



INTEGRATION JOINT BOARD

Date of Meeting	28 October 2020
Report Title	Chief Officer's Report
Report Number	HSCP.20.046
Lead Officer	Sandra Macleod
Report Author Details	Sandra Macleod Chief Officer samacleod@aberdeencity.gov.uk
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 Integration 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. Immunisations/Flu Preparedness

The following is the official update on the flu vaccination programme from NHS Grampian: -

The immunisation programme for 'flu is designed to be delivered over a three-month period (October to December). As at 17:00 19th October 2020, more than 40,000 people across Grampian have received a 'flu



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vaccination. The hope is to vaccinate about 225,000 people. The uptake has been fantastic; however, this may cause some pressure on our vaccine supply chain in both the short and longer term. There is some risk that clinics may be postponed whilst the supply of vaccine is re-distributed. The team are working very hard to minimise this risk. If a clinic has to be cancelled, we will do our utmost to contact people before they travel to clinic.

We are moving to a new helpline on 20/10/20 which will be capable of managing a much higher number of calls. We would ask people to await their letter (being sent out over a three-week period) before contacting the helpline. We will provide further briefing on the progress of the vaccination programme over the coming days and weeks. In future briefings we will provide information on local progress.

3.2. Operation Home First-Update

At its meeting on 9th June 2020, the IJB were updated on creating the environment in which positive change can be maintained whilst living with Covid-19. This approach is known as Operation Home First which is being delivered jointly by the three Health and Social Care Partnerships in Grampian along with NHS Grampian Acute Services. Each partner having responsibility for a number of priority projects.

A further report was presented to the Risk Audit and Performance meeting of 23rd September 2020 which detailed the priority projects relating to Operation Home First which are being progressed by Aberdeen City Health and Social Care Partnership (ACHSCP) and how these align to the strategic plan, the five programmes of transformation, and the Medium Term Financial Framework.

The report on 23rd September 2020 also detailed how Operation Home First as a whole would be evaluated across Grampian, noting that a performance dashboard would be developed by the end of October 2020.

Whilst that work is ongoing, ACHSCP continue to monitor the delivery of the priority projects it has responsibility for. These include four that are part of the Grampian wide evaluation and a further seven that are local priorities: -

1. Frailty Pathway
2. MH/LD Service Transformation
3. Older Adult Mental Health Pathway
4. Immunisations



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5. Digital
 - a. Health Visiting
 - b. Implementation of Near Me
6. Locality Empowerment and Engagement
7. Community Treatment and Assessment Centres (CTAC)
8. 2C Redesign
9. Implementation of new Care at Home Contract
10. Stepped Care Approach
11. Aberdeen Together
 - a. Holistic Locality Planning
 - b. Integrated Access Point
 - c. Multi-disciplinary Intervention Team

Regular communications on the individual projects and initiatives within Operation Home First are issued to a wide range of stakeholders.

3.3. Aberdeen Together

Aberdeen Together' outlines the COVID-19 recovery plan – building on the collaborative working and systems put in place during the pandemic to ensure a continued co-ordinated response to the wellbeing of citizens across Aberdeen. The following provides an update on the workstreams within Aberdeen Together.



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Multi-Disciplinary Intervention Team (MDIT)

The MDIT workstream aims to work alongside operational Aberdeen City Council (ACC) and ACHSCP staff to understand how best to create the conditions which support closer joint working across our services, enabling people to receive the right support at the right time. The intent is to initially test the approach within one priority area (Tillydrone) to improve efficiencies, reduce duplication and streamline processes and practices with the person placed firmly in the centre of their care and support. A workshop was held on the 9th September with managers of staff working in Tillydrone to provide background information about the project; give an overview of the concept of MDIT/self-managing teams; discuss benefits and concerns of this way of working and identify which operational staff need to be involved. A follow up workshop is now being planned with operational staff to further explore how to create the conditions to work more effectively together.

Integrated Access

As part of the recovery plan under Aberdeen Together work is being undertaken to scope the feasibility of developing and implementing a single point of contact for handling requests across health and social care services. An Integrated Access Point may be one enabler towards providing accessible and seamless care for the people of Aberdeen. There are currently upwards of 40 service areas delegated to ACHSCP, with each varying in both referral routes (such as self-referral; referral by professional; or referral by significant other) and referral modes (such as face-to-face conversation; letter; online form or telephone conversation). Streamlining how these services are accessed would help achieve some of the key ambitions of the integration agenda, including people having accessible services and receiving care seamlessly. Scoping has now been completed and an engagement plan to shape the recommendations with local communities will also be implemented.

