



INTEGRATION JOINT BOARD

WEDNESDAY, 6 DECEMBER 2023 AT 10.00 AM

Your attendance is requested at a meeting of the INTEGRATION JOINT BOARD to be held in the Council Chamber, Woodhill House, Westburn Road, Aberdeen, AB16 5GB (with virtual attendance), on WEDNESDAY, 6 DECEMBER 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, 28 November 2023

Pamela Milliken, Chief Officer
Aberdeenshire Health and Social
Care Partnership

To: Councillors Councillor A Stirling (Chair), Dr J Tomlinson (Vice Chair), 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
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B U S I N E S S

1. Sederunt and Declaration of Members' Interests

(A) Public Sector Equality Duty 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.

(B) Exempt Information

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

“That under paragraphs 2 and 3 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 15 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.

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NEW BUSINESS

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

15	Provision by Aberdeenshire Council of a Residential Care Home Service for Older People at Huntly Care Home <i>[Exempt under paragraph 2, 3]</i>	190 - 211
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DESCRIPTION OF EXEMPT INFORMATION

Paragraph 2 – Information relating to any particular occupier or former occupier of, or applicant for, accommodation provided by or at the expense of the IJB, council or the health board.

Paragraph 3 – Information relating to any particular applicant for, or recipient or former recipient of, any service or financial assistance provided by the IJB, the council or the health board.

INTEGRATION JOINT BOARD

COMMITTEE ROOM 5 - WOODHILL HOUSE, WESTBURN ROAD, ABERDEEN, AB16
5GB, WEDNESDAY, 11TH OCTOBER, 2023

Integration Joint Board Members:

Councillor A Stirling (Chair), J Tomlinson (NHS Grampian) (Vice-Chair), Councillor R Cassie (as substitute for Councillor S Logan); Councillor M Grant; Councillor D Keating; Councillor G Lang; Ms A Anderson (NHS Grampian); Mrs J Duncan (NHS Grampian); and Ms S Webb (NHS Grampian).

Integration Joint Board Non-Voting Members:

S S Kinsey (Third Sector Representative), F Culbert (Carer Representative), R Taylor (Primary Care Advisor), D Hekelaar (Third Sector Representative), J Barnard (Nursing Lead Advisor), I Kirk (UNISON Trade Union), K Grant (NHS Trade Union), L Jolly (Chief Social Work Officer), P Milliken (Chief Officer) and C Smith (Chief Finance and Business Officer).

Officers: L Cowie, A MacLeod2 (Interim Strategy and Transformation Manager), L Cowie, L Flockhart, N Stephenson, A McLeod, Aberdeenshire Council; D Leslie, J Black, A Priest, C Ebby, A MacLeod, J Raine-Mitchell, E House, J Howie, J Shaw, A Pirrie, P Jensen, L Gravener, Aberdeenshire Health and Social Care Partnership; C Cameron, J Hall and Dr C Walker, NHS Grampian.

Apologies: Councillor S Logan, Mr S Lindsay, Ms A Mutch, P Bachoo.

1 Sederunt and Declaration of Members' Interests.

The Chair asked for Declarations of Interest. Susan Webb advised that she had a connection to item 12 by virtue of her role as Executive Lead for Grampian in respect of the Immunisation and Vaccination Programme. However, having applied the objective test she had concluded that she had no interest to declare.

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 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 21 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 Meeting of 23 August 2023.

There had been circulated and was **approved** as a correct record the Minute of the Meeting of 23 August 2023.

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 an update on (1) the Health, Social Care and Sport Committee Winter Planning 2023-24; and (2) the Health and Care Staffing Act Update.

By way of update, the Chief Officer advised on the key findings from the final report from the Health, Social Care and Sport Committee on Winter Planning 2023/24, on winter preparedness and planning within health and social care. She also advised that in preparation for the implementation of the Health and Social Care Staffing Act Scotland, and Implementation Team had been established within NHS Grampian, which would ensure strong engagement with representation from all relevant staff in scope, clinical professionals and corporate services. From a Social Care perspective, the Care Inspectorate were taking the lead on developing the social care framework. She advised that the Aberdeenshire Health and Social Care Partnership was very engaged in the process and utilising the Sustainable Workforce Oversight Group to be the central focus for this work.

