



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	2 November 2021
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP.21.114
<b>Lead Officer</b>	Sandra MacLeod
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<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 Integration Joint Board (IJB) with an update from the Chief Officer.

### 2. Recommendations

- 2.1. It is recommended that the IJB:

(a) Note the details contained in the report; and

(b) Agrees that the Scheme of Governance review commence in 2022, with a view to the final scheme being reported to the IJB in Spring 2023.



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### 3. Summary of Key Information

#### Local Updates

#### 3.1. Strategic Risk Register

Following the IJB's Workshop on the Risk Appetite Statement and the review of its Strategic Risks on 25 October 2021, the updated Statement and Register will be presented to the IJB at its 15 December 2021 meeting.

#### 3.2. Marywell Practice

The Marywell Medical Practice is currently accommodated within the Timmermarket Drug Service. Recent work to understand the needs of patients at Marywell Medical Practice have established that there could be alternative ways that services could be provided.

3.3. A workshop was held with the practice team at Marywell on 30 July 2021 where we discussed the outcome of the procurement process and began to form a vision of the practice going forward. The workshops focus was around how the service had been formed to where it was presently and how the team felt that it could be developed and improved upon to better meet the needs of service users who were often at the periphery of care provision for a number of reasons.

3.4. This was followed by a wider workshop on 17 August 2021 where this initial visioning was shared with key stakeholders. There was a wide representation from Health and Social Care Partnership (HSCP) nursing, sexual health, practice management and pharmacy as well as local housing access teams, equality and diversity managers, the Scottish Prison Service and local drug and alcohol services. The vision was shared, and feedback was gathered in a number of facilitated workshops to be collated into a series of recommendations for the service moving forward. A service user engagement process was also designed but has not yet commenced.

3.5. In addition, the Scottish Government have introduced standards for drug treatment which include a requirement for more direct access and holistic care. Drug treatment services continue to be under sustained pressure.



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**3.6.** It is proposed to undertake further work to allow transformation in the way these services operate including other innovative ways in which the needs of people with multiple complex needs can be supported in Primary Care.

### **3.7. Rosewell House**

Following the approval at the IJB on 24 August 2021 and ratification of the changes from the BAC Board on 24 September 2021, it has been agreed that the final 20 rehabilitation beds currently under the management of BAC and registration with the Care Inspectorate will move under the arrangements of the HSCP. As an integrated intermediate facility, it will be aligned fully to the HSCP governance arrangements. Staff will follow NHS Grampian (NHSG) clinical policies and guidelines. Healthcare Improvement Scotland (HIS) have been notified that Rosewell will provide intermediate care under Healthcare Associated Infection and Older People in Hospital standards. HIS have been invited to visit the facility to hear and see the vision for the service.

**3.8.** Plans are progressing regarding the transition of the service

### **3.9. NHS Grampian Recruitment**

Aberdeenshire Health and Social Care Partnership's Chief Officer (Pam Milliken), on behalf of the 3 Chief Officers (Aberdeen, Aberdeenshire and Moray), has asked NHSG and Council Recruitment Teams to run a recruitment campaign to attract approximately 300 whole time equivalent (WTE) workers into the Health and Care Workforces across Grampian. The Recruitment Teams are analysing data to identify any specific target audiences whilst NHSG Corporate Comms are seeking costings from Advertising Agencies to run the targeted campaign.

### **3.10. Immunisations**

We are now well underway in the annual flu vaccinations programme, which this year has been significantly extended. Covid boosters commenced in late September 2021 for staff and the over 70s programme commenced on 11 October 2021. Care home resident vaccinations commenced on 4 October 2021. Both vaccines can be administered at the same time/appointment.

**3.11.** There have been staffing challenges, with much less staff in the programme than in Spring 2021. NHSG as a result helped get additional vaccination support from Scottish Ambulance Service from 11 October 2021 and at time of writing



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Military support was also expected for Grampian. All of the staff involved in delivering the programme deserve huge credit for their commitment and hard work.

### **3.12. Locality Working**

Nursing Services continue to move teams into locality working. Health Visiting moved in April 2021. There are already benefits to families and the staff. Staff feedback outlines they have the ability to walk between clients and are building a deeper knowledge on local support for families within areas. Feedback has also been received from some nurseries explaining the benefit of having an aligned Health Visitor who can support all the children when they visit. There is ongoing work with education about utilisation of space in school nurseries and the opportunities to have rooms to support families and offer drop-in support.

