibilities were confirmed in March, 2021.
- 4.2.** The IJB's responsibilities under the 2004 Act include:
- To assess the risk of emergencies occurring and using this to inform contingency planning.
  - To maintain emergency plans and business continuity plans.
  - To inform the public about civil protection matters and to maintain arrangements to warn, inform and advise the public in the event of an emergency.
  - To share information with other local responders to enhance coordination, and to co-operate with other local responders to enhance co-ordination and efficiency.
- 4.3.** This report presents the IJB/ACHSCP Emergency Activation Plan as per the Duty above ("To maintain emergency plans and business continuity plans").



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

- 4.4.** ACHSCP, NHS Grampian and Aberdeen City Council have been working closely on civil contingency matters since the IJB became a Category 1 Responder, including helping to input into the attached Plan. In terms of governance, representatives from ACHSCP are members of various NHS Grampian and Council groups and boards which helps to further enhance the working arrangements. ACHSCP has its own Civil Contingencies Group which meets quarterly and has also helped to draft the attached Plan.
- 4.5.** The IJB/ACHSCP as a Category 1 Responder is also a member of the GLRP. The GLRP structures and strategic approach to responding to emergencies in the Grampian area has been reflected in the attached Plan.
- 4.6.** ACHSCP's SMOC's are on call 24/7 throughout the year and are responsible for assessing and managing risks during emergency response. All SMOC's are trained before taking up their duties and there are various Plans/guides available to the SMOC's. The development of the attached Activation Plan will help structure future training for SMOC's as well as supporting current SMOC's when faced with an emergency. The Plan combines various documents into one and has flowcharts and aide memoires to allow the SMOC's (and other responding staff) to respond quickly to the emergency.
- 4.7.** The IJB at its meeting on the 23<sup>rd</sup> of March 2021 had before it a report by the Chief Officer outlining the inclusion of the IJB as a Category 1 Responder under the Act and instructed the Chief Officer, as its Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the IJB under the 2004 Act. Within the Terms of Reference of this Committee the RAPC will monitor the IJB's work and performance as a Category 1 Responder under the Civil Contingencies Act 2004.
- 4.8.** In order for the Chief Officer to ensure that necessary powers are sub-delegated to the appropriate employees of Aberdeen City Council and NHS Grampian (through the Council and NHS Grampian routes), the Committee are being asked to instruct the Chief Officer to make and implement any reasonable and necessary arrangements regarding the response duties of the SMOC's (and others) in connection with the IJB's work as a Category One Responder under the Civil Contingencies Act 2004 (including appropriate delegations where necessary).
- 4.9.** If instruction is given then work will be done to ensure that the correct sub-delegations are in place for response staff (SMOC's and others) across the ACHSCP.



## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

### **5. Implications for Committee**

#### **5.1. Equalities, Fairer Scotland and Health Inequality**

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

#### **5.2. Financial**

The Senior Managers on Call receive a standby allowance for being on call which equates in total to approximately £10,000 per annum. The standby allowances are set out in (a) The Council's Equal Pay and Modernisation terms and conditions of employment and (b) NHS Scotland's Agenda For Change Publication 2015/3. This payment is allocated from the appropriate staffing budget.

#### **5.3. Workforce**

There are no direct workforce implications arising from this report

#### **5.4. Legal**

This report outlines the duties that IJB's have under the Civil Contingencies Act 2004 and explains how the IJB has been meeting its duties.

#### **5.5. Unpaid Carers**

There are no direct implications relating to unpaid carers in this report.

#### **5.6. Information Governance**

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

#### **5.7. Environmental Impacts**

There are no direct environmental implications arising from this report, however ACHSCP respond to adverse weather events that can have an impact on the environment..

#### **5.8. Sustainability**

There are no direct sustainability implications arising from this report.

#### **5.9. Other**





## **RISK, AUDIT AND PERFORMANCE COMMITTEE**

There are no other implications arising from this report.

### **6. Management of Risk**

The Risk on the IJB fulfilling its requirements under the Civil Contingencies Act 2004 was de-escalated from the Strategic Risk Register to the operational level and is being monitored through the ACHSCP's Civil Contingencies Group.

#### **6.1. Link to risks on strategic or operational risk register:**

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

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# **Aberdeen City Health and Social Care Partnership (ACHSCP) EMERGENCY PLAN**

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**November 2024**

## Document Control

<b>Date of Activation Pack</b>	November 2024
<b>Version No.</b>	Draft
<b>File path/location</b>	
<b>Date of Review</b>	

### Details of Staff involved in Process

<b>Name</b>	<b>Role</b>	<b>Tel/Email</b>
Liz Grant	Resilience Officer	<a href="mailto:Liz.grant2@nhs.scot">Liz.grant2@nhs.scot</a>
Martin Allan	Business, Resilience and Communications Lead	Martin.allan3@nhs.scot
Helen Smith	Business Support Manager	Helen.smith2@nhs.scot

### Revisions/Amendment

<b>Date</b>	<b>Revision/Amendment</b>	<b>Author</b>

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## THE CIVIL CONTINGENCIES ACT 2004

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### INTRODUCTION

**The Integration Joint Board (IJB), represented by Aberdeen City Health & Social Care Partnership (ACHSCP), is a Category 1 Responder as defined under the Civil Contingencies Act 2004 (the Act).**

The Act outlines the key organisations responsible for ensuring the effective management of emergencies in Scotland. These are:

#### Category 1 Responders:

- Local Authorities
- Chief Constable of the Police Service of Scotland
- Scottish Fire and Rescue Service
- Scottish Ambulance Service Board
- Integration Joint Boards
- Health Boards
- Scottish Environment Protection Agency
- Maritime and Coastguard Agency.

#### Category 2 Responders:

- Electricity Operators
- Gas Suppliers
- Scottish Water
- Communications Providers
- Railway Operators
- Airport Operators
- Harbour Authorities
- NHS National Services Scotland
- Health and Safety Executive.
- The Met Office
- The Coal Board

In addition to the above, other agencies can have an important role in the context of resilience. These include but are not confined to:

- The military
- The Crown Office and Procurator Fiscal Service (COPFS)
- Transport Scotland
- Commercial organisations
- The Scottish Government
- • The voluntary sector

### Duties

The Act places a number of legal duties upon Category 1 responders. These are, in brief:

1. Duty to assess risk
2. Duty to maintain emergency plans
3. Duty to maintain business continuity plans
4. Duty to promote business continuity
5. Duty to communicate with the public
6. Duty to share information
7. Duty to co-operate.

For Category 2 responders the basic legislative principle is that they must co-operate with Category 1 responders in connection with the performance of their duties, including the proper sharing of information.

## **AIMS, OBJECTIVES, SCOPE**

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This document describes Aberdeen City Health and Social Care Partnership's team's planned response to any serious interruption to service delivery to assist staff to respond effectively and in an integrated manner with other Category 1 and 2 Responder agencies. The prime objectives are to save lives and reduce the health and social care impact whilst minimising disruption to critical services, business continuity and patient care.

### **Communicating with staff**

In the event of a business continuity or major incident, it is important to keep all ACHSCP staff informed of what the service is doing, the progress of the incident and what they, as members of staff, might be required to do. ACHSCP Communications Officer with the support of NHS Grampian's and Aberdeen City Council's Corporate Communications teams will assist with the preparation and cascade of messages to staff with support from the Operational Team

### **Communicating with the Public**

During a business continuity or major incident, there may be a desire from the public/relatives for information on the incident. In the event of an incident and activation of this plan, ACHSCP Communications Officer with the support of NHS Grampian's and Aberdeen City Council's Corporate Communications teams will assist with the activation of arrangements to help manage information demand from the public, if this is deemed necessary.

### **Control Room**

The Control Room will depending on the circumstances, be virtual, or relocated temporarily to a physical office(s) that will be used in the event of a business continuity incident and the place where the Incident Management Team (IMT) will first gather to establish the strategy for dealing with the incident.

Details of contacts are on Teams, [BCR Contacts](#) and information on physical control rooms are contained in [Appendix B](#).

The Incident Control Room support staff provides support to the IMT. They will provide a single point of contact and coordination for the ACHSCP response, and the collation, management and dissemination of information in support of the response to the emergency: this includes information required by The Grampian Local Resilience Partnership (GLRP), NHSG Executive Director On Call (EDOC), Aberdeen City Council's (ACC) Duty Emergency Response Co-Ordinator (DERC), other agencies, media, Convention of Scottish Local Authorities (CoSLA) and the Scottish Government Health Department

### **Stand Down**

The decision to stand down this plan will be taken by the ACHSCP Chief Officer/SMOC following an assessment of the status of the response, prevailing situation and the appropriateness of a transition from the ACHSCP emergency response and recovery to post incident 'business as usual'. Stand down includes the formal stand down of the Control Room.

## AIMS, OBJECTIVES, SCOPE (contd)

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### Recovery

The maximum tolerable period of disruption (MTPOD) and recovery time objectives (RTO) will be defined within each 'critical' service's Business Impact Analysis (BIA) which are located in the Teams site - [BCPs](#). For the purposes of this plan, the ACHSCP response and recovery effort will aim to have 'critical' services restored to an acceptable level within the recovery time objectives - [ACHSCP BIA High Risk 2024.xlsx](#). It must be noted that this may be flexible depending on the nature of the disruption – e.g. loss of power or a flood will vary from a major disease outbreak.

### Recording and retention of information

Emergencies may be subject to a range of investigations and lead to inquiries of many types. Following a business continuity or major incident, the ACHSCP may be required to provide evidence to a Fatal Accident Public Enquiry or similar. In these cases, evidence will be released to the Procurator Fiscal, Health and Safety Executive or claimant's representatives, and individuals may be called as witnesses.

All Category 1 Responders agencies **must** keep contemporaneous records and logs of their response to a business continuity or major incident, detailing any key actions and decisions taken, to support investigations and inquiries at a later date.

Any documents relating to an incident and response **must** be preserved. Under no circumstances should any document that relates to the incident be destroyed, amended, held back or mislaid. For these purposes "documents" means paper (including flip charts), photographs, audio and video (if used), and information held on word processor or other computer, text, and on MS Teams chat. It also includes internal electronic mail.

### Exercising and Review

The plan will be exercised annually, and may include relevant partners. This plan will be reviewed on an annual basis.

### Debriefing

Prior to closure of a major situation and standing down of the incident team(s), a debriefing of all participants should be conducted. A debriefing will ensure that:

- lessons learned are clearly identified and incorporated into a knowledge database for future plan development and incident management
- deficiencies in the current processes are clearly identified in ways that projects can be established to rectify them or mitigate them
- A report should be produced covering the above mentioned aspects. This should be contained in a central knowledge register with lessons learned incorporated into new plans. A summary of the incident and lessons learned will form part of the Annual Report on the IJB performance as a Category 1 Responder. Debrief reports will be stored in Microsoft Teams [Debriefs](#)

## POWERS DELEGATED TO SMOC

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### **An emergency is defined under the Civil Contingencies Act 2004 as:**

An event or situation which threatens serious damage to human welfare or the environment in a place in the United Kingdom, or war, or terrorism, which threatens serious damage to the security of the United Kingdom and which requires special arrangements to be implemented by one or more Category 1 Responder

### **An event or situation threatens damage to human welfare only if it involves, causes or may cause:**

- Loss of human life
- Human illness or injury
- Homelessness
- Damage to property
- Disruption of a supply of money, food, water, energy or fuel
- Disruption of a system of communication
- Disruption of facilities for transport, or
- Disruption of services relating to health.

When acting as Senior Manager on Call (SMOC) you are authorised\*:

- To take, or arrange for the taking of, any action on behalf of IJB/ACHSCP which s/he considers necessary in the event of:
  - An emergency (as “emergency” is defined in the Civil Contingencies Act 2004); or
  - Any incident that requires the implementation of special arrangements in order to:
    - Maintain statutory services at an appropriate level;
    - Support the emergency services and other organisations involved in the immediate response;
    - Provide support services for the community and others affected by the incident;
    - Enable the community to recover and return to normality as quickly as possible;
    - Provide mutual aid to other local authorities, with any such action being reported to the IJB? or relevant committee or subcommittee as an item on the agenda; and
  - To implement, or arrange for the implementation of, the provisions of the Civil Contingencies Act 2004 and the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005.

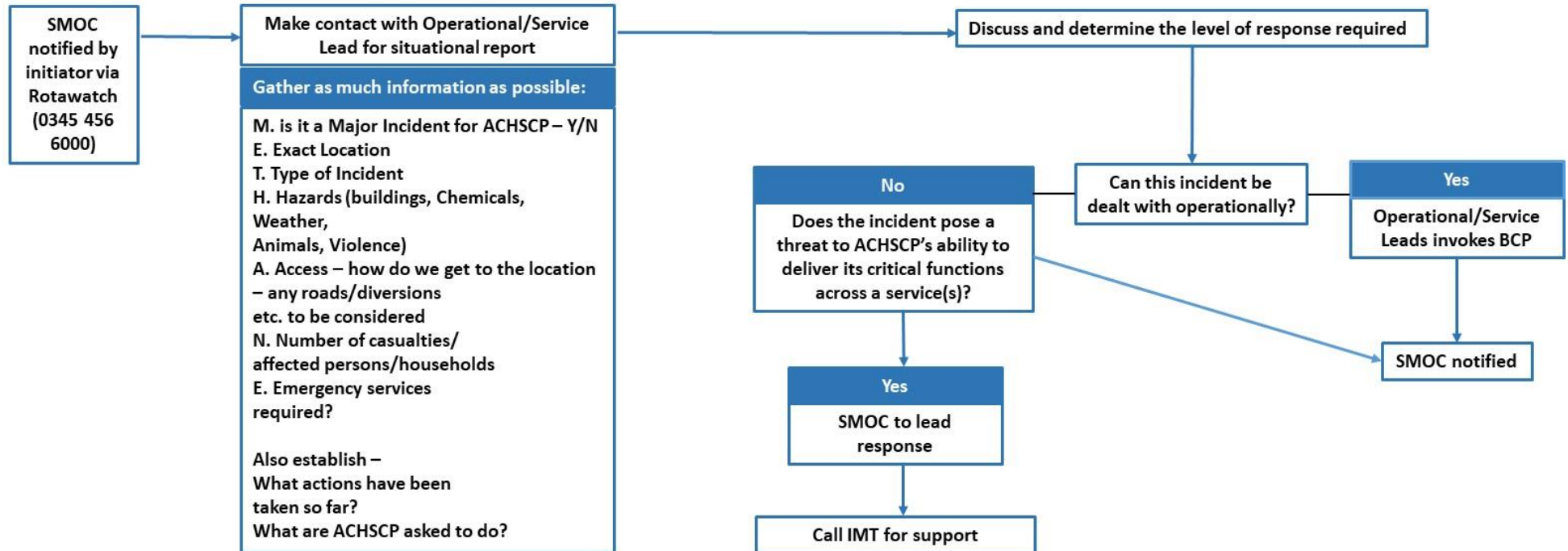
\*subject to work on delegations/sub-delegations.

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## SMOC INITIAL ACTIONS FLOWCHART

**INCIDENT RESPONSE AIM:  
PROTECT HUMAN LIFE, PROPERTY & ENVIRONMENT**



## SMOC ROLE AND RESPONSIBILITIES

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### The SMOC will provide Strategic response to an emergency by:

- Activating the ACHSCP response;
- Considering the emergency in its wider context;
- Act on behalf of the Chief Officer and the IJB to execute necessary decisions;
- Deciding whether to activate an Incident Management Team and chair IMT;
- Co-ordinate the response to an emergency on behalf of the ACHSCP, liaising with Aberdeen City Council's Incident Management Team (IMT) or NHSG equivalent, if established for the incident;
- Determining whether to activate the Grampian Local Resilience Partnership (GLRP) should the response to an emergency be outwith the capability of ACHSCP;
- Representing ACHSCP at meetings of the GLRP, if established for the incident;
- Determine long term and wider impacts and risk with Strategic implications;
- Define and communicate the overarching strategy and objectives for the emergency response;
- Establish the parameters for Operational Leads to operate in the management of an emergency;
- Monitor risks, impacts and progress towards defined objectives;
- Prioritise the requirements and allocate personnel and resources to manage the incident accordingly;
- Provision of advice and assistance as necessary to meet the particular needs of vulnerable people affected by an emergency (checking of vulnerable people in D365).
- Formulate and implement media handling and public communication plans, potentially delegating this to Communications Business Partner or to the Public Comms Group (PCG) if appropriate;
- Assess the need to adjust normal business priorities in the light of competing resource demand created by the incident;
- Direct planning and operations beyond the immediate response in order to facilitate the recovery process before the incident stands down;
- Ensure the Chief Officer and the Senior Leadership Team (SLT) are informed, and regularly updated as appropriate;
- Operate with the powers of the Chief Officer under the Powers Delegated to Officers, including the authorising of spend (subject to approval of recommendations in the report to Risk, Audit and Performance Cttee in Dec 2024 and subsequent delegations/sub-delegations).

### Governance

- Provision of Civil Contingencies advice to Incident Management Teams depending on incident (eg ACC or NHSG);
  - Provision of advice on all aspects of any emergency particularly with a view to ensure ACHSCP response can withstand legal scrutiny in any subsequent inquiry or liability claims, eg maintaining log books, using loggist, notes of meetings;
  - Monitor Health and Safety procedures at all levels of the emergency response.
-

## SMOC AIDE MEMOIRE

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STAGE 1 : GATHER INFORMATION		DONE
<b>M</b>	Is it a Major Incident for ACHSCP? – Y/N	
<b>E</b>	Exact Location	
<b>T</b>	Type of Incident	
<b>H</b>	Hazards (buildings, Chemicals, Weather, Animals, Violence)	
<b>A</b>	Access – how do we get to the location – any roads/diversions etc to be Considered?	
<b>N</b>	Number of casualties/affected persons/households	
<b>E</b>	Emergency services required?	
	Also establish: <ul style="list-style-type: none"> <li>- What actions have been taken so far?</li> <li>- What are ACHSCP being asked to do?</li> </ul>	

STAGE 2 : IDENTIFY ISSUES AND RISKS		DONE
<b>1</b>	What is the level of response required - Strategic/Operational?	
<b>2</b>	If NHSG call major incident, may stand up ECRs across the system.	
<b>3</b>	What actions have ACHSCP been allocated?	
<b>4</b>	Do you need more information in order to implement these actions?	
<b>5</b>	What are the likely risks for ACHSCP: <ul style="list-style-type: none"> <li>- Financial</li> <li>- Reputational</li> <li>- Legal</li> </ul>	
<b>6</b>	Does the incident have the potential to escalate? If so, what are the potential ramifications?	
<b>7</b>	What are your priorities?	
<b>8</b>	Do you need to activate the GLRP?	
<b>9</b>	Provide (M)ETHANE update to Police Emergency Procedures Adviser (EPA) if the GLRP is activated	

STAGE 3 : LOCATE PLANS AND PROCEDURES		DONE
<b>1</b>	Is there an ACHSCP plan for this situation?	
<b>2</b>	Is there a GLRP plan for this situation?	
<b>3</b>	Are there any legal requirements?	
<b>4</b>	Are there any specific requirements that need specific support: <ul style="list-style-type: none"> <li>- Vulnerable People – checking of D365</li> </ul>	
<b>5</b>	What are the impacts of your decisions?	
<b>6</b>	What are all of your options - including do nothing at this time?	

---

## SMOC AIDE MEMOIRE (Continued)

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STAGE 4 : CONSIDER OPTIONS AND CONTINGENCIES		DONE
1	How much time do you have to implement actions?	
2	What are the limits of the information available to you?	
3	What resources are available to you?	
4	How will I access resources if the situation escalates?	

STAGE 5 : CONDUCT CONSTANT RISK ASSESSMENT		DONE
1	Record your decisions and the rationale for making it using your log book.	
2	Is your response strategy working?	
3	What effects is it having?	
4	Do you need to notify anyone of your actions?	
5	Is your response strategy still working?	

STAGE 6 : POST INCIDENT		DONE
1	Host 'hot' de-brief within 24 hours of the incident concluding, and attend similar de-briefs at NHSG/ACC/GLRP levels	
2	Review response	
3	What worked well?	
4	What could have been improved?	
5	Identify lessons	
6	Make recommendations for improvement and allocate actions	
7	Share learnings	

## OPERATIONAL LEAD ROLE AND RESPONSIBILITIES

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### **Operational Lead Role and Responsibilities:**

- Dependent on the incident will consist of members from the OLT and/or their direct reports. Suggested attendees (but not exhaustive): representatives from Social Work, Nursing, Primary Care, AHP's and Business Support.
- Liaising with SMOC (Strategic Lead), and with Operational staff;
- Working with IMT;
- Managing the initial rotation of operational staff if incident could be protracted;
- Coordinating services;
- Mitigate risks to the Health & Safety of the public and personnel;
- Providing point of contact for emergency services and other local agencies;
- Ensure all operational staff are aware of stand down;
- Return to normal.

### **Operational Lead supported by Incident Management Team will respond to an emergency by:**

- Determining the extent of the emergency;
- Deem if there is an existing emergency response plan appropriate for the handling of the incident and advice implementing;
- Ensure a continuous flow of information between the SMOC, Operational teams and multi-agency partners;
- Ensure actions taken at the operational level are co-ordinated, coherent and integrated in order to maximise effectiveness and efficiency;
- Plan and co-ordinate how and when tasks will be undertaken in partnership with the SMOC and the GLRP ;
- Determine priorities for allocating available resources in partnership with the SMOC and the GLRP ;
- Obtain additional resources if required with approval from the SMOC and in partnership with the GLRP , community groups and suppliers;
- Assess significant risks and use this to inform tasking of operational responders;
- Mitigate risks to the Health and Safety of the public and personnel;
- Activate incident specific plan, scaling up or down to fit with the scale of the incident;
- Advise on SMOC strategy and implement;
- Initiate response, agreeing local actions and monitor response in partnership with the Business, Communications and Contingencies Lead;
- Prepare to take over the emergency response co-ordination role after the on-scene responders have concluded their part in the incident response;
- Provide regular briefings to SMOC;
- Co-ordinate administrative support to SMOC and Incident Management Teams.
- Record all costs associated to the incident response.

## INCIDENT MANAGEMENT TEAM ROLES AND RESPONSIBILITIES

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### IMT Role and Responsibilities

- Ensure a continuous flow of information between the Operational teams and multi-agency partners;
- Ensure actions taken at the operational level are co-ordinated, coherent and integrated in order to maximise effectiveness and efficiency;
- Plan and co-ordinate how and when tasks will be undertaken in partnership with the Operational Lead and the GLRP;
- Determine priorities for allocating available resources in partnership with the SMOC and Local Resilience Partnership partners;
- Assess significant risks and use this to inform tasking of operational responders;
- Mitigate risks to the Health and Safety of the public and personnel;
- Advise SMOC and Operational Lead on strategy;
- Initiate response, agreeing local actions and monitor response in partnership with the SMOC/Operational Lead;
- Maintain log of events of the incident response (this will be the duty of an appointed Loggist).

### Additional Health and Social Care Partnership Duties

- Participate in the delivery of the Care for People response in the event of an emergency;
- Provision of counselling and welfare advice at Rest Centres and other centres established in connection with an emergency;
- Provision of support and counselling in the short, medium and long term to victims, their relatives, staff or members of the public.

## IMT ACTION LIST

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### INCIDENT RESPONSE AIM:

PROTECT HUMAN LIFE, PROPERTY AND ENVIRONMENT

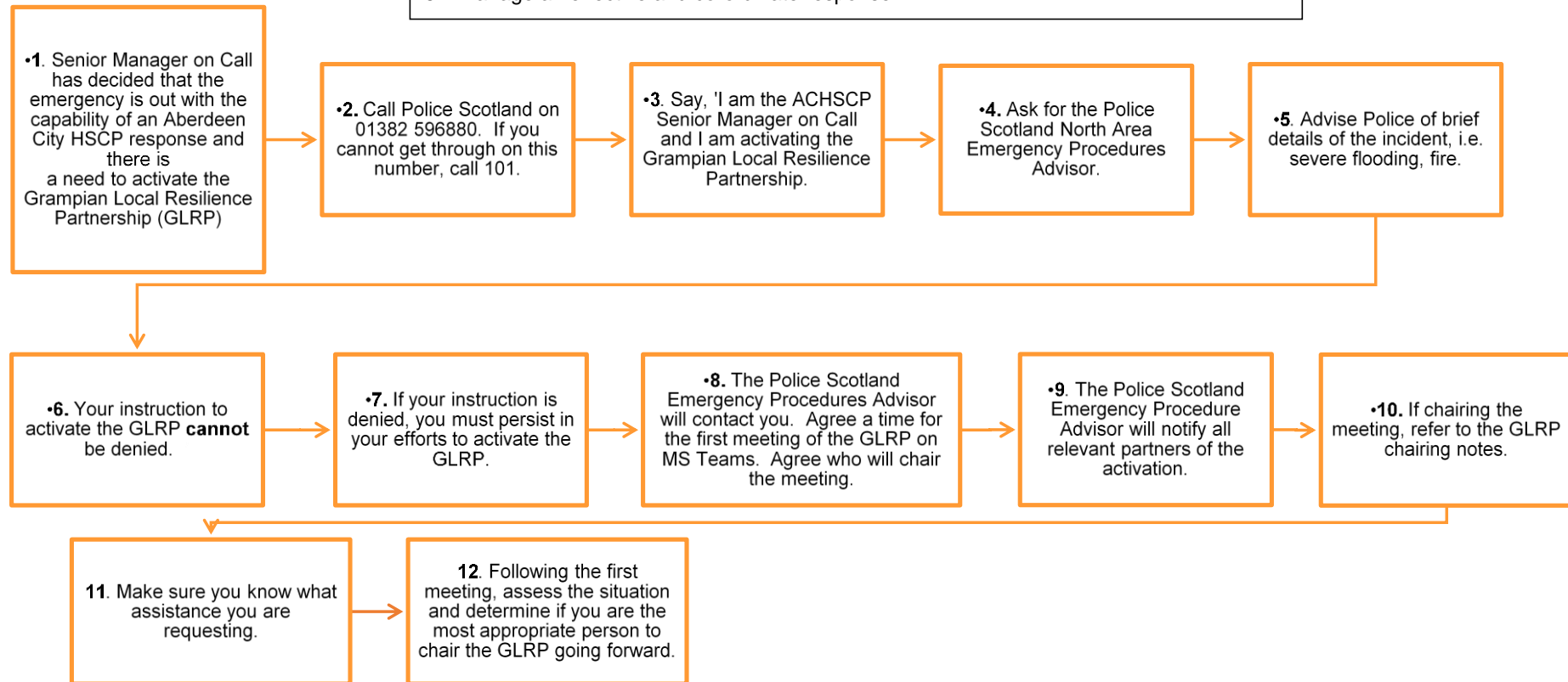
CHECKLIST		DONE
1	Set up an IMT. An IMT can be as small or large as the incident requires. Refer to <a href="#">Appendix A</a> for agenda. The IMT/SLT should be Chaired by the SMOC and follow the Agenda. The Agenda includes a generic strategy which can be agreed by the IMT/SLT or amended to suit the nature of the emergency or incident.	
2	Determine IMT membership. Include communications for every incident. Suggested attendees, but not exhaustive are: SMOC, Business, Resilience and Communications Lead, Social Work Service Manager for Care Homes/Care Management, representatives from Primary Care, Nursing, AHPs, Communications Adviser and Loggist.	
3	Notify Chief Officer.	
4	Chair IMT meeting, nominate loggist to takes notes of key actions. Record meeting on Teams.  <b>Consider:</b> <ul style="list-style-type: none"> <li>- Whether to inform service leads.</li> <li>- Whether to activate the GLRP - refer to <a href="#">GLRP Activation Pack</a>.</li> <li>- Whether to request Mutual Aid - refer to <a href="#">Mutual Aid Procedure</a>.</li> <li>- If not already considered, is there a need for additional SMOC support to manage multiple requests (for instance, if new information is notified through IMT).</li> </ul>	



## How to Activate the Grampian Local Resilience Partnership

### Incident Response Aim:

1. Protect human life, property and environment
2. Prevent escalation of the incident
3. Maintain normal services at an appropriate level
4. Safeguard the civilians & relieve suffering
5. Manage an effective and co-ordinate response



## How to Activate the Grampian Local Resilience Partnership

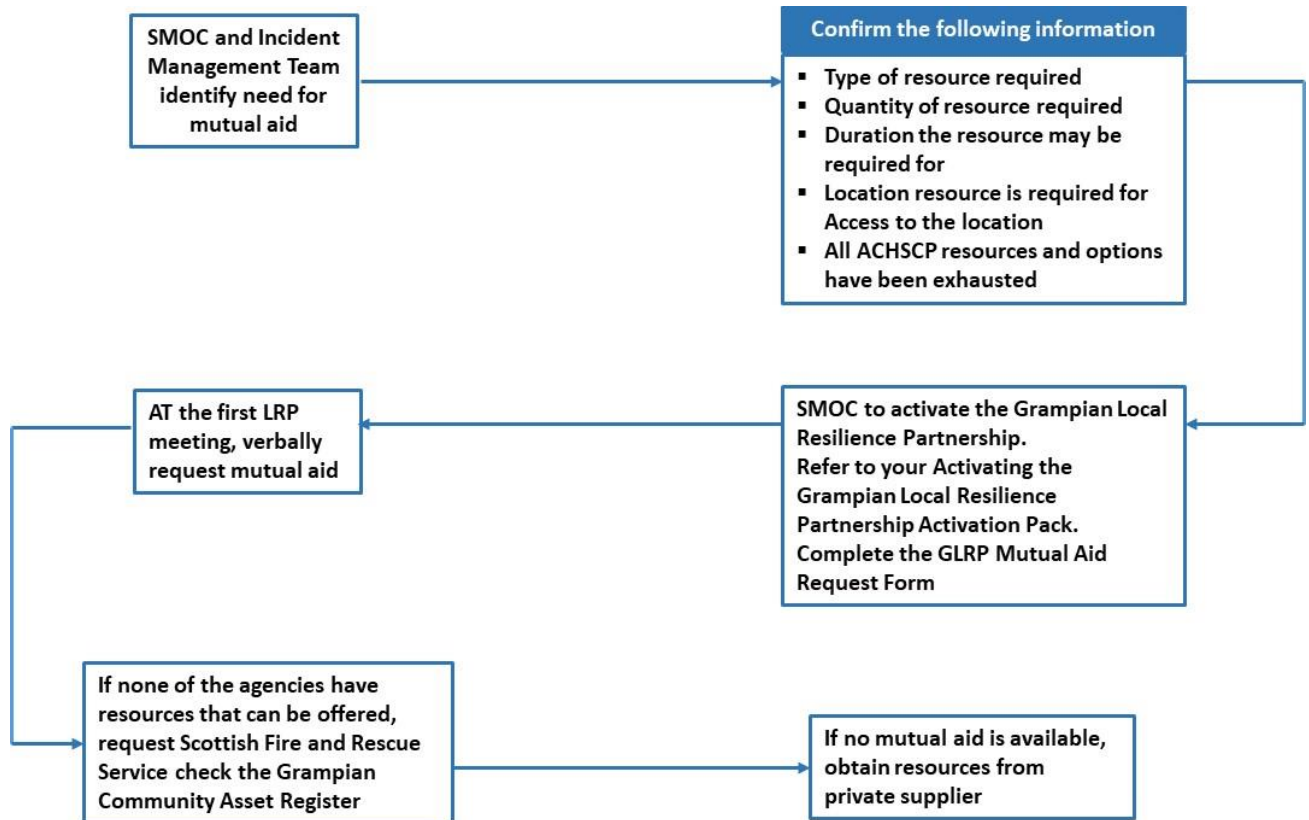
### Check List\*

Incident Response Aim:	
1.	Protect human life, property and environment
2.	Prevent escalation of the incident
3.	Maintain normal services at an appropriate level
4.	Safeguard the civilians & relieve suffering
5.	Manage an effective and co-ordinate response

Check List		Done
1	Senior Manager on Call has decided that the emergency is out with the capability of an Aberdeen City HSCP response and there is a need to activate the Grampian Local Resilience Partnership (GLRP)	
2	Call Police Scotland on 01382 596880. If you cannot get through on this number, call 101.	
3	Say: 'I am the Aberdeen City Health and Social Care Partnership Senior Manager on Call and I am activating the Grampian Local Resilience Partnership'	
4	Ask for the on-call Police Scotland Emergency Procedures Advisor.	
5	Explain the situation.	
6	Your instruction to activate the GLRP <b>cannot</b> be denied	
7	If your instruction is denied, you must persist in your efforts to activate the GLRP	
8	The Police Scotland Emergency Procedures Advisor will call you back to discuss the situation. Agree a time for the first GLRP meeting which will take place via MS Teams unless in person is required. Agree who will chair the meeting.	
9	The Police Scotland Emergency Procedures Advisor will notify all relevant partners of the activation.	
10	If chairing the meeting, refer to the GLRP chairing notes.	
11	Depending on the nature of the emergency, the SMOC may have to chair the first GLRP meeting, or it may be the Police.	
12	Make sure you know what assistance you are requesting	
13	Following the first meeting, assess the situation and determine if you are the most appropriate person to chair the GLRP going forward: <ul style="list-style-type: none"> <li>• Do you have capacity to chair the GLRP?</li> <li>• Would the type of incident be better suited led by another responder?</li> </ul>	

## HOW TO REQUEST MUTUAL AID FLOWCHART

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## HOW TO REQUEST MUTUAL AID PROCEDURE

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CHECK LIST		DONE
1	Senior Manager on Call and Incident Management Team identify need for mutual aid and ensure that all internal service options have been exhausted first	
2	Complete the <a href="#">GLRP Mutual Aid Template</a> . Senior Manager on Call to activate the Grampian Local Resilience Partnership.	
3	At the first LRP meeting, verbally request mutual aid and speak to the content of the request.	
4	If none of the agencies have resources that can be offered, request Scottish Fire and Rescue Service check the Grampian Community Asset Register	
5	If no mutual aid is available, obtain resources from private supplier. The Incident Management Team should be exploring sourcing resources from established suppliers. The following information should be made available to the SMOC: <ul style="list-style-type: none"> <li>- Contractor</li> <li>- Cost</li> <li>- Lead Time</li> </ul>	

**APPENDIX A**

**AGENDA**

**INCIDENT DETAILS:**

**ACHSCP Incident Management Team/Senior Leadership Team**

<b>Meeting No:</b>	<b>Time/Date:</b>
<b>Chair:</b>	<b>Loggist:</b>
<b>Location:</b> MS Teams/Venue	

1	Welcome, Introduction and Apologies	Chair
2	Urgent Issues	ALL
3	Review of Actions	Chair
4	Review of Strategy <ul style="list-style-type: none"> <li>- Protect human life, property &amp; environment.</li> <li>- Prevent escalation of the incident</li> <li>- Minimise harmful effects of emergencies.</li> <li>- Safeguard the civilians &amp; relieve suffering.</li> <li>- Maintain normal services at an appropriate level.</li> <li>- Manage an effective co-ordinated joint response.</li> <li>- Provide mutual support and co-operations between responders.</li> <li>- Support local community and its part in the recovery from an emergency.</li> </ul> <p><b>Prompt: the above are just examples of possible strategies for the incident. IMT would agree on exact strategy. Once strategy is set then IMT should check that it is still relevant as incident progresses.</b></p>	Chair
5	Situation Update	Chair
6	Service/Team Updates	ALL
7	Vulnerable Service Users/PARD requirements	Social Work Representative
8	Care For People Requirements <p><b>Prompt: are there any care for people requirements resulting from the incident? If so can these requirements be managed internally in ACHSCP or is there a need to escalate to GLRP?</b></p>	Care For People Team Representative
9	Public Communications	ACHSCP Communications Business Advisor
10	Summary of New Actions <p><b>Prompt-any escalations to GLRP?</b></p>	Chair/Loggist
11	AOCB	ALL
12	Date of Next Meeting	Chair


## APPENDIX B

### WOODEND CONTROL ROOM

Subject	Information	Remarks
<b>Location</b>	Management Meeting Room First Floor Management Offices Woodend Hospital Aberdeen AB15 6XS	<ul style="list-style-type: none"> <li>Room might be used for meetings. If incident occurs, the group will be asked to leave immediately.</li> </ul>
<b>Door Lock</b>	Key	<ul style="list-style-type: none"> <li>Unlkey is kept in admin office</li> <li>During out of hours available from porters</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>Telephone 56540</li> <li>Red emergency phone 325875</li> <li>Ports enlivened, phones activated and tested for functionality. Both incoming and outgoing calls.</li> </ul>	<ul style="list-style-type: none"> <li>Videoconference equipment</li> </ul>
<b>Access/Egress</b>	<ul style="list-style-type: none"> <li>24hr access.</li> </ul>	<ul style="list-style-type: none"> <li>Access via main door beside porters office. Porters can give access to meeting room.</li> </ul>
<b>Equipment</b>	<ul style="list-style-type: none"> <li>Computer in room and linked to printer</li> <li>Laptop available if required</li> <li>Projector available, located in the cupboard in corridor, key available from admin office</li> </ul>	<ul style="list-style-type: none"> <li>MFD (NHSG16819) Room 4 on same floor (includes fax and scanner).</li> </ul>
<b>Distance</b>	<ul style="list-style-type: none"> <li>5 mins travel from Summerfield House</li> <li>15 mins travel from Foresterhill Campus.</li> <li>20-25mins from the City Centre.</li> </ul>	<ul style="list-style-type: none"> <li>In very close proximity to main roads, local transportation.</li> <li>Parking available.</li> </ul>
<b>Real Life Support</b>	<ul style="list-style-type: none"> <li>Kettle and microwave available. Sink with hot water.</li> <li>Toilets located close by on same floor</li> </ul>	
<b>Fixtures and Fittings</b>	<ul style="list-style-type: none"> <li>1 big table</li> <li>1 desk</li> <li>10 chairs</li> <li>7 whiteboards</li> </ul>	

<b>E-mail</b>	<a href="mailto:Gram.woodendcontrolroom@nhs.scot">Gram.woodendcontrolroom@nhs.scot</a>
<b>Incoming calls</b>	56540

## MARISCHAL COLLEGE

 This image cannot currently be displayed.



