



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	10 March 2022
<b>Report Title</b>	Chief Officer's Report
<b>Report Number</b>	HSCP22.015
<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 note the detail contained in the report.

### 3. Summary of Key Information

#### 3.1. Local Updates

##### *Staff appointments*

Kay Diack has recently taken up appointment as Chief of Staff. The purpose of this role is to support the Chief Officer in development of Portfolio and system leadership and provide assistance in key strategic projects.



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Ross Baxter has recently taken up appointment as Executive Assistant. The purpose of this role is to provide and coordinate comprehensive, high level administrative support to the Chief Officer and Chief Finance Officer.

### *Staff Wellbeing*

There is a continued offer of a range of practical supports to ACHSCP, Social Care and some ARI staff across the City. This includes various free complimentary therapies, pedicures and mindfulness sessions. Large volumes of tea/coffees have been widely distributed to both thank staff and encourage taking breaks. Soup, sandwiches, fruit bags and bottled water have also been sent to workplaces and have been very well received. Pet therapies have resumed in some buildings. In the main, this is funded via the Scottish Government Wellbeing Grant. Ongoing funding sources are being explored.

### *Primary Care - 2C Practices progress*

The objectives of the 2C redesign were to develop the city-wide model of Primary Care delivery, ensuring the continued delivery of local services, improving sustainability, and ensuring that primary care can continue to deliver safe, effective, person-centred care considering the increasing demands on the service. The model better aligns with the General Medical Services (GMS) Contract and increases our ability to deliver on our Primary Care Improvement Plan.

The 2C GMS Contracts and Staff Transfer Agreements have been signed by Newburn Ltd (for Old Aberdeen Practice); One Medical Group Scotland Ltd (for Whinhill Practice); and River Dee Medical Group CIC (for Torry and Camphill Practices).

Weekly meetings continue to take place with new providers to resolve any issues relating to the property leases. Property Services are currently reviewing the leases and finalised leases are expected to be returned to providers for consideration and signature by mid-February.



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### *Delayed Discharges*

The Delayed Discharge profile is under continual review daily by the Hospital Social Work team. There has been a slight upward trend in Delayed Discharge numbers and bed days reflective of wider system trends across Grampian and across Scotland, impacted by residential care setting closures owing to COVID-19.

Recent additions to the monitoring process are as follows:

- A monthly breakdown of bed days accrued per Delayed Discharge category is now being shared with Hospital Social Work Leads, Chief Officer and Head of Service for Specialist Older Adults and Rehabilitation Services. This serves to enable an awareness of impact of the different types of Delayed Discharge.
- A fortnightly monitoring meeting between Hospital Social Work Senior Team and Head of Service reviewing the Delayed Discharges with longest accrued bed days. This applies learning from a process used in our Mental Health and Learning Disability Services. This has shown the longest bed days lost within Delayed Discharges out with Mental Health and Learning Disability Services was 57 days, with very significant numbers of bed days lost due to complex commissioned packages being required.

### *Omicron Update*

ACHSCP worked collaboratively with Grampian Health and Social Care system to meet the challenges of this variant. This included some staff volunteering to work in areas experiencing greatest service pressure. ACHSCP continued to meet seven days per week to maintain situational awareness and to maximise flexibility of response. It is hoped that that the peak of these pressures has now passed. However, there are still staffing pressures across services as we enter a period of traditionally high NHSG annual leave requests from now until end March.

### *IJB Culture Development*

Thanks, have been received from the Chair to those who attended the recent Seminar to develop IJB culture. A culture map has been produced, providing



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a benchmark for where we are now regarding our culture, and a questionnaire has been issued to help prioritise areas for action in the year ahead. The results from this will be discussed and considered by the Culture Oversight Group, which contains membership from the IJB and the Leadership Team. Regular updates will be provided via this Report to ensure opportunities for involvement in this important area.

### *Adult Support and Protection Inspection*

Following discussion with the Care Inspectorate, the Inspection of Adult Support and Protection in Aberdeen was paused in November 2021 and slowed down in January 2022, due to pressure from winter and the Omicron variant.

Given the continued significant pressures on systems, services and staff across the partnership, and the additional burden which an inspection would add, discussions took place regarding mitigation of these impacts via reconsideration of proposed timings and methodology of the inspection.

At a meeting on 7 February 2022 with the Care Inspectorate, it was intimated that the three key agencies were now in a position to proceed with the inspection. This is on the basis of Healthcare Improvement Scotland colleagues reading health records on location in Aberdeen, and Social Work records being read remotely, by the Care Inspectorate, via a Sharepoint site and a revised timeline to ensure our continued areas of priority would not be impacted.