Connecting Aberdeen

Connecting Scotland is a Scottish Government funded project managed by the Scottish Council for Voluntary Organisations (SCVO) and delivered locally by Aberdeen City Council and Aberdeen City Health & Social Care Partnership. The aims of the project are to provide devices, connectivity, and digital support to those not currently connected. Phase 1 saw devices and digital support in the form of digital champions issued to those on the shielding list with low income, and not currently connected, either through not



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owning a device or not having broadband connection. Along with third sector partners, a partnership approach under the umbrella of Aberdeen Together saw 285 devices supplied across Aberdeen City. Recognising the strong partnership approach and success in getting devices issued Aberdeen City received a further 100 devices at the start of October. Phase 2 had the focus on households with children and young people, pregnant women and care leavers.

Holistic Localities

The Holistic Locality planning workstream has been reviewing the effectiveness of the relationship between the Community Planning Partnership's current locality planning structures to identify recommendations for improvement.

This review has examined the structures and arrangements which have been put in place by both Aberdeen City Council and Aberdeen City Health and Social Care Partnership for locality planning and how these connect with each other, with wider community planning structures, and with community groups.

The findings of the review and proposals for future working are to be presented to the IJB and the Community Planning Aberdeen Board in December 2020.

Care for People

The Care for People workstream is aligned to the overall Aberdeen City Care for People Plan and covers a range of activities to provide support to people affected by the pandemic, including their personal, physical, practical and health needs.

Specific areas covered in this workstream include volunteering; public communications; provision of assistance (i.e. financial support, food provision, support for shielded people, emotional support, trace and protect, and supporting vulnerable groups).

3.4. Resumption of Criminal Justice Inspection

The Care Inspectorate have confirmed the resumption of the previously postponed inspection under section 115 of the Public Services Reform (Scotland) Act 2010.



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The inspection will resume at Stage 4 with remote onsite activity commencing on Monday 26 October 2020.

The focus of the inspection is on community payback orders; how well national outcomes and standards are being applied and what difference community payback orders are making to the lives of individuals who are subject to them.

While the stages of inspection are unchanged, the inspection will be conducted in accordance with current public health guidance. The remaining activities will therefore be undertaken remotely or at a social distance (where safe and reasonable to do so).

Stage 1 - Notification, preparation, and engagement stage – completed January 2020.

Stage 2 - Self-evaluation and supporting evidence – completed February 2020.

Stage 3 - Case file reading – Completed March 2020.

Stage 4 - REMOTE - Onsite activity - This will be based on evidence, and findings from stages 2 and 3. This stage will be scoped and proportionate and will only carry out activity in areas where at this stage the Care Inspectorate continue to be uncertain. This will take place weeks commencing 26 October 2020 and 9 November 2020.

Stage 5 - Published report - The published report will identify strengths and areas for improvement, make evaluations against quality indicators, identify good practice, make recommendations and comment on capacity for improvement. At this stage advanced publication is scheduled for 16 February 2021 and final publication on 23rd February 2021.

Regional Updates

3.5. NHSG Winter Plan-Update

The Partnership, along with all other sectors in the wider NHS Grampian system submitted its Winter Plan to NHSG by the required deadline. NHSG's System Leadership Team are developing a Target Operating Model (TOM) for the Winter Plan. This TOM will identify trigger points for mobilisation of staff and services. A summary of the plan is being developed and will be shared with the IJB as a service update.



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The ACHSCP Winter Plan is a weekly standing item at the Leadership Team Huddles. This will ensure that the Winter Plan is being implemented and is appropriately managing demand pressures as winter 2020/21 progresses.

National Updates

3.6. Adult Social Care Review

The Review of Adult Social Care was announced on 1st September 2020 by the First Minister as part of the Programme for Government 2020-2021. The document outlines a number of activities with the focus on the economic, health, and social recovery from the coronavirus (COVID-19) pandemic.

Ahead of the independent review, a new stakeholder group will also be established to govern the approach to adult social care recovery and remobilisation as we move through and out of the COVID-19 pandemic period. The group will provide input to the Health and Social Care Mobilisation and Recovery Group.

The intention of the review of adult social care is to give recommendations that will improve social care with the overall aim to reform and deliver a national approach to care and support services. It is clear within the scope of the review that a national care service will be considered. The review will be chaired by Derek Feeley, CEO of the Institute for Healthcare Improvement (IHI) and will report by January 2021.