The Integration Joint Board, after discussion, **agreed** to note the terms of the updates provided.

6 Schedule of Meetings for 2024.

There had been circulated a report dated 6 September, 2023 by the Chief Officer requesting consideration of a proposed schedule of meetings for 2024.

The Integration Joint Board **agreed** to approve the following meeting dates for 2024 –

Wednesday 31 January, 2024;
Wednesday 20 March, 2024;
Wednesday 29 May, 2024;
Wednesday 21 August, 2024;
Wednesday 9 October, 2024;
Wednesday 11 December, 2024.

7 Notification of Change in Membership and Appointment of Member and Chair of IJB Audit Committee.

There had been circulated a report dated 15 September, 2023 by the Chief Officer, advising that IJB member, Ms A Anderson was stepping down from the IJB with effect from 30 November 2023; that NHS Grampian would conduct a recruitment process to appoint a replacement non executive Board Member and voting member of the Aberdeenshire IJB; and asking the IJB to appoint one further member to the IJB Audit Committee and a Chair of that Committee, with effect from 1 December, 2023 to replace Ms Anderson.

Having been advised that the recruitment process to appoint a replacement member for the Aberdeenshire IJB would take a number of months, the Integration Joint Board **agreed:**

- (1) to note that Amy Anderson would step down from the IJB and as Chair of IJB Audit Committee with effect from 30 November, 2023;
- (2) to note that a recruitment process would be commenced by NHS Grampian for the appointment of a non-executive Board Member, and once concluded they would appoint a replacement voting member to the Aberdeenshire IJB;
- (3) that once a replacement member for the IJB had been appointed by NHS Grampian the IJB would be in a position to make an appointment to the IJB Audit Committee; and
- (4) that current IJB Audit Committee member, Joyce Duncan, be appointed as Interim Chair of the IJB Audit Committee with effect from 1 December, 2023.

8 Revenue Budget 2023-24 Update as at 31 August 2023.

There had been circulated a report dated 20 September, 2023 by the Chief Finance and Business Officer, providing an update on the financial monitoring information for the 2023/24 financial year as at 31 August, 2023.

The Chief Finance and Business Officer provided an overview of the financial position as at the end of August 2023, the detailed position by service area, highlighted the areas which recorded the largest over budget positions and the largest underspends, and the budget virements proposed for approval, as contained in Appendix 3 of the report. He advised that in summary there was an over budget position of £7.831 million at the end of August 2023, equating to 4.8% of the IJB Budget; Health budgets at the end of August 2023 were over budget by £2.962 million, Social Care budgets were over budget by £4.125 million and Funds were over budget by £0.74 million. He advised that the forecast for the year, based on the August results, showed an overall

budget of £11.9 million, with savings achieved and use of reserves of £3.050 million was forecast, equating to 2.9% of the IJB budget. He advised that these forecasts, in line with all other budget lines, would continue to be reviewed with partners, budget holders and finance colleagues to identify continuing trends and mitigations applied where applicable.

During discussion, Members commented on the following:

- (a) the need to ensure engagement and communication with staff side throughout the budgetary process;
- (b) further consideration to be given within budget lines as to controls and limitations, to assist in future plans;
- (c) to include within budgetary considerations adequate budget provision in areas with potential pressure points, such as locum provision;
- (d) note that confirmation of outstanding allocations from Scottish Government referred to in Section 9.1 of report would be clarified; and
- (e) to welcome a report on prescribing practice and strategy, to assist in budget setting.

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

- (1) to note the financial position set out in the report and Appendices 1 and 2; and
- (2) to approve the budget adjustments detailed in Appendix 3.