## RCH CONTROL ROOM

Subject	Information	Remarks
Location	Fulton Meeting Room Ground Floor, Fulton Building Management Corridor Royal Cornhill Hospital Cornhill Road Aberdeen AB25 2ZH	<ul style="list-style-type: none"> <li>Room might be used for meetings. If incident occurs, the group will be asked to leave immediately.</li> </ul>
Door Lock	Key	<ul style="list-style-type: none"> <li>Kept locked always. Every staff on the corridor has a key.</li> <li>During out of hours, key and alarm code can be collected from hospital main reception.</li> </ul>
Communications	<ul style="list-style-type: none"> <li>Telephone - 57314</li> <li>Ports enlivened, phones activated and tested for functionality. Both incoming and outgoing calls.</li> </ul>	<ul style="list-style-type: none"> <li>Videoconference equipment</li> </ul>
Access/Egress	<ul style="list-style-type: none"> <li>Opens during office hours but 24hr access is available on request.</li> </ul>	<ul style="list-style-type: none"> <li>Access via Fulton Building main door beside RCH main entrance.</li> <li>During out of hours, keys, door code and alarm code can be collected from hospital main reception.</li> </ul>
Equipment	<ul style="list-style-type: none"> <li>Laptop available on request</li> <li>Projector available on request</li> </ul>	<ul style="list-style-type: none"> <li>Contact Support Service on 57883 to request equipment.</li> </ul>
Distance	<ul style="list-style-type: none"> <li>10 mins travel from Summerfield House</li> <li>12 mins travel from Woodend Hospital</li> <li>5 mins travel from Foresterhill Campus.</li> <li>5 – 10 mins from the City Centre.</li> </ul>	<ul style="list-style-type: none"> <li>In very close proximity to main roads and local transportation.</li> <li>Parking available.</li> </ul>
Real Life Support	<ul style="list-style-type: none"> <li>Kettle and microwave available. Sink with hot water.</li> <li>Hot water dispenser</li> <li>Toilets located close by on same floor</li> </ul>	<ul style="list-style-type: none"> <li>All items in the staff kitchen</li> </ul>
Fixtures and Fittings	<ul style="list-style-type: none"> <li>1 big meeting room table</li> <li>16 chairs</li> <li>1 whiteboard</li> <li>1 flip board</li> </ul>	

<b>E-mail</b>	Gram.rchcontrolroom@nhs.scot
<b>Incoming calls</b>	57314

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## RISK AUDIT & PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	Justice Social Work Service Annual Update and Performance Report 2023-24
<b>Report Number</b>	HSCP.24.092
<b>Lead Officer</b>	Claire Wilson, Chief Officer Adult Social Work
<b>Report Author Details</b>	Name: Val Vertigans Job Title: Strategic Service Manager, Justice Social Work Service Email Address: <a href="mailto:vavertigans@aberdeencity.gov.uk">vavertigans@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes/No
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	A: JSW Annual Update and Performance Report 2023-24
<b>Terms of Reference</b>	5 <a href="#">terms-of-reference.pdf</a> ( <a href="#">aberdeencityhscp.scot</a> )

### 1. Purpose of the Report

- 1.1. The purpose of the report is to present the Risk, Audit and Performance Committee with the updated Justice Social Work Service (JSWS) Annual Performance Report 2023/24.

### 2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Notes the Justice Social Work Annual Update and Performance Report 2023-24 (Appendix 1) which provides assurance about progress made over the year.



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### **3. Strategic Plan Context**

- 3.1.** Justice Social Work is delegated by Aberdeen City Council to the Integration Joint Board (IJB) as set out in the Aberdeen City Integration Scheme created under the Public Bodies (Joint Working) (Scotland) Act 2014. The Justice Delivery Plan 2021-2024 aligns with the ambitions set out in the HSCP Strategic plan – delivering the Justice Social Work Delivery Plan is identified as one of the ‘Programmes / Projects’ in the HSCP Strategic Plan Delivery Plan, under the ‘Caring Together’ priority.

### **4. Summary of Key Information**

- 4.1** The Justice Social Work (JSW) service continues to be diverse, complex and busy, albeit demand is now returning to pre-pandemic levels. Examples, in relation to the year 2023-24, include:
- the number of Justice Social Work Reports requested continues to surpass pre-pandemic levels;
  - Diversions from Prosecution increased significantly, with Aberdeen City having the highest number of Diversions per 100,000 population of any area in Scotland in 2023-24;
  - the number of Bail Supervision cases commenced also continued to increase, potentially reflecting the commitment to reducing the number of people remanded in custody;
  - numbers undertaking the Caledonian Programme for perpetrators of domestic abuse continue to increase.
- 4.2** In relation to Community Payback Orders, although numbers of Orders imposed have not reached pre-covid levels, the complexity and length of Orders have increased. As of 31st March 2024, there were 1,258 active CPOs. Supervision of individuals on CPOs focuses on attending to needs such as benefits/housing/health/stabilising drug and alcohol use as early as possible into the Order (or ideally from first contact with the Service) to support them to concentrate on offence focussed work and Cognitive Behavioural Therapy (CBT) interventions.
- 4.3** As set out in the Annual Report, the Unpaid Work Service has continued to face challenges in terms of suitable premises, access to vehicles, and reduction in individual placements offered by charitable organisations. Notwithstanding, the Service has continued to cope well, without a significant impact on service users or service delivery, for example through the use of Learning Packs and home working projects for those where their health precludes them from participating in a work party or craft workshop



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environment. The CPO Annual Report at the Appendix to the Annual Report provides more information about the delivery and impact of our Unpaid Work Service during the course of the year. The CPO Annual Report has been submitted to Community Justice Scotland as required by the Criminal Procedure (Scotland) Act 1995 (as amended).

- 4.4** As with other areas, demand on the Service in terms of the number of individuals in custody also remains high. On 31st March 2024, the number of individuals where Aberdeen have Throughcare supervision responsibility increased to 137 (up from 121 the previous year). Individuals are supervised and supported, in conjunction with partners as required, to meet licence requirements, improve outcomes and reduce the likelihood of reoffending.
- 4.5** The commitment of staff across the service has not faltered, and the report demonstrates our continued drive to fulfil the JSW Delivery Plan's vision that "Every person that we work with achieves the best possible individual and statutory outcomes".
- 4.6** Justice Social Work cannot operation in isolation, and continues to work closely with partner organisations and services, including:
- as part of the Multi Agency Public Protection Arrangements (MAPPA), and MARAC (multi agency working around the safety of those harmed by or at risk of domestic abuse);
  - as part of the Scottish Prison Service's regular Case Management Board and Integrated Case Management pre-release processes;
  - regular working with services including Health, Housing, Substance Use, Employability, and a range of third sector partners, to provide person-centred supports to clients;
  - the Court and Procurator Fiscal Services;
  - as part of Community Planning Aberdeen's multi agency Community Justice Group, and the related Local Outcome Improvement Plan projects.
- 4.7** As referenced in section 10 of the Annual Report, in terms of moving forwards, planned improvement and developmental work will include:
- review of the Delivery Plan, with the new Plan expected to be in place for 2025-2029, in line with the Health and Social Care Partnership Strategic Plan timescales;
  - related review of the Service's Performance Framework;



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- completion of the Self Evaluation required by the Care Inspectorate in relation the current National Thematic Review of Performance and Quality Assurance, and progression of resulting improvement work;
- involvement in multi agency 'Community Justice' projects, including increasing numbers of exit questionnaires completed, improving supports for individuals where there are concerns with substance use, and improving confidence in Community Justice;
- ensuring adherence to revised National Outcomes and Standards, once published; and
- exploring the possibility of developing and piloting a lower-level Domestic Abuse programme.

In addition to the above, the Scottish Government, in response to the rapid rise in the prison population, took emergency measures to release prisoners early across the prison estate. In collaboration with Scottish Prison Service and other relevant services, the release of 19 'Aberdeen' individuals was successfully coordinated, in June 2023, to ensure, that those transitioning from prison to the community have access to housing, healthcare, financial support, in the same way as we would seek to deliver for those being released from prison on a routine basis. It is anticipated that there are likely to be more such releases in the coming period.

### **5. Implications for IJB**

As referenced above, Justice Social Work is delegated by Aberdeen City Council to the Integration Joint Board (IJB) as set out in the Aberdeen City Integration Scheme. This report provides assurance about how the Service is fulfilling its functions.

### **6. Equalities, Fairer Scotland and Health Inequality**

There are no specific Equalities, Fairer Scotland or Health Inequality implications of this report, as it is a noting report, and as such an Integrated Impact Assessment has not been completed.

### **7. Financial**

There are no direct financial implications arising from the recommendations of this report. Justice Social Work is funded primarily via ring-fenced funding based on service volumes as reported to Scottish Government on a regular basis.



## **RISK AUDIT & PERFORMANCE COMMITTEE**

### **8. Workforce**

There are no direct Workforce implications arising from the recommendations of this report. The service is well-staffed. Training and development of staff is prioritised to ensure we have a motivated and effective workforce which has the capability of delivering services to the Courts as required.

### **9. Legal**

There are no direct legal implications arising from the recommendations of this report. JSWS undertakes statutory functions and legal advice is sought as required.

### **10. Unpaid Carers**

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

### **11. Information Governance**

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

### **12. Environmental Impacts**

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

### **13. Sustainability**

There are no direct implications arising from the recommendations of this report in relation to Sustainability.

### **14. Other Implications**

There are no other implications.

### **15. Management of Risk**

The content of the Report relates to the following from the HSCP Risk Appetite Statement:

*Regulatory compliance: risk It will accept no or low risk in relation to breaches of regulatory and statutory compliance.*

Assessment and mitigation of risk relating to individual clients forms the basis of JSW's fundamental ongoing service delivery across the piece.



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Arrangements are in place for escalation, in conjunction with partners as required, including as part of MAPPA.



## Justice Social Work

### Annual Performance Report 2023-24

#### 1) Introduction

The Justice Social Work (JSW) service continues to be diverse, complex and busy and consists of Caledonian, Community Payback Orders (CPO), Unpaid Work, Women's Service, Pre-Disposal team based at the Court, Throughcare, Support Work and Admin. teams. Its primary remit is to provide statutory supervision and support to individuals who have offended, using interventions which are proportionate to risk and need. This supervision ranges from low level for those on Diversion from Prosecution to very high level, and with support from Multi Agency Public Protection Arrangements (MAPPA) for the "critical few" who pose significant public protection concerns.

The individuals with whom the service works may have mental health problems, learning difficulties, personality disorders, drug and/or alcohol problems, behavioural/anger management problems, neurodiversity issues etc., often undiagnosed, and a poverty of aspiration for themselves. JSW staff are responsive to these increasingly complex needs and risks and accept their professional responsibilities to respond accordingly in a person-centred and trauma-informed manner in order to deliver individual and statutory outcomes.

Our Justice service experienced challenges in meeting the demand for increasing statutory supervision orders because of the court backlog following the COVID-19 pandemic, however we are now seeing this return to pre-pandemic levels. The increased prison population has reached crisis levels during this year with an increasing percentage of remand prisoners. Scottish Government and the Scottish Prison Service continue to endeavour to reduce numbers by promoting Supervised Bail as an appropriate alternative. There is evidence that the use of Bail Supervision, whilst not reducing the number of Aberdeen remand prisoners, is preventing an increase.

2023-24 has been a challenging year in many respects, with the Service continuing to see high levels of demand, in common with public sector services across the piece. Other challenges have included:

- the aftermath of the reinstatement of the national LSCMI risk/needs assessment database which had been withdrawn from March 2022 until August 2023 due to glitches. Paper based risk/needs assessments then had to be retrospectively input onto the system on a phased basis as agreed nationally;
- ongoing challenges relating to the relocation of our Unpaid Work Team during 2022-23 and associated issues for continued service delivery with minimal impact on individuals;

- the ongoing adjustments required to the social work D365 recording system, which was implemented in October 2022, in order to meet the needs of the Service, including in relation to national reporting requirements.

In spite of these challenges, the commitment of staff across the service has not faltered, and the report demonstrates our continued drive to fulfil the JSW Delivery Plan's vision that "Every person that we work with achieves the best possible individual and statutory outcomes". The Service does not operate in isolation, of course, and our relationships and collaborations with multi agency organisations and services, in delivering our functions, remain strong.

## 2) Strategic Context

Justice social work is delegated by Aberdeen City Council to the Integration Joint Board (IJB) as set out by the Public Bodies (Joint Working) (Scotland) Act 2014. The Aberdeen City Health & Social Care Partnership's Strategic Plan 2022-25 sets out the priority objectives for all of the delegated functions and services. In addition, the Scottish Government have outlined those [national health and wellbeing outcomes](#) which all partnerships must strive towards.

The community justice model in Scotland is underpinned by the Community Justice (Scotland) Act 2016, and ACHSCP is a statutory community justice partner under the Act. The national strategic context has changed during the course of the year, with an updated [Community Justice Performance Framework](#) being published in March 2023, followed by a refreshed [National Strategy for Community Justice](#) in December 2023.

At a local level, ACHSCP is also a statutory member of Community Planning Aberdeen. There is a strong alignment between the integration partnership's Strategic Plan and the community planning partnership's [Local Outcome Improvement Plan 2016-26](#), which was refreshed in April 2024. The LOIP contains a number of improvement projects under Stretch Outcome 9 - *10% fewer adults (over 18) charged with more than one offence by 2026* - in which the JSW Service is playing a key part due to its central role within Community Justice.

## 3) Governance

The Service's Performance Management Board (PMB), chaired at Chief Officer level and with Senior representation from across the Service, has continued to meet on a quarterly basis and maintain oversight of progression of the Delivery Plan, performance management, learning and development, digital developments, and informed by findings from quality assurance, reviews and exit questionnaires, to drive forward continuous improvement across the Service.

The scheduled Service Quality Assurance programme has, for the most part, been progressed during the year, although service demands did impact on completions in some areas. This forms part of the JSW Performance Framework, and there are targets which Senior Social Workers should meet which are reported in to each meeting of the PMB. The

PMB also listens to the ‘voice’ of staff throughout the Service, through its ‘Best Practice’ sub group.

#### 4) Headlines

**Demands on Justice Social Work Service:** Table 1 below gives an indication of the demands on some aspects of the JSW workload, with 2019/20 as the pre-Covid benchmark (see also Appendix 1 for the 2023-24 CPO Annual Report, which provides further information about impact and work undertaken as part of CPOs).

Table 1: Service Volumes

	2019/20	2020/21	2021/22	2022/23	2023/24
Justice Social Work Reports	1,126	715	935	1271	1286
Community Payback Orders imposed	1,055	506	667	909	851
Diversion commenced	114	150	168	149	287
Bail Supervision commenced	45	4	26	117	126
Structured Deferred Sentence	25	11	30	40	34
Throughcare cases commenced in the community	32	38	40	39	47
Total no. of hours of Unpaid Work completed	52,854	32,153	36,683	33,857	36,460

\*Not yet available.

As these figures indicate:

- the number of Justice Social Work Reports requested continues to surpass pre-pandemic levels;
- Community Payback Orders has reduced slightly from the previous year, albeit there has been an increase in terms of length and complexity;
- Diversions from Prosecution increased significantly, with Aberdeen City having the highest number of Diversions per 100,000 population of any area in Scotland in 2023-24;
- the number of Bail Supervision cases commenced also continued to increase, potentially reflecting the commitment to reducing the number of people remanded in custody; and
- the number of Structured Deferred Sentences remained consistent with the two prior years.

The Scottish Government’s allocated additional funding to JSW in May 2021 to address Covid backlogs and support recovery will continue until 2026, a staffing recruitment drive during 2022/23 resulted in the service being almost fully staffed and this is ongoing.

**Diversion from Prosecution:** the increase in numbers is considered to be very positive. While it may be indicative of the need to reduce court backlogs by using alternatives to prosecution, it enables individuals who have committed offences and have significant underlying needs to be diverted into support and, ideally out of offending and Court

processes, at an early stage. This disposal, particularly when imposed by the Problem-Solving Court, is again intended both as a lower level, albeit intensive, intervention and as a diversion from custody.

**Bail Supervision:** the increase in Bail Supervision is significant when compared to pre pandemic levels and the additional service demands are being met by an increase in staffing levels to support this service. This offers a robust and credible alternative to remand in custody, whereby people accused or convicted of an offence (or offences) are assessed as requiring a level of supervision, monitoring, and support to adhere to bail conditions. Those who the court may decide would otherwise be held on remand pending trial or for reports after conviction are instead released on bail on the condition that they meet with a bail supervisor (or nominated worker from a relevant agency) three times per week, subject to an assessment of suitability and compliance management. The overarching aim of bail supervision is therefore to reduce the use of remand by giving confidence to the court that people bailed in the community will be supported to comply with the conditions of bail, and that any non-compliance will be robustly managed. Bail supervision involves Bail Supervision assessments being provided to the Court with a proposed a package of supervision and support to the person. This can include the provision of direct support, as well as signposting and assistance to access relevant support services, including accommodation, employability, drug and alcohol services, or mental health support. Access to appropriate support services whilst subject to bail supervision is dependent on statutory and third sector services provided in local areas. As such, local collaboration between community justice partners is critical.

**Caledonian Programme:** Domestic abuse permeates much of our work and Caledonian assessments and resulting orders are now above pre-pandemic levels. 138 Caledonian assessments were undertaken for suitability of the programme, following which 41 Caledonian Programme requirements were imposed as part of Community Payback Orders, and we had an average of 90 men undertaking the programme during the year. This is an increase from an average of 80 the previous year meaning just over 10% increase. The service completes Caledonian assessments for most cases of domestic offending and victims are referred to the Caledonian Women's Service for support from a Women's Worker. We are exploring the possibility of developing and piloting a lower-level Domestic Abuse programme.

**Justice Social Work Reports:** The JSW service was involved in the piloting of a new Court Report template for shorter and more concise reports which has now been rolled out nationally.

## 5) Working in Partnership

Justice Social Work cannot operate in isolation, and continues to work closely with partner organisations and services, including:

- as part of the Multi Agency Public Protection Arrangements (MAPPA), and MARAC (multi agency working around the safety of those harmed by or at risk of domestic abuse);

- as part of the Scottish Prison Service's regular Case Management Board and Integrated Case Management pre-release processes;
- regular working with services including Health, Housing, Substance Use, Employability, and a range of third sector partners, to provide person-centred supports to clients;
- the Court and Procurator Fiscal Services; and
- as part of Community Planning Aberdeen's multi agency Community Justice Group, and the related Local Outcome Improvement Plan projects.

## 6) Delivery Plan Objectives

The JSW Delivery Plan 2021-2024 has four key objectives which seek to make Aberdeen a safer place in which to live, and which the service is working towards:

- To contribute to the creation of safer and fairer communities;
- To fairly, effectively and proportionately implement court orders and release licences;
- To reduce offending by promoting desistance;
- To promote the social inclusion of people with convictions.

These four objectives also form the basis of the Service's Performance Framework together with a number of relevant, objective-specific metrics to enable the service to reflect on how well it is meeting or progressing towards each particular objective.

### To contribute to the creation of safer and fairer communities

One of the wider outcomes from supporting individuals with their assessed needs, helping them complete their orders and in doing so, assessing, and managing any risks that present themselves is the positive impact on our communities with the result that Aberdeen is a safer place to live and work.

A) We continue to focus on attending to needs such as benefits/housing/health/stabilising drug and alcohol use as early as possible into an individual's **Community Payback Order** (or ideally from first contact with the service) to support them to concentrate on offence focussed work and Cognitive Behavioural Therapy (CBT) interventions, including relating to domestic abuse, sexual offending, drug and alcohol interventions, anger management, and bespoke programmes of work responsive to risk/needs of individual clients. Referrals are also made to JSW support work, Venture Trust and any other agency which will provide specific person-centred support.

Our Development Officer for Justice Social Work and Alcohol and Drugs continues to support our service users to access the Assertive Outreach Service which can offer support to those who are struggling with substance use to receive appropriate support at the time they most need it. This enables service users to stabilise the issues affecting them which improves their ability to engage with their Supervision and reduces their likelihood of further offending.

There was a 52% drop in CPO numbers between 19/20 and 20/21. Although numbers of Orders imposed has not reached pre-covid levels, the complexity and length of Orders

have increased. As of 31<sup>st</sup> March 2024, there were 1,258 active CPOs. See also Table 5: Exit Questionnaires.

Table 2: Number of Community Payback Orders imposed

	Aberdeen				
	19/20	20/21	21/22	22/23	23/24
Orders	1,055	506	669	909	851
Male	894	441	570	798	590
Female	161	65	99	136	145
Under 18	17	7	5	6	2

B) The **Unpaid Work Service** had to vacate their premises at the end of January 2023 and relocate to other council buildings on a temporary basis. Efforts continue to find suitable replacement premises. There has also been a reduction in individual placements available (since Covid and the withdrawal of some charitable organisations). The consequence of this is that over the last 12 months approximately 35 placements per week have been lost, (from loss of workshop space only - equivalent to 1820 placements, or 12000 unpaid work hours, over the course of the year). Notwithstanding, the Service has continued to cope well, without a significant impact on service users or service delivery, for example through the use of Learning Packs and home working projects for those where their health precludes them from participating in a work party or craft workshop environment. See also Table 5: Exit Questionnaires.

C) The number of individuals in custody on 31<sup>st</sup> March 2024 where Aberdeen have **Throughcare** supervision responsibility was 137 (up from 121 the previous year) and those in the community subject to licence conditions and Supervised Release Orders was 61 (52 as at 31<sup>st</sup> March 2023). There has been a high percentage of remand prisoners and the Government’s introduction of Bail Supervision and Electronic Monitoring in May 2022 as a direct alternative to remand does not appear to have had a significant impact on this as SPS indicate that remands have not reduced significantly during this period. On the other hand, the number of Supervised Bail Orders imposed in Aberdeen continues to increase, from 117 in 2022/23 to 126 in 2023/24, and would appear to be supportive of preventing the number of remands being significantly higher. Table 3 below sets out the number of individuals released on licence during the year.

Table 3: Number of Individuals Released on Licence during year

	2019/20	2020/21	2021/22	2022/23	2023/24
Female	1	1	1	1	2
Male	37	39	32	39	45

The total number of individuals being supervised on Licence in the community as at 31<sup>st</sup> March 2024 was 66. This excludes the 65 individuals who were provided with Voluntary Throughcare support during the year.



D) **Multi-Agency Public Protection Arrangements (MAPPA)** places a statutory duty on the responsible authorities in a local authority area to jointly establish arrangements for assessing and managing the risk posed by certain categories of offenders. This includes all registered sex offenders under MAPPA Category 1 and those assessed as presenting a high risk of serious harm under MAPPA Category 3 for violent offenders.

Justice Social Work continue to work in close collaboration with the MAPPA Co-ordination Unit and with our partner internal and external agencies such as Health, Housing, Police Scotland, Scottish Prison Service, Care Management and Children's Services. The revised national guidance implemented in May 2022 has been incorporated into practice resulting in clearer processes and co-ordination of multi-agency services being taken forward. Thus, ensuring that access to appropriate housing and primary care services are in place when prisoners are released.

Throughout the year 2023/24, Justice Social Work reported 10 initial notifications of potentially serious incidents between MAPPA and the Care Inspectorate with none of those reported proceeding to a Serious Case or Learning Review which indicates the ongoing appropriateness of our interventions and balancing statutory obligations, public protection and the needs and rights of those we work with.

#### To fairly, effectively, and proportionately implement court orders and release licences

Although it is an extremely diverse, complex, and busy service, JSWS is efficient and effective in terms of the achievement of positive individual and statutory outcomes, as demonstrated below.

E) In 2022/23, 659 **Community Payback Orders** (CPOs) were completed successfully and 131 were returned to Court under Breach Proceedings. The number of CPO completions for 2023/24 is not as yet available.

F) The Court and associated **Pre-Disposal Team** is effectively the front door to the Justice Social Work service. Virtual Courts continue to be used in some cases which impacts on our ability to meet with service users within required timescales (as per National Standards) as they are often released from custody late in the day or they can be released from prisons across Scotland with lengthy travel requirements for the individual to return to Aberdeen. We work with prison based social work and SPS on an ongoing basis in order to maintain some contact with individuals who are released from custody under statutory supervision or who require a voluntary service to ensure they have the support they need and to offer appointments at the earliest opportunity.

G) JSW in Aberdeen is accredited to deliver the **Caledonian System** which includes a Men's Programme for higher risk perpetrators of domestic abuse in tandem with a support service for women and children harmed. The majority of Justice Social Work reports to court for offences of a domestic nature are assessed for Caledonian with approximately a third resulting in the imposition of Community Payback Orders with 2-year Caledonian Requirements. Where a Supervision Requirement is imposed without a Caledonian

requirement the individual will still be supervised by Caledonian trained workers because of the nature of the offence.

Table 4 shows annual number of Caledonian assessments and Orders imposed. This appears to have reduced in 2022/23 and again in 2023-24 and it may be that the increase seen in 2021/22 was reflective of the Court prioritising these cases within the Court backlog following the pandemic. Domestic abuse accounts for a significant amount of the workload across the service for Admin, support work, social work, MARAC, MAPPA and Throughcare, in conjunction with partners as relevant. The average number of individuals subject to a CPO with a Caledonian Programme requirement at any one time during 2023/24 is 90.

Table 4: Number of Caledonian Assessments undertaken, and Requirements imposed

	2020/21	2021/22	2022/23	2023/24
Assessments	171	202	161	138
Orders	49	64	49	41

- H) We have continued to provide the **Moving Forward Making Changes (MFMC)** programme for sex offenders which involves a 3 year CPO Programme Requirement. This programme is currently transitioning to the 'Moving Forward 2 Change' (MF2C) Programme which has required training for all practitioners who deliver this and which has now been completed and will continue to be provided on an ongoing basis for new workers. On average we have between 30 and 35 people on the MFMC programme at any time due to it being a three year programme and people joining and leaving the programme throughout the year. The MF2C Programme will largely be provided to perpetrators of contact offences, however, consideration will be given to the appropriateness of this for non contact offences where there is an indication that there may be a risk of serious harm to the public. The majority of lower level/non-contact sexual offending will not meet the criteria for the MF2C programme and, where this is the case, the lower level/shorter programme, the 'Aberdeen Sex Offender Programme' will be proposed to the Court.
- I) The computer based **LS/CMI risk/needs assessment** tool is utilised by JSW across the country from Justice Social Work Report stage to ongoing assessment and case/risk management planning throughout the statutory supervision process. The tool was withdrawn from use in March 2022 due to glitches in the system resulting in incorrect risk/needs scoring outcomes and staff were required to utilise paper based assessments until it's reinstatement in August 2023. This impacted on the time taken to complete these as well as to upload the paper based assessments in line with nationally agreed procedures and timescales once reinstated.

### To reduce offending by promoting desistance

The essence of this objective is our JSW value base. This is what we do every day to the best of our ability and in collaboration with partner agencies.



We have continued to pursue what we did well during covid, including virtual contact where appropriate, for example we continue to support those affected by physical and mental health issues by providing the home learning and craft home working packs to undertake their unpaid work. We continue to have positive relationships with housing colleagues and where necessary we can now provide support to prepare tenancies with basic supplies and identify potential issues with utility connections prior to the service user being released from custody. We also continue working closely alongside SPS, Housing and Substance Misuse services to ensure that everyone leaving prison has suitable accommodation, medication, and support.

“Desistance is the process of abstaining from crime amongst those who previously had engaged in sustained offending.” It is neither quick nor easy and can take a considerable time to change thinking, behaviours and underlying problems. Desistance research emphasises the need to: adopt an individualised approach; develop positive relationships as individuals are influenced to change by those whose advice they respect and whose support they value; recognise and build on people’s strengths.

It is important that individual outcomes as well as statutory outcomes are achieved as a result of the engagement between our staff and the individuals that they supervise and support. Justice Social Work staff have undertaken trauma informed practice training to support their practice, approach and knowledge. We know that many, if not most of our clients have experienced bereavement and adversity in childhood which has significantly impacted on their thinking and behaviour. We are very aware of the need to listen to our clients as to what works for them and seek their views on how they think services could be improved. We are also very mindful of the factors that have led people to offend and seek to reduce the influence of these on an individual’s behaviour. Getting feedback about what has worked is beneficial to the ongoing improvement of our person-centred service delivery.

J) Feedback is sought via **Exit Questionnaires** from those we supervise, including individuals on Diversion from Prosecution. Highlights are below:

- Number of Supervision Questionnaires increased from 53 in 2022-23 to 93 in 2023-24;
- People reporting improvement in at least one area was 100% in both 2022-23 and 2023-24;
- In 2023-24, 58% of respondents reported having mental health issues, with 58% of these reporting improvement during Supervision;

Responses reflect both local and national issues associated with severe and multiple disadvantage (SMD). Many individuals reported significant improvements in all domains about which information was sought: Housing, Education and Employment, Drugs, Alcohol, Personal Relationships, Self Esteem, Mental Health, Physical Health, Money Issues and Coping Skills. These positive outcomes are perhaps reflective of the person-centred service they get from JSW.

Table 5: Number of Exit Questionnaires and comparison of ‘Before’ and ‘After’ Supervision Improvements

2021-22	2022-23	2023-24
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Responses	56		53		93	
	People/ Improvement					
People reporting improvement in at least one area	42	88%	53	99%	93	100%
Housing	20	65%	12	95%	29	79%
Education and Employment	17	70%	15	82%	29	86%
Drugs	13	77%	12	92%	25	92%
Alcohol	8	75%	19	100%	24	88%
Personal Relationships	25	62%	20	93%	37	81%
Self Esteem	23	79%	22	100%	32	94%
Mental Health	33	82%	29	95%	54	87%
Physical Health	11	59%	11	81%	23	87%
Money Issues	17	41%	16	100%	33	70%
Coping Skills	25	89%	22	97%	48	92%

In addition to the above, 131 Exit Questionnaires were completed by clients who completed Unpaid Work during the year (157 in 2022/23), and 23 were completed for those on Diversion from Prosecution, following their introduction during the year. It is recognised that improvement is required in terms of increasing the amount of service user feedback in order to effectively evaluate our service on an ongoing basis, identifying what we are getting right and what we need to improve in order to provide the best service to those working with us. Exit questionnaires are a valuable resource for achieving this, and increasing the number of Exit questionnaires is the focus of one of the Community Justice projects included in CPA's LOIP for 2016-26.

### To promote the social inclusion of people with convictions

This objective is about improving outcomes for people in the justice system by intervening at the lowest possible level, providing both supervision and support, linking into other services and agencies as appropriate and, ideally, linking individuals into community supports in the longer term.

K) A **Fiscal Work Order** is a Direct Measure offered by the Procurator Fiscal as an alternative to Court and the numbers of these tend to fluctuate, however, have remained consistently low in recent years.

L) **Diversion from Prosecution** is also an alternative to attending Court and in Aberdeen all 16/17 year olds are referred to Barnardo's while individuals aged 18 and over are offered a bespoke service tailored to their individual needs. This is overseen, and is largely delivered by JSW however, clients are at times referred on to whatever service best meets their needs e.g. mental health, Children's services, ADA, Housing. Figures have increased significantly from 149 Diversion cases commenced in 2022-23 to 287 in 2023-24. In trying to reduce court backlogs, individuals with slightly higher risk/ needs offending than previously are increasingly being referred for Diversion thus allowing us to assess and address underlying needs at an early stage.

M) The use of **Structured Deferred Sentences** reduced by six to 34 in 2023/24. This disposal, particularly when imposed by the Problem-Solving Court, is again intended both as a lower level, albeit intensive, intervention and as a diversion from custody.

N) There has been a further increase in the use of **Bail Supervision** due to efforts to reduce numbers remanded, where possible and appropriate, and also as a result of the legislation imposed for Bail Supervision and Electronic Monitoring in May 2022. Intensive intervention and support services are provided to individuals on Bail Supervision.

