



INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Chief Officer's Report
Report Number	HSCP.21.096
Lead Officer	Sandra MacLeod
Report Author Details	Name: Sandra MacLeod Job Title: Chief Officer Email Address: samacleod@aberdeencity.gov.uk Phone Number: 01224 523107
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:
- (a) In relation to the consultation on the National Care Service (as outlined at section 3.12 below), agree that the Chief Officer (following a Board Workshop and final consultation with the Chair and Vice-Chair), sign off the Board's response to the consultation ahead of the deadline of 18 October 2021;
 - (b) Note the details contained in the report.



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3. Summary of Key Information

Local Updates

3.1. Strategic Risk Register

Following the meeting of the Risk, Audit and Performance Committee on the 22 June 2021, wherein the Committee noted the latest updates to the IJB's Risk Register, the Leadership Team have held a session to start the review and editing of the Register ahead of the IJB workshop to be held on the 25 October 2021. Part of this work will include the Leadership Team receiving presentations from NHS Grampian's Risk Adviser which will help inform the risk owners when undertaking the review and edit of the Register. The revised Register will be discussed at the Workshop and then presented to the IJB at its meeting on the 2 November 2021.

3.2. Partnership Communications

The Partnership is making greater proactive use of social media and existing community engagement networks, to help deliver its strategic objectives. For example, the Covid Vaccination team are using social media to increase vaccinations uptake very successfully in the various drop in clinics. This is expected to also increase with strong partnership working with Aberdeen Football Club.

August is #antistigmaAberdeen month and the Partnership is leading this public campaign on behalf of Community Planning Aberdeen (CPA). Again, public sectors partners, such as Police Scotland are also helping the 'reach' of this campaign. More details can be found at <https://communityplanningaberdeen.org.uk/anti-stigma-campaign/>

Both of the above priorities have been very well supported by the Locality Empowerment Groups (LEGS), NHS Grampian & Aberdeen City Council.



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3.3. Impact of 3rd Wave of Covid cases on Mental Health and Learning Disabilities (MHL) Service

MHL services are under a high level of pressure during this time. Referrals to community Mental Health teams have increased by an average of 25% compared to pre-covid levels.

Patient acuity has markedly increased. Of patients being admitted to Royal Cornhill Hospital, in June 2021 64% of patients were detained under the Mental Health Act, an increase from 45% pre-covid. This means approximately 50% more inpatients are detained.

Occupancy levels are extremely high, exacerbated by a temporary reduction in bed numbers. Occupancy levels in adult mental health wards in June was 102% and in older adult mental health wards was 99% - this resulted in more boarding of patients across the hospital site.

Children and Adolescent Mental Health Services (CAMHS) has seen a marked increase in referrals - up 15% compared to pre-covid. Again, this includes a significant increase in patient acuity - Tier 4 patients and eating disorders.

There are significant staffing pressures across both inpatient and outpatient services. Despite all these pressures, we have maintained essential and critical services.

3.4. Vaccinations “Cold Spots” Update

The City covid vaccination programme continues to increase the number of local drop-in clinics across the City in various community venues, such as Froghall & Tillydrone. A drop-in option also now exists 7 days a week at P&J Live.

Uptake is much lower in the 18-29 age group and very proactive social media campaigns are being used to increase uptake.

Planning has also started for the Covid Vaccination “booster”, although there are still many unknowns as to how this will be delivered.



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At the same time, very active planning is taking place for the extended flu vaccination programme, which is expected to start by 13 September (several weeks earlier than recent years).

3.5. Digital Citizen Delivery Plan

NHS National Services Scotland's Technology Enabled Care (TEC) Programme has launched its Digital Citizen Delivery Plan which can be accessed here <https://tec.scot/wp-content/uploads/2021/05/Digital-Citizen-Delivery-Plan-final-21-22.pdf>. Annex A of the publication provides a summary update of progress on a number of TEC projects over the past year. The plan notes that Covid-19 has been an important catalyst of change for digital health and care, with significant acceleration and adoption of digital approaches and tools to facilitate access to health and care services.

Digitisation is a focus of the Leadership Team Objectives and we are currently assessing our progress in relation to the four Strategic Priorities within the plan which are: -

- Addressing Inequalities and Promoting Inclusion
- Engaging Citizens, Staff, and Services through Co-Design and Participation
- Redesigning Services – Improving Citizen Access, Promoting Wellbeing
- Innovating to Support Transformation.

This assessment will help inform the scoping of the projects to be delivered within the Digitisation Programme, delivery of which will be monitored via the Leadership Team Huddle arrangements. The digital agenda is an important aspect of our transformation and close alignment to our partners will maximise delivery impact. We plan to incorporate our strategic intentions in relation to the digital agenda within our refreshed Strategic Plan and it is proposed that a Workshop dedicated to identifying these intentions is scheduled for November 2021, to which Partners will be invited.