Formal Notification was received on **14<sup>th</sup> February 2022**. The inspection programme will be led by Care Inspectorate in collaboration with Her Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare improvement Scotland (HIS). This scrutiny and assurance will be undertaken in the context of health and social care integration. A phased approach is to be adopted, using adapted methodology which ensures the lightest possible approach.

The inspections will focus on key processes and leadership (see [quality indicator framework](#)). The key activities will include submission of a position



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statement, case file audit and a staff survey (across social work, health and police staff). The case file audit will review records from the three agencies for around 100 files.

Key dates for the inspection are as follows:

<u>Date</u>	<u>Activity</u>
14 <sup>th</sup> March	Staff Survey circulated (closes 1 <sup>st</sup> April)
30 <sup>th</sup> March	Deadline for submission of Position Statement, Supporting Evidence etc
20 <sup>th</sup> April	Case File Records to be uploaded to Care Inspectorate Sharepoint site
w/c 25 <sup>th</sup> April	Case File Reading
w/c 25 <sup>th</sup> April	Focus Groups (one for practitioners and one for senior leaders)
30 <sup>th</sup> May	Draft Report issued – for factual accuracy check
14 <sup>th</sup> June	Embargoed Report
21 <sup>st</sup> June	Published Report

A significant amount of preparatory work has already been undertaken by the Lead for Social Work. A multi-agency steering group was established to oversee multi-agency preparations with regards to the position statement, the casefile reading logistics, the supporting evidence and other matters as appropriate. In addition, a lead agency inspection prep group (ACC only) was also established to focus primarily on the casefile reading logistics, the pre-inspection return, the process timescales and the supporting evidence.

The required Position Statement, Supporting Evidence, and Processes and Timescales documents have now been finalised, and will be submitted at the earliest opportunity. The Lead for Social Work also hosted a specific session for Council Officers on 18 January 2022 to update them about the inspection and provide an opportunity to discuss related issues or concerns. Assurance in respect of inspection preparations and state of readiness has also been provided to the Adult Protection Committee (APC), the Clinical Care and



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Governance Committee and the Aberdeen Executive Group for Public Protection. Communication about the inspection is ongoing across all staff groups.

The published inspection report will be provided to the Clinical Care and Governance Committee on 2 August 2022 along with an action plan following any subsequent findings.

### *Induction sessions*

Induction sessions are planned for Summer and will be offered to all new and existing Members of IJB. Further information will be communicated regards dates and venues when details are finalised.

### *Rosewell House*

The transition of all 60 beds within Rosewell House, to an NHS facility, fully aligned to HSCP governance, under the scrutiny of Healthcare Improvement Scotland (HIS) occurred on 23 December. There has been recent communication from HIS regarding the outstanding areas of improvement identified in the previous Care Inspectorate inspection report. There were five key points identified. A detailed response covering these, including an invitation to HIS to undertake a visit of the intermediate care facility have been submitted, with response awaited. The interim joint working agreement remains in place and engagement with Trade Unions continues to move to the long-term working agreement.

Rosewell House provides primarily step-down care, with 98% admissions so far from step-down. As the pressures from the pandemic reduce, there is a plan to review the existing provision with a view to increase the provision of step-up care working with stakeholders to identify new pathways for step-up care, for example from the Emergency Department of Acute Medical Assessment Unit within Aberdeen Royal Infirmary. This is going to be the next focussed workstream.

### **3.2. Regional Updates**



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### *Grampian LRP Storm Updates*

On Friday 26 November 2021, the Met Office issued a series of Yellow, Amber and Red Warnings for winds of 90 mph. Storm Arwen was a powerful extratropical cyclone that was part of the 2021-2022 European windstorm season. The IJB/Partnership, under its Statutory Duty to manage emergencies as set out in the Civil Contingencies Act 2004, worked together with other Category 1 and 2 responders in the Grampian Local Resilience Partnership (GLRP) to coordinate the response, collaborate and share information with each other and the public. As a result of Storm Arwen, there was significant, extensive, and widespread power loss across Grampian with approximately 65,000 customers left without power. Many communities were without electricity until Friday 3rd December 2021, although these were mainly in Aberdeenshire.

During incidents of this nature, the Partnership participates in GLRP meetings which in the case of Arwen were chaired by Police Scotland who had declared a major incident. Over and above these meetings, there is a strong reliance on partnership working to benefit our response and to support others with their own challenges. Aberdeen City Health and Social Care Partnership was part of Aberdeen City Council's Incident Management Team (IMT) from its inception as it was clear that there was significant potential for our vulnerable citizens to be affected by way of power outage or inability to travel for care or receive home care. Bon Accord Care colleagues also assisted with the overall Care for People cell function as and when needed.