Table 6: Other Interventions

	20/21	21/22	22/23	23/24
Fiscal work orders	16	7	12	1
Diversion From Prosecution	150	168	149	287
Structured Deferred Sentence	11	30	40	34
Bail Supervision	4	26	117	126

O) We continue to build on positive working **relationships with wider partners and services**. Our dedicated Development Officer liaising between Justice Social Work and substance use services has been involved in the progression of a number of initiatives, including:

- Leading a LOIP project to increase the number of Justice clients offered or accessing support with their substance use;
- Improving information sharing in relation to individuals released from prison, to support their attendance at appointments with substance use services;
- JSW single point of contact for the Assertive Outreach Team and the Substance Use Related Death work;
- Staff learning and development and awareness, including in relation to Naloxone and overdose.

We also commission services from Aberdeen Foyer to deliver Other Activity and Employability services and there are opportunities for wider collaboration and development through this service as well as Adult Learning and Community Education.

## 7) Learning & Development

Training and development of staff is prioritised to ensure we have a motivated and effective workforce, with training being centrally monitored. Secondments are welcomed, both into and out of the Service, and our Practice Educator runs a regular programme for Social Workers in Training, in conjunction with Robert Gordon University. We aim to develop a Learning & Development Framework during the course of the current year, to clearly set out training requirements – both essential and desirable – for different staff cohorts, alongside development pathways, in recognition that our staff are our greatest asset.

## 8) Conclusion

As this report shows, we continue to be committed to improving service delivery, including through our close working relationships with partner agencies. In line with our Vision, we continue to prioritise individuals with the highest risk and greatest vulnerability, and to adopt a meaningful, person centred approach to all.

## 9) Looking Forward

Delivering our core functions to the highest level possible – providing the most effective service to the Courts, undertaking statutory supervision of those on Orders and Licences in the community, and supporting those we work with to improve their outcomes and reduce the likelihood of reoffending – remains our priority, but we always have an eye to improvement. Going forward this will be led to a significant degree by our new Strategic Service Manager. Improvement and developmental work will include:

- review of the Delivery Plan, with the new Plan expected to be in place for 2025-2029, in line with the Health and Social Care Partnership Strategic Plan timescales;
- related review of the Service's Performance Framework;
- completion of the Self Evaluation required by the Care Inspectorate in relation the current National Thematic Review of Performance and Quality Assurance, and progression of resulting improvement work;
- involvement in multi agency 'Community Justice' projects, including increasing numbers of exit questionnaires completed, improving supports for individuals where there are concerns with substance use, and improving confidence in Community Justice;
- ensuring adherence to revised National Outcomes and Standards, once published;
- exploring the possibility of developing and piloting a lower-level Domestic Abuse programme;
- implementation of the Children's (Care & Justice) (Scotland) Act 2024, in conjunction with wider partners and services;
- etc ...

In addition to the above, the Scottish Government, in response to the rapid rise in the prison population, took emergency measures to release prisoners early across the prison estate. In

collaboration with SPS and other relevant services, the release of 19 'Aberdeen' individuals was successfully coordinated, in June 2024, to ensure, that those transitioning from prison to the community have access to housing, healthcare, financial support, in the same way as we would seek to deliver for those being released from prison on a routine basis. The Scottish Prison Service advised at the October 2024 Justice Social Work Scotland Standing Committee that the prison population continues to rise and expected to reach crisis levels in the coming months, therefore, it is anticipated that there are likely to be more such emergency release measures proposed during this period also.

# COMMUNITY PAYBACK ORDER (CPO)

## ANNUAL RETURN

FINANCIAL YEAR: **2023/24**

LOCAL AUTHORITY: **Aberdeen City**

TEMPLATE RETURN DATE: **29<sup>th</sup> of September 2024**

Please return all completed templates to  
CJS at [CJSImprovement@communityjustice.scot](mailto:CJSImprovement@communityjustice.scot) and copy  
the Scottish Government at [cpo@gov.scot](mailto:cpo@gov.scot)

## 1) Background

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Under the Community Justice (Scotland) Act (2016), local authorities have a statutory duty to report on the operations of Community Payback Orders (CPO) within their area on an annual basis to Community Justice Scotland (CJS). CJS will then collate these returns and summarise them in a report which is laid before Scottish Parliament.

To assist with this reporting duty, CJS, in collaboration with representatives from Justice Social Work, the Scottish Government, and Social Work Scotland, has developed a template of questions for local areas to complete. This template is designed to support the reporting requirement.

## 2) Completing the template

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Please answer the following questions contained in this year's CPO template. When answering the questions, please ensure that all case studies and feedback are anonymised. We understand that maintaining anonymity may be more challenging for some local authorities. If this applies to your area, you may provide a more general response to the questions.

Please ensure all answers are relevant to your local area within the 2023 to 2024 reporting year.

If you need any support in completing this template and or have any questions, please do not hesitate to get in contact with CJS. Contact details can be found on the title page of this form.

Thank you for taking the time to answer the questions in this template.

## 3) Questions to answer

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### 4) Reducing risk of reoffending

Please provide a case study or examples of your work with people subject to a Community Payback Order (CPO), focusing on how you work to address their offending behaviours and reduce the risk of reoffending.



Case study EF, aged 20, 2 back-to-back CPOs both for supply of drugs and road traffic offences, one summary and one solemn, both with Supervision and Unpaid work requirements. No family support in UK. At the start of the orders E had very pro-criminal attitudes but his supervising social worker used consequential thinking and motivational work to encourage him to think differently. This included listening to a radio programme where a man who had committed a number of offences, for which he had served prison sentences, spoke about how he had got into offending and how he got out of it. His worker supported him to see things differently and change his narrative and build on small successes. E started going to the gym which helped him establish a routine and has now started college. He continues to engage well with his orders and says he has gone from “I want to sell drugs, to, I want to train as a personal trainer”

## **5) Support for underlying needs**

Please provide a case study or examples of your work with people subject to a CPO, focussing on how you work to address their underlying needs (e.g., mental health, substance use).

The specialist knowledge, people skills and sheer tenacity of JSW Support Workers are vital in supporting individuals to successfully complete their orders through addressing their underlying needs. In 2023-24 Support Workers report an increase in referrals for support with accessing accommodation and benefits reflecting national trends.

### **Support Work Case Study AB**

AB, aged 60, CPO x 2 with supervision requirements. Mr B presents with “schizoaffective disorder and alcohol misuse”. His alcohol problems are longstanding, he frequently presents as volatile and is now subject to an ASBO which bars him from the city centre and direct access to many services. In order to reduce his risk of reoffending, including breaching his ASBO, his Social Worker maintains contact as per NOS while JSW support workers make regular home visits (at 9.30 am pre-alcohol) and support him to access Alcohol services, GP/health, housing and DWP by whatever means possible (phone, email, accompanying him to appointments, changing his GP to an accessible location, advocating on his behalf). Workers have good relationships with Mr B and, having identified triggers to volatility, have solutions in place to avoid them. As a result, Mr B’s offending has decreased, he has been supported to engage with his order, he has been able to access services he and assessments undertaken to ensure that he has appropriate support in place post-CPO.

## **6) Unpaid work**

Please describe a case study or provide examples of unpaid work activity.

### **Outdoor/ indoor Placements for more able Unpaid Workers**

Community Garden Assistance: One of the more notable unpaid work projects over the last few years involves assisting in the establishment and maintenance of community gardens

across the city, utilising disused green spaces. The number has grown year-on-year and we are currently providing a service to seven community gardens. Individuals on unpaid workers work alongside volunteers cultivate and maintain these spaces, fostering a sense of ownership and community pride. The benefits of this initiative include helping to address food insecurity by providing nutritious food to vulnerable individuals; workers acquire gardening knowledge; community interaction and integration.

**Park Maintenance:** UPW teams participated in ongoing park maintenance activities, ensuring these public spaces remain clean, safe, and enjoyable for all. This includes litter-picking, rubbish removal, strimming/raking grass, weeding, planting, leaf removal, painting park structures and whatever other work needs to be done to improve the environment.

**Painting Projects:** Community Centres/Sheltered housing/ supported accommodation/ Graffiti tags

**Fly-tipped rubbish removal:** Unpaid Workers collecting fly-tipped rubbish from the city streets enhancing the appearance and accessibility of public spaces and fosters a sense of civic pride.

Regular litter picking and Beach Clean-ups

### **Indoor placements for those who need seated or lighter duties**

Upcycling and smaller woodwork projects

Crafts – wood burning, model making, painting

Unpaid workers support sheltered housing residents to get their weekly supermarket shopping. This project has very positive feedback from both recipients and unpaid workers. Examples of feedback received:

- *“Respecting the work that goes into helping the elderly do their shopping”*
- *“Taking the elderly to do their shopping was a great way of interacting with them and giving back to the community”*
- *“Enjoyed clearing the beach and taking the elderly for their shopping. Think shopping with the seniors is a great idea, and the beach needs all the help it can get”*

### **Individual Placements**

We have a number of individual placements across Aberdeen. These include charity shops, churches, community centres, golf courses, and food banks. We have unfortunately seen however that since covid the number of suitable and available individual placements has reduced significant, and we are proactively trying to increase these by reaching out to organisations and communities.

### **Women at Unpaid work**

While women may have placements in any of the above, in our experience they prefer women only placements. Many are traumatised and vulnerable and have difficulties in sustaining whole day placements. We therefore have a dedicated female task supervisor/support worker who delivers workshops and work parties for women. Her approach involves assertive outreach when women fail to attend plus a range of activities and placements to keep them interested. This can be anything from making jewellery for sale in charity shops to cooking in the women’s centre to working in a baby bank which provides

essential and necessities to disadvantaged families. Adult Learning also provide other activity input. The UPW women's service requires intensive resource, but outcomes are positive for this otherwise hard to reach group.

## **7) Other activity**

Please describe the main types of "other activity" carried out as part of unpaid work or other activity requirement.

### **Good New story from Aberdeen Foyer from whom we commission an Employability Service**

"GH, was referred with 30hrs of other activity, aged 17. He obtained his CSCS card and wanted to work in construction. He had never worked before. We sourced a work placement with a construction company which gave GH the experience of different trades. The company was so impressed with him, but they could not employ him, so they asked the agency who recruited on their behalf, to employ him so they could keep him. The feedback from the company was that they were so impressed with someone so young. He completed all his hours and is still working".

#### **The broader spectrum**

Aberdeen Foyer offer: CSCS, Forklift, Banksman Slinger, Asbestos Awareness and City and Guilds Training; job application and interview training; links to work placements (30 hours of work-related activity with employer; additional support, mentoring and much more.

Learning/Training offered: Blended Learning and Woodwork Design Packs; Adult Learning (English, Maths, Computer Studies, certificated work courses); First Aider Course, Driving Theory Test; Colin's Historical Walks; Tool-Box Talks

Volunteering: Wildlife Trust, Churches, community centres, cancer research, 4x4 support for emergency services, football coaching, teaching guitar, charity shops

Drug/ Alcohol Counselling, Drug Awareness and Women's Learning Pack is also offered.

## **8) Feedback**

Please provide a summary of quotes or feedback on the impact of supervision requirements and or unpaid work or other activity requirements from the following perspectives:

### **People subject to a supervision requirement**

The comments below are from Exit Questionnaires in relation to individuals' experience of Supervision. Almost all are positive and emphasise the importance of both the relationship with their social worker, and how that helped them change thinking and behaviour.

- "Over the last three years my SW has helped me turn around and move forward, coached me to recognise my resilience, encouraged me to engage with my interests and guided me to meditation practices that are now part of my daily routine. My SW

brought her attitude, experience and importantly herself to help me that goes far beyond procedures and policies. Improved and balanced self-worth, self-esteem and mental health which has resulted in a positive attitude. I have not offended since before my arrest but the unhealthy coping strategy that I had used my whole life can be put in the past and I now have a range of healthy coping skills which means that my offending behaviour is now firmly behind me”

- “Speaking only for myself – I have found the Women’s Centre to be helpful for me by helping me to navigate around Aberdeen City as I am a “Newcomer” to Aberdeen of 4 years. Very supportive and encouraging me to steer away from alcohol as this has become an issue. The Centre has also helped me with housing, taking back control of my finances, budgeting, more importantly ensuring I attend my medical appointments.”
- “I realise it, and I work on it. I will leave a situation if it is toxic. But if I can cope then I will reply to a person and tell them they are wrong then walk away or just give a big smile and a thumbs up.”
- “I am just a better person all around. My anger is kept more under control, and I recognise triggers easily. I have grown up and matured more. I was linked in to support work and drug counselling. Thank you for helping me become a better person.”
- “I think more positively. I am trying to see things differently and more positively and challenging negative thoughts. I found the group beneficial, it was engaging. Group work was powerful, especially 3 chairs exercise. 1:1 helped a lot with changing my thought pattern and thinking more positive.”
- “My SW has been there for me since day 1. Her door has always been open and any problems I've had. I've been a thief my whole life however I've been out a year without offending.”
- “The Women’s Centre has been a great help to me and many others. It is somewhere to go when you need help with housing problems, money matters and it is so much nicer to have appointments with social workers to do with Court Orders in a nice, homely environment, where we can make tea or coffee and get something to eat if we want.”
- “Thank you so much. This has changed my life, I'm so grateful to my SW and everyone who helped me.”
- “Lets hope this is the first and last time I have to fill in this form”

### **People undertaking unpaid work or other activity requirement**

Once again feedback from clients about the support they received from Task and Order Supervisors is universally positive.

- “The people supervising were extremely helpful. Always kind and helpful and was importantly open to work without judgement or prejudice. Amazing stuff”
- “Supervisor was excellent, very health and safety aware and very friendly and easy to work with. Also A for having time with him and patience as had a few issues while on CS and he helped.”

Unpaid workers report the following achievements:

- “Got put on a placement and got a job out of it.”
- “I was able to get a job as CS put me back in working mind”.

- My achievements were that I was able to commit to my Order and complete it well within my time limit.
- Seeing to go every week to finish the order
- Stayed out of prison. Keep my personal possessions and my accommodation
- Socialising, learning about other people's difficulties, feel good to give back to the community.
- I addressed mental health issues during my work order and managed to gain employment.
- Keeping the streets free from rubbish
- I was placed at Aberdeen Mosque I felt like I helped the Muslim community a lot
- yes, crystal chains art made for charity shop, fairy doors drawn and painted for social work.
- I really enjoyed what I did to the point that I would volunteer to do it again

### **The community and beneficiaries of unpaid work**

Our Assisted Shopping service for sheltered housing residents covers 38 sheltered house complexes, supports an average of average 170 - 190 senior service users per fortnight by providing transport and carrying shopping. This project is mutually beneficial for both recipients of the service and the unpaid workers.

Assisting senior citizens with transportation and shopping helps them maintain their independence and mobility, fosters social connections and reduces feelings of isolation and loneliness.

Feedback from Unpaid Workers suggests that they really enjoy interacting with the Sheltered Housing residents, even when they're being held to account by them for their offending behaviour!

- "Taking the elderly to do their food shopping. Was a great way of interacting with them and giving back to the community."
- "Did many work activities but the shopping trips were enjoyable and really liked helping the older people
- "Worth doing it to get out and about especially shopping was a great experience that i enjoyed."

### **Feedback from recipients who we undertook work projects for**

#### **1. What kind of work was carried out?**

Furniture lifting, removals, disposals, dismantling and assembly of office furniture.

#### **How would you rate the quality of work carried out?**

The Task Supervisor has been consistently professional, approachable and communicates well with our staff on the requirements and needs of the service and confidently guides the team of unpaid workers on tasks required. They attend when arranged and perform duties swiftly and to a great standard

#### **How would you rate the attitude and behaviour of the person(s) who carried out the work?**

The Task Supervisor communicates well with our staff, and to the team present and I believe the way he treats the unpaid workers respectfully sets the tone for the job. The attitude and behaviour of all has been professional, and we have no complaints. Even though the workers change each time they have been respectful and always listen to instructions whilst on the premises.

**Do you think you have benefited from the work carried out?**

Yes, absolutely. As a third sector charity we have been quoted hundreds of pounds for similar services and having the support from the unpaid workers team has been a fantastic support. They can give back some of their time whilst helping a charity in Aberdeen and it works out well.

**2. What kind of work was carried out?**

Cutting grass, digging garden beds, moving bushes, tidying up garden and refuse area, building wooden garden beds, moving soil, and un-wanted large items. This is work the staff at the day centre just don't have time to do so it was a massive help to us.

**How would you rate the quality of work carried out?**

Work done promptly, quickly and reliably, good communication between Unpaid Team and centre staff that deal with the garden. There was a team's chat set up that also help the team know exactly what they were doing and kept all managers up to speed too. They have been a big help to our service this year.

**How would you rate the attitude and behaviour of the person(s) who carried out the work?**

Good workmanship and professional attitude.

**Do you think you have benefited from the work carried out?**

Yes, we have benefitted very much from all work done. There has been a flexible can-do attitude. There have been big improvements to our garden and that is down to the workers that came and completed the work. The staff team really appreciate all the time and work that was done as the small garden team would not be able to do this on their own. We are really happy with the service provided by unpaid work team.

**How would you rate the attitude and behaviour of the person(s) who carried out the work?**

Friendly, helpful and respectful

**9) Benefits and challenges of other CPO requirements**

Please mark with a cross the requirements that were imposed by courts in 2023 to 2024.

Compensation requirement

Programme requirement

Residence requirement

- Restricted movement requirement
- Conduct requirement
- Alcohol treatment requirement
- Drug treatment requirement
- Mental health treatment requirement

For each of the requirements that were imposed (up to a maximum of 300 words) please describe innovative and best practice, challenges, and impact associated with each.

**Compensation.** There is an issue sometimes that the requirement detail is written on orders in a way which is hard to interpret. This gives challenges when trying to support someone to comply, but we liaise with courts and solicitors to ensure that we are clear on the detail of the requirement.

**Programme.** Generally imposed following assessment of suitability. Some issues where court imposes a programme requirement without an assessment having been completed or when we have assessed them as unsuitable.

Overall, the Caledonian Programme works well, both Men's Programme and Women's/ Children's service. There is undoubtedly an information sharing benefit in having all elements of the system under one roof. Feedback from the women's service is that they feel that their voices are heard, they are well-supported and safety plans are in place. Children also receive individualised support and safety planning suitable to age and stage.

The groupwork element of Moving Forward Making Changes is delivered by the Aberdeenshire Joint Sex Offenders Project team and, for lower-level sexual offending, Aberdeen City social workers deliver the Aberdeenshire Sex Offender Programme (ASOP)

**Conduct.** Primarily used for: RSOs who require police to check mobile devices; to attend drug/ alcohol/ mental health/ counselling/other services as directed by supervising officer.

**Restricted Movement.** Only one this year and no issues.

**Drug Treatment.** Rarely used as many are usually already known to drug services; SWs will refer to other agencies as appropriate and those higher risk are assessed for Drug Treatment and Testing Orders.

**Mental Health Treatment.** Rarely used as the majority of people with mental illness are already in treatment.

**Others of interest.** Requirement imposed: *"for a period of 6 months from the date of this requirement, that the offender contributes the sum of £300 to a local children's charity; refrain from owning or possessing imitation firearms or projectile propelling sports items used for recreational purposes such as starting pistols or air-soft guns; for a period of 2 years*

*from the date of this requirement, does not contact the emergency services unless for a genuine emergency, and accepts assistance from Social work in regards to alcohol misuse”*

The Court sometimes imposes unmanageable requirements e.g. to undertake “*elements of the Caledonian Programme*” and “*Requires the offender, for a period of 1 year from the date of this requirement, to refrain from consuming alcohol and admit to being breathalysed by Police or Social Work*”, the latter being impossible as the individual was alcohol dependent and to withdraw all alcohol immediately was likely to be life threatening. Such orders are returned to the court for amendment.

## **10) Organisational improvements and ongoing challenges**

Looking back at last year (2022-2023), have there been any improvements to the challenges you noted? Are there any challenges you are still facing this year (2023-2024)?

- Issues around LSCMI are now resolved.
- We previously reported on the challenges posed by the move of our social work recording system, Carefirst in October 2022 and the building and introduction Microsoft Dynamic 365. The new system gives improvement as a case recording tool and for data management purposes, however with any new system, the implementation required significant work and change to practice. The ongoing building of the system to ensure enhanced data management has been challenging in relation to the allocation of resources.
- Production of Aggregate and CPO returns has now confirmed that our previously anecdotal evidence of an increase in Justice Social Work Report referrals and CPOs was correct, with the result of workers feeling stretched to meet the demands. Therefore, as a potential means of giving staff more time with their clients, we are working in collaboration with Sheriffs in Aberdeen Sheriff Court to pilot shorter and more succinct JSW Reports (see below).
- Loss of joinery workshop remains a very considerable challenge in those clients working in joinery tended to be more able, often in employment, and more likely to get through their orders more quickly. While we have attempted to compensate by increasing outdoor placements, many of these are in parks where we would have previously refurbished benches, play park equipment etc. in our joinery workshop. It was also a good resource in poor weather. We are continuing to seek suitable premises and looking at other options. Loss of the joinery workshop with the significant reduction in the number of placements we are able to offer is likely to have had a significant impact on the average length of time taken to complete UPW orders. This is further compounded by the loss of a number of individual placements in charity shops etc. UPW staff have been working creatively in trying circumstances to continue to deliver a quality service to clients but as yet have neither performance nor completion data.
- We have an aging vehicle fleet (incompatible with LEZ restrictions), difficulty in sourcing new vehicles to meet our needs and, even if we get new electric vehicles, there is a lack of charging points across our communities. These issues are likely to take some time to resolve and, in the meantime, we are reliant on “work arounds”.
- Some concerns about use of ASBOs particularly for people with mental health problems, learning problems etc. who will be unable to comply and therefore



criminalised. Within the Community Justice Improvement Plan, we have a project to review ASBO guidance and implement change ideas to how we respond and manage anti-social behaviour in our city centre and communities and only use Orders when it is deemed the best course of action.

- Increasing numbers of people with no recourse to public funds is putting additional strain on resources and we have increasingly seen this year that bail and community orders and are being imposed which results in social work securing housing and providing living expenses. We have reached out to the justice network across Scotland to determine how other areas are dealing with this challenge and we will continue to raise this nationally to ensure a consistent response and approach across the country.

## **11) Collaborative working across justice partnerships**

Please provide any examples of work with community justice partners, including the third sector, to effectively deliver CPOs.

Aberdeen Foyer currently delivers our Employability Service, primarily in respect of the Other Activity element of Unpaid Work. They provide a wide range of services outlined above and continued support for people beyond the end of their orders. Similarly Adult Learning links individuals into longer term services such as college courses, language classes et.

By and large we, especially our Support Works, have good knowledge and links with statutory and non-statutory services across the city. They are therefore able to provide “bespoke” support, referral and signposting to the most appropriate services to meet client’s needs.

## **12) Additional information**

Is there any other relevant information you wish to highlight? This may include:

- Areas for improvement and planned next steps.
- New ways of working and benefits achieved from these.

## **Involvement in Community Justice Improvement Projects**

Over this reporting period Aberdeen City’s Community Justice Partnership has aligned the new National Strategy with the needs of the citizens of Aberdeen to develop a suite of improvement projects. These projects are the Community Justice Outcome Improvement Plan for 2024-2026 and they outline the next steps in terms of tangible improvement for Community Justice in Aberdeen. Justice Social Work will have a role in these, in relation to Community Payback Orders, including:

- Exit Questionnaires - leading a project to continue our focus on ensuring the voice of those we work with is central to informing our approach by looking at how we can further increase the completion of CPO Exit Questionnaires by clients when they come to the end of Orders;

- Support where concerns with substance use - contributing to a project which aims to increase the proportion of individuals who have concerns with their substance use who are offered or accessing support, including those on CPOs;
- Improving Confidence in Community Justice - contributing to a project which aims to increase confidence in Community Justice including via awareness-raising in relation to CPO Unpaid Work. The project will aim to
  - Increase the number of cross sector organisations signing up to offer individual placements to those on unpaid work,
  - Obtain and incorporate local community suggestions as to potential projects,
  - Compile a tangible record of projects – as a legacy of work done and impact made, and
  - Create a definitive guide to what UPW/CPO actually is and the benefits of it.

### **National Care Inspectorate Thematic Review of Performance and Quality Assurance**

JSWS in Aberdeen welcomes the opportunity, as part of the current national review, to consider the current capacity and ability of our service to confidently and robustly evidence performance, quality and outcomes in relation to community-based sentences, including CPOs. The findings of this self-evaluation and review will inform how we can build on and improve in this area and reviewing our Service Delivery Plan and Performance Framework are early priorities for us, in the coming period.

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## RISK AUDIT & PERFORMANCE COMMITTEE

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	APC Biennial Report 2022-24
<b>Report Number</b>	HSCP .24.095
<b>Lead Officer</b>	Claire Wilson, Chief Officer Adult Social Work
<b>Report Author Details</b>	Name: Val Vertigans Job Title: Strategic Service Manager, Justice Social Work Service Email Address: <a href="mailto:vavertigans@aberdeencity.gov.uk">vavertigans@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes/No
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	A APC Biennial Report 2022-24
<b>Terms of Reference</b>	5 <a href="#">terms-of-reference.pdf</a> <a href="#">(aberdeencityhscp.scot)</a>

### 1. Purpose of the Report

- 1.1. The purpose of the report is to share the Adult Protection Committee (APC) Independent Convener’s Biennial Report for 2022-24 for assurance purposes, in terms of the delivery and impact of ‘adult support and protection’ in the City.

### 2. Recommendations

- 2.1. It is recommended that the RAP Committee:
- a) notes the Aberdeen Adult Protection Committee’s Biennial Report for 2022-24, which can be found at Appendix A, which has been prepared as required by the Adult Support and Protection (Scotland) Act 2007, and which provides assurance about progress made over the period.



## RISK AUDIT & PERFORMANCE COMMITTEE

### 3. Strategic Plan Context

- 3.1. The delivery of functions under the Adult Support & Protection (Scotland) Act feeds in to all the Strategic Aims within the Strategic Plan. Implementing recommendations from the 2022 ASP Joint Inspection is a specific 'Programme / Project' in the Delivery Plan, under the Caring Together Strategic Aim.

### 4. Summary of Key Information

- 4.1 The Adult Support and Protection (Scotland) Act 2007 stipulates that the Independent Convener of an Adult Protection Committee (APC) must prepare a general report on the exercise of the Committee's functions during the preceding two years. A copy of the Biennial Report must be submitted to the ASP statutory partners (i.e. each of the public bodies and office-holders represented on the APC), the Care Inspectorate, Scottish Ministers, the Mental Welfare Commission for Scotland and the Public Guardian. The Biennial Report for 2022-24 as attached at Appendix 1 is the 'public-facing' version of the populated Word Template which has been submitted to Scottish Government as required.
- 4.2 The APC is committed to an inclusive approach to preventing and responding to harm and protecting adults at risk. The APC includes representation from a range of professional backgrounds and organisations including Aberdeen City Council, Aberdeen City Health and Social Care Partnership, NHS Grampian, Police Scotland, Scottish Ambulance Service, Scottish Fire and Rescue Service, ACVO (Aberdeen Council of Voluntary Organisations), the local third sector interface, and Advocacy Service Aberdeen. The Independent Convener of the APC also plays the same role for the Child Protection Committee.
- 4.3 Adult support and protection activities are, by their very nature, often complex and challenging. This Biennial Report covers the 'post-pandemic' period, and attempts to highlight the scale of activities and initiatives over the two-year period, the collaborations between partners, the co-ordination between professionals and the positive impacts on those who are or who have been at risk of harm – all within the context of the additional contextual challenges such as the cost of living crisis.
- 4.4 The APC's Improvement Plan for 2021-23, which was the basis of much of the work undertaken during the period, was informed primarily by the self



## RISK AUDIT & PERFORMANCE COMMITTEE

evaluation in advance of, and the [findings](#) resultant from, the Spring 2022 joint inspection of adult support and protection (published in June 2022).

### 4.5 Some key messages from the Biennial Report include:

- Notwithstanding the demand for services, which continues to increase, and the challenges across the workforce, not least in terms of capacity, the APC has delivered on its improvement plan and benefitted from self-evaluation against the new national ASP Code of Practice. The report demonstrates the ability of the APC to adapt and change where appropriate to ensure the safety and wellbeing of adults at risk of harm. It also reflects Aberdeen City's ongoing commitment to align areas of Public Protection to deliver a more efficient and effective service against current demand.
- A significant increase has been seen in the number of Adult Support and Protection referrals received during this biennial reporting period compared to the previous two periods. This is likely to reflect greater awareness of adult support and protection and a related increase in reporting, but also the wider context of the cost of living crisis, increase in poverty levels, and reduced availability of other services due to over-arching increases in demand on services across the board.
- The most common principal harm type for Inquiries where 'Investigatory Powers' were used was Financial or Material Harm. The cost of living crisis is likely to further enhance the conditions for such harm against vulnerable adults to take place. In recognition of this, the three Grampian Adult Protection Committees published a [Grampian Financial Harm Strategy](#) (December 2022) which provides strategic direction to partners across Aberdeen City, Aberdeenshire and Moray, in the prevention of, and response to, Financial Harm.
- Staff learning and development in relation to ASP continues to be a priority, on a single agency basis by individual partners, and also on a multi agency basis.
- The APC continues to endeavour to ensure that the 'voice' of all those we aim to support and protect is at the centre of all we do. The APC's Lived Experience Forum, established for over two years now, plays a key role in this, and has been involved in a range of activities.

### 4.6 In terms of moving forwards, as set out in Section 8 of the Biennial Report, the APC [Strategy](#) for the period April 2024 to March 2026 encompasses the



## **RISK AUDIT & PERFORMANCE COMMITTEE**

below Priorities. Activities to progress these are set out in the refreshed APC Improvement Plan which is being progressed by the APC's Sub-Committees.

### **Stakeholder Engagement**

We commit to continue to develop appropriate mechanisms for effective communication:

- i) recognising how diverse our communities are, to ensure the 'voice' of all those we aim to support and protect is at the centre of all we do,
- ii) to raise awareness about ASP, so that staff and public recognise the risks of harm to vulnerable adults and know how to respond, report and connect to appropriate supports, and
- iii) to ensure we understand each other's roles, responsibilities and aims (including via sharing of updates and good practice across all partners' staff groups).

### **Performance / Quality Assurance Framework**

We will develop a robust Data Performance and Quality Assurance Framework, to enable us to:

- i) identify trends, areas for improvement and areas of good practice; and
- ii) establish a process for continuous improvement and ensure learning is embedded into practice.

This will enable us to deliver safe and effective services with improved outcomes for those at risk of harm.

### **Learning and Development**

We will continuously improve ASP practice, learning and development by reaching all our people, ensuring effective support, preventative measures and protection of adults at risk of harm.

In addition to the above, the APC continues to prioritise a focus on learning from Reviews, continuing to work to fully embed the relatively new processes throughout the partnership. There is full recognition that it is not only about identifying learning, but also about, where appropriate, changing practice and thereafter measuring better outcomes for individuals.

The APC also contributes fully to efforts by the Chief Officers Group for Public Protection to improve alignment across public protection, which are led by a Lead Officers Group. This Group looks at cross-cutting themes and opportunities to collaborate, including information sharing, strategic work, Learning and Development and the [Aberdeen Protects](#) website.



## **RISK AUDIT & PERFORMANCE COMMITTEE**

- 4.7** The Biennial Report has been submitted to Scottish Government and shared with key stakeholders as required by the Adult Support and Protection (Scotland) Act 2007. It has also been circulated widely to partners and staff, and has been published on the Aberdeen Protects website.

### **5. Implications for IJB**

Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the convener of an Adult Protection Committee to prepare a general report on the Adult Protection Committee's work every two years. The development and publication of the Biennial Report as appended at Appendix 1 ensures that this statutory requirement is complied with.

### **6. Equalities, Fairer Scotland and Health Inequality**

There are no specific Equalities, Fairer Scotland or Health Inequality implications of this report, and as such an Integrated Impact Assessment has not been completed.

### **7. Financial**

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

### **8. Workforce**

Statutory functions of the APC in relation to 'delivery' of ASP include:

- 'to keep under review procedures and practices' of organisations and services involved; and
- 'to make, or assist in or encourage the making of, arrangements for improving the skills and knowledge' of staff.

Both of these functions align directly with Workforce Plan Aims, and the Biennial Report sets out activity undertaken over the last two years in this regard.

### **9. Legal**





## **RISK AUDIT & PERFORMANCE COMMITTEE**

There are risks relating to Non-Compliance with the ASP (Scotland) Act 2007, and related Reputational Risk, should the Biennial Report fail to be prepared and published. The risks have been mitigated via the preparation and publication of the Biennial Report in accordance with statutory requirements.

### **10. Unpaid Carers**

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

### **11. Information Governance**

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

### **12. Environmental Impacts**

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

### **13. Sustainability**

There are no direct implications arising from the recommendations of this report in relation to Sustainability.

### **14. Other Implications**

There are no other implications.

### **15. Management of Risk**

The content of the Report relates to the following from the HSCP Risk Appetite Statement:

*Regulatory compliance: risk It will accept no or low risk in relation to breaches of regulatory and statutory compliance.*



## **RISK AUDIT & PERFORMANCE COMMITTEE**

There are risks relating to Non-Compliance with the ASP (Scotland) Act 2007, and related Reputational Risk, should the Biennial Report fail to be prepared and published.

The likelihood of occurrence is low, given that risks have been mitigated via the preparation and plans for publication of the Biennial Report in accordance with statutory requirements.

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# Aberdeen City Adult Protection Committee

Biennial Report 2022-24



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Members of the APC Lived Experience Forum





## Section 1

# Convener's Foreword

I am pleased to introduce this Biennial Report on Adult Support and Protection activity undertaken in Aberdeen City during the period from 1st April 2022 to 31st March 2024.

This has been a particularly challenging time for all as we emerged from a global pandemic into a cost of living crisis and other emerging issues such as the significant rise in displaced persons. All these factors have undoubtedly contributed to placing huge challenges on all. Unfortunately, it remains the case that risk of harm to many of our most vulnerable persons has not reduced because of the additional pressures placed on individuals, families and communities during this time.

The cost of living crisis has also impacted significantly on staff and I would like to take this opportunity to sincerely thank staff across all agencies and services in Aberdeen for the critical role they have played and continue to play in identifying, reporting, supporting and protecting vulnerable adults throughout the City.

Notwithstanding the challenges however, the Adult Protection Committee continues to strive to deliver the best possible outcomes for adults at risk of harm, their families and carers. This is very much evidenced in the completion of our most recent improvement plan and strong progress in relation to implementing the refreshed national guidance, locally, across the partnership. We have also worked hard to establish closer links with other strands of Public Protection, such as Child Protection, Violence Against Women and Girls and the Alcohol and Drug Partnership to provide a more effective and efficient service.

Finally, I would just wish to thank the Lived Experience Forum, whose voice we listen to closely as we continue to strive to deliver better outcomes for all.

**Campbell Thomson QPM**  
Independent Convener,  
Aberdeen Adult Protection Committee





## Section 2

# Introduction

Aberdeen City Adult Protection Committee (APC) has the following vision: *“Partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk.”*

We are committed to delivering this vision through our Strategy and all partners, statutory and third sector, have endorsed our Terms of Reference. Both these documents have been reviewed during the biennial reporting period.

This established governance process has enabled us to deliver our improvement plan, which must remain dynamic to incorporate for example, the revised national Code of Practice for Adult Support and Protection.