9 IJB Audit Update.

There had been circulated a report dated 27 September, 2023 by the Chair of the IJB Audit Committee providing an update on key issues in relation to Audit which had been progressed since the last meeting of the IJB. The report advised that since the last meeting, three reports had been presented to the Communities Committee as part of the Committee referral process in relation to the Aberdeenshire Alcohol and Drugs Partnership (ADP) Governance Arrangements; an Assurance Review of IJB Governance; and a report on IJB Transformational Projects.

The Chair of the IJB Audit Committee advised that although there had not been a formal meeting of the IJB Audit Committee since the last meeting of the IJB, work was continuing in a number of key areas, and a workshop session had been held on 22 September to consider a self-assessment exercise.

There was discussion of the different routes to be followed in relation to scrutiny processes and it was noted that the option existed, where considered necessary, for the IJB to apply additional scrutiny to certain areas. Ongoing work in relation to IJB governance was also nearing completion, which included examination of the scrutiny processes in place and would clarify the relationships of the various policy committees and the IJB and its committees.

Thereafter, the Integration Joint Board **agreed** to note the terms of the report and assurances in relation to audit matters.

10 Chief Social Work Officer Annual Report 2022-23.

There had been circulated a report dated 5 September, 2023 by the Chief Social Work Officer introducing the Chief Social Work Officer (CSWO) Annual Report for 2022/23. The report advised that (1) the CSWO report described those services which were performing well in most of the key areas upon which the report was focussed; (2) in those areas where improvement was required, timely and effective remedial measures had been put in place; (3) currently there were no specific areas that required additional scrutiny beyond that provided by existing processes.

The Chief Social Work Officer introduced the report and responded to questions raised by Members of the Integration Joint Board in relation to the impacts on unpaid carers and pockets of unmet need, particularly in rural areas, and the need to think creatively and ensure appropriate engagement; clarification was sought of the route for reporting information from Quarriers annual report; further information was requested on the percentage of care staff receiving the real living wage.

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

- (1) to note the Chief Social Work Officer Annual Report for the 2022/2023 financial year in relation to Children and Adult Social Work Services (Appendix 1);
- (2) to acknowledge the level of investment in Children and Adult Social Work Services for the residents of Aberdeenshire; and
- (3) to acknowledge the commitment of social work staff in the consistent delivery of high performing services.

11 NHS Grampian General Practice Vision Programme.

There had been circulated a report dated 9 September, 2023 by the Chief Officer providing information on the progress of the NHS Grampian General Practice Vision Programme. The report explained that the role of the Programme Board is to oversee the progress of the programme, to ensure timely progress on actions including the development of a shared vision, and to ensure that the strategic direction of the programme remained on track. A series of facilitated workshop sessions had been organised to develop the vision and strategic objectives and a Service Level Agreement had been created to enable GP practices to ensure appropriate staff engagement in the project. A patient engagement plan had been developed to ensure a co-production approach and patients from across Grampian would be involved in the development of the vision and strategic objectives.

During discussion, Members commented on the need for the strategy and aims to be realistic, in order to ensure that it can be adequately funded and in addition that the plan should look ahead to the longer term to ensure that resources are deployed and staff are trained to deliver the multidisciplinary needs of the future. There was also discussion of the proposals for the creation of patient stakeholder groups, and the need to ensure that public communications were issued to ensure appropriate coverage.

Thereafter, the Integration Joint Board **agreed** to note the progress of the NHS Grampian General Practice Vision Programme.

12 Grampian Vaccination and Immunisation Annual Report 2023.

There had been circulated a report dated 13 September, 2023 by the Chief Officer, providing an overview of the first Annual Vaccination and Immunisation Report for NHS Grampian. A copy of the report was provided as Appendix 1 to the report.