Scottish and Southern Energy (SSE) provided each local authority with details of customers without power, including SSE priority customers, and this was used to check up on and support our vulnerable citizens.

Some of the debriefing processes and indeed some of the elements of recovery from the storm, are still ongoing. Subsequent storms Malik and Corrie have occurred during the recovery phases, and this has added extra challenge but provided an opportunity to quickly implement some of the lessons learned. The debrief process is key to ensuring lessons are learned and shared swiftly and to continued evolution of resilience practice within the Partnership. The Partnership took part in debriefs held by both the Council and the GLRP and will consider the themes and outcomes at its own Civil Contingencies Group.



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A number of themes/observations were picked up during the ACC debrief process to date and these are now set up as internal workstreams and a priority for 2022:

**Persons at Risk Database (PARD)** – this describes accessing databases which include data on pre-determined categories of vulnerable persons, for instance, those with carers, social care needs, those in areas of likely flooding. During an emergency the identified data can be extracted from one or more database from one or more partner organisation, integrated and laid over geographical information systems to allow our most vulnerable citizens to be quickly identified and supported. The Council has established a Task and Finish Group to oversee the development of a City PARD to completion, before next winter. The Partnership are represented on this group.

**Community Resilience** – individual, community and business resilience is a key priority as this has shown it supports the emergency services and local authorities' emergency response when incidents of scale take place. A Communication Plan is currently being developed by the Council which will be supported by the Aberdeen City Care for People Group (co-chaired by the Partnership) comprising social media campaigns, flyers targeting registered City volunteers and vulnerable areas of the city, as well as printed media such as posters for community centres. This is scheduled for April through to October and will cover individual resilience, community groups and business resilience.

The **priorities** being taken forward, following the debriefs internal and external, over the next 12 months and where practicable before the start of the next winter period are as follows:

1. Completion of a Power Resilience Plan for the City which dovetails with partners' plans;
2. Further development of community and business resilience in the City to ensure that our communities and businesses are as resilient as possible during future weather events of this nature, as well as other emergencies;
3. Creation of a Persons at Risk Database for the City.

At the time of writing, the Partnership have participated in the Council's debrief to Storms Malik and Corrie, with a debrief held on 9th February. Across the Grampian area over 40,000 homes lost power, with associated mobile phone coverage and private water supply issues. The City had





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approximately 2000 properties off power at the peak of the storms for a number of days. The priority throughout was the vulnerable in our communities and once again we worked closely with SSEN and the Council to identify and support these individuals. Whilst each of these storms had a lesser overall impact on infrastructure than Arwen, the impact of a double storm tested our resilience once more.

Many of the initial learnings from Arwen were taken forward into these most recent storm responses, as well as underlining what we had identified as key gaps, such as need for a City PARD, wider community resilience teams, all of which are in train and the Partnership are represented at various working groups that are progressing this work.

### 3.3. National Updates

#### *National Care Service response*

On 10<sup>th</sup> February 2022, the Scottish Government published an analysis of responses to the recent consultation on the National Care Service (NCS). The report can be accessed via the following link [National Care Service: consultation analysis - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-care-service-consultation-analysis/pages/1-to-4.aspx). The following is a summary of the analysis grouped under the headings as per the consultation document. It should be noted that not every respondent answered every question so where percentages are quoted these refer to the proportion of respondents to that particular question.

- **Improving Care for People** - 77% of respondents thought that the NCS taking responsibility for improvement across community health and care services would deliver more consistent outcomes for people accessing care and support across Scotland and 72% thought there would be better coordination of work across different improvement organisations. There were concerns however around how this approach would impact on local services and whether there would be loss of an understanding of local needs and local accountability and that the voices of people accessing care and support and care workers would be lost.
- **Access to care and support** – 78% of respondents confirmed that speaking to a GP or another health professional would be the option they would most likely use when accessing care and support. 61% said they would use a national helpline and 58% a national website or online form. Speaking to another public sector organisation or a drop-in centre were



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the least popular options. Most respondents thought that a lead professional to coordinate care and support would be appropriate at an individual level