The 2022-24 Improvement Plan aligned to the recommendations of the Care Inspectorate’s Joint Inspection of ASP in Aberdeen, in June 2022. This Plan has been completed throughout the biennial reporting period and we are now working to deliver the Plan for 2024-26. This report reflects the improvements that have been made against challenges currently faced such as the cost of living crisis.

The report also shows the ability of the APC to adapt and change where appropriate to ensure the safety and wellbeing of adults at risk of harm. It also reflects Aberdeen City’s ongoing commitment to align areas of Public Protection to deliver a more efficient and effective service against current demand.

The [Aberdeen Protects website](#) provides a range of information and resources about different aspects of public protection. More information about Adult Support & Protection can be found on the [Protecting Adults pages](#).

The national NHS Public Protection Accountability and Assurance Framework was published in October 2022. The Framework set out key standards for Health Boards in relation to their functions/duties for Child Protection, Adult Protection, and MAPPA.

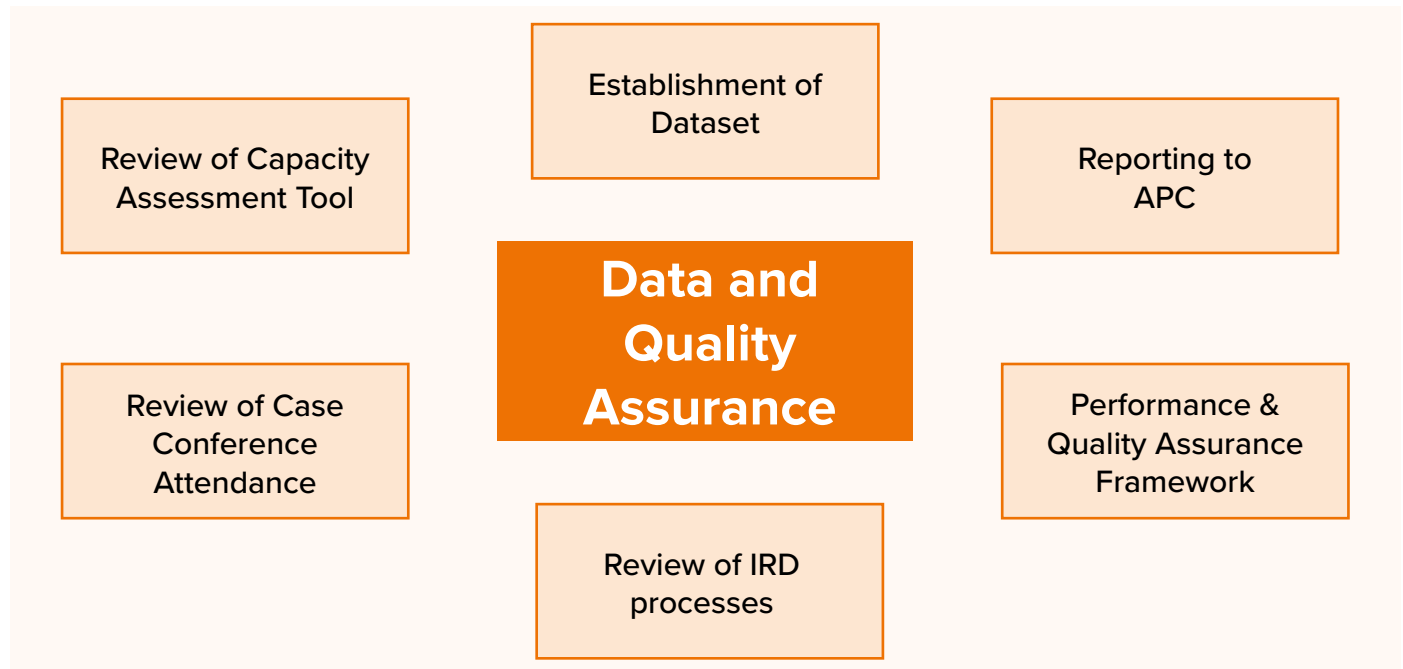
- 1.1. One of the key measures within the ‘toolkit’ related to pathways for capacity assessments, namely : *“There are clear assessment pathways for accessing assessments of capacity to contribute to protection decisions, including decisions relating to the use of Adult Support and Protection, Adults with Incapacity, and/or Mental Health (Care and Treatment) (Scotland) Act 2003 legislation.”*
- 1.2. This measure within the toolkit was put in place due to significant national learning from both multiagency inspections and case reviews related to issues with accessing capacity assessments in adult support and protection cases.
- 1.3. NHS Grampian was a ‘pilot’ board for implementing the toolkit that linked to the framework, so was one of the first in Scotland to benchmark its current practice and processes. The initial benchmarking process identified that NHS Grampian did NOT have a capacity pathway in place for protection decisions.
- 1.4. As a result of the benchmarking, the NHS Grampian Public Protection Committee agreed to support the creation of a short life working group (SLWG) that would aim to develop a robust Capacity Pathway for Protection Decisions. The decision was reported to all three Grampian Adult Protection Committees, and the work relating to the capacity pathway was integrated into APC improvement plans.





### Section 3

# What does our data tell us?



The role of the APC’s Performance & Quality Assurance Sub Committee is to oversee the progression of work aimed at achieving the APC’s priority that **“We will develop a robust Data Performance and Quality Assurance Framework, to enable us to: i) identify trends, areas for improvement and areas of good practice; and ii) establish a process for continuous improvement and ensure learning is embedded into practice. This will enable us to deliver safe and effective services with improved outcomes for those at risk of harm.”**

From 1st April 2023, mid way through this biennial reporting period, Scottish Government introduced a new national minimum dataset which is collated on a quarterly basis, with the first quarter reported for April to June 2023. Because of changes to the indicators and related definitions, it is only possible to compare the main headline ASP Referral data across this and preceding periods. The previous reporting period, 2020-22, covered the period of the pandemic, which of course had an impact on data across the piece, and was therefore not a ‘standard’ reporting period with which to make comparison.

ASP Data published by Scottish Government is evolving to reflect the above changes. The last set of published figures cover the period [2019-20 to 2020-21](#), albeit these are described as ‘Experimental Statistics’, as the data was still being developed. It is the intention of Scottish Government to provide collated data reporting based on the new national minimum dataset, once this has been embedded robustly.



Locally, a new social work recording system, Microsoft Dynamics 365, which was developed in Aberdeen 'by social work, for social work', was introduced and implemented from October 2022. The system has inevitably gone through a 'bedding in' period, and continues to be further developed to meet the needs, both of services and to enable us to meet our reporting requirements. Significant work has been undertaken to ensure that we can provide the data which is required, and also that practitioners are made aware of changes in what needs to be recorded. We are now in a strong position on this, albeit this continues to be a work-in-progress – the national reporting requirements continue to evolve, with the second phase of the dataset being rolled out from April 2024.

*\* 'Inquiries with Use of Investigatory Powers' were previously referred to as Investigations. Terminology / definitions were revised under the national ASP Code of Practice 2022.*

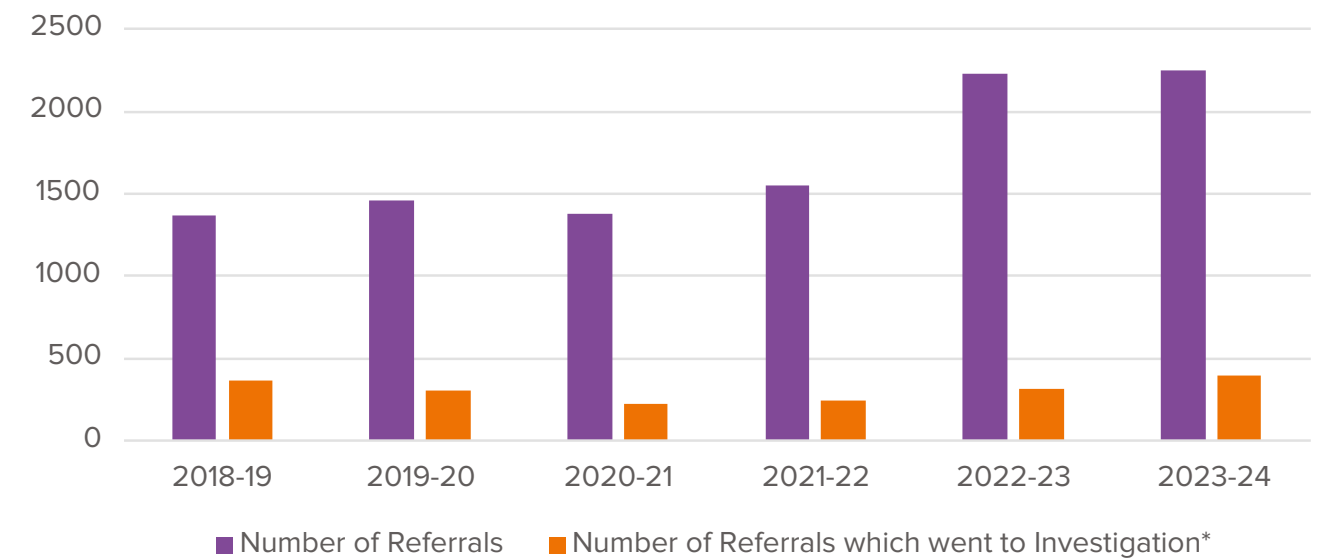
The purpose of an inquiry, with or without use of investigatory powers, is to ascertain whether adults are at risk of harm, and whether the council may need to intervene, provide support, or any other assistance to the adult or any carer. Any use of investigatory powers is triggered through the S4 duty to inquire under the Act.

An inquiry using investigatory powers requires the involvement of a council officer (an individual appointed by a council to perform specific functions under the terms of the Act). It will also require production of a full risk assessment. An inquiry which does not use investigatory powers may or may not require the involvement of a council officer, depending on local arrangements and the nature of the tasks.

The collation and consideration of relevant materials, including consideration of previous records relating to the individual and seeking the views of other agencies and professionals, does not necessarily need to be undertaken by a council officer if these inquiries do not include use of investigatory powers. Investigatory powers will be required, and a council officer involved, where there is a need for a visit and direct contact with the adult for interview or medical examination, or for the examination of record.

Inquiries may involve a single agency or more, as relevant, to the case. It should be noted that use of inquiries (with or without use of investigatory powers) supports a move away from talking about inquiries and investigations, and is aligned with the revised Code of Practice (July 2022).

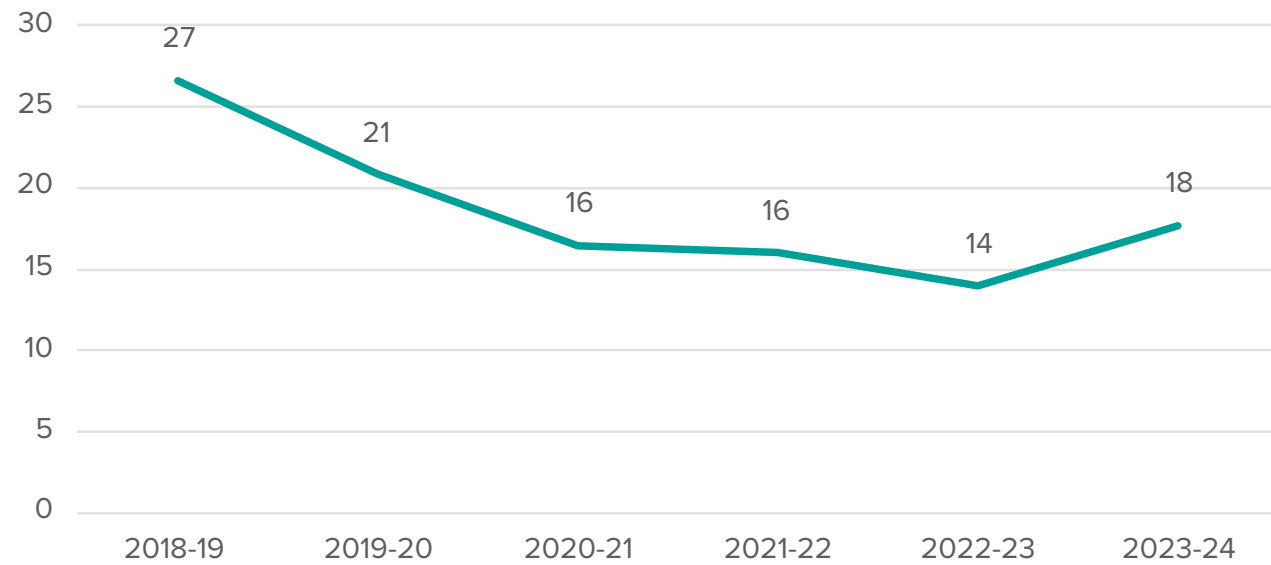
### Number of ASP Referrals and Inquiries with use of Investigatory Powers\*



The number of ASP Referral received has increased over time, since before Covid. A significant increase has been seen during this biennial reporting period compared to the previous. This is likely to reflect greater awareness of adult support and protection and a related increase in reporting, but also the wider context of the cost of living crisis, increase in poverty levels, and reduced availability of other services due to over-arching increases in demand on services across the board.



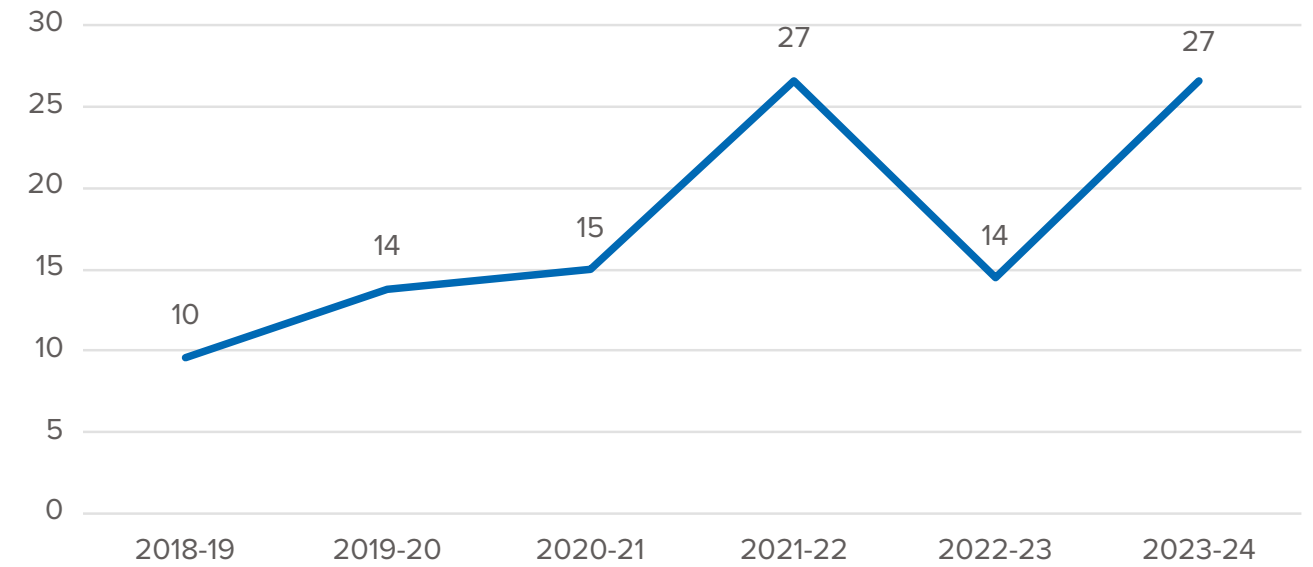
### % of Referrals for which Inquiries with Investigatory Powers\* were used



The number of referrals for which Inquiries with use of Investigatory Powers were undertaken has returned to pre-covid levels. However, the chart above indicates that these have not increased proportionately with the number of referrals, although an increase can be seen in 2023-24 compared to the previous year. The general reduction in numbers is likely to relate to the establishment of a dedicated Adult Protection Social Work Team, in October 2021. The Team undertakes initial and enhanced inquiry in relation to all referrals received, addressing initial safeguarding concerns and responding with a 'least restrictive' approach. Adults are supported and protected via existing service provision, or signposted to other supports, where possible and appropriate, which allows for the most relevant support to be provided.

The increase in the proportion of Inquiries with use of Investigatory Powers in 2023-24 is likely to reflect the increase in complexity of cases, and application of the three point test and particular circumstances such as trauma, mental health, alcohol and drugs, and self neglect & hoarding.

### % of Inquiries with use of Investigatory Powers\* for which an Initial Case Conference was held



The proportion of Inquiries with use of Investigatory Powers which progressed to Case Conference increased up to 2021-22, dipped in 2022-23, and then increased again in the second year of the reporting period. The general increased trend reflects improved use of the ASP process, and individuals progressing to case conference sooner after Inquiries with Investigatory Powers are used. The dip in 2022-23 correlates with the number of Inquiries for which Investigatory Powers were used that year.



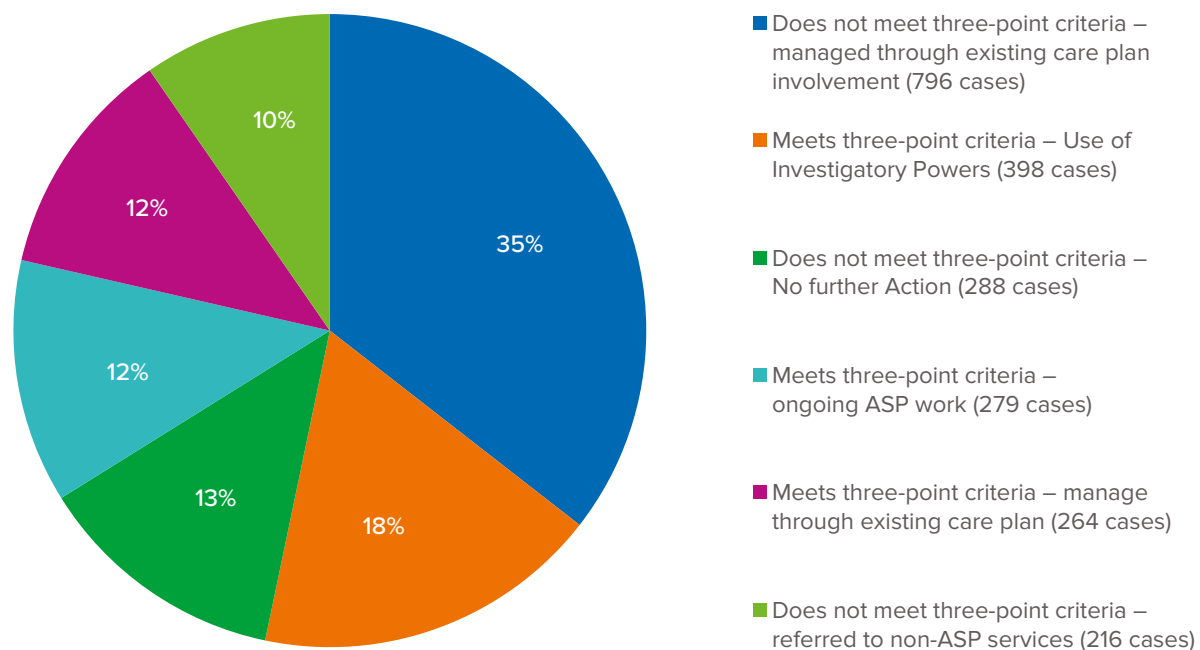




**Single year Data:**

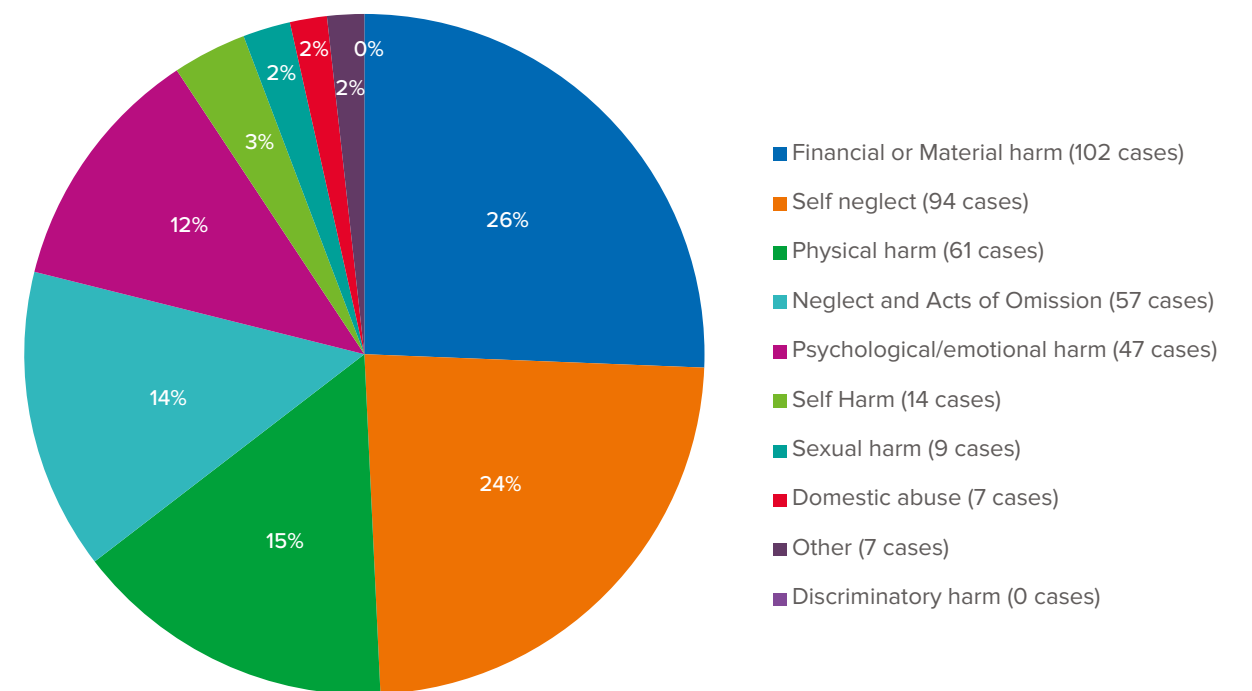
As mentioned above, because of changes to the indicators and related definitions, it is only possible to compare the main headline ASP Referral data across this and preceding biennial periods. The following data relates to 2023-24 only.

**Action Taken following Inquiries without use of Investigatory Powers\* (2023-24)**



The above chart reflects action taken in relation to all referrals received in 2023-24. Previous data is less detailed, and moving forwards it will be possible to provide comparable data in relation to this. The largest proportion relates to: “Does not meet the three-point criteria – No Further Action” (288 cases). These are adults who are not at risk of harm - who are able to safeguard themselves and/or do not have a health or mental health condition that would make them more vulnerable to harm. More often than not, these adults would be considered to have vulnerabilities, but not at the significance to meet legislative criteria for ASP or statutory Social Work services. Advice, information and guidance will have been given to the adult and/ or the referrer about relevant and appropriate community supports and services.

**Types of Harm, for Inquiries where Investigatory Powers\* were used (2023-24)**

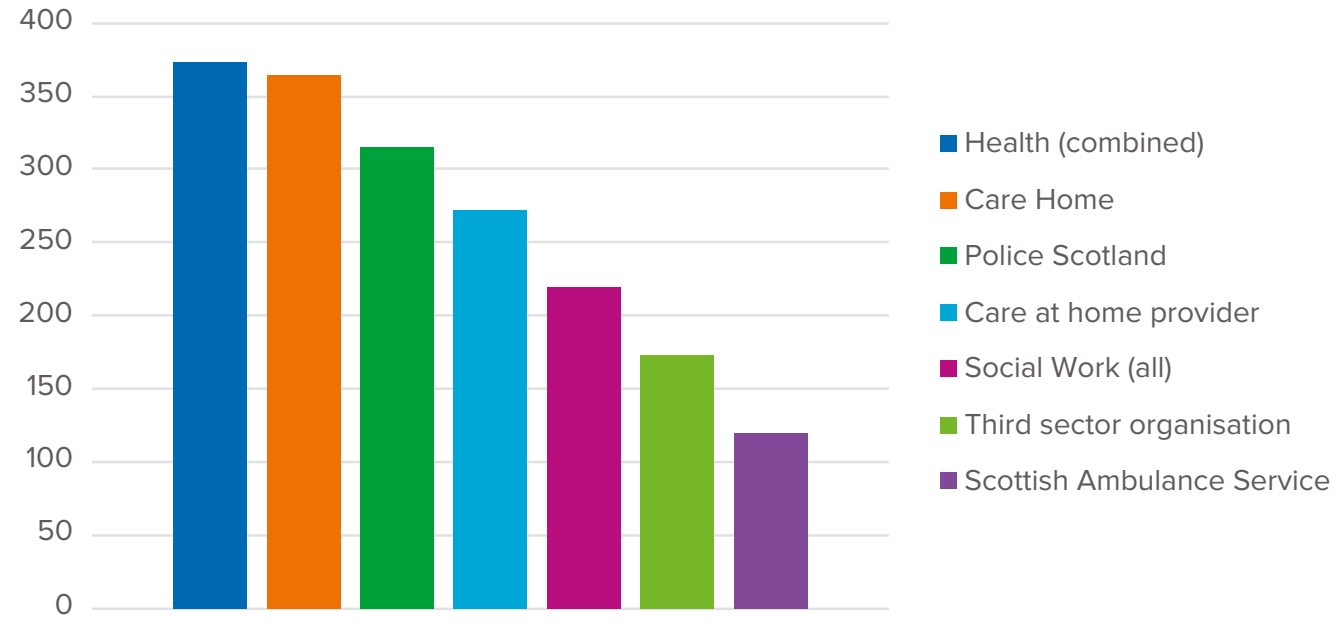


The most common principal harm type for Inquiries with use of Investigatory Powers is Financial or Material Harm, followed by Self Neglect. This reflects the complexity of such referrals and the need to use Investigatory Powers to support and protect the adult.



Source of Referrals

Top Referrers – over 100 Referrals (2023 -24)



Health services collectively submitted the highest number of referrals in 2023-24, demonstrating the impact of a significant focus on staff awareness-raising and training. The number submitted by Care Homes was only slightly lower.

Location of Harm

'Own Home' remains the most significant location of harm where Inquiries with Investigatory Powers have been used.

There have been significant developments in relation to data during the reporting period. From a national perspective, the introduction of the new national minimum dataset for Adult Support and Protection has for the first time provided a framework from which we can provide consistent data, ensuring it is comparative with other areas in Scotland. Despite delays we are now fully adopted that approach, however, it must be recognised that there will be initial challenges.

From a local perspective, the transition from Care First to D365 has been completed. Similarly, there have been challenges, however, there is a confidence now that the data produced is robust.

Aberdeen's Chief Officer Group for Public Protection (COG) has requested that all strands of public protection align their reporting and this is ongoing from an adult and child protection perspective, with Violence Against Women and Girls due to follow.





## Section 4

# Outcomes, achievements, and service improvements



Supervision Statement and related single agency work

Single agency ASP Procedures

A new APSW Team

**Improving processes and procedures**

Implementation of D365

Reinforcement of clear staged process

Ensuring feedback to referrers

### FINANCIAL HARM

Grampian partners collaborate together on an ongoing basis to enhance the protection of adults at risk of financial harm, recognising that to effectively combat the diverse risk of financial harm there is a need to influence the practice and procedures of public bodies, service organisations and third sector care and support providers. In December 2022, the three Grampian Adult Protection Committees published a [Grampian Financial Harm Strategy](#) which provides strategic direction to partners across Aberdeen City, Aberdeenshire and Moray, in the prevention of, and response to, Financial Harm.

This remains one of the most prevalent types of harm perpetrated against vulnerable people – in 2023-24, Financial Harm was the Principal Harm Type for 26% of referrals where Inquiries with Use of Investigatory Powers were progressed (the ‘top’ harm type) - and it can be argued that the cost of living crisis could further enhance the conditions for such harm to take place. Furthermore, the situation is constantly evolving, with new scams being generated as soon as an opportunity presents itself. It is therefore crucial that partners work collaboratively to try and keep abreast of these, as well as other well established methods of financial harm, and prevent people from being financially harmed by raising public awareness and educating people on how to keep their money and possessions safe.

### Case Example:

“An 82-year-old recently widowed female researched Cryptocurrency investment after hearing about potential returns on a television program. She was contacted by criminals who instructed her to attend at her Bank and transfer a five figure sum. Bank Protocol activated with Police attending and safeguarding the victim, making appropriate referrals to statutory partners and ensuring a suitable support network was implemented. The resultant criminal investigation identified individuals operating as part of an international organised crime syndicate as being involved in the fraudulent scheme. Work continues with partners in criminal justice to apprehend those responsible”

*NB The Banking Protocol is a collaboration between Police, Trading Standards and financial institutions to provide a rapid response to prevent customers losing money to frauds and scams. Staff working in banks, building societies and Post Offices are trained to detect warning signs that someone is being scammed and to make an emergency call to the Police. Police Officers will then visit the branch to investigate the suspected fraud and arrest any suspects still on the scene.*

Work undertaken by Grampian partners has included regular sharing of information about current harms, scams, etc, specific awareness-raising with financial institutions in relation to the part they can play in safeguarding vulnerable adults, and wider awareness-raising with members of the public via social media.

Guidance on service user / family involvement in LRs

Presentation for Review Teams

Chronology of Events template

**Guidance and Tools for Learning Reviews**

Practitioner Event Evaluation

Practitioner Event Guidance

Practitioner Event Self Care Guidance

Practitioner Event Presentation Template



## SELF NEGLECT & HOARDING

At the beginning of 2023 the Adult Support and Protection Team set up a multi-agency Practitioner Forum to support practitioners working with people at risk of harm from self-neglect and hoarding. A range of professionals attend this forum from local authority, NHS, Police, Scottish Fire and Rescue, Third Sector and Registered Social Landlords. An in-person workshop, involving approximately 25 members of the Forum, was held on 19th September 2023, aimed at considering our 'pathways' for support around this complex area. The output from this workshop significantly informed a refresh of our [Aberdeen City Self Neglect & Hoarding Guidance April 2024](#) which was approved by APC on 23rd April 2024.

Over 50 people from across partners and agencies attended an online event on 4th July 2024 aimed at launching the refreshed guidance and raising awareness around this challenging topic. Evaluation feedback following this session evidenced that it had been well received, and that specific learning had been taken away by practitioners.

## INSPECTION / QUALITY ASSURANCE / AUDIT ACTIVITY

### Joint Inspection of Adult Support and Protection 2022

A joint inspection of adult support and protection processes and strategic leadership was undertaken from March to April 2022, with the [resulting report](#) published on 21st June 2022. The report commended how the strategic leadership team had invested and progressed their vision for adult support and protection during the pandemic, through a programme of well delivered operational and structural change and improvement. The inspection covered the period from February 2020 to February 2022, significantly overlapping with the 2020-22 biennial reporting period, and the [Biennial Report for 2020-22](#) provides extensive commentary on the outcome of the inspection and improvement work undertaken. The APC Improvement Plan for the biennial period 2022-24 continued to build on the recommendations from the inspection, and progress already made.

Nationally, the Care Inspectorate are leading the development of a new Quality Improvement Framework for Adult Support and Protection to which locally we have been engaged in contributing to its development. Locally, the APC is developing a Performance & Quality Improvement Framework including audit, which is aligned to existing CPC processes. This work is included within the APC Improvement Plan and being led by the APC's Performance & Quality Assurance Sub Committee.

In addition, a number of audit reviews have been undertaken during the biennial reporting period.

- i) **Review of Initial Referral Discussions (IRDs) – Winter 2022**  
An 'audit' of the quality of IRDs which had taken place since the implementation of the process in October 2021 to end August 2022 was undertaken. Overall, the Audit Team had found that the majority of IRDs were completed to a good standard, albeit IRDs have routinely been delayed, or not held, due to a difficulty in sourcing Health representation, which was largely due to lack of appropriate NHS responder. This had subsequently been addressed via the appointment of an NHS Grampian Single Point of Contact. Further audit work is planned, building on this work, to consider the extent to which IRDs are taking place appropriately.
- ii) **Review of Attendance at Case Conferences – Summer 2023**  
The APC agreed that a review of attendance at case conferences would be progressed, to follow up on a review of Health and Police attendance at case conference meetings undertaken in 2019 across all three local authority areas, following feedback from an inspection of adult support and protection in Aberdeenshire. A number of areas of good practice were highlighted, and recommendations were made in relation to improvement of processes to make sure that all relevant parties were invited, and all perspectives heard and recorded – particularly the 'voice' of the adult at risk and their family or representative/s. These changes have all now been implemented and awareness-raising undertaken with those chairing Case Conferences, leading to improvements in practice.
- iii) **Review of themes arising from Learning Reviews undertaken – February 2024**  
As part of the self-evaluation work done to inform the development of the APC's Improvement Plan for 2024-26, a review was undertaken of the themes arising from Learning Reviews completed during the reporting period. This was to ensure that any such themes were addressed as part of improvement planning. Themes were identified in relation to the need for consideration of the wider family context, follow-up when an individual is no longer being protected and supported under ASP (Thresholds), and the need for improved information-sharing across partners and services, as well as chronologies. Aberdeen City's Chief Officer Group for Public Protection (COG) agreed with these themes, and, in recognition that they were relevant across a broader context than ASP, identified appropriate pathways via which they would be addressed.



## OUR APPROACH TO LEARNING REVIEWS

The APC has delegated authority to the Sub Committee to progress matters relating to case reviews, which will be subject to ratification by the APC (and notification to the COG).

As mentioned earlier, Scottish Government published revised [Guidance for APCs undertaking Learning Reviews](#) in May 2022, to accompany Guidance for Child Protection Committees (CPCs) undertaking Learning Reviews which had been published in 2021. [NB the Guidance for CPCs has recently been updated again.] Following on from this the [Grampian APCs' Learning Review Procedures](#) were reviewed and published in April 2023. In order to further support those considering and undertaking learning reviews in Aberdeen, across both Adult and Child Protection, a 'toolkit' of resources was developed, including:

- a presentation about learning reviews aimed, at review teams;
- a 'chronology of events' template;
- Practitioner Event guidance;
- a Practitioner Event Presentation template;
- Practitioner Events Self Care Guidance;
- A Practitioner Event evaluation template; and
- Guidance on Service User and Family involvement in learning reviews.

In addition to the above, in March 2024, Learning Review Guidance was developed for Social Work staff involved with reviews, and related awareness-raising undertaken.

Although national and local guidance exists, it has been acknowledged by ASP partners across Grampian that there is no locally agreed formal support or training available to those who are asked to be involved in Learning Reviews, and this is therefore under consideration by multi agency partners across the region.

Below are examples of improvement work undertaken as a result of work relating to learning reviews:

- Training and awareness-raising about recognising and responding to domestic abuse, including a [7 minute briefing](#) on the Aberdeen Protects website;
- [7 minute briefing](#) on Aberdeen Protects site, and shared, in relation to Missing Adults;
- Awareness-raising about ASP, in terms of recognising harm, and how to respond, with single agencies and wider public;
- Training and awareness-raising regarding Professional Curiosity, bariatric cases, and Self Neglect & Hoarding;
- Review of a range of single and multi agency systems and processes linked to ASP;
- Recommendation to HSCP Carers' Strategy Implementation Group regarding the value of awareness-raising about consideration of carers' rights / supports.

