Aberdeenshire
Health & Social Care
Partnership

INTEGRATION JOINT BOARD

WEDNESDAY, 11 OCTOBER 2023 AT 10.00 AM

Your attendance is requested at a meeting of the INTEGRATION JOINT BOARD to be held in Committee Room 5 - Woodhill House, Westburn Road, Aberdeen, AB16 5GB (with virtual attendance), on WEDNESDAY, 11 OCTOBER 2023, at 10.00 am

This meeting will be recorded and a recording of the public part of the meeting will be made publicly available at a later date.

Tuesday, 3 October 2023

Pamela Milliken, Chief Officer
Aberdeenshire Health and Social
Care Partnership

To: Councillors Councillor A Stirling (Chair), Dr J Tomlinson (Vice Chair), Ms A Anderson, Ms J Duncan, Mr S Lindsay, Councillor M Grant, Councillor D Keating, Councillor G Lang, Councillor S Logan and Ms S Webb.

Contact Person:-	Alison Mcleod **Tel:** 01467 535544 **Email:** alison.mcleod4@aberdeenshire.gov.uk

B U S I N E S S

1. Sederunt and Declaration of Members' Interests.

2A. Public Sector Equality Duty.   5
    Statement on Equalities:

    (1) Consider, and if so decided, adopt:- "In line with the Joint
        Board's legal duty under section 149 of the Equality Act
        2010 the Joint Board, in making decisions on the attached
        reports, shall have due regard to the need to":-

        (i)   eliminate discrimination, harassment and
              victimisation;
        (ii) advance equality of opportunity between those who
              share a protected characteristic and persons who
              do not share it; and
        (iii) foster good relations between those who share a
              protected characteristic and persons who do not
              share it; and

    (2) where an integrated impact assessment has been
        provided, to take its contents into consideration when
        reaching a decision.

2B. Exempt Information.

    Consider and, if so decided, adopt the following resolution:

    "That under paragraphs 6 and 7 of the Categories of Exempt
    Information, found at Appendix 2 of the Standing Orders of the
    Integration Joint Board, the public and media representatives be
    excluded from the meeting for Item 20 of the business below, on
    the grounds that it involves the likely disclosure of exempt
    information of the classes described in the relevant paragraphs.

GOVERNANCE

NEW BUSINESS

ITEMS WHICH THE JOINT BOARD MAY WISH TO CONSIDER WITH THE PRESS AND PUBLIC EXCLUDED

DESCRIPTION OF EXEMPT INFORMATION

Paragraph 6 - The amount of any expenditure proposed to be incurred by the IJB, the Council, or the Health Board under any particular contract for the acquisition of property or the supply of goods or services, provided that disclosure to the public of the amount there referred to would be likely to give an advantage to a person entering into, or seeking to enter into, a contract with the authority in respect of the property, goods, or services.

Paragraph 7 - Any terms proposed or to be proposed by, or to, the IJB, the Council, or the Health Board in the course of negotiations for a contract for the acquisition or disposal of property, or the supply of goods or services, provided that disclosure to the public of the terms would prejudice the authority in those for any other negotiations concerning the property, or goods or services.

PUBLIC SECTOR EQUALITY DUTY – GUIDANCE FOR MEMBERS

What is the duty?

In making decisions on the attached reports, Members are reminded of their legal duty under section 149 of the Equality Act 2010 to have due regard to the need to:-

    (i)   eliminate discrimination, harassment and victimisation;

    (ii)   advance equality of opportunity between those who share a protected characteristic and persons who do not share it; and

    (iii)   foster good relations between those who share a protected characteristic and persons who do not share it.

The "protected characteristics" under the legislation are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation; and (in relation to point (i) above only) marriage and civil partnership.

How can Members discharge the duty?

To 'have due regard' means that in making decisions, Members must consciously consider the need to do the three things set out above. This requires a conscious approach and state of mind. The duty must influence the final decision.

However, it is not a duty to achieve a particular result (e.g. to eliminate unlawful racial discrimination or to promote good relations between persons of different racial groups). It is a duty to have due regard to the need to achieve these goals.

How much regard is 'due' will depend upon the circumstances and in particular on the relevance of the needs to the decision in question. The greater the relevance and potential impact that a decision may have on people with protected characteristics, the higher the regard required by the duty.

What does this mean for Committee/Full Council decisions?

Members are directed to the section in reports headed 'Council Priorities, Implications and Risk". This will indicate whether or not an Integrated Impact Assessment (IIA) has been carried out as part of the development of the proposals and, if so, what the outcome of that assessment is.

An IIA will be appended to a report where it is likely, amongst other things, that the action recommended in the report could have a differential impact (either positive or negative) upon people from different protected groups. The report author will have assessed whether or not an IIA is required. If one is not required, the report author will explain why that is.

Where an IIA is provided, Members should consider its contents and take those into account when reaching their decision. Members should also be satisfied that the assessment is sufficiently robust and that they have enough of an understanding of the issues to be able to discharge their legal duty satisfactorily.

For more detailed guidance please refer to the following link:-
https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.equalityhumanrights.com%2Fsites%2Fdefault%2Ffiles%2Ftechnical_guidance_psed_scotland.docx&wdOrigin=BROWSELINK

INTEGRATION JOINT BOARD

COMMITTEE ROOM 5 - WOODHILL HOUSE, WESTBURN ROAD, ABERDEEN, AB16 5GB, WEDNESDAY, 23RD AUGUST, 2023

Integration Joint Board Members:
> Councillor A Stirling (Chair); J Tomlinson (NHS Grampian) (Vice-Chair); Ms A Anderson (NHS Grampian); Mrs J Duncan (NHS Grampian); Mr S Lindsay (NHS Grampian); Councillor M Grant; Councillor D Keating; Councillor G Lang; Councillor S Logan and Ms S Webb (NHS Grampian).

Integration Joint Board Non-Voting Members:
> R Taylor (Primary Care Advisor), P Bachoo (Secondary Care Advisor), A Mutch (Service User Representative), J Barnard (Nursing Lead Advisor), I Kirk (UNISON Trade Union), K Grant (NHS Trade Union), P Milliken (Chief Officer) and C Smith (Chief Finance and Business Officer).

Officers: L Cowie, L Flockhart, N Stephenson, C Scott, V Craig-Wood and A McLeod, Aberdeenshire Council; J Shaw, A Pirrie, J Howie, A MacLeod, L Gravener, J Raine-Mitchell, E House, K Mowat and V Henderson, Aberdeenshire Health and Social Care Partnership; C Cameron and J Young, NHS Grampian.

Apologies: S Kinsey.

1   Sederunt and Declaration of Members' Interests

The Chair asked for Declarations of Interest. No interests were declared.

2a   Public Sector Equality Duty

In taking decisions on the undernoted items of business, the Committee **agreed**, in terms of Section 149 of the Equality Act 2010:-

(1)   To have due regard to the need to:-

(a) eliminate discrimination, harassment and victimisation;

(b) advance equality and opportunity between those who share a protected characteristic and persons who do not share it; and

(c) foster good relations between those who share a protected characteristic and persons who do not share it, and

(2)   to consider, where an Integrated Impact Assessment has been provided, its contents and to take those into consideration when reaching a decision.

2b   Exempt Information

The Joint Board **agreed,** that under paragraphs 2, 3, 6 and 7 of the Categories of Exempt Information, found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Items 16, 17 and 18 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.

3   Minute of the Meeting of 5 July 2023

There had been circulated and was **approved** as a correct record the Minute of the Meeting of 5 July 2023, subject to an amendment to item 7A – change word from 'monitor' to 'manage' and addition of – (d) the need for savings to be identified by September/October 2023 in order to allow execution before the start of the new financial year.

4   Integration Joint Board Action Log

There had been circulated and was **noted** a report by the Chief Officer providing updates on progress with actions which had still to be completed and advising when these were scheduled to be reported to the Joint Board.

5   Chief Officer's Update

There had been circulated a report by the Chief Officer, providing an update of the ongoing work of the Health and Social Care Partnership, including updates on (1) an ongoing condition survey of Aberdeenshire Council and NHS Grampian properties built with Reinforced Autoclaved Aerated Concrete (RAAC); (2) officer participation in an engagement exercise on a Place Strategy; (3) the National Care Homes Contract (NCHC) and local review: (4) the Aberdeenshire Certificate of Eligibility for Specialist Registration (CESR) recruitment; (5) a forthcoming Prison-Based Social Work Review by the Care Inspectorate and HM Inspectorate of Prisons for Scotland; (6) a recent workshop to review elements of the management of delayed discharges: and (7) progress of the National Care Service (NCS) Bill.

By way of update, the Chief Officer advised that work was underway to identify any properties used by the H&SCP in Aberdeenshire that may contain RAAC and surveys were being arranged to assist in determining any required actions; proposals to bring a report to the IJB on consultations on a Place Strategy; noted that in relation to the National Care Homes Contract, monitoring continued and work had been commenced on an assessment/appraisal of the care home sector across Aberdeenshire; development of a CESR fellowship programme in Aberdeenshire which had resulted in the recruitment to a number of posts in Adult Mental Health; noted that work had commenced on a joint thematic review of Prison-Based Social Work across Scotland and work had begun, and a working group established to support the work of the review at HMP Prison Peterhead; noted that an away day had taken place for around 100 practitioners to review elements of the management of delayed discharges, which focussed on improving the pathway from hospital to home, and an action plan would be collated from the findings of the workshop; noted that the National Care Service (NCS) Bill was still at Stage 1 of the parliamentary process and a first Parliamentary vote on the Bill was not expected until January 2024.

After discussion, the Integration Joint Board **agreed:**

(1)   with regard to delayed discharge, that a summary of the barriers and challenges of managing delayed discharges identified at the workshop event should be provided to the IJB when the findings of the workshop had been collated;

(2)   to note that winter planning communications would be issued jointly across the three IJBs and Health Board to ensure consistency and clarity of messaging;

(3)   that the Chief Officer would report back to the next meeting of the IJB on Winter Plan arrangements, with multi-agency, cross service input; and

(4)   to note the terms of the updates provided.

6   IJB Revenue Budget 2023-24 Quarter 1 Update

There had been circulated a report dated 9 August, 2023 by the Chief Finance and Business Officer, providing an update on the first financial monitoring information for the 2023/24 financial year, which covered the three month period up to the end of June 2023.

The Chief Finance and Business Officer provided an overview of the financial position as at end June 2023, the detailed position by service area, highlighted the areas which recorded the largest over budget positions and the largest underspends as at the end of June 2023, and the budget virements proposed for approval, as contained in Appendix 3 of the report. He also provided a forecast for the year based on the June results, which showed a forecast overspend at the end of June 2023 for 2023/24 of £11.4 million, with forecast reserve balance of £3.8 million reducing the overall pressure to £7.6 million. He advised that a review of the areas of material overspend and mitigations to reduce predicted overspend position was ongoing, along with recovery planning. He advised that meetings had been arranged with the Senior Leadership Team, the Chief Finance and Business Officer, Finance managers from both partnership organisations to review in detail the Quarter 1 position and the impact on 2023/24 and beyond. Work was ongoing to identify trends and areas of potential mitigation.

During discussion, Members commented on the following:

(a)   the ongoing challenges relating to recruitment and knock on effects on service delivery, reflected in a current under budget spend on Older People – Home Care and ongoing recruitment initiatives to address the recruitment challenges;

(b)   noted that the Senior Leadership Team and all budget holders were working closely to address the very significant budgetary challenges and to address ongoing and new emerging cost pressures;

(c)   the need to control the projected overspend within existing budgets was critical;

(d)   noted that a Recovery Working Group had been formed at a meeting of IJB Finance Officers to support the work of IJBs across Scotland in addressing the savings being sought by all IJBs due to the current financial pressures;

(e)   for the purposes of scrutiny, it was important to understand how much of the total budget was within the control of the IJB and how much was spend that the IJB did not have direct control over;

(f)   noted that in para 10.1 of the report the IJB had agreed to review and update the MTFS to reflect the ongoing transformation of services and this would be reflected in future budget considerations.

After further consideration of the report, the Integration Joint Board **agreed:**

(1)   to note the financial position set out in the report and Appendices 1 and 2;

(2)   to approve the budget adjustments detailed in Appendix 3;

(3)   that a briefing note be issued before the next meeting on the proposed budget allocations for Mental Health, ADP and Primary Care;

(4)   to note that a development session was scheduled for 25 August 2023 to consider budgetary position and underlying pressures;

(5)   to reconfirm that the MTFS would be reviewed, updated and reflected in budget considerations; and

(6)   to note that the Chair and Vice Chair would meet with the Chief Officer and Finance Officers of the IJB, Aberdeenshire Council and NHS Grampian to progress some of the budget discussions and would report back to the IJB.

7   IJB Audit Committee Update

There had been circulated a report dated 9 August, 2023 by the Chief Finance and Business Officer providing a summary of issues discussed at the recent meeting of the IJB Audit Committee on 5 July, 2023, including (a) the outcome of completed audits in respect of Adults with Incapacity, Day Care Establishments and Criminal Justice; (b) the Internal Audit Annual Report 2022/23; (c) the External Audit Plan 2022/23; (d) an update on the unaudited Annual Accounts for 2022/23; (e) an update on the work of the Risk Assurance Group and Risk Register.

The Chair of the IJB Audit Committee provided an overview of the work that was underway and reiterated that a lot of work was underway to address the audit recommendations, with strong ownership across the whole of the Health and Social Care Partnership to drive forward the necessary work to ensure that actions were closed off in a timely fashion. She hoped that the IJB could take assurance from the work that was underway.

During discussion, Members commented on the development of an assurance framework and noted that a development session would be scheduled to progress the recommendations; noted that good progress was being made in addressing the audit recommendations, which would give a good foundation to move forward.

After discussion, the Integration Joint Board **agreed**:

(1)　to note that good progress had been made with addressing the audit recommendations and to note the work ongoing to strengthen the governance processes and continuous improvement, supported by the Interim Strategic Governance Review Manager; and

(2)　to note the key points and assurances from the IJB Audit Committee in relation to audit matters.

8　Initiation of Review of Governance Handbook and Membership

There had been circulated a report dated 28 July, 2023 by the Chief Officer advising of a proposed review of the Governance Handbook of the IJB which was adopted in March 2022. The report advised that there was currently a focussed project to strengthen the governance arrangements of the IJB and a review of the Governance Handbook formed part of that project. An assurance framework was also being develop which, though initially for the Audit Committee, may be something that the IJB and all its Committees may wish to use and incorporate into the Governance Handbook, under a scrutiny section.

The Interim Strategic Governance Review Manager highlighted the areas of work that were being undertaken to strengthen the governance arrangements of the IJB and highlighted that engagement with key stakeholders within the partnership would be crucial in reviewing the governance arrangements to identify improvements to the Governance Handbook. In addition, she proposed a refresh of the membership provisions, to ensure they were fit for purpose, and following this a report to the IJB with any proposed changes to the Governance Handbook would be presented, with a timescale of end of 2023 at the latest.

During discussion, members welcomed the proposals for the review; suggested consideration of the addition of a local third sector interface to the membership, to allow greater access to all of the third sector organisations; suggested further consideration of funding mechanisms to assist non-voting members to allow them to attend meetings; and noted some minor corrections to the date of appointment of members.

After discussion, the Integration Joint Board **agreed**:

(1)　to note the commencement of a review of the Governance Handbook;

(2)　to note, for clarification, the commencement date of term for Mr Steven Lindsay of 1 September, 2022;

(3)　to agree to initiate a review the membership of the IJB; and

(4)　to note that a further report to the IJB on the review would be presented by the end of 2023.

9   **Public Health Scotland/North East Population Health Alliance Strategic**
Partnership Agreement

There had been circulated a report dated 26 July, 2023 by the Chief Officer seeking consideration of a strategic partnership agreement with Public Health Scotland (PHS) on behalf of the Aberdeenshire Health and Social Care Partnership, as one of nine organisations comprising the North East Population Health Alliance (NEPHA). The report advised that the aim and purpose of the strategic partnership agreement was to develop a learning system to improve population health and reduce health inequalities across the North East of Scotland. The draft agreement outlined a shared vision, value of the partnership, how the organisations would work together within the remit of the agreement, and high-level objectives which provided an indication of areas the agreement would focus on.

During consideration of the proposed draft strategic partnership agreement, Members commented on a number of points, including:

a) the challenges in bringing together multiple organisations to work together on a shared vision, and the potential impacts upon staff;

b) the need to avoid confusion within communities and to ensure no duplication with existing community planning initiatives;

c) noted opportunities for shared learning;

d) questioned the arrangements for secondment opportunities and any potential impacts or consequences;

e) noted that any work undertaken by the alliance would be driven by the constituent partners;

f) the need for a development session on population health to explore further the issues and challenges in respect of the proposed strategic partnership.

 After discussion, the Integration Joint Board **agreed**:

(1)   that the draft agreement should clarify that NEPHA is a vehicle for collaboration on the population health agenda and the relationship between NEPHA and the governance structures is that:

a.   Priorities for population health sit within the respective decisions captured in plans and strategies of the governance bodies (including each IJB);

b.   NEPHA provides a network which the executives of the partner bodies can use to derive wider benefits by collaborating and learning when taking forward those priorities as established by the governance bodies;

c.   The work programme of NEPHA (and so too the Strategic Agreement with PHS) therefore has a direct link to the priorities of the partners, and progress on the work programme will be shared periodically with those governance bodies;

(2) Following clarification of the significant concerns raised around the impacts and consequences of the existing governance arrangements, and around staffing impacts, data sharing etc, to delegate to the Chief Officer, in consultation with the Chair and Vice-Chair to receive a final draft version of the strategic partnership agreement for sign off; and

(3) that the Chief Officer should report back to the IJB with a progress report on the strategic partnership agreement in 6 months time.

10 NHS Grampian Three Year Delivery Plan 2023-2026

There had been circulated a report dated August 2023 by the Chief Officer which asked the IJB to note the priorities set out within the NHS Grampian Three Year Delivery Plan for 2023-2026 and to note the arrangements for reporting on progress of the NHS Grampian Delivery Plan as complementary to existing IJB reporting.

The Joint Board heard from the Planning Manager, Planning, Innovation and Programmes team within NHS Grampian, who outlined the details of the report and highlighted the overarching objectives of the delivery plan, which were linked to the pillars of people, places and pathways, which formed the NHS Grampian strategy 'Our Plan for the Future'. She indicated that there was coherence between the NHS Grampian Plan for the Future and the Aberdeenshire IJB Strategic Plan, and officers from all three Health and Social Care Partnerships had been closely linked in the development work of the three year delivery plan. She confirmed that progress on the delivery plan would be reported quarterly to Scottish Government, via milestone updates and a set of key performance indicators was being developed as part of the reporting structure to Grampian NHS Board.

The Chief Officer highlighted a number of areas where joint objectives had been agreed, including pathways work, taking a person centred approach; Primary care – addressing significant sustainability issues around GP practices across Aberdeenshire; and the need to consider areas for improvement and learning.

After consideration, the Integration Joint Board **agreed**:

(1) to note the priorities set out within the NHS Grampian Three Year Delivery Plan (2023-26) for the period up to March 2026; and

(2) to note the arrangements for reporting on progress of the NHS Grampian Delivery Plan as complementary to existing IJB reporting.

11 Draft Response to the Health and Care (Staffing)(Scotland) Act 2019 Statutory Guidance Consultation

There had been circulated a report dated 25 July 2023 by the Chief Officer which asked the Joint Board to approve a draft response to the Health and Care (Staffing) (Scotland) Act 2019 Statutory Guidance Consultation, which was being consulted on by the Scottish Government. The report advised that the draft guidance had been prepared with the involvement of external stakeholders, including local authorities, and the key aims were to enable safe and high quality care or services through the provision of appropriate staffing. It was important from a Health and Social Care

Partnership perspective that the statutory guidance was clear and ensured understanding of the duties placed on the relevant organisations by the Act.

After consideration, the Integration Joint Board **agreed** to approve the draft response to the Health and Care (Staffing) (Scotland) Act 2019 Statutory Guidance Consultation, as provided in Appendix 1 to the report.

12   Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan

There had been circulated a report dated 31 July 2023 by the Partnership Manager, North outlining progress on delivery of the national Suicide Prevention Strategy, Action Plan and local implementation, and advising that progress updates would be provided annually to the Integration Joint Board.

Members heard from the Partnership Manager, North and the Mental Health and Learning Disability Service Manager, Central, who highlighted the commitment of partnership working and the actions being taken across Aberdeenshire to address the long term outcomes of the national suicide prevention strategy.

There was discussion of work to support young people, including in schools and it was noted that the strategy was a 'whole life span' strategy.

After consideration of the report, the Integration Joint Board **agreed**:

(1)   to note the progress on delivery of the national Suicide Prevention Strategy, Action Plan and local implementation; and

(2)   to note that progress and relevant information would be provided annually to the Integration Joint Board.

13   Sixth Annual Report on Community Justice in Aberdeenshire - 2022/23

There had been circulated a report dated 31 July 2023 by the Partnership Manager, North which asked the IJB to consider the annual report on Community Justice in Aberdeenshire for 2022/23 and highlighting the progress that had been made collectively by the Aberdeenshire Community Justice Partnership during the period.

The Project Manager, Community Justice, introduced the report and highlighted key elements of the report and she highlighted key achievements, including the recruitment and retention of staff, management of workloads, and a positive picture overall in the after effects of the pandemic. She also referred to the multi agency approach that was taken to addressing priorities and welcomed the support of the IJB where appropriate.

There was discussion of the delivery of unpaid work, which was co-ordinated by the Unpaid Work Teams in the North and South of Aberdeenshire and the various activities that were co-ordinated at a local level.

After discussion, the Integration Joint Board **agreed** to note the Annual Report on Community Justice in Aberdeenshire for 2022/23, highlighting the progress that has

been made collectively by the Aberdeenshire Community Justice Partnership during the period.

14 Consultations on Winter Resilience Overview 2022-23 and Healthcare in Remote and Rural Areas

There had been circulated a report dated 21 July 2023 by the Chief Officer which asked the IJB to acknowledge the response which had been submitted by the Chief Officer, on behalf of the IJB, using delegated authority, and following consultation with the Chair and Vice-Chair.

The IJB noted that the response had provided the opportunity to give feedback on the issues relating to healthcare in rural and remote areas that matter most to people, and support wider community engagement with people living in these areas of Scotland.

After consideration, the Integration Joint Board **agreed** to acknowledge the response submitted by the Chief Officer exercising delegated authority and following consultation with the Chair and Vice Chair in terms of paragraph 1.3 (z) of Section 2 of the Aberdeenshire Integration Joint Board Governance Handbook.

15 Aberdeenshire Health and Social Care Partnership - Assisted Transport Policy

There had been circulated a report dated 31 July 2023 by the Chief Finance and Business Officer which asked the IJB to note the updated Adult Social Work Assisted Transport Policy which had been reviewed, following its adoption in 2017.

The Service and Development Manager provided some background to the policy which allowed for supported assisted travel to and from social care provision, and had been subject to a recent audit which has recommended that the policy be reviewed. Following a review, the policy had been deemed to be sound, and it was noted that the Council's Passenger Transport Strategy and associated Passenger Transport Policy Statement was scheduled for review in the coming year and the Assisted Transport Policy would be shared as part of the review.

After discussion, the Integration Joint Board **agreed**:

(1) to note the updated Adult Social Work Assisted Transport Policy which had been reviewed in 2023 following approval in 2017; and

(2) that a policy review date should be added to ensure that a regular review period was in place.

16 Provision by Aberdeenshire Council of a Residential Care Home Service for Older People at the Former Balhousie Huntly Care Home - Request for Continuation of Funding

With reference to the Minute of Meeting of the IJB of 24 August, 2023 (Item 14), there had been circulated a report dated 31 July 2023 by the Chief Officer providing a progress update on the transfer of the management of the former Balhousie Huntly

Care Home to Aberdeenshire Council, and seeking approval for the extension of the funding to deliver the service for up to a further six months.

The IJB heard from the Partnership Manager, South, who provided an update on the work that was ongoing to implement an improvement plan and had fully utilised the expertise of a multi-disciplinary team to address the areas of concern that had been highlighted, and that the quality of care had improved exponentially in the three months since the transfer and the Care Inspectorate had increased the grade following a full inspection in June 2023. Work was underway to secure another provider to take over the home through a procurement process, and to take full advantage of the opportunity and to support with making an informed decision, an options appraisal was being carried out.

After discussion, the Integration Joint Board **agreed**:

(1)   to note the progress update and improvement in the quality of the care;

(2)   to approve an extension of the funding to deliver the service for 6 months (or less) to April 2024, as detailed within Section 3.5 of the report; and

(3)   to commend the officers and teams within the care home for the ongoing work to ensure the continued safety of the residents.

17   Supplementary Procurement - 2023/24 Payment Cards

There had been circulated a report dated 20 July, 2023 by the Chief Finance and Business Officer requesting approval of a direct award for the provision of a prepaid card system for Direct Payments, using the North East Procurement Organisation (NEPO) Framework.

After consideration, the Integration Joint Board **agreed**:

(1)   to approve the direct award of a contract to Prepaid Financial Services for 4 years, using the North East Procurement Organisation (NEPO) framework; and

(2)   to direct Aberdeenshire Council to procure the service detailed in the Supplementary   Procurement Plan (Appendix 2) on behalf of the Integration Joint Board.

18   2023/24 Supplementary Procurement Work Plan (Social Care)

With reference to the Minute of Meeting of the IJB of 15 June 2023 (Item 16), there had been circulated a report dated 26 July 2023 by the Chief Officer requesting consideration of a Supplementary Procurement Work Plan and two Procurement Approval Forms, and that the IJB directs Aberdeenshire Council to procure, via a tender opportunity, the services detailed within the Supplementary Procurement Work Plan on behalf of the IJB.

The Joint Board heard from the Strategic Procurement Manager as to the details of the proposed works, and he gave his thanks to those members of the IJB who had provided comments and support to the project team when developing the proposals.

After consideration, the Integration Joint Board **agreed**:

(1)   to note the Supplementary Procurement Work Plan detailed in Appendix 1, and the two Procurement Approval Forms (PAFs) at Appendix 2A and 2B;

(2)   to approve the PAFs for items on the Work Plan which were within the Integration Joint Board's remit and the value of the matter was over £1,000,000 and note that the item on the Work Plan with a value of £50,000 up to £1,000,000 may be reserved for approval by Aberdeenshire Council's Communities Committee before the Integration Joint Board's Direction is implemented;

(3)   to direct Aberdeenshire Council to procure, via a tender opportunity, the services detailed in the Supplementary Procurement Work Plan on behalf of the Integration Joint Board;

(4)   to note that the contract requirements relating to care and support services align with the Integration Joint Board's Strategic Plan in relation to Outcome 2: People, including those with disabilities or long-term conditions or are frail, can live independently at home or in a homely setting in their community. Additionally, an update on the outcomes from the approved procurements in the report would be included in the Commercial & Procurement Shared Service's annual report; and

(5)   to give thanks to the members of the IJB who provided feedback and support to the Procurement team project group.

ABERDEENSHIRE INTEGRATION JOINT BOARD ACTION LOG – 11 October 2023
OUTSTANDING ITEMS

Report Name/Piece of work	Action/Owner	Date Added	Date of meeting/Deadline	Decision or Purpose of Report
Moray and Aberdeenshire Out of Hours Nursing Care	Ali McGruther	05-Jul-23	Oct-23	Marie Curie handed back the rapid response element of the contract and will no longer provide the service after 30 September 2023, thereafter an update will be provided to the IJB. Work is currently ongoing to bring the service in house for Aberdeenshire and Moray and the IJB will be kept informed as this work progresses.
Review of Governance Handbook	Pam Milliken	Mar-22	Dec–23	The review is underway, with dates being scheduled for Self-Assessments for each of the Committees in early Autumn. It is intended to report back to the IJB by December 2023
Public Health Scotland/North East Population Alliance Strategic Partnership Agreement	Pam Milliken	23-Aug-23	Feb-24	Chief Officer to report back to the IJB with a progress report on the strategic partnership agreement in 6 months' time.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD (IJB) 11 OCTOBER 2023

CHIEF OFFICER'S UPDATE

Health, Social Care and Sport Committee Winter Planning 2023-24

Aberdeenshire Health and Social Care Partnership (HSCP) Chief Officer alongside Nicky Connor, Chief Officer Fife HSCP gave evidence to the Health, Social Care and Sport Committee on winter preparedness and planning within health and social care. Correspondence to the Cabinet Secretary following this scrutiny is available at the following link: The Health Committee's comprehensive letter to the Health Cab Sec

Findings identified by the Committee were:
- Winter planning should be undertaken earlier and there is a need to plan for the year round pressure on services in order to deal with the additional pressures created by changing demographics and ageing population
- Need for a whole system focus to winter planning including primary, community and social care as well as on hospitals
- Concern about the further pressures on services as a result of cost of living and fuel poverty and the need to support unpaid carers
- Welcomed further initiatives on cross-government working, including with local government on prevention
- Need for a strategic approach to workforce planning and support for health and social care workforce to prepare for winter staffing pressures
- Understanding what recurring funding is needed to ensure health and social care services can operate well as a whole system, and effectively respond to winter pressures
- Need for robust evaluation to understand which measures have worked in previous winter plans and plans to evaluate the forthcoming winter plan
- Welcome further progress with data-sharing agreements between health and social care organisations and how these work in practice
- Need for an approach to public messaging around winter pressures to help people access the most appropriate care and support at the right time
- Need to set out the role of digital technologies in alleviating winter pressures as well as building awareness and confidence in these.

Health and Care Staffing Act Update

April 2024 is fast approaching when the Health and Social Care Staffing Act Scotland officially comes into force. Within NHS Grampian, the Health and Care Staffing Act Implementation Team is now established and have met twice. This group will ensure strong engagement with representation from all relevant staff in scope, clinical professionals and corporate services.

The Implementation Team will continue to report concerns, risks and progress as part of governance process to the Sustainable Workforce Oversight Group. As the group grows in knowledge and confidence, relevant sub-structures will be developed; this will also be an outcome of planned engagement sessions with advisory and leadership groups.

There is recognition that significant work is required over the next two years (to May 2025) to understand workload and implications of the Act prior to a move to business-as-usual model. Specific work is required to understand and align the current governance routes as part of implementation and then moving to business-as-usual professional advice and reporting.

From a Social Care perspective, the Care Inspectorate are taking the lead on developing the social care framework around this. They have held provider sessions locally with both in house and commissioned services, to explain the framework tools and what the bill will mean going forward. The Draft staffing method framework (v6) | Care Inspectorate Hub is available here. The survey relating to this concludes on Sunday 1st October and the draft framework (Care Homes) finalised soon after.

All social care services are currently expected to provide safe levels of support to individuals, as part of Health and Social Care Standards. It is not yet clear from the Care Inspectorate what difference, if any, the Safe Staffing Act will make. We await greater clarity now the consultation phase is concluding. Once we understand this, we may need to develop systems and processes, to gain the assurance and data required.

Aberdeenshire HSCP is very engaged and is utilising the Sustainable Workforce Oversight Group as a central focus on the work that will be required pulling in information from all organisations as required. There is a plan taking us through to January for all nursing services to undertake a run of Workforce tools including services new to this such as prison and custody and Clinical Nurse Specialists who are undertaking the tools for the first time.

Pam Milliken
Chief Officer
Aberdeenshire Health & Social Care Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER, 2023

SCHEDULE OF MEETINGS FOR 2024

1.   Recommendation

1.1   It is recommended that the Integration Joint Board (IJB) approves the dates for formal Board meetings for 2024 as detailed in paragraph 4.4 below.

2.   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3.   Risk

3.1   The setting of dates for the formal meetings of the Integration Joint Board for the following year is a requirement of the Standing Orders of the Integration Joint Board.

4.   Background

4.1   In terms of the Standing Order 4.1 of the Integration Joint Board, formal meetings are required to take place at least six times per year. These dates need to be agreed annually.

4.2   Meetings throughout 2023 were held as hybrid with members and officers having the choice to attend in person at Woodhill House or virtually. Meetings were live streamed and a recording of the meeting provided online to ensure public accessibility and public access to meetings was also available at Woodhill House. No changes are proposed to these arrangements at the present time.

4.3   It is proposed that the meetings be scheduled to start at 10.00am and conclude by 2.00pm. Development sessions will be scheduled by the Chief Officer throughout the year.

4.4   The undernoted dates are proposed for consideration:
Wednesday 31 January, 2024;
Wednesday 20 March, 2024;
Wednesday 29 May, 2024;
Wednesday 21 August, 2024;
Wednesday 9 October, 2024
Wednesday 11 December, 2024.

5   Summary

5.1   Members are requested to consider and approve the proposed meeting dates.

5.2   The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6   Equalities, Staffing and Financial Implications

6.1   An integrated impact assessment is not required because the reason for this report is for the Joint Board to discuss and comment on proposed meeting dates for 2024 and there will be no differential impact, as a result of this report, on people with protected characteristics.

6.2   There are no specific staffing or financial implications arising from this report.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Alison McLeod
Date 06 September 2023

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023

NOTIFICATION OF CHANGE IN MEMBERSHIP AND APPOINTMENT OF MEMBER AND CHAIR OF IJB AUDIT COMMITTEE

1   Recommendations

The Integration Joint Board is recommended to:

1.1   note that Amy Anderson will step down from the IJB and as Chair of IJB Audit Committee with effect from 30 November, 2023;

1.2   note that a recruitment process will be commenced by NHS Grampian for the appointment of a non-executive Board Member, and once concluded they will appoint a replacement voting member to the Aberdeenshire IJB;

1.3   appoint a replacement member to the IJB Audit Committee from the NHS Grampian voting membership, as per the requirements set out in the Standing Orders for IJB, with effect from 1 December, 2023;

1.4   appoint a Chair to the IJB Audit Committee from the NHS Grampian membership, as per the terms of the Standing Orders of the IJB, with effect from 1 December, 2023.

2   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3   Risk

3.1   IJB Risk 7 (Integration Joint Board).

4   Background

4.1   Notification has been received that Ms Amy Anderson will be stepping down from the Health Board, and consequently from the Aberdeenshire IJB and IJB Audit Committee, with effect from 30 November, 2023.

4.2   NHS Grampian has confirmed that there will be a recruitment process to appoint a new non executive Board Member and once that has concluded the appointment of a replacement voting member to the Aberdeenshire IJB will be made. Initial indications suggest that it will take several months to complete the recruitment process.

4.3   In terms of its Standing Orders, the IJB is required to make appointments to the IJB Audit Committee on the basis of 4 voting members and 2 non-voting members. The voting members include an equal number of voting members

from NHS Grampian and Aberdeenshire Council, so 2 members from each. A replacement NHS Grampian member is therefore required to be appointed to the IJB Audit Committee.

4.5 In addition the appointment of a new Chair is required for the IJB Audit Committee to replace Ms Anderson.

4.6 In terms of the Standing Orders of the IJB, the IJB Audit Committee will be chaired by a voting member of the IJB (but not the Chair or Vice-Chair) and will rotate between NHS Grampian and Aberdeenshire Council on an 18 month basis, in line with the term for the Chair of the IJB, selected from the organisation which does not currently Chair the IJB. The current rotation sees the Chair of IJB from Aberdeenshire Council and the Chair of the IJB Audit Committee as an NHS Grampian voting member. The current rotation will end on 31 March, 2024.

4.7 The Chief Officer, along with the Chief Finance and Business Officer and the Legal Monitoring Officer within Business Services of Aberdeenshire Council have been consulted in the preparation of this report and any comments have been incorporated within the report.

5 Equalities, Staffing and Financial Implications

5.1 An integrated impact assessment is not required because the changes proposed do not have a differential impact on any of the protected characteristics.

5.2 There are no staffing or financial implications arising directly as a result of this report.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Alison McLeod, Committee Officer
15 September 2023

Aberdeenshire
Health & Social Care
Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD

11 OCTOBER 2023

REVENUE BUDGET 2023-24 UPDATE AS AT 31 AUGUST 2023

1.   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1   Consider and comment on the financial position set out in the report and Appendices 1 and 2;

1.2   Approve the budget adjustments detailed in Appendix 3;

2.   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3.   Risk

3.1   IJB Risk 1 Sufficiency and affordability of resource.

3.2   This report is key to managing this risk as it highlights areas of movement when compared to the agreed budget.

4.   Background

4.1   This report provides the second financial monitoring update for the 2023/24 financial year. It covers the five month period up to the end of August 2023.

5.   Financial Implications from 2022/23

5.1   In the last financial year the IJB recorded an over budget position against revenue budget of £6.4 million per the unaudited accounts for the financial year 2022/23.

5.2   The IJB revenue budget for the 2023/24 financial year was agreed in March 2023 by the IJB. A balanced budget was set which matched the total resources available to the IJB with planned expenditure.

6. Financial Position 2023/24

6.1 Update

The IJB Revenue Budget for 2023/24 was approved by the IJB on 29 March 2023. The budget approved was for £393.5m and contained assumptions made on pressures impacting on 2023/24, both in terms of inflation and demographics.

The impact of these assumptions were that the funding received by the IJB was not sufficient to meet expected costs and therefore as part of the approved balanced budget the following adjustments were approved –

- **efficiency savings of £3.5m**
- **vacancy management factor of £1.2m**
- **use of general reserve of £3.05m**

The total of these measures means that £7.75m was required to be identified to balance the budget for 2023/24. As identified in the budget report there are risks associated with this strategy and the one off use of reserves to balance the budget.

This report sets out the second financial monitoring position of the activities for which the IJB is responsible for the financial year 2023/24. The report covers the financial position to the end of August 2023 for the revenue budget. The detailed position by service area for the financial year is shown in **Appendix 1**.

6.2 A summary position is shown in the table below with additional detail provided in **Appendix 1**. This shows actual net expenditure to the end of August 2023 against budget for the same period.

Summary: **2023/24 Financial Position as at end of August 2023**

	Revised Year to Date Budget 2023/24 £000s	Actual to 31st August 2023 £000s	Variance to 31st August 2023 £000s	Variance %
Health & Social Care	160,685	167,772	7,087	4.41%
Funds	4	748	744	186%
Set Aside Budget	3,155	3,155	0	0%
2023/24 Position	**163,844**	**171,875**	**7,831**	**4.8%**

6.3 From the summary table it highlights that:

• There is an over budget position of £7.831 million at the end of August 2023, equating to 4.8% of the IJB budget. (June 2023 - overbudget £2.335m and 2.3%)

- Health budgets at the end of August 2023 are over budget by £2.962 million (June over budget £1.679m)

- Social care budgets at the end of August 2023 are over budget by £4.125 million (June over budget by £0.36m)

- Funds at the end of August 2023 are over budget by £0.74 million (June over budget by £0.3m)

6.4   The detailed financial position as at end of August 2023 is set out in **Appendix 1** with supporting notes in **Appendix 2**.

(a) The areas which recorded the largest over budget positions as at end of August 2023 are shown below:

- GP Prescribing

- Other Direct Patient Care

- Adult Services Community Care

- Physical Disabilities – Joint Equipment Service

- Older People Care Management and Residential Care

(b) The areas which recorded the largest underspends as at end of August 2023 are shown below:

- Headquarters

- Adult Services Day care

6.5   The budget virements proposed for approval at **Appendix 3** also include reconciliations to the revised budget. The revised budget is, therefore, subject to the approval of the virements.

6.6   **Forecast position for 2023/24 Financial Year**

The forecast for the year has been prepared based on the August results and is shown in the table below:

Summary: Forecast for the Financial Year as at 31 August 2023

	Revised Budget 2023/24 £000's	Forecast 2023/24 £000's	Forecast Variance 2023/24 £000s	Forecast Variance %
Health & Social Care	375,430	390,387	14,957	3.98%
Funds	2,291	2,380	89	3.88%
Set aside budget	34,515	34,515	0	0%
2023/24 Position	**412,236**	**427,282**	**15,046**	**3.64%**

From the summary table it can be seen that:

- An **over budget of £11.9m** with savings achieved and use of reserves of £3.050m is forecast equating to **2.9%** of the IJB budget.

The forecast position per August 2023 relates to a number of material adverse movements as follows -

	AHSCP Budgets £
GP Prescribing	4,028,000
Adult Services - Community Care	5,478,000
Other Direct Patient Care	2,979,000
Older People - Residential Care	2,880,000

Explanations have been provided for these main areas of over budget positions. Per meetings with partners the **Health** main pressures have been identified as relating to GP Prescribing and Other Direct Patient Care.

Regarding **Social Care** side the main areas of forecast pressure relate to Adult Services Community Care and Older People Residential Care.

Further detail is provided as follows –

- o **GP Prescribing - Forecast £4.0m over budget** (June £4.1m over) Both volume and cost increases are impacting on budget. Volume is 4.6% greater than in April 2022 and cost per item has increased by 8.6%. We continue to work with pharmacy colleagues to review the fitness for purpose of the budget.

- o **Other Direct Patient Care – Forecast £2.9m over budget** (June £2.2m over) Overspends against 2c salaried medical practices total £2.339m with some smaller mitigating underspends on other budget lines. Locum costs are the primary drivers behind this.

- o **Adult Services Community Care - Forecast £5.5m over budget** (June £6.5m over) 2022/23 was only partly funded by supplier sustainability, therefore increase is in part due to reopening of services, higher cost packages and demand. The budget in 23/24 was increased by 2.7% - this was due to the living wage increase of 2.3% and an additional £750,000 of additional budget to mitigate pressures. A number of providers have requested additional uplifts. Each request is dealt with on an individual. Additionally, a number of high cost packages have recently been added.

- o **Older People Residential Care - Forecast £2.9m over budget** (June £2.8m over) This relates to an additional pressure relating to

the provision of in house care provision particularly the additional costs associated with Huntly Care Home.

6.7   These forecasts, in line with all other budget lines, will continue to be reviewed with partners, budget holders and finance colleagues to identify continuing trends and mitigations applied where applicable.

6.8   The following is the summary position based on the first review of the actual position and forecast for 2023/24 and the impact on the budget as set in March 2023, with potential mitigations.

As at 31 August 2023	Total
Overall Out of Balance position for 2023/24	**19,748,000**
Employment Saving	(500,000)
Vacancy Man	(1,200,000)
Efficiency	(3,000,000)
Revised Out of Balance position for 2023/24 with savings applied	**15,048,000**
Planned use of Reserves	(3,050,000)
Revised Out of Balance position for 2023/24 with savings applied and use of reserves per approved budget	**11,998,000**

The above highlights that with the savings and use of reserves as agreed to balance budget by IJB –

- o the forecast overspend as at end of August-23 for 2023/24 is **£11.9m**

- o the above does not take into account at this stage mitigations to reduce in year spend and the out of balance forecast position that have been put in place by the IJB SMT through communication to all budget holders. The impact of this will be realised in the monitoring from Sep-23 onwards.

- o The above analysis assumes the achievement of £4.7m of efficiency savings in 2023/24. The inability to achieve these savings in full will have an adverse impact on the out of balance position come 31st March 2024. The actual saved to date is £1.7m.
  The recovery plan communication to budget holders from the Chief Officer emphasises the requirement to ensure achievement of agreed savings which will continue to be monitored and reported to IJB.

- o the use of reserves held by the IJB to bridge the out of balance position would reduce the reserves balance to zero, impacting on potential use of reserve funding on efficiency driven transformation

projects and also any further ability to assist with balancing future years budgets (See Section 7.4 for potential use of reserves in 2023/24).

6.9 Integration Scheme

Per the IJB Integration Scheme In the event that an overspend is evident following the application of reserves, the following arrangements will apply for addressing that overspend:-

- either: a) A single Party may make an additional one off payment to the IJB, or b) The Parties may jointly make additional one off payments to the IJB in order to meet the overspend.
- The split of one off payments between Parties in this circumstance will be based on each Party's proportionate share of the baseline payment to the IJB, regardless of in which arm of the operational budget the overspend has occurred in.
- The recovery plan may include provision for the Parties to recover any such additional one off payments from their baseline payment to the IJB in the next financial year.
- The arrangement to be adopted will be agreed by the Parties.

6.10 For further context in terms of the main over budget positions detailed in section 6.6, movement in the forecasts of 5%,10% and 20% would equate to movements of £0.8m, £1.55m and £3.1m respectively if extrapolated from the August position.

6.11 Next Steps 2023/24 and 2024/25 Budget Setting

The following next steps are planned in relation to both financial year 2023/24 and beyond –

- Quarter 1 23/24 financial position was reported to IJB SMT for review with subsequent presentation to the IJB Collaboration and Leadership Forum in mid-August – focussing on current position and the requirement to achieve savings as per approved budget and the ongoing review of the areas of material overspend and mitigations that can be applied to reduce predicted overspend position.

- Meetings are being undertaken with SMT, IJB CFO and Finance Managers from NHSG and Aberdeenshire Council to review in detail the Q1 position and the impact on 2024/25 and beyond with follow up sessions planned which will also include the IJB CO as part of Q2 23/24 update.

- Budget Development session with IJB on 27 September 2023, which was a continuation of work undertaken to date with SMT and IJB to focus on production of a balanced budget for financial year 2024/25.

- Forecast update for Q2 will be presented to the IJB in November 2023.

7. Reserves

7.1 The IJB held the following reserves as at 31 March 2023 per the unaudited accounts for the financial year 2022/23.

	£m
General Fund Reserve	**3.298**
Earmarked Reserves:-	
Covid-19	1.474
Primary Care Improvement Fund	1.185
Risk Fund	3.050
Transformational Funding	1.622
Action 15 – Mental Health	1.379
Alcohol & Drug Partnership	1.398
Community Living Change Fund	0.612
Stonehaven Dental Practice Funding	0.400
Service Capacity & Redesign	2.000
Psychological Therapies	0.122
Other	0.388
Total Reserves	**16.928**

7.2 The table in section 7.1 includes the adjustment of £6.401 million to be funded from the general fund reserve relating to the overspend as at 31 March 2023.

7.3 The use of the reserves balance was approved by the IJB in July 2023.

7.4 **Reserves Forecast 2023-24**

	31/03/24
	£m
General Fund Reserve	**3.298**
Earmarked Reserves:-	
Covid-19*	1.474
Transformational Funding	1.622
Service Capacity & Redesign	2.000
Total Reserves	**8.394**

*ability to utilise this balance on wider system pressures in 2023/24 per Scottish Government

The forecast reserves position at the end of 2023/24 per the above table is **£8.394m.** Per Section 6.8 the use of this reserve balance held by the IJB to bridge the out of balance position would reduce the reserves balance to zero, impacting on potential use of reserve funding on efficiency driven transformation projects and ability to fund service capacity and redesign and also any further ability to assist with balancing future years budgets

Approval would be sought from IJB as in previous years as to the use of the reserves in line with the Reserves Strategy and the Integration Scheme.

8.   Discussions With Partners

8.1   The financial position in this report has been discussed with partners so that they are also aware of the current spending position and areas of pressure and capacity to enable them to plan and accommodate any implications within their financial statements.

8.2   The IJB may have a requirement for any additional year end funding contributions from partners in 2023/24.

9.   Scottish Government Ear Marked Funding Updates

9.1   Confirmation of earmarked funding allocations for financial year 2023/24 and the treatment of reserves held as at 31st March 2023 has been received from the Scottish Government.

The allocations are in line with expectations and as per 2022/23 the request is to utilise reserve balances prior to use of in year allocation.

In relation to the Covid-19 reserve balance of £1.474m the Scottish Government have notified the IJB that there is the ability to utilise this balance on wider system pressures in 2023/24.(Per table in Section 7.4).

A briefing note on Earmarked Funds was circulated to the IJB following the August 2023 IJB.

10.   Medium Term Financial Strategy

10.1   The Medium Term Financial Strategy for 2024-29 was approved by the IJB in July 2023 forming the basis of the budget setting process for 2024/25 and beyond.

11.   Monitoring

11.1   The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

12.   Equalities, Staffing and Financial Implications

12.1   An equality impact assessment is not required because the recommended actions are not considered to have a differential impact on people with protected characteristics.

12.2   Any staffing and financial implications arising directly as a result of this report are narrated in the report.

Pam Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership
Report prepared by Chris Smith (Chief Finance and Business Officer) 20th September 2023

ABERDEENSHIRE INTEGRATED JOINT BOARD Appendix 1

	Health & Social Care	ACTUAL 2022/23 £'000	REVISED BUDGET 2023/24 as at 31/8/23 £'000	YTD REVISED BUDGET 2023/24 as at 31/8/23 £'000	ACTUAL TO 31/08/2023 £'000	%	VARIANCE TO END AUGUST 2023/24 £'000	FORECAST 2023/24 £'000	FORECAST VARIANCE 2023/24 £'000	SAVINGS 2023/24 £'000	FORECAST WITH SAVINGS ACHIEVED 2023/24 £'000	FORECAST VARIANCE WITH SAVINGS ACHIEVED 2023/24 £'000	NOTES
	NHSG Core Services												
a)	Alcohol & Drugs Partnership	3,168	1,839	401	359	19.5%	(42)	1,769	(70)	0	1,769	(70)	
b)	Allied Health Professionals	11,931	11,207	5,875	5,609	50.0%	(266)	10,830	(376)	(359)	10,471	(736)	A
c)	Joint Equipment Service	942	688	287	330	47.9%	43	791	103	0	791	103	
d)	Community Hospitals	20,195	20,432	8,687	8,972	43.9%	285	21,389	957	(794)	20,595	163	B
e)	Inverurie HUB project	1,378	1,353	564	612	45.2%	48	1,469	116	0	1,469	116	
f)	Shire Community Mental Health	1,156	1,343	745	450	33.5%	(294)	1,081	(262)	(40)	1,041	(302)	C
g)	Dental	3,009	2,840	1,306	1,264	44.5%	(42)	2,688	(152)	(115)	2,572	(267)	D
h)	District Nursing	6,073	6,121	2,659	2,840	46.4%	181	6,207	85	(233)	5,973	(148)	
i)	Health Centres Management	(33)	-610	-254	79	-13.0%	333	190	800	19	209	819	E
j)	Health Visiting	5,910	5,803	2,520	2,758	47.5%	238	6,162	359	(222)	5,940	137	F
k)	Other Direct Patient Care	8,680	6,502	4,614	5,467	84.1%	853	9,592	3,090	(111)	9,481	2,979	G
l)	Public Health	728	855	360	507	59.3%	147	1,001	146	(30)	971	116	H
m)	Specialist Nursing	442	452	193	198	43.8%	5	475	23	(18)	458	6	
n)	Support Services	4,594	4,266	1,782	1,562	36.6%	(220)	3,824	(443)	(164)	3,660	(607)	I
1	**NHSG Core Services Total**	**68,172**	**63,092**	**29,739**	**31,007**	**49.1%**	**1,269**	**67,468**	**4,377**	**(2,067)**	**65,401**	**2,309**	
2	Primary Care	43,225	44,085	18,411	18,095	41.0%	(316)	43,427	(658)	0	43,427	(658)	J
3	GP Prescribing	49,617	49,989	20,787	22,757	45.5%	1,970	54,017	4,028	0	54,017	4,028	K
4	Community Mental Health	12,319	12,967	6,058	6,345	48.9%	287	12,980	12	(369)	12,611	(356)	L
5	Aberdeenshire Share of Hosted Services	17,871	19,289	8,102	7,905	41.0%	(197)	18,802	(486)	0	18,802	(486)	M
6	Services Hosted by Aberdeenshire	(0)	1	0	0	0.0%	(0)	0	0	0	0	(1)	
7	Out Of Area	2,767	2,847	1,118	1,067	37.5%	(51)	2,582	(265)	0	2,582	(265)	
	TOTAL OF ABOVE	**193,972**	**192,269**	**84,214**	**87,176**	**45.3%**	**2,962**	**199,277**	**7,008**	**(2,436)**	**196,841**	**4,572**	
8	IJB Costs	-	95		0	0.0%	0	95	0		95	0	
9	Headquarters	6,400	8,486	3,536	2,748	32.4%	(788)	9,486	1,000	(74)	9,412	926	N
10	Business Services	3,502	3,375	1,414	1,124	33.3%	(290)	3,575	200	(27)	3,548	173	O
11	Out of Hours Service	316	243	102	118	48.7%	16	283	40	(2)	281	38	
12	Criminal Justice Service - Grant Funded Services	14	143	60	400	279.4%	340	143	0	0	143	0	P
13	Criminal Justice Service - Prison Social Work	-	10	4	70	697.6%	66	10	(0)	0	10	(0)	
14	Adult Services - Community Care	53,851	52,610	21,926	24,389	46.4%	2,464	58,610	6,000	(522)	58,088	5,478	Q
15	Adult Services - Day Care	5,580	6,141	2,563	2,173	35.4%	(389)	5,641	(500)	(49)	5,592	(549)	R
16	Adult Services - Residential Care	2,279	2,049	874	1,289	62.9%	416	2,849	800	(17)	2,832	783	S
17	Adult Services - Employment Development	509	90	38	210	233.1%	172	530	440	(500)	30	(60)	T
18	Adult Services - Mental Health	6,126	7,044	2,942	3,033	43.1%	91	7,244	200	(64)	7,180	136	
19	Adult Services - Substance Misuse	1,827	1,869	785	742	39.7%	(42)	1,839	(30)	(23)	1,816	(53)	
20	Physical Disabilities - Community Occupational Therapy Service	4,065	4,539	1,898	1,741	38.4%	(157)	4,539	(0)	(39)	4,500	(39)	U
21	Physical Disabilities - Joint Equipment Service	(105)	(506)	(208)	541	-106.9%	749	(106)	400	(27)	(133)	373	V
22	Specialist Services & Strategy	1,815	2,337	976	927	39.7%	(50)	2,137	(200)	(21)	2,116	(221)	
23	Adult Support Network	441	407	171	160	39.4%	(10)	407	(0)	(3)	404	(3)	
24	Older People - Care Management	61,147	61,192	25,512	26,346	43.1%	834	62,892	1,700	(602)	62,290	1,098	W
25	Integrated Care Fund /Particpatory Budgeting	-	0	0	6		6	0	0	0	0	0	
26	Older People - Day Care	398	715	301	144	20.1%	(157)	365	(350)	(6)	359	(356)	X
27	Older People - Home Care	15,978	16,378	6,873	6,555	40.0%	(318)	15,878	(500)	(121)	15,757	(621)	Y
28	Older People - Residential Care	11,729	10,861	4,568	5,467	50.3%	899	13,861	3,000	(120)	13,741	2,880	Z
29	Older People - Very Sheltered Housing	5,489	5,083	2,137	2,411	47.4%	274	5,533	450	(48)	5,485	402	AA
		181,361	**183,161**	**76,471**	**80,596**	**44.0%**	**4,125**	**195,811**	**12,650**	**(2,265)**	**193,546**	**10,385**	
	Funds												
30	Integrated Care Fund	588	800	333	257	32.1%	(77)	624	(177)		624	(177)	
31	Delayed Discharge	12	64	27	(0)	0.0%	(27)	12	(52)		12	(52)	
32	Clan Grant	0	7		0	0.0%	0	0	(7)		0	(7)	
33	Discharge Without Delay Funding	174	(325)		0	0.0%	0	0	325		0	325	
34	Health Care Support Worker funding	0	(336)		0	0.0%	0	(336)	0		(336)	0	
35	Primary Care Improvement fund	(4,568)	(2,942)	(358)	0	0.0%	358	(2,942)	0		(2,942)	0	AB
36	Learning Disability Annual Health Check Funding	0	85		0	0.0%	0	85	0		85	0	
37	Mental Health Access Fund	0	0		0	0.0%	0	0	0		0	0	
38	Mental Health Innovation Fund	0	85		0	0.0%	0	85	0		85	0	
39	Mental Health Action 15	(1,151)	(825)		0	0.0%	0	(825)	0		(825)	0	
40	Nurse Funding incl Scottish Care Home funding	0	140		0	0.0%	0	140	0		140	0	
41	Shire Out of Hours Funding including Winter Pressure allocation	0	149		0	0.0%	0	149	0		149	0	
42	Shire Winter Pressure allocation for MDTs	0	1,046					1046	0		1,046	0	
43	Covid-19	(9,919)	1	1	79	7540.4%	78	1	0		1	0	
44	Stonehaven Dental Practice funding	400	0		400	100.0%	400	0	0		0	0	AC
45	Psychological Therapies funding (Recovery Fund) phase 2 complex cases - Service Improvement Funding	6	0		0	0.0%	0	0	0		0	0	
46	Psychological Therapies (dementia post diagnostic support) funding	116	0		13	100.0%	13	0	0		0	0	
47	Vaccination funding		1,819					1819	0		1,819	0	
48	Additional Scottish Government Funding in Year Assumed	0	2,523	0	0	0.0%	(0)	2,523	0		2,523	0	
		(14,342)	**2,291**	**4**	**748**	**32.7%**	**744**	**2,380**	**89**	**0**	**2,380**	**89**	
	Sub total	**360,991**	**377,721**	**160,689**	**168,521**	**44.6%**	**7,831**	**397,469**	**19,748**	**(4,701)**	**392,768**	**15,046**	
49	Set Aside Budget	34,515	34,515	3,155	3,155	9.1%	0	34,515	0	0	34,515	0	
	2023/24 Position	**395,506**	**412,236**	**163,844**	**171,675**	**41.6%**	**7,831**	**431,984**	**19,748**	**(4,701)**	**427,283**	**15,046**	

Note	Service	Over/(within) budget to end August 2023/24 £'000	Narrative
A	Allied Health Professionals	(266)	**Allied Health Professions underspend £(266,000)** This variance is the result of there having been a number of vacancies during the period, primarily in physiotherapy and occupational therapy but with podiatry and speech and language therapy also affected.
B	Community Hospitals	285	**Community Hospitals overspend £285,000** The overspend against community hospitals reflects activity increasing post pandemic, incremental drift among long serving staff and additional costs resulting from the decanting of Peterhead Hospital due to problems with the water system.
C	Shire Community Mental Health	(294)	**Shire Community Mental Health underspend £(294,000)** This underspend reflects a drift of posts from services formerly provided by Aberdeenshire CHP into the larger Community Health Service as staff leave and are replaced. Consolidation of the budgets for these two separate but related parts of the service might be worth considering to simplify management and reporting.
D	District Nursing	181	**District Nursing overspend £181,000** Scottish Government District Nursing funding not allocated yet
E	Health Centres Management	333	**Health Centres Management overspend £333,000** This overspend is the result of several factors including the costs of an agreement to partially support the cost of employing locum medical staff at an independent GP practice and reduced income because formerly independent practices are now salaried.
F	Health Visiting	238	**Health Visiting overspend £238,000** This position may be ameliorated later in the year by the receipt of specific funding for health visiting.
G	Other Direct Patient Care	853	**Other Direct Patient Care overspend £853,000** This overspend is principally the result of requirement to employ locum GPs to maintain continuity of service at salaried medical practices.
H	Public Health	147	**Public Health overspend £147,000** Review of staffing required as over establishment
I	Support Services	(220)	**Support Services underspend £(220,000)**

Note	Service	Over/(within) budget to end August 2023/24	Narrative
			This underspend reflects there having been a number of vacant posts during the period.

