

Date of Meeting	21 January 2020
Report Title	Chief Officer's Report
Report Number	HSCP.19.085
Lead Officer	Sandra Macleod, Chief Officer
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

# 1. Purpose of the Report

**1.1.** The purpose of the report is to provide the Integrated Joint Board (IJB) with an update from the Chief Officer

#### 2. Recommendations

**2.1.** It is recommended that the Integration Joint Board note the content of the report.

# 3. Summary of Key Information

#### **Local Updates**

#### 3.1. Carden Medical Centre

The practice's GP partners are ending their contract with NHS Grampian to provide General Medical Services, they have now given their notice. As by the deadline for receipt of tender applications, no suitable notes of interest were received from other practices. This means that the Carden service and all its staff will transfer to NHS Grampian on 04/05/2020 and will then







be directly managed by the Aberdeen City Health & Social Care Partnership.

There is no need for patients to change practice because Carden Medical Centre will continue to operate from the same premises and work as normal throughout. Patients do not need to do anything because of these changes. Patients were informed of this by letter and Carden Medical Centre staff have also been informed.

The project management of the transition from an independent to a 2c practice is being absorbed by the Primary Care Team and has commenced. Recruitment to both salaried GP's and a Lead GP post has begun and one to one meetings with all staff start in the New Year.

## 3.2 Digital Lead Post Update

The post is required to be reviewed through the job evaluation processes in both NHS Grampian (NHSG) and Aberdeen City Council (ACC). The post has been evaluated by Aberdeen City Council and the equivalent review by NHSG is ongoing. We are confident this will be finalised by the end of the calendar year and we will aim to start the recruitment process in January\February 2020.

#### 3.3 Health Visiting Digitisation

As reported to the IJB at its meeting in September, a test of change is being developed within Health Visiting in which we support frontline staff to be engaged and own the opportunities presented through digitalisation. This team has been on the operational risk register for some time due to major recruitment challenges within the city. This redesign will see the implementation of an automated scheduling and caseload system, facilitated by mobile technology. It will reduce workload, which will have a positive impact on staff wellbeing and retention and the delivery of services. The scheduling of service users went live in December 2019. Work has also commenced on Phase 2 of the Project.

#### 3.4 Localities

Following the decision by IJB on our planned approach to developing localities, work is ongoing to support the establishment of the 3 Locality Empowerment Groups. A work plan focussing on key themes of data and profiling, communication & engagement, membership and recruitment, upskilling and governance has been established, to be led by the Public







Health Coordinators and key stakeholders including community representatives on current Locality Leadership Groups and wider members of our local communities. Key outputs anticipated to be delivered by Spring will include a visual data tool ready for April to engage with communities; revised membership of LLGs/LEGs, and clear governance arrangements for these groups in place. Concurrently work is ongoing to complete the alignment of operational teams with localities

#### 3.5 Accommodation Moves-Phase 2

Work has been ongoing to move more key staff from Summerfield House to Marischal College (and other venues) as part of the overall accommodation move project. The co-location of our staff currently based at Summerfield House has many benefits such as more integrated working, better communication, improved working relationships, and support to the Leadership Team. In January, members of the Leadership Team, Business Support and the Transformation Team moved from the Health Village to Marischal College. Since then work has been ongoing to consult with Partnership staff (and their staff side representatives) based at Summerfield House ahead of moves. In December 2019, 6 Primary Care staff moved from Summerfield House to Marischal, and in early 2020 Nursing Managers will join their colleagues in the City Centre. The Partnership is looking at all available accommodation and will continue this when developing the logistics around Localities. The Team that provides admin/business support to Nursing are moving from Summerfield to Foresterhill Health Centre in Jan 2020.

#### 3.6 Heart Awards-Nominations

The Heart Awards is due to take place on Friday 27<sup>th</sup> March, and we are already receiving a record number of nominations for this year's ceremony. Nominations are due to close on Monday 23<sup>rd</sup> December. The Judging period will take place over January and beginning of February with invitations going out mid to end February. The Project Team are planning an exciting evening to showcase the Partnership's success and talents.

## 3.7 Healthy Working Lives







ACHSCP will soon be submitting its portfolio for accreditation for the Healthy Working Lives (HWL) "Gold Award". HWL is a nationally (and independently) accredited programme that measures progress in improving the health and wellbeing of staff in an organisation. We have reached silver award status and it's likely that our gold portfolio submission will be approved.

Targeted ongoing activities to improve Nurse's Health & Wellbeing at Woodend Hospital-Nursing sickness absence rates at Woodend are higher than the Partnership average. Task Group was established in early 2019, and has conducted a health survey, reintroduced early referral processes for NHSG Occupational Health, re-emphasised to staff the importance of breaks and convened specific additional HWL activities on the Woodend site

#### **Regional Updates**

#### 4.2 Hosted Services

The IJB at its meeting on the 11<sup>th</sup> of June, 2019 instructed the Chief Officer to prepare a draft role and remit for the North East Partnership Steering Group (NEPSG). The first meeting of the Group took place in November 2019, and included a draft Terms of Reference. The NEPSG will play an important role in the review of the transformation\strategic plans developed through the strategic planning process, while respecting the role, remit and powers of NHS Grampian and the three IJBs.

