



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	1 December 2020
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP20.066
<b>Lead Officer</b>	<i>Sandra Macleod</i>
<b>Report Author Details</b>	<i>Sandra Macleod Chief Officer samacleod@aberdeencity.gov.uk</i>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	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. Immunisations/Flu Preparedness

	LY	Target	Vaccinated	%	DNA	%	Total	%
>65	73%	75%	25,723	62	15,606	38	41,329	100
<65 "at risk"	41%	65%	10,081	58	7,449	42	17,530	100
<b>Total</b>			<b>35,804</b>	<b>61</b>	<b>23,055</b>	<b>39</b>	<b>58,859</b>	<b>100</b>



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The above is data (as of 19th November 2020), in relation to Flu Vaccination progress in Aberdeen City extracted from the Grampian Daily Flu Update. It shows the data for the two main cohorts of the current flu vaccination programme – over 65s and under 65 “at risk”. The percentage rate vaccinated in each cohort last year is shown on the table, as is the target we were given for this year, and the actual achieved rates to date.

At the beginning of the flu vaccination programme this year, national planning was geared towards it running until March 2021, however local planning focused on completing the programme pre-Christmas 2020. All patients in Aberdeen City have been appointed to clinics running up until the end of November and plans are in place to run reports against GP data at the end of November to identify those who have not attended for any reason, and to offer them the opportunity to attend one of the “mop up” clinics scheduled for December.

The data in the Grampian update, whilst accurate from information available at the time, does not yet represent the complete picture in Aberdeen City. Details of those vaccinated needs to be manually captured at the remote Clinics and then input into GP IT systems. 50% of the GP practices in the City are entering that data for us, but a small admin team are entering the data for the rest. There can, therefore, be a delay in the true number of people vaccinated being recorded in the system and being reflected in the figures reported. Everyone who has not yet been vaccinated is recorded as a Did Not Attend (DNA, however some people may not have got their appointment letter, or have received it too late to attend the Clinic they were appointed to.

We are doing everything we can to encourage people to attend the clinics we have planned including the use of social media campaigns. Once we reach the end of our core clinic delivery at the end of November, and all of the data from these has been input, we will understand the number of people still to receive vaccinations and ensure there is sufficient capacity in the December clinics to allow all of this number to be vaccinated should they wish to.

Cabinet Secretary, Jeanne Freeman has now confirmed that Phase 2 of Seasonal Flu vaccinations should commence for the 60-64-year-old cohort, and that a decision will be made at the end of December of when to call the remaining 55-59-year-old cohort forward.

A formal review of the Flu Vaccination Programme began on 29th October, led by a civil contingencies’ expert in NHS Grampian. The lessons learned from that have been fed into the planning for a Covid Vaccination



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Programme which began at the same time. A report on both will be brought to the IJB in January 2021.

### 3.2. Health Improvement Plan-Prioritisation

The IJB was anticipating a report on Diet, Activity and Healthy Weight at the December meeting. This report would have been prepared based on work our Health Improvement Officers had been undertaking, most of which was paused during Covid whilst they assisted with the response. Pausing work and diverting resources was a common theme amongst the three Health Improvement Teams across Grampian. The three Health Improvement Leads, along with Public Health colleagues have agreed that existing Health Improvement priorities need to be reviewed in light of Covid and the ongoing, resultant work that is bringing. Work is ongoing on that review at the moment and the outcome will be communicated and will inform the workplan for the Health Improvement Officers going forward. It is recognised that each of the three HSCPs may have different priorities but also that there may be some commonality that can be coordinated Grampian wide.

### 3.3. Care at Home-Update

The new Care at Home contract went live on 1st November 2020. These new arrangements have been made possible through months of collaborative working of both providers and the ACHSCP. The incoming Granite Care Consortium (GCC) is made up of 10 care providers who have worked closely with ACHSCP colleagues to problem solve and coproduce solutions in an agile and innovative delivery model. This approach has been recognised by other areas as pioneering in terms of its coproduction and close working relationships which have been developed.

By removing time and task orientated provision, we look to offer greater flexibility to provide care and improve outcomes for people. Providers and ACHSCP teams need to work closely together to ensure that people receive an appropriate level of care, and to jointly embrace enablement approaches towards delivering outcomes.

An implementation group and relevant task and finish groups were set up to work on the different aspects of delivery – pathways, systems & processes, communication, transfer of packages and risk. Each group had a relevant cross section of representation from the care at home system. A weekly meeting for the implementation group was the focus for joint decision making and action focused discussions. From the beginning of November



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these arrangements are being morphed into a delivery group for an operational focus alongside regular monthly review meetings.

We are in a transitional period and in order to allow the new consortium of providers to bed into the new arrangements we have put in place contingencies and mitigations as well as continued co-production for the improvement and refinement of processes and procedures. The journey is not complete and colleagues continue to work together to transform how care at home is delivered in Aberdeen.