Note	Service	Over/(within) budget to end August 2023/24	Narrative
J	Primary Care	(316)	**Primary Care underspend £(316,000)** This underspend reflects a reduction in the pressure on the budget for enhanced services following resumption of normal processes as claims have reduced. The premises position remains favourable, as it was last year, following rates revaluations.
K	GP Prescribing	1,970	**GP prescribing overspend £1,970,000** Both volume and cost increases are impacting on budget. Volume is 4.59% greater than in April 2022 and cost per item has increased by 8.57%.
L	Community Mental Health	287	**Community Mental Health overspend £287,000** The underlying overspend against this budget to the end of June was £66,000. This is because it is estimated that £221,000 of costs incurred during the period will be chargeable to Medication Assisted Treatment Standards funding that is yet to be received. The remaining difference arose mainly because of the need to use temporary staff in a number of disciplines. Medical staffing, however, returned an underspend during the period, reflecting the addition of £1.8m as part of budget setting in recognition of the need to use locum staff to provide cover for vacant posts.
M	Aberdeenshire Share of Hosted Services	(197)	**Aberdeenshire Share of Hosted Services underspend £(197,000)** The Intermediate Care Service and the Sexual Health Service, both hosted by Aberdeen City, showed an underspend between them of £188,000 to the end of August. Services hosted by Aberdeenshire showed an underspend of £139,000 and GMED, hosted by Moray Health and Social Care Partnership showed an underspend of £126,000. The Primary Care Contracts Team showed and underspend of £22,000.
N	Headquarters	(788)	**Headquarters underspend £(788,000)** This underspend relates to the £2.4m of Covid Sustainability payments that were accrued into 22/23 before unused Covid funding was returned to Scottish Government. Aberdeen City Council have still to approve and process the payments to suppliers. As they are processed, this underspend will disappear. Winter funded posts along with transformational spend comes from this budget and may cause a pressure. This will be monitored closely.
O	Business Services	(290)	**Business Services underspend £(290,000)** Income of £400k for the Stonehaven Dental practice is shown here and is currently unspent. An additional £400k is expected from NHS as the costs have significantly increased. The underspend is offset by the ongoing project for implementation of the Eclipse System.

Note	Service	Over/(within) budget to end August 2023/24	Narrative
P	Criminal Justice Service - Grant Funded Services	340	**Criminal Justice Service - Grant Funded Services overspend £340,000**
			This is an externally funded budget which is reimbursed quarterly. Any overspend is due to timing.
Q	Adult Services - Community Care	2,464	**Adult Services Community Care overspend £2,464,000**
			Client Care Packages are over budget. This is despite an increase in budget of 2.66%. Demographic increases and complexities of care are all impacting. High cost packages continue to be reviewed by an oversight group and authorised by management. All packages are continuing to be reviewed for accuracy.
R	Adult Services - Day Care	(389)	**Adult Services Day Care underspend £(389,000)**
			Staffing is under budget by £296,000 as services have been scaled back. Budget was transferred to support living and residential service providers who provide 24/7 care. This position will be reviewed during the next few months .
S	Adult Services - Residential Care	416	**Adult Services - Residential Care overspend £416,000**
			Staffing continues to be over budget with the use of agency and overtime. A service user with complex care needs is currently residing in one of the respite bungalows and requires high levels of support through day and night. Agency support is in place at additional cost.
T	Adult Services - Employment Development	172	**Adult Services - Employment Development overspend £172,000**
			This service is in the process of being stopped. Staff are still being paid and redundancy payments will be incurred. The budget saving of £500,000 for the year was taken.
U	Physical Disabilities - Community Occupational Ther	(157)	**Physical Disabilities - Community Occupational Therapy Service underspend (157,000)**
V	Physical Disabilities - Joint Equipment Service	749	**Physical Disabilities - Joint Equipment Service overspend £749,000**
			The overspend position is in equipment purchases. This is partly due to timing differences in the year and a large amount of repairs and purchases of stock being undertaken in the first half of the year.
W	Older People - Care Management	834	**Older People - Care Management overspend £834,000**

Note	Service	Over/(within) budget to end August 2023/24	Narrative
			Client packages are in an overspend position due to demographic increases and suppliers requiring higher inflationary increases than were provided in the budget. Because Balhousie Care home has been taken over, any care packages for this facility will no longer be required thus meaning the pressure is lower than last year.
X	Older People - Day Care	(157)	**Older People - Day Care underspend (£157,000)** The underspend is indicative of a reduced service post Covid. Some budget was transferred to Very Sheltered Housing complexes where some day activities have been taken over. The budget will be reviewed further to see what permanent savings can be made.
Y	Older People - Home Care	(318)	**Older People - Home Care underspend £(318,000)** Currently showing an underspend in staffing due to recruitment and retention in this area. However, as the recruitment drive gathers momentum and the changes designed to make a career in social care more attractive, it is anticipated this underspend will decrease.
Z	Older People - Residential Care	899	**Older People - Residential Care overspend £899,000** The overspend is mainly due to the addition of Huntly Care home and its associated costs. Staff have been TUPED over and agency use is high. As another external care home has closed in Huntly, additional residents and therefore staff have been taken on which will increase this overspend as the year progresses.
AA	Older People - Very Sheltered Housing	274	**Older People - Very Sheltered Housing overspend £274,000** This budget is expected to overspend by £450k but this is due to staffing issues. The current overspend is mainly due to timing of income.
AB	Primary Care Improvement fund	358	**Primary Care Improvement Fund overspend £358,000** This overspend resulted from the 2023/24 allocation of funding from the Scottish Government not having been received as at the end of August.
AC	Stonehaven Dental Practice funding	400	**Stonehaven Dental Practice funding overspend £400,000** This overspend will be financed from an earmarked reserve held on the Partnership's balance sheet that will be released at year-end. Consequently, the forecast variance is zero.

SUMMARY OF ADDITIONS TO AND DEDUCTIONS FROM THE REVENUE BUDGET OF THE INTEGRATED JOINT BOARD DURING JULY AND AUGUST 2023

	£ Full year effects of recurring 2023/24 budget adjustments	£ Recurring	£ Non Recurring	£ Total	£ Recurring	£ Non Recurring	£ Total	£ Total
		NHS Grampian			**Aberdeenshire Council**			**Total**
Funding as at the 30th of June 2023 for AH&SCP provided services as reported to the IJB				211,777,891			150,910,612	362,688,503
Reserves		1,771,000		**1,771,000**	1,282,000		1,282,000	**3,053,000**
Plasma products			4,108					
Funding from the New Medicines Fund			529					
Sub total Community Hospitals				**4,637**				**4,637**
Funding for Inverurie Hub project			1,148,000					
Sub total Inverurie Hub project				**1,148,000**				
Open University funding			10,000					
Sub total District Nursing				**10,000**				**10,000**
Open University funding			7,500					
Sub Total Other Direct Patient Care				**7,500**				**7,500**
Maternal and infant nutrition funding			12,257					
Sub total Public Health				**12,257**				**12,257**
Metal health bundle funding			164,790					
Capacity funding			146,962					
Psychological therapies funding			565,455					
Sub total Community Mental Health				**877,207**				**877,207**
Pay award funding								
Funding for inward recharges of hosted services	26,895	26,895						
Sub total Inward Recharges of Hosted Services				**26,895**				**26,895**
Funding for Agenda for Change pay uplift	5,420,000	5,420,000						
Funding for medical pay uplift	197,000	197,000						
Winter MDT funding			1,473,454					
Mental Health Innovation funding			85,873					
Out of hours funding			148,665					
Funding for learning disability annual health checks			85,314					
Sub total Funds				**7,410,306**				**7,410,306**
Overall Revised Budget as at the 31st of August 2023	**5,643,895**	**5,643,895**	**5,623,907**	**223,045,692**	**0**	**1,282,000**	**152,192,612**	**374,090,304**

Represented by;

NHS Grampian Core Services				63,091,722				63,091,722
Primary Care				44,085,221				44,085,221
Prescribing				49,988,813				49,988,813
Community Mental Health				12,967,262				12,967,262
Aberdeenshire Share of Hosted Services				19,288,621				19,288,621
Out of area services				2,847,000				2,847,000
Partnership Funds				2,291,173				2,291,173
Resource transfer to Aberdeenshire Council (included in Council reporting lines)				13,287,382				13,287,382
Social Care funding transferred to Council (included in Council reporting lines)				13,384,000				13,384,000
Veterans' funding transferred to Council (included in Council reporting lines)				200,525				200,525
Mainstreamed Integrated Care Fund (included in Council reporting lines)				549,000				549,000
Mainstreamed Delayed Discharge (included in Council reporting lines)				1,009,000				1,009,000
Council Social Care Funding							183,161,000	183,161,000
Resource transfer From NHS Grampian (included in Council reporting lines)							-13,287,382	-13,287,382
Social Care funding From NHS Grampian (included in Council reporting lines)							-13,384,000	-13,384,000
Veterans' funding from NHS Grampian (included in Council reporting lines)							-200,525	-200,525
Mainstreamed Integrated Care Fund (included in Council reporting lines)							-549,000	-549,000
Mainstreamed Delayed Discharge (included in Council reporting lines)							-1,009,000	-1,009,000
Contra				2,537,000			-2,537,000	0
				225,526,720			**152,194,093**	**377,720,813**
Set Aside Budget								34,515,000
								412,235,813

Aberdeenshire
Health & Social Care
Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023

IJB AUDIT UPDATE REPORT

1   Recommendation

The Integration Joint Board (IJB) is recommended to:

1.1   Note the following key points and assurances in relation to audit matters.

2.   Reason for Report

2.1   This report updates the Aberdeenshire IJB on key issues in relation to Audit.

3.   Internal Audit Reports to Aberdeenshire Council Communities and Audit Committees

3.1   Three reports were presented to the Communities Committee as part of the Committee referral process.

3.2   The audits reported to Committee were as follows –

• Stage 2 Referral Update – Aberdeenshire Alcohol and Drugs Partnership (ADP) Governance Arrangements
Agreed that an update on ADP action plan provided the Committee with sufficient assurance on progress.

• Stage 1 Referral – Assurance Review of IJB Governance
Agreed to defer until the meeting of the Communities Committee in November 2023.

• Stage 1 Referral – IJB Transformational Projects
Agreed that the report did not provide adequate reassurance and requested the delivery of a Stage 2 workshop for the Committee to allow for further exploration of the issue and identification of potential improvement actions.

3.3   The Audit Committee were provided with an update on the outcome of the 3 referrals detailed in 3.2 and a further report was presented as part of the Committee review process relating to the following area –

Stage 1 – Assurance Review of Adults with Incapacity
This item was deferred until Audit Committee meeting in December 2023.

4. **Unaudited Annual Accounts 2022/23 - Update**

4.1 The audit of the annual accounts is continuing and the final audited accounts are planned to be presented to the IJB Audit Committee for consideration in late October 2023.

5. **Risk Assurance Group Update – August 2023**

5.1 **Risk Register**

There are currently 55 risks on the register with a review ongoing of these by the partnership.

Discussion focused on the update process and the communication issued to risk owners with the requirement for risks to be reviewed on an 8 weekly basis.

Details to be added stating when individuals have reviewed the risk and when the risk has been presented to the Risk Assurance Group.

5.2 **Update on Risk 2616 – North Aberdeenshire School Nurse Risk Assessment**

The main points, outlining the risks and mitigations were covered by the service lead.

Discussion followed around the information on levels of referrals and the confirmation that there is data around this. A single point of contact (SPOC) for child protection reports and referrals was set up a few years ago. Specialist nurses in child protection submit quarterly reports. Infant feeding coordination submits a monthly report. A dashboard has also been set up, which has data on referrals. Grampian-wide, looking to have an agreed data set across the 3 partnerships.
It was noted that the priorities of care have been really helpful.

National picture was discussed with confirmation that there is a national school nurse implementation group, with representation from NHSG. These issues are not specific to Aberdeenshire and are recognised nationally.

5.3 **Update on Risk 3362 – Impact on service provision of Marie Curie out of hour contract**

Service lead outlined the risks and actions being taken supporting the service provision.

5.4 **Reporting to IJB Audit Committee**

Currently sitting with 13 open audits reports with 70 recommendations.
❖ 9 minor
❖ 44 moderate
❖ 17 major – these are due December/February/March.
❖ 11 overdue – working with internal audit on these.

Reviewing officer support and ensuring tracker is updated timeously.

5.5 **Audit Outcomes and Forthcoming Audits**

Audit Outcomes and Forthcoming audits to be a standing agenda item.

5.6 **Update from Governance SLWG**

An action tracker is now in place and many actions are linked to IJB governance and transformational projects audits.
A self-assessment tool is being designed and this is linked to one of the recommendations, review of IJB governance handbook.
This group is a short life working group and will need to look at the future of the group and being clear of responsibilities.

5.7 Date of Next Meeting - Tuesday 17th October.

6. Forthcoming Internal Audits

6.1 Self-Directed Support

Rationale for review

The objective of the audit is to obtain assurance that payments made relating to Self-Directed Support are adequately controlled. The nature and subject matter of the service provided presents the potential for financial and reputational risks, as well as risks to supported individuals, which can be mitigated through appropriate internal controls. The audit will seek to ensure these are in place and operating effectively.

Scope and risk level of review

This review will offer the following judgements:

- An overall **net risk** rating at the **Service** level.
- Individual **net risk** ratings for findings.

Detailed scope areas

- Governance Arrangements – including Policies, Procedures, Training, and the relevant Plans and Arrangements in place.
- Packages and Payments – including reviewing actual payments and packages, ensuring they did not exceed the assessment of needs and where appropriate, contributions from clients are being recovered.
- Management Assurance – including the provision of management information and reporting.

The scope requires to be formally signed off and the date of completion of the audit report is anticipated to be mid-December 2023.

7.   IJB Audit Committee Governance

7.1   **IJB Audit Development Session - Audit Self-Assessment**

A development session was held on 22 September with members of the IJB Audit Committee and officers of the IJB.

Outline was provided to the group that each of the main IJB groups (IJB, IJB Audit, Clinical and Adult Social Care Group and Strategic Planning Group) are required to self-assess based on a number of quality standards.

The session was facilitated by Aberdeenshire Council's Legal Service. The group were taken through the scoring mechanism that had been developed and each of the 4 quality standards that include a number of questions to be answered by the group as a collective.

This session focussed on the purpose, the scoring system and a collective review of each of the standards.

The agreed next stage is to allow members to reflect on the session and the scoring matrix ahead of a follow up session in October where the group will agree on the scores of the Committee and feedback to Legal Services as part of the overall IJB Continuous Improvement agenda.

7.2   **IJB Audit Committee Meetings**

A report will be presented to the next IJB Audit Committee proposing additional IJB Audit Committee meeting dates with the IJB Audit Committee meeting on separate dates from the IJB to avoid overlap of business on the same day.

8.   Risks

8.1   IJB Risk 1 Sufficiency and affordability of resource.

9.   Monitoring

9.1 The Chief Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and any comments have been incorporated.

10   Equalities, Staffing and Financial Implications

10.1   An equality impact assessment is not required because the recommended actions are not considered to have a differential impact on people with protected characteristics.

10.2   Any staffing and financial implications arising directly as a result of this report are narrated in the report.

Amy Anderson
Chair – IJB Audit Committee
Reported prepared by
Chris Smith - Chief Finance and Business Officer - 27 September 2023

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/2023

1   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1   **Consider and comment on the Chief Social Work Officer Annual Report for the 2022/2023 financial year in relation to Children and Adult Social Work Services (Appendix 1);**

1.2   **Acknowledge the level of investment in Children and Adult Social Work Services for the residents of Aberdeenshire; and**

1.3   **Acknowledge the commitment of social work staff in the consistent delivery of high performing services.**

2   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3   Risk

3.1   IJB Risk 1589 (Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time)

4   Background

4.1   Social Work and social care services span a wide range of responsibilities concerned with protecting, supporting, and caring for some of the most vulnerable people in the community. The service spans all ages from pre-birth to end of life and has a strong professional focus on diversity and equality.

4.2   Social Work and Social Care Services provide support and offer protection to some of the most vulnerable groups in society. The COVID-19 pandemic has changed many aspects of day-to-day work, it is testament to the resilience of social work and social care staff that the needs of so many people across Aberdeenshire have been met during this pandemic.

4.3   The role of the Chief Social Work Officer covers all aspects of social work, however it predominately centres on the statutory responsibilities placed on Aberdeenshire Council and those involved in discharging duties laid out within a range of distinct legislation. However, oversight is not limited to these

specific functions and the role of the CSWO has a wider remit in terms of monitoring performance across all areas captured within the terms "social work" and "social care".

4.4 The Chief Social Work Officer Annual Report 2022/23 describes services which are performing well with many areas evidencing innovative practice; both inspired by the creativity of teams with the aim of improving service delivery, or in direct response to existing or predicted challenges.

4.5 Social work and social care services are delivered by a substantial number of staff from statutory, third and independent sector organisations. Across all sectors involved in the delivery of social work and social care services, workforce remains a key focus, both in terms of recruitment and retention. In addition, the annual report highlights the challenges associated with maintaining sufficient investment of resources to allow for the proper discharge of statutory responsibilities and those more widely associated with supporting and caring for people.

5   Summary

5.1 The CSWO report describes services which are performing well in most of the key areas upon which the report is focussed.

5.2 In those areas where improvement was required, timely and effective remedial measures have been put in place.

5.3 Currently there are no specific areas that require additional scrutiny beyond that provided by existing processes.

5.4 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6   Equalities, Staffing and Financial Implications

6.1 An Integrated Impact Assessment is not required for the annual report as its purpose is to report on social work and social care provision over the most recent financial year. There will be no differential impact, as a result of the report, on people with protected characteristics.

Leigh Jolly, Chief Social Work Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Leigh Jolly
Date 05 September 2023

Appendix 1

Aberdeenshire
C O U N C I L

<u>Annual Report</u>

by
Aberdeenshire's Chief Social Work Officer

2022 - 2023

'There is no greater joy nor greater reward than to make a fundamental difference in someone's life.' Mary Rose McGeady.

Leigh Jolly
Chief Social Work Officer

Contents

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1 Welcome, Summary & Reflections

It gives me great pleasure to present my third Annual Report as Chief Social Work Officer for Aberdeenshire, reflecting the period 1 April 2022 to 31 March 2023.

The last couple years have been, without a doubt, a most challenging, tumultuous, and eventful period unlike no other in my lifetime.

However, social work has always been at its best in dealing with uncertainty, ambiguity and crisis and we have never needed the expertise and insights of social workers more than we do now.

I am aware that the significant pressures social workers face from increasing workloads and the more complex needs of those they support continue to be exacerbated not just by the effects of Covid-19, but also the impact of economic instability and the cost-of-living crisis. All these factors have an impact on the demand for social work services and as a result there are more support needs to be met than ever before.

While the demands on the profession have only grown over recent years, the overall size of the profession particularly around children's services has not and in some situations has decreased as services have been required to absorb budget pressures which impacts morale and capacity. This has created serious difficulties in recruiting and retaining staff. Social Work teams are subsequently carrying vacancies for long periods with this deficit in numbers resulting in the remaining already stretched social workers holding additional cases, and the managers in the unenviable position of trying to "do more with less".

The publication of the Setting the Bar Report supports the position that Scotland needs to train and employ more social workers, provide better support throughout professional careers, and enable social workers to have a stronger voice at all levels of the systems they work in. To meaningfully achieve this, a solid commitment to investment in the profession is required.

However, in spite of these challenges, colleagues working in social work and social care have persistently risen to the challenge. They continue to respond with compassion, empathy, and dedication, in protecting and promoting people's opportunities to have the best possible lives and be the best they can be and for this I want to express my heartfelt gratitude.
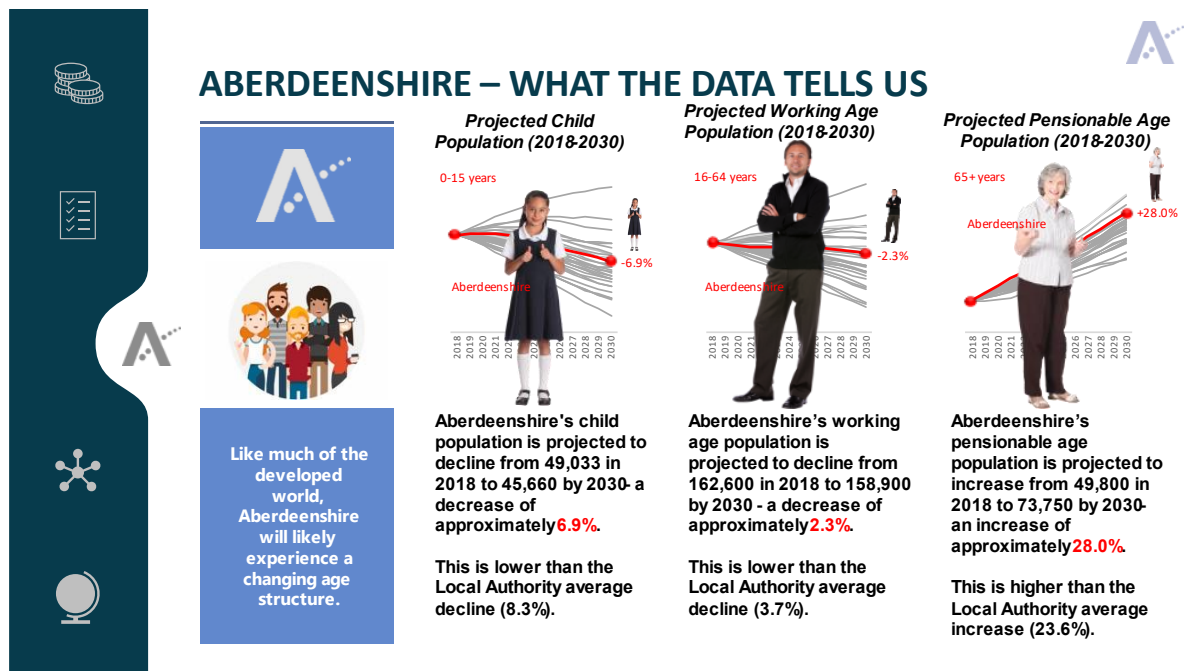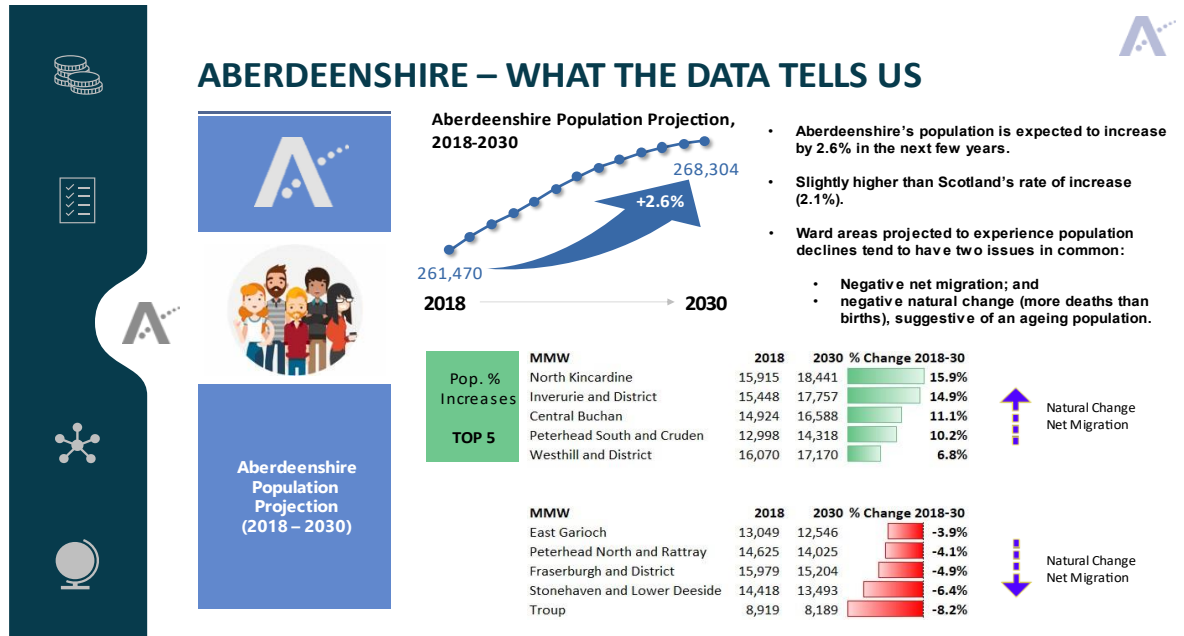
I would also like to take this opportunity to acknowledge that social work and social care is delivered by a substantial number of staff from third and independent sector organisations and thank all those staff for their tremendous resilience and commitment.

I would also wish to acknowledge and thank our unpaid carers who so often go unrecognised and yet undertake a crucial role is supporting vulnerable people within our communities.

Leigh Jolly
Aberdeenshire Chief Social Work Officer, July 2023

2 Aberdeenshire Profile

Aberdeenshire is a predominately rural area in the northeast of Scotland and includes the Cairngorm mountains, rich agricultural lowlands and varied costal landscapes.

ABERDEENSHIRE – WHAT THE DATA TELLS US

Aberdeenshire Population Projection, 2018-2030

268,304

+2.6%

261,470

2018 → 2030

- Aberdeenshire's population is expected to increase by 2.6% in the next few years.
- Slightly higher than Scotland's rate of increase (2.1%).
- Ward areas projected to experience population declines tend to have two issues in common:
  - Negative net migration; and
  - negative natural change (more deaths than births), suggestive of an ageing population.

Aberdeenshire Population Projection (2018 – 2030)

Pop. % Increases TOP 5

MMW	2018	2030	% Change 2018-30
North Kincardine	15,915	18,441	15.9%
Inverurie and District	15,448	17,757	14.9%
Central Buchan	14,924	16,588	11.1%
Peterhead South and Cruden	12,998	14,318	10.2%
Westhill and District	16,070	17,170	6.8%

Natural Change
Net Migration

MMW	2018	2030	% Change 2018-30
East Garioch	13,049	12,546	-3.9%
Peterhead North and Rattray	14,625	14,025	-4.1%
Fraserburgh and District	15,979	15,204	-4.9%
Stonehaven and Lower Deeside	14,418	13,493	-6.4%
Troup	8,919	8,189	-8.2%

Natural Change
Net Migration

ABERDEENSHIRE – WHAT THE DATA TELLS US

Like much of the developed world, Aberdeenshire will likely experience a changing age structure.

Projected Child Population (2018-2030)

0-15 years

Aberdeenshire

-6.9%

2018 2019 2020 2021 2024 2026 2027 2028 2029 2030

Aberdeenshire's child population is projected to decline from 49,033 in 2018 to 45,660 by 2030- a decrease of approximately **6.9%**.

This is lower than the Local Authority average decline (8.3%).

Projected Working Age Population (2018-2030)

16-64 years

Aberdeenshire

-2.3%

2018 2019 2020 2021 2024 2026 2027 2028 2029 2030

Aberdeenshire's working age population is projected to decline from 162,600 in 2018 to 158,900 by 2030 - a decrease of approximately **2.3%**.

This is lower than the Local Authority average decline (3.7%).

Projected Pensionable Age Population (2018-2030)

65+ years

+28.0%

Aberdeenshire

2018 2019 2020 2021 2024 2026 2027 2028 2029 2030

Aberdeenshire's pensionable age population is projected to increase from 49,800 in 2018 to 73,750 by 2030- an increase of approximately **28.0%**.

This is higher than the Local Authority average increase (23.6%).

The implications of an ageing population alone include increased demand for health care services, rising costs of social care, workforce shortages, impact on pensions and social security, changes in family structures, housing, and transportation challenges and, increased isolation.

The successful and effective future delivery of social work and social care services depends on us being prepared and using the implications and pressures to create real transformational change in the way we deliver services.

3 Governance & Accountability

The Role of the Chief Social Work Officer

There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who is registered with the Scottish Social Service Council (SSSC). The overall role of the CSWO is focused on the provision of ***effective professional advice and guidance*** to Local Authorities, Elected Members, and Officers in the provision of Social Work Services, whether directly provided or commissioned. The CSWO also has a responsibility for overall performance improvement, and the identification and management of corporate risk in so far as these relate to Social Work Services.

This report has been requested by the Scottish Government's Chief Social Work Advisor in order to assist with ensuring that, on a national basis key issues are highlighted, and information and learning is similarly shared. On receipt of 32 CSWO reports the Chief Social Work Advisor prepares a national overview.

The governance of social work services in Aberdeenshire continues to be undertaken across two discreet structures. Children's Social Work Services remain within Aberdeenshire Council and are part of the Education and Children's Service's (ECS) portfolio. This integrated approach has strengthen collaborative working and Getting it Right for Every Child in Aberdeenshire. All other Adult Social Work and Social Care Services, including Criminal Justice, are part of the Aberdeenshire Health and Social Care Partnership (HSCP) and are overseen by the Integration Joint Board (IJB).

Whilst the CSWO sits within Education & Children's Services, a close working relationship has been developed with the HSCP Chief Officer, Partnership Managers and the Lead Social Worker who often deputise for the CSWO.

Duty of Candour Statement for 2022/23

All social work and social care services in Scotland have a duty of candour. This is a legal requirement which means that when unintended, or unexpected, events happen that result in death or harm as defined in **Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016**, the people affected understand what has happened, receive an apology, and that organisations learn from the experience and put in place improvements.

An important part of this duty is the requirement for organisations to provide an annual statement detailing how the duty of candour is implemented across services. This brief statement describes how Aberdeenshire Council has operated the duty of candour during the period 1 April 2022 to 31 March 2023.

Between 1 April 2022 and 31 March 2023, there were no incidents where the duty of candour applied. (These are unintended or unexpected incidents that result in death or harm as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition).

4 Resources / Finance

Aberdeenshire Council and the Integration Joint Board continue to invest in social work and social care services to meet current demand and anticipated increasing levels of demand recognising the complex needs as many people are living longer.

The gross expenditure on social work and social care services during 2023/23 was £146.9m on adult services and £40.3m on children's services.

Social work and social care services commission resources from independent, not for profit and third sector providers.   Services access independent care homes, including resources for older people and adults with learning disabilities as well for children and young people across Scotland. Providers in Aberdeenshire also operate across home care, day care and supported living.

Significant improvement activity has continued to be embedded in an attempt to support children in their local communities and avoid the use of out of authority placements. Whilst the demand for out of authority provision remains consistent with previous years, increased scrutiny around process, admission and exit planning contributed towards an underspend in this area during 2022-23.

In 2022/23 the IJB recorded an overspend of £6.397 million after allocating Earmarked Reserves. The overspend was funded from IJB general reserves which was made up of previous year underspends. This is clearly not a sustainable solution going forward.

Budget scrutiny indicates pressures in care packages in both Older People and Adults with Learning Disabilities were evident again reflecting the complexity of need and increased demand will have contributed to the over budget position.

Home Care was underspent due to difficulties in recruitment especially in rural areas, but this doesn't reflect the increasing pressure on this service. The hours of unmet need are increasing as third-party providers also struggle to recruit and older people require additional and more complex care.

As part of the IJB Medium-Term Financial Strategy (MTFS), programmes of work are ongoing to deliver more sustainable models of service delivery. A strategic and medium-term view of resources is essential if social work and social care services are to deliver their strategic priorities.

Whilst Children's Services came in on budget, this in many ways masks the reality of stretched teams. Whilst vacancy management will have contributed to the overall budget picture, even without vacancies, the demand would still be greater than the service capacity.

5 Workforce

The Social Work and Social Care sector in Aberdeenshire covers a variety of staff employed within the local authority (LA), independent providers, and voluntary organisations. Statutory duties under social work, across children's and adult services,

continue to be undertaken by LA employed Social Workers, Care Managers, and Mental Health Officers (MHOs).

Services within the Local Authority are located between Education and Children Services and the Aberdeenshire Health and Social Care Partnership (HSCP). Adult social work is a delegated function of the HSCP.

9500 people were employed in social work and social care, across the local authority, independent, and third sectors, in Aberdeenshire.

- 3770 were employed by Aberdeenshire Council, across Adult, Children, and Justice Services, undertaking statutory social work duties and providing social care and support, within the 146 registered care services, operated by the LA.
- Independent providers employed a further 4040 people across 395 registered care services.
- There are 130 registered care services, employing 1840 people, in the third sector.

The largest part of the workforce remains employed in adult social care, within a mixed economy of Local Authority (LA), independent and third sector employers employing over 5500 staff in care homes and to provide support for people within their own homes.

Aberdeenshire Social Services Staff Roles (All sectors)
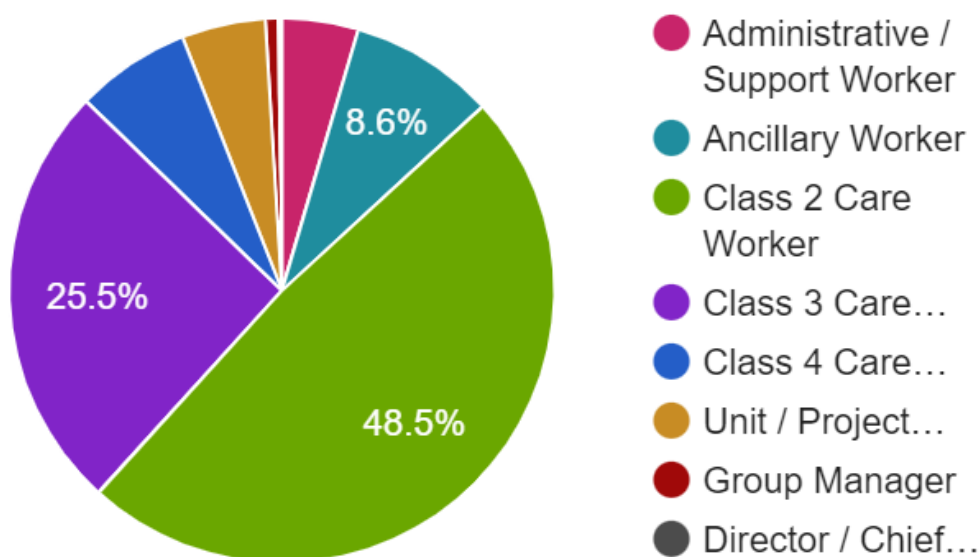
Most staff are employed in direct care and support, with over half of all staff employed continuing to undertake a direct caring role (as workers registered with SSSC under class 2 and 3).

Frontline Social Workers, engaged in assessment, care management, and protective work, remain a small proportion of the overall workforce (less than 7%, as indicated under class 4). However, they retain a crucial statutory role that keeps our most vulnerable and at risk children and adults safe. Ensuring services continue to provide safe and appropriate support.

There is a continued commitment within Aberdeenshire to ensure sustainability of service, and, as noted within the Training Section of this document, both Education and Children's Services and the Aberdeenshire Health & Social Care Partnership regularly employ newly qualified social workers, many of whom have previously experienced social work placements in Aberdeenshire.

Evidence indicates that Aberdeenshire Council has had a strong history of staff retention within social work and social care services. However, the demography of our staffing, means there are always a number of staff retiring and a need to train and develop new recruits.

Aberdeenshire Council Age of staff (Social Services)
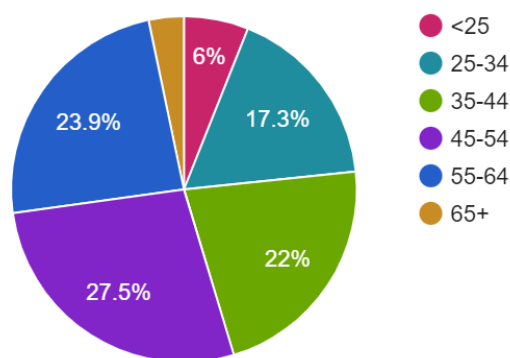
Although the overall demographic within the sector remains broadly similar to previous reports, with over half of workers aged between 45 and 65, there have been slight increases in the number of younger workers, which reflects our effective links with education establishments and targeted recruitment drives.

Recruitment into Social Care, particularly within Adult Services, can be difficult with a limited recruitment pool locally. In response, there been a number of recruitment initiatives, both locally and nationally, the sector has engaged in. These have included social media, face to face and promotional events and marketing to encourage interest in working in social care. This is in addition to ongoing links with schools, colleges and universities to encourage recruits into the sector.

Increased demand and COVID outbreaks continued to put pressure on services throughout the winter months of 2022/23. Staff absence levels continue to be monitored closely, and health and wellbeing promoted. Winter planning ensured service capacity was directed at the most vulnerable.

5.1 Training and Learning

Our Workforce Development Team (WDT) remains committed to supporting staff training and development across all of Aberdeenshire Council's social work and social care workforce. This includes a range of professional development initiatives which is supplemented, where identified by the service, in the provision of externally commissioned training. Trauma informed practice is at the heart of all training and service delivery.

The team supports the delivery of an annual training plan which incorporates training needs specifically identified by Children's Services and HSCP Teams. This includes the provision of Scottish Vocational Qualification (SVQ) assessments, social work

student placements, face to face, online and blended courses, focusing on policy and good practice agendas and regulatory requirements.

Both Children's Services and the HSCP have both facilitated staff surveys to enable the workforce to identify skills, knowledge, and confidence levels as well as areas where additional support and training were required. This along with the Workforce Development Team Training Analysis enables Aberdeenshire to work collaboratively and responsively to equipping the workforce with the confidence, knowledge, and skill required for their roles.

In 2022/23, we have continued to see a steady number of Foundation Apprenticeships being completed within our social care settings and it is tremendous that so many young people are keen to gain social work and social care experience whilst still at school.

The provision of professional social work student placements, which had been profoundly impacted by COVID-19 has also continued, with 59 students undertaking a Social Work practice placement in Aberdeenshire over the period. Temporary funding by Aberdeenshire Council, in collaboration with Robert Gordon's University and the Social Work Education Partnership, has also allowed us to employ a Practice Development Worker from January 2023. This post will enable us to increase the number of placements we provide and develop a Return to Practice Teaching course to maintain and develop staff who have not recently supported a student. There are currently at least 6 candidates keen to undertake the training, planned for 2023/24.

The Social Work Support Scheme which assists selected colleagues to complete their social work degree continued in 2022/23 with two new participants starting their social work degree in the 2022/23 Academic Year and funding agreed to offer up to 4 new places annually to existing council staff across Children's Services and the HSCP. This is an area we are keen to expand in order to mitigate risks around staff recruitment.

From 1 April 2022 to 31 March 2023, fifty-one newly qualified professionals attended the one-year Social Work Professionals Support Programme (SWPSP). The programme continues to provide a valuable induction to, and familiarisation with, service expectations of good practice and opportunities for reflection and discussion on challenging themes. The themes and approaches to this programme continue to be reviewed and adapted annually to reflect feedback from participants.

Aberdeenshire also continues to support social workers in post qualifying study, enabling a small number of staff to access relevant Social Work PQ Awards via the Open, Robert Gordon, Stirling, and Dundee Universities.

Looking forward, Career progression across the service is an area we need to address. Whilst workload and work life balance issues feature in exit interviews, lack of career progression opportunities is another factor. Our ambition would be to roll out an Advanced Practitioner scheme which recognises and rewards length of service, skills, and knowledge. However, without additional funding, this is not possible.
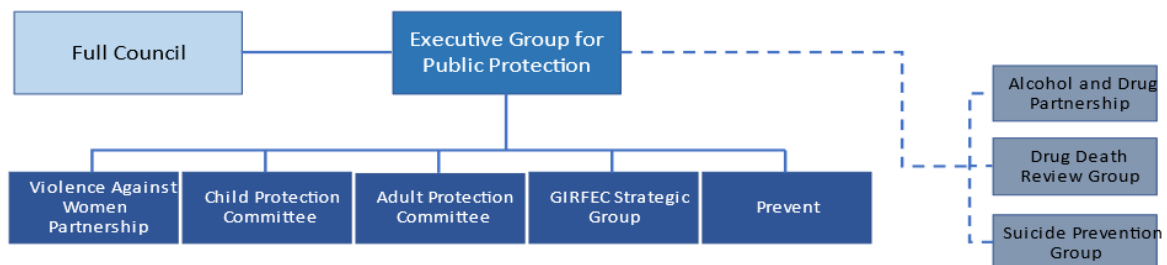
6 Public Protection

6.1 Overview

Public Protection is a key aspect of the CSWO role. Statutory Social Work Teams are integral to the planning, delivery, and monitoring of public protection responses across social work services.

Public Protection is a term used to encompass the many different strategic approaches and responses to keeping children and adults safe in our communities and involves working with both victims and perpetrators. The main areas of public protection are Adult Support and Protection, Child Protection, Domestic Abuse, MAPPA, Prevent, Alcohol and Drug Partnership and Suicide Prevention.

Governance Structure – Public Protection Arrangements

Public Protection activity and oversight is undertaken on a multi-agency basis.

6.2 Child Protection

Child Protection Work in Aberdeenshire is overseen by the multi-agency Aberdeenshire Child Protection Committee (CPC).

Continuous improvement in our Child Protection practice, resulting in improving outcomes for children and their families remains the focus of the work of the CPC.

The CPC routinely review and update multi-agency policies, procedures and guidance and continue to support practitioners and managers across the multi-agency workforce to carry out best practice in child protection work including learning from Case Reviews.

Our consistent approach to high level self-evaluation activity assists us to identify areas for improvement ensuring key outcomes are met or further developed. We continue to develop the use of qualitative and quantitative data from the National CPC Data Set.

Neglect, domestic abuse, and parental mental health are the top three reasons children are placed on the Child Protection Register and is consistent with the Scotland wide picture.

Data gathering has informed the CPC priorities for 2022/23 which have enabled partners to focus on collaborative work around Neglect, Pre-birth Practice, Child and Family Participation and Domestic Abuse.

The Scottish Child Interview Model (SCIM) went live in Aberdeenshire in November 2022 with an initial aim of carrying out 60% of all Joint Investigative Interviews (JII) of children across the Northeast Partnership area. Although the SCIM team comprises 14 police officers/social workers, Aberdeenshire has two dedicated social workers/officers for Aberdeenshire, albeit with there being "soft boundaries" across the Northeast to enable additional resilience in meeting need. This initial aim has been exceeded with the initial SCIM quarterly report identifying that 91 % of all JII's which have occurred in Aberdeenshire have been undertaken by this cohort of specialist interviewers, with positive feedback being given by children and their parents/carers.

January 2023 saw the publication of our **Joint Inspection of Services for Children and Young People at Risk of Harm. The key messages highlighted in the Joint Inspection report include:**

- Children and young people are safer because risks have been identified early and responded to effectively.

- Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from harm.

- Children, young people, and their families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery, and improvement.

- Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

Examples of good practice included recognition of:

- Effective joint working between services/agencies that directly influenced improvement in a child or young person's safety.
- Well embedded Getting it Right for Every Child 'GIRFEC' processes.
- Strong investment in effective staff training and the GIRFEC website
- Staff skills, knowledge, and confidence
- Almost all children experienced trusting and respectful relationships
- Use of strength-based approaches and creative support to enable families to make and maintain changes.
- Children and families felt listened to and heard.
- Strong leadership with effective governance structures and clear vision
- Robust multi agency self-evaluation activities that highlighted how well we know ourselves in terms of what works well and areas for ongoing improvement.

Overall grade Evaluation **of quality indicator 2.1: Very good**

Areas for improvement from the Inspection reflected work in our own improvement plan, particularly around reducing the risks for our older children, our use of outcome data to evidence impact and development of our trauma informed approaches.

6.3 Adult Support and Protection (ASP)

Adult Support and Protection (ASP) work in Aberdeenshire is overseen by the multi-agency Aberdeenshire Adult Protection Committee (APC). The HSCP is consistently represented and engaged in the work of the Adult Protection Committee and its subgroups.

In October 2022 the APC published their Biennial Report outlining progress that had occurred between 2020- 2022 and setting out priorities over the next reporting period.

Aberdeenshire Council, through Social Work, is the lead agency for Adult Support and Protection. The Adult Protection Network acts as a single point of contact for all Adult Support and Protection concerns. There was a significant increase in referrals during the pandemic and this increase has not reduced in the last year. Recognising the increase in demand HSCP funded additional staffing to which enable the service to continue to meet the needs of adults at risk of harm. The graph below illustrates the impact on referrals to the Adult Protection Network.
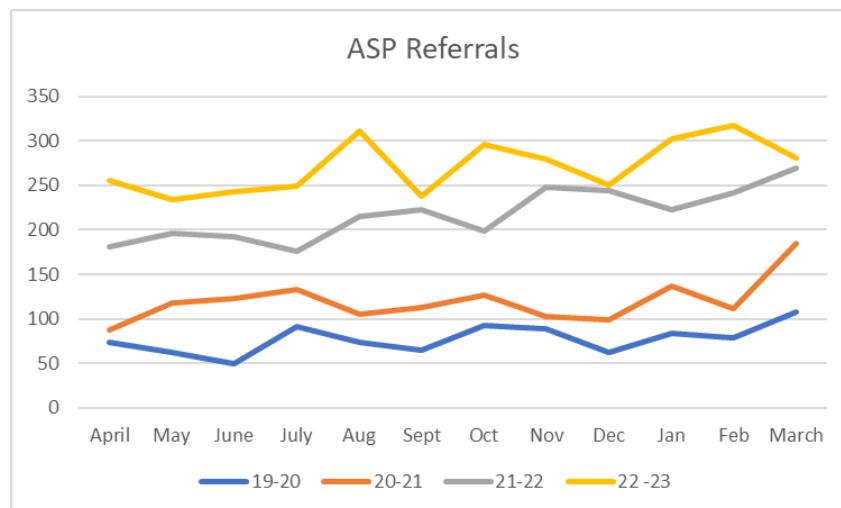
This increase in activity is further reflected in ASP activity data on numbers of Initial Referral Discussions, Case Conferences and ASP reviews. Despite this increase in activity, operationally ASP remains a key priority, and all services to support and protect adults at risk of harm continue.
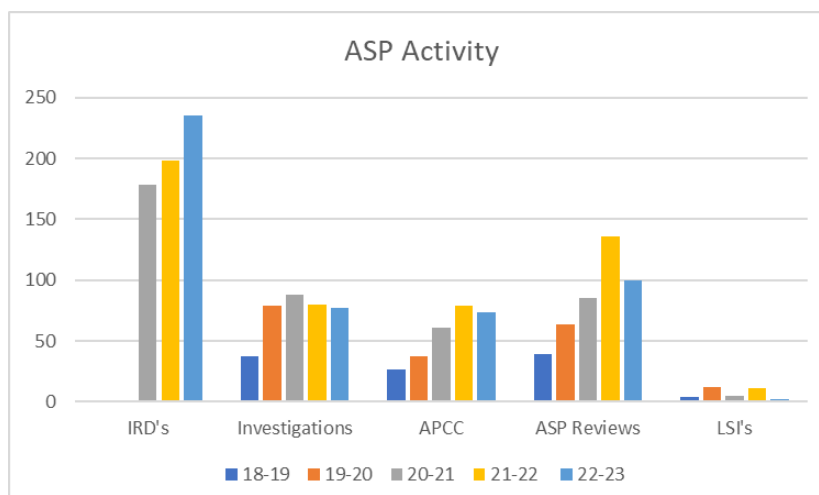
6.4 Domestic Abuse

Strategy and Action Planning for domestic abuse sits with the Aberdeenshire Violence Against Women and Girls Partnership (VAWP). Social Work practitioners actively engage with VAWP and its subgroups which focus on delivery and evaluation of the following priorities:

- Safe & Together Training across front line services.
- Equally Safe in School
- Equally Safe in the Workplace

In 2022 the HSCP and Aberdeenshire Council Housing jointly commissioned Grampian's Women's Aid to provide outreach support to women and children that had been affected by domestic abuse. The outreach support provides practical and emotional support, advice, and advocacy on matters such as housing, tenancy sustainment, resettlement, safety planning, risks and management of risks, emotional support, welfare benefits, legal options, health, education, training, and childcare.

7 Service Quality and Performance

7.1 Children's Services

Taking cognisance of the impact of recovery from the Pandemic and the current cost of living crisis, children's social work continues to engage with over 2,500 families in need of targeted support. Our focus on whole family wellbeing is reflected in our children's services planning and in our daily interactions with the families we support. Relationships and the language we use have been our golden thread across all our service delivery and interaction with families and partner services. We continue to drive improvement around recording and writing to the child/young person in case recording and pathway minutes. We have created a supported approach to Subject Access Requests for care experienced young people, improved practice around supporting connections between siblings who can't be placed together and worked with Aberdeen City to create an 'alternative to custody' accommodation for young people who are victims of county lines activity.

Whilst national statistics correlate with our decline in children being looked after, the table below shows our numbers of children looked after in the community and in residential settings. We continue to monitor the trend data with our partners and reflect on the impact across all services in supporting our care experienced young people and upholding our Promise.

RESIDENTIAL ACCOMMODATION
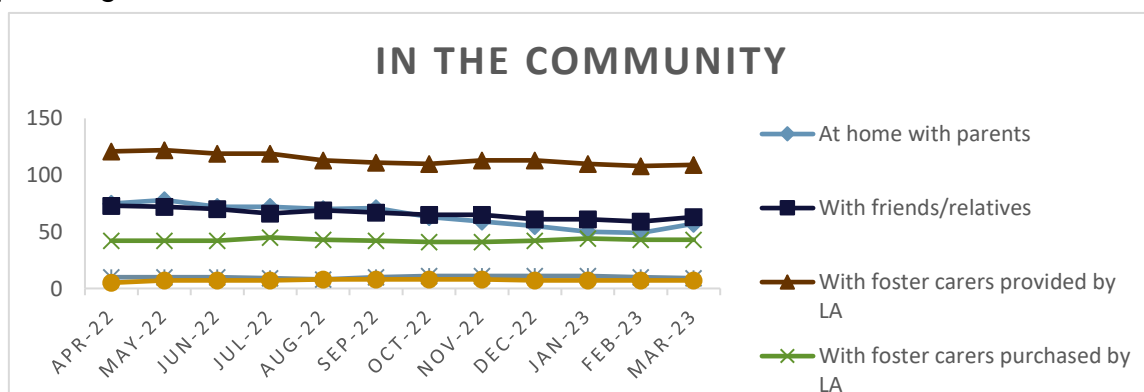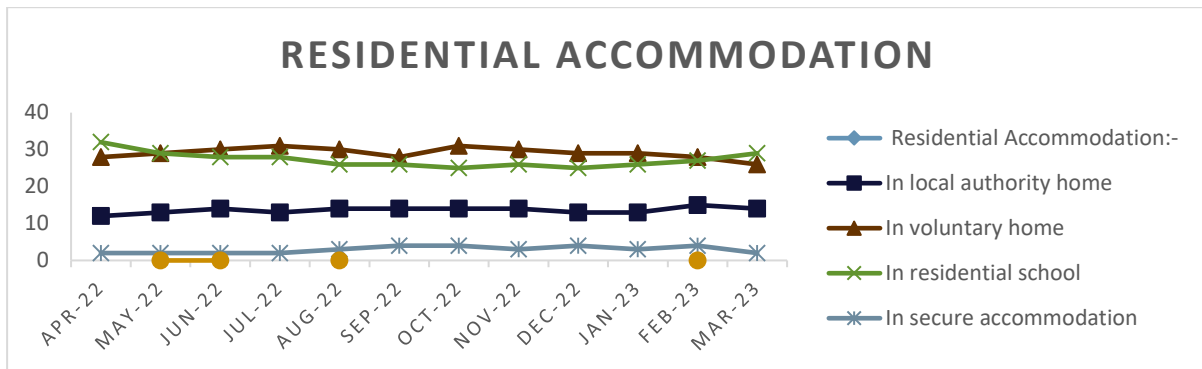
Best Practice Example

Some exciting innovative work has included the recruitment of a Family Group Decision Making Social Worker based in in our Kinship Service to support more families to consider caring for and/or supporting a child in their family who requires support or to become looked after. The service has also recruited a Transitions Worker focussing on children transitioning from foster care to their forever family to enable us to better develop best practice and ensure all parties hold the child at the centre.

Further detail pertaining to our work on delivering The Promise can be found in our Corporate Parenting Annual Report.

Workforce Development and Wellbeing

Children's Services in Aberdeenshire face many of the same difficulties experienced across all local authorities in the recruitment and retention of our workforce. Staff vacancies have continued to be a challenge during 2022/23 and called on existing team members and colleagues from across the service to support continued delivery of services. Despite these difficulties however, there has been a great deal of positivity to reflect on.

Our service priorities for our workforce are:

- A Strong and Stable Workforce
- Skilled and Knowledgeable Workforce
- Inspiring, Empowering and Effective Leadership and Management
- Creating the Conditions for Good Social Work to Flourish

Our 'Time for Talking' events across the whole service has been one of the ways of engaging our workforce to share good practice and identify areas for improvement. One important area has been staff wellbeing and supporting our trauma-informed practice. This has led to the refresh of our supervision policy and individual wellbeing plans for all workers at all levels to support staff wellbeing. We also refreshed our exit interviews to inform our continuous improvement listen to what is important to staff. Feedback from the exit interview process has included reflections on what was positive about the role and what could be improved.

We also had a successful world café event at Robert Gordon University, sharing experiences from across our service with third- and fourth-year BA Social Work

students. This has led to the recruitment to posts and raised the profile of both the diversity of children's services and Aberdeenshire as a place of work and contributed to overcoming some of our recruitment challenges.

Children's Services Plan 2020 - 2023

The final annual report for the 2020-2023 Children's Services Plan and the development of our new 2023 – 2026 plan has highlighted the importance of mental health and wellbeing and was the most important issue raised in feedback from children, families, and the wider workforce. Children's services continue to be well represented in the thematic groups and have been integral to the development of strategic delivery, including chairing the Co-ordination and support hub that oversees GIRFEC practice development.

Participation and engagement with our young people are at the heart of our work and includes building on the positive work from our Bright Spots work last year with our care experienced young people. We have also led via our Children's Rights Service, a new advocacy project for children and young people who experience our child protection processes. Co-produced with young people who have had experience, feedback has been very positive, and children have felt supported and understand the process. This also highlighted the importance of relationships with their children's rights worker.

Children's Service Priorities 2023-26

The service is, in line with The Promise committed to:

- Developing ongoing innovative and creative ways of recruiting foster carers across Aberdeenshire.

- Reviewing the delivery of fostering to support retainment of carers and continue to improve outcomes for care experienced young people.

- Promoting Kinship Care as a positive option for children, young people and families and developing innovative approaches including piloting the Family Group Decision Making approach.

- Developing support to Aberdeenshire's Unaccompanied Asylum-Seeking Young People recognising the particular challenges they face through an evolving service provision.

- Reviewing the provision of Self-Directed Support and expanding the current provision of respite care for children and young people with disabilities.

- Reviewing the delivery model of residential children's home care across Aberdeenshire with a view to expanding provision to enable the service to retain more young people in Aberdeenshire and reduce break down of current provision.

- Continuing to facilitate robust scrutiny and regular review of all funding requests by Joint External Placement Group by the Head of Service.

7.2 Learning Disability Services (Adults)

Aberdeenshire HSCP currently support 882 adults with a learning disability. Of those in receipt of support, 402 are living in residential care, or supported living settings. 14.6% of adults with a learning disability in Aberdeenshire have an autistic spectrum diagnosis compared with the Scottish average of 13%.

The Community Learning Disability Teams provide support to adults with a learning disability, their families, and carers. The service also helps people with learning disabilities and complex needs to cope independently, understand information, and learn new skills. The teams are made up of a range of disciplines across Health and Social Care.

The Partnership have six Adult Day Services for people over 16 with learning disabilities and additional support needs who are eligible for Social Work services. These community-based Day Services in Banff, Fraserburgh, Peterhead, Inverurie, Ellon and South Aberdeenshire each offer a different selection of community-based activities depending on local demand and opportunity. In 2022-23, 227 users were supported across the six Day Services.

The creative use of SDS continues to be an important part of service delivery as we advocate for service users to have active, healthy, and independent lives. The role of the social worker is key to ensuring a holistic approach to support ensuring that human rights are at the forefront of every interaction.

The Partnership continues to value the support from our Third Sector partners and our Provider Forum run by ARC Scotland is vital in sharing information and learning.

'Be All You Can Be' – Learning Disability Strategy

We continue to deliver our 5-year Learning Disability strategy 'Be All You Can Be'. Our 4 priorities from the Strategy are that people with learning disabilities in Aberdeenshire feel:

- Well
- Involved
- Valued
- Supported

Some notable highlights from the year include:

- To reduce **health inequalities** for people with a learning disability, a number of pathways including a palliative and end of life care pathway and a dementia pathway have been completed and are being embedded in practice. The Partnership are also currently looking at the roll-out of Annual Health Checks as part of a wider Grampian-wide roll-out.

