



INTEGRATION JOINT BOARD

Date of Meeting	29 November 2022
Report Title	Chief Officer's Report
Report Number	HSCP22.105
Lead Officer	Sandra MacLeod
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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 (JB) with an update from the Chief Officer.

2. Recommendations

- 2.1. It is recommended that the JB note the detail contained in the report.

3. Summary of Key Information

3.1. Local Updates

Staff Wellbeing

In order to continue to support staff and to demonstrate our understanding of the issues, the following has been provided:

- A range of free complimentary therapies with pedicures being most popular
- Free listening service appointments at Aberdeen Health Village



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- Mindfulness sessions at Aberdeen Health Village
- Distribution of teas/coffees to Care Homes, with positive feedback received
- Winter safety support, for example personal alarms, torches and winter driving kits
- Sandwiches and cakes to thank staff, encouraging breaks and support face to face team development sessions

IJB/SLT Culture Working Group

The Culture Working Group continues to meet and resulted in the most recent IJB/SLT seminar being facilitated using tools which encourage trusting relationships to be built leading to more open discussions. This has led to a review of the IJB report template being included in the IJB governance review scheduled for early 2023.

In addition, plans are progressing to introduce an IJB 'observer' role in early 2023 with the intent of ensuring all voices are heard equally.

The opportunity for IJB/SLT buddies is still available for all members to ensure all are supported at the IJB.

The Culture Working Group is open to all IJB/SLT members. For information on future meeting dates or any aspect of the culture work, please contact Jason Nicol or Luan Grugeon.

Healthy Hoose Update

On 16th September the Chair of the IJB and the Lead Nurse visited the Healthy Hoose and met some members of the management committee. This was a helpful discussion to understand what the needs of the local community were and what ACHSCP were planning as a local health service based within the Middlefield Hub. Progress has been slow due to competing demands and staff vacancies within other services. However, in October CTAC services opened at the base. Although uptake has been slow, this is increasing, and monitoring will continue to ensure best use of resources. Sexual health has experienced vacancies which has delayed the service commencing, with the offer now expected from Spring 2023. There had been good discussion with Public Health colleagues for hosting



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Healthpoint colleagues on site. The service is currently paused, and our request will be considered in their service review.

The lead dietician is in contact with the Middlefield management team to consider input for the nursery and parents to explore nutritional advice. A request for the Healthy Hoose to be taken into account as a location for a Link Practitioner, once the contract has been awarded, is in place.

Interviews are currently in progress for Advanced Nurse Practitioner posts which will provide services at the Healthy Hoose and Timmermarket via a peripatetic model of delivery across the city. We aim to support the health inequalities agenda by developing these posts to provide services across the city. The redesign of the Marywell GP Practice will see strong links between the Practice, Healthy Hoose and Timmermarket, building workforce capacity and services for key areas in the city where there is deprivation and lower engagement with health and care services.

Link Practitioner Update

The Evaluation Panel met on 1 November 2022 and have identified a preferred provider. The procurement process is currently ongoing, with the statutory standstill period due to end on 27 November 2022. A full-service update on the outcome of the tender process will be circulated to IJB members on the week commencing Monday 28 November 2022.

Format of IJB Meetings

Consultation has been undertaken with members regarding the format of IJB meetings. Results as are follows:

We have received 18 responses from 22 IJB Members. 67% of IJB members (12) would prefer to meet via Teams. Of those who chose in-person (6), 5 preferred Health Village as a venue, with one preferring the Council Chamber.

From the wider IJB distribution (includes Members), there were 36 responses from 51 recipients. 61% would prefer to meet via Teams (22 people). From the 39% (14 people) who said in-person there were 8 who indicated a preference for the Health Village as a venue, with and six preferring the Council Chamber.



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It can be concluded that whilst the majority have a preference for meeting via Teams, there are still 14 attendees (of which 6 are Members) who would prefer in-person meetings. In light of the outcome of this work, we will aim to offer a hybrid meeting for the January 2023 IJB meeting, with confirmation and details to follow.

Strategic Review of Rehabilitation

The strategic review of rehabilitation steering group has resumed their meetings and has commenced with a review of the previous work undertaken in 2018 in line with the agreed strategic planning framework for hosted services. An initial workshop will take place on 24th November 2022 with members of the steering group to agree the renewed aims, scope, and principles of the review, with a goal to develop the commission for January 2023, followed by submission of the Strategic Plan to the IJB in March 2023.