The Board heard from Dr Clare-Louise Walker and Jo Hall, Programme Manager, who provided an overview of the report, which set out to provide an annual monitoring report of vaccine preventable disease surveillance data, along with update data for each vaccine delivered within Grampian. Highlights indicated that there had been declines in childhood vaccination uptakes in both Grampian and Scotland, and Aberdeenshire continued to meet the WHO 95% update for all childhood routine schedules at 12 and 24 months, although at 5 years of age update was slightly below 95%. Uptake in teenage programmes had seen disruption during the Covid-19 pandemic and work was ongoing to ensure catch up, with Aberdeenshire continuing to exceed Grampian averages. Adult routine programmes were paused during the pandemic and were then transferred to health board/Health and Social Care Partnership delivery and Aberdeenshire had made good progress in ensuring all eligible cohorts were offered relevant vaccines.

In relation to the priorities for improvement to ensure that vaccination rates were maintained and improved, the need to ensure a joint approach to messaging to the public was highlighted.

After discussion, the Integration Joint Board **agreed** to acknowledge the findings of the NHS Grampian Vaccination and Immunisation Annual report 2023.

13 Place Strategy Update.

There had been circulated a report dated 15 September, 2023 by the Director of Environment and Infrastructure Services providing an update on the process which had been commenced to develop a Place Strategy for Aberdeenshire as a long-term approach to achieve positive change and improve outcomes across our communities.

The Board heard from the Head of Planning and Economy, who introduced the report and advised that a Place Strategy steering group had been created to oversee the development of the strategy and the group had been expanded to ensure third sector engagement, which included a wide range of services and partner organisations, including the Health and Social Care Partnership, NHS Grampian and blue light services. Public consultation exercises had been progressed and a draft strategy was being developed, which would be issued for consultation via Area and Policy Committees, as well as the IJB and Community Planning Partnership Board, before being reported to Aberdeenshire Council in January 2024.

During discussion, it was acknowledged that the IJB, from a health and social care partnership perspective, would be a key partner and would wish to participate in place based working and a place based strategy, and going forward would be one of the partners around the table and welcomed the benefits of working in a joined up approach. The need to ensure that the right services were provided in the right places, and that the work to enable that was aligned and all partners were working together to shape the location and distribution of future services.

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

- (1) to acknowledge the work undertaken in developing a Place Strategy for Aberdeenshire;
- (2) to note the next steps to develop the Strategy outlined in section 5.5 of the report;
- (3) to note that following further consultation, a Place Strategy would be reported to Aberdeenshire Council on 18 January 2024 for approval; and
- (4) to acknowledge the HSCP's participation in the developing Place Strategy work and to support the IJB in working towards alignment with the Place Strategy.

14 Strategic Planning Group Update.

There had been circulated a report dated 13 September, 2023 by the Chief Officer which provided a summary of the main items of discussion at the most recent formal meeting of the Strategic Planning Group (SPG), including (1) an update 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; (2) an update on the development of a digital strategy, which had been agreed as a priority workstream, advising that a full engagement process would be undertaken with links to wider partnership approaches; (3) an update on the work of the Social Care Sustainability Programme Board; and (4) an update of the Review of the Strategic Plan.

The Interim Transformation and Strategy and Transformation Manager introduced the report, provided further background, and responded to questions in relation to the oversight for timelines, deliveries and project management of the projects

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

- (1) to 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; and
- (2) to 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.

15 Clinical and Adult Social Work Governance Committee Report.

There had been circulated a report by the Vice-Chair of the Clinical and Adult Social Work Governance Committee, updating the Integration Joint Board on the key issues arising from the Committee meeting on 22 September 2023.

The Partnership Manager, North, introduced the report and provided an update on recent work undertaken by the Committee, which included consideration of a revised

G-OPES assurance framework; a report from the Primary Care Oversight Group which highlighted the challenges being faced in being unable to deliver all the services tasked; a report from the Clinical and Professional Oversight Group for Care@Home which highlighted the challenges of recruiting carers and the steps being taken to address the issue; a report from the Collaborative Care Home Support Team addressing the deepening financial crisis impacting care homes in Aberdeenshire, as well as capacity issues in care home places; a report on the Risk Register, which was deferred to the next meeting; and a Whistleblowing Annual Report for 2022-23, which provided a summary of whistleblowing activity across health and social care partnership services.