The review will consider and make recommendations on the following areas:

- The needs, rights and preferences of people who use services, their carers and families;
- The experience of people who work in social care, including their employment arrangements, opportunities for training and progression, and relationships with other professions across health and social care;
- Arrangements for funding, governance, ownership, administration and delivery of social care services;
- Arrangements for meaningfully involving users in the assessment of need and in co-design and co-production (including self-directed support);
- Social care and health care service models and their interaction with other services, such as housing, education and employment;



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- Regulation, scrutiny, quality assessment and quality improvement capacity and capability;
- The role of local communities in providing capacity and assets to support people to live as well and as independently as possible and to enjoy the same facilities, universal services and opportunities as other citizens;
- The role and contribution of local and system level leadership;
- Future policy developments that should be a focus for the Scottish Government and any recommendations regarding the legislation that currently underpins social care provision and regulation; and
- Opportunities to redesign the overall system of social care to improve people's experience of care.

Regular meetings will be held by the chair of the review with the Chief Officers Group and the Chief Social Work Officers. It is also the intention of the chair to seek views from Integration Joint Boards, but at this stage it is unclear how they will do this. The IJB will be kept up to date with any developments throughout the period of review by the Lead for Social Work.

3.7. NHS Grampian Remobilisation Plan

The NHSG Grampian Remobilisation Plan sets out a whole-system overarching response to living with COVID-19 based on the innovation and reform accelerated during the initial response. NHSG's priority with their partners is to seek the opportunity for more innovation and reform, whilst at the same time adapting to "living with COVID-19" and supporting the phases of the Scottish Government route map and creating stabilisation and resilience of health and care services to meet population needs.

The Plan supports phased transition to redesign and rebuild the 'new' normal over the next 12-24 months. Central to the Plan is ensuring a move into the next phase of living with COVID-19 and commence the co-ordinated stepping-up of services that is safe and clinically prioritised, minimising harm to patients, public, staff and other professionals working across the system. The approach and key priorities within the Plan have been informed by a wide range of clinical and non-clinical stakeholders and expert groups within NHS Grampian, the three Health and Social Care Partnerships and other health and care partners within the North East.

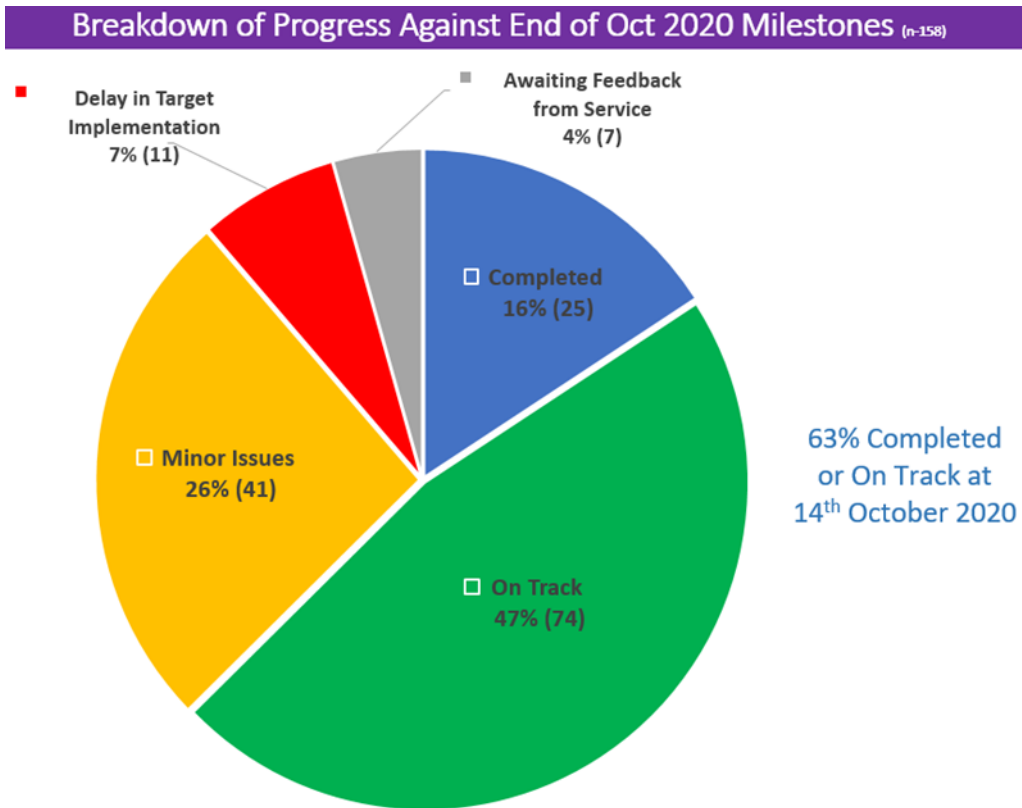
A performance and assurance framework has been put in place by the System Leadership Team of which the Chief Officer is a member. A monthly progress report will be available setting out overall progress along with key areas of concern/risk for further exploration. These reports will