Neurorehabilitation Review

The review of neurorehabilitation is happening concurrently and is progressing well. The programme delivery team is almost at the conclusion of the “Identify” phase to explore the challenge and opportunities, which has comprised of robust stakeholder engagement, data gathering/analysis and financial/workforce modelling. The findings of this work will be presented to the Neurorehabilitation Project Delivery Group, the Strategic Review of Rehabilitation Steering Group, the ACHSCP Senior Leadership Team, and the Joint Chief Officer’s Group in December.

The “Develop” phase will focus on translating the challenges and opportunities into many ideas before refining into the proposed solutions. This will be done by adopting a ‘co-production’ approach, with a series of open-invitation workshops to develop the solutions, ensuring strong links back to our stakeholders. This will result in a detailed brief and implementation plan being submitted to the IJB in March 2023, alongside the outputs of the strategic review of rehabilitation.



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3.2. Regional Updates

Long Covid Developments

Work continues at an NHSG level to plan the support available for people experiencing Long Covid through the NHSG Long Covid Delivery Board.

At present, support is provided to people depending on their symptoms and needs via existing primary, community and secondary care services depending on their symptoms. For example, this may include general practice, occupational therapy, physiotherapy, psychology or specialist services.

The short-term funding allocated by the Scottish Government over the next three years to NHS Grampian is being used to support the development of a long COVID rehabilitation pathway that will be embedded within existing services. This will include supported self-management, specialist advice for patients and other professionals, onward referral to appropriate services for investigation or treatment, and may include a single point of access for assessment and co-ordinated support, depending on what is most appropriate for a person's needs.

We are in the process of recruiting to Clinical Lead sessions and Long Covid Practitioner posts. We will also be using the funding to identify and respond to the training needs of our wider workforce in health and care in relation to managing Long Covid. Children & Young People (CYP) have been considered throughout the lifecycle and NHSG are the only board to have included a specific CYP strand in our Year 1 proposal.

In addition to the Long Covid Delivery Board we have an established Lived Experience network that helped inform the Grampian plan. We are also establishing a Long Covid Professional network to support shared learning and pathway development. Both of these groups will provide essential input and guidance as we progress through the implementation phase.

National developments to support the development of the local pathway include a national digital self-management tool which is currently being procured, patient information via NHSinform is being updated and National Education Scotland (NES) is developing training resources.



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Health and Care (Staffing) (Scotland) Act 2019 Update

In June 2022, the remobilisation of the Act implementation was announced with the following key steps in the timeline set out by Scottish Government:

- Production of statutory guidance by August 2023
- Stakeholder engagement by end December 2022
- Pre-implementation testing/pilot Early 2023 – April 2024
- Commencement of all provisions of the Act – April 2024
- First Health Board Reports due – May 2025
- First Ministerial reports to Parliament – before May 2026

Nationally, working groups have been established to review the 14 guidance chapters to be finalised by April 2023, ahead of a 12-week public consultation of these to meet the August 2023 timeline to have the statutory guidance in place. There is expected to be further amendments to this guidance from the testing period prior to full enactment in April 2024. The pre-implementation testing will involve 3 territorial board and 1 special health board. NHS Grampian are not one of the test board areas.

In Grampian, the Effective Workforce Utilisation Programme Board has been established to progress implementation and the HSCP is represented on that group. This Board reports into the NHSG Sustainable Workforce Oversight Group which reports to the NHSG Chief Executive Team.

Background to the legislation

The legislation makes provision about staffing by the NHS and Care service providers and seeks to assure high quality care by ensuring it is provided by the right person in the right place at the right time and supporting staff wellbeing. It applies to all clinical staff working in health care or care services.

The duties under the Act for **health services** are: general duty (duty to ensure appropriate staffing) and guiding principles; the role of clinical leadership; provision of professional advice; high cost agency use; a duty to have real-time staffing assessment and risk escalation processes in place; the use of the Common Staffing Method (with some exemptions to this); and reporting.



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Health Improvement Scotland have oversight of the health duties.

The duties under the Act for **care services** are: general duty (duty to ensure appropriate staffing) and guiding principles; commissioning; care services where no workload tools exist; and reporting.

The Care Inspectorate have oversight of the care services duties.

3.3. National Updates

Current State of National Demand

We received a Ministerial letter on 12 October 2022 in connection with “Supporting our Health and Social Care System”. Our response included a copy of our current Surge Plan, and details of a range of interventions embedded in order to address these challenges, including: Home First, Discharge without Delay, Criteria Led Discharge, Discharge to Assess, Hospital at Home and Effective End of Life Pathways. We have also developed and submitted an Action Plan, outlining current gaps and improvement actions, which will be monitored in line with governance procedures.

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** – There are no immediate Covid-19 implications arising from this report.



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- 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 Officer's 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:

- 3 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.
- 4 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.