After discussion, the Integration Joint Board **agreed** to note the key points and, in particular, the areas of concern from the Committee in relation to governance matters.

16 AH&SCP Strategic Delivery Plan Performance Report.

There had been circulated a report dated 9 September, 2023 by the Chief Officer which provided a high level overview of all the projects within the Health and Social Care Partnership's Strategic Delivery Plan and outlining overall progress and enabling exception reporting of any key barriers or delays. The report also included a more detailed update on the progress against delivery of the Medication Assisted Treatment (MAT) Standards.

The Interim Strategy and Transformation Manager introduced the report and provided an overview of the work that was ongoing and highlighted relevant updates on the various workstreams.

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

- (1) to note 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;
- (2) to acknowledge the update on progress relating to the Analogue to Digital Project within the Strategic Delivery Plan;
- (3) to endorse the accompanying quarterly report on specific progress against the Medication Assisted Treatment (MAT) Standards Implementation; and
- (4) in line with agreed 6 monthly reporting schedule, to refer the report to the Communities Committee and Area Committees as part of the Performance Reporting Framework.

17 Deeside Strategic Needs Assessment Project Progress Report.

With reference to the minute of meeting of the Integration Joint Board of 7 December, 2022 (Item 7), there had been circulated a report dated 12 September, 2023 by the Partnership Manager, South providing an update on progress with the Deeside Strategic Needs Assessment Project. The Partnership Manager, South introduced the report and provided an update on work that had been ongoing, including staff and stakeholder engagement, community information sessions, a

workshop to discuss recruitment and retention across health and social care services across Deeside and Upper Donside, and outlined work that was still ongoing in relation to the Strategic Needs Assessment.

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

- (1) to acknowledge the Deeside Strategic Needs Assessment Project Progress Report (Appendix 1);
- (2) that the original reports and minutes on the Deeside Strategic Needs Assessment be re-circulated for Members' information;
- (3) to delegate to the Chief Officer, in consultation with the Chair and Vice-Chair to consider the outcomes of the assessment and actions, and identify any gaps or learning and to report back to the IJB; and
- (4) that the item be added to the IJB action log.

18 Draft Response to Health and Social Care Strategic Planning and Performance Reporting Statutory Guidance Consultation.

There had been circulated a report dated 11 September, 2023 by the Chief Officer containing a draft response to the Health and Social Care Strategic Planning and Performance Reporting Statutory Guidance Consultation and seeking comments on the draft response. The Chief Officer introduced the report and outlined the consultation process that had been undertaken, and comments reviewed and collated in formulating the draft response.

During discussion, the need to clarify a number of points in the submission to provide a more explicit response was discussed, and for an 'on balance' comment to be provided at item 10, taking account of the consultation comments received

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

- (1) To note the draft response to the Health and Social Care Strategic Planning and Performance Reporting Statutory Guidance Consultation; and
- (2) To delegate to the Chief Officer to update and submit the consultation response in line with the comments made at the meeting.

19 Monitoring and Review of Drug and Alcohol Related Deaths.

There had been circulated a report by the Partnership Manager, North which provided information on the review and learning process of drug and alcohol related deaths and the actions already in place to prevent deaths in Aberdeenshire, seeking support for the progression of new notification processes for alcohol related deaths, and seeking approval and support for the promotion of wider distribution and availability of naloxone across Health and Social Care Partnership services.

The Criminal Justice and Substance Misuse Manager introduced the report and advised that in 2022 Aberdeenshire was the second lowest in Scotland in relation to drug related deaths and had the lowest rate of alcohol deaths per 100,000 of the

population. However, 24 people lost their lives due to drug harm, and 35 due to alcohol harm. The report highlighted the main challenges around the established review process, which ensures that 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 death; and this learning contributes to informing service improvements. 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.

During discussion, Members acknowledged the very complex and difficult nature of the issues involved and were assured that the approach being taken to learning and improvement was embedded in the whole process and being documented and reported back to the IJB and for future learning.