## CAPACITY ASSESSMENT TOOL & PATHWAY

In June 2024, NHS Grampian's Public Protection Committee endorsed a Pathway for Capacity Assessments for Protection-based decisions which clearly sets out pathways for accessing assessments of capacity to contribute to protection decisions, including decisions relating to the use of Adult Support and Protection, Adults with Incapacity, and/or Mental Health (Care and Treatment) (Scotland) legislation. The Pathway was developed by a multi agency and multi disciplinary working group of representatives from across the Grampian area. The development of the Pathway arose following the publication of the national NHS Public Protection Accountability and Assurance Framework in October 2022 – having such a pathway in place was one of the success measures identified in the Framework. The new Pathway incorporates use of the existing Grampian Decision Specific Capacity Screening Tool, which is to be reviewed to ensure full alignment. Awareness-raising resources and training are currently being developed, to support the roll-out of the Pathway.







## Section 5 Training, learning & development



The role of the APC’s Learning and Development Sub Committee is to oversee the progression of work aimed at achieving the APC’s priority that “We will continuously improve ASP practice, learning and development by reaching all our people, ensuring effective support, preventative measures and protection of adults at risk of harm”.

Formal training courses are run by the organisations involved in ASP, on both a single agency and multiagency basis. In addition to this, we have support groups and subject matter groups, learning materials and resources, such as 7 minute briefings, and digital hubs and internet/intranet pages. Centralised multi agency resources are published as a one-stop shop for staff on the [Aberdeen Protects website](#). The voice of lived experience informs, and is central to, training offered.

In order to support learning and development two roles, one within Aberdeen City Health & Social Care Partnership and the other within NHS Grampian, have been refocused which has already resulted in positive outcomes.

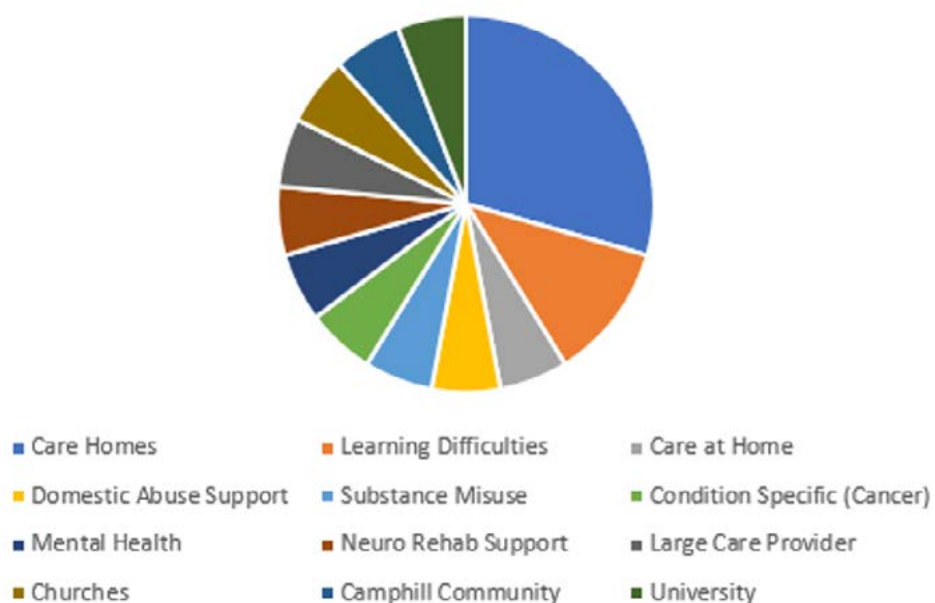
The Health & Social Care Partnership’s Adult Support and Protection Team continue to deliver the core training programme and, in terms of future development of training programmes, we have reviewed and updated the Mandatory Training for all local authority staff, and this will be rolled out over Spring/Summer 2024.

The Adult Protection Coordinator and Practice Development Officer also provide multi-agency training through the Train the Trainer’s programme which was introduced during the Biennial period. This is designed for those who are delivering Adult Support and Protection training to staff in other organisations with more than 15 paid staff or volunteers. Key core content relating to adult support and protection is covered, including reporting thresholds, with an expectation that those attending go on to deliver at least two courses each year, and also attend two follow-on support sessions per annum.

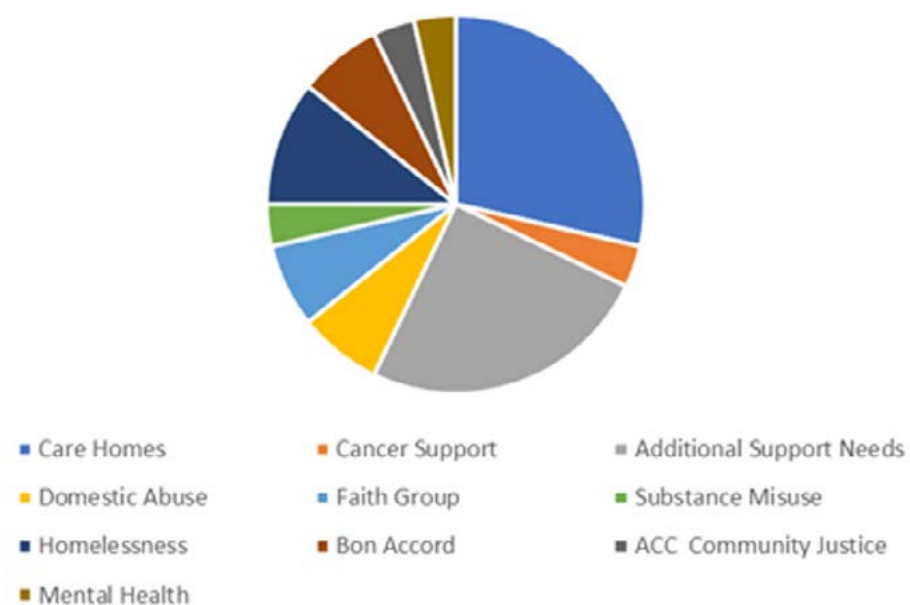
The APC’s Learning and Development Sub Committee undertook an analysis of attendance at this training, by type of organisation. The results can be found below. The aim of this analysis was to target more third sector organisations in these categories to increase training volumes and broaden the reach for ASP referral potential across the city. The next step would be to analyse similar data from referral records to identify impact of this type of targeting and to see if we can further improve our reach in any areas of work and therefore identify more widely, organisations that might benefit from having a closer relationship with APC.

The first chart shows the number of third sector organisations, by Type, which attended the first two cohorts of the Train the Trainer programme, and the second chart shows the same information, but by Staff Numbers who attended, representing each organisation Type.

Cohort 1&2 by type



Organisation type by Staff numbers



**Council Officer Support Groups** have been running since the beginning of 2022, meeting on a quarterly basis. These support groups allow Council Officers the opportunity to discuss practice issues and benefit from peer support from other Council Officers. As part of the continued development of the groups we are asking all Council Officers to complete a learning and development survey to ensure that these support groups continue to provide the appropriate support to allow Council Officers to carry out their role. Modules 3 and 4 training (see table below) is run for Council Officers as needed, in terms of specialist learning in relation to that role, eg new members of staff, or linked to recruitment and retention.

Social Work Adult Support & Protection Learning & Development			
Time Period: 01/04/22 - 31/03/2024			
Name of Course	Number of Courses	Number of Participants	Agencies Attended
<b>Core ASP Training:</b>			
Adult Support and Protection – Modules 1 and 2	5	83	Local Authority / Third Sector / Foster Carers
Adult Support and Protection – Module 3	1	17	Local Authority
Adult Support and Protection – Module 4	1	13	Local Authority
<b>Council Officer Learning &amp; Development:</b>			
Council Officer Support Groups	Quarterly	8 – 9 per grp	Council Officers
Advocacy / Service User Engagement Session	1	51	Council Officers
<b>Other:</b>			
Aberdeen City Council Mandatory Online Training	N/A	5730	Aberdeen City Council staff
Training for Trainers	3	32	Third Sector
Self Neglect & Hoarding Practitioner Forum	5	c20 at each	Multi Agency

The self-rating of knowledge levels which participants are asked to undertake before and after training has been shown to evidence the immediate impact of the training, and evaluation feedback has generally been very positive, but there is always scope to improve.

The below are examples of feedback comments to which further consideration is being given:

- In person training (this was a common theme across all trainings delivered. Attendees felt that face to face training would have been beneficial)
- Training could benefit from more scenarios, case examples and discussions, short videos (some attendees felt that it would be good to have more case examples/discussions seeing through the whole process and even input from a Council Officer)

“Great, Informative Training”

“Thank you for training and providing a friendly environment where we could openly discuss thoughts and questions about ASP”



The **NHS Grampian Adult Public Protection Framework** sets out the training requirements of all employees across the health board. This framework is reviewed annually, with the current framework having been reviewed in November 2023. The training framework clearly prescribes the mandatory training expectations for all health care staff in Grampian.

NHS Grampian continues to offer a strong ASP training portfolio including Elearning modules, facilitator led (online) training sessions and face to face training sessions – detail is provided in the table below.

During the Biennial reporting period, 24,960 ASP training activities have been completed over a range of ASP Elearning modules. 348 face to face/facilitator led (online) sessions have been offered with 1905 participants in attendance. Participants attending include both patient facing and non-patient facing roles, Medical students, GP's and Trainee GPs.

All NHS Grampian employees are required to complete the mandatory "Welcome and Orientation" and 5094 individuals have completed this training over the biennial period, this session includes basic awareness of ASP and is mandatory for all employees whether patient facing or not.

Non patient facing and patient facing staff are all required to complete Level 1 Training in Public Protection, ASP, Child protection & Prevent and across the biennial period 11,304 have completed individual modules in these areas. In January 2024 our training portfolio was updated and the modules were combined into one Elearning Module and from January – end of March, 6,731 patient facing and non-patient facing employees have completed the course. The course is a welcome addition to the NHS Grampian Training portfolio as it is time effective and provides all relevant information to ensure all NHS Grampian employees have a basic understanding in the four key areas.

ASP Level 2 is mandatory for all patient facing NHS Grampian employees, with a requirement that training is attended every 3 years to ensure knowledge remains current with the training being reviewed and updated frequently to reflect any emerging ASP themes nationally and locally, including any learning from inspections or learning reviews. Across the reporting period there have been 97 Level 2 courses with 1071 staff members attending.

ASP Level 3 sessions are available to NHS Grampian employees who have a supervisory role and/or a more direct involvement in ASP procedures such as attending case conferences or contributing to investigations. These sessions are mainly delivered online/facilitator led, but face to face sessions are also available, 139 employees have attended across the biennial period.

Specific training has been developed for GP's and GP Trainees at Level 3, to ensure the training covers areas relevant to their practice and involvement. GP training is offered online/facilitator led and sessions are delivered at times to accommodate the role of GP's with sessions during Protected Learning Time (PLT) and evening sessions offered. Across the reporting period 24 GP sessions have been provided with 245 GP's attending. Level 3 training is also available to GP Trainees and these are delivered twice a year face to face. NHS Education for Scotland (NES) facilitate the booking of these sessions and they are delivered by the NHS Grampian Learning & Development Coordinator.

ASP training is also provided for junior doctors at both Foundation Level 1 and Foundation Level 2 which is another opportunity to give ASP input into the career of medical staff. Figures are only available for sessions run in 2024, but detail there were 83 attendees at 2 offered sessions during 2024. It is anticipated that sessions will continue to be offered with at least two courses offered annually.

Over the last 6 months a bespoke training course has been developed and offered to hospital inpatient settings. This specialist session operates on a face to face basis and covers ASP topics a hospital setting will likely experience. The sessions were delivered using written ASP scenarios and group discussions to work through what the response should/could be in each scenario, with materials such as the NHS ASP Ecard and the Grampian Thresholds Good Practice Guidance offered as resources to aide discussions. The feedback and evaluation from these sessions was overwhelmingly positive and further development is ongoing with a view that these sessions will be rolled out further and bookable through TURAS in the future.

The work of the Grampian ASP Learning and Development Subgroup has been ongoing throughout the reporting period. The group has continued to support multiagency trainers across the partnership and the frequency of meetings has increased to support and meet the needs of a number of new members to the group. The Grampian L&D Group has also developed a direct link into the National ASP Learning & Development Network via the Joint Learning & Development Co-ordinator.

Key Achievements in terms of Learning and Development during the reporting period included:

- Significant levels of core and bespoke training was delivered during the reporting period (see table below);
- The Grampian L&D Group has supported the delivery of an Inter Professional Learning Event alongside the Robert Gordon University. This took the format of two day workshops aimed at third Year Medical Students and second year BA Social Work students. There is a commitment from the L&D Group to continue supporting the development and delivery of this programme.
- Grampian wide Multi-agency Risk Assessment training was developed and delivered twice during the reporting period to over 150 participants. This training is aimed at anyone who is regularly or likely to be attending ASP Case Conferences and has brought together a diverse range of professionals from Social Work, NHS, Police Scotland, Scottish Ambulance Service, Housing, Advocacy, Third Sector and more. Evaluation feedback has highlighted that participants particularly valued the opportunity to engage in multi-agency discussion about risk and input around unconscious bias and how it impacts decision making. This will be delivered as a rolling programme with dates arranged for the remainder of 2024.
- Revision of the Grampian Learning & Development Strategic Framework.
- Agreement to initiate a 3 stage 'deep dive' into Learning & Development requirements around Trauma Informed Practice in Adult Support & Protection, with stage 2 focussing on those with lived experience and frontline practitioners.



## NHS Grampian Adult Public Protection Training Output

Time Period: 01/04/22 - 31/03/2024

Name of Course	Number of Courses	Number of Participants
Adult Support and Protection - Level 2	97	1071
Adult Support and Protection - GP Level 3 (Full course)	24	245
Adult Support and Protection - Level 3	218	139
Adult Support and Protection - Multi Agency Risk Assessment	1	264
Adult Support & Protection Scenario Session	4	31
Adult Support & Protection GP Trainees	2	71
Medical Students Foundation Year 1 *figures for 2024	1	43
Medical Students Foundation Year 2 *figures for 2024	1	40
Adult Support & Protection Champion Session	3	84
<b>Totals</b>	<b>348</b>	<b>1905</b>
Elearning Public Protection Level 1		6731
Elearning ASP Level 2 Recorded		1223
Elearning ASP IRD		67
Elearning GBV		200
Elearning Human Trafficking		341
Elearning Welcome & Orientation		5094
Elearning ASP level 1 (retired 24/01/2024)		6757
Elearning Public Protection (retired 24/01/2024)		4038
Elearning Prevent (retired 24/01/2024)		509
<b>Totals</b>	<b>N/A</b>	<b>24960</b>
Professional Curiosity	3	9
Workshop to Raise Awareness of Prevent (WRAP)	6	118
<b>Totals</b>	<b>9</b>	<b>127</b>
Bespoke: Health Assessors/Resettlement	4	20
Bespoke: International Nurses	3	36
Bespoke: Vaccinators	1	22
Bespoke: Tissue Viability Champions	1	14
Bespoke: Tissue Viability Day	1	120
Bespoke: Elgin Emergency Department Nursing	2	20
Bespoke: Dental School	1	40
<b>Totals</b>	<b>13</b>	<b>272</b>
<b>Overall Total</b>	<b>370</b>	<b>27264</b>

Aberdeen City Council **Housing & Support Officers** undertake ASP e-learning as part of their mandatory training. We also have a training/informational video that officers are all required to watch when beginning their role which outlines ASP and the ASP Team in Social Work.

## POLICE SCOTLAND

A national Protecting Adults at Risk of Harm online training course provides officers and staff with an understanding of Adult Support and Protection and is mandatory for all officers up to the rank of Inspector. In the time covered by this biennial report 554 local officers have completed this course.

In 2022, briefings on Adult Protection Orders were given to staff in North East Custody Division following a recognition that there was a lack of understanding of Banning Orders with Power of Arrest. Information is now available for Custody staff to refer to.

In August 2023, an Adult Support and Protection Development Day was held at the Scottish Police College to which Officers from A Division attended. Inputs were given by Officers from other Divisions, Social Work and the National Appropriate Adult Coordinator.

In November 2023, a new national 2-day Adult Support and Protection Tier 2 training course was run at the Scottish Police College. Officers from A Division attended to enhance their knowledge and skills and assist in the evaluation and improvement of the course for future attendees. Officers from A Division will be supported to attend this training in future.

## SCOTTISH FIRE AND RESCUE SERVICE

The Community Action Team and Operational crews are required to complete a number of online learning modules in relation to Adult Support and Protection, and to review this learning on a regular basis. Modules in relation to Prevention and Protection include:

- Adult Support, protection and Wellbeing
- Child Protection and wellbeing
- Reporting and Recording
- Home fire safety
- Hoarding
- Safeguarding

## DOMESTIC ABUSE

In Autumn 2023, Social Workers and Council Officers undertook 'Dynamics of Domestic Abuse' training delivered by Grampian Women's Aid. This training was organised following a recommendation from a learning review in June 2023, that training should be put in place, across agencies, around staff recognition of and response to domestic abuse and coercive control. 245 members of staff attended. The proportion of attendees rating their knowledge at the highest levels (on a ratings scale) increased from 32% at the start of the sessions, to 92% at the end. Feedback about the training was overwhelmingly positive, and participants indicated that they had taken away learning including in relation to how to start conversations about domestic abuse, what supports are available, and understanding of why people do not leave.

A Development Officer for Public Protection came into post in July 2023, funded by the Delivering Equally Safe Fund to support the implementation of Equally Safe across local public protection policies and guidance. Early in the role, a guiding document was created to identify key considerations for such documents, which has been applied in areas such as updated guidance on self-neglect and hoarding, ensuring a gendered perspective. Following on from one of the recommendations of a learning review undertaken by APC, further work began on measuring the success of domestic abuse training commissioned by Grampian Women's Aid, (as described above), evaluating reach and impact on practice through quantitative data and staff focus groups. The learning review also led to recommendations for developing multi-agency domestic abuse and adult protection guidance, producing resources on domestic abuse within a local context, and strengthening links between adult protection agencies and specialist domestic abuse services. These recommendations were approved for implementation by the APC in December 2023, and this work is ongoing.



### STAKEHOLDER ENGAGEMENT EVENT 4th SEPTEMBER 2023

The Stakeholder Engagement sub-committee held an engagement event on 4th September called “Let’s shout about Adult Support and Protection.” We invited a cross sector group of professionals and people with lived experience of adult protection.

The event, which was attended by just short of 30 stakeholders, including professionals and members of our Lived Experience Forum, was hugely helpful in informing a refresh of the Adult Protection Committee’s document on ‘How we communicate and engage with people about Adult Support and Protection’ which was endorsed by APC on 19th June 2024.

### APC DEVELOPMENT SESSION – NOVEMBER 2023

As part of self evaluation activity to inform the APC Improvement Plan for 2024-26, a development session was held in November 2023, which also included members of the APC Sub Committees and the Lived Experience Forum. The session considered progress made against the current Improvement Plan, and areas for future focus. The benefit of the session became apparent when the APC Improvement Plan 2024-26 was developed and was a useful exercise to ensure a wide range of views were considered locally against significant change nationally. Additional value was derived from the face-to-face format of the event, in terms of building on relationships across the partnership. Given current demand and ongoing national work such as the implementation of the Code of Practice, the session enabled the APC to focus on prioritising improvement while balancing the increase in demand.

During the Biennial period, the APC has moved further towards a more holistic approach to public protection. This has resulted in not only taking part in COG-related events, but also attending Child Protection Committee Development Sessions and working more closely with Alcohol and Drugs Partnership and the Violence Against Women Partnership. The APC is also represented on the Public Protection Leads forum which was established by COG during the period and has the following remit:

*To coordinate, on behalf of the COG, the improved alignment of the public protection agendas, wherever possible, with a view to preventing harm and improving outcomes for people impacted by harm, with an additional aim of streamlining processes to make the strands more efficient and effective.*

This may include but is not limited to:

- sharing of information across PP agendas;
- facilitating collaboration of ‘strategic’ work (policies, strategies, consultations, funding applications, etc) across the PP agendas;
- ensuring the coordination of the progression and embedding of improvement work on cross-cutting issues (eg Learning Reviews, Learning & Development, and the introduction of the Homelessness Prevention Duty);
- maintaining and further developing the Aberdeen Protects website;
- the organisation of multi agency cross-partnership events, and related follow-up actions;

and contributing towards the development of an integrated public protection dataset, and risk register for COG, and public-facing ‘public protection’ reporting (eg annual / biennial report, public messaging).





Section 6

# Engagement, involvement and communication

## LIVED EXPERIENCE FORUM

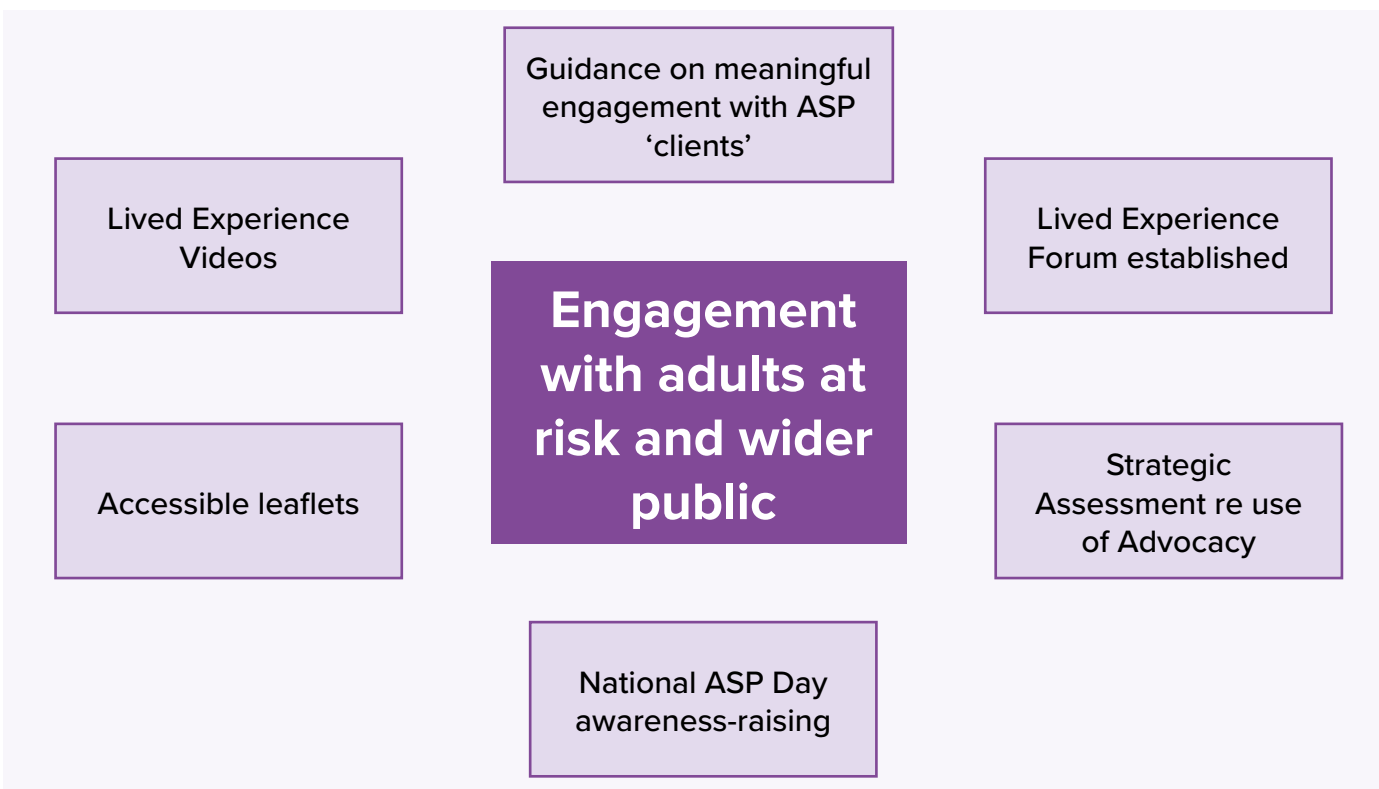
The Lived Experience Forum has been established for over two years, with more members joining recently. The group is facilitated by the local Advocacy service, which has been of significant benefit, not only to the members themselves, but the wider APC partnership also. The Forum has been involved in a range of activities :

- Development of a 'Best Practice' document and inclusion in the review of guidance documents/ information materials/resources (the resources are available on the [Aberdeen Protects website](#))
- Developing visual material
- Currently working on a peer support video
- Consulted about Learning Review guidance
- Involvement in academic research being undertaken by Kate Fennell of Napier University in relation to the voice of the adult in Case Conferences

The Chair of the Stakeholder Engagement Sub Committee is also the Chief Executive of ACVO, our local third sector interface. This has been of huge benefit to the partnership in developing stronger links between statutory partners and third sector who play such a significant role in adult protection within Aberdeen City. The Stakeholder Engagement sub-committee has representation from advocacy and carers organisations who contribute valuable information from the people they work with. The Lived Experience group, supported by Advocacy Aberdeen, have members who have given advice and guidance on documentation and also attended development sessions in person to share their views.

A video made by a member of the Lived Experience Forum regarding their experience of being supported by independent advocacy is used during training for multi agency staff, and also Council Officers. The video has proved effective in increasing understanding about the impact that advocacy support can have.

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The role of the APC's Stakeholder Engagement Sub Committee is to oversee the progression of work aimed at achieving the APC's priority that *"We commit to continue to develop appropriate mechanisms for effective communication: i) recognising how diverse our communities are, to ensure the 'voice' of all those we aim to support and protect is at the centre of all we do, ii) to raise awareness about ASP, so that staff and public recognise the risks of harm to vulnerable adults and know how to respond, report and connect to appropriate supports, and iii) to ensure we understand each other's roles, responsibilities and aims (including via sharing of updates and good practice across all partners' staff groups)."*







**‘MOVING FORWARDS TOGETHER’ EVENTS**

In October and November 2022, two online awareness-raising ‘Moving Forwards Together’ events were held, which were attended by over 50 multi agency professionals. The event started with a showing of a video made by a member of the APC Lived Experience Forum, regarding their experience of ASP and being supported by Advocacy Service Aberdeen. This was followed by updates regarding the findings of the Joint Inspection, and national developments, and then discussions around how to better involve staff in change and improvement in relation to ASP, and on progressing Trauma Informed approaches. All those who completed the evaluation found the sessions useful in updating them about ASP in Aberdeen.

**STRATEGIC ASSESSMENT OF USE OF INDEPENDENT ADVOCACY**

Strategic Assessment of the use of Advocacy undertaken as a result of inspection recommendation resulted in awareness-raising with Social Work and wider staff about the role and benefits of independent advocacy for adults under ASP.

This has resulted in both an increase in referrals for advocacy support from the local authority, and an increase in advocacy uptake. An increase has also been seen in the numbers of advocacy workers present at ASP case conferences. All this has resulted in an improvement in outcomes, which is demonstrated by the below case examples:

**Person A**



Concerns were around hoarding issues. This person had no previous involvement with Social Work and was referred to ASP by paramedics responding to a call. They were very suspicious of anyone coming to their home, especially if the visit was unannounced. In this case our advocacy worker never met them in-person - all contact was via telephone and Case Conferences were held on Teams.

Within conversations held with the person they required a detailed explanation of the ASP process and the role of everyone involved. They had many questions - e.g. would police involvement mean they would have a criminal record?, could they be forced to leave their home? etc.

They stated that they would not attend the ASPCCs unless the advocacy worker was available to take part in them. the advocacy worker did have to talk the person through the joining instructions prior to each case conference and have a lengthy debrief afterwards. With knowledge gained from advocacy input they gained confidence during the ASP process, became more trusting of services and began to engage leading to removal from ASP measures.

Feedback sent in an email by Person A to the advocacy worker below:

Hi, many thanks for your patience, support and perseverance over the period of my being scrutinized. It has caused me many sleepless nights and troubled days even though on the surface it might have seemed that I wasn't flapping. Your being there for me boosted my confidence and has been very comforting.

Hopefully the Clutter Busters will enable me to return to more comfortable and manageable living.

Once again, many, many thanks for your support.

Kind regards.

Person A

**Person B**



Concerns were around self-neglect issues. They had a dementia diagnosis as well as a history of mental illness. They had not left their flat since returning from a stay in ARI in May 2023. They also had an elderly dog which was also confined to the flat. This resulted in the dog using the bathroom floor as a toilet, making the environment unhygienic.

Person B wouldn't have been able to attend ASPCCs in person so case conferences are held via Teams with advocacy supporting him by use of ASA's iPad's. This was done by visiting him in his flat. Without this it would have been more complex trying to support Person B to participate in the meeting or to air their views on the issues raised.

Because of Person B's poor short term memory they required to be reminded that there is a meeting, the reasons behind it and the role of advocacy just before each ASPCC began. With this level of support they were able participate well in these meetings but looked to the advocacy worker to clarify anything they did not understand.

As of a few weeks ago Person B is no longer under ASP measures. ACC are applying for Welfare Guardianship and the advocacy worker who supported them through ASP will continue to support them through the guardianship process, helping them to understand what this means and to obtain their views on the powers sought.



## Section 7

# Challenges and areas for improvement

As we emerged from the global pandemic, we entered a cost of living crisis which has impacted significantly on Adult Protection and resulted in many challenges not least poverty and a substantial increase in displaced persons. These challenges have continued throughout this biennial reporting period. There is no doubt that lessons were learned from the pandemic which has ensured we are more agile as a partnership, using data and technology to ensure we can quickly understand and respond to emerging issues and trends.

Both cost of living and displaced persons are standing items on our APC agenda, where we can quickly understand the impact and where appropriate escalate concerns to COG. They are also identified as risks on our risk register, albeit we, as a Committee, are only able to mitigate certain elements of same. We have worked along with IRISS to develop the National Minimum Dataset which is of real benefit, albeit at the same time Aberdeen City introduced a new IT system, namely D365. This is already providing benefits, and there is a real confidence about the robustness of the data produced.

It is also worthy of note the demand for services which continues to increase and the challenges across the workforce, not least capacity. Notwithstanding these challenges as an APC we have delivered on our improvement plan and benefitted from our self-evaluation against the new Code of Practice. In addition, we have identified key themes from recent Learning Reviews which we have incorporated into our Improvement Plan 24 – 26, ensuring alignment, where appropriate, with the four national implementation workstreams.

The following, though not exhaustive, have been delivered and we are in the process of developing a Quality Assurance Framework, so that we can audit improvement areas and measure what impact the change has made. This will closely follow the CPC model.

- Improved recording of ASP information by multi agency staff
- Instigation of 'ASP Champions' model across NHS Grampian
- Improved quality assurance arrangements within Social Work
- Review of Decision-Specific Capacity Assessment Tool
- Mechanisms in place to ensure feedback provided to referrers, and related quality assurance of this
- Training for Social Work staff around Risk Assessment and Management
- Comprehensive ASP Operational Procedures for Social Work staff launched
- Awareness-raising online 'Moving Forwards Together' events held for multi agency professionals in October / November 2022
- Strategic Assessment of use of Independent Advocacy undertaken
- Ongoing development of dataset for APC
- APC approach to communication and engagement reviewed, with significant contribution from those with lived experience
- Tools and processes developed for undertaking Learning Reviews, in light of revised national guidance
- APC Supervision Statement developed and implemented
- Calendar of Learning & Development in place across agencies, and Train the Trainer programme initiated





## Section 8

# Looking forward

On 23 April 2024, the APC approved its overarching [strategy for 2024-2026](#), which has been fully aligned to our Improvement Plan. The timeframe also aligns with other plans across the partnership, particularly in relation to the Child Protection Committee, which ensure we are working collaboratively. In addition to Performance and Quality Assurance; Stakeholder Engagement; and Learning and Development; we have added Learning Reviews. We believe that there is much to learn both nationally and locally and as such we wish to ensure we fully embed the relatively new process throughout the partnership. As we know it is not only about identifying learning, but also about, where appropriate, changing practice and thereafter measuring better outcomes for individuals.

It would also be fair to say that demand for services continues to increase for varying reasons, not least an ageing population and the challenges currently being faced across the Health and Social Care Partnership, which is not unique to Aberdeen City. As such we must continue to become more efficient and effective with our workforce and embrace new opportunities to tackle these challenges. As we await the detail of the National Care Service, work is ongoing locally to better align all areas of Public Protection (see below).

As a partnership we are well represented at the national implementation workstreams relating to the updated Code of Practice and we also benefit from our local working arrangements with both Aberdeenshire and Moray.

Our four APC Sub Committees continue to drive forward improvement, via the APC Improvement Plan, in relation to our four strategic priorities: Performance and Quality Assurance; Learning and Development; Stakeholder Engagement and Learning Reviews.

### PUBLIC PROTECTION

Building on our ambition in our previous Biennial Report, the Aberdeen City Chief Officer Group has formally established a Public Protection Leads Group, chaired by the APC and CPC Convener. This Group, which meets every two months, looks at cross-cutting themes and opportunities to collaborate, including information sharing, strategic work, Learning and Development and the Aberdeen Protects website. In its initial year it has delivered a Public Protection Learning Review Tracker and reviewed all policies relating to Violence against Women and Girls. It is developing a joint communication strategy for Public Protection and working across the partnership on an overall L&D strategy, in addition to work on transitions and data. It is anticipated that this will also link in well with the nationally proposed Public Protection Leadership Group.

### OTHER AREAS

It would be remiss not to mention the National Care Service and the ongoing workstreams both nationally and locally. It would be fair to say that Aberdeen City have established positive links with the national team as everyone strives to deliver the best outcomes for those we serve. As we continue to deliver our improvement plan against a very challenging landscape, we must ensure that we, where appropriate, continue to influence the proposed changes, against increased demand and reduced budgets.









**RISK AUDIT PERFORMANCE COMMITTEE**

<b>Date of Meeting</b>	3 December 2024
<b>Report Title</b>	Quarter 2 Delivery Plan Update
<b>Report Number</b>	HSCP.24.097
<b>Lead Officer</b>	Alison MacLeod
<b>Report Author Details</b>	Calum Leask Transformation Programme Manager <a href="mailto:CLeask@aberdeencity.gov.uk">CLeask@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Exempt</b>	No
<b>Appendices</b>	<ul style="list-style-type: none"> <li>a. <i>Delivery Plan Overview Year 3 Quarter 2</i></li> <li>b. <i>Delivery Plan Tracker Year 3 Quarter 2</i></li> <li>c. <i>Delivery Plan Dashboard Year 3 Quarter 2</i></li> </ul>
<b>Terms of Reference</b>	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**



## **RISK AUDIT PERFORMANCE COMMITTEE**

- 2.1. It is recommended that the Risk, Audit and Performance Committee note the Delivery Plan Quarter 2 Summary, the Tracker and Dashboard as appended to this report.