- In support of the '**Coming Home Implementation**,' the HSCP are are looking at developing suitable accommodation options for adults who have complex support and behavioural needs enabling them to live in their local communities with appropriate levels of support. Ten people have initially been identified as priority for the new service provision.

- The HSCP continues to embrace a new model of delivering **Day Opportunities** with particular focus on community integration and outreach. Examples of initiatives to strengthen these community links, such as Shopping Buddies, where service users collect shopping for people who are unable to leave their home and Books on Legs, delivering library books to older or disabled people, are indicative of a strategic shift away from building based day services.

Best Practice Examples

One of our young men has become a valued part of the Garioch rugby club through walking rugby. He recently attended the annual award dinner where he had a brilliant time, enjoyed the dinner, the speeches and danced the night away until midnight, including fast and furious Scottish country dancing. This was possible due to the flexibility of hours using the new weekly budget funding model and commissioning of a supported living service.

7.3 Mental Health Services

Photograph taken by a member of our Community Mental Health Team photography group, chosen for local magazine cover.
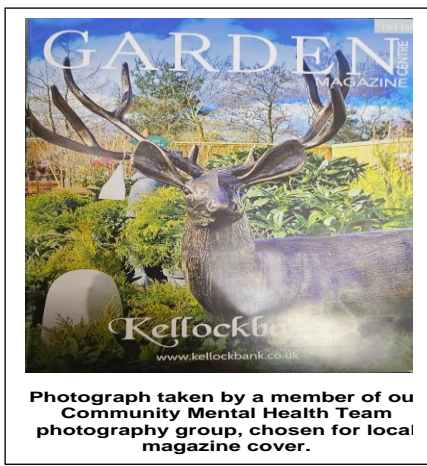
There are three Community Mental Health Teams in Aberdeenshire consisting of Social Workers, Mental Health Officers (MHOs), Senior Community Coordinators, and Local Care Coordinators.

The referrals to the teams are increasing and the complexity of referrals rising. Within Aberdeenshire Adult Mental Health and Older Adult Mental Health Teams we saw a 21% referral increase from 2019 to 2022 which is likely to correlate with the COVID-19 pandemic.

Whilst creative use of technology to meet demand is being embedded, it is anticipated that demand will continue to grow given amongst many factors the current cost of living crises.

Royal Cornhill Psychiatric Hospital has continued to be running at 'over capacity' for significant periods of time over this last year. This factor placed additional pressure on community-based resources to support adults who were more likely in 'pre Covid-19 times', to have been treated as an inpatient. Therefore, the risk and complexity of casework increased for community-based services and in addition demand became greater and more people sought help for psychological therapy interventions.

Similar to other part of the social work service recruitment continues to be a challenge. In an attempt to overcome this challenge, a Project Manager has been employed for 18 months to review the way both Older Adult and Adult Mental health Teams are set up with the aim of creating a more sustainable model which will meet the needs and demands in years to come.

We have been working with Penumbra to deliver 'Well Aberdeenshire' since April 2022, who offer one to one sessions, small group sessions and now are looking to set up a Peer Network across Aberdeenshire.

Ben's Story

During his first 'Time, Space & Compassion' session, Ben shared that he has been suffering from anxiety for over a year which had increased following a car accident.

By giving Ben space to open up about what caused him distressed, he naturally began talking about things he enjoyed doing including creating music which he identified might help ease his mind, especially in the evenings when his anxiety grew. As employment was another concern, we shared some resources for a job searching website. Finally, when we explored the support Ben had already around him, he mentioned that his GP had referred him for counselling sessions, however he had not yet followed up on this.

Ben attended his second session a week later and excitedly shared that he had submitted a job application via the website we looked at and had been offered a trial shift. He had also been creating music which he found to have improved his sleep. Ben had also been in contact with the counselling service, hoping this would provide an opportunity to work through what has happened.

Kooth and Together All continue to be available across Aberdeenshire HSCP and Children & Education Services.

*The Adult Mental Health and Wellbeing Strategy 2019 to 2024 (pdf 866KB) sets out our priorities for mental health and wellbeing for the next 5 years. These priorities have been informed by the views and opinions of a wide range of people, including those living with mental health problems, unpaid carers, our third sector partners and mental health professionals.

The following mental health and wellbeing priorities have been identified:

- Prevention & Self-Management: People are supported to maintain and improve their mental health
- Access: People have access to the right treatment, care, and support at the right time
- Person Centred: We deliver person-centred, recovery focussed services, that promote choice and control
- Mental Health Inequalities: We reduce the negative effects of mental health inequalities

Going forward, it is important services adapt to reflect the changing needs of communities, to do so, there must be a willingness to work beyond current service boundaries and move to a truly holistic approach to supporting people.

Best Practice Examples

As part of Action 15 of the *Scottish Government Mental Health Strategy*, the Mental Health and Wellbeing Improvement Service was developed and has now been fully operational for 12 months. The service is available from every GP practice across Aberdeenshire to support people with their mental wellbeing. The service receives referrals from GPs, other mental health professionals and individuals can now self-refer. Between 1st of April 2022 and 31 March 2023, the service has received 577 referrals.

The Crisis Intervention Team have also been operational since April 2021 and have undergone a test of change since October 2022 trialling different working days to ensure the greatest uptake of their service. This has been successful, and they are now moving to 7 days working, 9am-5pm from Fraserburgh Custody Suite.

ADHD Clinics

Social work colleagues have begun working on the pilot for ADHD (attention deficit hyperactivity disorder) assessment clinics. Due to the growing waitlists for Adult ADHD assessment requests, health and social care staff are contributing to creation of an ADHD assessment clinic to meet demand and reduce pressure on other parts of the HSCP and NHS.

Involvement in setting up these clinics is hugely positive for social work staff, as it demonstrates the variety of skills and abilities social workers have to offer, and the range of ways that these skills can be utilised for the benefit of the public and the wider mental health team.

Outcome Star

Over the last few months, the CMHT's has been trained up in using 'Outcome Stars.' Each star looks at different areas of the service user's life, such as relationships, identity, addictions, and living skills, to name a few.

The outcome stars aim to improve active participation in care and treatment plans, identifying of priorities, and working together to create goals and action plans. The response has been positive as it also provides a visual marker of progress for individuals.

Feedback –

"I found it really useful, it helped me get a bit more insight into my mental health and I struggled a lot with knowing how to start working on improving my mental health and where to even start but it helped me realise what areas needed the most work and helped me identify ways to start getting better and it was really beneficial. It was very easy to understand as well, which made it even better".

9-10 Self-reliance

7-8 Learning

5-6 Believing and trying

3-4 Accepting help

1-2 Stuck
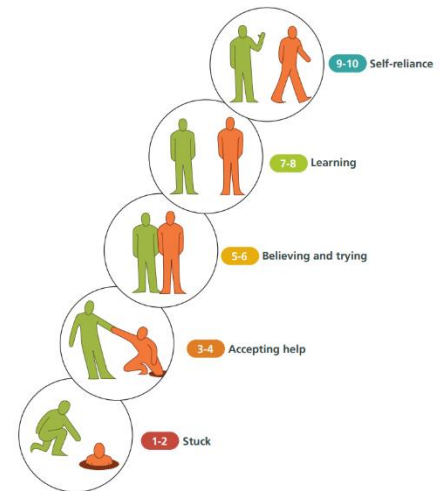
Suicide Prevention Strategy

Creating Hope Together: 'Suicide Prevention Strategy 2022 – 2032' Launched in September 2022. The aim of the strategy is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

Whilst continuing to contribute and engage with the work undertaken on a North-East basis, we have also started to develop a local delivery plan for the Suicide Prevention Strategy. Benefit mapping exercises took place on a multi-agency basis. A local delivery plan is in development for Year 1. During Year 1 we will develop the plans for years 2 and onwards, incorporating views of people with lived experience. Partners will continue to work closely together including with children and education partners.

SAMH have been commissioned to work with partners for 1 year with a possible second year, to deliver suicide prevention work across Grampian. They will work with us in Aberdeenshire to design and deliver our local priorities. SAMH will work across Grampian to set up subgroups for five priority areas: Building Community Capacity, Children and Young People, Lived Experience and Knowledge, Suicide Bereavement and Data, Analysis & Risk.

7.4 Mental Health Officers (MHOs)

The performance of Mental Health Officer and Adults with Incapacity Services has seen both positive achievements and ongoing challenges. The demand for MHO Assessment requests has significantly increased while the number of MHOs have decreased, with eight MHOs retiring or leaving our services. The number of Assessments for Detention rose to 270 in 2022, a 62% increase from 2017 levels. One-third of all Assessment for Detention requests came from Aberdeen Royal Infirmary. Under the Adults with Incapacity Act, the number of people benefiting from Guardianship rose significantly from 7 in 2001 to 697 by November 2022. There has been a growing demand for Adult Support & Protection and Adults with Incapacity Services and an associated significant increase in case conferences and orders.

We achieved a 44% response rate to 66 Assessments for S.36 Emergency Detentions, which is close to the national average of 40.5% reported by the Mental Welfare Commission. This has been our lowest rate on record and is a notable deviation from previous years. Aberdeenshire MHOs completed 189 Assessments for Short Term Detention Certificates and 91% of all 270 Mental Health Act Assessments. Aberdeenshire MHOs ranked in the top 3 for completion rate of Social Circumstances Reports in Scotland with a rate of 70% compared to the national average of 43%. There were 95 assessments for detention with an 83% MHO assessment rate, and 35% of all assessments for detention took place outside of normal working hours.

Qualitative evidence highlights positive outcomes, such as increased independence and improved quality of life, resulting from long-term working relationships and supported recovery. Scrutiny of Guardianship renewals promotes autonomy and independence in decision-making. MHOs have played important roles in protecting individuals' rights, including dual applications of MHO and GIRFEC duties.

7.5 Care Homes & Very Sheltered Housing

The breakdown of care homes and very sheltered housing across Aberdeenshire is as follows:
- 41 care homes registered to provide services to people over aged 65 (8 are owned by Aberdeenshire Council and the others are operated by private providers).
- 17 care homes registered to provide services to people with a learning disability (2 of these are respite services).
- 1 care home registered to provide services to people with Mental Health issues.
- 6 Very Sheltered Housing complexes, all owned by Aberdeenshire Council.

The care home sector continues to experience difficulties recruiting and retaining staff as well as the effects of the cost-of-living crisis particularly the increase in utilities and food costs.

Capacity within the sector has become a particular issue this year in care homes for Older People with the system operating frequently at near full capacity. This has a knock-on effect on delayed discharges from hospitals and puts pressure on other parts of the system e.g., care at home, local District Nurse teams as people from the

community are unable to access a care home of their choice when they need to move from their own home into a care home.

The HSCP are also aware that it is becoming increasingly more difficult to find suitable care home places for people with a more complex diagnosis of dementia. Care homes are often unable to take people as they do not have the appropriate skills mix within their staffing compliment to meet their needs. On a practical level the HSCP continue to offer support through training opportunities to address this and are also looking at strategic options available.

Care Inspectorate grades across the Aberdeenshire care homes and very sheltered housing complexes has been mixed throughout the year with increased support being offered when required. The staffing challenges around the management and leadership of care homes has been a contributing factor in many cases. The HSCP have recently temporarily taken over a care home from a private provider due to the lack of stable management and leadership within the care home for a number of years, ultimately leading to it being unable to improve and eventually having to cancel its registration with the Care Inspectorate. This is the first time that the HSCP have ever had to step-in to this extent however the lack of capacity within the sector was a contributing factor in the decision to take this course of action. Full-time management support from an experienced care home manager was also provided on a temporary basis to assist a care home to stabilise following an Improvement Notice from the Care Inspectorate. This proved to be effective as the new management team took on board the requirements to be met and managed to meet all requirements within the timescales set by the Care Inspectorate.

The HSCP will continue to work closely with all multi-disciplinary teams in order to support the current situation while looking at how to build capacity for the future. However, should this present as a recurring theme, the HSCP capacity to take over a struggling Care Home will be questionable.

Celebrating Success – Workforce Wellbeing

Edenholme Care Home in Stonehaven were successful in securing a grant to support staff wellbeing. Through this grant the care home have been supported by a local nutrition, training and wellness-based company who have visited the care home on a weekly basis to provide staff with 1:1 support, team building, yoga, and massage. This has proved to be a real triumph and has boosted staff morale, overall wellbeing, and health throughout the care home.

Celebrating Success – Felt Fine Project
"Feeling Fine" is a joint initiative developed by Live Life Aberdeenshire's Arts Team in partnership with Aberdeenshire's Health & Social Care Partnership. Its aim is to celebrate and embed creative activity in Very Sheltered Housing and Care Homes to support and promote wellbeing.

Building on the award-winning pilot "Felt Fine" which was reported in the CSWO Annual Report 2021-22 and led by fibre artist Frieda Strachan and film company Poppycock Films, the Feeling Fine team reunited following its success at Dawson Court to engage

with residents, their families, and staff at Westbank Care Home, Oldmeldrum and Ythanvale Care Home in Ellon.

Felt Fine and Feeling Fine - Live, Life Aberdeenshire (umbraco.io)

7.6 Collaborative Care Home Support Team

Following direction from the Scottish Government in December 2022, the Collaborative Care Home Support Team have continued to move away from being assurance based to being more supportive and adopting collaborative improvement which has been recognised by our providers through their feedback.

Whilst improvement continues to be embedded, the team will continue to arrange appropriate and proportionate support from the multi agencies involved around the risks to:

- resident welfare,
- infection prevention and control including PPE supplies,
- current outbreak and staff cases,
- management and leadership matters
- workforce challenges
- Positive outcomes for people experiencing care and staff.

Assistance and support continue to be offered through approaches including outbreak management, Support visits, Improvement meetings, the Provider Forum and creation of a vacancies list.

This collaborative approach has mitigated a number of risks that we have been tackling and ultimately improved relationships and outcomes for people using the services.

7.7 Internal Care at Home Service

The service continues to reshape the care and support provided by continuing to work on the four pillars model: complex care; end of life care; rehabilitation and enablement; and rapid response.

The implementation of the model has encountered some challenges, especially recruiting to, and sustaining the delivery of care at home services and Care Homes as noted above remains a real challenge nationally and for Aberdeenshire. this is particularly evident in rural areas.

To address this, the HSCP continue to support strategic groups to lead on improving sustainability across social care which will feed into a Sustainability Board chaired by the CSWO with clear governance around reporting to the Strategic Planning Group and ultimately the IJB.

One of these groups is looking at recruitment and retention. They have been attending career fairs at schools and county shows. Photos are below from a recent event in

Oldmeldrum. The group has also looked at the career structure within home care to encourage workers to stay within the service when looking to progress their career. There has been a project to look at work pattern to allow as much flexibility within the service as possible.

Progress and benefits in terms of integrated working and achieving positive outcomes for people continue to be made. Home carers are seen as an integral part of the multi-disciplinary teams and all benefit from working alongside all the members of the team such as physiotherapist, the MacMillan team and community nurses.

Between 2022 – 23 there were 38 recruitment events held across Aberdeenshire and in Aberdeen City.

7 events in 2023 were in schools/education promoting the service.

From 21 Candidates over the year, 15 were successful. Not every event had data available.

7.8 Justice Social Work

During the reporting period, additional funding from the Scottish Government to support justice system recovery from the pandemic has enabled the Criminal Justice Social Work Service to increase capacity to deliver services and respond to the demands from the Courts. This has included the continuation of the Bail Supervision service as an alternative to remand, and the offer of Structured Deferred Sentences as an alternative to other community-based disposals or custody. This represents greater investment in early intervention which is also evolving as a national priority. Increasing capacity in Court Social Work provision has enabled these alternatives to remand to take place building in the offer of support at the pre-disposal stage of the justice pathway. The increase in capacity allowed the Service to be **one of the first areas in Scotland** to introduce the opportunity for assessment of Electronic Monitoring of Bail which has led to a small number of instances where electronic monitoring of bail has been imposed.

Towards the end of the reporting period, work was underway with the Procurator Fiscal Service and Police Scotland to establish a process to obtain earlier access to those who are due to appear in Court on an undertaking. This has increased the opportunity for assessment of potential suitability for Diversion from Prosecution. A pilot project at Kittybrewster Custody Suite in Aberdeen also commenced which allows earlier (Sunday) access to those being held in Police Custody to appear in Court, allowing earlier access to Court Support Services opportunity to assess for potential suitability for Bail Supervision and/or Electronic Monitoring of Bail. Expansion is planned to cover Fraserburgh Custody Suite following review.

In relation to Unpaid Work, two members of the Unpaid Work Service participated in training for trainers, to support the delivery of a new national training programme. This training, covering topics such as values, trauma informed practice, pro-social modelling, diversity and coaching and mentoring, will be rolled out to all areas across Scotland, from June 2023. This training will enhance skills and knowledge to most

effectively respond to the increasing complexity of need presented in people who are undertaking unpaid work.

Many of the adaptations that were introduced to the Unpaid Work Service as part of the COVID-recovery phase have been retained, with the creation of inventive outdoor spaces as outdoor meeting spaces such as poly tunnels and garden rooms. Outdoor / community placements are undertaken where possible to reduce travel and maintain a locality focus, home working increases opportunity to complete unpaid hours and with support through increase access to technology gives increased opportunity for learning.

The use of the 'Any Other Activity' component of an Unpaid Work Requirement within a Community Payback Order remained crucial in the completion of unpaid work hours, and virtual employability programmes, as well as one-to-one programmes tailored to meet individual needs, have continued to help people to complete these hours. During 2022/23, collaboration continued with the Creative Change Collective (formerly 'Street Cones'), to deliver a series of online creative writing workshops, engagement with which could again count towards completion of Any Other Activity hours. Each of the three modules completed during the period led to the production of a script which was then performed to an online audience – the recordings of which are all available to view online ([Creative Change Collective - YouTube](#)).

During 2022/23, the continued investment by Scottish Government in additional funding to support the interface with third sector has enabled the Justice Service to work more collaboratively with third sector to offer a more holistic approach in meeting the needs of people who are in the justice system. Examples being the Apex Labyrinth Programme delivered to provide employability support to people who had been convicted of sexual and/or violent offences and who often struggle to remain in or return to the job market following conviction. Action for Children provide support to families of people who are serving a sentence or a period of remand at HMP & YOI Grampian. This takes place through the Family Centre and Help Hub located at the prison. As a result of the additional funding made available, Action for Children have been able also deliver of outreach services to families experiencing the impact of imprisonment. Increasing the resilience of the wider family system to manage the impact of imprisonment promotes the continuation of family relationships which is a crucial component of desistence.

The Higher Support Needs Team (HSNT) continues to support individuals who have previously found it difficult to complete the Unpaid Work aspect of their community order(s) due to challenges in relation to their mental health including anxiety, alcohol and drug issues and general ill health. Subsequently, short custodial sentences as a result of breach of community-based orders are significantly reduced and people previously considered to be in the "revolving door" into custody have successfully completed Orders through engagement with the HSNT. The approach has an outreach component to initial engagement and the method of working is entirely relationship based. The team, work from an outdoor allotment site which has been built together with people attending the project. The work takes place alongside the opportunity to be listened to and talk through present, past, or future worries. Practical support can also be offered in various ways including attending Job Centre interviews, medical appointments, Court appearances, writing CV's, attending Social Work, Housing and Drug and Alcohol appointments. The positive impact on wellbeing, stability and routine

has led to the offer of "after-care" following completion of an Order. Eventual transition into other services can take place but for some the HSNT has established as a feature of their support network, maintaining positive engagement, and contributing to the reduction in their risk of reoffending.

Two social workers from the Justice Service have progressed as national trainers through representation on national groups. This relates to the roll out of new risk assessment tools for men convicted of domestic abuse related offending and for sexual offending. Another impact of the Court backlog has been the increase in new assessments and new casework relating to high-risk domestic abuse and sexual offending convictions, therefore, access to this expertise is invaluable. The workforce is the resource which delivers the statutory justice service, therefore, the wellbeing of the workforce from newly qualified, temporary workers, social workers in training and those experienced and longstanding in the service continues to be of paramount importance at the same time as delivering effective and progressive interventions.

Enhancing the workforce to meet increasing demand has taken place through employment of additional temporary social work staff, support workers, other professionals (Employability Officers, Occupational Therapist) as well as supporting safe additional hours working across the workforce. Access to psychological support in place for workers within the Programmes Team (who deliver group work to men convicted of domestic abuse and sexual offences) has been extended to the wider workforce where the nature and intensity of the content of casework is such that the impact may have been experienced as traumatic for the worker.

Beyond the challenges created by demand, there have been a number of issues relating to systems and processes which have had an impact on service delivery. This includes the Throughcare Assessment for Release on Licence -TARL and the Level of Service/Case Management Inventory (LS/CMI) system both of which impact progression and planning which places additional pressure on workloads.

[1] LS/CMI - RMA - Risk Management Authority

7.9 Community Justice

The Aberdeenshire Community Justice Partnership has continued to meet on a quarterly basis, with engagement from partners remaining high. Most of the established collaborations which had to be put on hold during the pandemic have now been able to recommence, including our partnership approach to Bail Supervision, Court Support, Custody Support, Joint Cuckooing Initiative, Safer Streets, the Women's Service, Groupwork and Unpaid Work.

As in previous reporting periods, drug supply through "County Lines" and associated "cuckooing" activity continue to impact on Aberdeenshire communities, most notably within the Buchan Corner. Community Justice Partners began to work together in 2018 in a multi-agency response to address the impact of drug related harm. This work has continued through the Joint Cuckooing Initiative.

Following on from the four successful joint Days of Action in 2021/22, a further ten Days of Action and a smaller 'Day of Reaction' took place at various locations across Aberdeenshire throughout the course of the year.

The Days of Action are targeted interventions designed to address the harms caused by Serious and Organised Crime, and to provide support to vulnerable people who are being exploited and at risk of drug-related harm.

The Days of Action continue to involve a range of partners - including Justice Social Work, Health and Social Care Partnership Drug and Alcohol Services, Housing, Children & Families Social Work and Community Safety, alongside Police colleagues from Community Policing Teams and specialist units - who carry out a combination of enforcement and outreach to offer a multiagency approach to safeguard communities and individuals following enforcement activity. This provides increased visibility of Police, Justice Social Work, Community Safety and Drug and Alcohol services within communities.

The presence of the Police Pod and Community Safety visits to households provide reassurance, while the joint visits engage and re-engage people at risk, offer fast track into treatment as required, and provide access to other support services - whilst the enforcement activity itself serves as a disruption to those responsible for activities relating to drug supply. Whilst led by Adult Services, there is also strong collaboration with Children's Services delivering on Children's Services Plan priorities.

Following the lifting of all remaining COVID restrictions in April 2022, Community Justice Partners were able to re-establish the Aberdeenshire Safer Streets Initiative.

The initiative provides an opportunity for Community Justice Partners (Justice Social Work, H&SCP Drug and Alcohol Service, Licencing Officers and Police Scotland) to deliver high visibility joint patrols, licensed premises checks, welfare checks to existing service users and also bail compliance checks, specifically in relation to domestic abuse related situations. This activity takes place at key times of the year where intelligence has indicated that there is a rise in incidents of violence and drug and alcohol related harm.

The Safer Streets activities provide an opportunity for Justice and Drug and Alcohol Services to offer support and assistance to vulnerable individuals out with normal working hours, and to also provide a visible presence within communities through interaction with the night-time economy. This creates opportunities for early engagement where there may be problematic issues with drugs and alcohol also giving opportunity to diffuse potential volatile situations before they escalate and result in involvement with the justice system. Bail compliance checks is linked to early intervention and arrest referral processes which are a feature of Justice Social work activity.

Continued on from 2021/22, this year Aberdeenshire Criminal Justice Social Work and Drug and Alcohol Services secured further provision of Level Three Safety and Stabilisation trauma training for a range of staff including Team Managers, Project Managers, Social Workers, Care Managers, Community Mental Health Nurses, Support Workers, Local Area Coordinators and Health Care Support Workers.

Since May 2021, one hundred and thirty five workers from across these services have taken part in the two-day training, delivered by Epione Training and Consultancy, with a further course planned for July 2023. The training is delivered through a Justice lens so places the context for participants in their own working environment. This will help ensure that Aberdeenshire is able to meet the requirements of National Community Justice Strategy Aim 2 and Priority Action 5 as well as the Medication Assisted Treatment Standard 10, requiring the workforce to be trauma-informed and that practitioners are appropriately trained to provide trauma responsive support.

As part of the initial response to the pandemic in early 2020, Community Justice Partners were required to work together more closely to plan and prepare for people being released from custody at an earlier stage than would normally have been the case (Emergency Release from custody). Although Emergency Early Release has now come to an end, we have continued the model bringing together partners including Criminal Justice Social Work, Aberdeenshire Housing Service, Aberdeenshire Health and Social Care Partnership Alcohol and Drug Services and the national throughcare SHINE Mentoring Service. Moving forward, the group will provide a mechanism for ensuring that the Medication Assisted Treatment (MAT) Standards are applied within all relevant community justice settings.

2022/23 has seen the publication of a new National Strategy for Community Justice which sets out four new national aims and thirteen priority actions for community justice partners to consider going forward. This includes optimising the use of diversion and intervention at the earliest opportunity, ensuring that robust and high-quality community interventions and public protection arrangements are consistently available, ensuring that services are accessible and available to address the needs of individuals convicted of an offence, and strengthening the leadership, engagement and partnership working of local and national community justice partners.

The National Strategy is accompanied by a Delivery Plan for National Community Justice Partners, however it is anticipated that additional resources and investment will be required to support implementation of this, and as yet it is unclear what this investment will look like at either a local or national level.

Throughout 2022/23, Community Justice Partners have been working to produce a Strategic Needs and Strengths Assessment of Community Justice in Aberdeenshire, which will provide an evidence base of the justice population's needs and the services and interventions that are in place locally to support them. This, along with the National Strategy, Delivery Plan and a new Performance Framework, will inform the development of Aberdeenshire's next Community Justice Outcomes Improvement Plan. This overarching strategic plan will set the direction for Community Justice in Aberdeenshire over the course of the next five-year period.

7.10 Drug & Alcohol Service

The focus of the Drug and Alcohol Service throughout the reporting year has been continued work to implement The Medication Assisted Treatment (MAT) Standards (Introduction - Medication Assisted Treatment (MAT) standards: access, choice,

support - gov.scot (www.gov.scot)). The first five Standards expected to be in place by 31/03/23 with full implementation of all ten Standards by 31/03/24.

The implementation of the MAT Standards brings significant change to the way services are delivered. Multi Agency Project Groups have progressed all aspects of what is essentially, a redesign of service delivery.

Earlier engagement, equity of access, choice, harm reduction, outreach and retention are the themes across the first five standards and should be interwoven across all partners response to people who are at risk due to drug related harm. The approach taken in respect of the redesign process takes into account people and their families who are affected by alcohol harms. National Guidance directing the implementation of new standards of practice in relation to tackling alcohol harm are awaited and likely to invoke further service development work.

At the end of March 23, the Aberdeenshire Medication Assisted Treatment Standards Implementation Plan produced by the Health and Social Care Partnership Drug and Alcohol Service in collaboration with partners was submitted to the Scottish Government. Provisional green RAG status has been awarded indicating that MAT 1-5 has been implemented and work requires to be ongoing to embed these standards as established and sustainable practice and service delivery throughout the coming year.

The following gives a short summary of the implementation work undertaken by the Drug and Alcohol in collaboration with partners.

Multi-disciplinary team structures have been introduced as a step beyond the integration of clinical and social work teams which has taken place over recent years. The implementation of MAT Standard One has led to five multi-disciplinary "Step-In" teams forming in each larger locality and comprise nurses, health care support workers, social workers, support workers and third sector workers. Step-In provides assessment and engagement following all referral pathways, addressing the presenting need on an immediate basis with ongoing assessment before transitioning the person into the most appropriate service. Step-In also provides easier access to partners in Advocacy, Housing, Welfare Benefits who provide a regular presence at Step-In locations.

Established working practices with pharmacy have been enhanced through the development of ways to increase choice of treatment for people who come into service so meeting a wider range of needs, developing inclusion and increasing participation. Pharmacy and public health practitioners have worked with the clinical and social work teams to extend the reach of harm reduction beyond a person's attendance at clinical spaces. This takes social workers and support workers into new areas of practice which increases skills and develops wider pathways for people to receive safe harm reduction support.

Practitioners from professions not previously linked to drug and alcohol delivery have also joined the Service so increasing the choice around what components of support are most effective for the individual. Occupational Therapy, Physician Associates and Psychology are examples of how the service is developing towards a much more

holistic delivery system almost negating the "referral on" experience which previously may have resulted in delays, barriers and at its worse exclusion.

Equal access to universal services, however, remains a priority and test of change projects with primary care and mental health are progressing to ensure that people who have drug and alcohol problems are not siloed into to only drug and alcohol specific services. The work commencing in relation to MAT Implementation in Justice settings will ensure equity of access to drug and alcohol services and partner support and is being led through the Community Justice Partnership. The continued collaborative work with the drug and alcohol Service will ensure that differences do not exist in the recovery pathway for people who are involved in the justice setting.

Throughout the reporting period, there has been a further increase in referrals and noted increase in complexity of risk and need. The impact of Covid is ongoing. Easy online access to new illicit substances, chronic presence of out of area drug dealing activity and increase in levels of violence associated with drug related offending impacts on levels of vulnerability and risk. The Aberdeenshire Responsive Intervention and Engagement Service (ARIES) is the outreach service responding to people who have experienced near fatal overdose and who are considered to be at the highest risk of drug related death. The two ARIES teams combine a social worker, nurse, health care support worker, support worker and dedicated police officer. The multi disciplinary nature of the team which works out of hours represents a progressive practice responsive to not just the national directive of the MAT Implementation but is responsive to local need.

The National Mission also makes recommendations which relate to the enhancement of opportunities for people to access Residential Rehabilitation and directed the implementation in local authority areas of the policy "*Framework for Improving Holistic Family Support : Towards a Whole Family Approach and Family Inclusive Practice in Drug and Alcohol Services*" (Families Affected by Drug and Alcohol Use in Scotland : A Framework for Holistic Whole Family Approaches and Family Inclusive Practice (www.gov.scot)).

In relation to Residential Rehabilitation, a practice guidance has been produced which shifts the singular assessment process away from a social work only action and now reflects the multi-disciplinary nature of other parts of service delivery.

The development of whole family approach and family inclusive practice is represented by the establishment of the Libra Team. Adult Services Social Work and Children's Services Social Work come together in one team, working as one delivery system with families and young people who are or have been significantly affected by drug and alcohol harm. Targeted intervention with families referred through social work with follow through support provided by support workers is being delivered. The provision of support and consultation by the Team to the wider adult and children's services will develop as part of the implementation of family inclusive approach across services who support families affected by drug and alcohol related harm.

7.11 Care Management – Older People & Physical Disabilities Service

Care Management continue to experience high levels of pressure across all 7 teams which can be attributed to a number of factors including increased demand, greater complexity of need and a reduction in provider support. Despite additional staff being recruited through Winter Pressures Funding, this has not resulted in a consistent decrease in either delayed discharge figures or people waiting for assessment. Anecdotally staff report feeling overwhelmed and pressurised and are crisis managing on a regular basis due to care providers handing back care packages, care home closures and the lack of resources such as respite availability. This carries a significant level of risk.

Challenges continue in commissioning of care and support services, both residential and non-residential for the Care Management service. As of week, beginning 12th June, there were 207 clients awaiting a care at home package or an increase in care: totalling 2058 hours. This level of unmet need is a concerning risk. Private care homes have moved in their business model and are now insisting on a higher quota of self-funding residents which makes for challenges to commissioning of a placement. Delayed discharges are increasing at a significant level, and this can be attributed to the lack of care at home and care home resources available.

Teams continue to work closely with all members of the multi-disciplinary team to balance risk and ensure appropriate allocation of resources to the most in need. It is also worth noting that the focus on delayed discharge can at times overshadow unmet need in the community which again presents risk and in fact consists of a very a high proportion of the care management role.

Despite the challenges upon teams at present, creative pieces have evolved to mitigate risk. For example, Aberdeen Royal Infirmary has seen the expansion of the Care Management team representing Aberdeenshire Health & Social Care Partnership. Based in ARI Discharge Hub the team support timely and safe discharge from ARI across all of Aberdeenshire, working as part of the Multi-Disciplinary Team. A significant focus has been placed upon implementing Rehab and Enablement as the ethos for discharge planning, to promote and support recovery following illness or injury to maximise independence and confidence following discharge.

The Marr Care Management team undertook a Test of Change in Deeside to make alternative use of a staffing resource. An Enablement & Support Coordinator undertakes all initial contact screening for all referrals in the Banchory & Aboyne area and responds to duty work. This has supported a timely response to all referrals and a consistent application of eligibility criteria. Outcomes for clients have improved as the waiting time for an assessment has reduced. A practitioner survey found the implementation of this role to be well received and supported by all. The most positive improvement being around staff and team morale. Practitioners feel able to focus on their own caseload and know where their accountability and responsibilities lie.

Care Management saw the introduction of an Interim Bed Project over Winter of 2022/2023 which greatly aided and supported discharge planning when faced with a lack of suitable care resources. 21 beds were block booked from both the private sector and in-house care home provision across Aberdeenshire from December 2022- May 2023. This saw a positive impact on hospital flow and a reduction in delayed discharges

during the winter period again mitigating some of the risk associated with delayed discharge and unmet need.

Recruitment within Care Management remains a challenge, however, there have been positive links built with Robert Gordons University of recent with a number of invites being extended to front-line teams to spend time in RGU talking and meeting with students. Presentations have been given on a variety of topics such as Integration, Self-Directed Support in Practice and The Role of Care Management. This presence and building of relationships have seen a number of newly qualified Social Workers move into employment within Care Management referencing presentations received as the reason for their interest in Care Management.

8 Commissioned Services

Social Care procurement of services is driven by strategic commissioning intentions for services listed under Schedule 3 – Social and Other Specific Services, of the Public Contracts (Scotland) Regulations 2015. Together with Aberdeen City & Aberdeenshire' Health and Social Care Partnerships, Children's services and Housing services, the shared service social care team has established Commissioning and Procurement boards to create a clearer link between the programmes of work, the associated budgets, and the procurement work plan, in line with the Commissioning Cycle.

Examples of activity include:

- Commissioning activity to support the development of additional supported accommodation for adults with learning disabilities in Peterhead, Inverurie, Fraserburgh and Macduff.

- Re-commissioning of an independent Self-Directed Support Advice and Information and an ISF Management Service in support of Option 2.

- Commissioning of a local independent advocacy service with an increased scope that responds to forecast additional demand.

- Commissioning of Interim Beds in Older Peoples Care Homes to ensure continuous flow of patients from hospital and into appropriate care settings to mitigate delayed discharge and meet the needs of service users for a short period of time.

- Commissioning of Substance Misuse Residential Rehabilitation Services to enable service users to be supported in their recovery from addictions in a residential setting.

- Recommissioning of Holistic Service for service users with Dementia. The opportunity was taken to revise the current service being provided and adjust considering the changes brought about by the Covid19 pandemic.

The Procurement and Commissioning Service also play a key role in assisting us with monitoring of contracts bringing additional scrutiny and support to provider provision.

Real Living Wage (RLW) being paid to all staff delivering care and support.

Over the last couple of years, there has been a huge push from the Scottish Government, the local authority, the IJB, to encourage providers to pay care staff at least the Real Living Wage. Although not legally enforceable, the push has worked and currently 98% of providers pay the Real Living Wage. A further factor aimed and valuing our workforce and supporting staff retention to be able to delivery key services.

9 Unpaid Carers

Whilst unpaid carers re often unseen and our unsung heroes, social work services continue to proactively raise awareness of the support available to unpaid carers recognising both the value and challenge of their role. Since the implementation of the Carers (Scotland) Act 2016 we have continued to see increases in the number of new carers registered with the Aberdeenshire Carers Support Service (Quarriers) as well as substantial increases in the number of Adult Carers eligible for support to meet identified needs which are substantial or critical.

Over the last year, 90 new adult carers were supported with SDS budgets, and 149 existing carers were supported to maintain ongoing SDS budgets. The increased demand has unfortunately led to waiting times increasing however, the HSCP has been working towards increasing the capacity of the Carer Practitioners over the next financial year which is envisaged to have a substantial impact on the current waiting list, ensuring that all unpaid carers identified as requiring this support will do so more timeously.

Carers continue to be encouraged to use their SDS budgets creatively to meet their identified outcomes both at home and in the community. Examples include home gym equipment, online exercise classes, streaming services, and garden equipment and/or Live Life Aberdeenshire Memberships, short breaks accommodation, holistic therapies such as massage or relaxing pamper sessions.

Carers are supported to identify which SDS Option would work best for themselves. 182 have chosen to use SDS Option 1 to access short breaks activities and support, using an Aberdeenshire Council Payment Card, whilst 66 carers have used SDS Option 1 to access replacement care via a personal assistant, with lower numbers having chosen SDS Option 2 or 3 to access replacement care via agencies. Carers are one of the fastest growing user groups of SDS Option 2 within Aberdeenshire.

First-hand experience of Self-directed Support, told by carers, is available via this link: The Storytelling Sessions (Issue 01) (readymag.com)

Throughout the period Quarriers have received 116 new referrals, which is again an increase in numbers to previous years. Thirty young carers have been supported to access support via self-directed support budgets, which has enabled them to

participate in activities such as Innoflate and Trampolining, ice skating and football training camps, provided funding to purchase equipment such as bicycles, helmets and lights, boxing equipment or safety equipment for horse riding.

In addition to progressing Adult Carer Support Plans and Young Carer Statements staff at Quarriers have continued to receive Creative Break applications and the Scot Spirit Holiday Vouchers were also available from Quarriers, continuing to support Adult and Young carers who are not eligible for SDS funding.

10 Looking Forward

Looking forward, there are a range of legislative and policy changes on the horizon: The establishment of a National Care Service being the most significant. Whilst offering many new opportunities, it also has the potential to change the social work and social care landscape significantly and it is vital that Chief Social Work Officers and the social work workforce have a clear voice in helping shape this. Potential change however also brings uncertainty including whether or not children's social work and justice services will sit within the National Care Service remit.

The Scottish Government has intimated that it is committed to improving conditions for social workers, to grow the workforce, to provide greater opportunities for learning and development, and to give social workers more autonomy. To do this well, real investment is required in the service and a move away from non-recurring funding offers or applications to funding sources which select a finite number of initiatives to fund leaving others to struggle. This is particularly challenging when it pertains to legislative delivery on for example implementation of The Promise. A disparity in additional funding streams being provided to HSCP as part of the winter pressures funding has been felt keenly by children's services social work who have also been impacted by increased demand, complexity and capacity issues but have no had the opportunity to increase the workforce to mitigate the risk this brings.

The creation of a national social work agency provides opportunities to promote the role of social work and consider what kind of social work we want for Scotland. It too offers us a chance to redesign our approach to care and support, helping us to deliver on our many commitments including, GIRFE, Coming Home, Keeping the Promise, UNCRC, GIRFEC and the Bairns' Hoose, and still react swiftly to sudden crises including the supporting of refugees.

However, the biggest challenge currently and going forward is undoubtedly workforce recruitment, retention, and wellbeing and it is vital that we continue to support our profession with ring fenced time for training and continuous professional development and regular and consistent professional trauma informed supervision. Our workforce planning strategies require to be SMART, effective and sustainable, and we need to strongly promote Aberdeenshire as an amazing place to live and work.

We also need to listen to our workforce and shape wellbeing support in a way that is deemed helpful to them ensuring our colleagues feel supported, valued, and have a work life balance.

Waiting lists for services and increased delays in hospital discharges will continue to have a serious impact over the forthcoming years and we require consistent improvement activity to do things differently and creatively to reduce risk and meet demand. It is vital however that we also recognise the length and breadth of social work service provision across Aberdeenshire as outlined in this report. Social work services support people in our communities to live well at home which often prevents crises and potentially admission to hospital or other alternative residential type resources. This task equates to 99% of service delivery. The remaining 1 % pertains to situations where individuals do require to be admitted to hospital, and the role we play collaboratively to support those individuals to return home and as quickly as possible. Support and resource therefore must be in place across the whole range of social work activity to support people to live well in their communities which is likely to reduce the need for crises intervention including on occasions hospital admissions.

With the complexity of care and need increasing, budget pressures are likely to escalate compounded by an increasing deficit in local government funding. Whilst there is no easy fix, I am assured that IJB Medium-Term Financial Strategy (MTFS) programmes of work are ongoing to deliver more sustainable models of service delivery. However, a strategic and medium-term view of resources is essential if all social work and social care services are to deliver their strategic priorities within budget.

Throughout this report there are numerous examples of effective, innovative, and creative new models and approaches which are down to the determination of colleagues delivering social work and social care despite the challenges facing them on a day-to-day basis. It is this tenacity and drive to 'get it right' for our communities which both humbles and inspires me as Chief Social Work Officer, and I pledge to continue to raise the profile of social work services, be their voice locally and nationally and represent the voice of our communities whilst continuing to provide professional advice and scrutiny.

Report prepared by Leigh Jolly, Aberdeenshire Chief Social Work Officer
June 2023

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REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023

Grampian General Practice Vision Programme

1   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1   Consider and comment on the progress of the NHS Grampian General
Practice Vision Programme

2   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian
as a result of this report.

3   Risk

3.1   The following risks are relevant to this programme of work.
2608 Primary Care Improvement Plan - funding & staffing
2633 Sustainability of GP services in North Aberdeenshire
3001 Pressure on GP services
3002 Return of GP contact to HSCP

4   Background

4.1   In Grampian, the delivery of the 2018 GMS contract and the Memorandum of
Understanding (MoU) has been challenging. This is due to a number of factors,
including, recruitment and retention, the application of multi-disciplinary teams
across a wide and rural geography resulting in teams being spread too thinly,
and a large region with diverse populations, communities and needs. Whilst the
number of practices and General Practitioners (GPs) has reduced in number
during the last ten years, the list size per GP has increased by approximately
10%.

4.2   General practices in Grampian also share national pressures including:
-   high patient expectations.
-   newly qualifying GPs not wishing to commit to the traditional partnership
    model.
-   a decreasing gap in earnings between partner and salaried GPs.
-   restrictions around the work that locums can do.
-   increased premises and energy costs.
-   liability for premises which are not conducive to a modern practice and
    which exist in a poor commercial property market impacted by the oil &
    gas downturn and the lasting impact of Covid-19 restrictions; and
-   Agenda for Change uplift to NHS staff not been mirrored in the uplift to
    staff within general practice.

4.3   The three Health and Social Care Partnerships (HSCPs), NHS Grampian, Local
Medical Committee and GP Sub Committee have recognised that continuing to

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seek to implement the 2018 GMS (General Medical Services) Contract as instructed in the MoUs will not be possible within the PCIP (Primary Care Improvement Plan) resources nor necessarily deliver optimal results for Grampian's residents.

4.4   In light of the challenges set out above and given the critical role that General Practice plays in the wider health and care system, the Grampian Health and Social Care Partnerships Chief Officers have committed to working collaboratively and innovatively to develop an approach to General Practice and PCIP which will work for our communities and geography.

4.5   The aim is to develop a local vision with strategic objectives and an associated implementation plan to address the above challenges with a view to creating a more resilient and sustainable sector. It is anticipated that these preventative measures will contribute to the resilience and sustainability of the wider health and social care system in Grampian.

5   Summary

5.1   In July 2023 a Programme Board was set up for the General Practice Vision Programme, this includes representation from NHS Grampian, the HSCP's, GP Sub and LMC.

5.2   The role of the Programme Board is to oversee the progress of the programme, ensure timely progress on actions including the development of the shared vision, and to ensure that the strategic direction of the programme remains on track. A programme is register is maintained and reviewed, when necessary, by the programme board.

5.3   Programme management and project support has been resourced from within the Aberdeen City HSCP Primary Care team. This will be in place until the vison, strategic objectives and implementation plan has been formalised, and presented to the NHSG Chief Executive Team (CET) and three IJB's.

5.4   A working group was established to progress actions on behalf of the programme board. This group consists of key stakeholders from the HSCPs, NHSG, GP Sub and LMC. This includes communications and change management professionals.

5.5   A series of facilitated workshop sessions have been organised to develop the vision and strategic objectives. The first workshop is for General Practice staff whilst the second and third will include wider stakeholders such as other primary care services (pharmacy, dental, ophthalmology), acute and secondary care representation and patient representation. These will be held on:
        - Wednesday 27th September
        - Wednesday 8th November
        - Wednesday 22nd November

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5.6   The guide the development of the vision and strategic objectives the Double Diamond framework will be utilised, this can be seen in the diagram below[1].

Framework
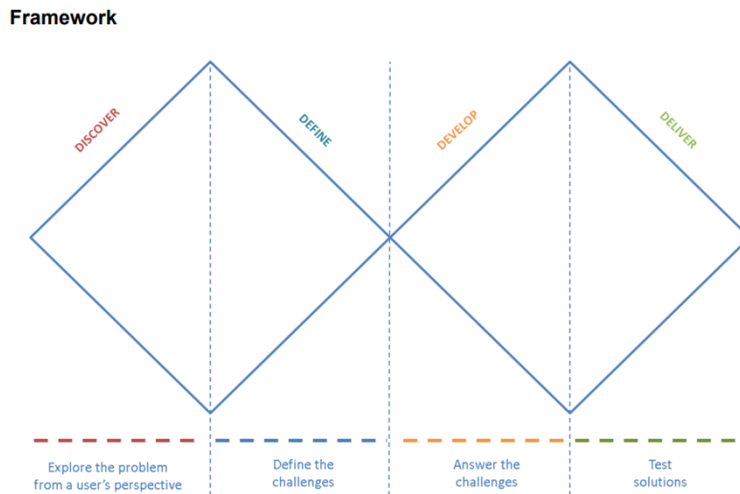
5.6.1 Discover. The first diamond helps people understand, rather than simply assume what the problem is. It involves speaking to and spending time with people that are affected by the issues

5.6.2 Define. The insights gathered from the discovery phase can help you to define the challenge in a different way

5.6.3 Develop. The second diamond encourages people to give different answers to the clearly defined problems, seeking inspiration from elsewhere and co-designing with a range of different people

5.6.4 Deliver. Delivery involves testing out different solutions at small-scale, rejecting those that will not work and improving the ones that will

5.7   General Practice Engagement

5.7.1 A Service Level Agreement (SLA) has been created to enable practices to ensure appropriate staff engagement in this project. The SLA aims to ensure Participation in events to help set the strategic direction and vision of General Practice across NHS Grampian. As well as promoting engagement with practice staff, community staff, cluster, HSCP, PPG, relevant 3rd sector parties where appropriate to feed in a broad spectrum of community voices into the process.

5.7.2 The Practices will be expected to supply a nominated practice lead for the NHS Grampian Vision; Participation at a minimum of two out of three workshops unless extenuating pre-agreed circumstances; as well as holding local meetings to discuss the vision, i.e., at cluster meetings.

5.8   Patient engagement

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[1] Source: The Design Council, 2019

5.8.1 A Patient engagement plan has been developed to ensure that a co-production approach is being used, and patients from across the Grampian area to be involved in the development of the vision and strategic objectives. By adopting a Co-production approach, decisions affecting people are made with them, not for them.

5.8.2 The patient engagement plan follows the National Standards for Community Engagement, and the NHS Grampian Engagement team have been consulted.

5.8.3 The patient engagement plan will be approved by the programme board in September 2023; however, it is anticipated that it will include:
- the creation of a patient stakeholder group that will attend the facilitated stakeholder events
- Wider patient engagement via what matters to you survey which will be circulated via multiple sources including locality Engagement Groups; PPG's; social media and GP practices

5.9   Reporting

Following the outcome of the facilitated events, a Grampian Vision and associated Strategic Objective's will be drawn up and reported to the three IJB's and the NHS Grampian CET in January 2024.

5.9.1 The Scottish government

It has been agreed that there will be quarterly meetings arranged with the Scottish Government to update in progress.

5.10 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6   Equalities, Staffing and Financial Implications

6.1   An EQIA (Equalities Impact Assessment) Checklist has been carried out by Aberdeen City Health and Social Care Partnership as part of the development of the proposals set out above. It is included as Appendix 1 and no impact has been identified at this time.

6.2   As described in the EQIA Checklist Any workstreams agreed by the IJBs and Scottish Government will ensure an EQIA specific to that workstreams will be completed

Pam Milliken, Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Ali Chapman, Programme Manager (NHSG General Practice Vision Programme)
Date 09/09/2023

Appendices
Appendix 1 – NHS Grampian EQIA Checklist

Appendix 1

NHS
Grampian

Equality Impact Assessment (EQIA) Checklist

Completing this form will help decide whether the policy or proposal will require a Standard EQIA or Full/Integrated EQIA. *Policy also refers to service, function, new proposed policy, new service, service redesign, review function and programmes.

Title	Grampian General Practice Vision Programme
Directorate, service or department	NHS Grampian

Main contact of the policy*

Name	Ali Chapman	Tel No	
Job Title	Primary Care Development Manager	Email	Alison.chapman@nhs.scot
Department	Aberdeen City HSCP		

Policy

Aim	The 3 Chief Officers from Aberdeen City, Aberdeenshire and Moray Health and Social Care Partnerships have commissioned a piece of work to create a strategy for the future vision of General Practice across Grampian.
Purpose	Due to the continuing pressure being faced across General Practice, the project will bring together key stakeholders, teams and colleagues from across the system for the opportunity to help shape the future of General Practice.
Intended/desired outcomes	A High level strategy and vision will be created for Grampian with associated SMART objectives and Delivery plan

Part 1. Which groups of the population do you think will be affected by the proposal?

People and Groups:
- Staff
- Patients
- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people

- Disabled people
- People involved in criminal justice system
- Lesbian, gay, bisexual and transgender
- Carers (paid or unpaid, family member)
- People affected by substance misuse or addictions
- Low literacy/health literacy
- Living in deprived area, remote or rural area
- Refugees and asylum seekers
- Unemployed

The proposal/policy will affect

This proposal may affect all residents of the Grampian area, as well as all staff within General Practice and the wider Primary Care and NHS system.

The output of the programme will be a vision and associated series of SMART objectives that will be presented to the three IJBs. At this time we are unable to determine if there is one (or more) specific group that will be negatively impacted with any future changes, as there may be a range or programmes and projects that could be a result of this work.

It is anticipated that this programme of work may allow General Practice in Grampian to deliver services differently in Grampian, in a way that is more representative of the needs of those in the north east, coupled with the local challenges around recruitment, retention and the rurality of some areas within the Grampian area. This would be seen as having a positive impact on patients across Grampian.

Any workstreams agreed by the IJBs and Scottish Government will ensure an EQIA specific to that workstreams will be completed.

Part 2. Identifying the impacts (in brief) on groups with protected characteristics, including economic impact and human rights.

Protected Characteristic	Positive or Negative Impact Social and Economic, Human Rights Additional Information [Positive impact/Negative Impact/No adverse impact has been identified. Briefly explain the impact, including any social, economic or human rights]
Age (early years, children, young people, middle years, older people)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Disability (physical impairment, learning disability, neurological, sensory loss, mental health, long term conditions)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Gender (male, female)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Gender Reassignment (people who have proposed, started, in the process or completed a process to change his or her sex)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Marriage or Civil Partnership (people who are married, unmarried or in civil partnership)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Pregnancy or Maternity (pregnant and/or on maternity leave, including breastfeeding)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Race (minority ethnic people, racial groups, national origins, gypsies/travellers, refugees, asylum seekers, migrant workers)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known

Religion or Belief (different religions or beliefs, including non-belief)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Sexual Orientation (e.g. lesbian, gay, bisexual, heterosexual)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known

Part 3. Any adverse or potential adverse impact identified? ☐ Yes ☒ No

Briefly describe the adverse or potential impact and how it will be addressed or mitigated
At the current stage of the project we are unable to determine any adverse or potential impact. Once the delivery plan has been developed the EQIA will be revisited to look at this in more detail and how this will be addressed or mitigated.

Part 4. Health Determinants/Health in All. Identify the positive and negative impacts and which groups will be affected?

What impact will the proposal have on lifestyles?	
• Diet and nutrition	No Impact
• Exercise and physical activity	No Impact
• Substance use: tobacco, alcohol and drugs	No Impact
• Risk taking behaviour	No Impact
• Education and learning or skills	No Impact
Will the proposal have any impact on the social environment?	
• Social status	No Impact
• Employment (paid or unpaid)	Possible impact to NHS and GP Staff
• Social/family support	Possible impact to those who provide social /family support
• Stress	Possible impact
• Income	No Impact
Will the proposal have an impact on the physical environment?	
• Living conditions	No Impact
• Working conditions	Possible impact to NHS and GP Staff
• Pollution or climate change	Possible impact
• Accidental injuries or public safety	No Impact
• Transmission of infectious disease	No Impact
Will the proposal affect access to experience of services?	
• Health care	Yes
• Transport	No
• Social services	No
• Housing services	No

• Education	No

Part 5. Will it have any impact on the following?

		Describe or summarise how this policy will contribute to or achieve
Eliminate discrimination? If you answer YES, explain if it is a positive or negative effect. It can be YES because (a) it eliminates or reduce discrimination or (b) enhance/promote discriminatory practice	☐ Yes ☐ No ☒ N/A	
Equality of opportunity? Does the policy offer equality to all without discrimination on the protected characteristics or other groups How does it remove or minimise disadvantages? What steps were taken to meet the needs of people who share protected characteristics? How does it encourage persons who share protected characteristics participate in the activity?	☒ Yes ☐ No ☐ N/A	This programme aims to create a vision of how general practice is delivered in Grampian to meet the needs of the population. Therefore it is anticipated that there Would be the potential to redesign services which would provide an opportunity to look at new ways of working, access to services and additional opportunities for Improving the overall patient experience.
Foster good relations between groups? Does it foster good relations between groups e.g. promote positive attitudes, having due regards to tackle prejudice, promote understanding, interactions, personal security or participation	☒ Yes ☐ No ☐ N/A	The project team are taking a co-production approach in conjunction with the NHS Grampian Public Involvement Team. This will foster good relations between key stakeholders including patient groups, NHS and General Practice This will allow for a common understanding of the challenges facing general practice from a range of different perspectives with the opportunity to shape services together moving forward

Part 6. Is this policy* a strategic decision?   ☒ Yes   ☐ No

If **No, go to Part 8**.

If **Yes, go to Part 7**. A policy* that has a potential to impact on health and widen health inequalities must have "due regard" for the Fairer Scotland Duty. A policy that is a "strategic decision" must take into account how they can reduce inequalities of outcome caused by socio-economic disadvantage. See page 15 of the FSD Guidance for the definition of 'strategic decision.'

The Fairer Scotland Duty places a legal responsibility on public bodies to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage. The Duty applies at strategic level, which normally include decisions around setting priorities and targets,

allocating resources and commissioning services. To assess if your policy is a strategic decision, please refer to: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)

Part 7. Fairer Scotland Duty. What likely will this policy have on people experiencing different kinds of social disadvantage?

Socio-Economic Disadvantage	Positive impact/Negative Impact/No adverse impact has been identified
Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known
Low and/or no wealth – enough money to meet Basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure/hobbies	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known
Area Deprivation – where you live (rural areas), where you work (accessibility of transport)	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known
Socio-economic Background – social class i.e. parent's education, employment and income	No impact has been identified at this stage, the EQIA will be revisited once the further detail of the delivery plan is known

Part 8. Does the policy need to consider the impact on other areas?

Human Rights (Human Rights Assessment)	☐ Yes	☒ No
Children's rights and welfare (Children's Rights Impact Assessment)	☐ Yes	☒ No
Environment	☐ Yes	☒ No
Financial	☐ Yes	☒ No
Island or Rural Communities	☐ Yes	☒ No

Part 9. Has your assessment been able to demonstrate the following and why?

☒ **Option 1. No major change** (where no impact or potential for improvement is found, no action is required)

☐ **Option 2. Adjust** (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐ **Option 3. Continue** (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes.)

☐ **Option 4. Stop and remove** (where a serious risk of negative impact is found, the plans, policies etc being assessed should be halted until these issue can be addressed)

Explain decision
At this time the programme is focussed on determining a high level vision and smart objectives for the delivery of general practice in Grampian. No service changes have been determined or commission at this stage. Therefore it is suggested that the programme continues with no major change. At a time that any programmes of work, including any service change are agreed by the IJBs and the Scottish Government the EQIA will be revisited,

To be completed by Team Lead of the policy/proposal	
Name	Alison Chapman
Job Title	Primary Care Development Manager
Email	Alison.chapman@nhs.scot
Telephone	
Signature	■■■■
Date	30/08/2023

Part 9. Has the policy document been checked by a Level 1 EQIA assessor?

☒ Yes   ☐ No

If yes, please fill in details	
Name	Teresa Waugh
Job Title	Primary Care Development Manager
Email	teresa.waugh@nhs.scot
Date	12/09/2023

Return to Equality and Diversity at roda.bird@nhs.scot

- **Completed form**
- **Copy of final draft/version of any documentation**

To be completed by Equality and Diversity – for quality control purposes and recording

Recommendations ☐ Rapid EQIA   ☐ Fairer Scotland Duty   ☐ Full EQIA

Name	
Job Title	
Email	
Date	

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023

GRAMPIAN VACCINATION AND IMMUNISATION ANNUAL REPORT 2023

1. **Recommendation**

    It is recommended that the Integration Joint Board (IJB):

    1.1. acknowledge the findings of the Vaccination and Immunisation Annual report 2023

2. **Directions**

    2.1. No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3. **Risk**

    3.1. IJB Risk register ID 1589 – Risk of failure to deliver standards of care expected by people of Aberdeenshire. Performance reporting will provide IJB oversight of progress by vaccination teams with Aberdeenshire.