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

- (1) To note the review and learning process of drug and alcohol deaths and the actions already in place to prevent deaths in Aberdeenshire;
- (2) To approve and support the progression of new notification processes for alcohol related deaths;
- (3) To approve and support the promotion of wider distribution and availability of naloxone across Health and Social Care Partnership services; and
- (4) To acknowledge the support and work of the teams and to request an annual update.

20 Winter Planning 2023/24 and Delayed Discharge Performance and Response.

There had been circulated a report dated 13 September, 2023 by the Chief Officer providing an update on the preparations being undertaken by the Aberdeenshire Health and Social Care Partnership with respect to winter planning for 2023-24, and on work underway to support a reduction in Delayed Discharges to enable maximisation of capacity through the winter period.

The Chief Officer introduced the report and referred to some key learning points around last year's winter plan, and an engagement exercise across the Health and Social Care Partnership to gather views on the learning from last year's winter plan, and areas for prioritisation. Learning had been taken from the use of the G-OPES escalation system and the role of the Health and Social Care Partnership as a Category One Responder. Work was ongoing for the forthcoming winter arrangements, as well as how they fit into the wider Grampian picture. Feedback had also been provided for a response to the Scottish Government's 'state of readiness' checklist for winter 2023/24, which requires local health and care systems to assess their preparedness in four key areas, and an extract of data had been provided within Appendix 1 to the report. In respect of delayed discharges, it was noted that a number of measures were used to monitor and manage delayed discharges, that performance had fluctuated over the last 18 month period, but had seen a sustained higher position since winter 2022/23.

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

- (1) To note the preparations being undertaken by the Aberdeenshire Health and Social Care Partnership (AHSCP) with respect to winter planning for 2023-24; and
- (2) To acknowledge the current position and work underway by the AHSCP to support a reduction in Delayed Discharges and enable maximisation of capacity through winter.

21 2023/24 Supplementary Procurement Work Plan (Social Care).

There had been circulated a report dated 5 September, 2023 by the Chief Officer requesting consideration of a Supplementary Procurement Work Plan and one Procurement Approval Form (PAF), and that the IJB directs Aberdeenshire Council to procure, via a tender opportunity, the services detailed in 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, which related to care and support services.

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

- (1) to note the Supplementary Procurement Work Plan detailed in Appendix 1, and the Procurement Approval Form (PAF) at Appendix 2;
- (2) to approve the PAF 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; and
- (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.

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

Report Name/Piece of work	Action/Owner	Date Added	Date of meeting/Deadline	Decision or Purpose of Report
Deeside Strategic Needs Assessment Project Progress Report	Pam Milliken	11-Oct-23	Dec-23	To delegate to the Chief Officer, in consultation with the Chair and Vice-Chair to consider the outcomes of the assessment and actions, and identify any gaps or learning and to report back to the IJB
Chief Social Work Officer Annual Report 2022-23	Lindsey Flockhart	11-Oct-23	Dec-23	Brief to be provided on reporting route for Quarriers annual report. This will be published 23 November.
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.
Prescribing Report	Rachel Taylor/Chris Smith	20-Nov-23	Mar-24	To provide an assurance on the actions being progressed to address the cost pressure relating to prescribing.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD (IJB) 6 DECEMBER 2023

CHIEF OFFICER'S UPDATE

Consumer Duty for Public Bodies - Analysis of Consultation Responses and Coming into Force Date

The IJB has received a communication in relation to a new Consumer Duty which the Scottish Government is bringing in that will apply to all public bodies including all Integration Joint Boards (IJB).

The Consumer Scotland Act 2020 established Consumer Scotland as the statutory body for consumer advice and advocacy in Scotland. As part of the process in establishing Consumer Scotland, stakeholder feedback identified the need for comprehensive change in how the interests of consumers are considered and integrated into policy and decision making to ensure that no detriment is brought to them as a result of strategic public body policy decisions. To this end, the Consumer Scotland Act 2020 requires that a relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them.