#### **National Updates**

# 5.1 National Health and Social Care Scotland Annual Conference-Glasgow-4<sup>th</sup> December 2019

A number of officers and the Chair of the IJB attended the national Health and Social Care Scotland Conference on Wednesday 4th December. The main conference consisted of a number of key note speakers including Jeanne Freeman, the Cabinet Secretary for Health and Sport, and Alison Trimble from the Kings Fund. There were 11 supporting workshops showcasing initiatives from across Scotland. Conference workshops were selected via a competitive process and Aberdeen City Health and Social Care Partnership were selected to deliver two 50 minute workshops on Enabling Collaborative Leadership through Self Managing Teams. Our workshops were well received (were attended to capacity), and following on from the conference a number of contacts have been made seeking further information.







# 5.2 Scottish Government Visit-Health and Social Care Partnership Engagement

On Friday 6th December, two officers from the Scottish Government visited Aberdeen City Health and Social Care Partnership. During a two hour session, information about our local collaborative approach was shared, including our alignment with the Aberdeen City Community Planning Partnership, our revised programme of transformation, and a number of deep dives into key activities including the recent Lean Six Sigma projects: Increasing nursing patient facing time & Improving financial assessment process; health visitor digitisation; and scaling acute care at home test of change into stepped care approach.

# 5.3 Health and Social Care Standards - Review of activity 2018-19 summary report

The Scottish Government invited local authorities, health boards and Integration Authorities to participate in this review of activity to implement the Health and Social Care Standards. 24 responses were received (including from Aberdeen City) representing a return rate of 68% (of Health and Social Care Partnership areas). These provided a valuable snapshot of activity from areas of varying demographic profiles. Authorities were asked to consider what activity they were undertaking, to ascertain if the Standards were embedded across five key themes:

- commissioning and procurement
- organisational culture and workforce practice
- communications
- information sharing
- feedback and evaluation

Responses have broadly demonstrated positive activity towards implementing the Standards. Many indicated that practices and processes were already in place before 2017-18 and that these reflect the principles of the Standards. Partnerships reported on existing, new or planned activity to support implementation. Commissioning and procurement, organisational culture and workforce practice were the themes that resulted in the most positive responses and examples. Further development and support may be required around communications and information sharing.

Specifically in relation to the following question, Aberdeen City Health and Social Care Partnership were referenced: How are you actively engaging with partners (public, private, or third-sectors) to plan for/ensure that service







provision across sectors reflect the Standards? The response from the Partnership outlined that ACHSCP has established an Aberdeen Providers Forum which includes all independent and third sector providers and is an opportunity to jointly discuss topics of mutual relevance. In addition the response explained that the Partnership had held a number of commissioning workshops involving all partners whilst re-designing the Bon Accord Care contract, and the Partnership are currently undertaking more of these in relation to the re-commissioning of Care at Home and Supported Living frameworks. Specifically there is an Outcomes Task and Finish Group whose remit is to establish how the principles and Standards are embedded in the new contract

#### 5.4 National Care Home Contract

Scotland Excel have lead responsibility for the operational management of the National Care Home Contract. This includes leading work to conclude the Cost Model with the sector and any negotiation to agree the rate with Scotlish Care. Negotiations are currently ongoing on the direct care cost elements of the Cost Model. Formal approval will be required through Scotland Excel and COSLA governance procedures following conclusion of the negotiations.

# 6 Implications for IJB

- 6.1 Equalities there are no implications in relation to our duty under the Equalities Act 2010
- 6.2 Fairer Scotland Duty there are no implications in relation to the Fairer Scotland Duty
- 6.3 Financial there are no immediate financial implications arising from this report.
- 6.4 Workforce there are no immediate workforce implications arising from this report. Relevant Workforce implications will be highlighted in any future report on action required in relation to Carden Medical Practice.
- 6.5 Legal there are no immediate legal implications arising from this report
- 6.6 Other- there are no other immediate implications arising from this report.







## 7 Links to ACHSCP Strategic Plan

7.1 The Chief Officers update is linked to current areas of note relevant to the overall delivery of the Strategic Plan.

### 8 Management of Risk

#### 8.1 Identified risks

The issues at Carden Medical Practice and the delay in recruiting to the Digital Lead role could potentially impact on our ability to deliver services in these areas.

### 8.2 Link to risks on strategic or operational risk register:

The main issues in this report directly link to the following Risks on the Strategic Risk Register:

- 1-There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.
- 3- There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.
- 5-There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.
- 7- Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.
- 8.3 How might the content of this report impact or mitigate these risks:







This report details the mitigating action being taken to manage these risks. The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary

Approvals	
Jondro Macleool	Sandra Macleod (Chief Officer)
Aladi	Alex Stephen (Chief Finance Officer)