4. **Background**

    4.1. This is the first Annual Vaccination and Immunisation Report for NHS Grampian. The purpose of the report is to provide an annual monitoring report of vaccine preventable disease surveillance data, along with uptake data for each vaccine delivered within Grampian. This is brought to the Aberdeenshire IJB for assurance.

5. **Summary**

    5.1. The World Health Organisation (WHO) describes vaccines as one of the two public health interventions that have the greatest impact on the world's health, the other being clean water. Vaccination can prevent or reduce the severity of disease, minimise disability and save lives, often in many of the most disadvantaged people in society. It offers excellent value for money by reducing current and future public expenditure on health and social care provision.

    5.2. Effective control of vaccine preventable disease requires action across the whole health and care system, and this aligns with the drive to improve outcomes and reduce inequalities.

    5.3. The annual report discusses vaccination in the national and local context including; Vaccination Uptake; Equity in Grampian; Quality Improvement in vaccination and horizon scanning

    5.4. There has been declines in childhood vaccination uptakes in both Grampian and Scotland. Aberdeenshire continue to meet the WHO 95% uptake for all

childhood routine schedules at 12 months and 24 months. At 5 years of age, Aberdeenshire does not meet the 95% uptake for the 4 in 1 (94.2%) and MMR dose 2 (93.4%) programme.

Table 1: Completed primary immunisations by 12 months of age, 2022 – 23 by Aberdeenshire and NHS Grampian

	Number in Cohort	% completed primary course by 12 months							
		6-in-1		PCV		Rotavirus[3]		MenB	
		No.	%	No.	%	No.	%	No.	%
Aberdeenshire	2,195	2,141	97.5	2,139	97.4	2,087	95.1	2,129	97.0
Grampian	5,494	5,257	95.7	5,240	95.4	5,050	91.9	5,124	93.3

Source: SIRS 15th May 2023

Table 2: Completed primary immunisations by 24 months of age, 2022-23 by Aberdeenshire and NHS Grampian

	Number in Cohort	% completed primary and booster course by 24 months									
		6-in-1		MMR1		Hib/MenC		PCVB		MenB (Booster)	
		No.	%	No.	%	No.	%	No.	%	No.	%
Aberdeenshire	2,137	2,100	98.3	2,068	96.8	2,061	96.4	2,050	95.9	2,053	96.1
Grampian	5,269	5,115	97.1	4,932	93.6	4,898	93.0	4,829	91.6	4,858	92.2

Source: SIRS 15th May 2023

Table 3: Completed primary immunisations and boosters by 5 years of age, 2022-23 by Aberdeenshire and NHS Grampian

	Number in Cohort	% completed primary and booster course by 5 years									
		6-in-1*		MMR1		Hib/MenC		4-in-1		MMR2	
		No.	%	No.	%	No.	%	No.	%	No.	%
Aberdeenshire	2,711	2,655	97.9	2,624	96.8	2,615	96.5	2,553	94.2	2,531	93.4
Grampian	6,223	5,974	96.0	5,848	94.0	5,762	92.6	5,528	88.8	5,469	87.9

Source: SIRS 15th May 2023

5.5. Uptake in the teenage (school based) programme saw disruption during 2020 – 21 due to covid-19 pandemic. Teams have been carrying out catch up during 2021 – 22 with Aberdeenshire continuing to exceed Grampian averages for these programmes.

Table 4: HPV immunisation coverage rates of dose 1 by the end of the school year 2021/22 at S1 and S2 by Aberdeenshire and NHS Grampian

	S1 Coverage Rate (%) Dose 1		S2 Coverage Rate (%) Dose 1	
	Female	Male	Female	Male
Aberdeenshire	85.6	78.6	91.6	89.4
Grampian	83.7	74	88.4	85.3

Source: CHSP School/SIRS

Table 5: Vaccination with Td, IPV and Men ACWY by the end of the school year 2021/22 by Aberdeenshire and NHS Grampian

	S3 Coverage Rate (%)		S4 Coverage Rate (%)	
	Td/IPV	MenACWY	Td/IPV	MenACWY
Aberdeenshire	79.9	79.9	89.8	89.3
Grampian	77	77.2	86.7	86.4

Source: CHSP School/SIRS

5.6. The adult routine programmes were paused during the pandemic and were subsequently transferred to health board/ HSCP delivery. Aberdeenshire has made good progress in ensuring all eligible cohorts are offered. The shingles coverage is currently 68.2% which is below Grampian average. The pneumococcal cohort is currently at 57.8% for 65 years and over and 51.2% for 2 – 64 at risk cohort which is above Grampian average.

Table 6: Shingles Zostavax vaccination coverage amongst eligible routine and catch-up cohorts (70 – 79 years). Aberdeenshire and NHS Grampian 2021-22 and 2022 - 23

	70 – 79 years % coverage	
	2021 - 22	2022-23
Aberdeenshire	49.7	68.2
Grampian	53.9	69.5

Source: National Clinical Data Store/SEER

Table 7: Pneumococcal vaccination coverage amongst aged 65+ and 2-64 at Risk cohorts 1 April 2022 – 31st March 2023 by Aberdeenshire and NHS Grampian

	% coverage	
	Aged 65+	2 – 64 at risk
Aberdeenshire	57.8	51.2
Grampian	55.5	36.9

Source: National Clinical Data Store/SEER

5.7. Uptake of seasonal flu and covid-19 vaccinations in Winter 2022/23 was similar in Grampian to elsewhere in Scotland and highest in the oldest age groups. Uptake shows a socioeconomic gradient with highest uptake amongst least deprived.

5.8. Within Grampian we continue to improve the delivery of all the vaccination programmes. This includes monitoring the proportion of our eligible population who are vaccinated.

5.9. The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6. Equalities, Staffing and Financial Implications

6.1. An integrated impact assessment in not required because the contents of this report is purely a summary of the vaccination uptakes across

Grampian. There will be no differential impact as a result of the report, on people with protected characteristics.

6.2. There are no specific staffing or financial implications arising from this report.

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Date report written: 13th September 2023

Appendices
Appendix 1 – Grampian Vaccination and Immunisation Programme Annual Report 2023

Appendix 1

NHS Grampian
Grampian Vaccination and Immunisation Programme Annual Report 2023

Contents

Abbreviations

CMO	Chief Medical Officer (for Scotland)
GBMSM	Gay, Bisexual and Men who have sex with Men
GREC	Grampian Regional Equality Council
HSCP	Health and Social Care Partnership
IJB	Integrated Joint Board
JCVI	Joint Committee on Vaccinations and Immunisation
MSM	Men who have Sex with Men
NHSG	NHS Grampian
PAG	Preliminary Assessment Group
PHS	Public Health Scotland
SIMD	Scottish Index of Multiple Deprivation
SIRS	Scottish Immunisation & Recall System
SLWG	Short Life Working Group
VMT	Vaccination Management Tool
VTP	Vaccination Transformation Programme
WHO	World Health Organisation

Vaccine and disease abbreviations

BCG	Bacillus Calmette-Guerin
FVCV	Influenza vaccine (Flu) and covid-19 Vaccine
Hib	Haemophilus influenzae type B
HPV	Human Papilloma Virus
IPD	Invasive pneumococcal disease
MenACWY	Meningococcal groups A,C,W and Y
MenC	Meningitis C
MMR	Measles, Mumps and Rubella
Mpox	Mpox (Previously Monkeypox)
PPV	Pneumococcal Polysaccharide Vaccine
Td	Tetanus and Diphtheria vaccine
IPV	Inactivated Polio Virus

1. **EXECUTIVE SUMMARY**

1.1.	This is the first Annual Vaccination and Immunisation Report for NHS Grampian. The purpose of the report is to provide an annual monitoring report of vaccine preventable disease surveillance data, along with uptake data for each vaccine delivered within Grampian.

1.2.	Immunisation provides protection against a range of infections across the life course, enabling our population to live longer, healthier lives, reducing inequalities, and releasing health service capacity. Vaccination can prevent or reduce the severity of disease, minimise disability and save lives, often in many of the most disadvantaged people in society. It offers excellent value for money by reducing current and future public expenditure on health and social care provision. The European Region of WHO recommend coverage of 95% in a population is required to control or eliminate disease.

1.3.	The Vaccination Transformation Programme (VTP) was created because of the 2018 Scottish General Medical Services (GMS) Contract (4). Since 2022, NHS Grampian has been responsible for coordination of vaccination programmes with operational delivery being the responsibility of our three Health and Social Care Partnerships (HSCPs) in Aberdeen City, Aberdeenshire, and Moray. The programme delivers the pregnancy, pre-school, school age, adult routine, non-routine, seasonal and travel vaccinations to the population of Grampian.

1.4.	The report discusses vaccination in the national and local context including; Vaccination Uptake; Equity in Grampian; Quality Improvement in vaccination and horizon scanning.

1.5.	There have been declines in vaccination uptake across childhood vaccinations in both Grampian and Scotland. Uptake rates at 12 months of age were below the 95% target for rotavirus and meningitis B. Work is ongoing to identify challenges and areas for improvement from a Grampian and HSCP perspective to support increased uptake.

1.6.	Uptake in teenage (school based) vaccination programme saw disruption during 2020 – 21 due to covid-19 pandemic which resulted in catch up programmes. Our Grampian uptake during 2021-22 is above Scotland average, however, remains below the WHO target of 95%.

1.7.	The adult routine shingles programme was paused during the pandemic and was subsequently transferred to health board/HSCP delivery as part of the VTP. This resulted in a significant catch-up programme being delivered during 2022-23. The health and social care partnerships have made good progress to ensure all those eligible have been offered. In 2022/23 the coverage in Grampian for the 70 – 79 cohort was 69.5% which is a 15.5% increase from 21/22 position.

1.8.	Young children, the elderly and people in a clinical risk group are most at risk of severe pneumococcal disease, and so all these groups are currently offered a pneumococcal immunisation During 2022-23, 14,328 pneumococcal vaccines were administered to citizens turning 65 as well as those under 65 in an at-risk group.

1.9.	Uptake of seasonal flu and covid-19 vaccinations in Winter 2022/23 was similar in Grampian to elsewhere in Scotland and highest in the oldest age groups. Uptake shows a socioeconomic gradient with highest uptake amongst least deprived.

1.10.	Non routine vaccinations cover a range of situations where citizens require vaccination out with the usual population vaccination schedules. NHSG has processes by which services may refer a citizen for vaccinations that are required

out with normal vaccination schedules. There remain outstanding operational and clinical questions to be worked through and we are collaborating with specialist services on a local and national level to achieve clarity and strong clinical governance in this most flexible of programmes.

1.11. Travel risk assessments, advice, and vaccinations (if required) are provided to reduce the risk of transmission of diseases amongst patients travelling to countries where these diseases are still prevalent. The travel health service in Grampian has been delivered by community pharmacy since October 2021 and is available to all travellers who reside in Grampian and require advice and /or vaccinations for travelling to a destination considered at risk of tropical disease.

1.12. We are currently undertaking a Needs Assessment focussing on families with children under 6 years of age to identify concerns and practical barriers to accessing vaccinations for uptake of vaccinations and improve engagement, along with engaging with Grampian Regional Equality Council (GREC).

1.13. Priorities for improvement have been identified including Work with PHS and health intelligence to develop quality assured statistical reporting which will provide live data to allow us to better understand variance in programme and monitor these more effectively.

1.14. **Conclusion:** We are delivering the vaccination programme and continue to develop ways of working to promote a consistent approach across NHS Grampian in line with national and local policy, guidelines and priorities.

2. INTRODUCTION

2.1.   This is the first Annual Vaccination and Immunisation Report for NHS Grampian. The purpose of the report is to provide an annual monitoring report of vaccine preventable disease surveillance data, along with uptake data for each vaccine delivered within Grampian.

2.2.   The most recently published data has been used throughout the report. Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme.

2.3.   Within Grampian we continue to improve the delivery of all the vaccination programmes. This includes monitoring the proportion of our eligible population who are vaccinated. Within Scotland we have adopted the recommendations made by the World Health Organisation (WHO) that at least 95% of children should be immunised against vaccine preventable diseases on the routine schedule.

2.4.   The routine childhood and adult schedules in the UK (appendix 1) are based on advice from the independent Joint Committee of Vaccination and Immunisation (JCVI) and provides protection against the following vaccine preventable infections:

- Covid-19
- Diphtheria
- Haemophilus influenza type b (Hib)
- Hepatitis B
- Human Papilloma Virus (HPV)
- Influenza
- Measles
- Meningococcal disease
- Mumps
- Pertussis (whooping cough)
- Pneumococcal disease
- Polio
- Rotavirus
- Rubella
- Shingles
- Tetanus
- Tuberculosis

2.5.   The Director for Public Health has the accountability and governance oversight for vaccination and immunisation at NHS Grampian Board Level and undertakes the role of executive lead.

2.6.   The operational delivery of vaccination is through the 3 HSCPs with the Chief Officers being accountable to their respective Integrated Joint Boards (IJBs). The Vaccination Transformation Programme Board (VTPB) is chaired by the Director of Public Health with the 3 HSCP Chief Officers, Finance, Primary Care, Nursing, Pharmacy and property and asset colleagues as members. The Programme Board has oversight of the whole vaccination programme, oversees progress, and ensures the national agreed outcomes are delivered within Grampian, taking decisions on a Grampian wide basis on complex issues that are common to Grampian or issues which are escalated.

2.7.   Reporting into the VTPB, the Grampian Vaccination and Immunisation Clinical and Care Governance Group meets monthly to be assured that all appropriate

governance arrangements are in place, to identify actions where required and to provide support and advice and share learning across NHS Grampian. This group reviews quality of service delivery, complaints and feedback, adverse events along with the review of the vaccination programme risk register. This groups provides reports to the Vaccination programme board.

3. WHY VACCINATION IS IMPORTANT AS PART OF POPULATION HEALTH

3.1. The World Health Organisation (WHO) describes vaccines as one of the two public health interventions that have the greatest impact on the world's health, the other being clean water. It is also considered as one of the most impactful and cost-effective public health interventions available to communities and populations across the world. Vaccination can prevent or reduce the severity of disease, minimise disability and save lives, often in many of the most disadvantaged people in society. It offers excellent value for money by reducing current and future public expenditure on health and social care provision. The European Region of WHO recommend coverage of 95% in a population is required to control or eliminate disease.

3.2. Effective control of vaccine preventable disease requires action across the whole health and care system, and this aligns with the drive to improve outcomes and reduce inequalities. Vaccination has for the first time become included in the annual delivery plan process for health boards.

3.3. Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2022 in Grampian. Many of the vaccine preventable diseases are also notifiable diseases because of their potential to cause harm to public health. The information in table 1 was taken from disease notifications to Public Health Protection Team in 2022.

Table 1: Notifiable organism/ disease controllable by vaccination in Grampian 2022

Notifiable Organism/Diseases controllable by vaccination in Grampian (2022)	
Infectious disease	**Number reported**
Bordetella pertussis (Whooping cough)	0
Mumps	<5
Rubella (German Measles)	0
Measles	0
Meningococcal disease	<5
Hepatitis B	48
Tuberculosis	20
Corynebacterium diphtheria (Diphtheria)	0
Hepatitis A	0

Source: HP Zone

3.4. Hepatitis B and Tuberculosis (TB) have numerically the highest number of notified cases. Tuberculosis vaccination is a targeted, risk-based programme, not a population-based vaccination programme. Grampian's rates are low regionally and internationally. Hepatitis B became a population-based programme in October 2017 as part of the childhood programme and we would predict these numbers to fall as the children grow to adulthood. More information on both programmes is given below.

4. National and Local Context - Immunisation Programmes

4.1. Immunisation policy in Scotland is set by the Scottish Government Health Directorate who take advice from the UK Joint Committee on Vaccinations and Immunisation (JCVI). JCVI provide advice on immunisations for the prevention of infections and/or disease following consideration of evidence on the burden of disease, vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies [1]. The UK immunisation schedule is continually reviewed and updated [2]. *Immunisation against infectious disease (*commonly known as the *Green Book)* reflects the current policies and procedures as advised by the JCVI and provides essential guidance on vaccines and vaccination procedures for all vaccine preventable diseases that may occur in the UK [3].

4.2. The Vaccination Transformation Programme (VTP) was created as a result of the 2018 Scottish General Medical Services (GMS) Contract [4]. The Contract aims to improve access for patients in General Practice (GP) with the expansion of multi-disciplinary teams to share the delivery of care and ease workload pressures.

4.3. Since 2022, NHS Grampian has been responsible for coordination of vaccination programmes with operational delivery being the responsibility of our three Health and Social Care Partnerships (HSCPs) in Aberdeen City, Aberdeenshire, and Moray. This has meant local changes in how members of the public access services. In Grampian, vaccinations are administered in a range of settings.

4.4. General Practice staff retain important roles in continuing to promote and advise on vaccinations; responding to vaccination status enquiries; and signposting and referring to Immunisation Teams in Health Boards for vaccine delivery.

5. VACCINE PREVENTABLE DISEASES

5.1. Data for vaccine preventable diseases are summarised at both a national and Grampian level where data is available.

5.2. The following section contains background information about the agents, diseases, and vaccinations for reference.

5.3. Graphs showing Scottish data aim to illustrate the effect of vaccination on vaccine preventable diseases

Covid-19

5.4. Covid-19 is an acute respiratory viral infection caused by SARS-Cov-2 and spread primarily through respiratory droplets and aerosol. The 2020 Covid-19 pandemic resulted in a significant increase in mortality both worldwide and in the United Kingdom, particularly in people aged over 75, and led to several lockdowns and accelerated vaccine development. Mortality has subsequently fallen, believed to be due to increased natural and vaccine-mediated immunity, but rapid emergence of new strains has led to concerns regarding immune escape. Evidence shows that

protection provided by both vaccination and previous natural infection wane as new strains become prevalent – this has led to several adaptions of vaccines by manufacturers.

5.5.   Initial national programmes in the UK aimed to offer primary vaccination prioritised by risk category as capacity allowed. The lowest risk group, children aged 5 to 11 years, were offered vaccination by late 2021. Seasonal booster programmes are now only offered to certain populations including those aged over 65; clinically at-risk individuals; close contacts of immunocompromised individuals; residents of care homes, and frontline healthcare staff. There are currently five vaccinations against Covid-19 available in the UK, all of which target the S protein of the original SARS-Cov-2 strain. These vary in their mechanism of action using either mRNA, adenovirus vectors or recombinant S protein to induce immunity.

Diphtheria

5.6.   Diphtheria is caused by Corynebacterium diphtheriae and closely related bacteria and classically presents with swollen neck glands and a pseudo membrane in the throat which obstructs the airways or sore throat or pharyngitis in immunised or partially immunised individuals. It is now rare in Scotland following the vaccination programme which began in 1941/2. In 1940 there were nearly 16,000 cases in Scotland with 675 deaths.

Haemophilus influenza type b (Hib)

5.7.   Haemophilus influenzae can cause serious invasive disease, especially in young children. There are six subtypes but prior to vaccination Type B was the dominant subtype. The usual presentation of invasive disease was meningitis with around 10% of children having long term complications of the disease. Cases from Hib have fallen dramatically since the introduction of vaccination. Protection is achieved from 4 doses given in multivalent preparations as part of the childhood programme.

Figure 1: Laboratory reports of invasive Haemophilus influenzae type b disease in Scotland, 1988 to 2023 (week 13) - Source: PHS
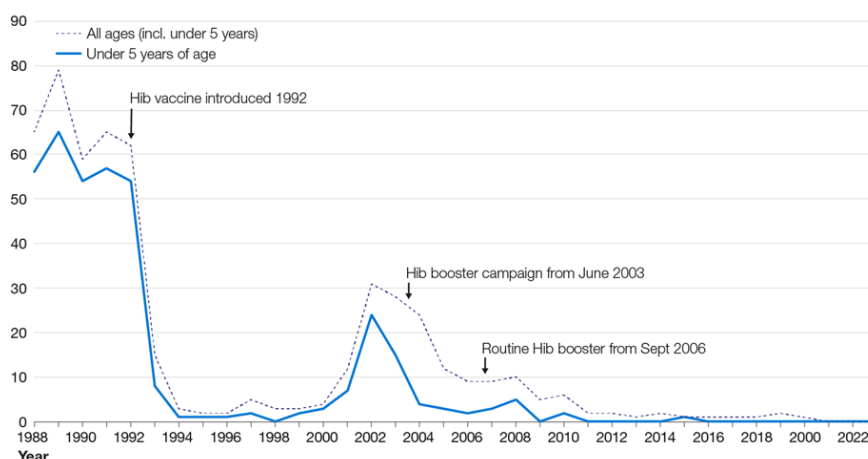
Hepatitis A

5.8.   Hepatitis A is caused by the Hepatitis A virus and spread through the faecal-oral route. Hepatitis A infection tends to be mild and does not result in chronic infection

or liver impairment, though can lead to significant morbidity or mortality in older people and those with hepatic co-morbidities. Given its faecal-oral spread, Hepatitis A is comparatively rare in high-income countries with adequate standards of sanitation and vaccination. At-risk categories include individuals travelling to Hepatitis A-endemic areas; patients with chronic liver disease; patients with haemophilia; men who have sex with men (MSM); people who inject drugs, and individuals with occupational exposure. Several Hepatitis A vaccinations are available – both monovalent and combined with Hepatitis B or Typhoid vaccinations – and these are given either IM or subcutaneously (in the case of haemophilic patients) in two or three doses.

Hepatitis B

5.9.   Hepatitis B is caused by the Hepatitis B virus and spread through exposure to infected blood or bodily fluids. Hepatitis B causes an acute flu-like illness with jaundice and may sometimes lead to complete liver failure. While infection resolves in most patients following the acute illness, chronic infection persists in a proportion of cases. Risk of chronic infection is increased in young people and immunocompromised individuals, and chronic infection can lead to cirrhosis and hepatocellular carcinoma.

5.10.   Hepatitis B vaccination is included in the routine childhood immunisation programme - 3 doses in 1st year (with extra doses at 4 weeks and 1 year to babies at risk) as well as selective pre- and post-exposure vaccination programmes for at-risk individuals. At risk categories include neonates with maternal Hepatitis B exposure; travellers to endemic countries; people who inject drugs; MSM; sex workers; close family contacts of individuals with chronic Hepatitis B infection; individuals living in custodial institutions or residential accommodation; individuals with certain renal or hepatic comorbidities, and those at risk of occupational exposure.

Table 2: Hepatitis B case in Grampian 2011-2020

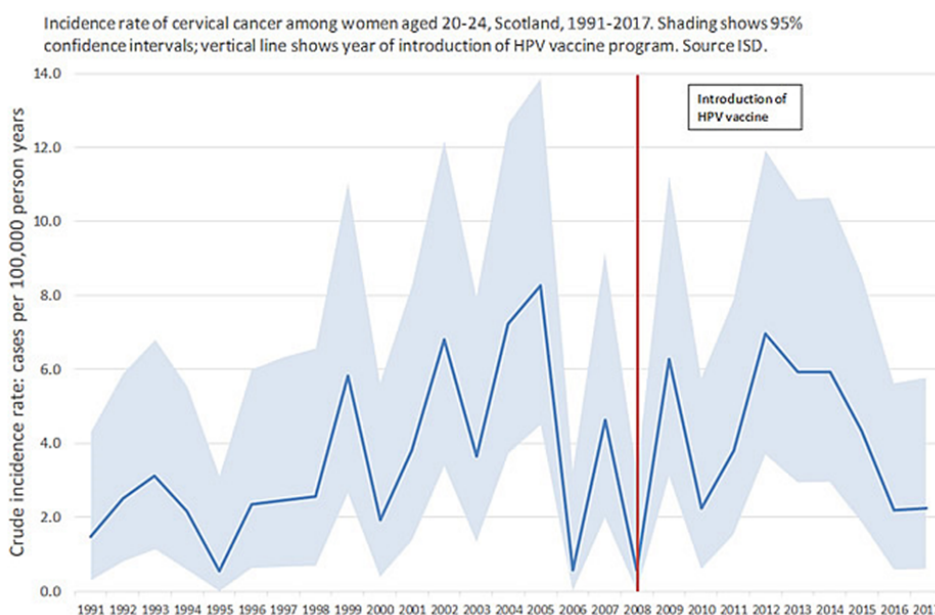| Hepatitis B cases (acute and chronic) in Grampian 2011-2020											
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
75	49	58	59	50	39	22	39	29	14	23	48

Human Papilloma Virus (HPV)

5.11.   Vaccination against HPV is part of WHO's global Cervical Cancer Elimination Initiative. There is a causal pathway from infection with particular HPV subtypes and development of squamous cell carcinomas of the cervix, anus, vulva, vagina, penis and head and neck cancers. By vaccinating young people and older people at higher risk, this pathway can be disrupted. From 1 August 2019, the HPV immunisation programme in Scotland became universal when males in first year of secondary school (S1) became eligible alongside females. The routine HPV schedule was a full course of two doses of vaccine given predominantly in schools. The second dose was given no sooner than six months and no later than two years after the first dose.

5.12.   From 1 January 2023, following a review of evidence by JCVI showing one dose conferred similar levels of immunity to two doses, the HPV vaccine moved to a one-dose schedule for immunocompetent individuals before their 25th birthday. 2

doses are required for citizens aged 25 – 45 years in the MSM programme and 3 doses for immunosuppressed or known to be HIV positive.

Figure 2: Incidence rate amongst women aged 20-24, Scotland 1991 - 2017

Incidence rate of cervical cancer among women aged 20-24, Scotland, 1991-2017. Shading shows 95% confidence intervals; vertical line shows year of introduction of HPV vaccine program. Source ISD.

Source: ISD Scotland

Influenza

5.13.   Influenza is an acute viral respiratory infection caused by influenza A, B or C – symptoms include fever, myalgia, malaise, headache and coryzal symptoms. Influenza is normally self-limiting in otherwise healthy patients but can lead to significant morbidity in young children, older people, immunocompromised individuals, those with respiratory or cardiac co-morbidities and pregnant women. Influenza is highly seasonal, and a vaccination programme has been in place in the United Kingdom since the late 1960s. Periodic antigenic drift in the virus means that individuals frequently lose immunity between influenza seasons, necessitating at-risk individuals being re-vaccinated each year against likely dominant strains.

Measles

5.14.   Measles is one of the most transmissible infectious diseases. It can lead to serious and potentially life-threatening complications even years after the original infection. Catching measles when pregnant can result in complications for baby. However, the MMR vaccine, which also provides protection against mumps and rubella, is highly effective - after two doses around 99% of people will be protected against measles. The number of notifiable cases within Grampian over the past ten years is detailed below:

Table 3: Measles cases in Grampian 2011 – 2020

Measles cases in Grampian 2011-2020											
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<5	<5	<5	<5	0	0	0	<5	0	0	0	0

Figure 3: Number of laboratory-confirmed cases of measles in Scotland by year, 1988 to end of March 2023 – Source: PHS
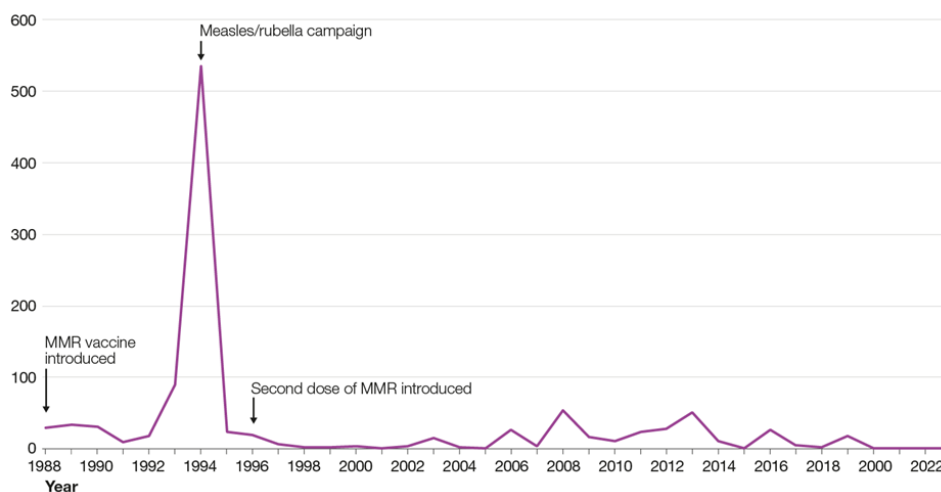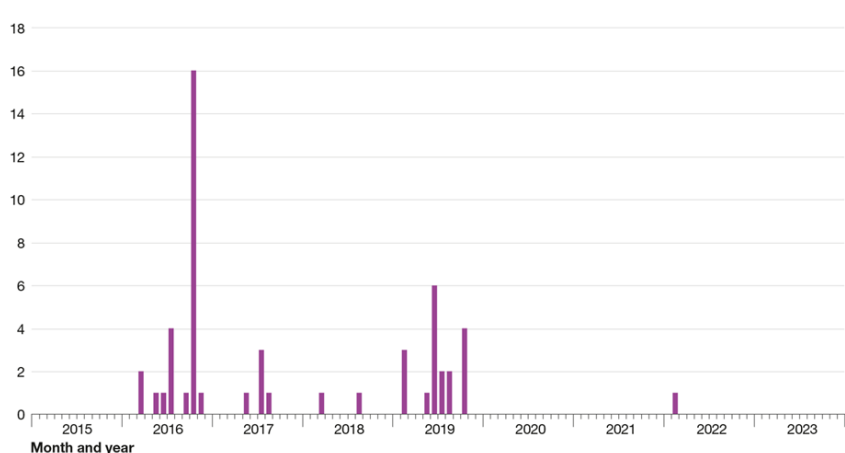

Figure 4: Number of laboratory-confirmed cases of measles in Scotland by month and year, 2015 to March 2023 – Source: PHS


Meningococcal disease (Men B)

5.15.   Men B vaccination is given as 3 doses in the first year of life with Men C also currently given at 1 year as part of the childhood programme. The Meningococcal groups A,C,W and Y (Men ACWY) vaccine protects against meningococcal disease caused by four groups of meningococcal bacteria A, C,W and Y. The Men ACWY vaccine is offered to all young people in S3 at school. Young people in S4 to S6 who missed the opportunity to be immunised the previous year are offered vaccination at subsequent visits.

5.16.   Due to the success of the adolescent MenACWY vaccination programme in controlling meningococcal disease across the population, from 2025 a dose of meningococcal C containing vaccine will no longer be recommended at 12 months. (This would have been delivered via the Hib/MenC vaccination at this time.)

5.17.   The number of notifiable cases of meningococcal disease in Grampian over the past ten years is detailed below:

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Table 4: Meningococcal cases in Grampian 2011 – 2022

Meningococcal cases in Grampian 2011-2022											
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
8	5	7	6	11	11	7	8	5	<5	0	<5

Figure 5: Meningococcal disease cases reported to MIDAS by serogroup, 2003 to 2022 (week 13) - Source: PHS
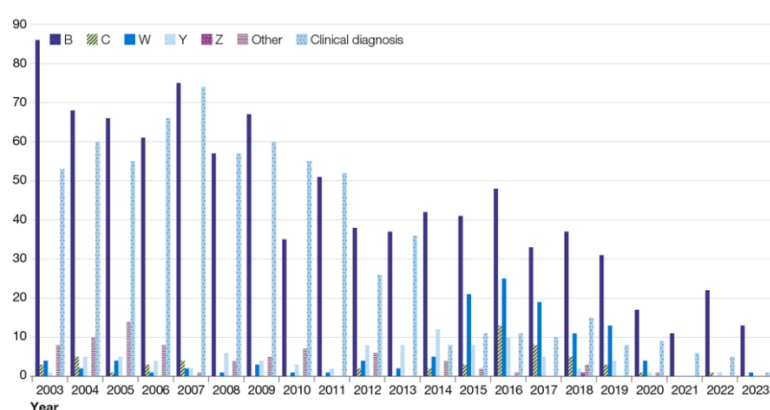
Mpox

5.18.   Mpox (previously known as Monkeypox) is a rare viral infection usually associated with travel to West Africa and has only, until recently, rarely been reported out with this region. Mpox can be transmitted through close physical contact with a person who already has the infection or contact with their bedding, towels, etc. It does not spread easily in the general population. Mpox is usually a self-limiting illness, with most people making a complete recovery within a few weeks. The Mpox virus is similar to the smallpox virus and the smallpox vaccine gives effective protection against Mpox. The vaccine is given in two doses a minimum of 28 days apart.

5.19.   The 2022–2023 Mpox outbreak represents the first incidence of widespread community transmission outside of Africa. This was initially identified in the United Kingdom in May 2022, with subsequent cases confirmed in 111 countries as of May 2023. During the recent outbreak, all those in NHS Grampian (NHSG) who were considered at high risk of Mpox were offered vaccination in line with national guidance via sexual health clinics.

5.20.   There remains a level of clinical discretion when deciding to offer vaccination to those who are attending sexual health services for other sexual health care or treatments. Opportunistic Mpox vaccination are included as part of a holistic approach to care for those attending sexual health services. This may include those who are attending for other vaccinations given at sexual health services, such as the adult HPV vaccine. Efforts have been made to offer vaccination to those who are newly eligible through sexual health services. Eligible healthcare workers have been vaccinated through occupational health services.

Mumps

5.21.   Mumps, caused by paramyxovirus, is spread by airborne or droplet transmission and classically causes bilateral parotid swelling, fever, and myalgia. In addition, mumps can cause a variety of significant complications such as meningitis, encephalitis, orchiditis, oophoritis and pancreatitis. These complications, if

developed, may be associated with sensorineural hearing loss and subfertility. Vaccination against mumps in the United Kingdom commenced with the introduction of the MMR vaccine in 1988, leading to a significant decrease in the prevalence of mumps in the years following due to high levels of uptake. Subsequent decreases in uptake, as well as supply issues with the MMR in certain years, have led to increasing cases since the late 1990s.

Figure 6: Number of laboratory-confirmed cases of mumps in Scotland by year, 2000 to March 2023 – Source: PHS

Figure 7: Number of laboratory-confirmed cases of mumps in Scotland by age group and year, 2015 to March 2023 – Source: PHS
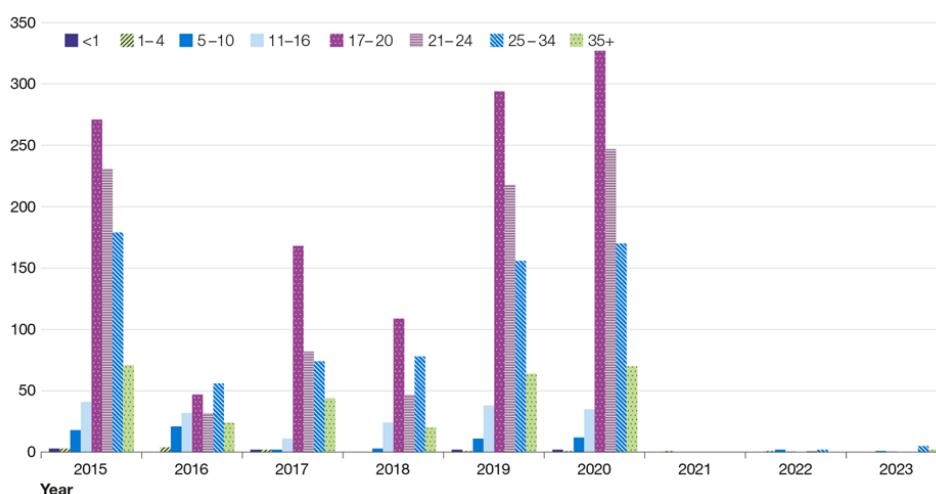

Pertussis (Whooping cough)

5.22. Pertussis, or whooping cough, is a highly infectious bacterial disease affecting the respiratory system. Infants and young children are particularly at risk of severe disease and/or death. The number of notifiable cases in Grampian over the past 10 years is detailed below:

Table 5: Pertussis cases in Grampian 2011- 22

Pertussis cases in Grampian 2011-2022											
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
6	219	193	47	146	143	80	98	143	11	0	0

5.23. Protection against disease is conferred via vaccination, From October 2012 pregnant women in Scotland are offered a pertussis vaccine typically between 16- and 32-weeks' gestation. This is to protect infants in the first eight weeks of life who are too young to receive their routine immunisations.

Figure 8: Incidence of Bordetella pertussis per 100,000 population in Scotland by age group, 2016 to 2022 – Source: PHS
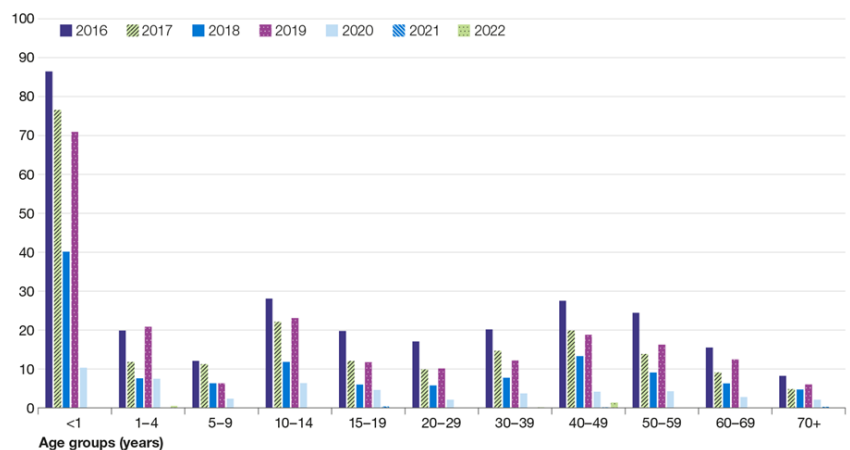
Pneumococcal disease

5.24. Pneumococcal disease can present as non-invasive or invasive infections caused by the bacterium Streptococcus pneumoniae (also called pneumococcus). Non-invasive disease includes middle ear infections (otitis media), sinusitis and bronchitis, whilst invasive pneumococcal disease (IPD) includes septicaemia, pneumonia, and meningitis.

5.25. Young children, the elderly and people in a clinical risk group are most at risk of severe pneumococcal disease, and so all these groups are currently offered a pneumococcal immunisation.

Polio

5.26. Poliomyelitis is now rare in the UK following national vaccination programmes. It is an acute illness caused by the poliovirus entering the body through the gut and giving rise to a range of symptoms from gastrointestinal disturbance, fever and paralysis. During UK epidemics in the 1950s up to 8000 notifications of paralytic polio were received in a year. 4 doses via the 6 in 1 vaccine are offered during the childhood programme, with a booster dose delivered at age 14 (S3).

Rotavirus

5.27. Rotavirus is an extremely infectious cause of gastroenteritis through both the faecal-oral and occasionally respiratory route and can require hospitalisation in severe cases due to dehydration. Incidence follows a seasonal pattern, with the majority of cases in winter and early spring, and most symptomatic cases are in young children. A national infant rotavirus vaccination programme was commenced in Scotland in 2013, leading to a significant reduction in both overall cases and peak incidence in winter. Rotarix, the licensed vaccine for rotavirus, is given orally in two doses at 8 and 12 weeks.

Figure 9: Laboratory reports of rotavirus in Scotland from 2011 to end of March 2023 – Source: PHS
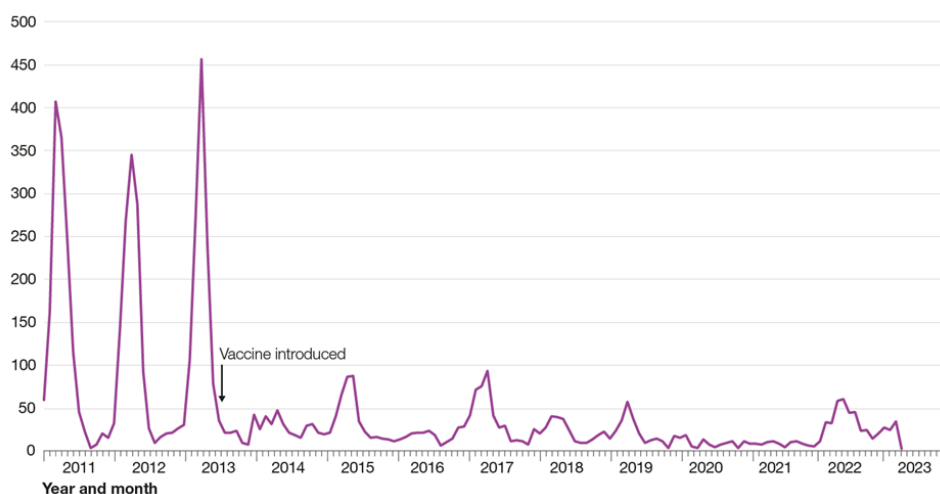
Rubella

5.28.   Rubella is a viral illness caused by togavirus and spread by droplet transmission. The symptoms of acute rubella infection tend to be mild and include fever, coryzal symptoms, malaise and rash – though it may be associated with more serious complications such as post-infectious encephalitis and thrombocytopenia. The primary concern regarding rubella is the potential for foetal loss and birth defects in cases of maternal infection in pregnancy. Up to 90% of infants exposed to rubella at 8 to 10 weeks' gestation will develop congenital rubella syndrome (CRS). As such, the primary aim of vaccination programmes is to reduce exposure of pregnant women to rubella. Targeted vaccination began in the UK in 1970, and universal vaccination began in 1988 with the introduction of MMR leading to significant decreases in rates of rubella. This is delivered during the childhood programme via the MMR vaccine.

Figure 10: Number of laboratory-confirmed cases of rubella in Scotland by year, 1988 to end of March 2023 – Source: PHS

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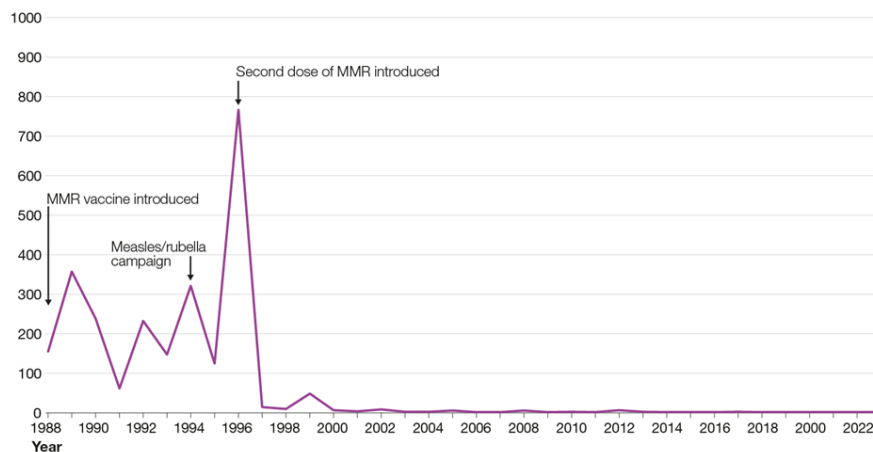
Shingles

5.29.   Shingles (Herpes zoster) is caused by the reactivation of a latent varicella zoster virus (VZV) infection, sometimes decades after initial infection. Shingles can occur at any age, with the highest incidence seen in older people. The severity of shingles generally increases with age and can lead to Post Herpetic Neuralgia (PHN) that may require hospitalisation.

5.30.   The shingles vaccine programme for older adults was introduced in Scotland in September 2013 following recommendation by JCVI in 2009 and a Scottish policy. The JCVI recently recommended changes to the shingles programme and these will be implemented from 1st September 2023. The vaccine offered will switch from Zostavax to the non-live vaccine Shingrix requiring a 2-dose schedule. There will also be a change to eligibility so that individuals are protected from a younger age.

5.31.   The eligible age for immunocompetent individuals will change from 70 to 60 years of age for the routine cohort in a phased implementation over a 10-year period. In addition, from 1st September 2023, eligibility will expand to all those who are severely immunosuppressed aged 50 years and over, with no upper age limit.

Tetanus

5.32.   Tetanus is caused by the release of tetanus toxin during infection with the bacterium Clostridium tetani. It causes symptoms such as fever, muscle spasms, lockjaw, difficulty breathing and swallowing problems. Tetanus can never be eradicated as its bacterial spores are commonly present in the environment, including soil. This vaccine is given at 8, 12 and 16 weeks via the 6-1 vaccine and at 3 years 4 months via the 4-1 vaccine.

Tuberculosis

5.33.   The BCG immunisation programme was introduced into the UK in 1953 to protect against Tuberculosis (TB), a serious bacterial disease which affects the lungs and other parts of the body including brain, bones, kidneys, and joints. The programme has undergone several changes in response to changing trends in TB epidemiology. Following a continued decline in TB incidence in the UK-born population, the universal school-based programme for adolescents was stopped in 2005. The BCG immunisation programme is now risk-based; the key part being a neonatal programme targeted at those children most at risk of exposure to TB, aiming to protect them from the more serious childhood forms of the disease. Babies are offered the vaccine if they or their parents or others close to the baby have lived in an area with high levels of tuberculosis.

Figure 11: Number of tuberculosis cases and incidence per 100,000 population in Scotland, 2000–2021 – Source: PHS
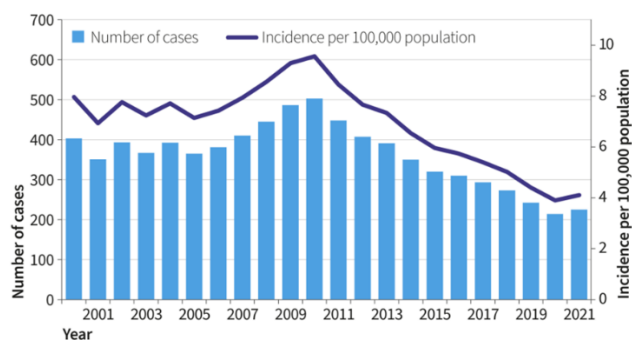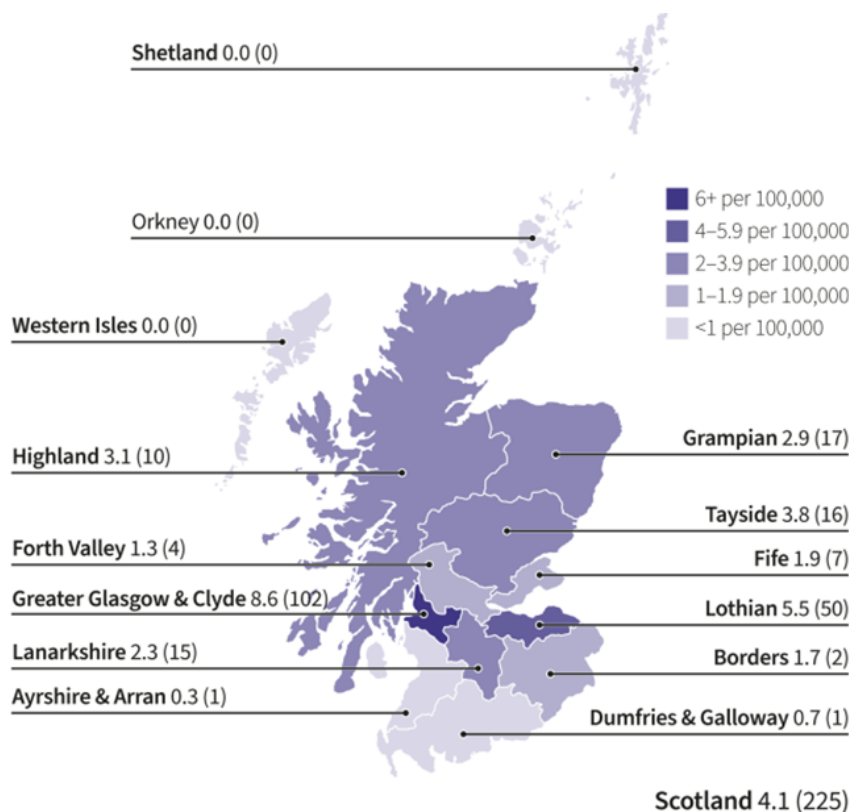
Figure 12: Tuberculosis incidence per 100,000 population and case numbers by NHS board, 2021 – Source: PHS

Shetland 0.0 (0)

Orkney 0.0 (0)

Western Isles 0.0 (0)

Highland 3.1 (10)

Forth Valley 1.3 (4)

Greater Glasgow & Clyde 8.6 (102)

Lanarkshire 2.3 (15)

Ayrshire & Arran 0.3 (1)

Grampian 2.9 (17)

Tayside 3.8 (16)

Fife 1.9 (7)

Lothian 5.5 (50)

Borders 1.7 (2)

Dumfries & Galloway 0.7 (1)

Scotland 4.1 (225)

- 6+ per 100,000
- 4–5.9 per 100,000
- 2–3.9 per 100,000
- 1–1.9 per 100,000
- <1 per 100,000

Typhoid

5.34. Typhoid fever is caused by Salmonella enterica typhi and is spread through the faecal-oral route. Typhoid fever varies significantly in severity from isolated gastrointestinal symptoms and fever to multi-organ failure and has a mortality rate of up to 20% if untreated. Given its faecal-oral spread, typhoid fever is comparatively rare in high-income countries with adequate standards of sanitation - the United Kingdom averaged 393 cases of typhoid fever a year between 2008 and 2017 and 93% of cases were determined to have been contracted abroad. As such, vaccination against typhoid fever is typically only carried out on individuals travelling to endemic areas. Increasing antibiotic resistance noted in typhoid-endemic countries increases the importance of vaccination of at-risk travellers. There are currently two typhoid vaccines licensed in the United Kingdom - a polysaccharide vaccine given in one oral dose, and a live attenuated vaccine given in three oral doses.

6. VACCINE UPTAKE

6.1. The Grampian Vaccination and Immunisation Programme is organised into the following work streams, largely mirroring the structure in figure 13 below. Uptake data within this annual report will be reported according to this structure.
- Pregnancy
- Pre-school children
- School age children

17

- Adults
- Non routine vaccinations

Figure 13: Vaccination and Immunisation workstreams
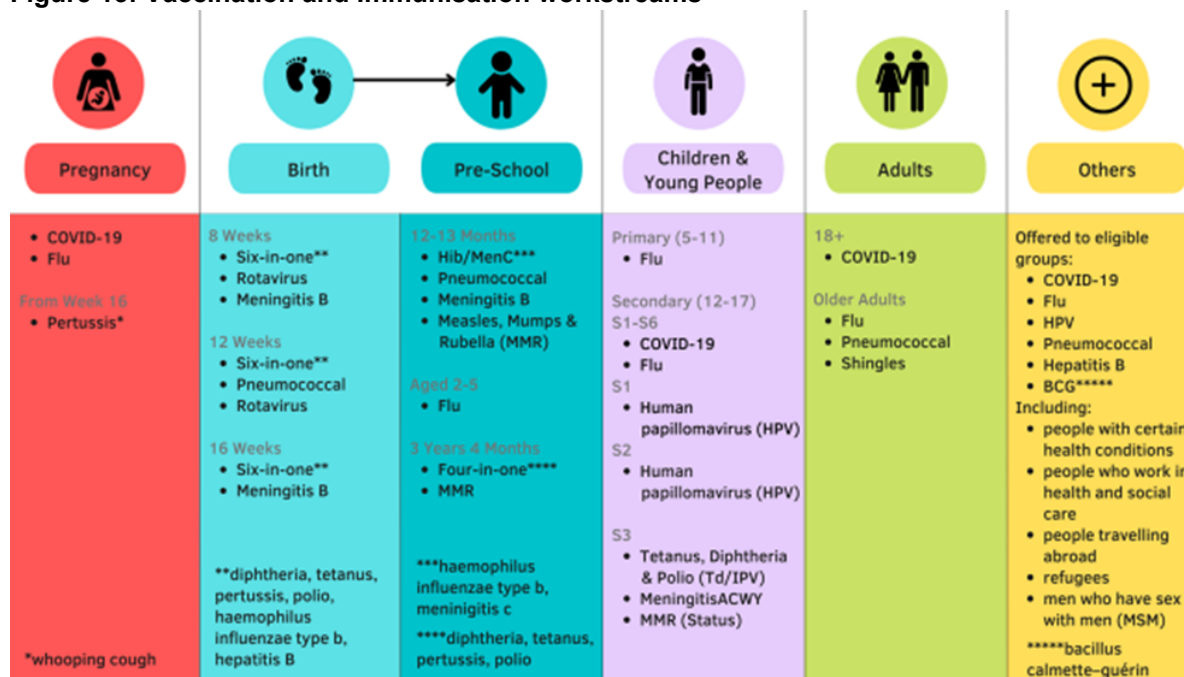
6.2.   The summary of the reporting period covered in this report is as follows:

Cohort	Reporting Period
Pregnancy Routine	April 2022 – March 2023
Childhood Routine	April 2022 – March 2023
Teenage Routine	School year 2021 – 22 *22-23 will be published at end November 2023
Adult Routine	April 2022 – March 2023 September 2022 – August 2022
Flu and Covid-19	September 2022 – March 2023
Travel health	September 2022 – August 2023

Pregnancy

Pertussis

6.3.   Prenatal pertussis vaccination uptake surveillance started in Scotland in 2014, however, a decision was taken to stop publishing this data in 2021 as data held nationally (taken from General Practice IT systems) was underestimating local figures.

6.4.   Across Grampian the pertussis vaccine in pregnancy programme is delivered by the midwifery teams from 16 weeks' gestation. Midwives have an important role in promoting the vaccine, ensuring pregnant women are informed and administering the vaccine.

6.5.   In 2022 – 23, coverage in Grampian from locally held data was 81.7%. The data is reported according to NHS Board of delivery and therefore excludes those who choose to receive their maternity care in other Board areas.

Flu and Covid-19 Programme

6.6.   Pregnant women are eligible for both Flu and Covid-19 vaccinations however uptake is low. 802 (14.8%) covid-19 vaccinations were given in the year 22-23 and 986 (18.2%) Flu vaccinations.

6.7.   During the summer of 2023, a study was undertaken in Grampian to help to understand vaccine hesitancy in pregnant women. This included a literature review and engagement with key stakeholders, comprising a survey to all health boards in Scotland and midwifery teams in NHS Grampian. Overall, this review highlighted the need for targeted engagement, tailored interventions, and clear communication to address barriers to vaccine acceptance among pregnant individuals. This ran concurrently with a short life working group (SLWG) to identify solutions to increase engagement and vaccine uptake with pregnant women in Grampian. A number of recommendations were identified, some of which have been implemented for the start of the winter vaccination programme, with the aim of increased vaccine uptake. This will be reviewed and appraised at the end of the programme to identify impact.

Childhood routine immunisations

6.8.   Over the past 10 years, there has been a gradual decline in the uptake of childhood immunisations across the UK and globally. While Scotland's uptake has continued to perform well by comparison with the other UK nations, this trend is observed here too.

6.9.   The reporting ages for childhood vaccine completion rates in the UK are 12 months, 24 months, and five years of age. The data presented is based on the published data from PHS and relates to year end to March 2023.

6.10.   There are time lags between when a vaccination is first offered within the routine childhood schedule and when uptake is evaluated, for example MMR2 appointments are scheduled from 3 years 4 months but uptake is evaluated based on the cohort of children who reach 5 years. Therefore, uptake data in a particular reporting year reflect delivery practices over a longer period.

Vaccinations up to 12 months of age

6.11.   The 95% target is met on a Grampian basis for all vaccinations up to 12 months of age except Rotavirus and Men B. The Rotavirus course requires two vaccinations in a narrow time window (8 and 12 weeks) and must be completed before 24 weeks. The consequence of this schedule is if the first dose is missed or delayed for some reason it may not be possible to have the second dose within this time window.

6.12.   Aberdeen City coverage is under the 95% threshold for all vaccinations. Investigation has shown that there has been an influx of new to area children with incomplete vaccination history, greater than in other parts of Grampian and Scotland as a whole.

Table 6: Completed primary immunisations by 12 months of age, 2022 – 23, Local Authority, NHS Grampian and Scotland. April '22 - March '23

	Number in Cohort	% completed primary course by 12 months							
		6-in-1		PCV		Rotavirus[3]		MenB	
		No.	%	No.	%	No.	%	No.	%

Aberdeen City	2,316	2,173	93.8	2,159	93.2	2,041	88.1	2,055	88.7
Aberdeenshire	2,195	2,141	97.5	2,139	97.4	2,087	95.1	2,129	97.0
Moray	872	842	96.6	840	96.3	823	94.4	839	96.2
Grampian	5,494	5,257	95.7	5,240	95.4	5,050	91.9	5,124	93.3
Scotland	49,583	47,376	95.5	47,328	95.5	45,919	92.6	46,716	94.2

Source: SIRS 15th May 2023

Immunisations up to 24 months of age

6.13.   The second year of life introduces the vaccines for Men C, Hib, Men B booster and MMR. In common with Scotland as a whole NHS Grampian achieves the 95% mark for 6 in 1 only.

Table 7. Completed primary immunisations by 24 months of age, 2022-23, Local Authority, NHS Grampian and Scotland April '22 - March '23

	Number in	% completed primary and booster course by 24 months								
	Cohort	6-in-1		MMR1		Hib/MenC		PCVB		MenB (Booster)	
		No.	%	No.	%	No.	%	No.	%	No.	%
Aberdeen City	2,209	2,112	95.6	1,982	89.7	1,953	88.4	1,895	85.8	1,922	87.0
Aberdeenshire	2,137	2,100	98.3	2,068	96.8	2,061	96.4	2,050	95.9	2,053	96.1
Moray	820	803	97.9	784	95.6	785	95.7	785	95.7	785	95.7
Grampian	5,269	5,115	97.1	4,932	93.6	4,898	93.0	4,829	91.6	4,858	92.2
Scotland	48,462	46,747	96.5	45,268	93.4	45,165	93.2	45,056	93.0	44,885	92.6

Source: SIRS 15th May 2023

Immunisations up to five years of age

6.14.   Grampian's uptake of vaccinations up to five years of age are all below 95% except for the 6 in 1 and are all below those seen for the Scotland average. There is variation in uptake across the HSCPs which lead to quality improvement work discussed in later sections.