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also be shared with a range of cross-system groups. A recent review of progress (14th October) shows that 63% of the 158 milestones set out in the Plan for delivery by the end of October are completed or on track to be completed by the end of October 2020. Chart below illustrates the breakdown.

A summary version of the Plan will be available by the end of October 2020.



3.8. Scottish Government Consultation - Inclusion of IJBs as Category 1 responders in the Civil Contingencies Act 2004

The Scottish Government has launched a consultation to ensure that there are no unintended or unexpected consequences to Integration Joint Boards becoming Category 1 responders under Schedule 2 of the Civil Contingencies Act 2004. The Scottish Government have asked for views from Chief Officers by the closing date of 2 November 2020.

The Civil Contingencies Act (2004) makes the following requirements for those listed as Category 1 responders:



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1. Assess the risk of emergencies occurring and use this to inform contingency planning.
2. Put in place emergency plans.
3. Put in place business continuity management arrangements.
4. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
5. Share information with other local responders to enhance co-ordination.
6. Co-operate with other local responders to enhance co-ordination and efficiency.
7. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

Integration Joint Boards, Health Boards and Local Authorities share a joint responsibility and accountability for drawing up suitable plans which take account of functions managed by each individual body. Therefore, the Integration Joint Board, the Chief Officer and their team are expected to work alongside Health Board and Local Authority colleagues when carrying out the duties relevant to the Civil Contingencies Act 2004.

Whilst Chief Officers have already been contributing to local emergency and resilience planning, they have only formally done so through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their accountable officer status within the Integration Joint Boards. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal coordinated and appropriate arrangements in place for: emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

The Scottish Government are consulting to ensure that there are no unintended or unexpected consequences to Integration Joint Boards becoming Category 1 responders under Schedule 2 of the Civil Contingencies Act 2004, specifically in relation to the Equality Act 2010 and the Fairer Scotland Duty.

In terms of the proposed response to the Scottish Government, Officers will outline the local position, this being that the Aberdeen City Health and Social Care Partnership have been liaising and working closely with both NHS Grampian (NHSG) and Aberdeen City Council (ACC), along with other resilience partners to ensure that the duties of Category 1 responders are



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adhered to. Appropriate governance arrangements are in place within the Partnership, as well as good links and reporting arrangements to the governance structures in NHSG and ACC. This means that once the legislation is approved the Partnership/IJB will have the necessary reporting arrangements in place. The legislative proposal will help to formalise these arrangements.

In terms of any unintended or unexpected consequences to Integration Joint Boards becoming Category 1 responders under Schedule 2 of the Civil Contingencies Act 2004, none can be identified, the legislative change should enhance the arrangements already in place which will help with the overall resilience of the place of Aberdeen, as well as the wider Grampian area.

4. Implications for IJB

- 4.1. **Equalities** - there are no implications in relation to our duty under the Equalities Act 2010. The consultation on including IJB's as a Category 1 Responder specifically asks if there are any Equalities or Fairer Scotland Duty implications of the proposed change, as stated above there are no unintended consequences.
- 4.2. **Fairer Scotland Duty** - there are no implications in relation to the Fairer Scotland Duty. The consultation on including IJB's as a Category 1 Responder specifically asks if there are any Equalities or Fairer Scotland Duty implications of the proposed change, as stated above there are no unintended consequences.
- 4.3. **Financial** – there are no immediate financial implications arising from this report.
- 4.4. **Workforce** – there are no immediate workforce implications arising from this report.
- 4.5. **Legal** – there are no immediate legal implications arising from this report.
- 4.6. **Other**- there are no other immediate implications arising from this report.

5. Links to ACHSCP Strategic Plan

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



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6. Management of Risk

6.1. Identified risks(s)

The updates provided link to the Strategic Risk Register in a variety of ways, specifically to the strategic risks of partnership working and reputation.

6.2. 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:

4-There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance

6- There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.

6.3. How might the content of this report impact or mitigate 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	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)