3.6. 2C Tender Process-Update

As reported in last Chief Officer's report, the 2c procurement process was completed on 7 June 2021.



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Since that date work has progressed on the transition to the new providers. It was proposed that Old Aberdeen Medical Practice would transfer to Newburn Ltd., on 1 September 2021, Camphill, Carden & Torry Medical Practices would transfer to River Dee Medical Group (Social Enterprise) on 1 October 2021 and Whinhill Medical Practice would transfer to OneMedical Group on 1 November 2021.

Following discussions with NHS Grampian Property & Asset Management Department and Newburn Ltd it is looking likely that the 1 September 2021 transfer date may not be achievable. If this happens, a new, mutually agreeable date will be set with Newburn Ltd. This should not affect the other transfer dates.

It is intended that contracts will be signed once drafted and can be finalised prior to transfer date. The transfer process is complex and requires multiple teams across NHS Grampian with competing demands on their time, coming together in order for contracts to be signed, we thank colleagues for the work they have done to help with this process and for the advice and support they have given and will give going forward.

Staff have been kept informed via Microsoft Teams meetings and a briefing outlining progress of the transition has been circulated. Staff have been encouraged to contact either of the Primary Care Leads, the Primary Care team or Staff Side/Union representatives should they have any queries. A letter has been sent to patients outlining progress and a further letter will be sent out advising of the transfer date. A full communications plan has been completed and is a live document so will change as needs arise.

3.7. Updates on Progress on Lessons Learned Themes

At IJB on 25 May 2021, following presentation of the Lessons Learned report (HSCP.21.059) the Chief Officer was instructed to consider how best to present updates on progress within appropriate timelines to the IJB on the discussed themes of Digital, Public Engagement, Long Covid and Self-Management. It is proposed these are dealt with as follows: -

Digital – “Develop plans for further digital health and social care solutions” is one of the identified projects to deliver on the Leadership Team Objectives.



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Progress on these projects will be reported through the agreed reporting process to the Risk Audit and Performance Committee.

Public Engagement – Our Guidance for Public Engagement is the subject of a report to this meeting of the IJB and covering report proposes the way in which we will measure the success of our engagement activity.

Long Covid – IJB received a brief update on the progress of the Grampian project around this as part of the Chief Officer’s report on 6 July 2021 and there is a presentation on this topic at today’s meeting. Going forward it is proposed that we provide regular updates to the Clinical and Care Governance Committee meetings on this topic as part of the routine Monitoring Report.

Self-Management – This theme relates to the public’s perception of self-management as this requires a change in long learned behaviours and expectations of health and social care services which will include increased engagement with the public. We have asked the Self-Management Project Team to consider and report back on how progress on this can be monitored.

3.8. Staff Wellbeing Update

The City Partnership are continuing to promote wellbeing initiatives across the Partnership. Some of the current initiatives include: The restarting of NHS Grampian’s Healthy Working Lives Group; free reflexology sessions; and the promotion of mini wellbeing checks at various Partnership meetings.

The Partnership’s Health, Safety and Wellbeing Committee at its meeting on the 2 of August 2021 discussed arranging wellbeing walks for staff to visit the various Nuart murals in the City (including the recently completed mural on the Health Village). The Committee will also look at staff wellbeing in more detail at its next meeting on 1 November 2021.

3.9. Primary Care Premises Plan

The NHS Grampian Primary Care Premises Plan has been updated for 2021 – 2031. This sets out the strategic investment needs of each of the Health and Social Care Partnership’s in line with NHS Grampians Healthfit Vision, and includes General Practice, Dental Practice, Pharmacy and Optometry. The key



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overall priorities and investment need is assessed by the Primary Care Premises Group who meet monthly to review progress against the plan on an ongoing basis.

Regional Updates

3.10. Local Outcome Improvement Plan (LOIP) Refresh

A report was presented to the Community Planning Aberdeen Board on the 7 July 2021, which outlined the final draft refreshed Local Outcome Improvement Plan (LOIP) 2016-26 following a nine month development process. The refresh takes place in the context of the Covid-19 pandemic and at a time of recovery, as well as renewal.

The main changes in the refresh were as follows:

Increased focus on poverty through new Stretch Outcome 1

- 15 stretch outcomes remain but have been refreshed
- Contraction of improvement projects to sharpen focus
- Lead Partner, baseline data and target population identified from the outset

In terms of next steps, the Board were advised that:

Easy Read versions of LOIP and Locality Plans are to be developed and cascaded to staff and communities (July 2021); Partners to update their respective strategic plans to align to the refreshed LOIP (July 2021); Revised CPA Improvement Programme to ensure achievement of all LOIP improvement project aims over the next two year (September 2021); Review of CPA Governance and Accountability Structure (September 2021).