Table 8. Completed primary immunisations and boosters by 5 years of age, 2022-23, Local Authority, NHS Grampian and Scotland. April '22 - March '23

	Number in	% completed primary and booster course by 5 years								
	Cohort	6-in-1*		MMR1		Hib/MenC		4-in-1		MMR2	
		No.	%	No.	%	No.	%	No.	%	No.	%
Aberdeen City	2,488	2,339	94.0	2,256	90.7	2,180	87.6	2,043	82.1	2,018	81.1
Aberdeenshire	2,711	2,655	97.9	2,624	96.8	2,615	96.5	2,553	94.2	2,531	93.4
Moray	886	855	96.5	843	95.1	842	95.0	810	91.4	798	90.1
Grampian	6,223	5,974	96.0	5,848	94.0	5,762	92.6	5,528	88.8	5,469	87.9
Scotland	55,071	53,156	96.5	52,455	95.2	52,130	94.7	50,029	90.8	49,701	90.2

Source: SIRS 15th May 2023

Immunisations up to six years of age

6.15.   By the age of 6, first MMR, MMR2 and 4 in 1 remain lower than the Scottish average and below the 95% coverage mark and uptake is decreasing over time. This is of concern as MMR requires two doses for protection and 95% coverage for population protection. Measles is a particular concern because it is highly infectious, and the disease can have significant short- and long-term health complications.

6.16.   At the time of writing in August 2023, the Chief Medical Officer has written to Health Boards to highlight the risks from Measles and NHS Grampian has responded with an updated action plan.

Table 9. 4 in 1, MMR and MMR2 vaccination uptake rates at 6 years of age, April 2022 – March 2023, NHS Grampian and Scotland. April '22 - March '23

	Number in Cohort	% completed primary and booster course by 6 years					
		MMR1		4-in-1		MMR2	
		No.	%	No.	%	No.	%
Aberdeen City	2,664	2,390	89.7	2,280	85.6	2,232	83.8
Aberdeenshire	2,680	2,558	95.4	2,511	93.7	2,500	93.3
Moray	991	952	96.1	929	93.7	924	93.2
Grampian	6,472	6,018	93.0	5,837	90.2	5,773	89.2
Scotland	56,759	53,799	94.8	52,476	92.5	52,118	91.8

Source: SIRS 15th May 2023

Uptake and Coverage of School-based Immunisation Programmes

Human Papilloma Virus (HPV)

6.17.   Coverage is higher in girls than boys. This may be a legacy of the programme starting as a female only programme. Further work is needed to see how uptake in boys can be improved.

6.18.   Coverage consistently improves with each school year showing the importance of offering vaccination at each opportunity.

6.19.   A process has been developed to ensure any child who has left school without the opportunity to receive routine vaccinations is contacted with the offer of vaccination.

Table 10: HPV immunisation coverage rates of dose 1 by the end of the school year 2021/22 at S1 and S2 by local authority area, NHS Grampian and Scotland

	S1 Coverage Rate (%) Dose 1		S2 Coverage Rate (%) Dose 1	
	Female	Male	Female	Male
Aberdeen City	79	68	84.3	78
Aberdeenshire	85.6	78.6	91.6	89.4
Moray	87.1	72.4	87.4	86.8
Grampian	83.7	74	88.4	85.3
Scotland	77.5	69.6	86.4	80.9

Source: CHSP School/SIRS

Vaccination with Td, IPV and Men ACWY

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6.20.   Coverage shows that Grampian as a whole and HSCPs individually exceed the Scottish average for diphtheria, polio, and the ACWY meningococcal subtypes. Rates continue to improve in S4.

6.21.   However, when coverage is analysed by Scottish Index of Multiple Deprivation (SIMD) there is a marked disparity between those in the most deprived and least deprived. Coverage among the least deprived is as much as 30% higher.

6.22.   Updated figures for pupils will be published for school year 2022/23 in November 2023

Table 11: Td/IPV and MenACWY uptake rates by end of S3 and end of S4, Local Authority Area, NHS Grampian and Scotland. School year 2021 – 22.

	S3 Coverage Rate (%)		S4 Coverage Rate (%)	
	Td/IPV	MenACWY	Td/IPV	MenACWY
Aberdeen City	72.2	72.5	84.1	83.9
Aberdeenshire	79.9	79.9	89.8	89.3
Moray	77.6	77.8	82.0	82.2
Grampian	77	77.2	86.7	86.4
Scotland	71.6	71.7	74.9	73.8

Source: CHSP School/SIRS

Table 12: Td/IPV and MenACWY by NHS board of school and Scottish Index of Multiple Deprivation Quintile

	S3 Coverage Rate (%)		S4 Coverage Rate (%)	
Scottish Index of Multiple Deprivation quintile	Td/IPV	MenACWY	Td/IPV	MenACWY
1= Most deprived	55.6	55.3	67.7	67.7
2	65.3	65.5	77.1	76.5
3	74.3	74.6	86.5	85.8
4	80.6	80.6	88.6	88.6
5	85.0	85.2	93.2	92.9

Source: CHSP School/SIRS

Uptake and Coverage in Adult Immunisation Programmes
Shingles

6.23.   This programme was paused during the pandemic and was subsequently transferred to health board/HSCP delivery as part of the VTP. This resulted in a significant catch-up programme being delivered during 2022-23. The health and social care partnerships have made good progress to ensure all those eligible have been offered and this is evident in the progress in table 13.

6.24.   In 2022/23, 13,600 shingles vaccines were administered covering routine (age 70 years) and catch-up (age 71 – 79 years) cohorts.

6.25.   Uptake of adult vaccination programmes experience seasonal fluctuations as a result of the alignment in delivery models.

6.26.   Planning has been ongoing, and we will move to the 2-dose shingles schedule offer to the eligible groups from start of 2024.

Table 13: Shingles Zostavax vaccination coverage amongst eligible routine and catch-up cohorts (70 – 79 years). Local Authority area and NHS Grampian. 1 September to 31 August

	70 – 79 years % coverage	
	2021 - 22	**2022-23**
Aberdeen City	52.3	68.4
Aberdeenshire	49.7	68.2
Moray	69.8	75.0
Grampian	53.9	69.5

Source: National Clinical Data Store/SEER

Pneumococcal

6.27.   Young children, the elderly and people in a clinical risk group are most at risk of severe pneumococcal disease, and so all these groups are currently offered a pneumococcal immunisation.

6.28.   During 2022-23, 14,328 pneumococcal vaccines were administered to citizens turning 65 as well as those in the 2 – 64 at risk cohort and good progress has been made to offer the vaccine to eligible groups.

Table 14: Pneumococcal vaccination coverage amongst aged 65+ and 2-64 at Risk cohorts 1 April 2022 – 31st March 2023

	% coverage	
	Aged 65+	**2 – 64 at risk**
Aberdeen City	56.6	22.3
Aberdeenshire	57.8	51.2
Moray	47.3	33.1
Grampian	55.5	36.9

Source: National Clinical Data Store/SEER

## Uptake and Coverage in Seasonal Immunisation Programmes

Influenza

6.29.   For the 2022/23 flu season adults aged 50 and over, health and social care workers and individuals at risk aged 18 years or over were eligible to receive the flu vaccine. The programme ran from the 5th of September 2022 until the 31st of March 2023. Citizens were invited to attend clinics with most vaccines being co-administered with the COVID-19 winter booster vaccine (89.9%).

6.30.   Grampian outperforms the Scottish average for both flu and Covid-19 vaccinations.

Table 15: % Uptake Seasonal Flu Vaccine adults 2022/23

	18 – 64 at risk	**50 - 64**	**65+**
Grampian	57.7	57.2	85.8
Scotland	56.9	55.5	85.5

(Source: PHS FVCV Delivery and planning flash report)

Map 1: Cold spot map of influenza autumn winter '22 vaccination uptake for citizens aged 65 years and over
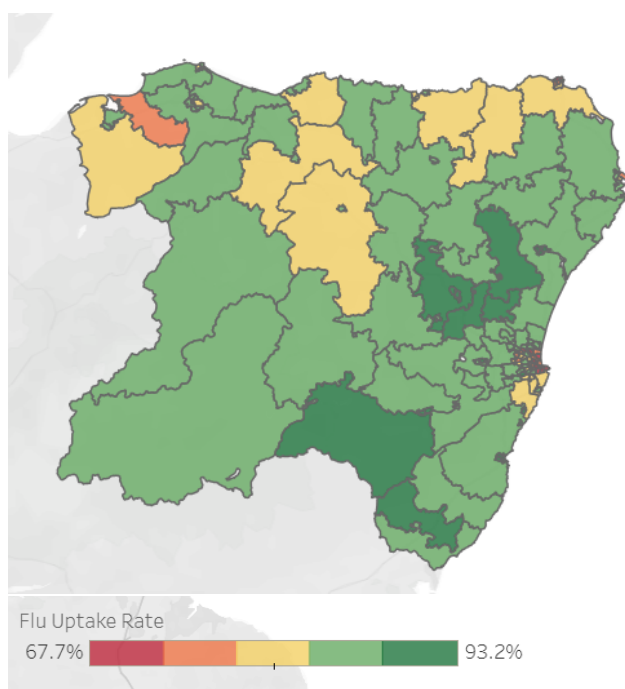
Covid-19

6.31. As with the seasonal flu vaccine the COVID-19 winter booster programme ran from the 5th of September 2022 to the 31st of March 2023. Eligible groups for the 2022/23 COVID-19 winter booster programme included adults aged 50 years or over, frontline health and social care workers, and at-risk individuals aged 5 years and over.

6.32. A total of 197,720 vaccines were administered during the programme, 73.7% uptake among the total eligible cohort, which is around 1% higher than the uptake reported for the rest of Scotland.

6.33. During the 2022/23 season overall the uptake rates in Grampian were higher than for the rest of Scotland for individuals aged 5 – 64 at risk, 50-64 years and those aged 65 and over.

6.34. Uptake is lower in areas which are most deprived. Uptake is also lower in some ethnic minority groups, specifically the Polish and African communities.

Table 16: % Uptake COVID-19 Booster Vaccine 2022-23

	5 – 64 at risk	50 - 64	65+
Grampian	64.2	67.8	91.2
Scotland	63.8	66.0	90.6

(Source: PHS FVCV Delivery and planning flash report)

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Map 2: Cold spot map of covid-19 autumn winter '22 vaccination uptake for citizens aged 65 years and over

Covid Uptake Rate
69.6%   94.5%
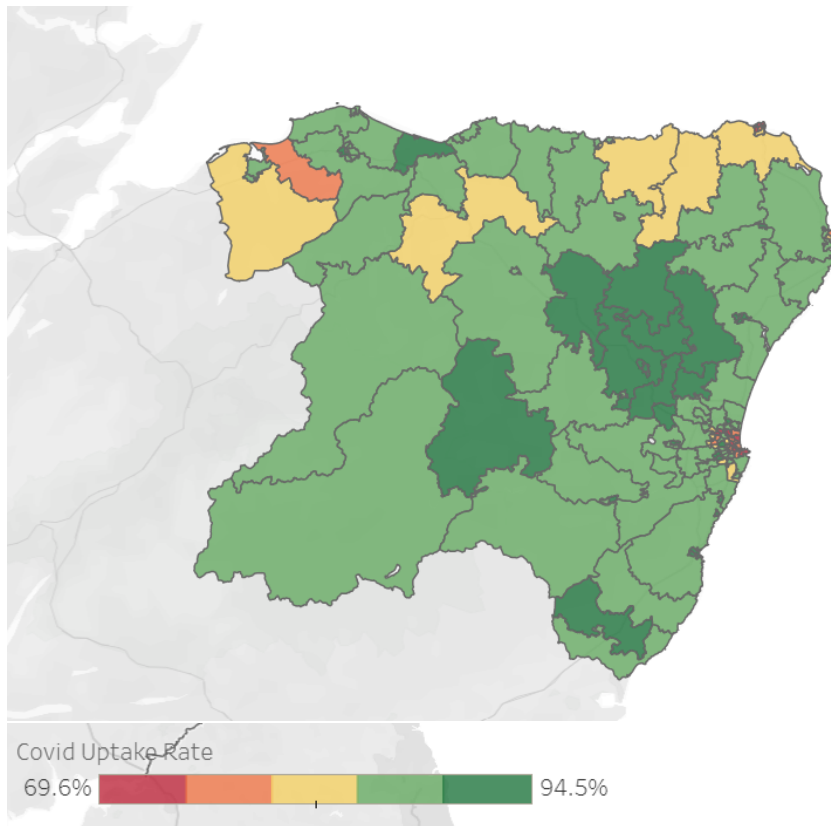
Table 17: Uptake of COVID-19 winter booster vaccine by SIMD decile for eligible groups 2022/23 programme

SIMD Decile (1 = Most Deprived - 10 = Least Deprived)	NHS Grampian		
	Number Uptake	Population	Percentage Uptake
1	1,465	2,718	53.9
2	6,088	10,121	60.2
3	10,195	15,628	65.2
4	15,214	22,292	68.2
5	17,129	24,249	70.6
6	23,974	32,848	73
7	29,054	38,402	75.7
8	33,678	44,547	75.6
9	29,476	38,457	76.6
10	31,296	38,962	80.3

Uptake and delivery of other selective and non- routine vaccines

6.35.   Non routine vaccinations cover a range of situations where citizens require vaccination out with the usual population vaccination schedules. These include individuals recently treated for cancer or who have had a stem cell transplant and require their full course of vaccinations again; bat handlers or travellers who have been scratched or bitten by rabid animals; certain travel vaccinations etc.

6.36.   With no national scheduling, call or recall system for non-routine vaccinations, Boards have been working to put in place processes which support the delivery of these vaccines. NHSG has processes by which services may refer a citizen for vaccinations that are required out with normal vaccination schedules. There remain outstanding operational and clinical questions to be worked through and we are collaborating with specialist services on a local and national level to achieve clarity and strong clinical governance in this most flexible of programmes. A local working group has been established to improve and further develop a system- wide approach to non-routine vaccinations in NHSG with the aim to protect the health of the local population and reduce inequalities.

Post Exposure treatment of infectious disease

6.37.   Health protection investigations regularly identify persons who have been exposed to infectious disease. Post-exposure treatment with vaccines is recommended in some cases including Diphtheria, Hepatitis A and B, Measles, Meningococcus and Pertussis. Immunoglobulin may also be indicated for some infections. Health and Social Care Partnerships (HSCP) now arrange and administer vaccinations, with referrals made in line with the non-routine vaccine pathway. An updated national Post Exposure protocol is under development.

Babies born to mothers with Hepatitis B

6.38.   Mothers are offered screening for Hepatitis B in pregnancy and their babies can be offered their first vaccination within 24 hours of birth.

6.39.   During 2022 - 23, a total of 11 babies were born to mothers' resident in Grampian infected with Hepatitis B. Because of the small numbers involved the breakdown of this data is not given. However, babies were not receiving all their doses in a timely way.

6.40.   To support improvement work in Grampian we reviewed processes implemented to improve offer and uptake. A Catch-up programme was undertaken and to date all those who have consented to vaccination have received the required doses. Ongoing audit and analysis of vaccinations is discussed at the Grampian Vaccination Programme Board.

Table 18. Hepatitis B screening status of all mothers delivering in Grampian

 during the period April 2022 – March 2023.

	Screening result: negative	Screening result: positive	No screening results	Total
Grampian	4,649	9	78	4,736

BCG for newborns at risk

6.41.   In 2021, 643 babies in Grampian were identified as meeting the national selective criteria for requiring BCG vaccination. Of these 599 (93%) received the vaccine within the first 12 months of life.

6.42.   The BCG uptake levels in at risk infants in Grampian exceeds the 2018 Scottish TB Framework Key Performance Indicator level (set at 85% uptake level) [3]

Table 19: Uptake levels of BCG for eligible infants. August '21 – September '22

Care Location of Birth	Total Babies (Live Births)	Parent or Grandparent Born in high prevalence area	At Risk Babies Offered BCG	At Risk Babies Given BCG	Total BCG Given
NHS Grampian 2021	5313	668 (12%)	550 (82%)	554 (100%)	554 (100%)
NHS Grampian Up to 30/09/2022)	3826	547 (14%)	476 (87%)	468 (85%)	468 (85%)
Total	**9139**	**1215**	**1026**	**1022**	**1022**

Source: Badgernet

Vaccinations delivered in Sexual Health Clinics

6.43.   A small number of vaccinations are carried out in sexual health clinics as part of their specialist assessment and treatment.

6.44.   Since the Mpox outbreak in 2022/23 NHS Grampian sexual health clinics vaccinated 487 individuals, with all those eligible having been offered an appointment to attend for 1st and 2nd doses. Opportunistic vaccination continues.

6.45.   A further breakdown is detailed below in Table 20.

Table 20: Vaccinations delivered to GBMSM, Source: NaSH

Vaccine	Year	Number of patients
HPV	April 21-March 22	74
	April 22- March 23	46
Hep A	April 21-March 22	74
	April 22- March 23	46
Hep B	April 21-March 22	28
	April 22- March 23	28
Hep A&B	April 21-March 22	279
	April 22- March 23	239

Travel health

6.46.   Travel risk assessments, advice, and vaccinations (if required) are provided to reduce the risk of transmission of diseases amongst patients travelling to countries where these diseases are still prevalent.

6.47.   The travel health service in Grampian has been delivered by community pharmacy since October 2021 and is available to all travellers who reside in Grampian and require advice and /or vaccinations for travelling to a destination considered at risk of tropical disease.

6.48. The following travel vaccines are offered free as part of the NHS service: Hepatitis A, Typhoid, Cholera, and polio / diphtheria / tetanus.

6.49. In person travel health advice is supported by a digital offer. The Fit for Travel website is available to citizens and the Travax specialist website is available to health professionals.

6.50. Since July 2023, Travel risk assessments and vaccines are only offered to citizens residing in the Grampian health board area.

Table 21: Number of NHS travel vaccines administered by Local authority and Health board. September '22 - August '23

	Hepatitis A	Chlora	Typhoid	Polio, diphtheria/ Tetanus
Aberdeen City	867	21	867	774
Aberdeenshire	1018	102	1131	973
Moray	180	34	211	153
Grampian	2,065	157	2,209	1,900

Source: Seer vaccination dashboard

7. Equity in Grampian

7.1. "Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier and fulfilled lives. The existence of health inequalities in Scotland means that the right of everyone to the highest attainable standard of physical and mental health is not being enjoyed equally across the population."

7.2. The above statement is taken from the NHS Grampian Health Inequalities Action Plan. We know from the limited information we have that those suffering socioeconomic deprivation and some ethnic groups are less likely to come forward for preventative healthcare. NHS Grampian Vaccination Programme is taking action to investigate and reduce health inequalities in vaccination for the Grampian population. As part of the overarching plan, we are working with colleagues in screening, academia, and community representatives to improve engagement and ultimately to increase uptake of preventative medicine offers within our underserved populations.

7.3. We are currently undertaking a Needs Assessment focussing on families with children under six years of age. Amongst other work to collate what engagement activities are ongoing, we are asking about families' concerns and beliefs about vaccination and the practical barriers to accessing vaccination. As part of this work, we are trying to reach ethnic communities through the support of HSCP and GREC (Grampian Regional Equality Council) to have their voices heard. This report will be completed for January 2024 and its insights will be used to improve services.

7.4. We are working with the University of Aberdeen on evidence collation and messaging around screening in the Polish community and this will give us insights that we can generalise to the vaccination programme. To support the delivery of programme we are also developing a vaccine inclusivity plan that will complement

the screening inequality plan. This will provide a joined-up approach towards addressing inequalities in Grampian.

8. Quality improvement in Vaccination

8.1.   Aberdeen City have an Improvement Action Plan. Progress against this plan was reported to their HSCP's IJB Clinical Care Governance Committee in their August update paper.

8.2.   An updated Measles Elimination Plan for Grampian has been written in response to the CMO's letter.

8.3.   We continue to work with boards across Scotland and national colleagues on non-routine vaccination and post exposure treatment pathways.

8.4.   Issues are identified and discussed at the Vaccination and Immunisation Clinical and Care Governance Group. Staff participate in shared learning events across the programme at least 2 times per year, along with relevant short life working groups convened to develop improved processes.

8.5.   Two PAGs (Preliminary Assessment Group) and a short life working group have been instigated in the 2022-23 timeframe to look at vaccination of newborns born to mothers with Hepatitis B, the decline of childhood vaccination uptake in Aberdeen City and vaccine uptake in pregnancy. A summary of the work undertaken by these groups is as follows:

8.4.1 Vaccination of newborns born to mothers with Hep B

Audit showed that babies were not completing their full course of vaccinations. The first vaccination is offered within 24 hours of birth and is usually given in hospital, whereas subsequent vaccinations require referral to the vaccination services. Training has been given to staff and processes improved to ensure this first vaccination takes place and onward referral happens. A catch-up plan was implemented for those babies who have missed their full course. Audits are ongoing to ensure processes are robust and remain under regular review.

8.4.2 Aberdeen City – Vaccination and Child Health Review

Annual and quarterly pre-school child vaccination uptake rates for Aberdeen City and NHS Grampian highlight that uptake remains below the 95% necessary to preserve herd immunity. There is an ongoing downward trend in vaccine uptake over recent years. A need to ensure accurate, consistent reporting of pre-school vaccine uptake has also been recognised.

Our assessment group established that the decline in vaccination uptake identified for Grampian is clear, reflecting the wider decline in pre-school vaccination uptake across NHS Boards in Scotland. However, there are areas where the local vaccination process could be improved, and an action plan has been developed to address these. These include scheduling systems, reporting systems and completeness of data. Further information is available in appendix 2. Progress against these actions will be reported to the Programme Board and will be included in the Annual Report for 2024.

8.4.3 Short Life Working Group - Vaccine hesitancy in pregnant women

This work identified the need for targeted engagement, tailored interventions, and clear communication to address barriers to vaccine acceptance among pregnant individuals. Solutions to increase engagement and vaccine uptake with pregnant women in Grampian were identified and recommendations made. Some of which have been implemented for the start of the winter vaccination programme, with the aim of

increasing vaccine uptake. This includes making it easier for pregnant women to access an appointment and sharing information with midwifery colleagues to ensure positive information sharing.

Priorities for improvement

- Work with PHS and health intelligence to develop quality assured statistical reporting which will provide live data to allow us to better understand variance in programme and monitor these more effectively.
- Ensure that we maintain and improve vaccination rates. We will do this by better understanding variance of programmes as well as attitudes and barriers to vaccination.
- Improve the availability and accessibility of up-to-date resources for all health professionals. This will include development of bespoke training resources for harder to reach groups to highlight the importance of vaccines.
- Contribute to the digital discovery work being led by NHS National Services Scotland to ensure that we have digital systems to support the delivery of all vaccination programmes.
- Work with a range of organisations to improve accessibility of vaccination programmes to those that need through targeted interventions.
- We will develop a Vaccination and Immunisation strategic framework for Grampian to provide governance and assurance around uptake rates and improvement required.

9. Planned changes and Horizon Scanning for Programme

9.1.   The below table provide a summary of forthcoming planned and proposed schedule changes which will require teams to adapt delivery models.

Programme	Changes (proposed/approved)

Childhood	• The JCVI advised that the following changes should come into effect nationally once the current supply of the Hib/MenC vaccine has been used:
	     a. an additional dose of Hib-containing multivalent vaccine such as the 6in1 should be given at 18 months (to replace the Hib dose at 12-13 months).
	     b. From 2025, JCVI are recommending the second dose of MMR vaccine be brought forward from 3 years 4 months to 18 months of age. The rationale for delivering the vaccine earlier is to complete the course at an earlier age and therefore further reduce the likelihood of measles outbreaks.
	     c. Due to the success of the adolescent MenACWY programme in controlling meningococcal C disease across the population a dose of meningococcal C containing vaccine is no longer recommended at 12 months.

	• JCVI advises that a Respiratory Syncytial Virus (RSV) immunisation programme, that is cost effective, should be developed for both infants and older adults.
	• JCVI varicella subcommittee continue to assess chickenpox as a target for vaccination.

	• New child health system to replace Scottish Immunisation Recall systems has been brought forward to winter 2024.
School	• MMR review and catch up to take place from S1 rather than S3.
Adult	• 1 September 2023 change of vaccine in Shingles programme to Shingrix, and extended eligibility. If uptake remains the same or improves this will require at least a doubling of capacity within the same financial resources for an extended period of time.
Seasonal	• Poultry workers to be eligible for influenza vaccination in the Autumn winter programme for 2023/24 as a response to Avian Influenza.

10. Conclusions

10.1.   This report has highlighted the findings from the surveillance data on vaccine preventable disease in Grampian, as well as vaccine uptakes across childhood, school age and adult programmes in Grampian. The data within the report demonstrates low incidence rates of most vaccine preventable diseases in Scotland and Grampian.

10.2.   We continue to achieve good coverage in our vaccination programmes, however there is a growing concern in relation to a decline in childhood uptake trends.

10.3.   We have an ambitious plan of quality improvement with a number of priorities being highlighted in section 8. We will conclude and evaluate work around inequalities and improving uptake and we will commence to develop a vaccination and immunisation strategic framework during 2024. This will provide a framework to ensure the monitoring of uptakes across all programmes and ensure that delivery models are accessible and can adapt to the needs of our populations within Grampian.

11. Acknowledgements

The NHS Grampian public health directorate would like to thank everyone who works so hard across the Grampian system to ensure that the population is protected against vaccine preventable diseases by working to ensure that we maintain a high vaccine coverage.

Feedback

As this is our first annual report, we would welcome feedback on the content of this report so that we can make improvements for future reporting. Please contact us directly with any feedback at: gram.vaccineenquiries@nhs.scot

12. References

1.   Joint Committee on Vaccination and Immunisation Code of Practice, June 2013
2.   Complete schedule (children & adults) available here: https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule
3.   Immunisation Against Infectious Disease, Immunisation against infectious disease - GOV.UK (www.gov.uk)
4.   GMS contract: 2018 - gov.scot (www.gov.scot)

13. Appendix

13.1.   Appendix 1: Routine childhood and adult immunisation schedule

The complete routine immunisation schedule		From September 2023

Age due	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus[2]	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus[2]	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[3,6]	Fluenz Tetra[3,6]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV[6]	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV23)	Pneumovax 23	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
65 from September 2023[7]	Shingles	Shingles vaccine	Shingrix	Upper arm
70 to 79 years of age (plus eligible age groups and severely immunosuppressed)[7]	Shingles	Shingles vaccine	Zostavax[3,7] (or Shingrix if Zostavax contraindicated)	Upper arm

Source: The complete routine immunisation schedule from September 2023 (publishing.service.gov.uk)

Selective immunisation programmes			
Target group	**Age and schedule**	**Disease**	**Vaccines required**
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	Around 28 days old[4]	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	Around 28 days old[4]	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation[5]	Pertussis	dTaP/IPV (Boostrix-IPV)

Additional vaccines for individuals with underlying medical conditions		
Medical condition	**Diseases protected against**	**Vaccines required[1]**
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to 10 years of age)[2] PPV23 (from 2 years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to 10 years of age)[2] PPV23 (from 2 years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to 10 years of age)[2] PPV23 (from 2 years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to 10 years of age)[2] PPV23 (from 2 years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to 10 years of age)[2] PPV23 (from 2 years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to 10 years of age)[2] PPV23 (from 2 years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to 10 years of age)[2] PPV23 (from 2 years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment[4]	Pneumococcal Shingles vaccine Influenza	PCV13 (up to 10 years of age)[2,3] PPV23 (from 2 years of age) Shingrix – over 50 years of age[5] Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to 10 years of age)[2] PPV23 (from 2 years of age) Annual flu vaccine

Appendix 2 – Outcome of Aberdeen City PAG

The SIRS Appointment System: The system is outdated and is inflexible in its approach to appointment calls and recalls. Appointments are allocated to one specific clinic location according to registered GP. Transfer to a more convenient location is not supported by the system. This creates capacity issues with some locations over capacity and others under used. The management of children not brought for vaccination is equally inflexible.

Consequently, local vaccination waiting lists are formed and the local child health team and health and social care partnerships continue to contact families/carers on the waiting list to locally manage reappointments to ensure vaccination. This is problematic when local child health teams need to function across HSCP boundaries where children are registered with GP practices out with the HSCP of residence. As a replacement system for SIRS is not expected to be operational before 2025, these issues will remain for the foreseeable future.

The SIRS Reporting System: Information cannot be extracted by postcode area which does not allow easy identification of low uptake areas by GP Practice / Postcode. Again, the Grampian vaccination team manually collate data by postcode area to understand any local variation to mitigate this issue through, for example, organising additional clinics.

Completeness of data: Data from PHS for the year ending 14th February 2023 was extracted from SIRS and has been analysed locally. As table below shows, during 2022 a total of 1,271 children aged 0-16 were recorded as "new to area" within Grampian and for whom there are no recorded vaccinations. The data do not tell us *when* the children newly arrived in Grampian, only that a child was coded as new to area at some point.

PHS report that this number of new to area children is an outlier compared with other NHS Boards. A child new to area but previously registered within SIRS will have its vaccination history recorded. Children from elsewhere in the UK or from outside the UK will not get an automatic transfer of vaccination history. Once registered with a GP, a child will be entered within the child health system (and therefore SIRS), but it is not automatic that vaccination history is captured. Once captured, it must be manually updated.

Within Aberdeen City, the local perception is that children new to area are a mix of those linked to international students attending Higher Education institutes, those arriving as part of asylum and resettlement arrangements, as well as families relocating to Grampian for work.

SIRS Data for Children New to Grampian with No Recorded Vaccinations for the year ending 14th February 2023

Age Group	Locality			
	Aberdeen City	Aberdeenshire	Moray	Grampian
Pre-school (0-4y)	177 (72%)	50 (20%)	20 (9%)	247
School (5-16y)	699 (68%)	239 (23%)	86 (8%)	1024
All ages (0-16y)	876 (69%)	289 (23%)	106 (8%)	1271

Completeness of data: The denominator figures used within SIRS to identify uptake rates does not exclude those children whose families that have notified the service they do not wish to take up the offer of vaccine. This is also a consideration in relation to the data for new to area children, as this may also contain children for whom there is no record of vaccination due to the child having been withdrawn from the vaccination programme by parents/guardians.

Quality assuring statistical reporting: Ensuring that there is consistency of reporting data relating to vaccination uptake is desirable, as a number of organisations across Grampian use pre-school vaccination uptake rates as part of their organisational reporting. This has led to circumstances where there are discrepancies in the uptake data reported. This can occur because of more recently reported data having become available or when data from national sources has been locally analysed.

Aberdeenshire
Health & Social Care
Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023

PLACE STRATEGY UPDATE

1   Executive Summary/Recommendations

1.1   On 19 January 2023 Aberdeenshire Council approved a process to develop a
Place Strategy as a long-term approach to achieve positive change and
improve outcomes across our communities. This report provides an update on
that process and outlines the next steps.

1.2   The Integration Joint Board is recommended to:

**1.2.1   Acknowledge the work undertaken in developing a Place Strategy
for Aberdeenshire**

**1.2.2   Provide comment on the next steps to develop the Strategy outlined
in 5.5.**

**1.2.3   Note that following further consultation, a Place Strategy is to be
reported to Aberdeenshire Council on 18 January 2024 for approval.**

**1.2.4   Acknowledge the HSCP's participation in the developing Place
Strategy work and to support the IJB in working towards alignment
with the Place Strategy.**

2   Direction

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian
as a result of this report.

3   Risk

3.1   This report does not identify any risks.

4   Background

4.1   On 24 November 2022 (Item 5), Aberdeenshire Council agreed to develop and
implement a Place Strategy that considers the current and future needs of
communities. The Council has previously agreed to implement the Place
Principle in April 2019 as part of an agreement between CoSLA and the
Scottish Government. The Community Planning Partnership Board agreed at
its meeting on 7 September 2022 to adopt a Place-based approach to deliver
Community Planning in Aberdeenshire. On 19 January 2023 (Item 8)

Aberdeenshire Council acknowledged the commencement of development work for a Place Strategy in accordance with the Council Plan.

5   Discussion

5.1   A Place Strategy steering group was created to oversee the development of a strategy. This group has been expanded and there is now a wider range of services and partner organisations represented including the Health and Social Care Partnership, NHS Grampian and blue light services. Regular meetings have taken place to progress the development work over the past 7 months.

5.2   During February and March 2023, three workshops, led by the Head of Planning and Economy and Area Managers, were held to gather views from service managers. Feedback was generally positive, and a number of areas were explored in relation to specific services and place principles more broadly. A summary can be found in **Appendix 2**. In addition to these workshops, members of the steering group have made a number of presentations to colleagues across the Council and partner organisations to raise awareness and answer questions on working with Place based principles.

5.3   On the 16 May 2023, Diarmaid Lawlor, Associate Director at Scottish Futures Trust, and colleagues in the Place Demonstrator team led a workshop with the steering group and other stakeholders, including Community Planning partners, to explore some of the issues raised and give pointers to help understand the purpose and potential of a place strategy. The guidance and advice from this session helped to identify next steps and informed discussions within the steering group. The Place Demonstrator team continue to work with officers and their expertise will help to inform a draft Place Strategy.

5.4   A wide public consultation exercise was undertaken to gather feedback and views from a number of groups including Aberdeenshire residents, Officers and Councillors, along with targeted engagement with groups with protected characteristics, young people and local community planning groups, and community councils. A mix of digital surveys and face to face engagement was used between 3 May and the end of June 2023. Groups included Lived Experience, Rural Partnerships, Local businesses, Community Councils, Youth forums, Community Planning Partners, and Local Community Planning Groups. The results of this feedback will be used to inform the draft strategy and can be found in **Appendix 1**.

5.5   Based on the results of the previous engagement activity, a draft strategy is currently being developed which will go to elected members for consultation via Area and Policy Committees, as well as the IJB and Community Planning Partnership Board. Following this consultation, a report will be presented to Aberdeenshire Council on 18 January 2024 for approval.

5.6   It is intended that the Place Strategy will help Aberdeenshire Council to deliver on its Place Principle commitments. The Place Principle supports the National Performance Framework's collective purpose for Scotland. In 2019, the Scottish Government and COSLA agreed to adopt the Place Principle to help overcome organisational and sectoral boundaries, to encourage better collaboration and

community involvement, and improve the impact of combined energy, resources and investment.

6   Equalities, Staffing and Financial Implications

6.1   There are no staffing or financial implications arising from the development of the Place Strategy at this stage.

6.2   The screening section as part of Stage One of the Integrated Impact Assessment process has not identified the requirement for any further detailed assessments to be undertaken. This report is to update the IJB and an impact assessment cannot be completed until the strategy is complete. Once a draft strategy is ready an impact assessment will be carried out.

Alan Wood
Director of Environment and Infrastructure Services

Report prepared by Paul Macari, Head of Planning & Economy on behalf of the Place Steering Group

15 September 2023

List of Appendices
Appendix 1 Overview & Themes from Engagement responses for the Place Strategy
Appendix 2 Summary of service manager feedback

Overview & Themes from Engagement responses for the Place Strategy

This is the initial analysis from the engagement responses for the Pace strategy that was carried out through digital surveys and face to face engagement between 3rd May to 30th June 2023.

Groups that participated included:

Lived experience, Rural Partnerships, Local businesses, Community Councils, Youth forums, Community Planning Partners, Local Community Planning Groups

There was also a good response from communities across Aberdeenshire as well as Council Officers.

These are the main questions that were responded too.

1.   **How do we define Place in Aberdeenshire:**

- Place should be defined by each community themselves - Banff and Macduff separately.
- Place is being able to live well locally and having a community supported approach to delivery of services and amenities.
- Place is where people, location and resources combine to create a sense of identity and purpose. It is the physical and social framework in which our lives take place.
- Place should be defined as any physical place that has an identity.
- People are part of more than one place - a town or a wider area.
- Place is the physical and human aspects of a location and how they interrelate and interact. where people feel comfortable
- Place is somewhere that is easy to be, it feels natural,
- Place is a community or set of communities linked by geography and shared culture - Where are the natural links, shared resources, and similarities, and where are the barriers or challenges?
- Large town, small town, village, and rural area were good, understandable labels.

Names identified:

- Towns - Community Towns – Principal Towns
- Villages
- Academy Towns - Primary Schools - Villages
- Catchments
- Countryside
- Hubs
- Make "Place" as localised as possible.
- Areas

- Local Communities - Rural Communities - Communities
- Community Clusters
- Council Wards - electoral wards
- Catchments
- 20-minute communities
- Townships
- Parish
- Geographical Area
- Community Council area
- Location
- Settlements

2. **Define Place for Rural Communities:**

- Areas will know how each rural community connects with another and some determine different approaches which work well in some areas but not others.
- Is it for rural communities to define place for themselves? The local authority boundaries do not wholly reflect an authentic sense of place as it is.

Names identified:

- Parish Areas
- Place should be defined as any physical place that has an identity.
- Community Council Boundaries/ Ward
- Academy Towns
- Settlement - Rural Community to identify their place.
- School Catchment area
- By Population

3. **What could the ambitions for Aberdeenshire?**

- A good place to live - with more equality of facilities, infrastructure and support for deprived areas.
- Developing good transport links to all areas of Aberdeenshire
- To be a safe, clean and thriving place, good for residents and visitors alike.
- To see my community, continue to flourish - better to have clear coproduced visions for the community and clear demarcation of what is possible and by whom.
- To help make Aberdeenshire an even better place to grow up and grow old than it already is. More vibrant, more prosperous and healthier.
- If properly resourced could mean people having real say over how their community develops and so people do not feel like projects and changes are imposed on them.

- Let their voices be heard and action taken to deliver.
- The Community should be leading the response and Community Planning Partners' role should be one of support, enablement, and empowerment.
- Post-pandemic people are moving into rural areas for a better quality of life, but can rural areas offer that?
- Codesign. Collaboration and Codelivery. – not just the councils responsibility.

4. **What do we need to see in the Place Strategy?**

- A closer liaison between Aberdeenshire Council and the Communities which they serve.
- Focus on wellbeing/economy/sustainability/safety/inclusivity and diversity.
- Greater community engagement/collaboration with community groups
- A commitment to linking communities.
- Building Transport links across communities, towns, and rural areas
- Plan for good infrastructure going forward.
- A plan to see the current way of life can be maintained and improved, not just thrown away. Towns don't need to grow, just be better utilised.
- Financial Support for communities
- Timelines and feedback on what is being achieved by when – this would allow businesses/community to see if things are not being delivered.
- The voices of communities must be at the heart of the Place Strategy.
- Place strategy must tackle societal inequalities head on. The inequalities of health and wealth should be top priorities along with tackling climate change.
- An action plan with a budget and resources attached.
- A Framework for partnership and community working,
- engagement best practice and standards set including toolkits and agreed process for place planning, clarity of language and terminology,
- Clear governance structure that does not duplicate or add layers of bureaucracy.
- How it works with current plans - Local Development Plan and development of the LDP and acknowledgement that six LCPGS have local community plans, that these are jointly owned and collectively delivered, and these plans can be an umbrella for plans for a place.
- A clear and concise explanation for Place and Place based approach - Plain and accessible language
- a commitment for services to do their best and actively contribute to the ambition of places.
- Better accountability and increased speed of service delivery.

5. **How can we evidence the success of the Place Strategy?**

- Using the National Performance Framework to evaluate places will provide a means to measure success - national performance indicators which the Scottish Government, Aberdeenshire Council, and our communities are all working towards.
- Feedback from communities is the main way to know.
- Recognising improvements in health outcomes
- could support the development of a robust evaluation strategy that would seek to focus on short-, medium- and long-term outcomes.
- Ask the public - feedback! - "How did we do"?
- Quantative and Qualitative Data - External statistical data.
- Establish Baseline and milestones - Monitoring of place delivery programmes.

6. **What are the opportunities of having a place Strategy?**
- Focus on outcomes for a place.
- Better use of resources.
- innovative solutions to local places.
- Aim for equitability.
- Clear plan/ guide going forward.
- Residents understand where services need to be prioritised.
- Those within the Place take ownership is a key opportunity.
- create a better place to live, work and play.
- Getting real time information for identifying service needs and delivery at a local level.
- Developing a bottom-up community driven approach to service delivery.
- Building community resilience.
- Developing networks of communities using the place-based strategy.
- avoid providing a "one size fits all approach" to our Communities.
- Giving a focus for an area - what local improvements or changes have been identified.

Analysis carried out by:

Jane Wilkinson, Policy & Performance Team Leader – Business Strategy Team

Summary of comments

Three workshops were held in February and March of 2023 for Service Managers to comment on a Place Strategy. Detailed feedback was collected using Mentimeter and a summary of the comments collected from the sessions can be found below:

Evidence and data sources currently used by services to prioritise delivery.

Service acquired data, risk and safety assessments, SIMD, strategic assessments, asset data, data management systems, community feedback, partner/external data,

What do you see as the main concerns or barriers to delivering your service using a place based approach?

Resources, lack of understanding/knowledge, safety risk vs community benefit, balancing different views, engagement, high expectations, which data to use, conflicting priorities,

What opportunities are there to work closer with other services around the needs of our places?

Combined effort, better use of assets, preventative work, colocation,

What would you like to see in a Place Strategy?

Clear governance, ambition, data led, clear links to community groups, common vision/values, agreed targets, clear outcomes, reduce other plans and strategies, more support for most deprived communities.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023

STRATEGIC PLANNING GROUP UPDATE

1   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1   Acknowledge the report from the Strategic Planning Group (SPG) following its meeting on 24th August 2023 including the project update on the Digital Strategy workstream.

1.2   Endorse the outcomes of the SPG's review of the Aberdeenshire Health and Social Care Partnership (HSCP) Strategic Plan as required by legislation to thereafter be published and used to shape and inform stakeholder engagement in development of the HSCP's next Strategic Plan.

2   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3   Risk

3.1   IJB Risk 1 - Sufficiency and affordability of resource - transformational change is required to ensure service and financial efficiencies.

3.2   IJB Risk 6 - Service/business alignment with current and future needs - transformational change will determine and deliver priorities to meet needs.

3.3   IJB Risk 8 - Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right time and place - transformational change and service improvement will support the delivery of this outcome.

4   Background

4.1   The Strategic Planning Group (SPG) has been established as a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, a key function of which is to prepare a Strategic Plan for the Health and Social Care Partnership (HSCP) and to monitor progress of the plan on behalf of the IJB. The Aberdeenshire SPG specifically has responsibility for oversight of the transformational workstreams arising from the HSCP's Strategic Delivery Plan, ensuring an integrated and consistent approach in development and implementation of the Strategic Delivery Plan and supporting strategies.

4.2   This update report provides a summary of the main items of discussion at the Aberdeenshire SPG's most recent formal meeting on 24th August 2023.

5 Summary

<u>Policy and Planning Updates</u>

5.1   The SPG were provided with a number of informative presentations from partners on current key areas of local and national policy developments covering: the UN Convention on the Rights of the Child; the NHS Grampian Director of Public Health Annual Report; and Improving Outcomes for Children and Young People – Aberdeenshire Children and Young People's Services Plan 2023-26.

5.2   These presentations provided the opportunity for discussion around the various impacts and considerations across partner services, reflecting the SPG's responsibility to ensure national and local strategy/policy developments are identified and inform the HSCP's strategic planning processes, working collaboratively with partners to optimise opportunities for joint working.

<u>Digital Strategy Project Update</u>

5.3   As previously noted the SPG has responsibility for oversight of the transformational workstreams arising from the HSCP's Strategic Delivery Plan, monitoring and reporting on progress to the IJB as part of its performance reporting framework. The development of a digital strategy has been agreed as a priority workstream within the HSCP Strategic Delivery Plan and an update on progress was provided by James Black, Project Manager (attached at Appendix 1).

5.4   Discussion with SPG members highlighted that a full engagement process will be undertaken around the draft digital strategy. The importance of links to wider partnership approaches were noted, for example tackling inequalities and the Community Planning Partnership's commitment to improvement digital inclusion, as well as the scope and requirement for transformational approaches to how digital solutions can help us to do things differently in the future whilst ensuring outcomes for people continue to be met.

<u>Social Care Sustainability Programme Board Update</u>

5.5   The Social Care Sustainability Programme Board reports to the SPG and an update report was considered on the work of the Board during its first year. This follows a workshop held in July 2023 as part of an annual review process through which members identified a number of successes and strengths of the approach and work of the Programme Board.

5.6   A number of challenges and barriers were also recognised, in particular the impact of continuing pressures and demands at both strategic and operational level impacting on participation in and progress of the programme board and supporting workstreams. The outputs from this workshop were considered by the Programme Board at its September meeting, with agreed priorities and associated actions added to the Board's Programme Plan and further detail provided in the Strategic Delivery Plan Performance Report also being presented to the IJB at its meeting of 11th October 2023.

Review of Strategic Plan

5.7 Under the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is required to review its strategic plan at least every three years. Following IJB approval for the SPG to undertake this review, a workshop was held with SPG members in June 2023 and a report produced and considered by the SPG at its meeting on 24 August 2023, attached as per Appendix 2.

5.8 In summary, outputs from the review confirmed the HSCP's strategic priorities remain relevant, with the review process allowing for open dialogue and reflections from SPG members on progress made across our strategic priorities, as well as acknowledging the challenges and areas where improvement is required.

5.9 The SPG agreed that the information gathered from the review should be utilised to support and inform the development of the next Strategic Plan in particular through the stakeholder engagement process commencing in 2024.

6 Equalities, Staffing and Financial Implications

6.1 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6.2 A high level Equalities Impact Assessment was completed for the Strategic Plan 2020-2025. Potential impacts of this high level multi-faceted strategic plan have been considered. Implementation of aspects of the strategic plan could result in unintended negative impacts on certain population groups.

6.3 To provide assurance each individual project delivering the priorities within the Strategic Plan will be required to complete an Integrated Impact Assessment. This will mitigate against potential negative impacts when designing the service improvements.

6.4 Financial and staffing outcomes and measurements will be determined on an individual project basis and scrutiny will be provided through the agreed governance structure.

Pamela Milliken, Chief Officer, Aberdeenshire HSCP

Report prepared by Angela MacLeod, Interim Strategy and Transformation Manager
13 September 2023

Appendices

Appendix 1 – Project Update Report – Digital Strategy
Appendix 2 – Report to Strategic Planning Group - Strategic Plan 2020 – 2025 Review

APPENDIX 1

PROJECT UPDATE REPORT

Submitted by: James Black, Digital Project Manager				Date of Report: 11/08/23	
Project title: Digital Strategy	**Project ID Number:** SDP22-25_Dec22_12		**Priority workstream (if applicable):** Transformational	**RAG status for current phase***	Amber
Project phase *State estimated completion date for phase and highlight current phase that RAG status applies to*					
Initiation ** 31/12/23 (First draft)	**Planning**** 28/02/2024 (Final draft for approval and delivery plan)		**Implementation**** 31/03/24 (Expected approval of Strategy)	**Close**** 31/03/25 (Lifespan of this Strategy)	
Which strategic priority does the project align to? <highlight below>					
Prevention and early intervention (X)	Reshaping care	Engagement	Effective use of resources	Tackling inequalities and public protection	
Brief description of the project To develop and implement the AHSCP Digital Strategy and the associated programme of work.					
Project update as of 11th August 2023 RAG status has improved from Red to Amber as a Digital Project Manager was recruited on 28 April 2023. An early draft Digital Strategy has been prepared and was shared with the Collaboration and Leadership Forum in July 2023. Key themes and outcomes have been identified, aligning with the national Digital Health and Care Strategy and further informed by Aberdeenshire's Digital Strategy (Aberdeenshire Council) and NHS Grampian's Service Transformation Through Digital: A Strategy. It is understood that development of the Digital Strategy should follow the new process for developing HSCP strategies. An engagement plan is currently being developed to shape the initial draft strategy. It is anticipated that the draft strategy will be submitted to SPG by the end of 2023, with formal consultation and IJB approval of a final draft to be sought in the early part of 2024. The Digital Project Manager is currently leading on the rollout of the Datix system for reporting of Adverse Events across AHSCP. Current phase will continue the rollout of the system to all Care Homes and Very Sheltered and training is currently being undertaken by managers/assistant					

managers. Some issues raised around divergence of processes between NHSG and AHSCP – this is currently being investigated.

The Digital Project Manager has also been providing input into a proposed Social Care Sustainability Digital Project; the Deeside and Upper Donside Communications workstream; and representing AHSCP at NHSG digital forums including the Digital Transformation Delivery Group and the Remote Health Pathways Programme Board, and the Council's Digital Strategy Board.

Key achievements	Resources (Workforce, Finance, Assets)
• Digital Strategy Project Manager in post • Connections being established with national, pan-Grampian, and Aberdeenshire Council digital programmes • Initial draft Digital Strategy has been prepared.	Proposals being developed for a digital skills audit of the workforce and the establishment of a Digital Champions network.
Risk and Mitigations Programme risk register will be developed, incorporating pre-existing and new projects.	**Issues for escalation** Confirm that SPG will approve draft Digital Strategy, with final draft to be approved by IJB.
Deliverables Delivery plan will be developed alongside the Digital Strategy (see current draft)	**Benefits** Programme benefits tracker will be developed, incorporating pre-existing and new projects
Engagement Stakeholder engagement will inform the vision set out in the Digital Strategy and the expected outcomes. It will also inform the selection and prioritisation of specific projects within the delivery plan.	**Equalities** An Integrated Impact Assessment for the Digital Strategy will be completed. It is an anticipated that digital solutions will improve access to services for certain groups. A key component of the Digital Strategy is tackling digital exclusion and ensuring that people are supported to adopt digital solutions, however alternative options should be available for those who cannot or choose not to access digital services.

*RAG status explanations

Green	On track - no forecast issues with achieving project aims and milestones
Amber	Some issues but manageable by project team
Red	Significant issues requiring escalation to the SPG/SMT

**Explanation of project phases and typical activities

Initiation – This stage involves identifying the need for the project. Key activities may include forming a project group, undertaking research to investigate and understand the problem, data gathering, undertaking an options appraisal of possible solutions, identifying high level benefits, agreeing on a solution and developing a draft project charter.

Planning – In this stage the project solution is developed in detail. Key activities may include more detailed benefits mapping, risk planning, resource planning (e.g. staff and funding), communication and engagement planning, project planning and defining of key deliverables.

Implementation – In this stage the project plan is put into action. Key activities may include undertaking project tasks, monitoring progress and performance of the project, managing problems/change requests and executing the communication and engagement plan.

Close – In this stage the project is fully embedded into business as usual (BAU). Key activities may include handing over the project, releasing project resources, communicating project closure to key stakeholders, undertaking a review to capture lessons learnt and developing a control plan to monitor performance. The review of project benefits (Benefits Realisation) should also be undertaken at an appropriate time after the project has been closed, to measure the overall benefits of the project.

APPENDIX 2

Aberdeenshire Health and Social Care Partnership (AHSCP)

Report to Strategic Planning Group – 24 August 2023

Title: Strategic Plan 2020 – 2025 Review

1   Purpose of report

1.1   To inform the Strategic Planning Group (SPG) of the outcome of the Strategic Plan Review.

2   Background

2.1   Under the Public Bodies (Joint Working) (Scotland) Act 2014, a review of the Strategic Plan should be undertaken at least every 3 years. At the SPG meeting on the 20th April the proposed timeline for the review was agreed and an in person workshop planned for June to undertake the review process.

2.2   At the workshop SPG members were split into groups to focus on the following tasks:

(a) **Identifying Pressures** – individuals noted what they felt were the greatest pressures facing Health and Social Care for the coming 2 years. These were then discussed and grouped within themes.

(b) **Reviewing Progress Towards Priorities** – for each of the 5 current priorities the following questions were discussed and the relevant points captured:
(i)   What progress have we made on this priority in the last 3 years?
(ii)   What examples – projects, pieces of work have supported this priority?
(iii)   Does this priority address some of the pressures you identified in the first activity?
(iv)   Is this priority still relevant?

3   Workshop Outputs

3.1   In advance of the workshop SPG members were asked to rank the existing 5 priorities in order of importance explaining why they had chosen the rankings. They were also asked to consider what they understand are the greatest pressures facing Health and Social Care over the next 2 years.

The ranking exercise was repeated at the end of the workshop and the results compared (appendix 1). The Engagement priority remained the lowest ranking priority, and Prevention and Early Intervention the highest priority across both exercises. Reshaping Care moved to the joint first and Effective use of Resources was ranked lower (4th) after the workshop. The score for Tackling Inequalities & Public Protection remained similar for both exercises.

3.2 Pressures

The pressures identified within and across the groups had similar themes, the top 2 themes being around workforce sustainability and the predicted changing demographics accounted for 50% of all the pressures listed.

Percentage of comments per theme
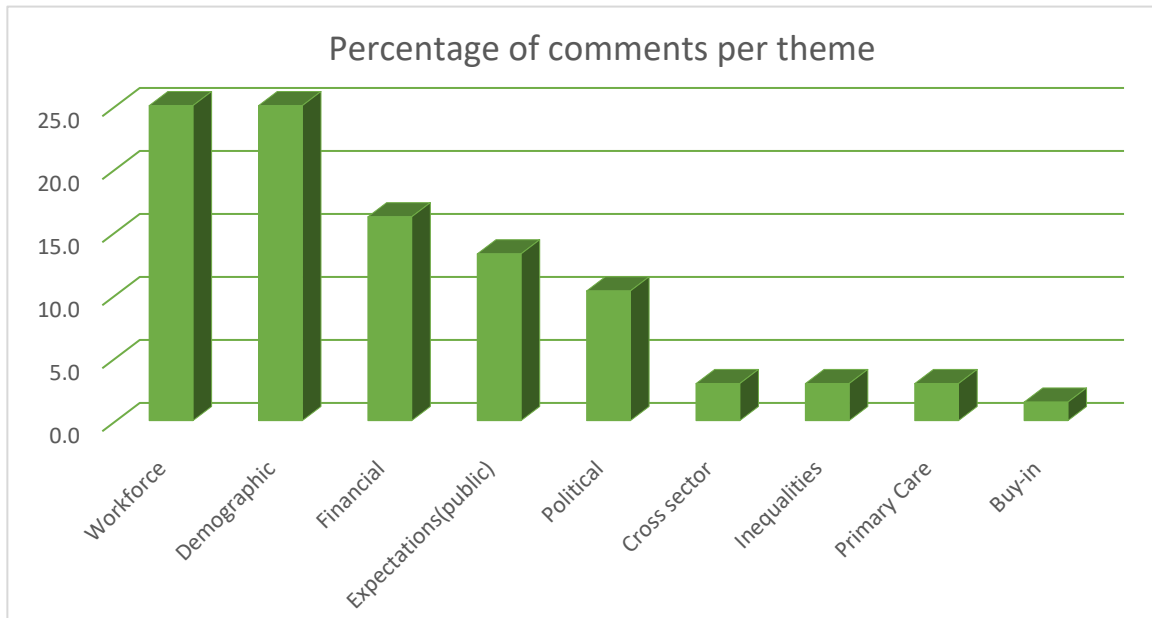
The graph above shows the 9 themes of the identified pressures, and the table below shows the keys issues highlighted for the top 5 themes.

Theme	Key Issues
Workforce	Shortage of trained professionals Ageing workforce = increased retirement Retention & recruitment difficult due to burnout & pay
Demographic	Ageing Population is increasing demand & complexity of care Increase in Health inequalities & vulnerable adults
Financial	Economic situation & shrinking of national funding Resource demands - increasing care needs & estate issues
Expectations (public)	Expectations of local delivery vs resources Public losing confidence & reputational damage
Political	National and local demands Uncertainty around National Care Service

3.3 Priorities

The following tables summarise the responses to the questions for each of the 5 current priorities, and areas for improvement which were identified.