### **3. Strategic Plan Context**

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

### **4. Summary of Key Information**

- 4.1. This report represents the Quarter 2 update to the Risk, Audit and Performance Committee based upon the Year 3 Delivery Plan as approved by the IJB in March 2023.
- 4.2. As outlined in the revised Performance Framework, the Delivery Plan Progress Tracker will show updates for all entries in the Delivery Plan while a supporting Dashboard will be presented showing the key measures which the progression of the Delivery Plan seeks to impact upon.
- 4.3. Appendix A aims to give some context to the progress being made over the past quarter while the Delivery Plan Progress Tracker (Appendix B) shows this detail for each entry within the Year 3 Delivery Plan. The Delivery Plan Dashboard in Appendix C displays the key measures and updated figures (where possible) related to these.
- 4.4. 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 August to November 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.





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- 4.5. For this reporting period, there is one project marked as completed. This is SE30 (Consolidation / streamlining of existing mental health and learning disability commissioned services), with the contract commencing on 1<sup>st</sup> September 2024.
- 4.6. At a programme level, there has been a change in description of the Hospital at Home expansion, whereby the description now details to “*increase the capacity of Hospital at Home to 50 beds*”, whereas for the previous quarter the ultimate stated ambition was for 100 beds. This allows for a balance between expanding the service within the existing funding envelope whilst also prioritising maximising the usage of these beds given that further efficiencies have been identified that can be taken forward.
- 4.7. Appendix C shows the Delivery Plan Dashboard. This has been sorted by Programme as consistent with reporting throughout the previous financial year. As part of a review of existing data flow processes, this has resulted in the updating of several key metrics in order to provide more timeous and consistent updates to the Committee around indicators of interest. These include:
- 4.7.1. Division A and B Hosted Services and perinatal and neonatal now presented quarterly. These data have also been combined together under the heading of ‘Hosted Specialist MHL D services’
  - 4.7.2. Updated data (annualised) on suitable homes with major and minor adaptations
  - 4.7.3. Updated data (annualised) on community alarm and telecare packages
  - 4.7.4. Updated data on adult carers supported (annualised)
  - 4.7.5. Updated data provided on number of young carers supported
  - 4.7.6. Updated data on Community Treatment and Care Calls and attendances rates
  - 4.7.7. Primary Care stability levels now also updated on a quarterly basis
  - 4.7.8. Addition of adult patient percentage treated within 18 weeks for the Child and Adolescent Mental Health Service (CAHMS). This is a Grampian-wide service that is hosted by ACHSCP.

### 5. Implications for IJB

#### 5.1. Equalities, Fairer Scotland and Health Inequality



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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

### 6.1. Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
Assurance over	Low	Medium	Performance Framework	If the paper was not



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strategic plan not met			outlines the required reporting to take place through the year in order to create assurance	presented, assurance would not be given to the RAPC and therefore part of the remit and responsibility of the Committee would not be met.
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Full Transformational Projects outlined within the Delivery Plan have their own governance routes and risk management in place. As outlined in section 4.5, where risks are required to be escalated this is made to SLT in the first instance as outlined by the Performance Framework.

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

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

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

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

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

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

The report and its appendices help to mitigate the risk by providing assurance that progress against the Strategic Plan 2022-2025 and the associated



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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.

## Risk, Audit and Performance Committee- Quarter 2 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 an overview of some key areas of progress.

#### 1.1. Overall Delivery Plan Status, by BRAG.

Status	Description	No. of Projects	% of Total Projects
Blue	Complete	6	7
Green	On track to deliver by deadline	64	78
Amber	At risk of non-delivery/not meeting deadline	10	12
Red	Missed Deadline/Unable to Deliver	0	0
White	Not Started	1	1
Purple	Closed	1	1
	<b>TOTAL</b>	<b>82</b>	<b>100</b>

*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.

<b>Programme (total no. projects)</b>	<b>Blue</b>	<b>Green</b>	<b>Amber</b>	<b>Red</b>	<b>Purple</b>	<b>White</b>	<b>Achievements</b>	<b>Challenges/Worthy of Comment</b>
<b>Commissioning (5)</b>	60%	40%					<ul style="list-style-type: none"> <li>• MHLD commissioning contract commenced 1st September</li> <li>• Tender awarded to GCC who previously held contract</li> <li>• BAC contract reviewed with new service specifications added and signed</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Communities (6)</b>		100%					<ul style="list-style-type: none"> <li>• Grampian Gathering held on 12<sup>th</sup> October with 193 community members attending</li> <li>• Attendance at Locality Empowerment Group (LEG) meetings has significantly increased since July 2023, with 21 attendees in July 2023, compared with 30 attendees between August-October 2024</li> </ul>	<ul style="list-style-type: none"> <li>• Community Appointment Day (CAD) at Get Active Northfield progressing. Initial CAD will focus on Chronic Pain and take place on 27th November.</li> </ul>



Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Digital (5)	20%	80%					<ul style="list-style-type: none"> <li>Digital investment business case approved at IJB in September 2024</li> <li>Replacement of analogue units with digital community alarms progressing well, with only 12 out of 2277 units remaining to be replaced.</li> </ul>	<ul style="list-style-type: none"> <li>Changes at NHS Scotland policy level with external access to site has cause access issues with progressing single point of contact work</li> </ul>
Frailty (7)		100%					<ul style="list-style-type: none"> <li>Unscheduled Care ecosystem mapping event to take place on 30<sup>th</sup> October to help create visual map of urgent and unscheduled care</li> <li>New Transformation Programme Manager supporting Frailty work commenced in post September 2024</li> </ul>	<ul style="list-style-type: none"> <li>Updated Frailty standards expected in November to inform future work</li> <li>Scoping paper RE: future of Rosewell house being drafted with the aim to share at SLT in November</li> </ul>
Home Pathways (3)		100%					<ul style="list-style-type: none"> <li>Risk documentation reviewed and updated for Stonewood project in October</li> <li>Disabled Adaptations Group continues to meet to ensure work aligns with recently published guidance</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
Hospital at Home Expansion (5)		40%	40%			20%	<ul style="list-style-type: none"> <li>Hospital at home beds for acute medicine test of change commenced during September 2024</li> <li>Staff engagement event planned for late October to outline and discuss expectations around service expansion</li> </ul>	<ul style="list-style-type: none"> <li>Hospital at Home team working towards new target of 50 beds at a consistent occupancy by March 2025.</li> <li>Workforce Plan development paused to allow efforts to be focused on service expansion</li> </ul>
Infrastructure (3)		67%	33%				<ul style="list-style-type: none"> <li>Fit out of building for health and care services in Countesswells complete</li> <li>Work ongoing on Initial Impact Assessment on four proposals selected by SLT to be conducted this financial year</li> </ul>	<ul style="list-style-type: none"> <li>Infrastructure Plan Amber status due to ongoing Premises review</li> </ul>
MHLD (6)	17%	40%	33%				<ul style="list-style-type: none"> <li>Work progressing on Post Diagnostic Support project including data collation improvements</li> <li>AMG Forensics Improvement Report submitted to the Asset Management Group for review</li> <li>Aberdeen City piloting a new database system for death review system</li> </ul>	<ul style="list-style-type: none"> <li>Capability Framework completed and applied to Complex Care Framework which is now live</li> </ul>

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							called QES that started in October 2024	
Prevention (12)		92%	8%				<ul style="list-style-type: none"> <li>Uptake for Child Immunisations has seen a small increase following the test of change to increase clinics at Tillydrone &amp; Bucksburn</li> <li>Healthy Weight Aberdeen WSA event was launched on 30th August 2024. 110 people in attendance and positive engagement from diverse sectors on the day</li> <li>Boogie in the Bar was shortlisted for Health and Wellbeing initiative of the year at Aberdeen City Council's annual STAR Awards.</li> </ul>	<ul style="list-style-type: none"> <li>HIS Sexual Health Standards unable to be progressed due to severe staffing pressures</li> <li></li> </ul>
Primary Care (3)		100%					<ul style="list-style-type: none"> <li>GP Vision implementation programme is ongoing. The five prioritised workstreams have been set up and continue to feed progress to the board.</li> <li>Grampian wide prescribing efficiency group working</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							on multiple strands of cost saving activity.	
Redesigning Adult Social Work (1)		100%					<ul style="list-style-type: none"> <li>Timelines extended to enable programme to be completed</li> </ul>	<ul style="list-style-type: none"> <li>Some areas of redesign slowed or paused due to operational, strategic and national priorities</li> </ul>
Review of Rehab (3)		67%	33%				<ul style="list-style-type: none"> <li>Strategic Review Group to start focussing on what it is we want to be delivering from a Rehab perspective in a community focussed way and how we do that with current resource.</li> </ul>	<ul style="list-style-type: none"> <li>Roles across the Neuro Rehab Pathway that were to be recruited to have not been approved through the NHSG Scrutiny Panel</li> </ul>
Resilience (5)	20%	80%					<ul style="list-style-type: none"> <li>Review Care for People arrangements closed as no further actions required following testing response.</li> <li>Annual Communications Plan agreed by SLT</li> <li>Emergency Activation Plan drafted</li> </ul>	<ul style="list-style-type: none"> <li>Additional charging business case being prepare to be reviewed by SLT in November</li> </ul>
Social Care Pathways (7)	14%	86%					<ul style="list-style-type: none"> <li>Independent review of Digital Support Hub pilot completed</li> <li>Social Media TEC awareness week campaign planned for November</li> </ul>	<ul style="list-style-type: none"> <li>Business case being developed to review rate of Local Authority Changes for SLT in November</li> </ul>

Programme (total no. projects)	Blue	Green	Amber	Red	Purple	White	Achievements	Challenges/Worthy of Comment
							<ul style="list-style-type: none"> <li>Charging policy approved and training is ongoing</li> </ul>	
Strategy (7)		86%	14%				<ul style="list-style-type: none"> <li>Climate Change statutory report produced and due to be presented at IJB in November</li> <li>Draft Strategic Plan and Evidence Document out for consultation for November IJB</li> <li>Draft review framework process for Integrated Impact Assessments being tested</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Workforce (4)		50%	50%				<ul style="list-style-type: none"> <li>Sickness absence rates fallen compared to previous quarter</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>



### 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	Marked decrease in average percentage occupancy in ELC, with similar increases in occupancy across HAH and OPAT respectively.
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. Increase in percentage of step up admissions compared to previous quarter.
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)	Slight decrease in overall admissions across SOARS wards, Average length of stay has increased in all but two wards
Delayed Discharges Specialist Older Adults-Rehab Services	Slight increase in delayed discharge bed days but reduction in distinct counts. Decrease in no harm falls.
Social care pathways	Average carer searches in place consistent with previous quarter. Slight reduction in average weekly carer hours
Home Pathways	Decrease in distinct count of delayed discharge but increase in monthly bed days.
Division A & B Hosted Services	Reduction in percentage target for Division A and B Hosted services, with perinatal & maternity and neonatal target remaining consistent.





MHLD Transformation	Delayed bed days consistent with previous quarter. Average overnight occupancy remains high.
Strategy	Updated data for previous financial year shows increases in major and minor adaptations for suitable homes. Increases in number of adult and young carers supported.
Prevention	Slight increase in alcohol related admissions compared to previous quarter, with reduction in drug related admissions. Sexual health clinic attendances remain consistent.
Primary Care	Decrease in the number of attendance and booked appointments at CTACs. Number of Practices operating at full service continues to increase.

NB: Metrics whereby Q2 data are unavailable is due to data collection being on a monthly lag

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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 Type	Start Date	End Date	BRAG Status	Savings Allocate	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	2 - Complete	N/A	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	N/A	Future Sustainability	Tier 3 (Response)	Tender has been awarded to GCC, who previously held the contract. The Contract review work resulted in several themes being identified as key areas required development, and project teams have been created to deliver on these. The themes are: Climate Change Overnight Care Service User Engagement Risk Assessed Care, Step Up/Step Down, Hospital Discharge Technology Enabled Care Training Academy/Staff  All workstreams will report into Care @ Home Strategic Oversight Group
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	2 - Complete	500,000	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	2 - Complete	65,000	Budget Saving	Tier 3 (Response)	Contract commenced 1st September, full savings profile to be provided by contracts
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	N/A	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. Planning in place to pull together a workshop/ intro session with counselling services across Aberdeen with an aim to have this meeting held early 2025.
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	N/A	Prevention	Tier 2 (Early Intervention)	<b>Northfield Hub</b> - Test of Change - Community Appointment Day (CAD) at Get Active Northfield progressing. Initial CAD will focus on Chronic Pain and take place on 27th November. Successful Big Conversation with services, third sector and people with lived experience took place on 18th September - very positive feedback. Since then an Opt In Letter and "What to Expect on the Day" leaflet has been drafted and sent to Service User Reference group for comment. Linking with GIRFE team to ensure links to principles and GIRFE wording used within documentation. <b>Aberdeen Vaccination &amp; Wellbeing Hub</b> - Hub continues to deliver a cross sector of health, social care and community partners focussing on prevention & early intervention. A new development working alongside Chest, Heart, Stroke Scotland (CHSS) for the delivery of a Health Defence Team providing free Health Checks within Aberdeen City is current being taken forward with implementation proposed for April 2025. A public consultation questionnaire is now available online to support this development. <b>Countesswells Health &amp; Wellbeing Clinic</b> - The Clinic building work is now complete and signage in place. Work continues with ICT Installation - ongoing issues with IT and telephony systems. Occupation has now increased to 100% with Immunisations, CTAC (Community Treatment and Care) and Health Visiting Services and Speech & Language Therapy. Projected date for occupation continues has now moved back to January 2024 to take account of the delays. <b>Tillydrone Community Campus</b> - 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	N/A	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 30 attendees between August-October 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. A citywide Locality Planning meeting for all LEG and Priority Neighbourhood Partnership (PNP) reps is being organised for November to provide networking opportunities and to discuss how to increase, diversify, and sustain LEG and PNP membership.
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	N/A	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 were endorsed by 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	N/A	National Agenda	Tier 2 (Early Intervention)	Relevant updates have been made to the ACHSCP's "Our Guidance for Community Engagement, Human Rights and Equalities 2024-26" as a result of updates from the Scottish Government and COSLA's "Planning with People: community engagement and participation guidance" in May 2024. "Planning with People" has been updated to reflect the challenges faced by IJB's and NHS Boards whilst emphasising the statutory duties for engagement, despite any financial pressures. Also, as a result of feedback from the IJB, "Our Guidance" now includes an Appendix 3 which outlines around 30 distinct "Tools and approaches to Community Engagement" that are mapped against the differing levels of engagement (i.e. informing, consulting, engaging, co-producing and empowerment) Links within "Our Guidance" continue to be checked/ curated on a rolling monthly schedule.
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	N/A	National Agenda	Tier 2 (Early Intervention)	Feedback received via Care Opinion continues to be monitored on a daily basis to help ensure that timely responses are made to the stories we receive.  Promotional materials for Care Opinion (banners, posters, wallet cards etc) were ordered and received in August 2024. Support continues to be given, as and when required, to the 'responders' and 'administrators' on the Care Opinion system. New 'branches' continue to be added when requested - a recent example being splitting 'stroke rehab' into 'stroke rehab east' and 'stroke rehab west' - allowing the team leads in each case to more easily identify and respond to stories for their specific service.
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	N/A	Future Sustainability	Tier 1 (Prevention)	The Grampian Gathering was held on 12 October 2024 in the Beach Ballroom. 193 community members attended the event, alongside over 100 stall holders from the private, public, third, and independent sectors. The annual Grampian 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. A full evaluation report on the event is being prepared, though early results show community attendance increased from 167 in 2023 to 193 in 2024, the number of information stalls increased from 30 to 58, and 94% of attendees reported the event either met or exceeded their expectations. Attendees welcomed the opportunity to network, listen to interesting speakers, take part in taster sessions, and find out more information on health, social care, wellbeing, and community activities and services.

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	TBC	Budget Saving	Tier 2 (Early Intervention)	The project has been liaising with the preferred vendor, Aberdeen City Council Digital and Technology (D&T) and cyber-security on the selection and set up of suitable Android devices to use the eMAR app for staff administering medication. Suitable tablet devices have been identified and discussions continuing with the vendor and D&T on how these are set up to be suitable for multiple users whilst meeting cyber-security requirements. Full DPIA (Data Protection Impact Assessment) is in progress.
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	N/A	Future Sustainability	Tier 2 (Early Intervention)	A change at NHS Scotland policy level with external access to site has caused some access issues but we have managed to make some progress on submission to Grampian Guidance. Project Sponsor has been advised of problems with contributor buy in and this will be discussed at the new digital board for a re-valuation of project priorities
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	2 - Complete	N/A	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	N/A	National Agenda	Tier 2 (Early Intervention)	Both Aberdeenshire and Moray have confirmed their intent to remain clients of the Regional Communication Centre (RCC). A Memorandum of Understanding (MOU) between RCC and Moray has been signed. The MOU for Aberdeenshire is awaiting approval from Legal and the project board, expected by the end of October. The Model Purchase Order Form for the new Alarm Receiving Centre (ARC) is currently being drafted and is under review by Procurement and Legal. The order for the approved ARC platform will be placed once testing is completed, with an anticipated completion date of 8th of November. The target date for the new ARC to go live is late March 2025. The replacement of analogue units with digital community alarms is progressing well, with only 12 out of 2277 units remaining to be replaced. The infrastructure required to connect grouped living schemes to the new ARC is still pending confirmation. The signals converter solution previously proposed by Tunstall has not yet demonstrated effective functionality. Consequently, an alternative solution from NCS is currently being explored. We have received a quote for the preferred digital dialler intended to replace those in Fire & Security panels to maintain their connection to the new ARC. Compatibility with existing Fire & Security panels has been verified. Additionally, insurance requirements have also been confirmed. We are currently negotiating better prices with the vendor. The project is making significant progress with key milestones on track. Further updates will be provided as more information becomes available, and as we continue to work towards a successful transition.
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	250,000	Future Sustainability	Tier 2 (Early Intervention)	The Business Case was approved at IJB on the 24th of September. The vendor has distributed an amendment to contract for sign off.. Main discussions on this amendment with key decision makers were held on the 9th of October. Some clarifications are required for lead social worker. The projects will go to the Product Council with current development partner (main delivery channel for D365) for discussion on prioritisation and potential project start date. The application that is earmarked for delivery first is the Social Work Practitioner App.
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)	Liaison work continues. Identifying patients currently requires some manual trawling of information. The development of the frailty icon would enhance this work. Moray have looked into this as part of their HIS work, this will be progressed via the frailty board.  USC Ecosystem mapping event taking place 30th October to help create a visual map of urgent and unscheduled care, including frailty. This will help to better understand the system and areas for improvement.
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)	Future of Rosewell decision may have an impact on Woodend-based frailty. Two key stakeholder engagement events took place in late Sept / early Oct, with a feedback survey also open until the 28th Oct. A paper scoping the potential options around the future of Rosewell is being drafted to be shared with SLT in early November. From this a decision to develop a business case for presentation at IJB in Q1 2025 is expected.
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)	The planned process mapping with support from Public Health Consultants to map the Frailty pathways across the 3 HSCPs to gain a Grampian wide overview has not progressed due to change in staff and time pressures. This has been superseded by the USC ecosystem mapping event on the 30th October. In planning for the event high level frailty pathway processes have been shared with the USC team.
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 developed and agree scope of Options appraisal for future use of Rosewell beds considered by SLT on 24th July. Two key stakeholder engagement events took place in late Sept / early Oct, with a feedback survey also open until the 28th Oct. A paper scoping the potential options around the future of Rosewell is being drafted to be shared with SLT in early November. From this a decision to develop a business case for presentation at IJB in Q1 2025 is expected.
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)	Presentations made at USC Board and to Acute SCNs to create awareness of the ECS service. Further conversations required on how the project team can increase the use and awareness of the ECS to secondary colleagues.  Discharge to Assess paused and awaiting conversations with Bon Accord Care regarding provision to prioritising support to patients highlighted as suitable for this route from 102, ED or AMIA. A second draft of a process map for Discharge to Assess is in progress and to be shared with Acute AHPs for comments. Frailty prevention work is taking place in conjunction with Sport Aberdeen.
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)	New TPM (Transformation Programme Manager) commenced post 16/09  Frailty board meeting in October cancelled due to staff availability. Representatives from the 3 partnership have been invited to contribute and attend the USC ecosystem mapping event 30th October. Aberdeen City Frailty Plan is in progress. City Programme Manager continues to provide programme support to Grampian wide programme.  Lack of funding for MCN feeds into the review of the function of the board moving forward. Updated frailty standards are expected in November and these should inform this process.

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	N/A	Future Sustainability	Tier 2 (Early Intervention)	a) Risk documentation was reviewed and updated at the Stoneywood Project Team Meeting on the 8th October 2024. The Provider Engagement scheduled for the 30th September went ahead and overall was successful in engaging and updating providers on the progress of the Stoneywood build. Notes of Interest for this project are now live and due to close on the 1st November 2024.b) The Independent Living and Specialist Provision Housing Market Position Statement has been deferred to the November IJB. This was approved at the Aberdeen City Council Strategy Board on the 10th October. The MPS will be sent for IJB consultation on the 11th October.
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	300,000	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 the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. 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	Amber		Prevention	Tier 3 (Response)	Team working towards new target of 50 beds at a consistent occupancy by March 2025.  Staff engagement event planned for 29th October to outline and discuss expectations around the expansion of the service. The frailty beds (26) are routinely operating at a consistent level however other bed types are more variable in their occupancy levels. Development of increased flow into the non frailty medical beds is ongoing and is being led by the acute medicine consultant. The first H@H surgical patient has been completed successfully. Engagement with the surgeons is ongoing to develop areas that will give increased flow to H@H.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. 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)	This project has amber BRAG status due to the occupancy of the 5 respiratory beds remaining low. The acute medicine consultant is planning to take the lead on these beds and remove the specific pathways around the non frailty beds with the aim of increasing flow into the service.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. 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 next phase of the acute medicine test of change started in Sept & remains ongoing. Flow into this has been slow and work is taking place to increase awareness via engagement with AMIA and sharing posters in those areas. Acute consultant on leave in October but aiming to ramp up this work on their return from leave.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. 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)	This remains in the background of the development of the service as it is not a priority at this time.  Engagement with the innovation team and a demonstration of the Feebris system remote monitoring system has taken place. The H@H team given the expansion pressures have concluded they are not in a place to integrate this remote monitoring system at this time. Potential for use once the flow of non frailty patients is more established. This work is now on hold.
Hospital at Home Expansion	Increase the capacity of Hospital at Home to 50 beds, with the beds operating at consistent levels by March 2025. 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)	OD have been involved with the H@H team particularly around Courageous Conversations training. These have been well received by the team and are now complete.  H@H continue to be link in with OD on the developments and team engagement required to meet the service aims by March 25.  The Workforce Plan development has been paused to allow all efforts to be focussed on the expansion of the service and meeting it's target.
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 late 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	N/A	Future Sustainability	Tier 2 (Early Intervention)	This project has an Amber BRAG status due to the ongoing Premises Review. This work will feed into the infrastructure plan. However the Premises Review is using all the capacity of the Infrastructure team which means it is at risk of not completing by 31st March.  The Infrastructure Team are looking to complete the works associated with the Premises Review as soon as possible, to enable capacity to be directed to the Infrastructure Plan.
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.  Work is ongoing on the IIA's (Initial Impact Assessments) on the 4 proposals that SLT selected to be carried out in financial year 2024/25. These will be completed and then will go back to SLT in November 2024, for SLT to make a final decision on these 4 proposals.

MHL	Deliver Grampian wide and City specific MHL 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	2 - Complete		Tier 2 (Early Intervention)	Capability Framework complete and applied to the Complex Care Framework which is now live.
MHL	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. MHL Programme	FTP	01/06/2022	31/03/2025	Amber	National Agenda	Tier 3 (Response)	<p><b>Adult Mental Health (AMH) Secondary Care Pathway Review:</b> 19 colleagues from across Grampian health and social care, clinical support services, primary care and Police Scotland attended a full day workshop on Friday 27th September 2024. This progressed review of the prioritised improvement actions identified. The group discussed and made decisions as to whether there are suitable solutions to bring about improvements to the pathway. Ensuring that solutions, next steps, timeframes and responsible persons are agreed and recorded. Write up report will be produced, and Grampian Mental Health Portfolio Board asked to have a 'storyboard' report produced for bringing back to planned December meeting.</p> <p><b>Forensic Services:</b> The AMG Forensics Improvement Report has been submitted to the Asset Management Group for review. The project plan has been revisited as AMG deemed option to move to Crathes ward unfeasible. Funding for this year will focus on physical infrastructure improvements, with stakeholder and project lead continuously reviewing the plan. MSP Maree Todd introduced the Head of Specialist MHLDS and senior clinical/leadership team to Scottish Government Forensic Mental Health colleagues. They all met in October 2024 to discuss physical infrastructure plan, and potentially wider Forensic Mental Health services recommendations linked to Barron Report. No further actions required. Will keep FMHS SG colleagues updated as and when key works complete, at least six monthly.</p> <p><b>Learning Disabilities (LD) Health Checks:</b> This project has a RED BRAG status as although pilots have successfully completed across Grampian, options are being identified as to how the health checks can continue over the winter period with the nursing staff focusing on the vaccination programmes. A flash report has been submitted. In addition to this the Scottish Government has added the funding allocation for 24-25 into the Enhanced Mental Health Outcomes Framework (EMHOF) which includes four other services to be delivered in this bundle. The EMHOF funding has been further reduced, with an expected outcome of 10% reduction. This means the planning for the current delivery models, especially permanent recruitment, is now being revisited to see what can be a sustainable solution. SG have been made aware of the situation and the Cross System Strategic Delivery Team (CSSDT) have added this to the agenda for their meeting in October 2024. The outcome of the meeting was to hold a separate finance only meeting with all parties who are affected by the EMHOF budget cut to be invited.</p> <p><b>PSIGN:</b> Previously known as the Psychological Therapies Improvement Board (PTIB); this has now been renamed the Psychological Services Improvement and Governance Board (PSIGB). The Board is currently reviewing its Terms of Reference and objectives.</p>
MHL	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>This project is an amber BRAG status. 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 and a Consultation Analysis has been produced however this will not be introduced to parliament until after 2026 Scottish Election. 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). We will undertake a short action plan to update the local autism action plan given the delays nationally with a key action regarding sustainability of adult autism assessment service.</p>
MHL	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"> <li>• Building Community Capacity</li> <li>• Children and Young People</li> <li>• Lived experience</li> <li>• Bereavement</li> <li>• Data analysis and risk</li> </ul> <p>This feeds into the North East Suicide Prevention Leadership Group (NESPLG) whom meet quarterly along with contracts monitoring meetings. Aberdeen City Suicide Prevention Delivery Group meet bi-monthly to focus on local issues, aims and local action plans. Aberdeen City and Shire are piloting a new database system for death review system called QES that started on 01/10/24. Processes are currently being developed. City and Shire to roll out initially Moray to follow. Events were held across Grampian for Suicide Prevention Week (08/10/24 – 14/10/24) and Suicide Prevention Day 10/10/24. Aberdeen City's LOIP project charter approved and will provide updates on the aim quarterly.</p>
MHL	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)	Work is progressing on project including data collation improvements for Post Diagnostic Support (PDS) referrals and movement of this to operational team. Further work required on review of current PDS offer, including training, materials etc in addition to securing contract with commissioned service for Young Onset Dementia support.
MHL	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	Not Started		Tier 3 (Response)	Still awaiting sight of data to understand scope of project and any integration with the use of the Dynamic Support Register.
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)	The project charter for Local Outcome Improvement Project - reducing alcohol drinking in pregnancy was approved by Community Planning Aberdeen in August 2024. Work is underway with testing 'Drymester' materials aimed at preventing people drinking alcohol in pregnancy. 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. It is planned for a thematic 'Drug and Alcohol' Locality empowerment group and open this up to the Priority Neighbourhood Partnerships also.
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)	Not able to be progressed within service due to severe staffing pressures (especially nursing)
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)	Uptake for Child Immunisations has seen a small increase following the test of change to increase clinics at Tillydrone & Bucksburn. Although there has been limited uptake in the availability of drop in Sessions at the Aberdeen Vaccination & Wellbeing Hub, the service have used this an alternative location to re-arrange appointments to support families where required. The Family Health & Wellbeing Event on the 24th July was very successful with over 560 people attending the event. 14 children who have been on the "not brought" list for between 3 - 20 occasions attending the session with their parents and were vaccinated. We will not the impact of this on the Uptake figures until the December 2024 published report. The team continued to attend events over the summer period to promote Childhood Vaccinations at various libraries, Community Centre Galas and the "Under the Sea" Children's event at the Union Terrace Gardens.
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)	Healthy Weight Aberdeen WSA event was launched on 30th August 2024. 110 people in attendance and positive engagement from diverse sectors on the day. Next steps is taking forward actions as identified at the event, one to one engagement with Senior Leaders, hosting Core Working group meeting and establishing planning process. An outline of the plan will be presented to Corporate Management Team by Prevention Lead for Aberdeen City HSCP.
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)	Local Outcome Improvement Plan project charters have been approved by Community Planning Aberdeen for Reducing the number of young people aged 13-18 who are using vapes and reducing the number of women smoking in pregnancy. There is a test of change within the Maternity Care pathway has been developed which will mean pregnant women who smoke will be referred to a Health Point member of staff to have discuss health and wellbeing issues. Cost of Smoking tutor training has been undertaken and discussions are being held with financial inclusion services including volunteers and foodbank. The Impact train the trainer programme has been delayed but intended to be delivered within 2024. An initial training for youth workers on Young People and Vaping was delayed to October 2024 to enable a better representation from the sector.



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)	A dedicated podcast on menopause will be produced during October featuring amongst others, the Chief Officer of ACHSCP and the Chief Executive of Aberdeen City Council. The Wellbeing Team are delivering the Scottish Football Association's Power of Football programme in collaboration with Aberdeen FC Community Trust which aims to support women experiencing the menopause. The Wellbeing Team continue to deliver Boogie in the Bars across the city and now a Boogie in the House is being held at Lewis Court. Boogie in the Bar was shortlisted for Health and Wellbeing initiative of the year at Aberdeen City Council's annual STAR Awards. The Wellbeing Team have secured Health Improvement Funding to deliver a Soup and Sannies monthly session for older people in Cornhill which aims to tackle food and fuel poverty, and social isolation in the area. The Soup and Sannies in Seaton continues, and remains as popular as ever. The Wellbeing Team are based in the Health Village on Wednesdays for proactive outreach for patients, service users, staff, and visitors who wish to talk to them and find out more about SWSC activities. From 28 October, the team will be based in the Vaccination Centre on Mondays where it is expected 400 people will be receiving annual flu vaccinations. A dedicated LOIP improvement project on SWSC was approved by the Community Planning Aberdeen Board on 26 August. The project aims to increase participation in SWSC activities by 50% by the end of 2025. Project updates will be reported regularly to the Respected, Included, and Supported Group and CPA Management Group.
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) project, the full group have not met since HIO joined project team. The Aberdeen City Health and Social Care Partnership (ACHSCP) have partnered with Paths of All to undertake a survey which will allow us to better understand the barriers employees are facing to walk/wheel and participate in active travel. Following the survey, Paths For All will be able to provide tailored support to overcome these barriers. This will support the LOIP outcomes and employee wellbeing.
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 Health Improvement fund process has been undertaken for the Citywide and locality allocations. The Localities Health Improvement opened in August 2024. The number of projects per locality are Central - 12, North - 9 and South - 15. Health Improvement Fund community projects will help the Partnership to deliver community priorities within all three of our Locality Plans. A small allocation of funding for North is still unallocated and work is going on within the locality to look at further applications.  The Partnership will contribute towards delivery of NHS Grampian's 5 year Health Equity Plan for communities within Aberdeen City. One example is supporting Local Outcome Improvement Projects which relate to improving uptake of cancer screenings in Aberdeen. Health Champions Project meetings held with GRE regarding the Health Champions project and extending the project to focus on a locality with low screening uptake.
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: 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. 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. One HIIC course being delivered in Sunnybank which supports LOIP project. HIIC being explored to support ABZ Works clients and community organisations within the Central Priority Neighbourhood.
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)	The training session for 1st October had to be cancelled due to low uptake (October holidays being near could be a factor) The November session will be going ahead. Peep have been allocated funding for 50 new practitioners to be trained (from the UK wide charity Peep) It is expected the recruits may be a mix of newly Peep trained delegates and experienced Peep delegates. Discussions are ongoing with PEEP programme manager on use of 50 paid places, and how these can be strategically utilised to increase uptake for Healthier families delivery. Feedback from 4 Healthier Families trained practitioners have indicated they are having great success with their group delivery and are embedding it into their practice. To support with further evaluation around the impact of the Healthier families Programme, the poster has been submitted to the HDRC to include in the conference on the 4th November, along with a question 'How can we develop and implement a sustainable and effective system for the monitoring and evaluation for the impact of Peep delivery across multi agency partners, despite the challenges of voluntary participation in evaluation?' This will hopefully help us look further into the impact of the programme. 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.
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 Middlefield Community Hub has identified a need to provide training for staff and volunteers on how to support community members to improve their physical and mental health Project to be delivered via 3 rounds of training: <u>Round 1: Making Every Opportunity Count (MEOC) training</u> For all staff & volunteers (30-40 individuals) (Delivered by Aberdeen City HSCP Public Health Team; 15th Nov 2024 AM) <u>Round 2: Supportive Conversation (inc suicide prevention) training</u> For most staff & volunteers (excluding those who do not wish to participate, for example, volunteers with lived experience of family/peer suicide) (Delivered by Scottish Action for Mental Health; Provisional Date Feb 10th/12th 2025) <u>Round 3: Mental Health Champion training</u> (Content to be informed by / co-produced with self selecting group of Mental Health Champions within Middlefield Community Project; (Provisional Date Tues 6th May 2025) Each tier of training would be evaluated separately, in addition to evaluating the project/approach overall. This will allow us to document learning and share with other areas/community facing resources in Aberdeen. Other Community Projects (Fersands, Tillydrone Lads Club) have already expressed a need for similar training for their facilities.  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.
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 within the limitations of the funding; clinic-based service now operating from sites (Bridgeway, Don, Inverurie Road, College Street, Northfield, Carden House, Airyhall, Kincorth, and the City Vaccination Centre) across the city. A new hub will be opening at Couesswellis and should be up and running in the new year. This workstream has been delivered 98% against the 2018 PCIP plan. All staff posts have been recruited to against the plan. Vaccinations (VTP) - fully delivered. A second pod has been opened at the City Vaccination Centre during the summer months and gives capacity for on the day appointments. Providing cross cover with the CTAC staff to deliver B12 injection at the VTP Wellbeing hub. This 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 MoU2, and the service model required to deliver is much higher with estimation closer to 2.5 WTE per 5,000. However, currently there is no national agreement on this.  The 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 PCIPs 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 is ongoing. The five prioritised workstreams have been set up and continue to feed progress 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. Ongoing Grampian wide meetings, working through prescribing efficiencies booklet. Presentations being given to prescribers (including non medical prescribers). Mistletoe prescribing SBAR approved by SLT.
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	N/A	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	N/A	Future Sustainability	Tier 3 (Response)	This project has an amber BRAG status due to delays commencing the programme. A commission paper has been drafted and submitted to a possible external reviewer by the Chief Officer. The identified professional requires some additional time to consider whether they are able to commence the commission due to circumstances outwith ACHSCP control. The Chief Officer is in contact and will advise accordingly. Should the professional be unavailable, alternative approaches will be considered. Confirmation from CO that the professional is unavailable therefore have assembled a Strategic Review Group to start focussing on what it is we want to be delivering from a Rehab perspective in a community focussed way and how we do that with current resource. Workshop being planned to undertake a strategic lens and review of current pathways.
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	Green	N/A	Future Sustainability	Tier 3 (Response)	Roles across the Neuro Rehab Pathway that were to be recruited to have not been approved through the NHSG Scrutiny Panel. A report is currently in progress detailing the impact there will be if these roles are not filled.
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	Green	N/A	Future Sustainability	Tier 3 (Response)	Project has commenced with support from programme manager and local teams. SLT decision has been made on the financial pressure faced by the service. Project Team continue to meet to develop project plan and associated project management documents. Regular meetings being held with Operational team to support efficiencies in way of working including stock control and retrieving of equipment when no longer required.
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	N/A	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	Y - Closed	N/A	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 SMOC 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	Green	N/A	Statutory Requirement	Tier 2 (Early Intervention)	Officers have drafted an Emergency Activation Plan and have consulted on it with ACC and NHSG Resilience colleagues. Plan has been also consulted with Chief Officer and Chief Operating Officer. Some legal queries around delegations are still outstanding. Plan to take to RAP Ctee in December 2024 for approval and then train SMOC's on the Plan/exercise the Plan.
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	N/A	Statutory Requirement	Tier 2 (Early Intervention)	The ACHSCP, along with Aberdeen City Council and Aberdeen City Public Protection Chief Officers Group, submitted a response to the recent 'call for views' from the Scottish Parliament in respect of draft amendments to NCS legislation. The Aberdeen NCS Programme Board continues to meet regularly to monitor the situation, ensure Aberdeen's voice is heard in the development of legislation, and to prepare for implementation of any new legislation.
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	Green			Tier 3 (Response)	A business case is being prepared to review the rate of Local Authority Charges. This will be sent to SLT (Senior Leadership Team) for review in November.
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 (POC)	52. Strategic Review Social Care	FTP	01/07/2022	31/03/2025	Green	N/A	Statutory Requirement	Tier 1 (Prevention)	The remit of the board has been revised to bring together relevant project areas (Existing projects, GIRFE, Discharge without delay, TEC, Care at Home development plan). The first Board with new remit was on 11th October 2024 with significant progress demonstrated across projects and evidence of the benefit of ensuring linked areas of work are considered as a whole by the board in order to support collaborative working in a very complex landscape.
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	N/A	Statutory Requirement	Tier 3 (Response)	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Chronologies &amp; 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 was endorsed by Adult Protection Committee in June 2024. Practice Guidance and related approach to training, is now being developed, including tying in with D365.</li> <li>Access to Advocacy – Significant improvement in relation to offer of and take up of advocacy. Being embedded into D365 throughout the process. Key data added in to the dataset which goes to the Adult Protection Committee.</li> <li>Multi Agency Evaluation &amp; 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.</li> </ul>
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	N/A	Statutory Requirement	Tier 3 (Response)	<p>JSW has representation across the majority of the LOIP projects sitting under the Stretch Outcome "10% fewer adults (over 18) charged with more than one offence by 2026", and is leading a project to improve the number of Exit Questionnaires completed by individuals who have successfully completed a Community Payback Order. The feedback from surveys is actively taken into account to inform improvement. The service continues to operate its Performance Management Board and Best Practice Group, which oversees service effectiveness and drives forward improvement. The identification of suitable premises for the Unpaid Work team continues. The service continues to be provided within the temporary arrangements in place.</p> <p>Substance use awareness sessions are being provided for staff, aimed at increasing knowledge, and consequently the effectiveness of support that can be offered to clients.</p> <p>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. Numbers diverted from prosecution by the Procurator Fiscal also continue to increase, with Aberdeen having the highest proportion of cases commenced in Scotland for 2023-24. The Scottish Government, in response to the rapid rise in the prison population, took emergency measures to release prisoners early across the prison estate. In collaboration with SPS and other relevant services, the release of 19 'Aberdeen' individuals was successfully coordinated, to ensure, that those transitioning from prison to the community have access to housing, healthcare, financial support, in the same way as we would seek to deliver for those being released from prison on a routine basis.</p>