- **Support planning** - Respondents were almost unanimous that they or their friends, families or carers should be involved in their support planning. 95% agreed with the statement that “decisions about the support I get should be focused on the outcomes I want to achieve to live a full life”. Respondents also expressed strong support for a single plan under the Getting It Right for Everyone National Practice model alongside an integrated social care and health record. It was thought by many that these measures would streamline processes and make the system easier to navigate
- **Right to breaks from caring** - Around two thirds of respondents thought that there should be a universal right to a break from caring. 81% valued personalised support over a more standardised support package. Around half thought that flexibility and responsiveness were more important than certainty of entitlement.
- **Using data to support care** – 86% agreed that there should be an integrated and accessible social care and health care record and that information about an individual’s health and care needs should be shared across the services that support them. There was support for legislation to ensure that care services and other parties provide information in line with common data standards. Concerns were raised by some in relation to data security and GDPR, cybersecurity, and the implementation risks of large national IT systems.
- **Complaints and putting things right** - There was relatively high support for a charter of rights and responsibilities and agreement that there should be a Commissioner for social care. It was thought that a Commissioner would give people accessing care and support a voice and provide assurance that complaints would be addressed properly. Concerns related to fears of an additional layer of bureaucracy and to structural issues such as independence.
- **Residential care charges** - opinion tended to lean towards the view that residents in care homes should make some contribution to the costs, particularly in terms of food and rent, however there was less agreement that care home upkeep should be something for which contributions should be expected, such as cleaning, food preparation, transport,



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maintenance, furnishings, and equipment. There was also a majority view amongst both individuals and organisations that the current means testing arrangements should be revised.

- **National Care Service** - 72% agreed that Scottish Ministers should be accountable for the delivery of social care through a National Care Service. The main themes emerging from the responses to this question related to the need to avoid adding additional bureaucracy; maintaining local accountability; and the role of and impact on local authorities. A range of other services were suggested for potential inclusion in a NCS, including aspects of housing, education, and transport. Other cross-cutting themes which emerged included the need for more detail, the risks around transition and centralisation, human rights and equality issues, localism, and local accountability.
- **Services included in NCS** – there was majority agreement that Children’s Services, Justice Social Work, Prison Social Care, and Mental Health Services, should all be included in a National Care Service. The proposed leadership role of Executive Nurse Directors was also agreed by the majority as was the proposal that the NCS should have responsibility for overseeing and ensuring consistency of access to education and the professional development of social care nursing staff, standards of care and governance of nursing.
- **Commissioning** - around 70% agreed that the proposed NCS and the Community Health and Social Care Boards (CHSCBs) should commission, procure and manage community health care services.
- **Governance model** - Around three quarters agreed that Community Health and Social Care Boards (CHSCB) should be the sole model for local delivery of community health and social care in Scotland. A range of roles were suggested as potential members of the Boards, including people with lived experience and frontline workers. There was a view that their involvement should be meaningful and that these members should not be included in a tokenistic way. In line with this, there was a strong majority in support of the proposal that all Board members should have voting rights with 90% of individuals and 86% of organisations that answered this question in agreement. 78% agreed that the Boards should employ Chief Officers and their strategic planning staff directly. Other comments in relation to this question referenced the need to avoid unnecessary bureaucracy and for strong leadership.



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- **Structure of Standards and Processes** - 83% thought that an NCS should be responsible for developing a Structure of Standards and Processes. A similar proportion agreed that a Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes. Some thought that local as well as national considerations should be considered.
- **Market research and analysis** - 63% agreed that an NCS should be responsible for market research and analysis. Comments here related to the need for independent research and consideration of local circumstances.
- **National commissioning and procurement processes** - 76% agreed that there will be direct benefits in moving the complex and specialist services as set out to national contracts managed by the NCS. Comments here relate to the fact that the current system is perceived as disjointed; people should get the same help wherever they are; and the need to maintain an understanding of local needs.

### *Audit Scotland Report on Social Care*

On 27<sup>th</sup> January 2022 Audit Scotland, on behalf of the Accounts Commission and the Auditor General produced a briefing on social care. Briefing available here [Social care briefing \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/social-care-briefing) The briefing outlines the many challenges that the social care sector faces and comments that, although there have been some evident improvements, the pace of change overall has been slow and that even though the Scottish Government has pledged to establish a National Care Service, a plan to address these challenges is needed now. The methodology for the briefing was an analysis of previous Audit Commission reports considering the recent publication of relevant reports including:

- The Independent Review of Adult Social Care (IRASC)
- The Future of Social Care and Support in Scotland (Health and Sport Committee)
- Scottish Government consultation on the National Care Service
- 'The Promise' the report of The Independent Care Review



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### 4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - 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.
- 4.4. **Legal** - There are no immediate legal implications arising from this report.
- 4.5. **COVID-19** - The update on Omicron makes reference to implications.
- 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.



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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, as detailed below.



#### 6.2. Link to risks on strategic or operational 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 potential 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)