PREVENTION AND EARLY INTERVENTION (P&EI)	
What Progress have we made on this priority in the last 3 years?	**What Examples - projects, pieces of work have supported this priority**
Key pieces of work have been progressed which support this priority, but the pandemic has reduced the opportunities to have conversations	Vaccination Programme Suicide Prevention Strategy PCIP Place based approach
Does this priority address some of the pressures you identified in the first activity?	**Is this priority still relevant?**
Yes, it addresses: Finance Demographics (Increase in ageing pop) Inequalities Managing expectations	Yes – If this work is not carried out the pressures on the system will increase
Areas for improvement: • Increase the scale of P&EI work • Continue to develop the evidence base demonstrating the effectiveness of P&EI • Work to improve links of P&EI work across the whole system	

RESHAPING CARE	
What Progress have we made on this priority in the last 3 years?	**What Examples - projects, pieces of work have supported this priority**
Some areas of work have seen some progression but front line pressures have reduced the capacity to others	Near Me roll out SDS pathway/framework Sheltered Housing Review Virtual Community Wards Work across 3rd sector organisations R&E supporting Care at Home
Does this priority address some of the pressures you identified in the first activity?	**Is this priority still relevant?**
Yes, it addresses: Finance Workforce Demographics (Increase in ageing pop) Cross-sector	Yes – If we clarity direction and focus, empower staff and dedicate resource and capacity
Areas for improvement: • A priority is further work on rehabilitation and enablement • Build on continuity of care & people seeing the right professional to meet their needs • Improve engagement with 3rd sector to support those in need of lower levels of support	

TACKLING INEQUALITIES AND PUBLIC PROTECTION (TI&PP)	
What Progress have we made on this priority in the last 3 years?	**What Examples - projects, pieces of work have supported this priority**
TI&PP has continued to be addressed through both specific pieces of work and as part of larger projects	MAT Standards Development of the Autism Strategy Single Point of contact Joint Childrens Assessment Grampian wide work on VAWG & Suicide Prevention
Does this priority address some of the pressures you identified in the first activity?	**Is this priority still relevant?**
Yes, it addresses: Inequalities Demographics (more vulnerable adults)	Yes – but should move into becoming more of an overarching theme which runs through all work streams
Areas for improvement: • Continue to consider TI and keeping people safe across all work streams • Foster links with 3rd sector organisations and communities highlighting how we can all support vulnerable people within our communities	

EFFECTIVE USE OF RESOURCES	
What Progress have we made on this priority in the last 3 years?	**What Examples - projects, pieces of work have supported this priority**
We continue to strive to ensure our services are effective and efficient and apply best value principles	Workforce plan Commissioning & Procurement Plan Care Home & Very Sheltered Housing Collaboration Group Place based Projects
Does this priority address some of the pressures you identified in the first activity?	**Is this priority still relevant?**
Yes, it addresses: Workforce Financial Demographics (Increase in demand) Manage Expectations	Yes – but this is more of an 'approach' taken when planning and considering projects and transformational change
Areas for improvement: • Improve collection and analysis of useful data to monitor resource use & impacts • Align budgets clearly to allow for future service planning	

ENGAGEMENT	
What Progress have we made on this priority in the last 3 years?	**What Examples - projects, pieces of work have supported this priority**
A more consistent approach has been taken to engagement, with an	Insch SNA Deeside SNA

increase in resources and guidance to support on-going improvement in how we engage. We have also strengthened links with partners to support more collaboration when engaging	Autism Strategy Care Home engagement GIRFE – Pathfinder 3rd sector involvement with engagement
Does this priority address some of the pressures you identified in the first activity?	**Is this priority still relevant?**
Yes, it addresses: Managing expectations Workforce	Yes – but is an integral part of the way we work and links across all priorities and is considered as part of any project and transformational change
Areas for improvement: • Create tool kit to support staff with engagement • Continue to expand joint engagement work with the 3rd sector	

4   Conclusions

4.1   Our response to this review needs to be both reflective of the changed context within which the Strategic Plan and priorities were originally agreed, whilst also pragmatic and proportionate given the HSCP is embarking on preparations to ensure readiness for the development of its next Strategic Plan from 2025 onwards. In general, outputs from the exercise have confirmed the HSCP's strategic priorities remain relevant.

4.2   A key characteristic of a good strategic planning approach is that plans and priorities are reviewed on a regular basis and are responsive to new drivers.[1] Our Strategic Delivery Plan continues to serve as a live, underpinning operational document to the overarching Strategic Plan, setting out the transformational, operational and improvement work required to enable the AHSCP to meet its strategic priorities. Alongside our Medium-Term Finance Strategy (MTFS), Workforce Plan and Commissioning and Procurement Plan, these provide the tools and frameworks for ensuring the effective planning, provision and commissioning of services on an ongoing basis. The SPG has a vital role in providing oversight, scrutiny and direction of these plans to in turn provide assurance to the IJB as to the HSCP's progress towards delivery of its strategic priorities and the national health and wellbeing outcomes.

4.3   In addition, good strategic planning should recognise, be transparent and aim to resolve where implementation has not progressed as intended [ibid]. This review process is felt to have enabled honest and open dialogue and reflections from SPG members on progress made across our strategic priorities, as well as acknowledging the challenges and areas which we require to improve or address.

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[1] Healthcare Improvement Scotland | ihub (2019) 'Strategic planning: good practice framework - What does good look like?' Source: https://ihub.scot/media/6879/good-practice-framework-for-strategic-planning.pdf

4.4   The information gathered from the review will support the development of the next Strategic Plan helping inform the design of a robust engagement framework to support meaningful involvement from stakeholders.

5   Recommendations to Strategic Planning Group

5.1   Confirm the outputs from the review and agree that the HSCP's existing priorities remain relevant.

5.2   Agree for this report to be shared with the IJB for approval in October, and to publish the outcome of the review on the HSCP web page.

5.3   Agree that the output from the review will be used to shape stakeholder engagement when developing the next Strategic Plan.

Report submitted by: Angela MacLeod, Interim Strategy and Transformation Manager

Date: 24th August 2023

Appendix 1: SPG Members Priorities ranking Pre and Post SPG Strategic Plan Review Workshop

Rank - Pre
(1 = most important and 5 least important)

Rank - Post
(1 = most important and 5 least important)

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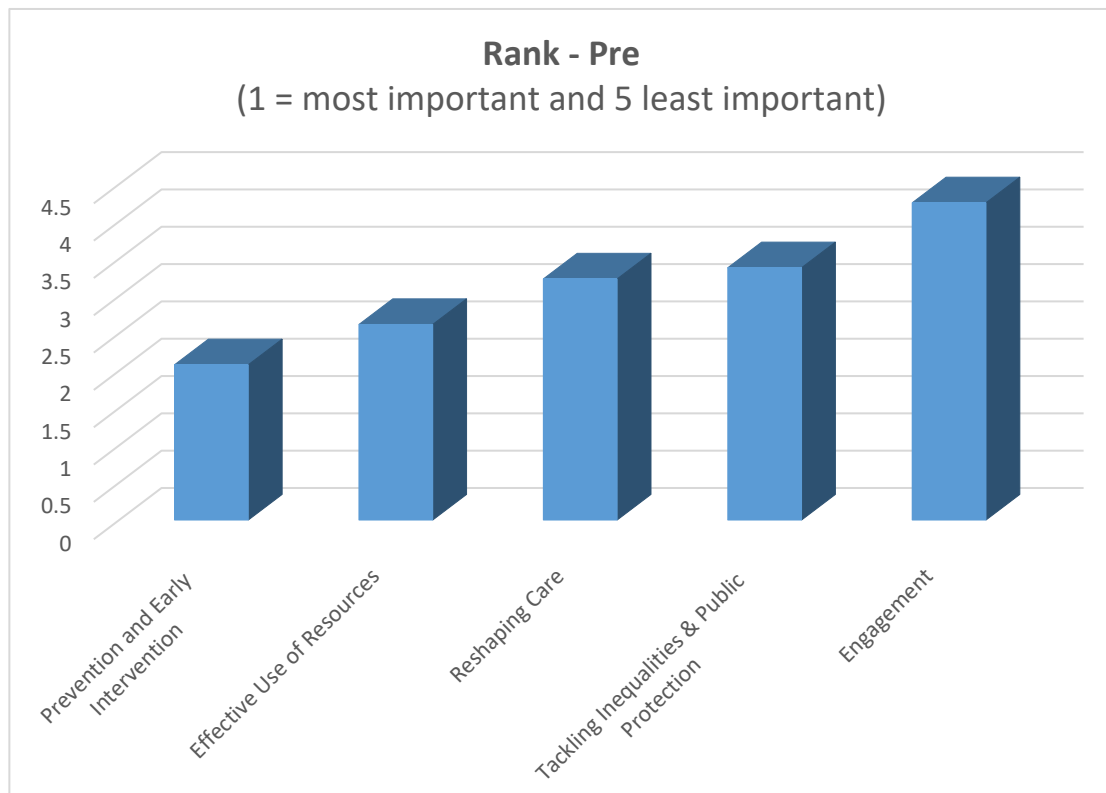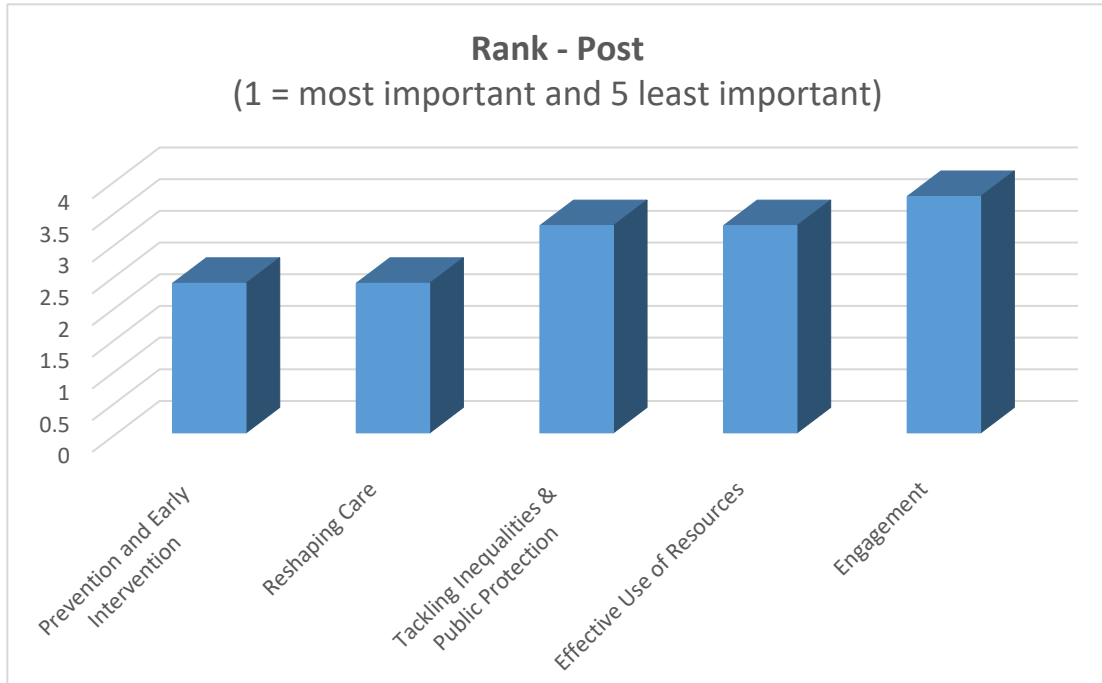
Clinical and Adult Social Work Governance (CASWG) Committee Report to Aberdeenshire Integration Joint Board (IJB) 11 October, 2023

Purpose of Report

This report updates the Aberdeenshire Integration Joint Board on the reconvening of the Committee and key issues arising from the committee meeting on **22nd September 2023.** Please find meeting agenda in Appendix A.

Recommendations

The Board is advised to note the following key points and, in particular, the areas of concern from the Committee in relation to governance matters.

Meeting Minute of 5th June 2023

The Minutes were approved for accuracy at the Committee meeting on 22nd September 2023.

G-OPES Revised Process Report

Alex Pirrie (Interim Partnership Manager Central) presented the report, which proposed a revised G-OPES assurance framework. The proposed revision was to provide a robust pathway for monitoring and reporting instances of when the system remained at G-OPES Level 4 for over 4 weeks. The proposed revision would now cover a period of 3 months and would ultimately ensure CASWG Committee members are involved and informed about extended Level 4 periods, allowing them to carry out their duties and provide assurance to the IJB.

The Committee agreed, with minor amendments to:
- Consider and approve the revised version of the G-OPES assurance framework which provides a robust mechanism for monitoring the levels of pressure on the Aberdeenshire Health and Social Care system and a clear pathway for escalation.
- Agree that the Committee are sufficiently assured that Officers are taking the steps laid out in the 'Risk Management' section to mitigate the risk as far as reasonably practicable.

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Primary Care Oversight Group Report

The report was presented by Moira Duncan (Primary Care Manager). The Committee discussed some of the challenges being faced. After much debate, the Committee recognised that, for many of the same reasons as that common to all services, we are unable to deliver all the services tasked. This has been highlighted to the Scottish Government on the 6-monthly trackers.

- The Committee acknowledged the Primary Care Oversight Group's role.

- However, the Committee is concerned that the risks identified are substantially out with the Officers control to such an extent that they remain unmitigated.

Clinical and Professional Oversight Group for Care@Home Report

Sonia Elrick (Interim Location Manager for North Aberdeenshire) presented the report. The report highlighted the challenges of recruiting carers, but Officers are taking steps to overcome this by attending large footfall events, which have proved some success. The report also highlighted how Care Management teams are assessing service users and trying to source care for new referrals.

After discussion, the Committee agreed:
- To note and consider the identified risks currently impacting on the Care@Home service and the work being undertaken to support the service
- That the Committee are sufficiently assured that Officers are taking the steps laid out in the 'Risk Management' section to mitigate the risks as far as reasonably practicable
- The Committee wishes feedback at the next CASWGC meeting on boundaries on the scope of Community Health and to provide assurance on same.

Collaborative Care Home Support Team Report

The report was presented by Mhairi Roper (Location Manager/Care Home Strategic Lead. An extensive discussion was held regarding the deepening financial crisis impacting care homes in Aberdeenshire, as well as capacity issues in care home places.

After discussion the Committee agreed:

- Providing consideration is given to where the capacity risk is identified, to acknowledge the risks that have been identified by the CCHST with care homes and very sheltered housing complexes across Aberdeenshire.

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- The Committee are concerned that the risks identified are outwith the control of Officers to such an extent that they remain unmitigated.

Risk Register Report

This report was carried over to the next meeting.

Whistleblowing Annual Report 2022-2023

The report was presented by Alex Pirrie (Interim Partnership Manager Central).
After discussion the Committee agreed to:
- Note the contents of the report which provides a summary of whistleblowing activity for 2022-2023 across HSCP services

- That the Committee was assured that Officers are taking the steps laid out in the 'Risk Management' section to mitigate the risk as far as reasonably practicable.

The date of the next CASWG meeting is **14th December 2023.**

Angie Mutch
Vice-Chair – Clinical and Social Work Governance Committee

Appendix A – CASWG Committee Agenda 22 September 2023

Aberdeenshire Health & Social Care Partnership

Appendix A

Clinical Adult Social Work Governance Committee CASWG
to be held on Friday 22nd September 2023
Microsoft Teams Meeting 1:00pm – 3:00pm

A G E N D A

Time		Item	Lead	Purpose
	1	**Welcome, Introduction & Apologies**	Steven Lindsay	
	2	**Minute from the Meeting held on 5th June 2023 -** Item 2 attached	Steven Lindsay	**Approval**
	3	**Actions –** Item 3 attached	Steven Lindsay	**Update**
	4	**GOPES Revised Process Report –** Item 4 attached	Alex Pirrie	**Report**
	5	**Primary Care Oversight Group Report –** Item 5 attached.	Rachel Taylor/Moyra Duncan	**Report**
	6	**Clinical & Professional Oversight Group for Care @ Home Report –** Item 6 attached	Sonia Elrick	**Report**
	7	**Collaborative Care Home Support Team Report -** Item 7 attached	Mhairi Roper	**Report**
	8	**Risk Register Report –** Item 8 attached	Lynn Boyd	**Report**
	9	**Whistleblowing Annual Report 2022 – 2023 –** Item 9 attached	Alex Pirrie	**Report**
	10	**AOCB**	All	
		Date of Next Meeting: **Thursday 14th December 2-4pm** **Microsoft Teams**		

Aberdeenshire Health & Social Care Partnership

NHS Grampian

Aberdeenshire COUNCIL

**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023**

**ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
STRATEGIC DELIVERY PLAN PERFORMANCE REPORT**

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1 Provide comment on the high-level quarterly performance report on the HSCP Strategic Delivery Plan to end of August 2023, noting work ongoing regarding the prioritisation of workstreams.

1.2 Acknowledge the update on progress relating to the Analogue to Digital Project within the Strategic Delivery Plan.

1.3 Endorse the accompanying quarterly report on specific progress against the Medication Assisted Treatment (MAT) Standards Implementation.

2   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3   Risk

3.1   IJB Risk 1 – Sufficiency and affordability of resource – The Aberdeenshire HSCP's revised Strategic Delivery Plan and supporting performance framework will monitor progress of all workstreams ensuring known issues or risks relating to capacity and resource are managed, supported by a clear alignment to the HSCP's Workforce Plan and Medium-Term Finance Strategy.

3.2   IJB Risk 8 – Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right time and place – The HSCP's performance framework will support IJB oversight of progress against key local and national initiatives and measures and provide assurance as to how services are being designed and delivered to improve outcomes.

4   **Background**

4.1   As set out in the Aberdeenshire HSCP Organisational Governance Framework, performance governance within the HSCP is based on a tiered approach to provide assurance at local and strategic levels within the HSCP, to NHS and Council partners and the Scottish Government. Ultimate accountability for and scrutiny of performance is held by the IJB.

4.2   At its meeting on 7th December 2022, the IJB approved the new format for its performance reporting framework to provide assurance as to progress against

the Aberdeenshire HSCP's Strategic Delivery Plan. The aim of this report is to provide a high-level overview of all projects (transformational, improvement and business as usual workstreams), outlining overall progress and enabling exception reporting of any key barriers or delays.

4.3   As previously agreed by the IJB, this report includes a more detailed update on the HSCP's progress against delivery of the Medication Assisted Treatment (MAT) Standards, with the report for this period covering April to June 2023. The full quarterly report is provided in Appendices 1 and 2.

4.4   The Strategy Team in conjunction with the HSCP wider Management Team have also been progressing discussions to scrutinise and prioritise further its list of projects and deliverables under its Strategic Delivery Plan, the outcomes of which will be reported to the Senior Management Team (SMT) in October and then to IJB with the next quarterly performance report.

4.5   As reported to the IJB in the March quarterly report, consideration has been given to the future incorporation of financial information within these performance reports. A scoping exercise was undertaken with project leads to summarise the financial and budgetary arrangements underpinning each project. Project activity in the majority of cases is being undertaken within existing financial resources aiming to address the sustainability of services and to address potential cost pressures. Project update reports will be utilised to ensure financial risks or implications are highlighted.

5   Summary

5.1   The Aberdeenshire IJB formally agreed the Strategic Delivery Plan 2022 – 2025 in December 2022, outlining the key areas of work to be progressed over the next two years. Appendix 1 provides a summary update with key highlights and risks, including the 'in-focus' update for MAT Standards Implementation to June 2023, now including a progress rating against all 10 MAT Standards which require to be fully implemented by April 2024.

5.2   Appendix 2 provides individual updates for each of the workstreams as originally identified from the Strategic Delivery Plan. The Fit Note project has now completed its implementation phase and been rolled out across Aberdeenshire. This will result in the project being removed from the active list of projects within the Strategic Delivery Plan. The Social Care Sustainability Programme Board have agreed that the Support at Home Framework workstream should be monitored through the AHSCP Commissioning and Procurement Group as a core part of the Commissioning and Procurement Plan therefore it has been agreed to remove this from the Strategic Delivery Plan project list. Other specific updates are described below.

5.3   **Social Care Sustainability**

5.3.1   A workshop was held in July 2023 to review the membership, governance arrangements and the terms of reference for the Social Care Sustainability Board. The outcomes of this workshop have included a revised term of

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reference including agreement to extend its membership to include the Digital Project Manager, Workforce Programme Manager and Strategic Procurement Manager (Social Care), to maximise available capacity and expertise within the programme board in delivery of its objectives.

5.3.2 At the September meeting of the Social Care Sustainability Programme Board project reports were received on a number of projects outlining the progress since the previous board meeting. Key areas to note include:

- **In-House Care at Home – The Future:** The project board met at the beginning of September. A trial of uniform has started in July with a full trial expected to begin once outstanding deliveries are received. A 4 Pillars workshop took place in August and was well attended. The outputs are currently being collated and evaluated into themes. The workstream lead for Recruitment and Retention secured a place for AHSCP on tier 2 of a Scottish Government Recruitment Pilot which offers assistance with training and a peer support mentoring forum.

- **Rehabilitation and Enablement:** Project Officers have been appointed and started in post. Local sub-groups are established and meeting regularly. A training needs analysis has been completed and subgroup convened. A competency development workshop was held with core and specific competencies identified (currently being reviewed by Leadership Group). A Digital Project Mandate has been approved by SMT which details the aim to appraise digital tools available to support prevention, early intervention, recovery, rehabilitation, and enablement of functional difficulties experienced through the ageing process using a self- or supported self- assessment and self-management approach. The intended outcome of the project is to complete an options appraisal and provide a recommendation to enable SMT/SPG to make an informed decision about whether to procure a digital platform.

5.4 Analogue to Digital Project

5.4.1 Further to the IJB's request for a further update on the progress of this workstream, a comprehensive update is included in the quarterly report as at Appendices 1 and 2 and further summarised below.

5.4.2 The supply of Reach IP/GSM alarms continues to improve, enabling a more proactive approach in relation to switching older analogue units to digital. Approximately 24.8% of community alarms currently installed are able to work on digital protocols over the GSM network. Developments are in progress with the SIM card providers for Reach IP/GSM which includes upgrading the SIM remotely to dual core technologies, effectively creating a dual SIM but within a single card.

5.4.3 The Scotland Excel Framework for purchasing telecare equipment has ended, with a new framework not expected until 1st October 2023. In

consultation with Procurement and following negotiations with Legrand, purchasing of Reach IP alarms can continue through September with no price increase being applied.

5.4.4 The tender for the Shared Digital Alarm Receiving Centre (ARC) remains with legal services at Scotland Excel in preparation for the award of contract after the identification of a preferred bidder.

5.4.5 Following significant disruption to SIM services in installed digital alarms in June this year, work has been undertaken with the Digital Office and other authorities throughout Scotland in developing ways to mitigate outages and increase resilience in telecare as the move to digital progresses.

5.5 **Community Hub**

5.5.1 Work will commence shortly focusing on Inverurie as a test of change for a community hub approach. It is intended to implement this as a further development of the Place based work already undertaken by the Area Manager (Garioch) and involving public, community and private sector partners and based on a holistic view of local needs and community-driven approaches to support "living well locally". This offers significant opportunities for partners to plan, collaborate and deliver transformation through a Place-based approach.

5.6 **Place-based Approach**

5.6.1 The HSCP continues to participate in the Council's developing Place based strategy with a separate report to be considered by the IJB at its October meeting. As indicated above this is considered key to ensuring the HSCP can support the planning and delivery of services that meet local need in a sustainable and integrated way whilst reducing duplication or confusion of local plans.

6 Equalities, Staffing and Financial Implications

6.1 An Integrated Impact Assessment was undertaken as part of the development of the proposals for the performance framework reported to the IJB in December 2022. No impacts were identified as this is a report on performance/activities of the HSCP over the reported period. There will be no differential impact, as a result of the report, on people with protected characteristics.

6.2 An Integrated Impact Assessment will be undertaken for each individual project under the Strategic Delivery Plan. Financial and staffing outcomes and measurements will be determined on an individual project basis and scrutiny will be provided through the agreed governance structure.

6.3 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and had no comments to make.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Lynne Gravener, (Interim) Programme Manager
Date: 9 September 2023

Appendices

Appendix 1 – Strategic Delivery Plan 22-25 Quarterly Performance Report
Appendix 2 – Strategic Delivery Plan 22-25 Quarterly Performance Report

APPENDIX 1

Aberdeenshire Health & Social Care Partnership

Strategic Delivery Plan - Quarterly Performance Report Summary

IJB Report Date: 11 October 2023

KEY HIGHLIGHTS

• 19 out of 29 projects currently reporting Green RAG status indicating they are currently on track to achieve project aims and milestones.

• Extensive work has been undertaken to bring the rapid response element of the out of hours nursing service in house ready to commence in autumn 2023.

•The Autism Strategy was approved at July's IJB meeting and implementation of the strategy is now underway.

Vaccination Programme:
•Work has been ongoing to plan for the winter vaccination programme starting. There was also routine vaccinations ongoing over this period.

Primary Care Mental Health Hub (Central)
•Continuing to work with TRAKCARE Team to allow all mental health services across primary cand secondary care to self generate referrals and be able to move referrals between services without having to request GP to action this. The aim is for this work to be completed spring 2024

Overview of RAG Status - All Projects

Red, 0 — Not stated, 0
Amber, 10
Green, 19

Analogue to Digital continues to make progress including:
•Work is ongoing in relation to resilience of GSM (mobile) networks, following widespread outages during June. This is being addressed at a national level, developments are underway with existing digital alarms to make SIM cards more resilient (dual core options), and more advanced SIM cards are due to be available in 2024. These SIM cards will have the ability to access multiple cores or spines which lead to the relevant networks, i.e. Vodafone, O2 etc, therefore if a core connection is lost (as happened in June), then the SIM immediately switches to a completely different core with access to all networks. Once the digital ARC becomes available, increased methods of connectivity using broadband routers etc, may also become available.

The progress within the Health Improvement Plan includes:
• Supporting the development of the wellbeing component of the Inverurie Place Plan; supporting Public Health colleagues in Aberdeen City and Moray in the adoption of the Aberdeenshire Wellbeing Festival model to meet their needs as part of a Grampian wide initiative from 2024
• Development of a programme of work on Vaping in collaboration with Aberdeenshire Council Education Services, including teacher and pupil surveys and consideration of the resource and training support required by schools to better support teachers, pupils and parents/guardians
•Continuation of the delivery of the Confidence to Cook and HENRY food skills/healthy eating programmes; as part of the HEAL LOIP Priority support for a research project led by Aberdeen University on stigma and body image as it relates to healthy eating and active living, the report from this work will be considered by the HEAL Strategic Planning Group
•Support for the development of a Converation Café in Edenhome Care Home
•Delivery of taster Health Issues in the Community training to Men's Shed members in South Aberdeenshire

• Fit Note - The roll out of the extension to the Fit Note project has completed. This project has been closed and moved to business as usual.

ISSUES FOR ESCALATION

Issue	Mitigations or Improvement Actions
Analogue to Digital	The Shared Digital Alarm Receiving Centre (ARC) solution tender, which is being run by Scotland Excel and the Digital Office has identified a preferred bidder. It is hoped however that Aberdeen City and the RCC will have the digital solution available for use by March/April 2024. Following standstill, negotiations will be necessary between Aberdeenshire and ACC in terms of contract renewal for RCC . •Openreach via all the Communication Providers, BT, Sky, Talk Talk etc, have now withdrawn from sale or availability any new 'analogue' telephone connection (PSTN). •Supply chain issues remain challenging, although we have begun to receive in greater numbers, community alarms from Legrand/Tynetec. There is still nearly a 20 week wait time on orders and approximately 500 ordered alarms are still to be dispatched to us. •The Scotland Excel Technology Enabled Care purchasing framework, which had been extended by six months from December 2022 has now expired. Our purchasing of alarms and peripherals had been via this framework. The new framework has not yet been published and is not now expected to be ready until January 2024. Negotiations with Legrand have led to them offering to continue to supply their alarm units at the same price as the expired framework, however a procurement paper is in the process of being drafted for approval to allow us to continue purchasing. •The project is now at almost 25% of all installed community alarms being digitally compatible, albeit operating on analogue protocols as we do not yet have a digital alarm receiving solution at RCC. •The 58 Sheltered Housing complexes with warden-call systems Aberdeenshire Council have responsibility for have all been assessed and the necessary infrastructure works identified to enable internet connectivity for these systems in preparation for the digital switch. The necessary hardware from the manufacturer of the warden call systems however has been continually delayed and is not yet available.
Development of Shire Mental Health Accomodation options	Due to budgetary pressures, caution is being taken over developing any new services. There is still the potential for out-of-area clients to return using their existing budgets, but unlikely enough to develop an entirely new service.
10 projects currently reporting Amber status	Work is continuing to ensure that the Strategic Delivery Plan is reviewed and key priorities for this financial year are identified.

IN-FOCUS - PERFORMANCE AREAS FOR IJB OVERSIGHT

Performance Area / Overview	**Medication Assisted Treatment (MAT) Standards Implementation** - one of the platforms for successful delivery of the National Drugs Mission to improve and save lives of people who use drugs and their loved ones. This performance update summarises Aberdeenshire HSCP progress against the first five Standards which are expected to be in place by 31/03/23 with full implementation of all ten Standards by 31/03/24.	
Period covered by report	April - June 2023	**RAG Rating**
Key Objectives	1. All people accessing services have the option to start MAT from the same day of presentation.	Green
	2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.	Green
	3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Green
	4. All people are offered evidence based harm reduction at the point of MAT delivery.	Green
	5. All people will receive support to remain in treatment for as long as requested.	Green
	6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	Amber
	7. All people have the option of MAT shared with Primary Care.	Amber
	8. All people have access to independent advocacy and support for housing, welfare and income needs.	Amber
	9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	Amber
	10. All people receive trauma informed care.	Amber
Progress - Key Highlights	•Additional pharmacy resource from ADP budget allocation has been approved which will allow increased prescribing and technician support to increase joint working with pharmacies and increase Buvidal spaces. •Staff have undertaken a range of harm reduction training including local needle exchange training and Scottish Drugs Forum 2-day training. Naloxone trainers are in place and continue to provide training as part of induction as well as refresher/upskilling training. •There is a new contract with a third sector provider across Aberdeenshire who will provide innovative ways of ensuring HR equipment reaches those in need. Each 'Step In' service will have a full range of equipment with all staff trained on assessment and issue. •Housing have provided a worker for regular attendance at Step In in Peterhead, Banff and Fraserburgh. Staff knowledge and understanding in both Housing and Drugs and Alcohol service has increased and benefitted clients.Welfare rights will provide fast access to a worker who will see clients at Step In. We will test this and look for additional funding if a post is required to meet demand of people in service. • Aberdeenshire scored well in the National Benchmarking report for Standards 1-5 •Step In teams are embedding well and are seeing an increase in people dropping in to these locations. Temporary Premises in Inverurie have been identified with Step In operating from these at some point in Q2. Increased outreach through monthly Days of Action have started in Fraserburgh to address the increase in harms and complexities of people requiring Drug and Alcohol support. Partnership working increased to provide a holistic approach to people's care, this has included increased referrals from the Drug and Alcohol Care Team, increased professionals meeting with Housing and other relevant partners, increased partners' presence at Days of Action including Community Mental Health and NHS BBV colleagues.	

Risks / Issues	Mitigations / Actions
Risk to delivery of MAT standards in some areas due to premises availability.	Premises have been secured in Peterhead and Banff and we have leased premises in Fraserburgh. Temporary premises have been identified in Inverurie attending SMT in September to discuss future permanent options. Stonehaven do not have permanent premises yet and operating in local hospital, Viewmount and in communities - work continues with the HSCP property team to resolve these issues. We have highlighted a range of concerns but property is limited in Stonehaven
Recruitment challenges	Recruitment issues are being experienced across Scotland. We have been without required medical staff but have recruited a specialist doctor from mid November and are receiving Clinical cover from Aberdeen City doctors. We continue to increase prescribing capacity within the service through nurses attending Non Medical Prescriber training. This is going well but takes time. We continue to advertise some vacancies but with no suitable applicants.
Gathering of appropriate Experiential Feedback for each standard.	Our provisional rating is due to the lack of experiencial feedback relating to the MAT standards. This continues to be a challenge and the service will need to invest some resource to ensure this happens in the numbers required.

Data Measures and Targets	Local Delivery Plan Standard: Drug and Alcohol Waiting Times - 90% of people wait less than 3 weeks between referral and treatment: **Aberdeenshire Performance 2023-24 Quarter 1: 90.4%** Quarter 2: Quarter 3: Quarter 4:
	National Substance Use Treatment Target - by 1 April 2024 there will be at least 32,000 people with problem opiate drug use in community-based Opioid Substitution Therapy (OST) treatment in Scotland (90% of all drug-related deaths in Scotland currently involve opiates). This target equates to approx. 9% increase on current baseline and a target increase of 72 (count) for Aberdeenshire (national target increase has been applied equitably across Integration Authority areas in Scotland).
	Other data measures in development to ensure meaningful reporting of progress towards delivery of MAT Standards (to include experiential information), supported by NHS Grampian Health Intelligence and linking to the DAISy system. [Drug and Alcohol Information System (DAISy) is a national database holding data relating to specialist drug and alcohol treatment from services across Scotland with the aim of monitoring treatments provided, understanding outcomes from treatment and improving future care. Specific data was supplied to the Ntaional MIST team for MAT Standards 1-5. This provided evidence to rate us as Green against each of these standards. Further information can be found in the MAT national benchmarking report https://www.publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards-20222023/

Aberdeenshire Health & Social Care Partnership

Strategic Delivery Plan - Project Performance Tracker

IJB Report Date: 11 October 2023

Project	Reference Number	Project Category	Link to Strategic Priority	Project Phase	Project Status - end of January 2023	Project Status - end of May 2023	Project Status - end of August 2023	Trend Since Previous	Explanation for Red or Amber RAG Status
SOCIAL CARE SUSTAINABILITY PROGRAMME									
In-house Care at Home - the future	SDP 23-25_Dec22-01	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention	Implementation	Amber	Green	Green	No change	
Maximisation of Support at Home Framework	SDP22-25_Dec22_19	Improvement	Reshaping Care Effective Use of Resources Prevention & Early intervention	Initiation	Amber	Amber	Amber	No change	The Social Care Sustainability Board have agreed that this project should be monitored through the Comissioning and Procurement Group as a core part of its Commisiong and Procurement plan. To be removed from the next SDP quarterly report.
Very Sheltered Housing Review	SDP22-25_Dec22_15	Transformational	Reshaping Care Effective Use of Resources Prevention and Early intervention	Implementation	Green	Green	Green	No change	Key themes from engagement conversations happening at very sheltered housing locations in central Aberdeenshire have been captured. An engagement sub group are developing options for consideration.
Rehabilitation and Enablement	SDP22-25_Dec22_21	Improvement	Prevention & Early intervention	Implementation	Green	Green	Green	No change	
Effective Support for Carers and Self-Directed Support	SDP22-25_Dec22_30	Improvement	Reshaping Care Effective Use of Resources Prevention and Early Intervention Tackling Inequalities and Public Protection	Planning	Amber	Amber	Amber	No change	Recruitment has progressed to some posts however a number are still vacant. Quarriers have also had vacancies that are being recruited to now and some long-term sickness/maternity leave in their service, over the summer. The increase in Carer referrals that resulted in a waiting list is steadily reducing – down from 92 in August to 70, at the beginning of September. Carers Staff (along with Contracts and Procurement) have been focussing on developing the new Carers Contract for tender process. Budget/tender proposal was approved at August IJB. Therefore, tendering process is meeting timeline for publication at the end of September.
COMMUNITY HUB PROGRAMME									
Primary Care Mental Health Hub (Central)	SDP22-25_Dec22_05	Transformational	Prevention and Early intervention Tackling Inequalities and Public Protection	Planning	Red	Amber	Green	Improved	Continuing to work with TRAKCARE Team to allow all mental health services across primary cand secondary care to self generate referrals and be able to move referrals between services without having to request GP to action this. The aim is for this work to be completed by Spring 2024.
Out of Hours Review (Unscheduled Care)	SDP22-25_Dec22_06	Transformational	Reshaping Care Effective Use of Resources Prevention & Early intervention	Implementation	Green	Green	Green	No change	
Primary Care Improvement Plan (PCIP)	SDP22-25_Dec22_11	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Implementation	Amber	Amber	Amber	No change	The pressures remains on prioritising delivery for CTAC and Pharmacotherapy. There has been a Grampian General Practice Strategy Programme that has been established and workshops for all key stakeholders across Grampian will commence this month. Within this we will be looking at the continued challenges of Memorandum Of Understanding (MOU) implementation and also the wider General Practice vision.
Section 2C Practices - what is the future?	SDP22-25_Dec22_16	Transformational	Reshaping Care Effective Use of Resources Prevention and Early Intervention Tackling Inequalities and Public Protection	Planning	Amber	Amber	Amber	No change	We are in the process of going through a tendering process in Aberdeenshire. All five 2c salaried practices have been put out to tender under a procurement process. This is still underway and we would expect an outcome in the next few weeks. Unfortunately, we have had one more practice hand their contract back in the interim - Braemar practice which has a practice population of 200 people.
OTHER PROJECTS / WORKSTREAMS									
MAT Standards Implementation	SDP22-25_Dec22_22	Improvement	Prevention and Early Intervention Tackling Inequalities and Public Protection	Implementation	Green	Green	Green	No change	NB: Overall RAG status noted as green reflecting continued progress in delivery of MAT Standards 1- 5 and overall. Indicative scorings from MIST for Standards 6-10 currently Amber.
Autism Strategy	SDP22-25_Dec22_02	Transformational	Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Implementation	Green	Green	Green	No change	
Out of Area Complex Care Placements	SDP22-25_Dec22_18	Transformational	Reshaping Care Effective Use of Resources	Implementation	Green	Green	Green	No change	
Insch Service Review	SDP22-25_Dec22_010	Transformational	Reshaping Care Effective Use of Resources Prevention and Early intervention Engagement	Planning	Green	Amber	Green	Improved	
Deeside Needs Assessment	SDP22-25_Dec22_32	Improvement	Reshaping Care Effective Use of Resources Prevention and Early Intervention Engagement	Planning	Green	Green	Green	No change	

Project	Reference Number	Project Category	Link to Strategic Priority	Project Phase	Project Status - end of January 2023	Project Status - end of May 2023	Project Status - end of August 2023	Trend Since Previous	Explanation for Red or Amber RAG Status
Digital Strategy development	SDP22-25_Dec22_12	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Initiation	Red	Amber	Amber	No change	The Digital Project Manager has presented proposed content of the Digital Strategy to senior managers through Collaborative and Leadership Forum, and Strategic Planning Group. Key themes have been identified and will form the basis for wider engagement in Autumn 2023 before a draft strategy is completed.
Analogue to Digital Transition	SDP22-25_Dec22_23	Improvement	Prevention and Early intervention Reshaping Care Tackling Inequalities and Public Protection	Planning	Green	Amber	Amber	No change	•The Shared Digital Alarm Receiving Centre (ARC) solution tender, which is being run by Scotland Excel and the Digital Office has identified a preferred bidder. It is hoped however that Aberdeen City and the RCC will have the digital solution available for use by March/April 2024. Following standstill, negotiations will be necessary between Aberdeenshire and ACC in terms of contract renewal for RCC . •Supply chain issues remain challenging, although we have begun to receive in greater numbers, community alarms from Legrand/Tynetec. There is still nearly a 20 week wait time on orders and approximately 500 ordered alarms are still to be dispatched to us. •The Scotland Excel Technology Enabled Care purchasing framework, has now expired. Our purchasing of alarms and peripherals had been via this framework. The new framework has not yet been published and is not now expected to be ready until January 2024. Negotiations with Legrand have led to them offering to continue to supply their alarm units at the same price as the expired framework. •Aberdeenshire is now at almost 25% of all installed community alarms being digitally compatible, albeit operating on analogue protocols as we do not yet have a digital alarm receiving solution at RCC
Frailty Pathway	SDP22-25_Dec22_09	Transformational	Reshaping Care	Initiation	Green	Green	Green	No change	
Suicide Prevention Strategy development	SDP22-25_Dec22_04	Transformational	Prevention and Early intervention Tackling Inequalities and Public Protection	Initiation	Green	Green	Green	No change	
Replacement of Social Care Management System	SDP22-25_Dec22_20	Improvement	Effective Use of Resources	Planning	Amber	Amber	Amber	No change	An amber status on the Eclipse project continues due to the ongoing issues with the data tidy up as a result of the trial 1 migration. We have had discussion with OLM and at the Eclipse Project Board where we have agreed a delay in order to resolve the data quality and migration issues.
Learning Disability Strategy Delivery Plan	SDP22-25_Dec22_17	Transformational	Reshaping Care Effective Use of Resources	Implementation	Green	Green	Green	No change	
Re-shaping Learning Disability day services	SDP22-25_Dec22_26	Improvement / Business as Usual	Reshaping Care Effective Use of Resources	Implementation	Green	Green	Green	No change	
Review and re-provision of Learning Disability accommodation	SDP22-25_Dec22_27	Improvement	Reshaping Care	Planning	Amber	Amber	Amber	No change	Although work remains ongoing and localised groups continue to look at options within their areas, budgetary pressures add an extra layer of complexity.
Mental Health Strategy Delivery Plan	SDP22-25_Dec22_03	Transformational	Reshaping Care Tackling Inequalities and Public Protection Engagement Prevention and Early Intervention	Implementation	Green	Green	Green	No change	
Development of Mental Health Accommodation Options	SDP22-25_Dec22_28	Improvement / Business as Usual	Reshaping Care Effective Use of Resources Prevention and Early Intervention	Planning	Green	Green	Amber	Worsened	Due to budgetary pressures, caution is being taken over developing any new services. There is still the potential for out-of-area clients to return using their existing budgets, but unlikely enough to develop an entirely new service.
Implementation of Outcome Measurements with focus on Outcome Star	SDP22-25_Dec22_29	Improvement / Business as Usual	Effective Use of Resources Prevention and Early Intervention	Implementation	Amber	Amber	Amber	No change	Need to consider use of resources to allow training to continue to be delivered. Three ipads have been made available for the roll out of Outcome Star, these are to be made available to all areas.
Vaccination Programme Board	SDP22-25_Dec22_31	Business as Usual	Prevention & Early intervention	Implementation	Green	Green	Green	No change	
Health Improvement Delivery Plan	SDP22-25_Dec22_14	Transformational	Prevention and Early intervention Engagement Tackling Inequalities and Public Protection	Implementation	Green	Green	Green	No change	
Expansion of Fit Note	SDP22-25_Dec22_25	Improvement	Effective Use of Resources Reshaping Care	Close	Green	Green	Green	No change	Project now concluded and will be removed from next quarterly report.
Health & Social Care Staffing Act (Scotland) 2019	SDP22-25_Dec22_33	Business as Usual	Effective Use of Resources Reshaping Care	Planning	Green	Green	Green	No change	

KEY

Project Phase - Description:

Initiation - Identifying need for project, forming project group, project charter etc
Planning - Detailed benefits mapping, project planning and defining key deliverables
Implementation - Project plan implementation and monitoring
Close - Project embedded into business as usual, lessons learned, benefits realisation

Project Status - RAG Rating pertains to current status within the current project phase:

Green - On track to achieve project aims and milestones
Amber - Some issues or delays but manageable by project team
Red - Significant issues requiring escalation or significant remedial action
Blank - Project not yet at a stage where reporting is taking place; or has paused/ceased.

Trend since previous:

Indicates whether RAG status is improved, unchanged or worse since last report.
Blank - First report (no previous RAG status recorded); or project completed/ceased.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023

DEESIDE STRATEGIC NEEDS ASSESSMENT
PROJECT PROGRESS REPORT

1   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1   Acknowledge the Deeside Strategic Needs Assessment Project Progress Report (Appendix 1).
1.2   Agree handover of the Project Business to Operational Location Manager for Aboyne & Banchory.

2   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3   Risk

3.1   IJB Risk 3: Workforce capacity, recruitment, training, development, and staff empowerment – staff have been kept informed of the process via regular email briefing during staff engagement phase. Staff who live in Deeside were encouraged to take part in public engagement phase. There remains an underlying risk that the next phase of the project will not improve workforce capacity.
3.2   IJB Risk 5: Risk of not adequately involving and engaging with our patients/service users, the public, staff and partners – the project board includes representatives from Healthcare Improvement Scotland. Known community groups and community councils consulted on survey prior to publication. Members of the community consulted on focus group content. Staff and public will be involved in ongoing workstreams where possible. All public communications now refer to "Deeside and Upper Donside" to reflect the identity of all those in the geographical area covered by the SNA following community feedback. Paper copies of the survey were made available in community locations to allow those who were not able to access the online survey to take part. Additional focus groups were set up with groups who had not been represented in the survey and focus groups.
3.3   IJB Risk 8: Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time – the improvements planned as an output of this review will follow the correct standards of care.

4 Background

4.1 The Aberdeenshire Integration Joint Board (IJB) agreed in May 2021 to conduct a 'Strategic Needs Assessment' of health & social care provision and services along the Deeside corridor including Upper Donside. The process brings together health & social care service providers, third sector, and the Community to look at what service provision there is now and how it can be improved and adapted to meet the current and future needs of the area population.

4.2 A wide range of Health & Social Care services are currently provided in Deeside. By assessing Health & Social Care service needs, with a post-Covid lens, this has provided current information and evidence to base decisions about which services should be delivered and how in Deeside. There have been changes in how care and support has been delivered and how people want to receive their care, particularly in the last year, coupled with an increase in demand and complexity.

4.3 The staff working in the area as well as members of the community have been engaged with throughout. All stakeholders were kept informed and encouraged to participate about what is important to them.

4.4 A Project Board was established to implement the considerations resulting from the Strategic Needs Assessment undertaken in 2021-2022. There were three Workstreams created looking at Communication, Staffing and Service Provision.

4.5 Community members were invited to register interest to represent their community on the Project Board or Communication Workstream or to attend an information session looking at replicating Braemar Care model of Community Led Care Provision.

4.6 A document containing useful links to information relating to health and social care was developed and shared with GP practices and Community Councils. It was decided that the Engagement HQ page is useful to provide information updates and to receive feedback from community members. The mailing list was updated.

4.7 A workshop took place to discuss recruitment and retention challenges across health and social care services across Deeside and Upper Donside. A resulting action plan was developed within the Staffing workstream and has been implemented by team managers.

4.8 Two information sessions were designed by a group of community members to provide information to people interested in in exploring Community Led Care Provision models. Representatives from Braemar Care and Aberdeenshire Voluntary Action provided information and answered questions. All information shared will be developed into an information booklet to be shared with attendees as well as Community Councils and Organisations who may receive queries in the future.

5   Summary

5.1   A progress report for the Deeside and Upper Donside Project Board and Workstreams have been prepared outlining the work undertaken by the work groups.

5.2   The Project Board has been consulted in the preparation of the Progress report and their comments have been incorporated into the report.

5.3   The Progress Report has been added to Engagement HQ to allow community members to view and comment on the report.

5.4   The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6   Equalities, Staffing and Financial Implications

6.1   There are no changes to the Integrated Impact Assessment since it was previously presented in December 2022.

Janine Howie – Partnership Manager (South)
Aberdeenshire Health and Social Care Partnership

Report prepared by Carina Ebdy – Interim Location Manager, Aboyne and Banchory
Date 12/09/2023

Appendices

Appendix 1 - Deeside Strategic Needs Assessment Project Progress Report

Aberdeenshire
Health & Social Care
Partnership

APPENDIX 1

Strategic Needs Assessment

Project Progress Report

Deeside & Upper Donside

September 2023

1 Introduction

1.1 Foreword

The Aberdeenshire Integration Joint Board (IJB) agreed in May 2021 to conduct a 'Strategic Needs Assessment' of health & social care provision and services along the Deeside corridor including Upper Donside.

A 'Strategic Needs Assessment' is a process which brings together health & social care service providers, third sector, and the Community to look at what service provision there is now and how it can be improved and adapted to meet the current and future needs of the area population.

Deeside & Upper Donside is changing - the sizes of various communities have changed significantly over the years, the health conditions that people live with for longer, healthcare and how people can now use digital technology - have all changed.

A wide range of health and social care services for adults are delivered across the Deeside & Upper Donside area by the Aberdeenshire Health & Social Care Partnership, NHS Grampian, GP Practices and third sector organisations.

The AHSCP Strategic Plan (2020 – 2025) sets out the agreed priorities the Partnership will focus on to ensure we meet the needs of our communities.

To conduct the assessment we gathered information from staff and residents of Deeside & Upper Donside about the services they have used, how they feel about them and what is important to them. The information provided will help us plan for the future by better understanding how people access the services we already provide, what services may be needed and how people would prefer us to deliver them. It is important to ensure the precious resources available are used in the best way: to provide the most effective, sustainable and 'fit for the future' health and social care services.

1.2 The Journey so far

In December 2022, a report was presented to the IJB outlining a Project Board proposal to take forward considerations raised during the staff and public engagement undertaken as part of the SNA.

Deeside & Upper Donside Project Board	Communication	Review service and self-management information available to the public
		Review communication with the community regarding service provision (including alternatives to digital provision of information)
	Staffing	Create working group to revive recruitment and retention of staff within Deeside Hospitals
		Support staff wellbeing and increase opportunities for integrated working
		Consider housing options for staff
	Service Provision	Support staff wellbeing and increase opportunities for integrated working
		Review support for voluntary organisations that enhance health and social care activity
		Review options for replication of Braemar Care Initiative
		Review future need for provision of Care homes and Sheltered Housing

It was intended to include Digital Technology considerations separately but this was incorporated into the Communication workstream.

The project lead attended a Grampian-wide workshop and follow-up working group looking at travel and transport options to share learning and concerns raised during the SNA.

Finally, the considerations relating to some aspects of staffing were addressed in the Staffing workstream as there were representatives from both Council and NHS HR within the group.

- Share learning from SNA with work groups currently addressing recruitment and retention of staff.

- Share learning from SNA with colleagues in Human Resources in relation to recruitment, retention, post structure and training opportunities

There was an additional request from IJB to include community representatives in the Project Board and workstreams. This was implemented by sharing a registration survey with all mailing lists and inviting community representatives onto the Project Board, Communication Workstream and Planning group for Service Provision workstream.

2 Project Board

A Project Board was set up to implement the considerations resulting from the Strategic Needs Assessment undertaken in 2021-2022 which are outlined in the Project Board diagram above (page 3 of this report). The board included key members of AHSCP staff as well as a member of the community. Meetings took place every 4-6 weeks and received update reports from each of the workstreams and made decisions on next steps when required.

2.1 Communication Workstream

The Communication Workstream first met in May 2023 and included representatives from AHSCP Communication Team, General Practice, Hospital Medical Director, Libraries and a Community representative. A Terms of Reference was created and agreed by the group.

The group discussed options for continuing engagement and communication with the Deeside and Upper Donside Community and the most effective method to do this. Options included adding information to the My Aberdeenshire App, continuing use of the Engagement HQ page and updating information on the Council and NHS websites.

It was clarified that addition of information to the My Aberdeenshire app would take at least two years, therefore it would not be possible within the period of the project. As an alternative, a document containing a summary and link of where to find information on the Council website was created and shared with GP practices and Community Councils to share with anyone who may require the information. This document is in Appendix I.

As a test, a project update and a snap poll was added to the Engagement HQ page and an email notification was sent to everyone on the mailing list. At the same time, mailing list members were given the opportunity to be removed from the list and subscription has been updated accordingly. While traffic increased to the page, there were only 2 responses to the snap poll. However, the engagement HQ page received significantly more traffic and responses from community members when a registration survey was added to added and information session as part of the Service Provision workstream (further information in section 2.3 of this report). This suggests that the page is still used when information is provided and the community members are required to provide information to the project team.

It was highlighted that there are a variety of styles and levels of information on GP Practice websites. As the content and style is created by each practice individually, there is not a standard template or format for practices to follow. There is also a variety in the information that individual practices may need to highlight to patients, for example, some practices use eConsult and other do not. It was agreed that differing approaches to web design and content would be fed back to the Grampian group which leads on GP communications. Feedback from that group was that there is not currently any dedicated resource which could support a standardisation in approach to GP websites.

As a longer-term outcome of this group, the Digital Project Manager has agreed to include challenges raised in relation to digital inclusion in future pieces of work including development of a Digital Strategy.

2.2 Staffing Workstream

The previous Staffing and Communication Group was reviewed and developed into the Staffing Workstream. A revised Terms of Reference was developed and agreed by the group. The main purpose of the group was to consider the challenges in relation to Recruitment and Retention of staff. It was agreed that the remit would be extended to all

Health and Social Care Services in Deeside and Upper Donside rather than solely the community hospital to allow shared learning across services.

A workshop took place in June 2023 and was attended by almost 30 staff from a cross-section of services and roles within Deeside and Upper Donside.

Question 1. What can we do to make posts more visible/attractive?

Some of the suggestions that came back and were discussed were the use of radio advertising and school and university events, which to a certain extent is already being done across Deeside with more recruitment days planned. Suggested ways that we can make posts more attractive included the use of apprenticeships, clear career progression and opportunities shown, highlighting opportunities for working parents. There was also quite a bit of discussion around issues with required registrations, which affect both social work as well as health registrations. Looking into ways to address the cost of living taking into consideration the cost of fuel and transportation around the Deeside area were also suggested. There have been some positive outcomes from the recent recruitment day at Allachburn Care Home and there are some upcoming events that staff teams will be looking to attend to further promote careers in Health and Social Care.

The group discussed some ideas around how to make interaction with schools better, how to appeal to younger people and what kind of options there are for work experience as well as some of the challenges. The discussion around apprenticeships spoke about trying to widen the scope of apprenticeships, possibly including multiple roles helping young people to work out which service they may want to focus on later as part of the journey. Also suggested was the creation of short videos featuring actual experiences from staff who have had good career progression experiences.

Question 2. What are the barriers to Learning and Development? How can these be overcome?

As expected, there were differences between the barriers experienced by NHS and Local Authority staff. Both sets of staff expressed difficulties with making time for training, the challenges presented by the geography of the area for face-to-face training. Issues with making time were highlighted as issues with vacancies meaning that staff were not able to be released for further training as freely. Some of the post covid challenges were discussed including the continued reliance on IT. Waiting times for SVQs were also discussed and the need for protected training times. One team spoke about their protected training time that has been in place for the last two years and how they have also had a knowledge sharing element which has proved greatly beneficial.

Question 3. What are you looking for in career progression and/or development to make a post more attractive?

Again this section concentrated on learning and development suggestions but also about future proofing posts, teams and services in general. Discussion was also had about targeting those who have a change in circumstances which might allow them to think about career progression or development, for example, those with children who are leaving full time education. Also discussed was highlighting to those taking a gap year the experience that they can gain from taking on a job as a carer, domestic or admin rather than travelling.

Question 4. What makes you feel valued as a team member?

Some of the themes that came through were open door policies with managers feeling listened to and supported during decision making, cohesive, multidisciplinary teams with

open and free speech, shadowing, visibility of senior management, team building opportunities and the modern and foundation apprenticeships. There were several positive comments on wellbeing days and events that have been arranged for staff and how these had helped teams to bond. There was some discussion at the meeting around events which are being planned within teams and the use of check-in chats within the team.

Following the workshop, an action plan was created for team managers to implement (included in Appendix II). Teams have provided an update on progress in relation to implementing the action plan.

> ➢ Team already has an established "protected learning time" of at least three full days a year where staff can study from home or a suitable learning environment.
> ➢ Looking at formalising Buddy system for new members of staff.
> ➢ Started attending career events.
> ➢ Arranged to become part of Foundation Apprenticeship.
> ➢ Arranged two Foundation Apprenticeship Students to start from September 2023 to March 2024.
> ➢ Accepted placement of Foundation Apprenticeship for 2023/24.
> ➢ Given 3rd year RGU students taster session visits (in addition to their normal clinical placements).
> ➢ Worked with colleagues to produce a school's presentation.
> ➢ Offered work experience placements.
> ➢ Arranging new staff to undertake mandatory training in first two weeks then shadowing staff. This has resulted in training completion rate increasing.
> ➢ Planning student taster sessions for next year.
> ➢ Filled all Modern Apprenticeship posts.
> ➢ Hosted 2 days of open day recruitment and successfully recruited 28 people to 34 vacant positions.

Challenges

> ➢ Limited time for staff to take out of clinical/working day to attend events.
> ➢ If staff attend events out of hours, the need time back or payment.
> ➢ Was asked to host work experience placement in Summer and completed all paperwork and risk assessments but the student withdrew.
> ➢ Difficult to get food hygiene trainers to complete assessment.

Work that has been implemented in this workstream is now being carried forward by the Location Manager for the area to monitor and review as a team.

2.3 Service Provision Workstream

The Service Provision Workstream was intended to deliver a workshop to share information with community members about options to replicate the Braemar Care Initiative. Registration was sought via the same survey for community members to sign up to be representatives on the different project workstreams. Unexpectedly, there were very few people signed up to attend a workshop which contrasted with the number of people who had expressed interest during the SNA. A different approach was adopted and those who responded to the survey were contacted and asked to be on a planning group for the workshop sessions. The planning group comprised project team members, a colleague from Environment and Infrastructure Services and three community members.

The format of a workshop was discussed, it was agreed to provide, and information session followed by a panel Question and Answer. Two information sessions were scheduled for

September 2023 to take place in Torphins and Ballater. The sessions comprised of information about models that can be used to set up a Community Led Care Provision, testimonial from Braemar Care and Information on services available from Aberdeenshire Voluntary Action. (Poster advertising events included in Appendix III).

The two workshops were attended by 20 members of the community with each session lasting 2 hours. Information was provided and then there was an open opportunity for attendees to ask questions of panel members. The questions and answers will be included in an information pack that is being developed and will be shared with attendees as well as Community Councils and community organisations. The pack will include information from the presentations and a list of useful contacts so that if there are any future queries regarding setting up a Community Lead Care Service, the information will be available. It was also requested by an attendee to share contact details of other people attending sessions so that they can link up regarding common communities, a list was created during the sessions with the relevant details to be shared.

The information provided by Aberdeenshire Voluntary Action during the session will be made available to voluntary organisations that may be looking for additional support.

Finally, a review will be incorporated into ongoing work looking at homely settings and future provision required.

3 Summary

The work undertaken by the Project Board and workstreams would not have been possible without the input from members of the workstreams, team managers and staff, members of the Project Group and community members. As the project is handed over to the Location Manager to continue the implementation of the staffing action plan, we would like to thank the motivation of Team Managers to continue with the Staffing Action Plan and community organisations for their ongoing commitment to share documents with useful links and information for community members.