### **3.13. Health Improvement Fund**

In March 2019, it was agreed that the Chief Officer bring an annual report relating to the Health Improvement Fund (HIF) to the IJB in April 2020 and annually thereafter. Following a pause due to COVID, HIF is being re-implemented over the next 3 months. The process will build on learning through Locality Improvement Funding (Alcohol and Drugs) – ADP Funding allocated to localities earlier in 2021 using a participatory approach. The priorities for HIF will be informed by the locality plans which were endorsed by the IJB in July 2021. The process seeks to streamline a number of small grant schemes including HIF, Food in Focus and the Locality Improvement Fund (Alcohol and Drugs) and to involve Locality Empowerment Groups in decision making. A report will be presented to the IJB in April 2022 to re-establish the annual reporting which was agreed in April 2019.

### **3.14. Scheme of Governance / Scheme of Integration update**

In the Business Planner for this meeting (November 2021) the IJB Scheme of Governance was to be reviewed by Aberdeen City Council's Legal Team. The Scheme of Governance comprises the Standing Orders, Integration Scheme, Terms of Reference for both the Clinical Care and Governance Committee (CCGC) and the Risk, Audit and Scrutiny Committee (RAPC), and the Roles and Responsibilities protocol. The IJB approved the review of the Scheme of Governance in March 2021 (HSCP.21.019).



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**3.15.** A further report was requested to reflect any change resulting from Aberdeen City Council's (ACC) review of their Scheme of Governance – which is due to be reviewed in March 2022. At this stage, there is no update impacting upon the IJB's Scheme of Governance, and whilst a paper on Hybrid meetings is due to be considered by the IJB in December 2021, any consideration of remote meetings or hybrid meetings will not materially impact the IJB's existing governance arrangements. Further, in September 2021 the Scottish Government advised that they expect the IJB's revised Integration Scheme no later than March 2023. Thus, it is proposed that the review of the Scheme of Governance commence in 2022 with a view to the final scheme being reported to the IJB in Spring 2023.

### **3.16. IJB/LT Culture Workstream Seminar: Appreciative Inquiry**

As agreed by the IJB, 3 workstreams were established to help strengthen the relationships between the IJB Members and the Partnership's Leadership Team, using the "Appreciative Inquiry" approach and methodology. The 3 workstreams were:

- Maturity and Equity of Challenge Across the IJB and Leadership Team;
- Developing Informal Relations and Spaces Across the IJB and Leadership Team; and
- Accountability and Responsibility.

**3.17.** These 3 workstreams met over the summer (3 times per workstream) and will report their findings to a IJB workshop on 19 October 2021. It is proposed to update members of the IJB on the outcomes of the October 2021 session and the proposed next steps in due course.

### **3.18. Staff Wellbeing**

There is an ongoing series of face-to-face activities to support staff e.g. listening service, mindfulness, complimentary therapies. hot drinks for 'tea breaks'.

ACHSCP was also recently allocated £76k non-recurring funding to support staff wellbeing. Ideas have been sought from a wide range of staff & the City Healthy Working Lives Group. Some have already commenced e.g. winter safety packs for drivers. More details will follow in the next Chief Officer's report.

The Partnership's Health, Safety and Wellbeing Committee is to undertake a "deeper dive" on staff wellbeing at its meeting on 1 November 2021.



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### Regional Updates

#### **3.19. Winter Planning Arrangements**

The expectation is that winter 2021/22 will be extremely challenging. Covid-19 will still be circulating and as we are in level 0 of the route map there will be greater opportunity for transmission, not only of Covid but also of other respiratory ailments. This is before we factor in weather related demand such as falling on ice. The Emergency Department of Aberdeen Royal Infirmary is already experiencing very high levels of demand and we have instigated improvement activity to address the variety of complex elements that help maintain patient flow and ensure both the hospital and the Ambulance Service can continue to meet the demands placed on them. In advance of this improvement activity generating full impact, we have sought mutual aid from our partners where possible, mainly in the form of assistance with transporting patients home from hospital and volunteers to assist with general support tasks in wards. As the pressure on the system is constantly changing, a verbal update will be given to the IJB at its meeting of 2 November 2021.

**3.20.** In addition, we have made our usual contributions to NHS Grampian's Winter Plan, Surge Plan and Version 4 of the Remobilisation Plan. The Scottish Government (SG) have announced the overall funding available for winter preparations and we are awaiting confirmation of the Aberdeen City share and the detail of how this can be spent. Further information is provided in report HSCP.21.117 on this IJB agenda). As in previous years we will target this funding on creating additional capacity in the community to support hospital discharge and maintain patient flow. This year a new escalation process in response to various levels of system pressure is being developed, known as the Grampian Operating Pressure Escalation System (G-OPES). Services are currently articulating what triggers each level of pressure in their own area along with what their response might be. Collectively these tools should ensure the system is as prepared as it can be for the demands this winter brings.