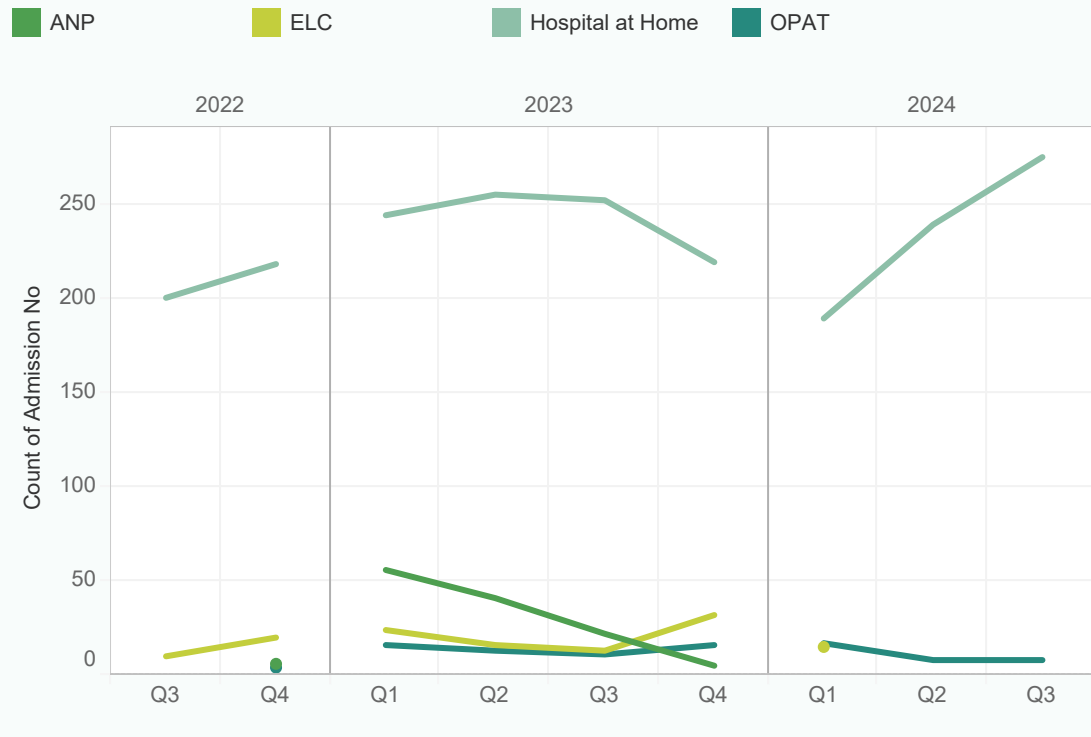
Social Care Pathways	Undertake a strategic review of specific social care pathways utilising the GIRFE multi-agency approach where relevant and develop an implementation plan for improving accessibility and coordination.	CT20	Review of social care charging policy and procedures and robust implementation with a view of maximising income	96. Social Care Charging	FTP	05/04/2024	31/03/2025	Green	1,500,000	Budget Saving	Tier 3 (Response)	Charging Policy has been approved and training is ongoing and being rolled out across Adult Social Work  Awaiting publication of Easy Read and animation versions of the document <b>A business case is being prepared to review the rate of Local Authority Charges. This will be sent to SLT (Senior Leadership Team) for review in November.</b> Housing Support charges have been implemented and all outstanding assessments to be completed by 25th October. Wernham House - charges have been recommended for this service and letters sent to all residents in preparation.
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	2 - Complete	N/A	Statutory Requirement	Tier 3 (Response)	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	N/A	Statutory Requirement	Tier 2 (Early Intervention)	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. Further enablement workshop has taken place on 29th August to define vision for ongoing work. This will set the tone for collaborative working between providers (GCC & BAC) and HSCP staff on enablement care including our approach to Discharge to assess. New contracts for GCC & BAC incorporate enablement and GIRFE principles which supports this. (links with work of frailty board in line 76) Enablement vision agreed by Care Pathways Board on 11/10/24. Discharge to Assess test of change being developed with BAC Intermediate Care Team. Some challenges with capacity of team which are being looked at by MDT with a view to releasing capacity and progressing Test of Change work. The title of this line needs to be changed to 'Enablement Pathways' with Discharge to Assess being one of the projects within this as opposed to the only only project.
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)	The TEC Project Board resumed meeting on 15th October. A paper was presented to the IJB in September for approval with proposals regarding the scaling up of use of TEC in Aberdeen City alongside a paper on Microsoft's project proposals. Both papers were approved. Workshops undertaken on the new care at home contract are informing the development of a delivery plan for TEC. The Digital Support Hub pilot project end date is 31st October. An independent critical review of the Digital Support Hub (DSH) has been undertaken by Transformation Programme Manager for data and is due to be completed by the end of October. Work is ongoing in exploring different options for the installation of TEC at the new Stonywood site which will provide care for people with complex needs. Decision required imminently regarding which system to install. Proposal for expansion of the TEC Library has been discussed at the TEC Project Board and a paper to be prepared for discussion at the TEC Project Board. Engagement activities have been undertaken promoting the use of TEC including in the Len Ironside Centre. A social media 'TEC awareness week' campaign is planned for 18th-22nd November.
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	N/A	Statutory Requirement	Tier 2 (Early Intervention)	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. A draft review framework process for our IIA is currently being tested with dip test of our current/ open sample of IIA's. The findings and process is to be taken to the next EHR meeting in November.
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	N/A	Statutory Requirement	Tier 2 (Early Intervention)	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. A draft review framework process for our IIA is currently being tested with dip test of our current/ open sample of IIA's. The findings and process is to be taken to the next EHR meeting in November.
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	N/A	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 report has been produced and circulated for consultation and due to be presented at the IJB in November. This report highlights the progress made in the previous 12 months.
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	N/A	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 the 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 has been collated and 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 with workshops coproducing future service outcomes, contract length and principles has taken place. Service specifications have been written and now Tender Process is underway from 4th October. Preferred provider decisions and announcement December 2024.
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	N/A	Statutory Requirement	Tier 2 (Early Intervention)	Engagement feedback has been collated and the Draft Strategic Plan, draft Evidence Document, and Consultation Plan are all out for consultation for submission to IJB on 19th November. The intention is to go straight out for public consultation immediately after IJB approval for a period of 12 weeks. The final Strategic Plan along with the associated Delivery Plan is due to be 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	N/A	National Agenda	Tier 2 (Early Intervention)	Working on various initiatives and goals aimed at improving the well-being of children and families. <b>Reducing Neglect Referrals:</b> Infant massage sessions continue at Froghall Community Centre with plans for a third block due to positive feedback. <b>Peep Programmes:</b> There has been a good response from parents who would like to be Peep trained and skill themselves to deliver. The quarterly report has shown an increase in the number of families that were supported in the last quarter with an increase of 35% more families attending. There is ongoing work to develop a Rainbow Peep for parents who have lost a child. <b>Domestic Abuse Support:</b> A Community Nursery Nurse has been identified to assist with delivering a programme for those moving on from domestic abuse. A Community Nursery Nurse has been identified to assist with delivering a programme for those moving on from domestic abuse. <b>Dental Health:</b> Delivering Healthier Families - there is a cohort at Tullos and it is hoped to deliver this at either Greystone or Deeside. There is a large Nigerian contingent in Torry and a Childsmile worker who is Nigerian has been linked in to offer advice and support around dental care as they are not often aware of the care they are entitled to when pregnant. <b>Financial Support:</b> issues with the Early Years Financial Inclusion, no referrals have been received. Putting together everyone to revisit. There is an alternative that can also deliver all round support for health issues, finance etc, that can give us the data we really need but means a new way of our NHS staff referring into the NHS Healthpoint. Think of a tiered approach to take pressure off. We have ongoing collaborations with various partners such as Sport Aberdeen, Childsmile, and Community Midwifery.
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	N/A	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 have taken place over the last couple of months and more are scheduled to complete the initial reviews 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. Progress on this has unfortunately not met the timescale due to the absence of the CFO. A request for extension will be made.
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 next Conference will take place on 5th December 2024, and will have a focus on Staff Health and Wellbeing and future planning (Strategic Plan Refresh). Data reports are now through to support the next annual report and information is currently being analysed, with project improvement work support absence rates being pulled together.
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 fallen as at 30th September from the rate at end of June. Asking Senior Leadership Team (SLT) support to ensure good sickness management, return to work policies and staff attendance at various support opportunities available will continue through Q3.
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. Still no progress.

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**FLEXIBLE BED BASE**

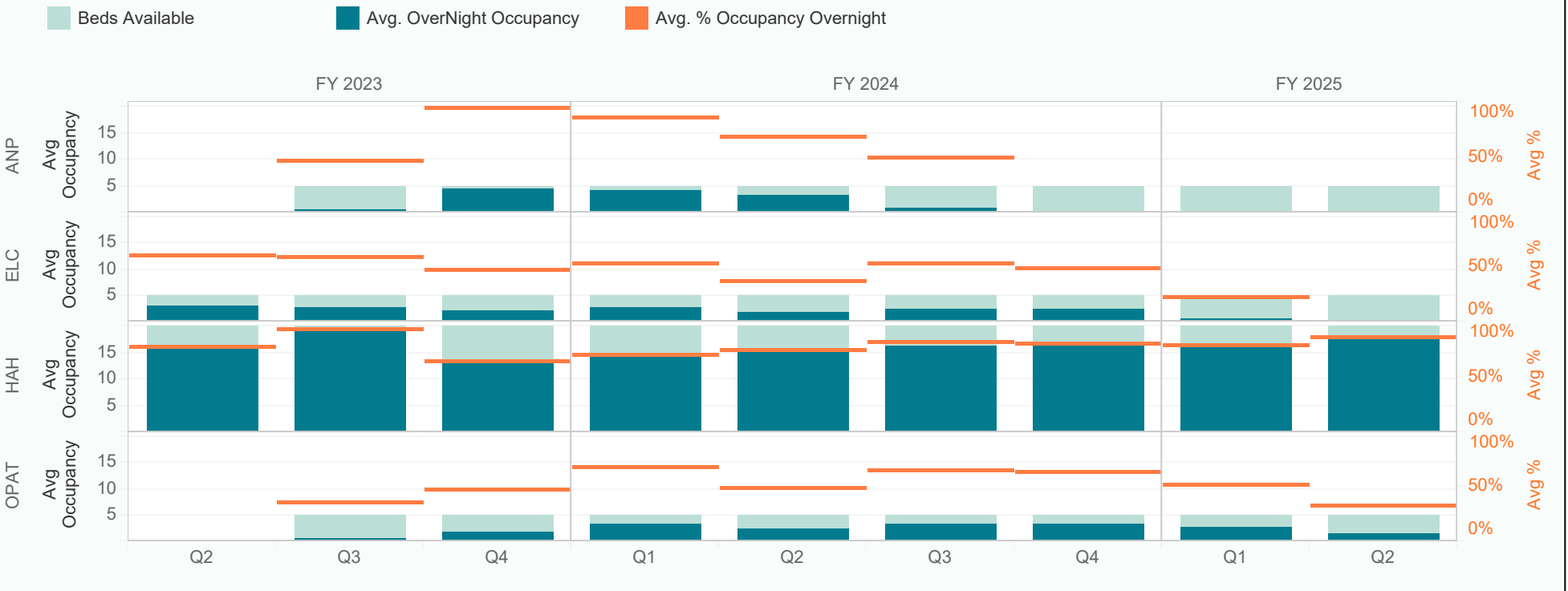
**Hospital at Home Admissions (Ward Starts)**

	FY 2022 Q4	FY 2025 Q2
Hospital at Home	187	276
		▲ 89
Hospital at Home - ELC	13	
		▼ -13
Hospital at Home - OPAT		8
		▲ 8



**Hospital At Home Capacity and Occupancy - Latest Quarter vs Baseline**

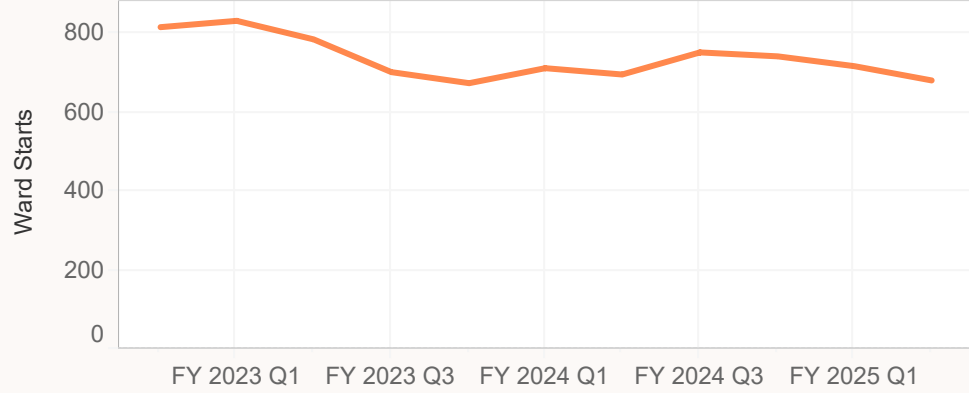
	Average Allocated Beds Available		Average Overnight Occupancy		Average % Occupancy	
	FY 2022 Q4	FY 2025 Q2	FY 2022 Q4	FY 2025 Q2	FY 2022 Q4	FY 2025 Q2
ANP		5.00	0.00	0.00		0.0%
		▲ 5.00		● 0		● 0.0%
ELC	5.00	5.00	1.63	0.00	38.2%	▼ -38.2%
		● 0		▼ -1.63		▼ -38.2%
HAH	20.00	20.00	10.51	17.52	52.6%	▲ 87.6%
		● 0		▲ 7.01		▲ 35.1%
OPAT		5.00	0.00	1.53		34.4%
		▲ 5.00		▲ 1.53		▲ 34.4%



**FRAILTY**

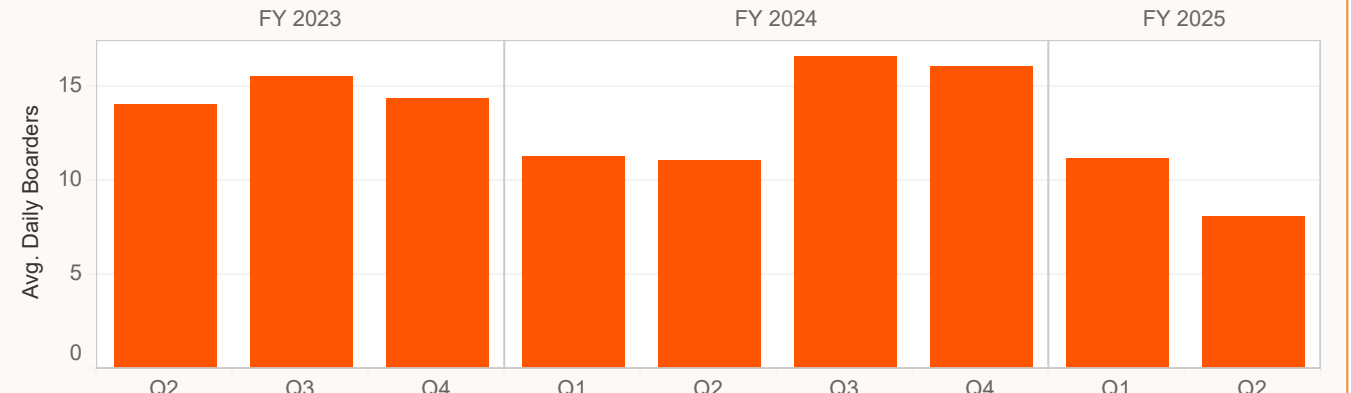
**Ward 102 Ward Starts (Admissions)**

	FY 2022 Q4	FY 2025 Q2
Ward 102, ARI	816	681
		▼ -135



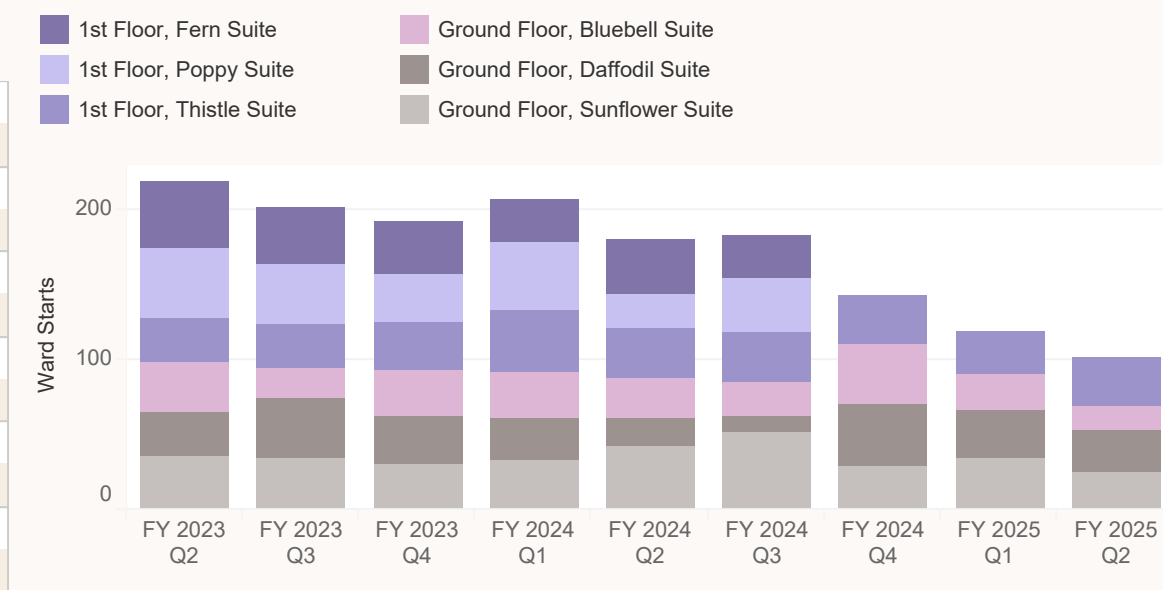
**Ward 102 Average Daily Boarders**

	FY 2022 Q4	FY 2025 Q2
Ward 102, ARI	15.7	8.1
		▼ -7.6



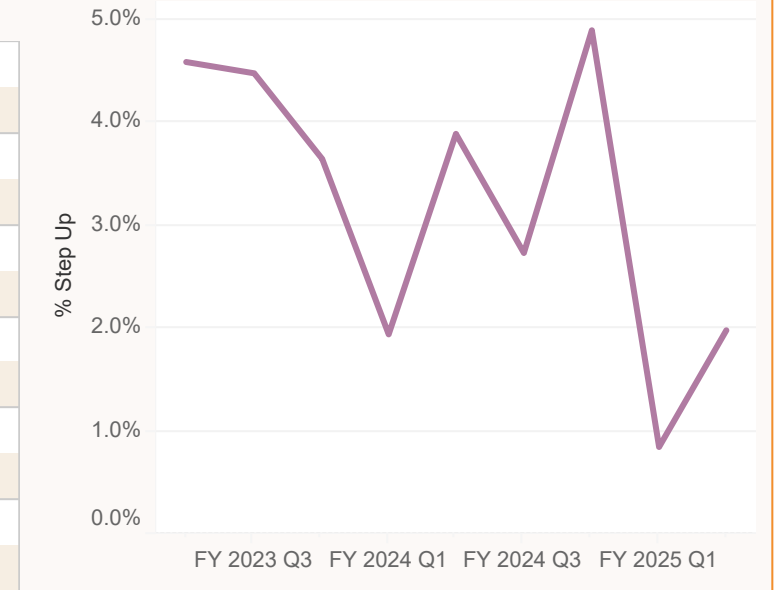
**Rosewell House Ward Starts**

	FY 2022 Q4	FY 2025 Q2
1st Floor, Fern Suite	26	
		▼ -26
1st Floor, Poppy Suite	42	
		▼ -42
1st Floor, Thistle Suite	39	32
		▼ -7
Ground Floor, Bluebell Suite	17	16
		▼ -1
Ground Floor, Daffodil Suite	18	28
		▲ +10
Ground Floor, Sunflower Suite	35	25
		▼ -10



**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 Q2
1st Floor, Fern Suite	7.69%	
		▼ -7.69%
1st Floor, Poppy Suite	7.14%	
		▼ -7.14%
1st Floor, Thistle Suite	5.13%	3.13%
		▼ -2.00%
Ground Floor, Bluebell Suite	5.88%	0.00%
		▼ -5.88%
Ground Floor, Daffodil Suite	16.67%	0.00%
		▼ -16.67%
Ground Floor, Sunflower Suite	0.00%	4.00%
		▲ +4.00%

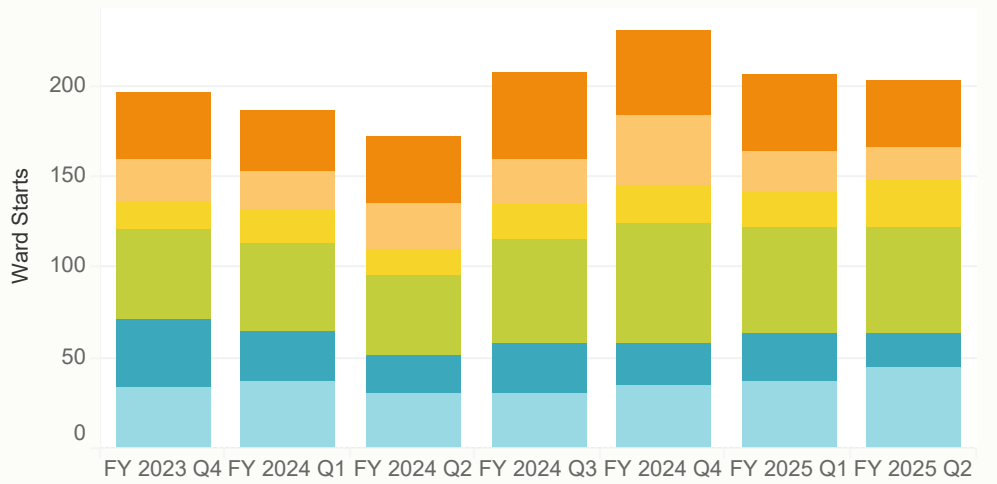


**REHABILITATION REVIEW**

- Links Unit
- Morningfield House
- Neuro Rehab Unit
- Orthopaedic Rehab Unit
- Stroke Unit East
- Stroke Unit West

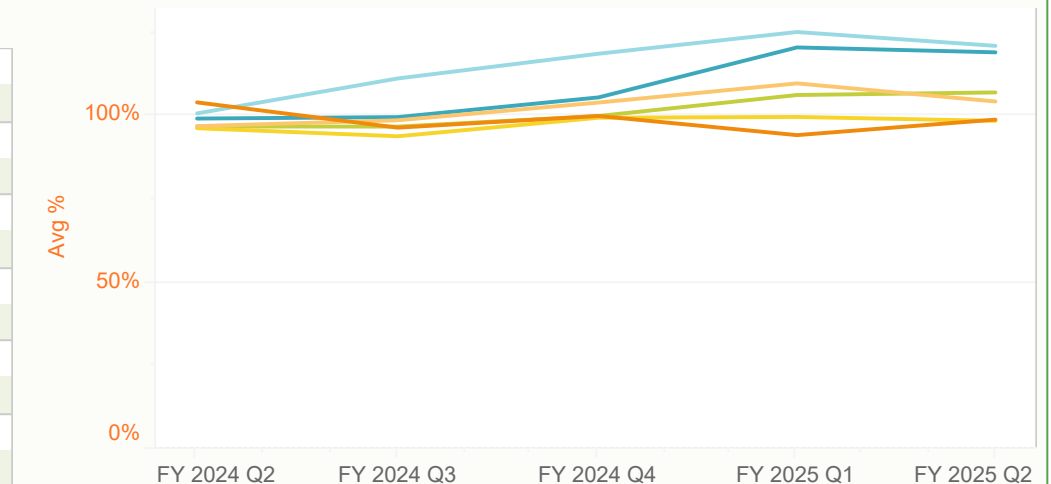
**SOARS Ward Starts (Admissions)**

	FY 2022 Q4	FY 2025 Q2
Links Unit	53	36
		▼ -17
Morningfield House	41	18
		▼ -23
Neuro Rehab Unit	23	26
		▲ +3
Orthopaedic Rehab Unit	52	59
		▲ +7
Stroke Unit East	34	19
		▼ -15
Stroke Unit West	27	45
		▲ +18



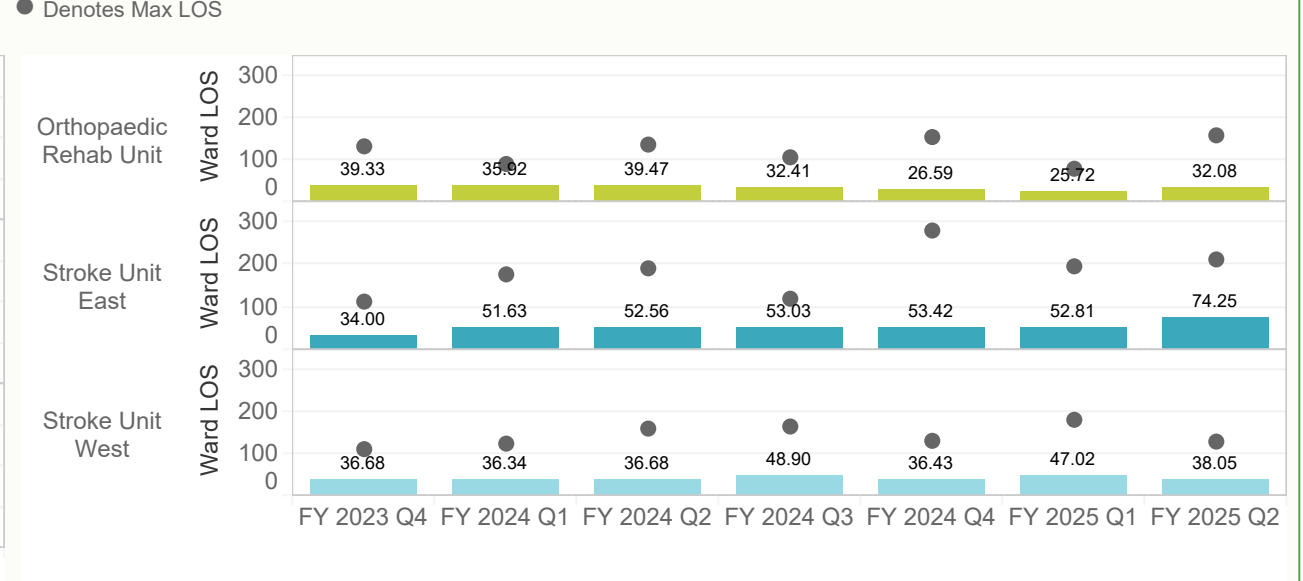
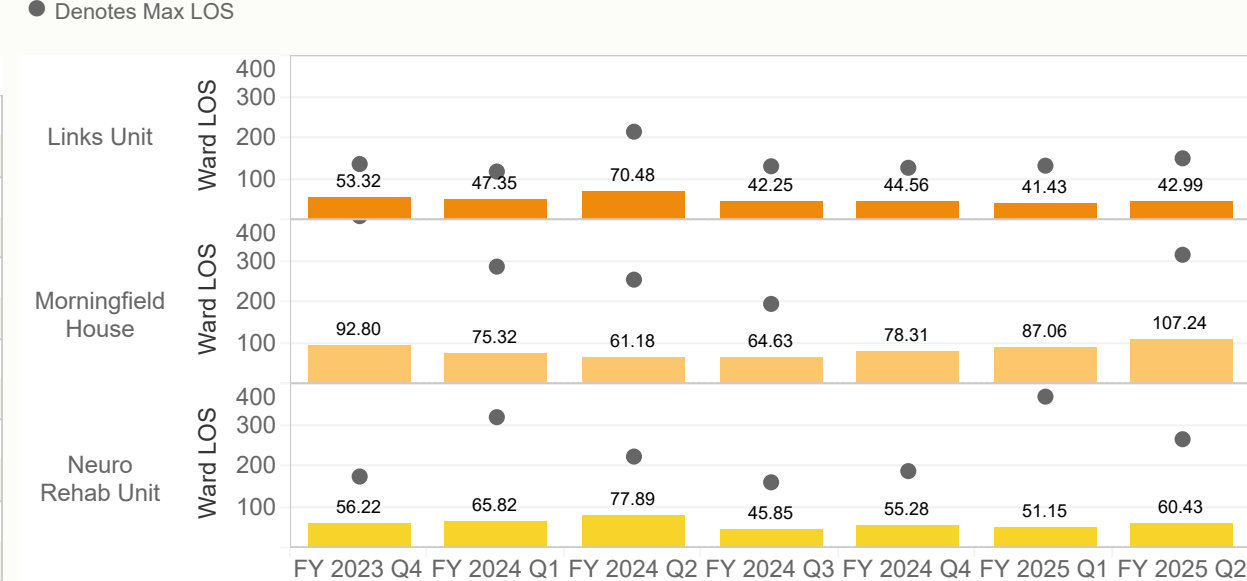
**SOARS Average Occupancy**

	FY 2022 Q4	FY 2025 Q2
Links Unit	101.3%	98.9%
		▼ -2.4%
Morningfield House	96.8%	104.3%
		▲ +7.5%
Neuro Rehab Unit	107.6%	98.5%
		▼ -9.1%
Orthopaedic Rehab Unit	86.5%	107.1%
		▲ +20.6%
Stroke Unit East	79.1%	119.1%
		▲ +40.0%
Stroke Unit West	99.5%	121.0%
		▲ +21.5%



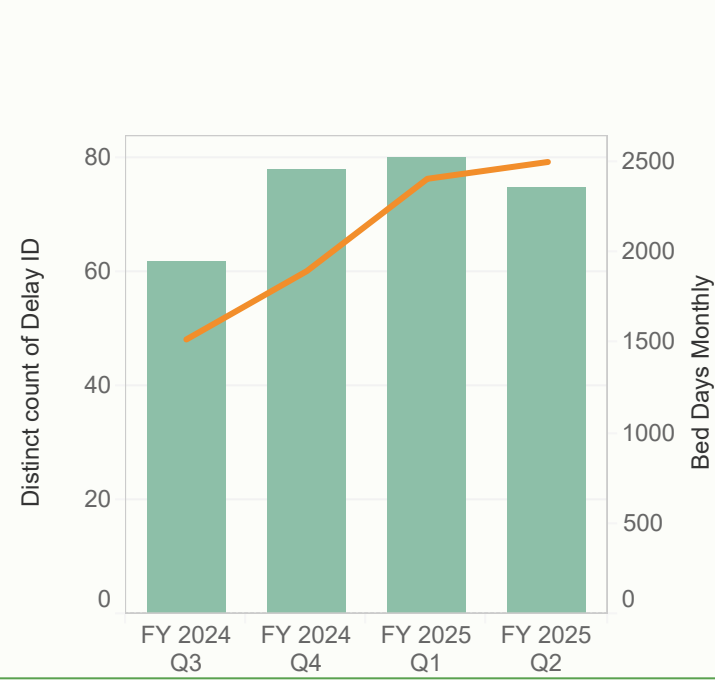
**SOARS Average LOS**

	FY 2022 Q4	FY 2025 Q2
Links Unit	39.5	43.0
		▲ +3.5
Morningfield House	26.3	107.2
		▲ +81.0
Neuro Rehab Unit	17.0	60.4
		▲ +43.4
Orthopaedic Rehab Unit	28.4	32.1
		▲ +3.6
Stroke Unit East	39.8	74.3
		▲ +34.5
Stroke Unit West	40.7	38.1
		▼ -2.6