Appendix I

How to access a 'Care Assessment'

If you, or someone you know is struggling with everyday tasks which means they might struggle to live independently or struggle with things like personal care then they may qualify for extra support at home. They will need to be assessed to see what support they might be eligible for and you can find the information about how to get an assessment here:
https://www.aberdeenshire.gov.uk/social-care-and-health/living-independently/how-do-i-get-help/

Information and support for Unpaid Carers

If someone you care for needs your help to do everyday tasks, then you are likely to be classed as an Unpaid Carer. There is a range of support available to Unpaid Carers and you can find out more here:
https://www.aberdeenshire.gov.uk/social-care-and-health/caring-for-others/carer-support-organisations/

Getting Mental Health Support

There is a wealth of support and advice on how to keep well mentally and also a number of services which you can self-refer to. Here is a link to some of those services in Aberdeenshire
https://www.aberdeenshire.gov.uk/social-care-and-health/living-independently/mental-health-wellbeing/

Mental Health Improvement and Wellbeing Service

This is an Aberdeenshire service for anyone over the age of 16, and you can get support by going directly to them. When you click on the link you will be able to get support by filling in an online form or call an answering service and leave a message https://www.aberdeenshire.gov.uk/social-care-and-health/living-independently/mental-health-wellbeing/mental-health-improvement-and-wellbeing-service/

Prevent Suicide App and Website

The Prevent Suicide website and app was developed for Grampian and has a huge amount of information about how to access Mental Health Support locally. There is also information for people that might be worried about a loved one and information about local drug and alcohol services
https://www.preventsuicideapp.com/index.html

Local Support and Services

Across Grampian there are many, many local services and organisations that support wellbeing and getting active. You can find local services on ALISS (A Local Information System for Scotland) by popping your https://www.aliss.org/

Aberdeenshire Voluntary Action

Volunteering opportunities are a great way of connecting with people and supporting your community. You can find opportunities to volunteer here: https://www.avashire.org.uk/volunteering.html

For more information about Community support and services in Aberdeenshire you can take a look at our pages here: https://www.aberdeenshire.gov.uk/social-care-and-health/community-care-services/

Appendix II

				Action Plan
What was the issue	**what will we do**	**who will do it**	**how will we do it**	**when will we do it**
	recruitment events	staff in services	attend events to promote services	ongoing
	school presentations	staff in services	provide presentations to school pupils	ongoing
	apprenticeships to be multi-role	Douglas Andrew	rotate around different roles	ongoing
	link with school headteachers about recruitment	staff in services	talks to school pupils	ongoing
	open door/taster sessions in services	service managers	services to arrange a session	ongoing
	explore work experience placements https://www.nhsgrampianworkexperience.com/	service managers	scope options for services and implement as appropriate	ongoing
low recruitment	meet the team sessions for apprentices	staff in services	services to arrange a session	ongoing
	explore options for staff to be on rota to cover for training release or staff to be allocated hours off-site to complete training	service managers	services to come up with plans for their team	05/09/2023
	implement buddy system to induct new or returning staff on use of systems	service managers	plan and introduce buddy system	05/09/2023
	agreed plan for statutory and mandatory training	service managers	agreed plan for the team	05/09/2023
L&D	consider staggering training that requires ongoing observation for sign-off	service managers	agreed plan for the team	05/09/2023
valued	teams to explore i-matter feedback for improvements	service managers	agreed plan for the team	05/09/2023
attracting staff	video testimonies of staff	Jo Raine-Mitchell	prepare videos to use for recruitment campaigns	05/09/2023
	explore team care pack from WeCare	Kimberley Forsyth	Consider options that can be shared with teams	31/08/2023
wellbeing	wellbeing plan for teams	Carina Ebdy	share resources for teams	31/08/2023

Appendix III

Aberdeenshire
Health & Social Care
Partnership

Calling all Deeside & Upper Donside Residents!

Would you like to find out how you could set up community led care in your area?

Come along to one of our information sessions to find out more.

When?	6th September 2023
Where?	9.30-11.30 am Torphins, Learney hall
	1-3 pm Ballater, V&A hall

AGENDA

- **Intro**
- **Information on models and funding**
- **Braemar care testimony**
- **Information on support available**
- **Panel Q&A**

You can register to attend using the link or scanning the QR code below.

https://engage.aberdeenshire.gov.uk/deeside-strategic-needs-assessment

Aberdeenshire COUNCIL

NHS Grampian

**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023**

**DRAFT RESPONSE TO THE HEALTH AND SOCIAL CARE STRATEGIC
PLANNING AND PERFORMANCE REPORTING STATUTORY GUIDANCE
CONSULTATION**

1   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1 Consider and comment on the draft response to the Health and Social Care
Strategic Planning and Performance Reporting Statutory Guidance Consultation.

1.2 Agree and approve the consultation response to be submitted to Scottish
Government

2   Directions

2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian
as a result of this report.

3   Risk

3.1 **IJB Risk 5 -** Risk of not fully informing, involving and engaging with our
patients/clients, the public, staff and partners.

3.2 **IJB Risk 6** - Service/ business alignment with current and future needs

3.3 **IJB Risk 8 -** Risk of failure to deliver standards of care expected by the people of
Aberdeenshire.

4   Background

4.1 The development and creation of a Strategic Plan and Annual Performance
Reports are requirements under the Public Bodies (Joint Working) (Scotland) Act
2014. This legislation sets out the framework for the integration of health and
social care through the establishment of integration authorities.

4.2 The Strategic Commissioning Plans and Performance Reporting Statutory
Guidance documents were originally published in 2015 and 2016 respectively,
aiming to support integration authorities, who plan and direct the delivery of
health and social care services, to produce a Strategic Plan and an Annual
Performance Report.

4.3 The Scottish Government created a working group, which included partners from across health and social care, to refresh the guidance. The working group included organisations which represent supported people, carer organisations, those who plan and oversee the delivery of services, and other partner organisations.

4.4 The refreshed draft versions of the guidance have been produced through engagement with the working group and Scottish Government are now seeking to capture wider feedback on the draft documents.

5   Consultation

5.1 The consultation opened on the 1st August 2023. The draft guidance (and easy read versions) was provided with supporting questions relating to each draft. This information was circulated to the Senior Management Team and members of the Strategic Planning Group (SPG) with responses required by 1st September 20203.

5.2 Individual responses were collated, and the proposed draft response has been circulated to SPG members for final comments which have been considered and any relevant changes made.

5.3 The closing date for the consultation is 27th October 2023, and the proposed draft response is provided in Appendix 1 for consideration.

5.4 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6   Equalities, Staffing and Financial Implications

6.1   The Screening stage of the Integrated Impact Assessment (IIA) tool has been carried out as part of the development of the proposals set out above. It concluded that a full IIA was not required as this is a response to a consultation therefore there are no impacts on those with protected characteristics.

Pamela Milliken, Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Wendy Probert, Strategic Development Officer
Date 11th September 2023

## Appendices

Appendix 1 - Health & Social Care Strategic Planning & Performance Reporting Statutory Guidance – Consultation Responses

![Aberdeenshire Health & Social Care Partnership logo]

Appendix 1 - Health & Social Care Strategic Planning & Performance Reporting Statutory Guidance – Consultation Responses

Strategic Plans: Statutory Guidance

1) Do you agree that presenting supporting information in boxes throughout the guidance is a useful structure?
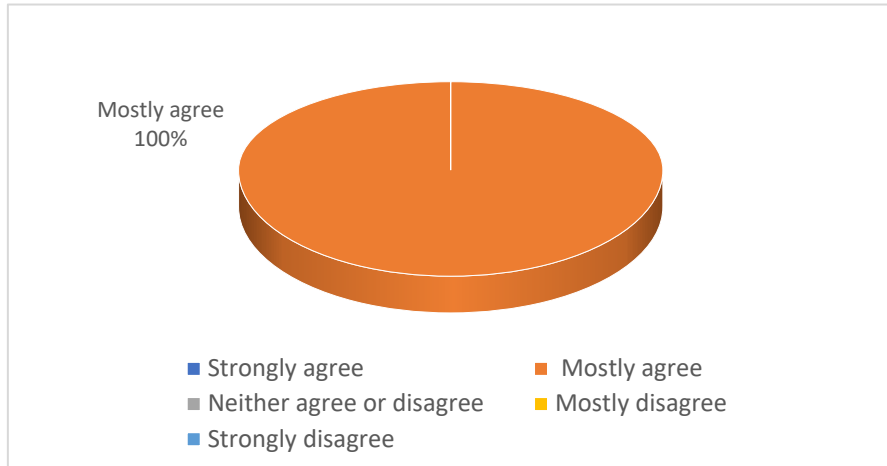

2) If you have any further thoughts or suggestions on how the structure of the guidance can be improved, please tell us.

It was felt that the structure of the document is easy to follow, but that a proportion of the information in the body of the document is also included in Appendix A and removal of any duplication would further improve the guidance.

Additionally, it is suggested that the information on 'Accessibility' whilst is very important could be part of Annex C which could be classed as an 'Advice & checklist' section.

3) Do you agree that there is an appropriate balance between information summarising the relevant statutory requirements in the Public Bodies (Joint Working) (Scotland) Act 2014 and wider information to support integration authorities meet these requirements?
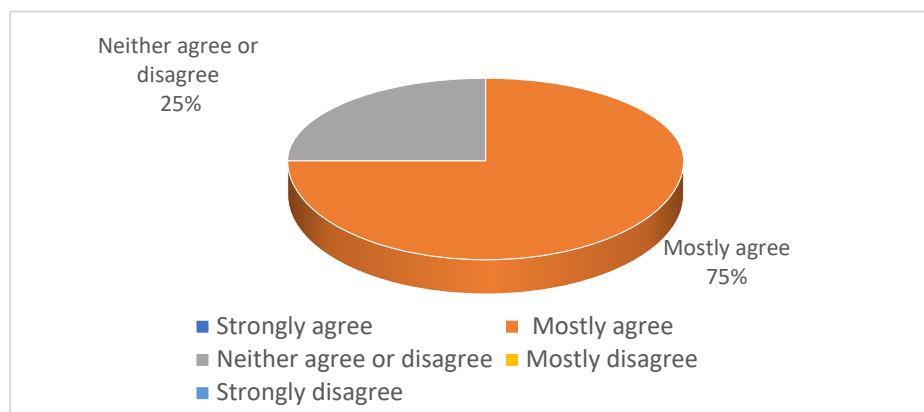
4) If you do not think that the balance of information in the guidance is appropriate, please tell us here what changes you would recommend and why.

There was a consensus that the guidance highlights the significant scale and complexity of the wider policy environment for integration authorities and the variety of strategic plans, guidance, good practice and planning processes it must give cognizance to in preparing its strategic plan. It is important to acknowledge the skills, resources and capacity realistically required to enable any integration authority to effectively meet all of these requirements and considerations in a meaningful way when undertaking needs assessment, engagement, analysis and preparation of such a significant document, balanced against the requirement to meet and respond to ongoing significant system pressures and demands.

The inclusion of the requirements for membership of Strategic Planning Groups as set out in the legislation is noted and it is welcomed that the guidance acknowledges the benefits of using innovation in terms of how we support lived experience in the work of the HSCP and supporting different routes to engagement to ensure this is as meaningful as possible. Aberdeenshire HSCP has also adapted the Carers Collaborative template expenses policy for use by our stakeholder representatives on the IJB and associated groups/committees however it is important to recognise the wider barriers to engagement which may prevent or inhibit people with lived experience from participation. We would welcome further sharing of innovative experience and good practice in how engagement can be supported.

5) If you have any suggestions on information that can be improved or is potentially missing from the guidance, please tell us here.
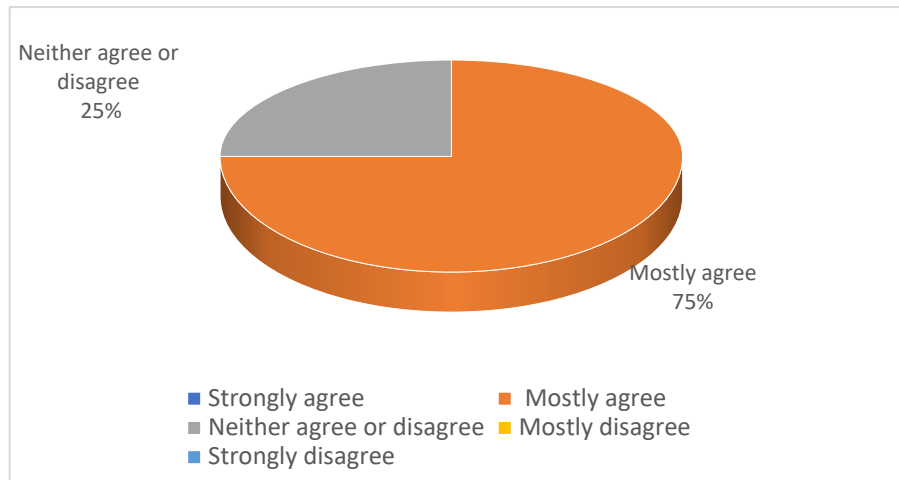
No comment.

6) If there is anything else you'd like to feedback about the guidance, please tell us here.

The last guidance will be 8-9 years old when this new guidance is published. It was felt that If the revised guidance is to have a similar life span it would be helpful if it is designed in a way that a light touch update could be carried out every 2 to 3 years so that any links to updated information or new legislation which support the Strategic Planning could be added.

Aberdeenshire
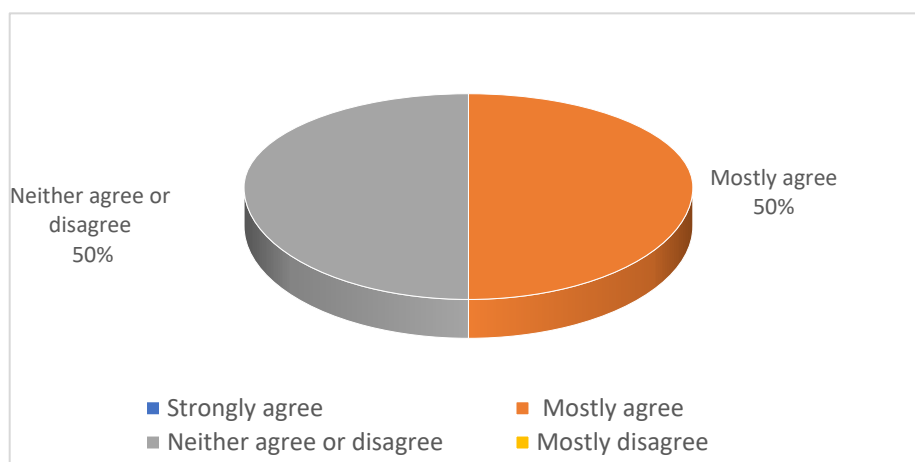Health & Social Care
Partnership

Performance Reporting: Statutory Guidance

7) Do you agree that presenting supporting information in boxes throughout the guidance is a useful structure?

Neither agree or disagree
25%

Mostly agree
75%

■ Strongly agree   ■ Mostly agree
■ Neither agree or disagree ■ Mostly disagree
■ Strongly disagree

8) If you have any further thoughts or suggestions on how the structure of the guidance can be improved, please tell us.

No comment.

9) Do you agree that there is an appropriate balance between information summarising the relevant statutory requirements in the Public Bodies (Joint Working) (Scotland) Act 2014 and wider information to support integration authorities meet these requirements?

Neither agree or disagree
50%

Mostly agree
50%

■ Strongly agree   ■ Mostly agree
■ Neither agree or disagree ■ Mostly disagree

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Grampian

10) If you do not think that the balance of information in the guidance is appropriate, please tell us here what changes you would recommend and why.

No comment.

11) If you have any suggestions on information that can be improved or is potentially missing from the guidance, please tell us here.

HSCPs work in a complicated approach to performance reporting where there are requirements to report as an organisation and through the local NHS Board and local authority. It would be beneficial to have a more efficient streamlined approach rather than meeting the requirements of all which is very demanding in a time with limited resources.

Aberdeenshire HSCP has been fortunate to have access to the expertise of our local NHS Health Intelligence and Council Information teams, as well as benefiting from the skills and resources of the PHS LIST team. It is important to acknowledge the skills, resources and capacity required to enable any integration authority to effectively meet all of its performance reporting requirements and considerations in a meaningful and sustained way, balanced against the requirement to meet and respond to ongoing significant system pressures and demands.

12) If there is anything else you'd like to feedback about the guidance, please tell us here.

The addition of the checklist to help provide guidance on what should be included as the skeleton of the performance report is welcomed.

The requirement for performance reports to include a description of arrangements made in relation to 'consulting and involving localities' and 'an assessment of how these arrangements have contributed to the provision of services' would benefit from further expansion and clarity as to expectations and requirements. Aberdeenshire HSCP's model for service delivery has been built on a locality needs-led model and moving forward we will be seeking to work in an increasingly collaborative and integrated way with our Council and wider partners in the development of a Place based strategy approach. It would be helpful to have clarification that the statutory guidance allows flexibility for integration authorities to provide detail on the impact of such approaches in its evidence of how it has consulted and involved localities and its impact on the provision of services as we work through this evolving model.

There are currently fundamental challenges in the publication of annual performance reports within the timeline set by the Public Bodies Act legislation (end of July) whereby financial year data for the Core Integration Suite of Indicators is not available for publication by this deadline requiring the use of calendar year data as per Public Health Scotland guidance. It is recognized that this consultation covers only the statutory guidance and cannot impact any changes to the legislation, however this is considered a key issue requiring consideration in terms of supporting the timeliness and consistency of annual performance reporting for integration authorities moving forward.

Aberdeenshire
Health & Social Care
Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 October 2023

Title: Monitoring and Review of Drug and Alcohol Related Deaths

1   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1 Note the review and learning process of drug and alcohol deaths and the actions already in place to prevent deaths in Aberdeenshire

1.2 Approve and support the progression of new notification processes for alcohol related deaths

1.3 Approve and support the promotion of wider distribution and availability of naloxone across Health and Social Care Partnership services

2   Directions

2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3   Risk

3.1 **IJB - 5**: Risk of not fully informing, involving and engaging with our patients/clients, the public, staff and partners.
IJB – 6: Service/ business alignment with current and future needs
IJB – 7: Failure to apply all processes in a timeous fashion can lead to exacerbation of public protection issues

4   Background

4.1 The Scottish Drug Deaths Taskforce was established in June 2019, to support the delivery of the national drug and alcohol strategy "Rights, Respect Recovery". The Taskforce had the central aim of identifying measures to improve health by preventing and reducing drug use, harm and related deaths.

4.2 In 2020, Scotland saw the most significant rise in fatal drug related harm and this changed the scope of the Taskforce to provide the Scottish Government with evidenced based advice on how to respond to what was considered as a public health crisis.

4.3 Then in January 2021, the First Minister announced a new national mission to reduce drug related deaths and harms supported by an additional £50 million funding per year. The aspiration of the National Mission is to save and improve lives through:

- fast and appropriate access to treatment and support through all services

- improved frontline drugs services (including third sector)
- services in place and working together to react immediately and maintain support for as long as needed
- increased capacity in and use of residential rehabilitation
- a more joined-up approach across policies to address underlying issues.

The National Mission identified the new Medication Assisted Treatment (MAT) standards as the central platform through which to deliver its recommendations.

4.4 Early intervention strategies are threaded throughout the aspiration of the National Mission. "Safer in Service" recommended as a key principle to address drug related harm with a clear direction towards a more holistic and whole system approach to addressing drug harm. However, the people who have lost their lives through drug related harm should not be disregarded. Their experiences should be respected in a way which brings learning into the new standards of treatment and support.

4.5 In July 2022, the Drug Death Taskforce returned its final report, Changing Lives[6]. The report reflected the difficulties that must be overcome to change culture, practice and process in how drug and alcohol services should be delivered. It also made a clear statement that the review of the experiences of people who had died as a result of drug related harm should become an established process and should contribute to how culture can be changed and practice and process improved.

4.6 Variance was identified in practice and process across Scotland in how areas responded following a drug related death. Some areas only reviewing deaths of people already engaged in services, however, the learning from the deaths of people not engaged in services should also be captured to inform how services can better support individuals into treatment – achieving that principle of being Safer in Service. The Taskforce, therefore, recommended that a formal review process should be undertaken for every suspected drug related death. These should start from the principle that every drug-related death is preventable.

4.7 The ADP partnership agreement provides definition of the governance structure and identifies lines of accountability between the ADP and other strategic partnerships. For the IJB Section 8.2 of the Partnership Agreement highlights the accountability between the ADP and external partners. It states "The ADP Committee exists within a complex public sector governance structure and will provide report twice yearly to the Integration Joint Board on delivery of agreed strategic priorities. The ADP will provide information to the Executive Group for Public Protection and the Community Planning Board on progress in relation to agreed strategic priorities and the ADP's annual report will also be shared widely".

Section 6.3 highlights the working arrangements between the ADP and the IJB which clarifies the respective responsibilities and decision making

roles for each. Section 6 also explains working arrangements with other strategic partners. Section 6.3 states

Aberdeenshire Integration Joint Board

- Provide support to the work of the ADP and its governance and accountability arrangements and align Strategic Plans.
- Receive and consider a report twice per year on ADP delivery against agreed strategic priorities.
- Consider the use of directions to formalise those agreed elements of Alcohol and Drug Strategy and ADP Delivery Plan Actions relating to NHS Grampian and Aberdeenshire Council.

4.8 Aberdeenshire ADP response to the Licensing Board is attached at Appendix 2

5 Aberdeenshire Drug and Alcohol Related Death Review Process

5.1 Aberdeenshire Review and Development Group is a multi-agency group which reviews all drug related deaths and those alcohol related deaths which are known to services. The review process ensures each notified death is discussed by a multi-disciplinary group to consider whole system learning through analysis of the circumstances and events leading up to the persons death. Multi agency chronologies are a key feature which contributes to the learning which inform service improvements. Staff attending the reviews have the opportunity to reflect on practice and identify any opportunities missed, as well as how earlier engagement could have been achieved. As part of the group discussions staff are supported to realise their input was of value and impactful and that deaths are sadly part of working in drug and alcohol service . Previously reporting DRD was slow and unconfirmed for many months, this leaving questions for the practitioner which made reflection and resolution of the loss difficult. Improved notification processes through Police Scotland and opportunity for immediate debrief for workers is in place.

5.2 In situations where a person has been known to other services, specifically mental health and adult support and protection, liaison takes place with key contacts in these service areas to agree which review process is most appropriate. This reduces duplication and gives opportunity for representation and attendance at the most relevant review forum. Where a dual diagnosis was present staff from both Mental Health and Drug and Alcohol services will attend the agreed review group.

5.3 A multi-agency Action Subgroup takes place following the Review and Development Group to take forward the recommendations of the review process. Recommendations may require improvement actions in either single agency and multi-agency policy and practice. Where gaps have been identified resources are agreed and new processes are developed. Training needs might be identified for parts of the workforce and includes wider partners. Where there are improvement actions which relate to wider partners such as housing or mental health these are communicated through key contacts to be considered through appropriate strategic and

operational oversight. Examples of learning which have been translated into actions are;

- Referral pathways from unscheduled care
- Pharmacy notifications of poor presentation and missed collection of medication.
- DWP notification of large, backdated benefit payments
- Review of MARS (Multi Agency Risk Strategy)
- Multi agency chronologies

5.4   The learning outcomes and related actions are shared with all staff that form the Multi disciplinary team at the review and any other partners that may benefit from the learning, Embedding the learning into practice is as important as identifying the need. This takes place at locality hubs, directly into teams and communication in relevant multi agency forums.

6 Review of Data

6.1   National Records for Scotland (NRS) provide a range of collated data on drug and alcohol deaths, some of which is available at local authority level and this is published annually. The Action Subgroup use this national information alongside local intelligence and feedback from the local review process to inform developments and improvements in service delivery.

6.2   National figures indicate that 1,051 people died due to drug misuse in 2022.

6.2.1   This is a decrease of 279 deaths compared with 2021, representing the lowest number of drug misuse deaths in Scotland since 2017.

6.2.2   Glasgow City and Dundee City had the highest rates of drug misuse deaths over the last 5 years Aberdeenshire was second lowest to East Renfrewshire.

drug-related-deaths-22-data.xlsx (live.com)

6.3   **Drug Related Deaths in Aberdeenshire**

Total DRD's for years 2019, 2020, 2021, 2022

Year	Total
2019	26
2020	33
2021	31
2022	24

- 2022 Drug related deaths down 23% from 2021

- Female DRD's down 60% from 2021. This is not reflected in the Scotland figures, which record the majority of the reduced numbers of deaths being male.
- Aberdeenshire has seen the same number of male deaths in 2021 and 2022.
- Age range 35-44 in 2021 and 2022 had the highest percentage of deaths.
- Most if not all deaths were due to Polydrug use.
- 87.5% (n21) of drug deaths had opiate as a cause.

6.4 An example of how we have translated national data into local service delivery is our response to women. The review of the women who died in 2020 identified that every woman had experienced the removal of a child or children , through Child Protection procedures. The trauma impact of this is significant and evident in the chronology of engagement and this contributing risk of harm. A new dedicated team of workers which combine Adult and Children's services has now been established and provides support for women who are at risk of, or who have already, experienced the loss of a child**.**

6.5 National Records for Scotland reported the numbers of alcohol deaths from alcohol-specific causes rose in Scotland in 2022 by 2%, totalling 1,276. This represents 31 more than in 2021: the highest number since 2008. [1]Within the Scottish context Aberdeenshire have the lowest rate of alcohol deaths by 100,000 population. Within the local context however, the 2022 number of people who died from an alcohol specific cause rose by 5 deaths. Further   context as to Aberdeenshire's death number in relation to other areas in Scotland is.
- 11 areas where deaths reduced from last year with varying % between 6 and 50.
- 2 stayed areas the same.
- 19 increased between 5 and 78 %, (there was 1 at 200% but small numbers so not included). Aberdeenshire's increase was 17%. 11 areas had a larger % increase than 17% and 8 areas had a higher numerical increase, 4 areas with the same number as Aberdeenshire the same i.e.5, and 7areas had less than 5 of a numerical increase.
- Aberdeenshire lowest by head of population by 1.1

See Appendix 1 for additional information regarding Scotland wide data.

6.6 **Alcohol Specific Deaths in Aberdeenshire**
Total ARDs for 2019.2020,2021.2022

Year	Total
2019	**29**

2020	32
2021	30
2022	35

While Alcohol Specific deaths are reported at a National level this does not translate into as in depth and localised data as is received in relation to drug related death information. In Aberdeenshire no formal notification process in in place to report all alcohol specific deaths. alcohol-specific-deaths-22-all-tabs.xlsx (live.com)

6.7 Due to us not having a formal process to receive notifications for all alcohol specific deaths, we are only able to review those we are aware of and who died whilst being involved in services. These reviews follow the same format as the Drug Death Reviews, likewise any learning is taken forward by the Action subgroup.

6.8 A process to have all alcohol related deaths notified at a local level would provide opportunity to review and analyse, taking forward learning and improvement actions in service delivery. The notification of people who have died and are not known to services would allow a consistent review process for both alcohol and drug use. This will inform early intervention strategies and processes to increase numbers of people accessing support at an earlier stage of problematic alcohol use. Collaboration with Primary Care and Public Health is required to progress this fundamental improvement. Recommendation 1.2 - The IJB is asked to Approve and support the progression of new notification processes for alcohol related deaths

7. Aberdeenshire response to preventing Drug and Alcohol deaths.

7.1 Aberdeenshire Drug and Alcohol services are delivering a number of interventions to prevent drug and alcohol deaths. These are in response to both MAT standards implementation and are informed by the local needs of Aberdeenshire communities. These are summarised below:

7.2 The **ARIES** team provides a fast outreach response to referrals for people identified as being at high risk of drug or alcohol harm and in line with the requirements of MAT standard 3. People referred may or may not be open to current services, but concerns have been raised due to recent presentations or where someone has fallen out of service. This includes referral pathways from,

- Drug and Alcohol services who have been unable to trace the person at risk.
- Unscheduled Care
- Police Scotland
- HMP Grampian
- A and E
- Hospital – Drug and Alcohol Care Team (DACT)
- Housing

- Scottish Ambulance Service

7.2.1 The ARIES team has two Social Workers, two Nurses, Police Officer (Sgt) and includes Health Care Support Workers (HCSW) and LAC support, all are experienced in working within Drug and Alcohol Services   The team aim to see all referrals within 24 hours and will visit people in their home. They are assertive in their approach to ensure they reach all referrals and will make contact with family members and friends where necessary. They have access to a range of information which helps them locate the person at risk. A relatively recent development is providing outreach on a Saturday which is proving to be successful. The support provided is client led and whilst the staff aim to support people into or to re-engage with services, they also provide practical and harm reduction advice and support.
   The ARIES team works closely with the Out of Hours and Crisis interventions teams in Mental Health.

7.3 **"Safer in Service" Days of Action - Operation Protector**

7.3.1 This is a partnership approach to address and reduce the harms of drugs and alcohol use and prevent drug and alcohol related deaths in the communities of Aberdeenshire. This approach contributes to the multi-agency response to increased complexity and risk which feature in the lives of people affected by drugs and alcohol. The impact of County Lines activity is addressed through this partnership approach

7.3.2 Aberdeenshire Drug and Alcohol service, Criminal Justice, Police Scotland - North East Division, Housing and the Community Safety Team established this approach in December 2021. Colleagues from Mental Health services, BBV testing and prison outreach are now also included in the Days of Action. There are four elements of the Days of Action. These are:

- **Outreach** Cross agency teams carry out doorstep visits to people believed to be at risk of drug-related harm.
- **Community Engagement /Drop-in** A partnership 'pod' is stationed prominently in the town centre. This provides increased knowledge of drug and alcohol harms in the community and how to inform about concerns as well as provide immediate access to services.
- **Community Harm Reduction** Community Safety Officers from Aberdeenshire Council proactively investigate the community impact of drug and alcohol related activity.
- **Enforcement** Police undertake Criminal Justice enforcement with ARIES in attendance to provide immediate outreach support.

7.4 **Step In -** Provides faster delivery of support to people in Aberdeenshire. Five Step In teams provide.

- Fast access and same day treatment and assessment
- Holistic approach to supporting all needs.
- Practical Support
- Health checks
- Access to wider agency support

All aspects of harm reduction are available at Step Ins including

- Needle Exchange
- Wound Assessment
- Naloxone
- Blood Borne Virus Testing

7.4.1 Whist Step In are relatively new additions to Drug and Alcohol services, they are developing to respond to both Drug and Alcohol harm. Additional health assessment in relation to assessment of liver functioning. given the national information indicating liver disease as the main cause of death, would be optimal. This would provide an earlier intervention to prevent this disease from becoming terminal.

7.4.2 Information on how to contact Step in teams can be found here - <u>Easy access to drug and alcohol services - Aberdeenshire Council</u>

7.5 **Residential Rehabilitation** – The National Mission expects that each area has increased numbers of people accessing residential Rehabilitation including effective pre and post rehabilitation support. A residential rehabilitation pathway is in place in Aberdeenshire and numbers have increased. There are also pathways directly from prison into residential rehabilitation which again reduces risks.

7.6 **Naloxone -**Naloxone is an opioid antagonist, which means it can quickly and safely reverse the effects of an opioid-related overdose. Evidence is clear that wider distribution of naloxone saves lives and in. expanding the distribution of naloxone in Aberdeenshire would make it more likely to be available in the event of an opioid overdose.

7.6.1 Naloxone is promoted at wider community engagement interventions and activities including the ongoing Days of Action. Naloxone champions who promote and provide training on Naloxone and its use is embedded within Drug and Alcohol services. Aberdeenshire Council Housing have staff trained in administering and supply of Naloxone and NHS Grampian have very recently agreed to provide Naloxone across their services. Recommendation 1.3 - Approve and support the promotion of wider distribution and availability of naloxone across Health and Social Care Partnership services

7.7 **WEDINOS - Drug Checking -** Licensed drug-checking services allow people to anonymously submit samples of psychoactive drugs for testing. On completion of testing, they are advised on the content and potency of the submitted drugs so they can make more informed decisions about use. This process can play a vital role in harm reduction, not just for the

person deciding whether to use the drug, but also through providing wider public health information about the drugs in circulation in an area.

7.8 **RADAR** is Scotland's drugs early warning system. Using innovative data collection methods, RADAR validates, assesses and shares information to reduce the risk of drug-related harm by:

- identifying new and emerging harms
- recommending rapid and targeted interventions
- publishing accessible, up-to-date information on services, harms and emerging drug trends, including quarterly reports

8 **Equalities, Staffing and Financial Implications**

8.1 An equality impact assessment is not required in relation to this report as this is an initial report providing follow up information in relation monitoring of drug and alcohol deaths.

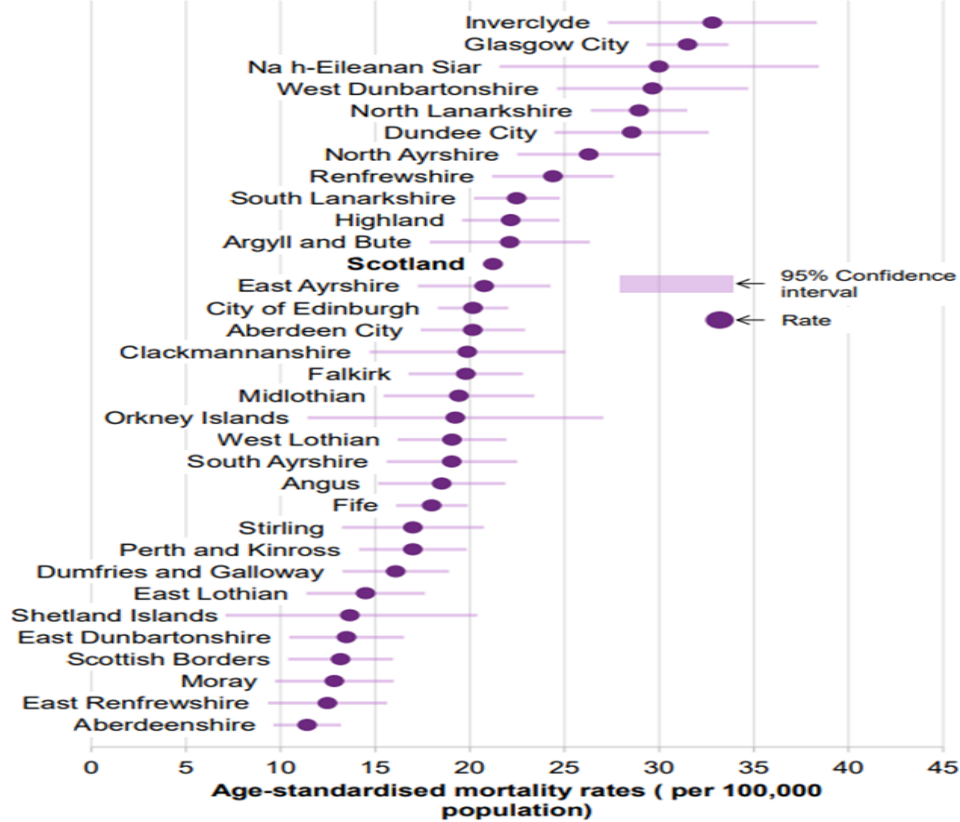**Jeff Shaw, Partnership Manager (North)**
Aberdeenshire Health and Social Care Partnership
Report prepared by Gillian Robertson, Project Manager Drugs and Alcohol Service

Appendix 1 – Alcohol data

Appendix 2 – ADP response to licensing Board

Figure 6: Age-standardised mortality rates in council areas, 2018-2022 average

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The table above provides information on the Local Authority areas in relation to alcohol specific deaths by 100,000 population. This shows that Aberdeenshire have the lowest rates of all areas and indicate that this has minimal variance.

Scotland wide figures below suggest an increase in Female deaths. In Aberdeenshire gender responsive service delivery to women has developed in relation to drug harm will be extended to women affected by alcohol. Currently the notification of all alcohol specific deaths is not received so we are not aware of the gender breakdown

Figure 2: Age standardised mortality rate for alcohol-specific deaths, by sex, 1994-2022
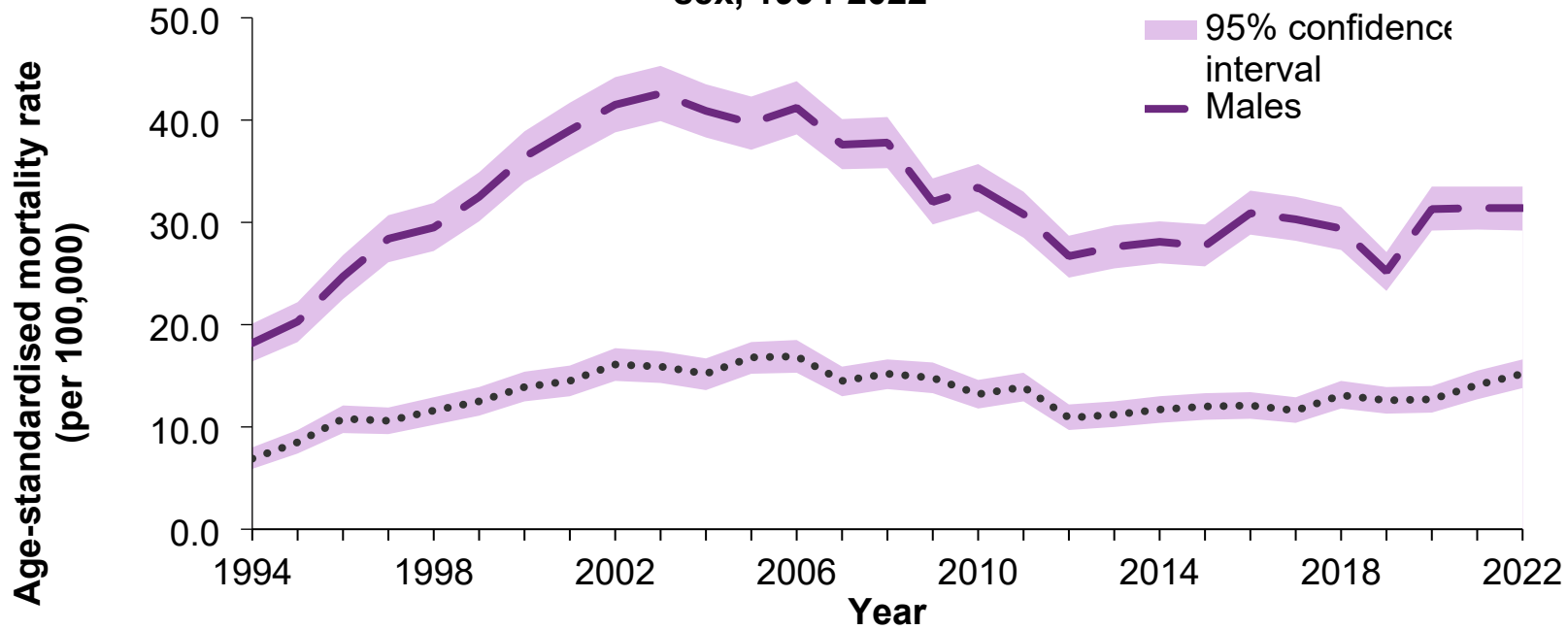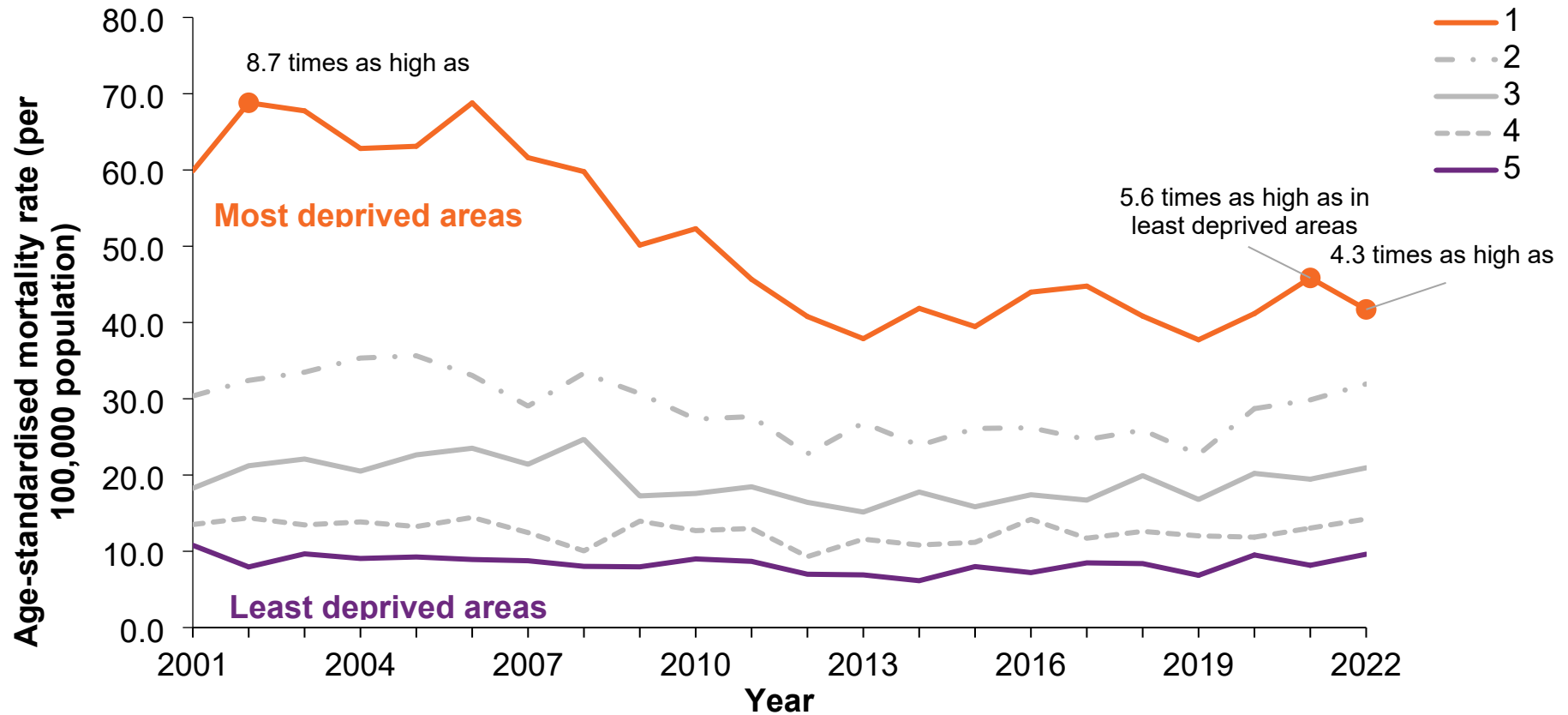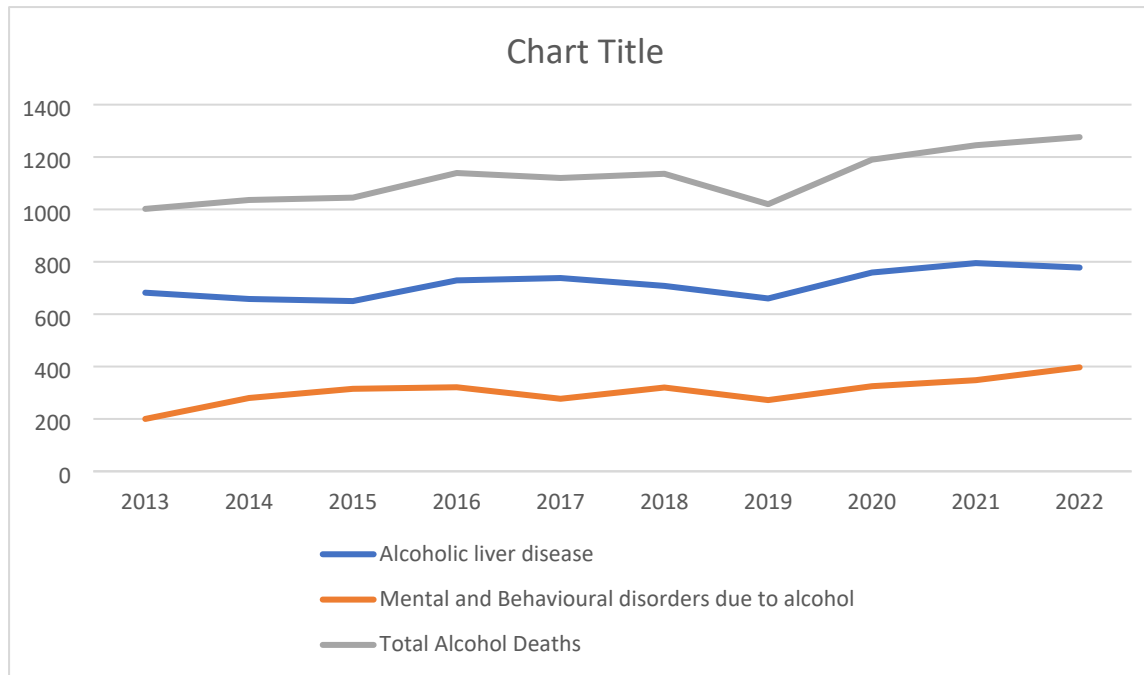
Figure 7: Age-standardised mortality rates in SIMD quintiles, 2001-2022

The most deprived areas record most deaths and these have reduced in the last year. This chart suggests other SIMD categories are increasing. In 2002 Alcohol specific deaths from people in the most deprived areas were 8.7 times as high as the least deprived areas. In 2022 this rate reduced to 4.3. For Aberdeenshire this tells us that our reach for engagement into service needs to be equitable inclusive of areas of least deprivation. Minimum Unit Pricing might have had an impact on reducing the numbers of deaths in the most deprived areas. Having details of all Alcohol related deaths would also help identify areas of deaths and understand the Aberdeenshire picture.

Chart Title

61% of all alcohol deaths in Scotland were recorded as Alcohol liver disease

31% of all alcohol deaths were recorded as mental and behavioural disorders and 62% of these were recorded as alcohol dependence syndrome, this has increased year on year from 2020.

We would expect Aberdeenshire would have similar percentages as Scotland. In Aberdeenshire it would reduce harm and death if people who are likely to be affected by Alcoholic liver disease or mental and behaviour disorders are identified at an earlier stage and referred into service.

Appendix 1 Data re Alcohol specific deaths

Aberdeenshire No of Alcohol Specific deaths 1994-2022-showing all years

Appendix 2
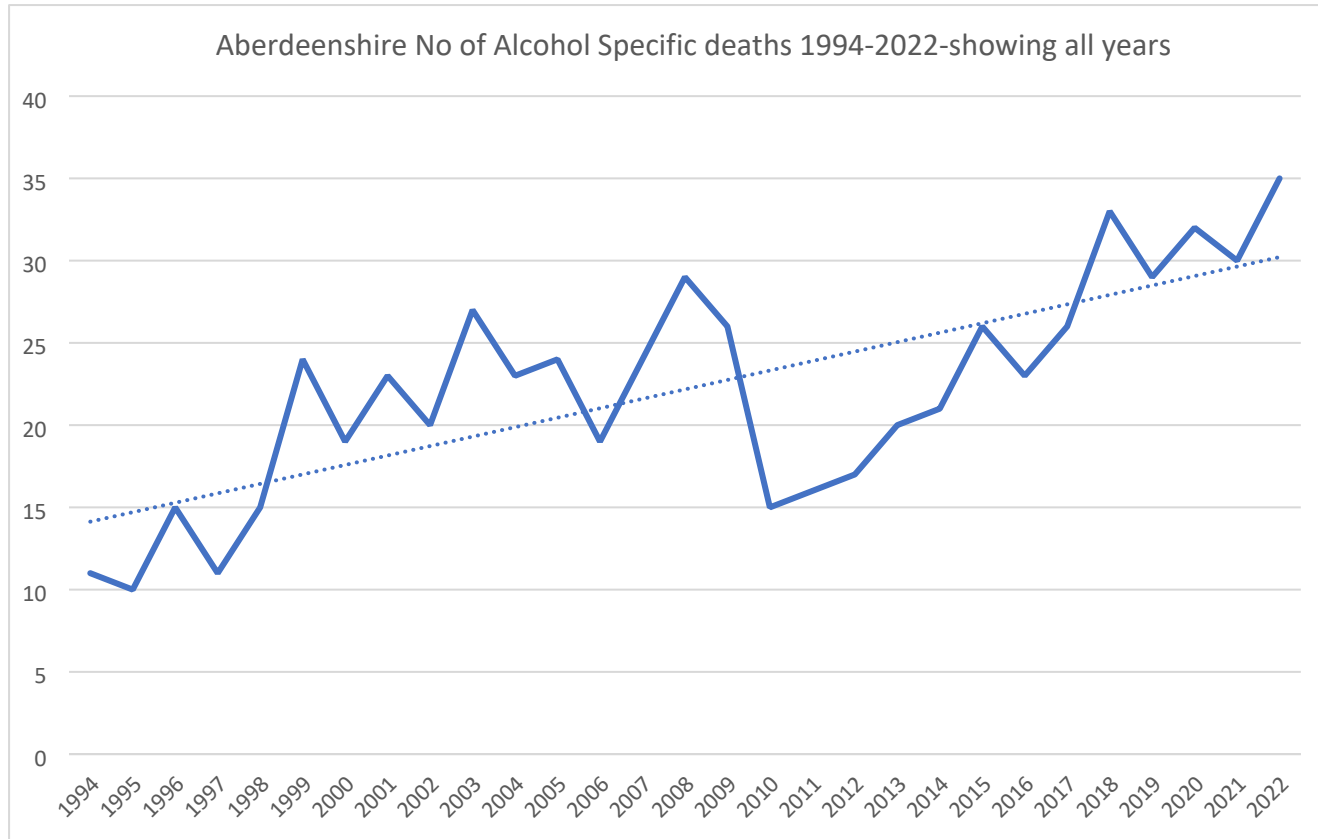
Aberdeenshire ADP response
to Alcohol Licensing Board

1   Recommendations

1.1 The Aberdeenshire Licensing Board (LB) is recommended by the Aberdeenshire Alcohol and Drug Partnership (ADP) to:

    1) Recognise the validity of the alcohol-related health and wellbeing concerns raised and act on these by improving the ability of Licensing Policy to reverse the continuing increase of avoidable alcohol harms in our communities.

    2) Include within the policy consultation the policy interventions below, proposed and endorsed by the ADP.

2   Background

2.1 Aberdeenshire LB has invited partners to provide evidence-based suggestions for changes to Aberdeenshire's licensing policy that could be considered as part of the LBs licensing policy review and consultation.

2.2 Aberdeenshire ADP comprises a wide range of stakeholders with considerable expertise across all aspects of the substance use agenda, including community representatives, specialist third sector providers, representatives of criminal justice, community pharmacy and NHS public health. The ADP also benefits from extensive influence and guidance from the local community via volunteers such as the ADP Vice-chair, the chair and members of the ADP Lived and Living Experience sub-committee, three community-led Community Forums and more than 18 active community peer-support groups.

2.3 Aberdeenshire IJB has responsibility for services designed to improve the health and wellbeing of people in Aberdeenshire whilst having regard for National Health and Wellbeing Outcomes including reducing health inequalities. Aberdeenshire IJB has delegated Aberdeenshire ADP to reduce

substance use related harms and inequalities, including those arising from alcohol consumption, across all communities in Aberdeenshire.

2.4 The LB shares common purpose with the ADP and IJB in having a lead role in reducing harm from the supply and sale of alcohol in line with the five [statutory Licensing Objectives](#) designed to secure and improve public health and safety. Local licensing policy guides the LB's licensing decision making. Given the importance of ensuring that the decision-making processes around alcohol licensing meets these objectives, the ADP are keen to help ensure that the current statutory revisions to Aberdeenshire's statement of licensing policy are fit for purpose to respond to changes in the patterns of alcohol consumption behaviours.

3   Aim

3.1 The purpose of this paper is to offer Aberdeenshire LB suggestions for inclusion in the forthcoming Aberdeenshire licensing policy consultation.

4   Introduction

4.1 The [World Health Organisation advises](#) that there are three gold-standard evidenced strategic responses proven to minimise levels of alcohol related harm in a community and liberate economic gains:

- Price

- Marketing

- Availability

4.2 Aberdeenshire only has control of one of these policy instruments.

4.3 Regulation of price is a national function via policies such as Westminster's excise duty rates and Holyrood's minimum unit pricing policy. The [University of Sheffield has estimated](#) that cuts and freezes to alcohol duty from 2012-2019 have led to over 250 additional deaths and 4,500 hospital admissions in Scotland. [Public Health Scotland](#) found that minimum unit pricing has contributed to a 3.6% net reduction in off-trade sales. Nevertheless, alcohol is [currently 78% more affordable](#) than it was in 1987 and adults in Scotland [consume on average 18.1 units](#) of alcohol per week, 30% higher that the weekly limit currently promoted by the Chief Medical Officer.

4.4 Regulation of harmful alcohol marketing is currently undertaken via industry self-regulation by the Portman Group. Some consider such self-regulation to be insufficient. The Scottish Government recently launched a consultation to introduce regulation to restrict alcohol marketing, in response to the significant harms caused by alcohol in Scotland.

4.5 Regulation of alcohol availability is exclusively a local function through the policies and decisions of LBs. The opportunity to influence LB policy is therefore a rare once-in-5-years opportunity to fundamentally address the level of alcohol related harm by regulating the availability of alcohol supply in our communities.

4.6 In practice LBs have the challenging job of balancing a range of competing interests within a framework of statute, civil precedent, professional lobbying and the risk of their decisions being appealed in court. It is therefore critical that bodies such as ADPs provide LBs with advice, evidence and backing to enable them to formulate policy that is effective and legally defensible in support of the licensing objectives.

5   Situation Assessment

5.1 Alcohol consumption is a significant driver of ill-health in Aberdeenshire and has been a public health challenge for decades. Preventing alcohol related harm is one of Scotland's 6 national public health priorities and requires an influential Licensing Policy response.

Inequalities

5.2 The recent Scottish Health Survey found that 23% of adults drink at a hazardous or harmful level and for men aged 35 to 75, this rises to nearly a third. 9% of respondents said that they have had problems with their alcohol use. Such consumption significantly contributes to avoidable mortality rates and a wide range of morbidities, such as seven types of cancer and liver disease. These disease groups all exhibit high levels of health inequality. Even moderate levels of consumption can contribute to ill-health conditions like stroke in young adults or life-long Foetal Alcohol Spectrum Disorders (FASD) experienced when alcohol is consumed during pregnancy. It is

estimated that 3-5% of people in Scotland could be living with FASD. There are systemic reasons why these officially acknowledged diagnosis rates are likely to be significant underestimates.

Alcohol Specific Deaths

5.3 Alcohol specific deaths (those deaths that are exclusively caused by alcohol consumption), offer a proxy and baseline measure for the wider range of alcohol related mortality, not to mention hospital admissions, morbidity and its consequential impact on family's lives, the economy and health and social care and other public services. At a population level, Alcohol-attributable deaths (where alcohol is a contributory factor), account for 6.5% of all deaths and more than 1 in 4 of these are due to cancer.

Alcohol Specific Deaths
(National Records of Scotland)
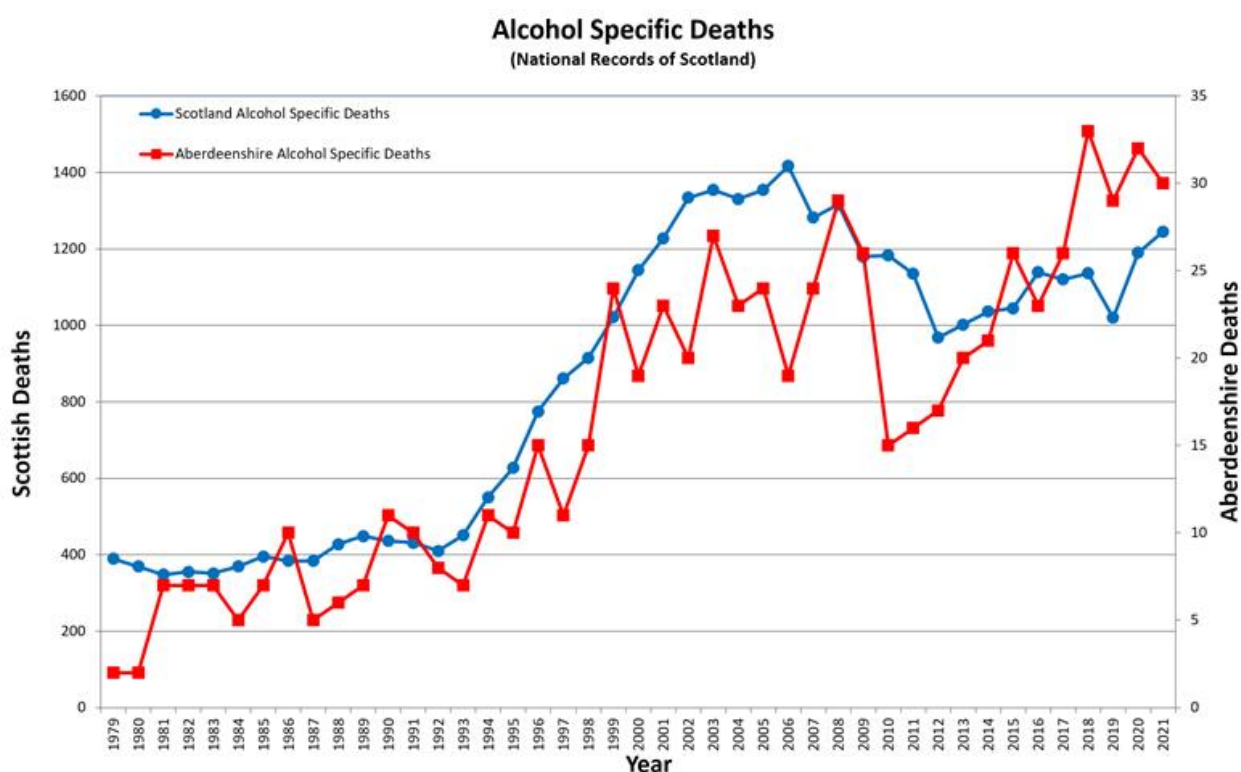
5.4 In 2021, 1,245 people died from alcohol-specific causes in Scotland which was a 5% increase from 2020, and the highest number of deaths since 2008. These deaths were 5.6 times more likely in areas experiencing the greatest deprivation. The Scottish government now classifies alcohol harm and its associated inequalities as a public health emergency alongside drug related deaths. Nevertheless, alcohol related deaths have yet to attract the

same level of media profile or ministerial attention as drug related deaths. It is only a matter of time before this changes.