#### **3.21. North East Scotland Partnership Steering Group**

The North East Partnership Steering Group (IJB Chairs, Vice Chairs and Chief Officers) met on 22 September 2021 and approved their refreshed Terms of Reference (TORs). The Steering Group also considered a report on the accountability and transparency of Hosted Services arrangements.



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- 3.22.** There are twelve Hosted Services across Grampian with Aberdeen City hosting three of these – Inpatient & Specialist Mental Health Learning Disability Services, Woodend Assessment & Rehab Services and Sexual Health Services. Three of the twelve services make up 87.5% of the total budget spend with MHL and Woodend accounting for 74%.
- 3.23.** It was agreed that for the nine hosted services with budgets less than £3 million, of which Sexual Health Services is one, reviews would be undertaken considering; the best delivery models for the services; whether there is any transformational/redesign work that could be undertaken (considering cross border links); and for those we should continue, work up a Service Level Agreement (SLA) template for services to complete based on the principles of Quality, Safety and Efficiency. There will be one SLA for each Hosted Service which all three IJBs (Aberdeen, Aberdeenshire and Moray) will be asked to sign up to and the aim is to submit these to the IJB budget setting meetings in March 2022. The SLAs should be for 3 years, and detail the contribution to each IJB's strategic plan, reporting arrangements on an annual basis, and include exception reporting and an escalation route if things change in year.
- 3.24.** Each of the three larger services will be considered individually in more depth over the course of the next three meetings with Grampian Medical Emergency Department (GMED) being first at the November 2021 meeting. A progress report on the development of the SLAs will also be provided to the November 2021 meeting. The IJB will receive
- 3.25.** The principles of this work were agreed as: -
- Strong Governance
  - Minimum Bureaucracy
  - Focus on Outcomes
  - Give respect to staff who continue to do a good job.

### **National Updates**

**3.26. National Care Service-Update on consultation**

Following on from the update included in the Chief Officer's report (HSCP.21.096) presented to the IJB meeting on 24 August 2021 we have since had an update that the consultation on the National Care Service has been extended to 2 November 2021. We advised that a series of online



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engagement events were to be held in August, September, and October 2021 to enable stakeholders, individuals and communities to come together to share their views on the National Care Service. These have all taken place and we have had representation at each. There was a face-to-face session, hosted by Scottish Government, at the Beach Ballroom on 5 October 2021.

**3.27.** Within the August report we also confirmed the proposed approach to the consultation response and below is an update on that: -

- Members of the Leadership Team were aligned to each of the sections within the consultation, and, using feedback from the consultation sessions and discussions with staff and key local and national groups began to populate our proposed response.
- Participation in the consultation was promoted with wider partners via the Locality Empowerment Groups (LEGs), social media, the partnership website etc.
- A joint Leadership Team and IJB workshop session took place on 21 September 2021 where a set of principles were agreed to inform and underpin our overall response.
- Further discussion and sharing of views with key partners also took place. We contributed to responses provided by Health and Social Care Scotland, Aberdeen City Council, Aberdeen City Community Planning and reviewed draft responses with Aberdeenshire and Moray Health and Social Care Partnerships and NHS Grampian to ensure there was no significant conflict.
- Note the submission date is the same as this committee date. The Chief Officer will agree the final response for submission in consultation with the Chair and Vice Chair of the IJB; which will be submitted by the deadline to the Scottish Government. At the time of presenting this report to IJB the Chief Officer will verbally update IJB.

### **3.28. Racial Inequality and Mental Health Services in Scotland**

The Mental Welfare Commission (MWC) published a comprehensive report last month "Racial inequality and mental health services in Scotland: A call for action". It looked at ethnicity and detention under the Mental Health Act; views of people with lived experience, training of mental health services workforce; racial equality in staff group and data recording and reporting across services. The report made a total of 33 recommendations; 25 for attention of Scottish Government and various national bodies, with 8 specifically for Health Boards and Health and Social Care Partnerships (HSCPs) to address by September 2022.





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All mental health services are already provided on an individual focused and person-centred basis but there are currently no specific measures in relation to racial equality. The three Grampian HSCPs and NHS Grampian will consider, review services, and ensure all 8 MWC recommendations are met in full on a cross Grampian system basis. This will be overseen by the cross system mental Health Leadership Team.

### 4. Implications for IJB

4.1. **Equalities, Fairer Scotland Duty & Health Inequalities** – there are no implications in relation to the IJB's 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, however the update on NHSG recruitment does reference future recruitment.

4.4. **Legal** – there are no immediate legal implications arising from this report.

4.5. **Covid-19** – The update on immunisations makes references to the work that the Partnership are involved in with regard Covid vaccinations.

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.

### 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



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**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.

8- There is a risk that the IJB does not maximise the opportunities offered by locality working.

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.

**6.3. 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)