### 3.4. Criminal Justice Inspection-Update

The Care Inspectorate have resumed their inspection under section 115 of the Public Services Reform (Scotland) Act 2010. The inspection resumed at Stage 4 with remote onsite activity commencing on Monday 26 October 2020.

Stage 4 -Onsite activity – Remote onsite activity took place week commencing 26 October 2020 and 9 November 2020 with over 46 service users and 69 members of staff and stakeholders meeting with the Inspection Team through telephone calls and virtual meetings. The Inspectors were very complimentary about the logistical arrangements that had been put in place to facilitate the engagement with service users and staff during the ongoing COVID-19 Pandemic. An initial feedback meeting will take place with Senior officers on 24 November, with the initial draft inspection report issued to Officers just before Christmas. Officers will then have until January 2021 to respond to their findings and recommendations prior to the advanced publication of the report on 16 February 2021 and final publication on 23rd February 2021. A report on the findings will be submitted to a future meeting of the IJB.

### 3.5. IJB Service User Representative

At its meeting on 9th June 2020, the IJB were advised that the Service User representative on the IJB had agreed to an extension to his term of office until March 2021. The report also advised that we would intend to schedule a recruitment campaign to replace the Service User Representative around November 2020 with a view to that term commencing from March 2021 for a 3-year period. The 3-year period from March 2021 allows for a staggered recruitment commitment going forward for both the IJB Service User and the Carer representatives. Initial discussions have commenced with ACVO, who assisted us with the recruitment of the IJB Carers representatives. We will follow a very similar process which will begin with



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contacting existing service user groups to communicate the opportunity and obtain expressions of interest. A focus group will then take place which provides interested parties with more information in relation to the role and allows them to raise questions and obtain clarification. We would hope to have shortlisted candidates available for informal interview with the Chair of the IJB and the Chief Officer by early January 2021 with a view to confirming the successful appointee and introducing them at the IJB meeting on 23rd February 2021. Their induction would commence immediately thereafter and they would be invited to shadow Howard's last meeting on 23rd March 2021.

### National Updates

#### **3.6. Adult Social Care Review-**

The Review of Adult Social Care Advisory Panel has met every two weeks since it was established as part of the Programme for Government 2020-2021 announced by the First Minister at the beginning of September. Agenda items for discussion so far have included: Current Standards, Measures and Outcomes; Finance; Commissioning and Procurement; Self-Directed Support; Independent Living Fund; Regulation, Inspection and Improvement; Human Rights and Ethics in Social Care.

Briefing Papers have been supplied by the following organisations: Healthcare Improvement Scotland; Care Inspectorate; Socialist Health Association Scotland; Social Justice and Fairness Commission; Scottish Social Services Council; The Alliance; and the Institute for Public Policy Research.

Key discussions have taken place in respect of a Rights-based approach and in particular, how to strengthen the capability of rights holders to secure the outcomes to which they are entitled and what should be done to improve the ability of 'duty bearers' to deliver? The potential establishment of a National Care Service has also been discussed, its local/national operation and governance and the nature of its relationship with communities, local authorities, integration authorities and the NHS. The Panel will continue its discussions and produce its report by January 2021.

#### **3.7. Adult Social Care Winter Preparedness Plan**



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The Scottish Government has issued an Adult Social Care Winter Preparedness Plan which centres around four key principles:

- Learning from evidence to protect people who use social care support from the direct impact of COVID-19, and wider winter viruses.
- Ensuring that people have good physical and mental health and wellbeing, through provision of high quality integrated health and care services.
- Supporting the social care workforce to deliver safe support and care and to have positive mental health and wellbeing.
- Working in collaboration to plan and deliver high quality care.

The Partnership's Leadership Team have been discussing the Plan, looking at the four themes and identifying activity that is already in place, new activity that is required to be implemented and outlining any impact these activities will have for the Partnership. The Leadership Team have an agreed summarised cross-system summary which will help them meet the requirements of the Plan.

A link to the Scottish Government document is below:

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2020/11/adult-social-care-winter-preparedness-plan-2020-21/documents/adult-social-care-winter-preparedness-plan-2020-21/adult-social-care-winter-preparedness-plan-2020-21/govscot%3Adocument/adult-social-care-winter-preparedness-plan-2020-21.pdf>





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### 4. Implications for IJB

- 4.1. **Equalities** – there are no implications in relation to our duty under the Equalities Act 2010.
- 4.2. **Fairer Scotland Duty** - there are no implications in relation to the Fairer Scotland Duty.
- 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.

### 6. Management of Risk

#### 6.1. Identified risks

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

#### 6.3. 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





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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.

9- There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan.

**6.4. 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)