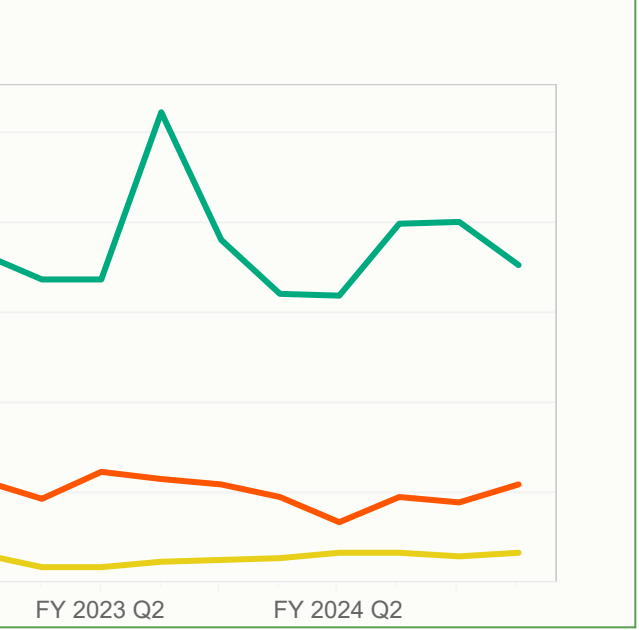
**Delayed Discharges - SOARs Ward Codes at Snapshot (Note Ward102 delays not included)**

	FY 2022 Q3	FY 2025 Q2
Delays	50	75
		▲ +25
Bed Days Monthly	928	2,500
		▲ +1,572



**Datix Falls (All Falls Incidents Categorised to ABCITY Organisation)**

	FY 2022 Q4	FY 2025 Q2
HARM	57	43
		▼ -14
NMISS	16	15
		▼ -1
NOHARM	183	173
		▼ -10

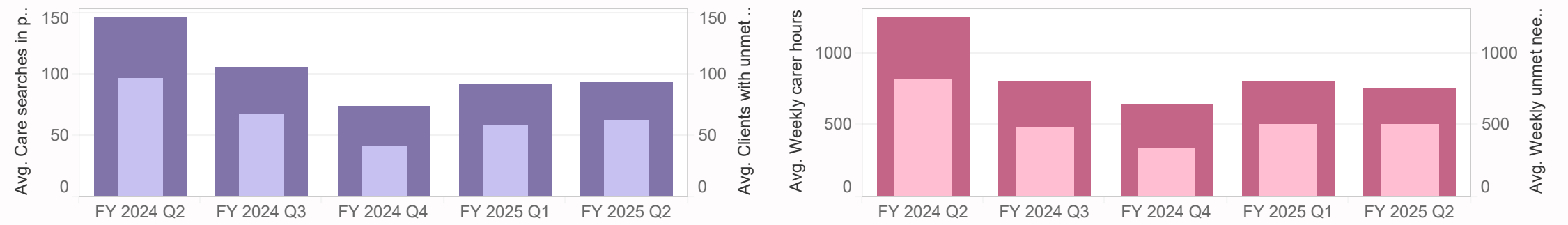




**SOCIAL CARE PATHWAYS**

**OPEN CASES AND UNMET NEED (14+ DAYS OPEN)**

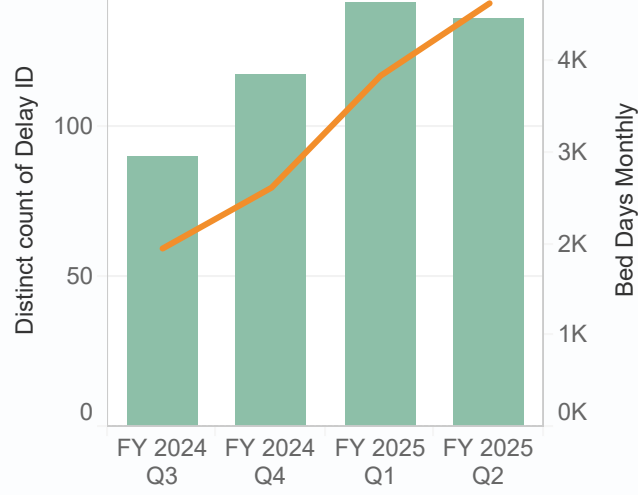
Avg. Care searches in place	FY 2022 Q4: 283.3	FY 2025 Q2: 92.6	▼ -191
Avg. Clients with unmet needs	152.5	61.9	▼ -90.7
Avg. Weekly carer hours	FY 2022 Q4: 2,756	FY 2025 Q2: 756	▼ -1,999.1
Avg. Weekly unmet need carer hours	1,225	506	▼ -719.4



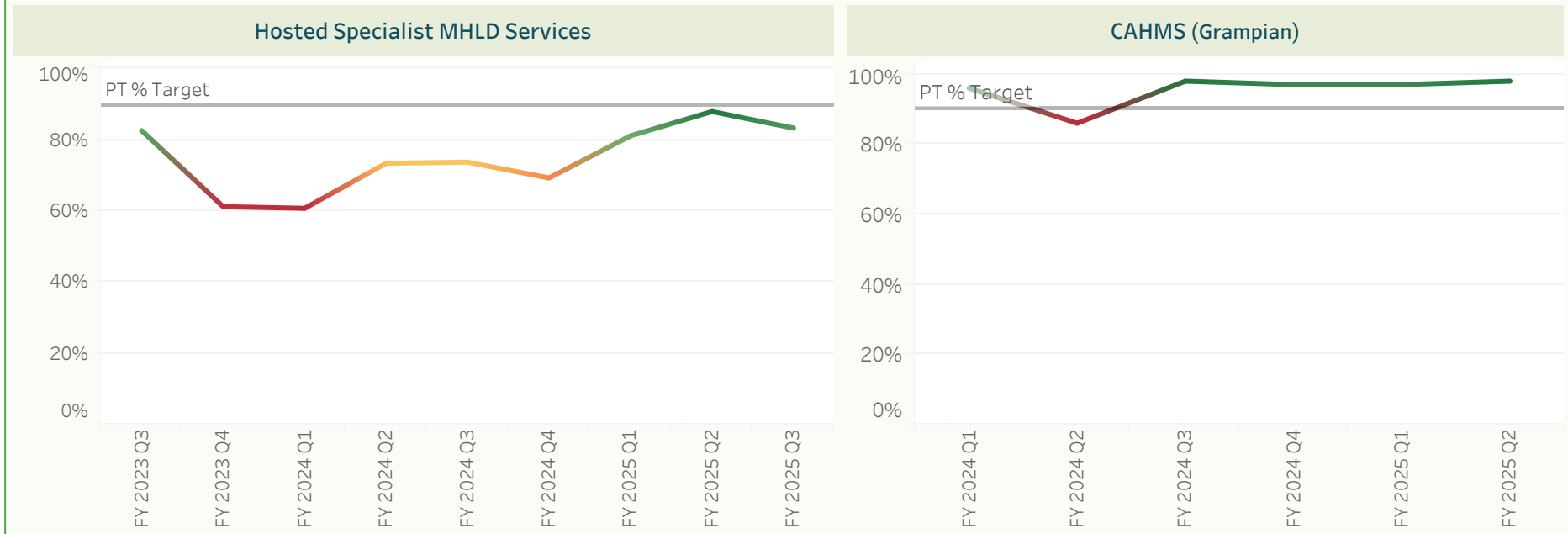
**HOME PATHWAYS**

**DELAYED DISCHARGES (STANDARD AND COMPLEX)**

Standard	FY 2022 Q3: 91	FY 2025 Q2: 122	▲ 31
Complex-Code 9	11	18	▲ 7
Standard	FY 2022 Q3: 1,258	FY 2025 Q2: 3,806	▲ 2,548
Complex-Code 9	367	830	▲ 463

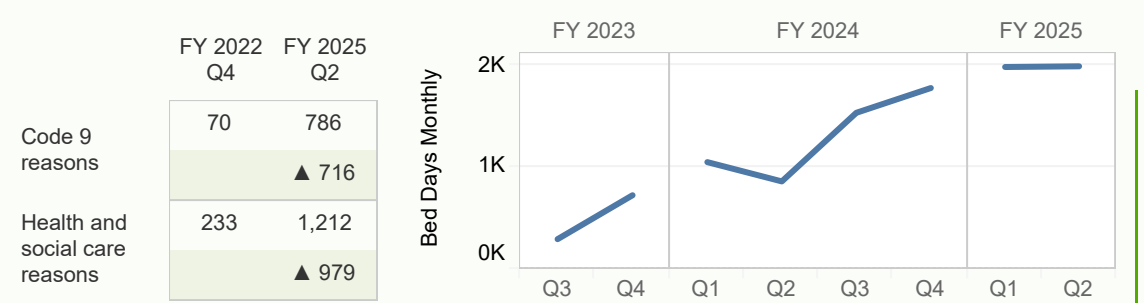


**ADULT PT PERCENTAGE TREATED WITHIN 18 WEEKS**

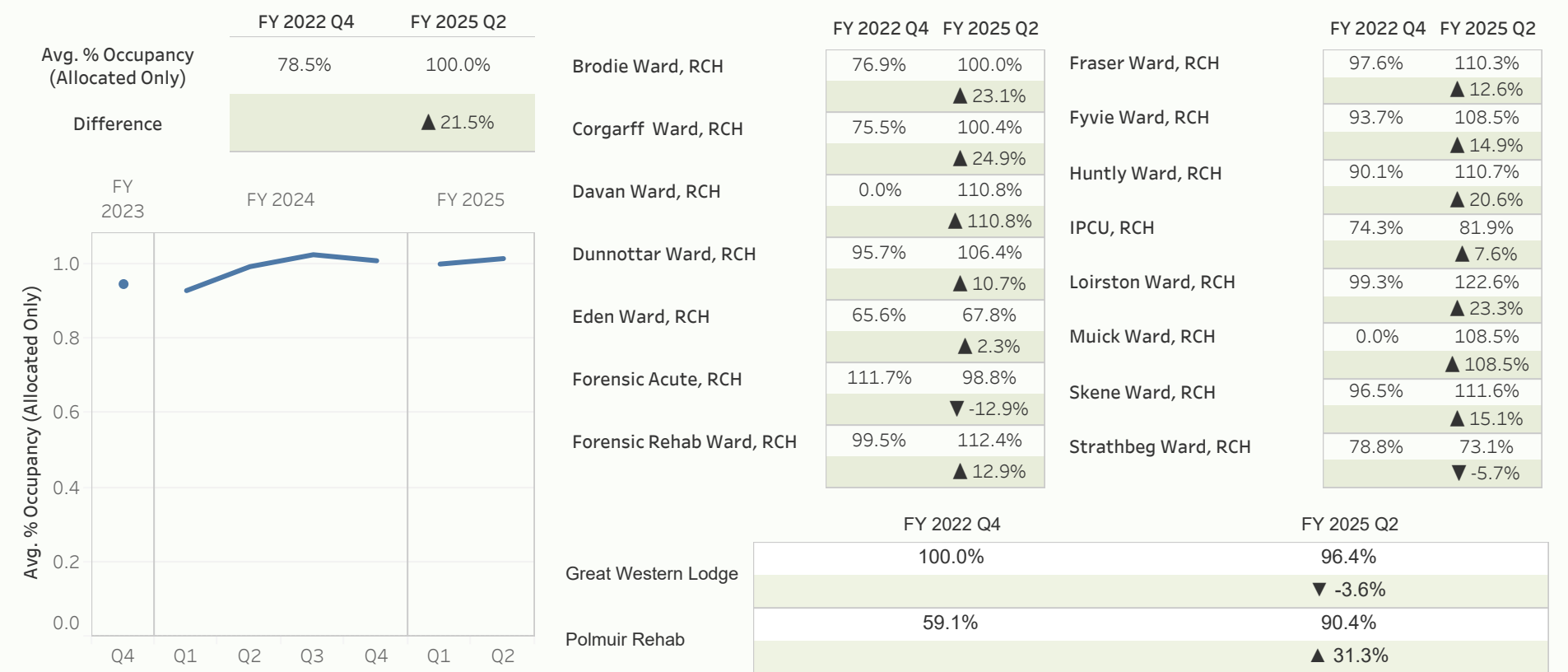


**MHL D TRANSFORMATION**

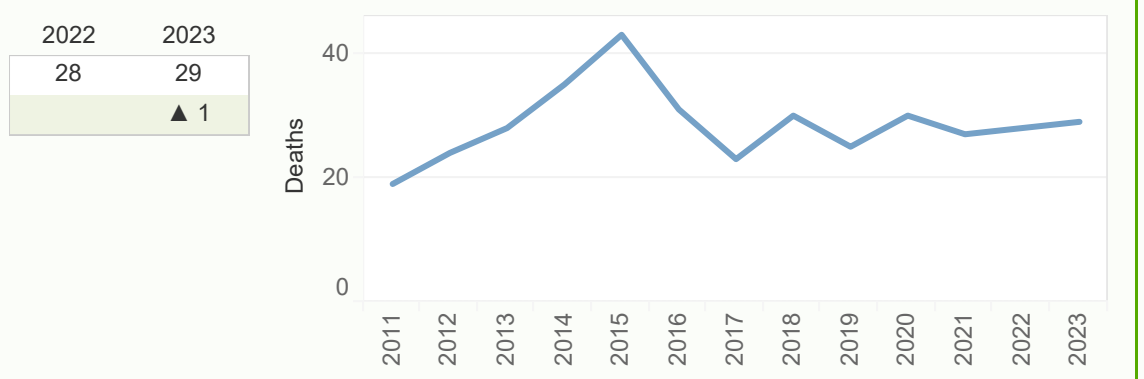
**MHL D DELAYED BED DAYS (RCH, GREAT WESTERN LODGE & POLMUIR REHAB)**



**MH AVERAGE OVERNIGHT OCCUPANCY (LISTED WARDS ONLY)**



**PROBABLE SUICIDES**



**STRATEGY**

**SUITABLE HOMES**

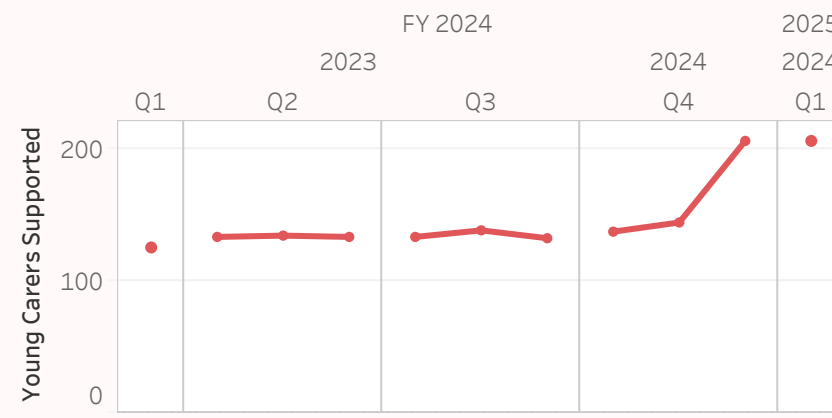
\* 2024/25 latest available figures as of Sept 2024, other years are as at end of March

Major Adaptations	Minor Adaptations	Community Alarm & Telecare package	Very Sheltered Housing
2019/20: 410	654	2,803	2,382
2020/21: 63	295	3,105	2,382
2021/22: 156	610	2,543	2,382
2022/23: 184	1,234	2,607	2,382
2023/24: 184	1,234	2,607	2,382
2024/25 (*p): 184	1,234	2,895	2,382
2024/25 (*p): 184	1,234	2,825	2,382

**ADULT CARERS SUPPORTED**

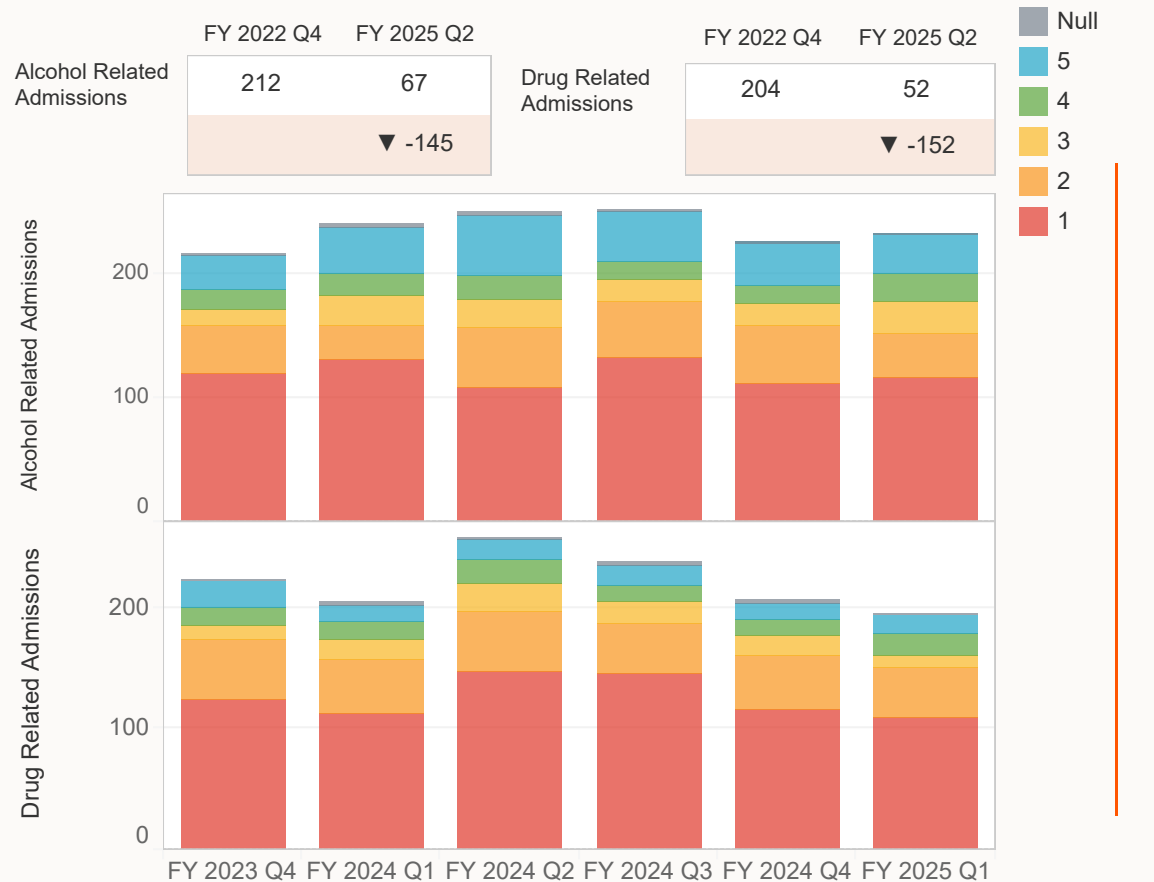
2021/22	2022/23	2023/24
594	1018	1435

**YOUNG CARERS SUPPORTED**

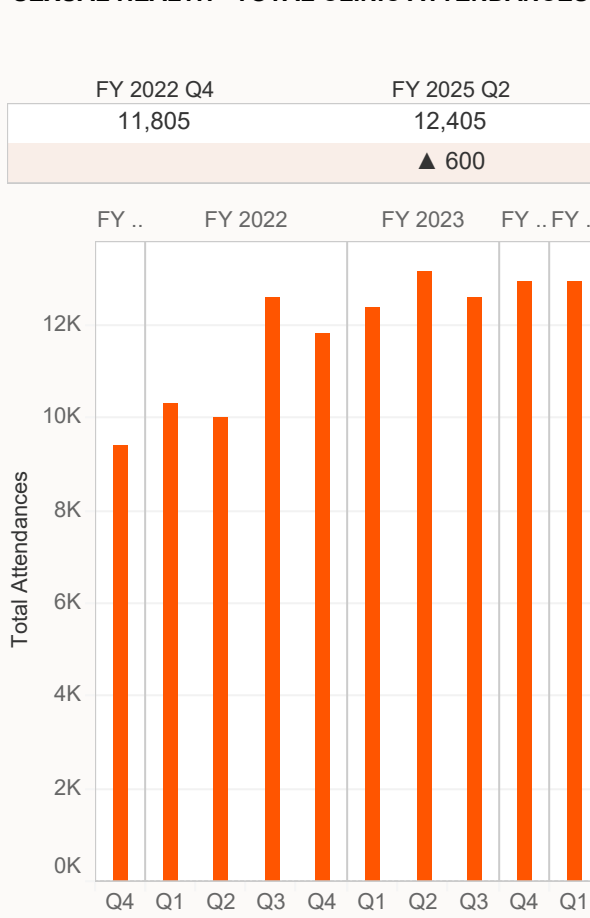


**PREVENTION**

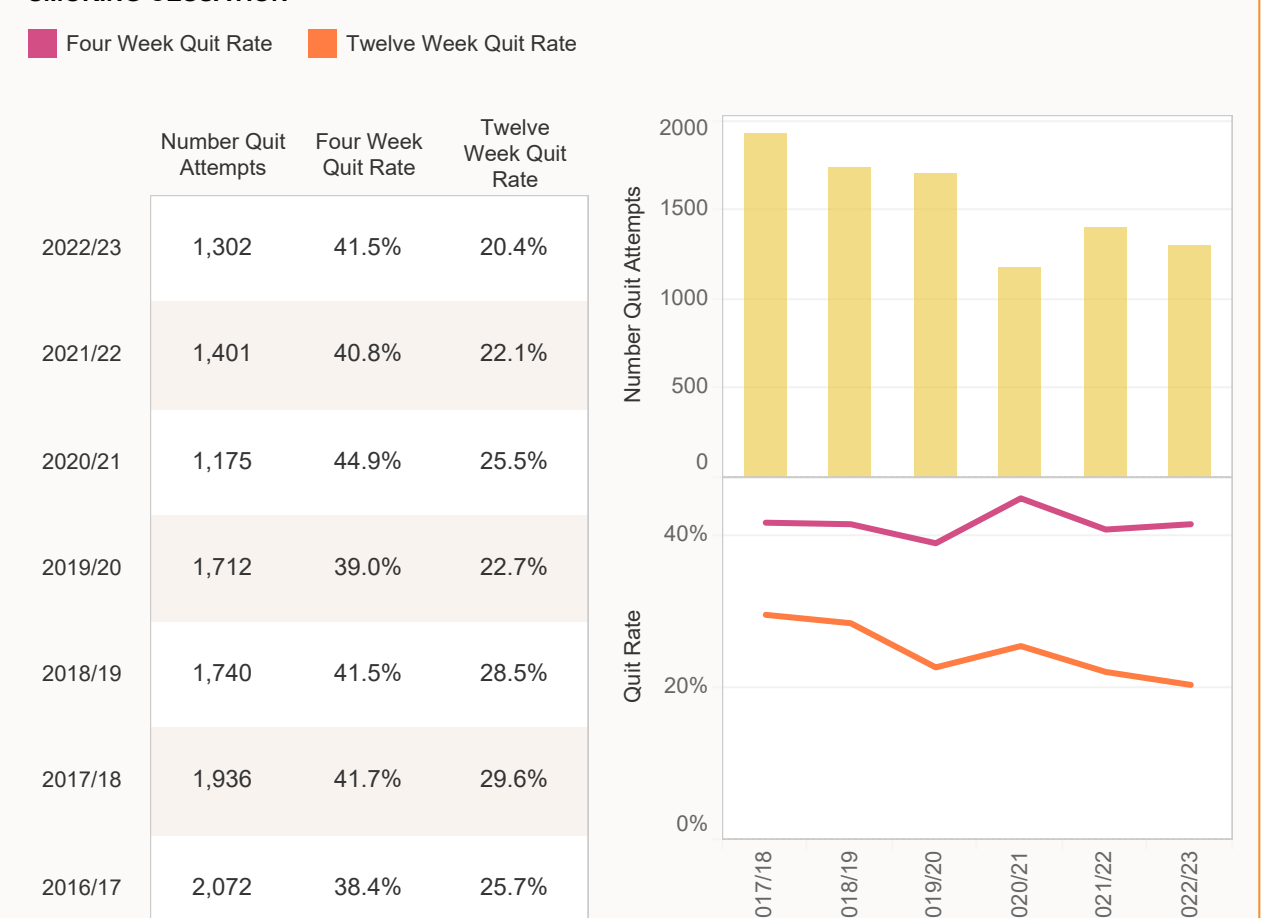
**ALCOHOL AND DRUG RELATED ADMISSIONS**



**SEXUAL HEALTH - TOTAL CLINIC ATTENDANCES**

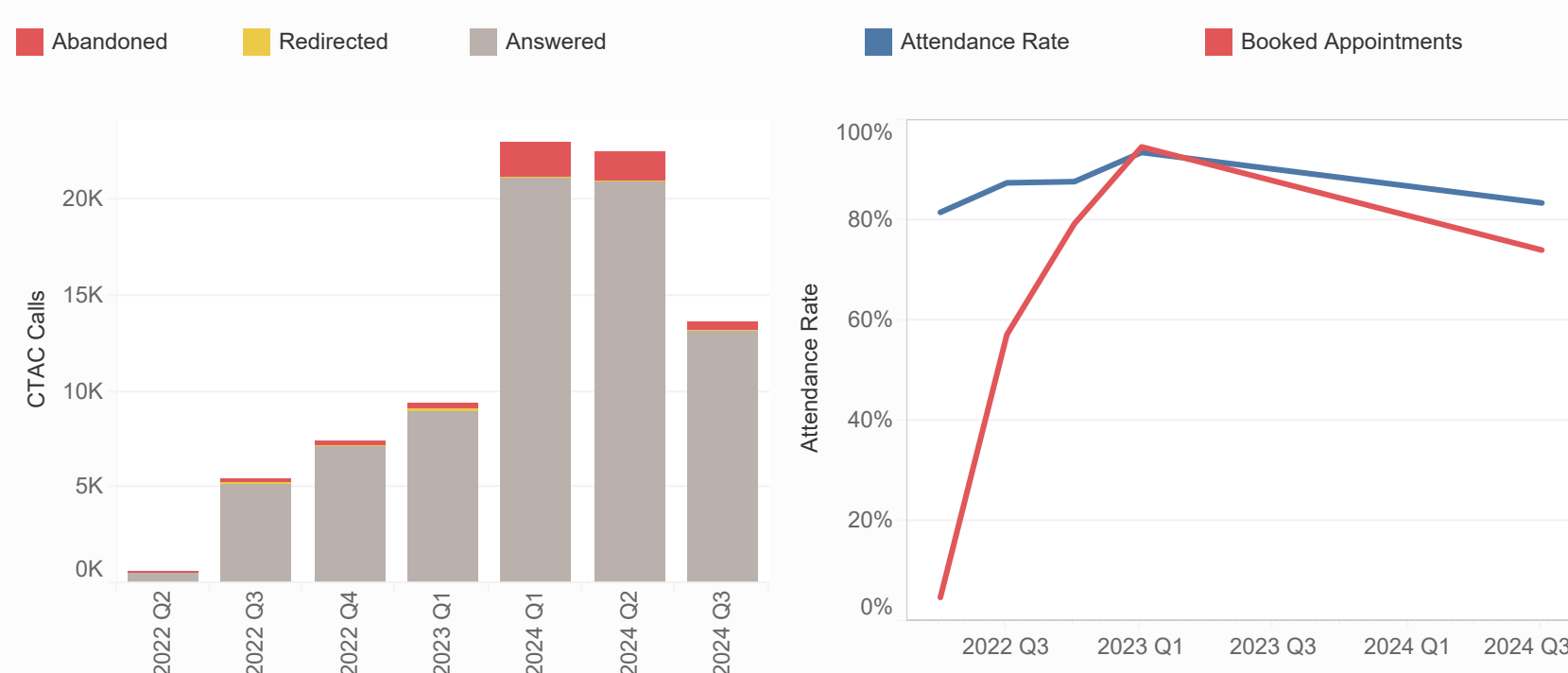


**SMOKING CESSATION**

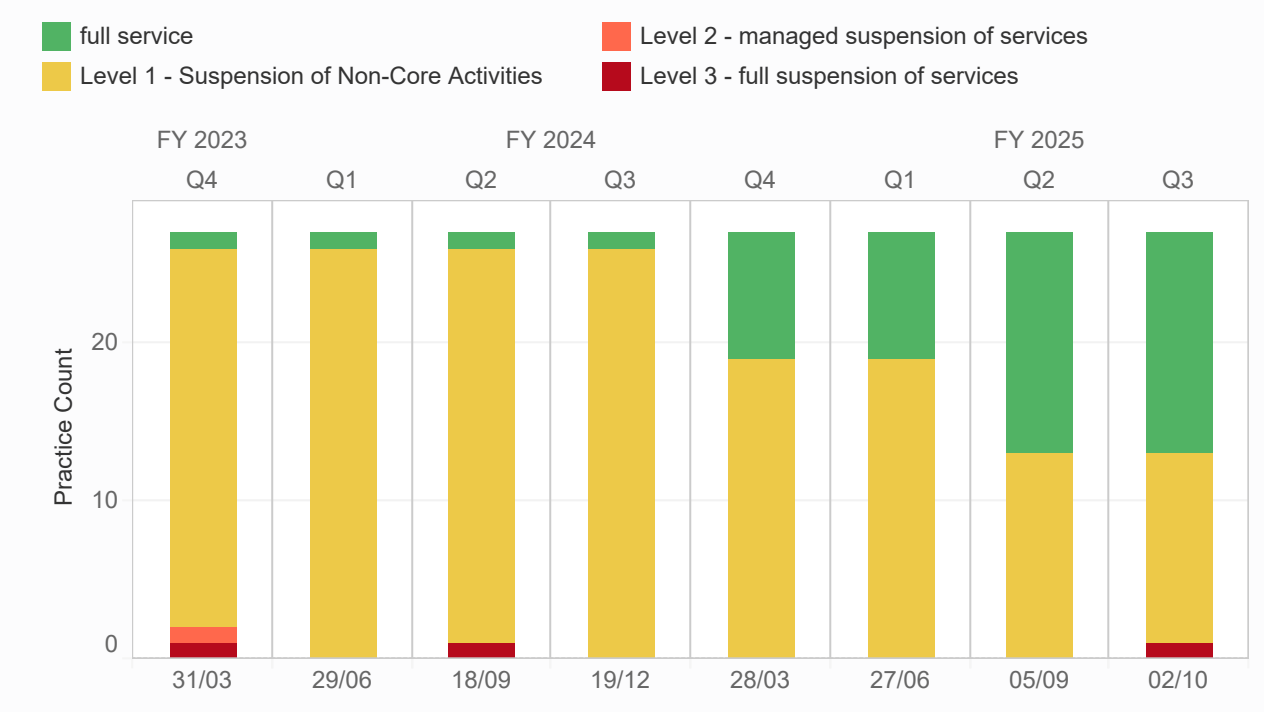


**PRIMARY CARE**

**COMMUNITY TREATMENT AND CARE- (CTAC)**



**PRIMARY CARE STABILITY LEVELS (Non-standard update frequency, Snapshot of last update each quarter)**





## DEFINITIONS

### METRICS USED

			<b>Primary Care</b>	<b>CTAC calls and attendance</b>	Provided by ACHSCP. Community Treatment and Care services appointments booked and attended. Call numbers and results also included.
<b>Datix</b>	<b>Falls</b>	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.		<b>Primary Care Stability Levels</b>	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.
<b>Delayed Discharges</b>	<b>Complex Delays</b>	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).	<b>Rosewell House</b>	<b>% Step Up (RWH)</b>	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.
	<b>Delayed Discharges</b>	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.		<b>Ward Starts (RWH) -</b>	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.
	<b>Monthly Bed Days</b>	The total number of bed days in a month occupied by a delayed discharge. Note this is not the total length of delay.	<b>SOARS</b>	<b>Average LOS</b>	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.
	<b>Standard Delays</b>	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).		<b>Average Occupancy % -</b>	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.
<b>Hospital at Home</b>	<b>Allocated Beds Available</b>	Allocated beds is pulled directly from the applicable field in Trakcare for that ward.		<b>Max LOS</b>	As above however, only the maximum LOS value for a discharge that has occurred in the given date range.
	<b>Average % Occupancy</b>	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.		<b>Ward Starts -</b>	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.
	<b>Hospital at Home Admissions</b>	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.	<b>Social Care</b>	<b>Care Searches in Place</b>	Provided by ACHSCP. The total number of cases which remain open and awaiting care (a single client can have multiple cases).
	<b>Overnight Occupancy</b>	The total number of occupied beds at midnight for The given date.		<b>Clients with Unmet Needs</b>	Provided by ACHSCP. The number of clients who have been waiting over 14 days for one or more open cases for social care.
<b>Mental Health</b>	<b>Probable Suicides</b>	'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.		<b>Weekly Carer Hours</b>	Provided by ACHSCP. The total number of hours required to satisfy the care requirements for all open cases.
	<b>PT Percentage Treated within 18 Weeks</b>	The percentage of patients who were treated within the 18 week treatment time target for the listed service teams. Hosted Specialist Services: Community Perinatal, Community Rehab, Eating Disorders, Eden, Forensic Services, LD, Liaison Psychiatry, Maternity., Neonatal, Perinatal & Rehabilitation. CAHMS: Child and Adolescent Mental Health Services	<b>Strategy</b>	<b>Adaptations</b>	Provided by ACHSCP. Adaptations completed split by major/minor.
	<b>RCH Average Overnight Occupancy</b>	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.		<b>Carers Supported (Young &amp; Adult)</b>	The number of carers supported by the partnership, split by age
<b>Prevention</b>	<b>Alcohol and Drug Related Admissions</b>	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.		<b>Telecare</b>	Provided by ACHSCP. Telecare and community alarm clients.
	<b>Sexual Health Clinic Activity</b>	Provided by ACHSCP for the dashboard and include face to face and phone/virtual visits.	<b>Ward 102</b>	<b>Daily Boarders -</b>	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.
				<b>Ward 102 Ward Starts</b>	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

<b>Creative breaks</b>	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.
<b>Criteria led discharge</b>	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"> <li>• 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.</li> <li>• that their blood pressure and temperature are within the required range.</li> <li>• their discharge destination is ready, safe for them to return to and they have any required care packages/equipment in place.</li> </ul>
<b>Delayed Discharge</b>	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
<b>Delayed Transfer of Care</b>	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
<b>Discharge to Assess,</b>	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
<b>Emergency discharge beds</b>	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.
<b>Hospital at home</b>	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.
<b>Hospital Homecoming</b>	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.
<b>Interim placement</b>	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.
<b>Reablement</b>	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)
<b>Rehabilitation</b>	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)
<b>Respite</b>	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.
<b>Step down beds</b>	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.
<b>Step up beds</b>	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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