After July, the Community Planning Team will continue to work with the Joint Locality Planning Team and Place Planning Team to ensure congruence between the LOIP, evolving Locality Plans and Local Place Plans. This will involve putting in place arrangements for ongoing collaboration, communication and reporting between the Outcome Improvement Groups and Community Groups.



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A short video on the refreshed LOIP is available from the following link:
https://youtu.be/bEdxos_EyYQ

3.11. Final Draft Integrated Locality Plans 2021-2026

A report was presented to the Community Planning Aberdeen Board on the 7 July 2021 which outlined the final draft Locality Plans following approval by the CPA Board and IJB to the integration of Locality Planning for Community Planning Aberdeen and Aberdeen Health & Social Care Partnership. The plans underpin the refreshed Aberdeen City Local Outcome Improvement Plan, as well as individual partner plans, to cement a joint and coordinated approach between professionals and local communities to improve outcomes city wide and at a locality level. Post July, the Community Planning Team will continue to work with the Joint Locality Planning Team and Place Planning Team to ensure congruence between the LOIP, evolving Locality Plans and Local Place Plans. This will involve putting in place arrangements for ongoing collaboration, communication and reporting between the Outcome Improvement Groups and Community Groups. The Board approved the Locality Plans.

National Updates

3.12. Consultation on National Care Service/ Meeting with Cabinet Secretary for Health and Social Care and Minister for Mental Wellbeing and Social Care

The Cabinet Secretary for Health and Social Care, the Minister for Mental Wellbeing and Social Care and COSLA's Health and Social Care Spokesperson recently met with Chief Officers of IJBs from across Scotland. A few key points that are worthy of note are as follows:

There was a strong message of a desire for early consultation, engagement, and discussion with Chief Officers. Focussing on new ways of working, embedding good practice, sharing practice, and remaining agile in our response, in a pragmatic way, limiting/reducing bureaucracy.

A discussion on the National Care Service plans highlighted that the consultation on the proposals would start the week of 9 August 2021, it will be broken down into sections to allow people to respond to the areas that they choose/are important to them. One ask was that Chief Officers share the



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consultation information, encouraging consultation in its widest sense and use local networks to maximise the voice of everyone during the consultation.

There was also a message that the National Care Service needs to be delivered right, at the correct pace; that this is a significant public sector reform and there is an ambition for this to be codesigned with people who use services and deliver services. They highlighted the commitment to listening to stakeholders. The big questions that will be asked include: how we connect services? what should be involved? And that some of the issues the Independent Review of Adult Social Care was silent on will come to the fore. They acknowledged that this is being developed from “a good place”; and that other matters to consider will be how people access resources, what the costs are and how we change to maximise best use.

In terms of the consultation, the Scottish Government have outlined their plans at <https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/>

The consultation is divided into the following themes,

- Improving care for people
- The scope of the National Care Service
- Community Health and Social Care Boards
- Commissioning of services
- Regulation
- Fair work and valuing the workforce

A series of online engagement events are being held in August, September and October to enable stakeholders, individuals and communities to come together to share their views on the National Care Service.

Some of these events will cover all aspects of the consultation, and some will be themed towards specific aspects of the consultation. These consultation events will offer people the opportunity to come together to discuss the National Care Service, and to understand the need for change within social care. A summary report will be produced from each event for the Scottish Government to consider alongside the official consultation responses.



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The consultation ends on the 18 of October 2021 which is ahead of the next IJB meeting. ACHSCP's proposed process for responding to the consultation is as follows: -

- The Leadership Team will align each of the sections to nominated groups and encourage wider teams to respond on relevant parts e.g. the Strategic Commissioning and Procurement Group will be asked to comment on the Commissioning section.
- A joint Leadership Team and IJB workshop session will be arranged to discuss the feedback from the groups and inform the official response
- The Chief Officer (in consultation with the Chair and Vice Chair of the IJB) will sign off the ACHSCP response
- Participation in the consultation will be promoted with wider partners via the Locality Empowerment Groups, social media, the partnership website etc.

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - there are no implications in relation to our duty under the Equalities Act 2010 and Fairer Scotland Duty.
- 4.2. **Financial** – there are no immediate financial implications arising from this report.
- 4.3. **Workforce** – there are no immediate workforce implications arising from this report.
- 4.4. **Legal** – there are no immediate legal implications arising from this report.
- 4.5. **Covid-19** – The update on the impact of the 3rd wave of Covid references the Partnership's response to the 3rd wave.
- 4.6. **Unpaid Carers** – There are no implications relating to unpaid carers in this report.
- 4.7. **Other** - there are no other immediate implications arising from this report.



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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(s)** - The updates provided link to the Strategic Risk Register in a variety of ways, as detailed below.

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:

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.

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.



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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)