5.5 During the same period, there were 30 alcohol-specific deaths registered in Aberdeenshire. This was a welcomed decrease of 9% (2 deaths) compared with 2020 but insufficient to turn around the substantial increases from the preceding decade. There were 15 alcohol specific deaths in Aberdeenshire in 2011 meaning the level of alcohol related harm in Aberdeenshire has doubled in 10 years. It is noteworthy that the affordability of alcohol in real terms (due to the above noted alcohol duty freezes in this period) have closely paralleled the rises in mortality across all of Scotland and the UK.
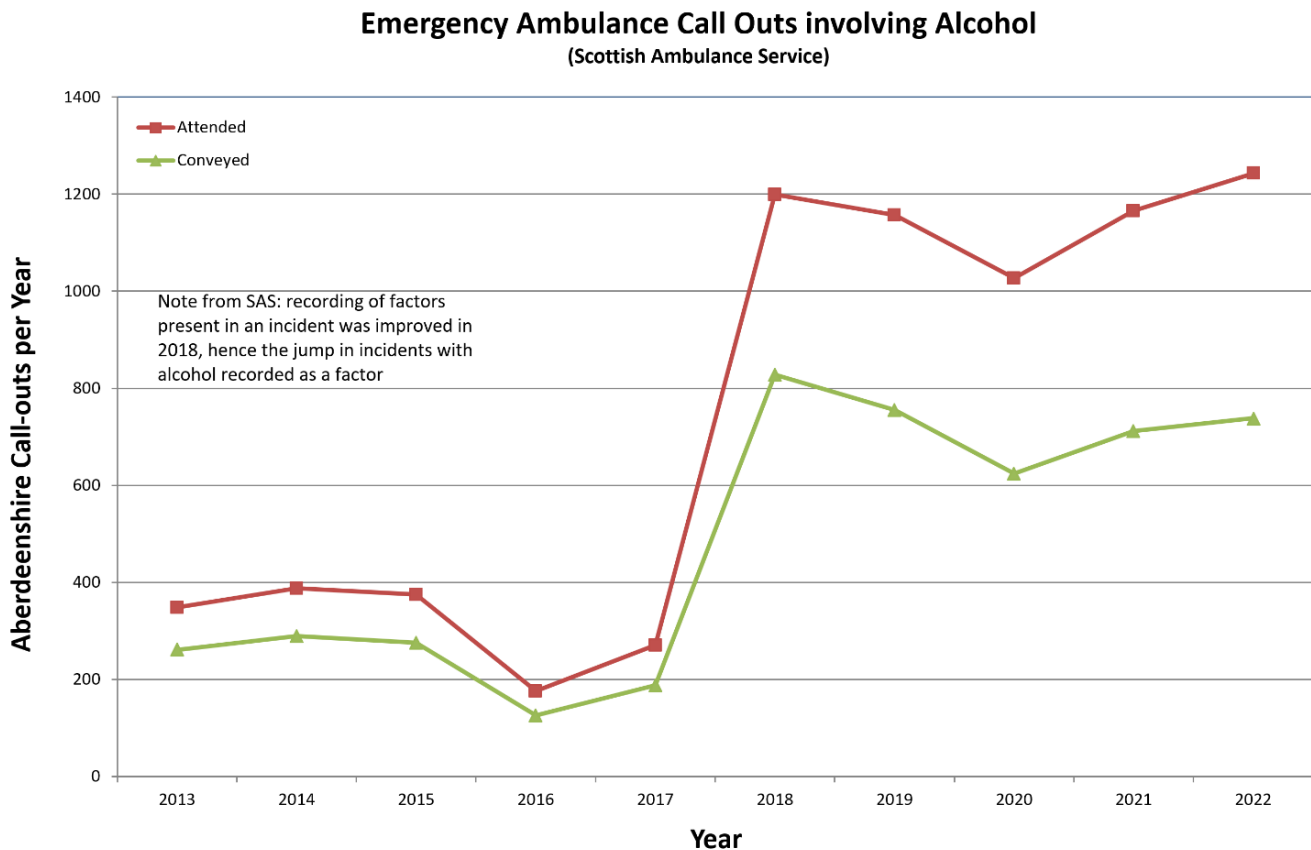
Hospital Admissions

5.6 Standardised rates of admission to hospital from alcohol cirrhosis in Aberdeenshire has doubled in 10 years.

Alcohol-related Hospital Statistics
Local Authority: Aberdeenshire

Aberdeenshire
ALD - Cirrhosis (General acute)
European Age-Sex Standardised Rates (EASR) per 100,000 population
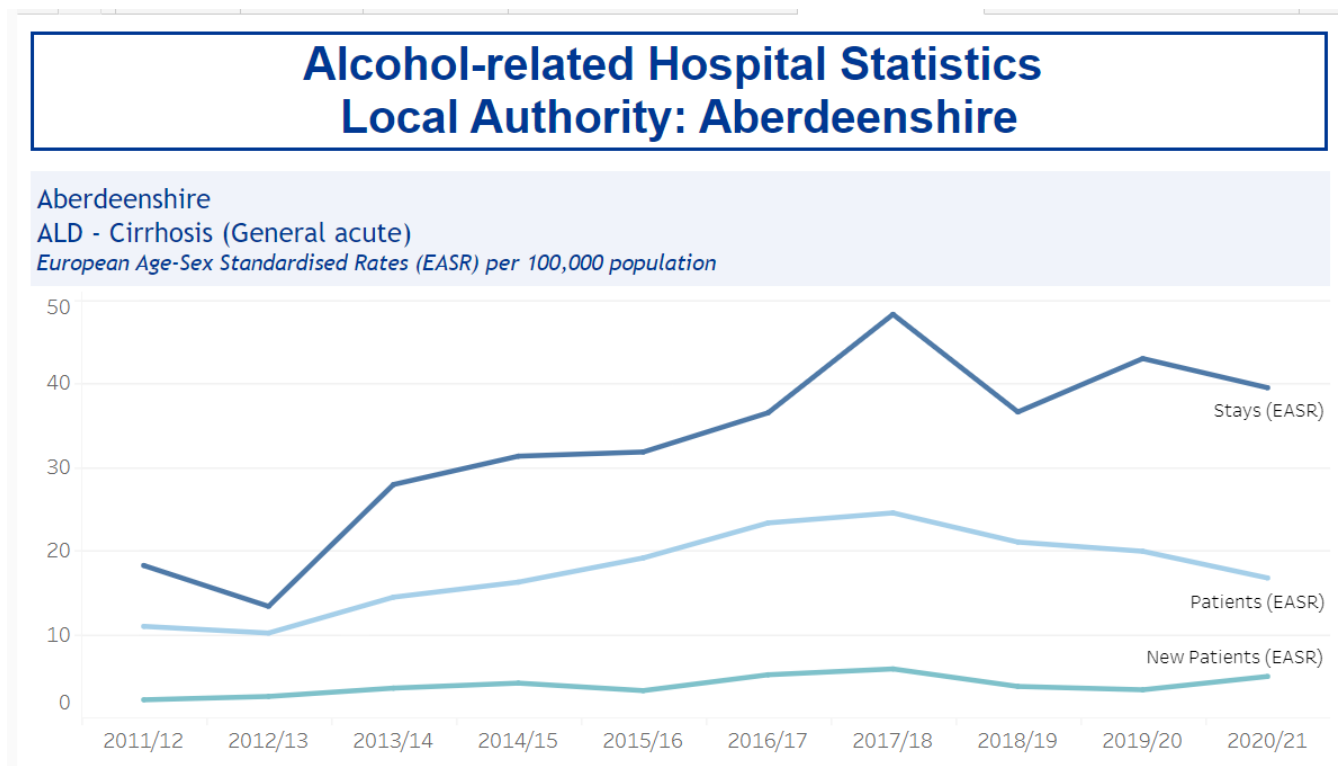
Ambulance Call-outs

5.7 The rate of ambulance call-outs in Aberdeenshire where alcohol was a factor reflects a similarly increasing pattern. So far this year, 5.5% of all call-outs record alcohol as a factor.

Emergency Ambulance Call Outs involving Alcohol
(Scottish Ambulance Service)

Note from SAS: recording of factors present in an incident was improved in 2018, hence the jump in incidents with alcohol recorded as a factor

Violence, Disorder and Antisocial Behaviour

5.8 Police Scotland data is indicative of a clear connection between consumption of alcohol purchased from on and off-sales licenses, with violence, disorder and antisocial behaviour. Community safety is directly impacted by alcohol consumption within on sales premises. The unseen costs to emergency organisations can often be impacted further by extended opening hours both in terms of incident management and the additional preventative or contingency resourcing put in place.

5.9 There is therefore significant scope to modify current LB policy to stem or reverse these documented increases in alcohol related harm.

6   Community Views

6.1 LBs have statutory obligations to set policy and make decisions bearing [5 licensing objectives in mind](#), one of which is *'protecting and improving public health'*. Decisions based on other considerations such as alcohol industry job creation would be *ultra vires*. Nevertheless, LBs have to be sensitive to community views.

6.2 In order to gauge these views, the ADP Lead Officer recently surveyed [community representatives](#) and [GPs](#) about their aspirations for LB policy changes. Questions were asked about whether they thought:

- Alcohol causes harm in our community;

- Whether LB policy should be changed; and

- What changes might be attractive.

6.3 These plausible policy interventions were [determined and agreed](#)[1] at the 24 June ADP 2022 ADP Committee meeting following discussions with communities and other partners.

6.4 At the time of writing this report, 8 GPs and 113 community members had responded with overall results displayed below. A breakdown of how people responded based on various demographics and backgrounds (including a significant proportion employed in the alcohol sector) is available in Appendix A.

Results

6.5 Only 4% of respondents thought that alcohol did not currently harm our community.
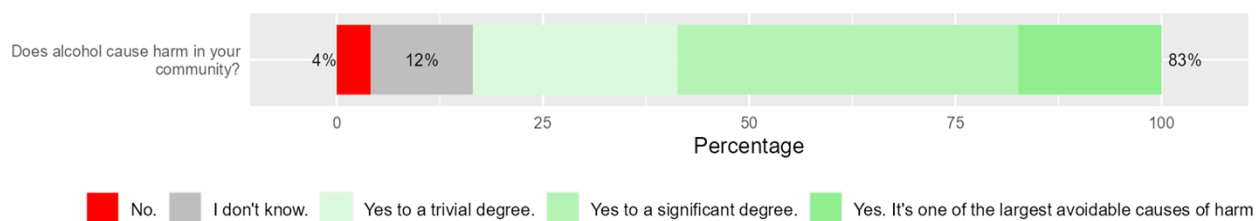
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[1] Access to the ADP Teams Directory is required. This can be obtained [by clicking here](#).

6.6 74% of people thought that LB policy should be strengthened, with the majority saying it should be substantially strengthened.

Should licensing policy be strengthened?

Percentage	
13%	74%

Legend:
- No. Leave things as they are. (red)
- I don't know. (grey)
- Yes. The policy should be gently tweaked if possible. (light green)
- Yes. The policy must be substantially strengthened. (green)
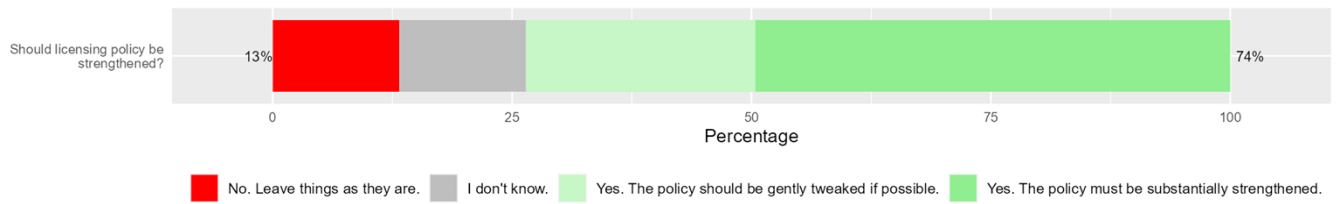
6.7 All of the policy proposals offered for consideration had more support for than against. The least well supported proposal had only 17% against and the most supported only 4% against:

	Strongly against	Against	Don't Know	In favour	Strongly in favour

Better regulate the online purchase and delivery of alcohol to minimise harm to children and young people. — 4% / 18% / 78%

Require licensed premises to minimise alcohol harm by supporting health improvement measures. — 4% / 19% / 77%

Ensure the views of the public and health professionals strongly influence licensing decisions. — 2% / 22% / 76%

Don't just look at potential harm from an individual outlet but consider the total impact of multiple outlets on a community. — 3% / 22% / 74%

Health and safety of communities should be the primary concern of Licensing Boards rather than promotion of economic activity. — 6% / 21% / 74%

Policy conditions for off-sales premises should be as rigorous as that for on-sales premises. — 5% / 24% / 71%

Ensure off-sales alcohol is displayed furthest from the venue entrance. — 5% / 26% / 69%

Licenses allowing 24-hour or extended-hour drinking should not be issued. — 9% / 23% / 68%

There are enough off-sales licenses. No more should be issued unless an applicant can demonstrate why they should be an exception. — 10% / 24% / 66%

Reduce on-sale periods after midnight by at least 1 hour per day. — 11% / 32% / 57%

Reduce off-sales alcohol shelf displays by at least 10% visible space. — 10% / 34% / 56%

Licenses should not be issued in those communities suffering the greatest harms from alcohol. — 12% / 34% / 54%

There are enough alcohol outlets in Aberdeenshire. No more licenses should be issued. — 12% / 36% / 52%

Off-sales hours per day should be less than 10 am to 10 pm. — 19% / 32% / 49%

Reduce off-sale periods by at least 1 hour per day. — 17% / 35% / 48%

Percentage

7 Discussion

7.1 A relatively large survey of the community and a small snap-shot of GPs has dramatically illustrated the community's concern about the harmful impact of alcohol in Aberdeenshire in line with the documented increases in alcohol related harm witnessed in Aberdeenshire. The results demonstrate the community's expectation that current LB policy be significantly strengthened by implementing a variety of policy interventions to reduce the growth in alcohol specific deaths over the last 10 years.

7.2 These views should give the LB confidence to include the following policy proposals in their draft policy to enable stakeholders to consider them during the consultation:

- **Better regulate the online purchase and delivery of alcohol** to minimise harm to children and young people. The role of the LB on such matters should be to work in a collaborative way, using such powers that it may have and lobby appropriate national forums for such change.

- **Require licensed premises to support health improvement measures.** Help on-sales establishments be part of the solution by requiring them to support health improvement interventions. Additionally, the LB should direct Local Authority Licensing Officials to seek health improvement and harm reduction measures as an appropriate component of sanctions relating to any infringement of licence conditions.

- **Ensure the views of the public and health professionals strongly influence licensing decisions**. Give public and professional sentiments from people who live and work in our community's sufficient weight and do not dismiss those views as 'mere anecdote'. Decisions should not be made on the basis of precedence or economic benefit alone, but a holistic assessment moderated by community and health-based impacts should also be taken.

- **Consider the total impact of multiple outlets on a community** rather than on a license-by-license basis. Recognise the concept of

'cumulative impact' on a community from multiple alcohol outlets rather than seeking proof that alcohol harm is attributed to a particular license. A significant part of the rationale here should include the acknowledgement that alcohol harms along with availability are clustered in areas of relative economic disadvantage. As a result, it would be irresponsible not to require a higher standard of scrutiny for any new licence or increased availability in an already socially disadvantaged area.

- **Health and safety of communities should be the primary concern** of LBs rather than the promotion of alcohol-related economic activity. Recognise that promotion of alcohol based economic activity is not a statutory function of the LB or a statutory licensing objective.

- **Upgrade licensing conditions for off-sales premises.** Policy conditions for off-sales premises should be as rigorous as that for on-sales premises. Recognise that those with addiction predominately purchase alcohol from off-sales premises, often with little responsible intervention or regard given to those clearly presenting with addiction. Additionally, recognise the shifting national culture of pre-loading and greater 'at home' consumption and the wider implications of this shift including domestic violence, which is known to be associated with increased alcohol consumption in the home; most of which can be hidden from view.

- **Ensure off-sales alcohol is displayed furthest from the venue entrance.** A consistent message from community members in sustained recovery from alcohol is how difficult it is to purchase food and items necessary for life when confronted with unavoidable alcohol displays.

- **Don't issue 24-hour or extended-hour drinking licenses.** Conclude that there are no exceptional circumstances that justify licenses that allow 24 hour or extended-hour drinking.

- **There are enough off-sales licenses.** Adopt a policy presuming against the award of off-sales licenses unless the applicant can demonstrate why they should be an exception, for example by

demonstrating that community and health impacts would be mitigated or not occur.

- **Reduce on-sale periods after midnight by at least 1 hour per day** for new applicants and for current licenses on renewal.

- **Reduce off-sales alcohol shelf displays by at least 10% visible space**. Retailers could achieve this by reducing shelf-utilisation for alcohol or diverting existing space to low or no-alcohol alternatives.

- **Communities suffering the greatest harms from alcohol should be protected from new licenses being awarded.** Conclude that awarding alcohol sales licenses in the areas experiencing or vulnerable to the greatest harm would be inconsistent with the statutory licensing objective to protect and improve public health.

- **There are enough alcohol outlets in Aberdeenshire.** No more licenses should be issued. Conclude that a state of alcohol-outlet overprovision has been reached in Aberdeenshire.

- **Off-sales hours per day should be less than 10 am to 10 pm.** Accept that off-sales hours of 10 am 10 pm are maximum allowable hours under the law and not a minimum.

- **Reduce off-sale periods by at least 1 hour per day** for new applicants and for current licenses on renewal.

8   Conclusions

8.1 It is acknowledged that the Aberdeenshire LB has a difficult task in achieving the statutory licensing objectives and consequently a reduction in the alcohol related harms summarised in this report. It is hoped that the support of the ADP provides the LB confidence to incorporate our recommendations into their draft consultation licensing policy.

Avril Nicol

Chair

Aberdeenshire ADP

Jan 2023

9   Appendix A: Results Breakdown

9.1   Respondent demographics:
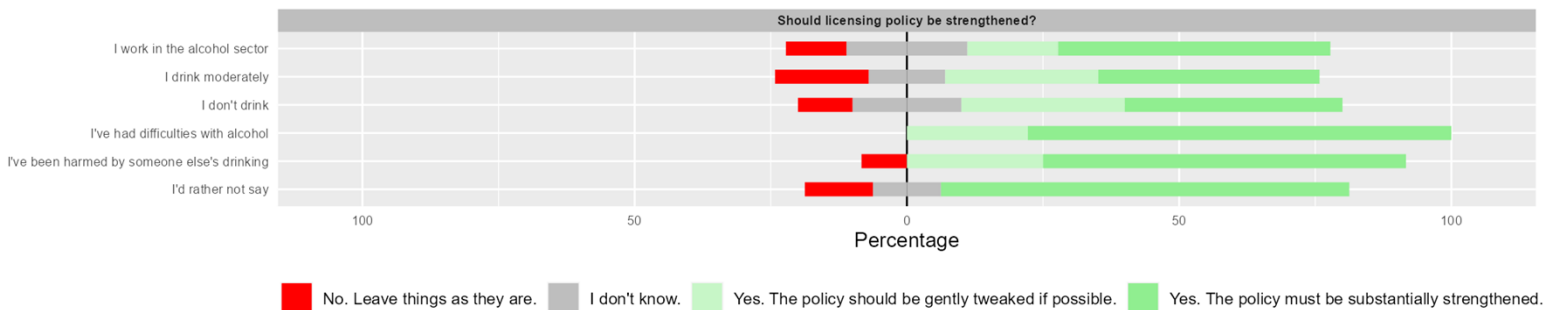
Gender	Count
Unknown	5
Female	87
Male	29

| Respondent Characteristic	Count
I've been harmed by someone else's drinking	12
I've had difficulties with alcohol	9
I don't drink	10
I drink moderately	64
I work in the alcohol sector	18
I work in General Practice	8

9.2   Views on whether alcohol causes harm to our community.
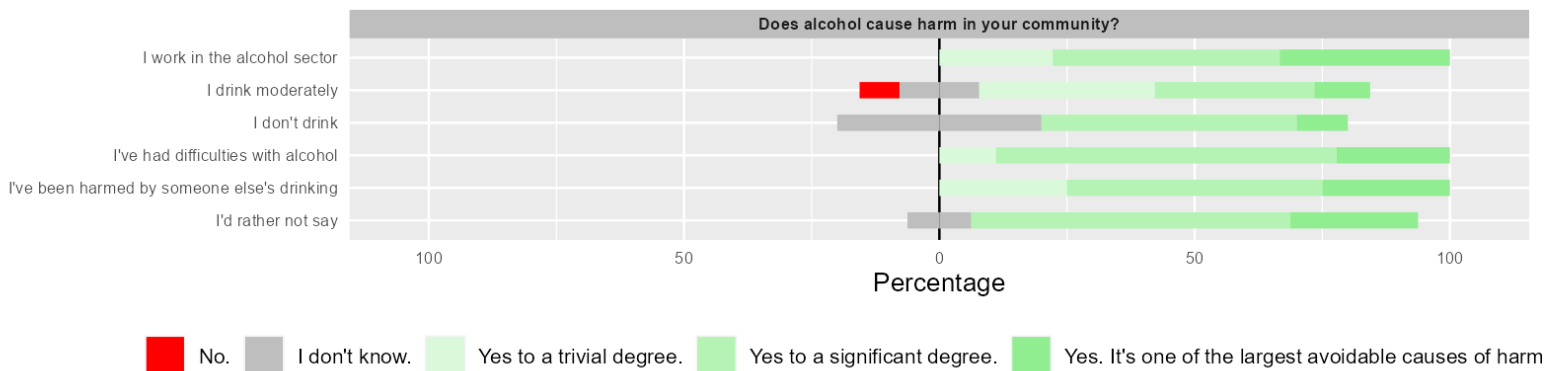
9.3   Views on whether LB policy should be changed.

9.4 Views on policy by respondent category.

Aberdeenshire
Health & Social Care
Partnership
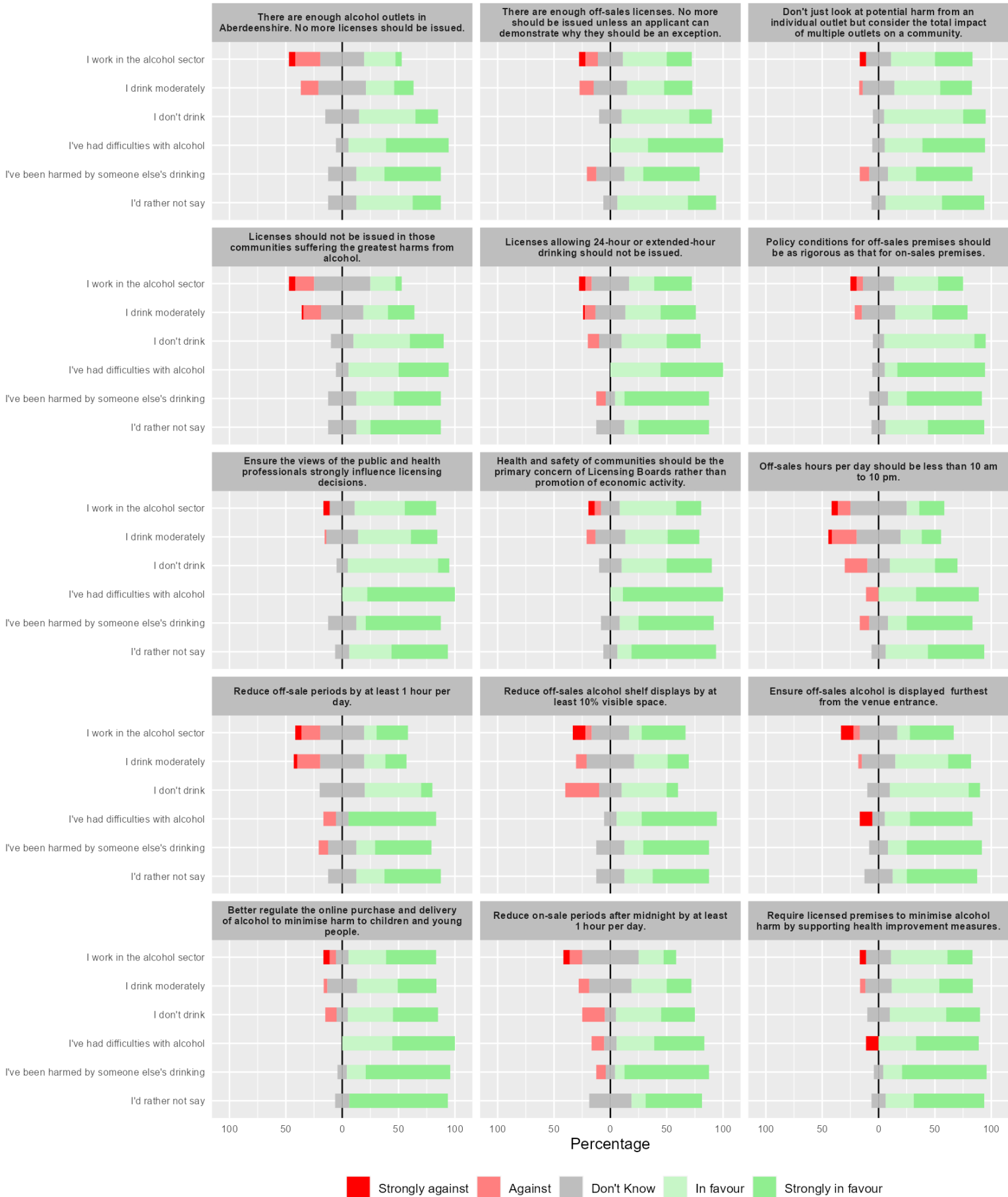
**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
11 OCTOBER 2023**

**WINTER PLANNING 2023/24 AND DELAYED DISCHARGE PERFORMANCE
AND RESPONSE**

1   Recommendation

It is recommended that the Integration Joint Board (IJB):

1.1   **Notes and provides comment on the preparations being undertaken by
the Aberdeenshire Health and Social Care Partnership (AHSCP) with
respect to winter planning for 2023-24.**

1.2   **Acknowledges and provides comment on the current position and work
underway by the AHSCP to support a reduction in Delayed Discharges
and enable maximisation of capacity through winter.**

2   Directions

2.1   No direction requires to be issued to Aberdeenshire Council or NHS Grampian
as a result of this report.

3   Risk

3.1   IJB 8 – Risk of Failure to deliver standards of care expected by the people of
Aberdeenshire in the right place at the right time. By working closely with
partners across the health and care system including the third and
independent sectors we will maintain essential and safe services for the
people of Aberdeenshire and mitigate risks associated with increased
pressure and demand.

4   Background

4.1   In March 2023, the Chief Officer requested that work be undertaken to
understand the effectiveness of the actions taken by the AHSCP last winter
so that key lessons could be learned to in turn support planning for winter
2023/24. This followed a period of sustained and significant pressure on the
health and care system extending beyond the traditional winter period of
higher demand. This report provides an overview of the outputs from that
debrief and associated work being undertaken on a Grampian-wide basis to
support our preparedness and reporting to Scottish Government.

4.2   At its meeting on 23 August 2023, the IJB requested further information on
the HSCP's performance and actions in relation to the management of
Delayed Discharges. This report includes the response to this request
reflecting the interconnectedness of these issues and requirement for our
winter planning to incorporate close oversight and scrutiny of Delayed
Discharges as a key performance metric monitored both locally and nationally
and how we plan to maximise capacity and support patient flow through the
winter period.

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5 Summary

5.1 In May and June of this year, the AHSCP engaged with colleagues from across all health and social care services to gather views on the effectiveness of winter plans last year and priorities for winter 2023/24. The following stakeholder engagement events relating to winter planning were conducted with staff:

Winter Planning Survey	19.05.23 - 30.05.23	A survey shared with wider teams, both operational and managerial looking at AHSCP plans last winter.
Winter Debrief and Planning Workshop	13.06.23	Workshop to discuss the effectiveness of last year's winter plans, the priorities and actions required this coming winter.
Health, Social Care and Sports Committee Survey on Winter Planning 2022/23	15.06.23 – 30.06.23	A survey supporting the HSCP's response to a short inquiry with the aim of reviewing the effectiveness of the Scottish Government's winter plans last year and informing recommendations for this coming winter.

5.2 Responses received from the Winter Planning Survey were used to inform the agenda for the Winter Debrief and Planning workshop which was held in June 2023. The primary outcome of the workshop was to review last year's winter surge and resilience plans and produce initial outputs for consideration moving into this winter. Representatives from AHSCP's senior and operational management teams and Aberdeenshire Voluntary Action were invited to attend. Following the conclusion of the engagement activities detailed above the following emerging themes were identified.

Patients and Capacity
- Maximising use of capacity via interim beds, care home placements and respite. Ensuring clear public messaging in the run up to and throughout winter, improved assessment pathways and increased rehabilitation opportunities for patients where possible.

Staffing
- A robust winter staffing plan focusing on the recruitment and retention of staff across HSCP services with particular focus on posts that are hard to recruit to, as well as increasing supportive measures, promoting staff health and wellbeing through the use of supervision, wellbeing programmes and continuation of the staff vaccination programme.

Collaborative Working
- Working collaboratively with communities, the voluntary sector and wider partners/colleagues to ensure early planning, increased understanding and improved joint working. Increased awareness of the availability of third sector initiatives and clear communication across all levels of services, supporting positive working relationships.

Procedures, Systems and Planning
- Ensuring a clear proactive plan of what services can be stepped down or diverted in time of extreme pressure, continued local resilience planning and robust risk assessments. Minimising duplication and supporting staff autonomy where possible, particularly in times of pressure.

Buildings, Maintenance and Equipment
- Ensuring buildings are winter ready and improved pathways for accessing equipment, supporting staff working in remote and rural locations through existing measures (i.e. pool cars fitted with winter tyres).

5.3   Further work is underway to identify and prioritise the main areas of focus for this coming winter based on the initial outputs. This work rests over and above the existing contingency plans and long-standing measures and arrangements in place within the HSCP building on its winter and surge resilience plans last year and daily reporting as part of the Grampian Operational Pressure Escalation System (G-OPES), to ensure our readiness to respond to increased system demands (reflecting the IJB's responsibilities as a Category 1 responder under the Civil Contingencies Act (CCA) 2004).

5.4   These themes from the debrief will also be mapped against the areas of activity being progressed through Grampian wide planning arrangements for winter following agreement to work collaboratively with all partners as a whole system on the preparation of a Grampian Winter Contingency Plan. The aim is to reduce duplication and support greater connectedness of planning and effort, building on existing local initiatives and improvement work in place through the NHS Grampian Unscheduled Programme Board, with a particular focus on how we can support and where required increase capacity across Grampian to optimise patient flow through efficient and effective discharge processes.

5.5   This reflects and will support our response to the Scottish Government's ask of NHS Boards and HSCPs to work collaboratively on the completion of a '*state of readiness*' checklist for winter 2023/24. The winter resilience priorities set out by the Scottish Government in development of its Winter Plan are as follows:

1. *Where clinically appropriate, ensure people receive care at home, or as close to home as possible.*
2. *Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to better manage their own health and care, and that of their families.*
3. *Support delivery of health and social care services that are safe and sustainable.*
4. *Maximising capacity and support wellbeing of our workforce to meet demand.*
5. *Protect planned care with a focus on continuing to reduce long waits.*
6. *Prioritise care for the most vulnerable in our communities.*
7. *Work in partnership to deliver this Plan.*

5.6   The checklist requires local health and care systems to assess their preparedness in four key areas underpinned by a range of sub-sections/statements: 1. Overview of Preparedness and Business Continuity; 2. Urgent and Unscheduled Health and Social Care, Planned Care; 3. Primary Care, Mental Health and Social Care; and 4. Health and Social Care Workforce and Staff Wellbeing. AHSCP has participated in the completion of the Grampian checklist with an extract of data attached as at Appendix 1 in relation to those areas relevant to the HSCP.

5.7   Review of the checklists will be incorporated within NHS Boards' quarterly annual delivery plan reviews in quarters one and two. The AHSCP's areas for focus have been informed by and will contribute to our quarterly returns to

Scottish Government using the Whole System Discharge Planning Self-Assessment Tool, through which all local systems must be able to provide assurance as to their current position and actions in place where required to support admission avoidance and facilitate timely discharge. The AHSCP senior management team will also be engaging with the national Whole System Oversight and Planning Group to provide assurance as to the system capacity required to meet the forecast demand for this winter and the impact of the measures and actions we will have in place, recognising our local pressures and impact on delayed discharge performance.

5.8 As regularly reported to the IJB, the HSCP has had to respond to sustained and significant pressure on the health and social care system as a whole and extending beyond winter 2022/23, in particular as a result of workforce pressures affecting Care at Home, Care Homes and Very Sheltered Housing, Community Hospitals, Older People and Physical Disability Care Management, Mental Health Services, Community Treatment and Care Services and Primary Care (General Practice). This has been heightened by the unprecedented impacts of two care home closures in the South Aberdeenshire area alongside major premises issues impacting on community hospital beds in Huntly and Peterhead. All of this combined has made the safe and effective flow of patients and ability to create capacity very challenging, reinforcing the importance of a planned and proactive approach to the winter period.

5.9 Early intervention and prevention approaches will of course be critical working in partnership with Public Health, NHS and local authority partners, the third sector and communities. Central to the system's response will be the continued successful implementation of the Covid and flu vaccination programmes. As a precautionary measure in the Scottish Government's response to the newly identified COVID-19 variant, BA.2.86, as of 1st September 2023 NHS Boards were requested to bring forward the delivery of winter vaccinations to those groups at highest risk from severe COVID-19. The AHSCP vaccination team has reviewed and revised its arrangements as part of the Grampian programme to ensure we can respond to this, identifying vaccinators to commence vaccinations in care homes and for house bound patients, and bringing forward arrangements for allocating additional capacity for vaccination of the 75+ age group and most at risk cohorts.

Delayed Discharges

5.10 A continued area of scrutiny for the AHSCP will be in how we manage and reduce the number and length of delayed discharges within our community and acute sector hospitals. Delayed discharge describes the situation where a hospital inpatient has been assessed as being clinically ready to be discharged from hospital but cannot be discharged. Delayed discharges are of concern due to the potential negative impact on a person's health and wellbeing including an increased risk of loss of functional ability and independence. Delayed Discharge data can provide an indication of how effectively the process for assessment of patients and implementation of

discharge plans is operating but is just one indicator of how well community-based services are meeting the needs of the local population.

5.11 Delays are reported under three main categories:

- Health and social care reasons – Where a person is awaiting appropriate arrangements to be made by the HSCP in order to be safely discharged.
- Patient, family and carer related reasons – This includes delays due to legal reasons and disagreements.
- Code 9 complex reasons – Where discharge arrangements are more complex due to the specific care needs of the person (this includes sub-code reasons of Adults With Incapacity (AWI)).

5.12 Aberdeenshire's performance based on monthly census data since January 2022 is provided below, illustrating the general fluctuating position over the 18-month period but a sustained higher position since winter 2022/23. Place availability and care arrangements consistently dominate sub-code reasons for delays in Aberdeenshire, reflecting our pressures on care home beds and care at home capacity. People who have complex care or dementia care needs generally will wait longest for placements.

Monthly Delays at Census Point, Aberdeenshire HSCP, July 2023
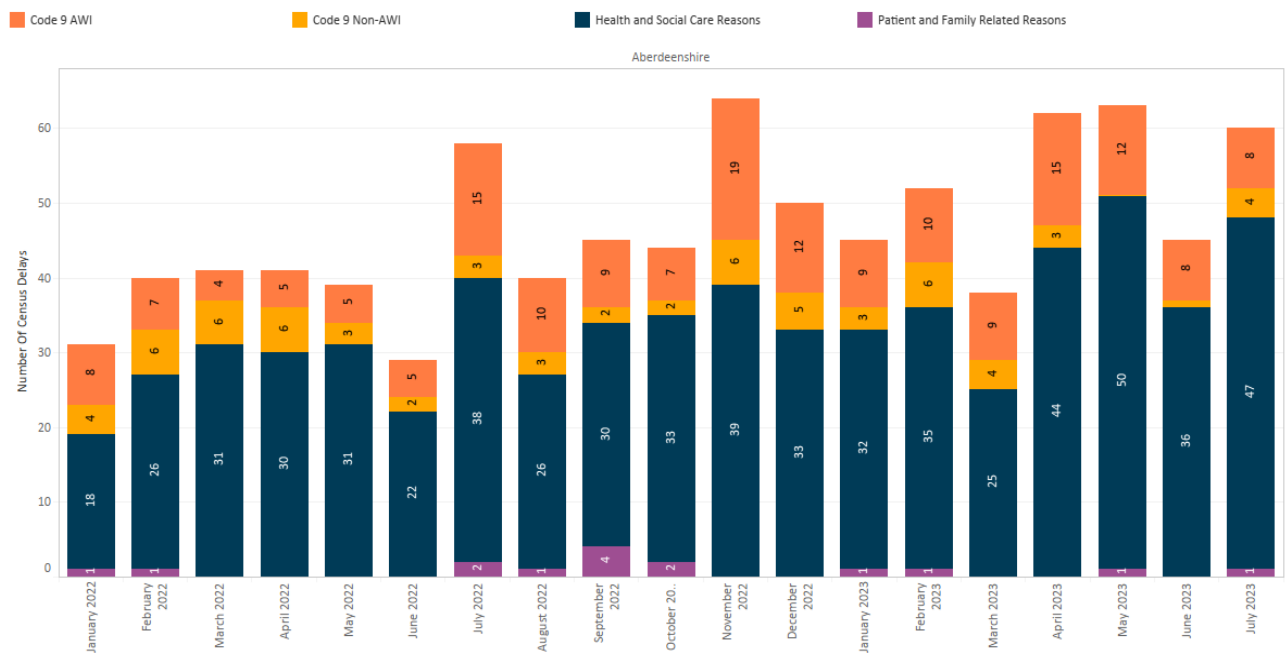
5.13 Aberdeenshire's performance based on monthly census data as compared against the other 31 HSCPs (anonymised) across Scotland is illustrated below.
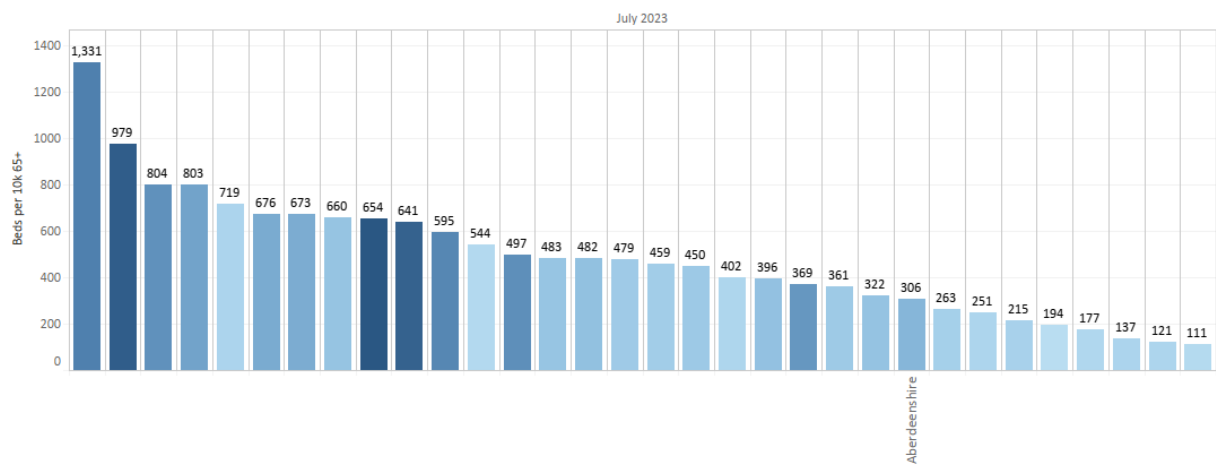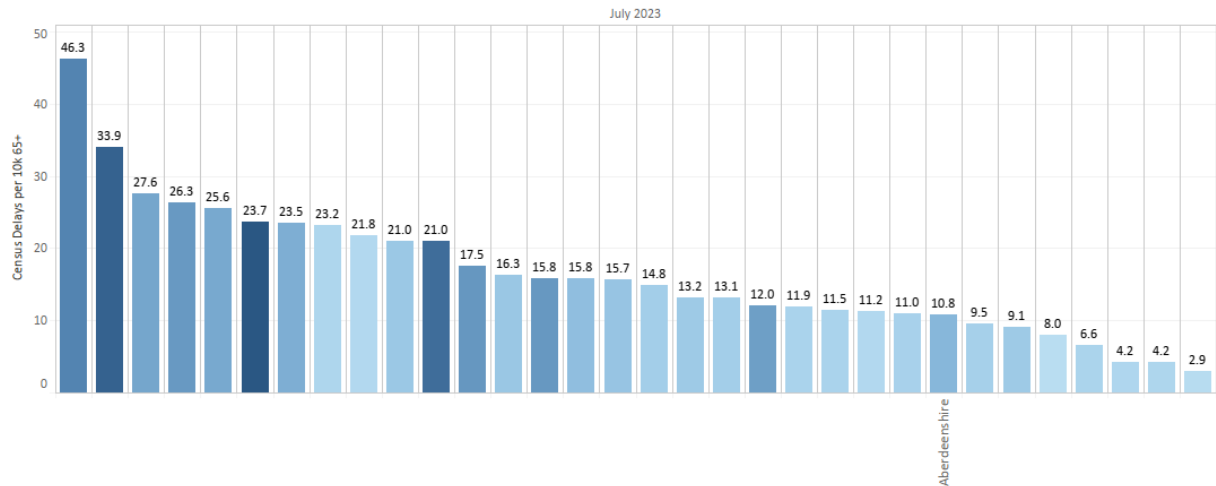
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Monthly Delays at Census Point by HSCP, July 2023
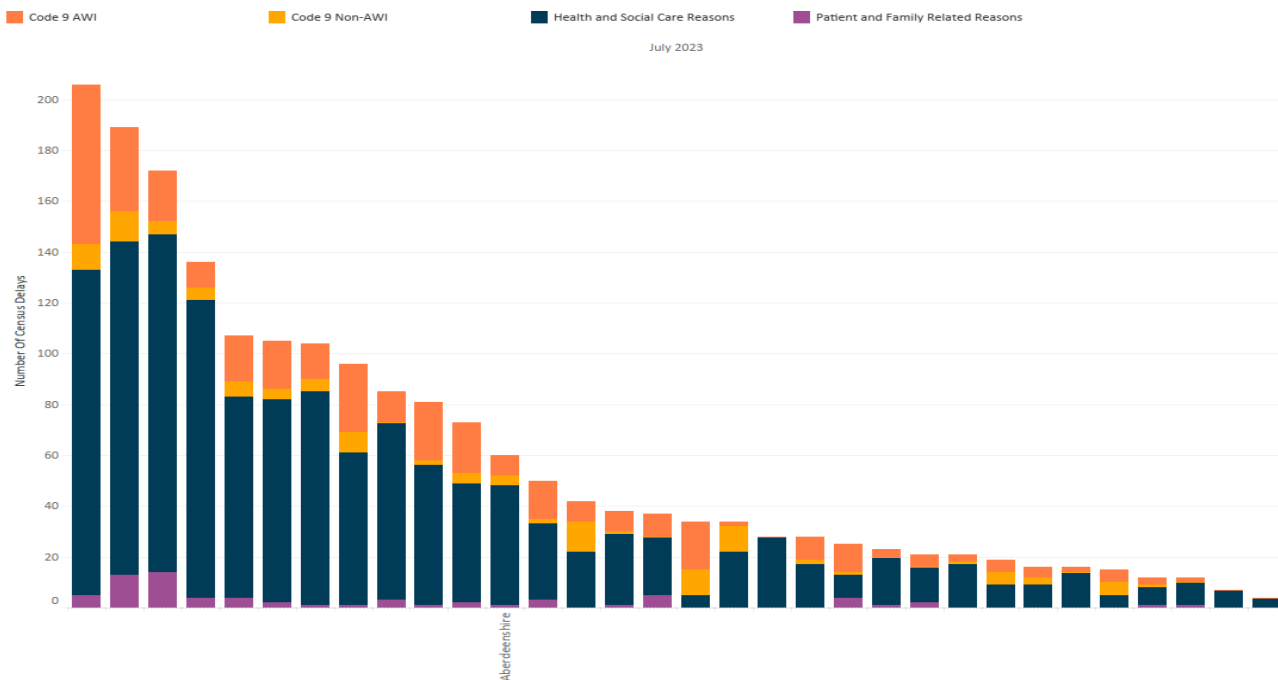
5.14   The AHSCP continues through a variety of measures to monitor and manage our delayed discharges as efficiently as possible - recognising that each of these numbers represents a person whose outcomes have the potential to be detrimentally impacted the longer they remain a delayed discharge - alongside available data on social care assessment, capacity and provision. The data alone will also not reflect the consistent and significant time, effort and resources of local teams in striving to achieve the best outcomes and care for patients who are delayed discharges as well as the many people who continue to be safely supported in the community (minimising unnecessary hospital admission), carers and families through effective multi-disciplinary team working.

5.15   Further analysis by Health Intelligence utilising rates data derived from national sources provides greater context to Aberdeenshire's delayed discharge performance when considered against 65+ population rates.[1] The charts below illustrate Aberdeenshire's position against all other HSCPs in Scotland when considering both total delayed discharges and bed delays at census point (bed delays are the number of days patients spend in hospital after being assessed as clinically read to leave hospital). The darker the bar, the higher the number of people aged 65+ in the area.

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[1] Data sources: Delayed discharges in NHSScotland monthly - Figures for July 2023 - Delayed discharges in NHSScotland monthly - Publications - Public Health Scotland; Scotland's Census 2022 - Rounded population estimates | Scotland's Census (scotlandscensus.gov.uk)

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5.16   In order to be clear as to areas for improvement locally, a workshop was held on 1st August 2023 with the involvement of around 100 practitioners from across Aberdeenshire to review various elements of delayed discharges. This included mapping of current processes from admission through assessment and on to discharge, to determine any variations and identify how pathways can be streamlined.

5.17   The workshop provided the opportunity to recognise what is working well in Aberdeenshire currently whilst acknowledging the challenges and barriers of managing delayed discharges. Practitioners were facilitated to discuss and identify areas for improvement retaining a central focus on how we can improve outcomes for patients. A total of 14 key themes were identified from which a comprehensive action plan has been generated and being considered by the HSCP Senior Management Team to agree support for overseeing the implementation of work required, linking with wider Grampian wide work to ensure collaborative working and reduce potential duplication.

5.18   Whilst the AHSCP will require to focus resource on ensuring operational system processes and resilience measures are in place to support patients, staff and communities through the period of increased seasonal demand impacting on our delayed discharges, this must sit alongside longer-term improvement and transformational redesign work needed to support capacity creation and sustainable models of care.

5.19   The AHSCP's Social Care Sustainability Programme for example is a fundamental plank of our Strategic Delivery Plan with the aim of creating self-improving and sustainable models of care and system delivery to reduce unmet need. The HSCP's Complex Care project is leading work locally in response to the national 'Coming Home' report recommendations to reduce the number of delayed discharges and out-of-area placements for people with learning disabilities and complex care needs.

5.20   This reflects the emerging system wide environment where pressures and demands present as a year-round challenge for health and social care requiring the AHSCP to be agile and able to step up its surge capacity and response to continue to safely provide critical services to the people of Aberdeenshire whilst supporting and ensuring the wellbeing of our workforce.

6   Equalities, Staffing and Financial Implications

6.1   The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6.2   The screening section of the Integrated Impact Assessment was completed as part of the development of this report and no impacts have been identified because the report does not have a differential impact on any groups with protected characteristics. Each individual project relating to Winter Planning and Delayed Discharges will have an Integrated Impact Assessment completed as part of the process.

Pamela Milliken
Chief Officer, Aberdeenshire Health and Social Care Partnership

Report prepared by Kim Anderson, Strategic Development Officer and Angela MacLeod, Interim Strategy and Transformation Manager
13 September 2023

Appendices:

Appendix 1 – Aberdeenshire 'Winter Preparedness' Self-Assessment 2023/24

APPENDIX 1

'Winter Preparedness' Checklist 2023/24 – Aberdeenshire Response as part of NHS Grampian Self-Assessment

Section / subsection	Statement	Aberdeenshire HSCP Narrative
1.3 Overarching principles	Winter planning includes demand, capacity, and activity plans across all health and care delivery (including urgent, unscheduled, social care and planned care provision).	Aberdeenshire HSCP commenced work in March 2023 to review the effectiveness of actions taken by the AHSCP last winter, to inform planning for winter 2023/24. Winter Debrief and Planning workshop was held in June 2023, to review last year's winter surge and resilience plans and identify key areas for focus moving into this winter. Winter planning for this year continues to incorporate close oversight and scrutiny of delayed discharges as a key performance metric monitored both locally and nationally and how we plan to maximise capacity and support patient flow through the winter period, whilst maintaining critical service provision in relation to urgent and unscheduled care, social care and planned care. Community Hospital Surge Plan has continued to be reviewed and updated in terms of bed base availability.
1.5 Resilience Preparedness	Business Continuity Management arrangements are in place and regularly reviewed, exercised and updated. These are in accordance with Civil Contingencies Act 2004 for Category 1 and 2 organisations and other guidance: • NHS Scotland Standards for Organisational Resilience 2018. • Preparing for Emergencies: Guidance for Health Boards in Scotland	Aberdeenshire HSCP Civil Contingencies Advisor has led on/supported the review and updating of the AHSCP Resilience Framework and Major Incident Plan, and service Business Continuity Plans (BCPs). This work rests over and above the existing contingency plans and long-standing measures and arrangements in place within the HSCP building on its winter and surge resilience plans last year, to ensure our readiness to respond to increase system demands (reflecting the IJB's responsibilities as a Category 1 Responder). Daily arrangements for situational awareness in place within AHSCP and linked to reporting for the Grampian Operational Pressure Escalation System (G-OPES) including daily bed huddles, daily situation update meetings, cross-system connect and wider system decision-making arrangements. Implementation of the Persons At Risk Database (PARD) provides an information sharing tool which helps to identify particular vulnerability during a significant incident such as adverse weather, enabling partners to work together to respond appropriately.

Section / subsection	Statement	Aberdeenshire HSCP Narrative
1.6 Resilience Preparedness	Plans have identified potential disruptive risks to service delivery and associated mitigation responses. These incorporate lessons identified from winter 2022/23 in addition to concurrent risks. Resilience teams are involved in winter preparedness to ensure that business continuity management principles are embedded as part of year-round capacity and service continuity planning.	Aberdeenshire HSCP Civil Contingencies Advisor has led on/supported the review and updating of the AHSCP Resilience Framework and Major Incident Plan, and service Business Continuity Plans (BCPs). Aberdeenshire HSCP commenced work in March 2023 to review the effectiveness of actions taken by the AHSCP last winter, to inform planning for winter 2023/24. Winter Debrief and Planning workshop was held in June 2023, to review last year's winter surge and resilience plans and identify key areas for focus moving into this winter, including potential disruptive risks to service delivery and mitigation responses. AHSCP Resilience Group meetings in place throughout the year, with group continually reviewing the Resilience Framework, Major Incident Plan, Severe Weather Plan and Business Continuity planning, as well as focus on forward planning.
1.7 Resilience Preparedness	Business Continuity plans take into account critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual affects and demonstrate that planning has been based upon the likelihood and impact of worst-case scenarios.	AHSCP Business Continuity Plans are regularly reviewed. Themes from the Winter Debrief and Planning workshop in June 2023 are being mapped against areas of activity being progressed through Grampian wide planning arrangements for winter, with a focus on working collaboratively with all partners as whole system on the preparation of a Grampian Winter Contingency Plan. AHSCP Resilience Group meetings in place throughout the year, with group continually reviewing the Resilience Framework, Major Incident Plan, Severe Weather Plan and Business Continuity planning, as well as focus on forward planning and likelihood and impact of worst-case scenarios.
2.5 Urgent & Unscheduled Care	Pathways are in place which provide care closer to home through pathways such as Hospital at Home for Older People; Respiratory Rapid Response and Outpatient Parental Antibiotic Therapy (OPAT); and supported by digital interventions such as Remote Consultation by phone and Near Me and Remote Monitoring, call before convey with SAS and flow navigation hub working to maximise virtual / remote monitoring.	Aberdeenshire HSCP Virtual Community Wards (VCWs) in place. Model provides co-ordinated, short-term wraparound health and care at home as an alternative to hospital admission.

Section / subsection	Statement	Aberdeenshire HSCP Narrative
2.10 Urgent & Unscheduled Care	Processes are in place to enable patients with respiratory conditions and those who are frail are given the opportunity to have an anticipatory or future care plan. There should be a system in place for identifying these individuals and it should be clear which professional clinical groups will take the lead on having these care planning conversations depending on the person's circumstances.	Aberdeenshire HSCP continues to encourage Anticipatory Care Planning. Care Home Local Enhanced Service (LES) in place to ensure care home patients have Anticipatory Care Plans (ACPs) and Key Information Summaries (KIS) in place and updated where necessary. Updates provided to primary care regarding the importance of ACPs and KIS for vulnerable populations. Out of Hours District Nursing Service due to commence ensuring robust and sustainable delivery plan for the future of both Managed Care of Palliative Patients and Out of Hours Nursing Services in Aberdeenshire linking with GMED service.
2.11 Urgent & Unscheduled Care	Pathways are in place for patients who are identified as 'frail' and those with respiratory or cardiac exacerbations, and these are embedded within primary care services, in and out of hours, as alternatives to admissions.	Aberdeenshire HSCP Virtual Community Wards (VCWs) in place. HSCP continues to encourage Anticipatory Care Planning. Work is ongoing which will be supported through recruitment to a frailty lead role post for the HSCP (currently being advertised). Care Home LES in place to ensure care home patients have ACPs and Key information Summaries in place and updated where necessary. Out of Hours District Nursing Service due to commence as noted above.
2.12 Urgent & Unscheduled Care	People living with a respiratory condition have access to a respiratory team 7 days a week, should they become unable to self-manage their condition from home. People with heart failure and those living with frailty should be given the opportunity to have an anticipatory care plan.	As above VCW model in place across Aberdeenshire and work ongoing to encourage Anticipatory Care Planning. Heart Failure nurses must escalate their plans to the GP to update the ACP as they are unable to input data directly.
2.13 Urgent & Unscheduled Care	Care Homes will be supported with timely access to professional support and clinical advice to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and intentions if these should be required. Remote	Aberdeenshire Collaborative Care Home Support Team (CCHST) in place and undertakes themed visits and provides professional support and advice. There is an identified GP to support each care home with regular weekly contact for review of residents that require clinical assessment and treatment. Planned District Nurse contact and input in place. Out of Hours District Nursing Service due to commence as previously noted.

Section / subsection	Statement	Aberdeenshire HSCP Narrative
	consultations via phone or Near Me video consultations should be available.	
4.1 Workforce	Appropriate steps are being taken to support recruitment of staff on an ongoing basis within recognised financial parameters, utilising the full range of potential contractual arrangements including (but not limited to) Permanent, Sessional Worker, Bank or Fixed term contracts (or a combination of these). Work undertaken with local colleges and HEI student workforce to offer holiday shifts and regular part-time contracts can be evidenced.	Aberdeenshire HSCP has maintained focus on recruitment throughout the year, with planned programme of recruitment activity, monitoring of which is provided by our Workforce and Training group. We continue to offer a range of contracts across our services and work with local providers, colleges and HEI student workforce. Aberdeenshire Social Care Sustainability Programme Board in place and social care recruitment and staff retention is a key workstream.
4.4 Workforce	A strategy is in place for the deployment of volunteers over winter, making appropriate use of established and local and national partnerships. Investment and funding of local voluntary and third sector organisations to support care @ home teams and provide practical support to people who are ready for discharge, and across the wider community can be evidenced.	Aberdeenshire HSCP directly funds and continues to work closely with its Third Sector Interface - Aberdeenshire Voluntary Action (AVA) - who have also participated in winter debrief/planning sessions. This includes exploring opportunities to utilise networks of support through volunteers and third sector. AHSCP also provides grant funding to a number of third sector organisations providing services and supports in supporting the health and wellbeing of people and to live as independently as possible within their communities.
4.5 Workforce	Staff are appropriately supported to access the range of available local and national staff wellbeing resources. This includes Primary Care independent contractor staff.	Aberdeenshire HSCP Staff Health and Wellbeing Group and Joint Staff Forum in place. These groups proactively seek and provide information and support for staff, including access to a range of local and national staff wellbeing resources, linking with partner groups/forums across both NHS Grampian and Aberdeenshire Council.
4.6 Workforce	In relation to potential adverse weather, Boards and Partnerships have contingency plans in place covering staff disruption to manage the impacts – for NHS this is specifically according to DL (2022)35.pdf	AHSCP Resilience Group meetings in place throughout the year, with group continually reviewing the Resilience Framework, Major Incident Plan, Severe Weather Plan and Business Continuity planning, as well as focus on forward planning. AHSCP Control Room in place to stand up to manage communications and link with other control rooms in the system. AHSCP

Section / subsection	Statement	Aberdeenshire HSCP Narrative
	(scot.nhs.uk). Staff are fully aware of the contingency plan.	Communications and Marketing Lead part of both NHS Grampian and Aberdeenshire Council Communications Cells.
\4.8 Seasonal Outbreak	Plans take into account the predicted surge of Covid-19 as well as other viruses including seasonal flu, RSV and Norovirus activity that can happen between October and March and have adequate resources in place to deal with potential outbreaks and the impact these have on services (health and social care inclusive of primary care) across this period.	The vaccination programme has commenced and vaccinations are ongoing as per the JVCI (Joint Committee on Vaccination and Immunisation) guidance. Programme changes due to BA.2.86 has led to a variation in the appointments and a "reshuffle" of the cohorts. Aberdeenshire are on plan to meet the Scottish Government targets for completion.

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