A Consultation on a Consumer Duty for Public Bodies was carried out in 2021 seeking views on the public bodies this Duty should apply to. The Scottish Government published its analysis to this consultation, which can be viewed at: [A Consultation on a Consumer Duty for Public Bodies – Analysis of Consultation Responses - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/consultations/analysis/2021/12/20211201_consumer_duty_for_public_bodies_analysis_of_consultation_responses/analysis/20211201_consumer_duty_for_public_bodies_analysis_of_consultation_responses.pdf). Overall, there was broad support for the Duty to apply to all public bodies in a proportionate manner.

The Scottish Government will now progress the necessary legislation to allow this Duty to come into force on 1 April 2024 and Consumer Scotland has the legislative responsibility for developing the guidance to support the Duty and will be meeting with stakeholders to seek views from public bodies which will inform the guidance.

Advice is being sought from Legal and People Service in relation to the implications for the IJB.

Community Hub Programme

The Senior Management Team (SMT) has continued discussions around development of the Community Hub model but it is recognised that this will require further capacity to progress to initiation of a formal programme plan. As noted in further reports being presented to the IJB today, the SMT continues to review all work under the Strategic Delivery Plan with the aim where possible of releasing capacity to focus on our priority workstreams, including the Community Hub. The intent remains to initiate a test of change building on existing work undertaken through the Inverurie place-based approach involving public, community and private sector partners.

National Care Service – National Forum 2023

A representative of the Health and Social Care Partnership (HSCP) attended the National Care Service (NCS), National Forum on 30 October 2023. The speeches from the event are available here: ([read the speeches from the forum online.](#))

In summary the following information was shared by Donna Bell, the Scottish Government's Director for Social Care and NCS Development:

- The First Minister remains committed to delivering the NCS.
- The extension of the bill timeline enabled further consultation with public and partners the time was used to meet with 100's of people, trade unions and COSLA.
- Reached a shared accountability agreement for delivering services across Scotland.
- Focus has been about co-producing with those who have lived experience. Spent summer travelling around Scotland to understand to what is working well across communities.
- Six reports were produced as a result of summer work [LINK](#)
- People feel that this is a real opportunity to make the changes needed and as a collective we are listening to each other.
- Have identified groups/communities that we need to get better at hearing – specific events are being planned.
- Codesign will continue on an ongoing basis, it is a different way of working and it will inform proposals.
- Need to ensure right foundations for the new NCS is in place but it is flexible for the changes that may come.
- Made progress with charter of rights and responsibilities, have drafted and had feedback on.
- GIRFE – is a multi-agency approach from young adulthood to older age. It is in development at the moment. There are 11 pathfinders in place across the country (of which Aberdeenshire is one).
- Work has continued on a National Social Work agency, aiming to invest workforce, standards and improvement.
- National organisation is carrying out research on Childrens Social Work and its inclusion or not in the NCS; there have been reports provided as research goes on.

- Next steps – 12 months and beyond:
 - The collective approach will be important, difficult conversations ahead.
 - Still gaps in work to date, hearing voices of those seldom heard and other areas where they have found gaps.
 - Continue collaborative working with partners and stakeholders, testing as they progress.
 - This is not just about today; this is a legacy question – how do we want health and social care to look for the next generation.

Aberdeenshire Wellbeing Festival

The Aberdeenshire Wellbeing Festival initiative began in May 2016 and was first developed by public health working with multi-agency partners who came together to look at ways to promote and support community mental wellbeing in Aberdeenshire. The festival aims to provide opportunities to improve mental health and wellbeing and improve awareness of local mental wellbeing resources for the public and practitioners.

Each year groups are invited to host free taster activities which aim to increase mental wellbeing and people are encouraged to take part through a physical and online Wellbeing festival programme. Participant and host feedback shows there has been an increase in participation with 166 events held in May 2023 with an estimated 1500+ people taking part. All the hosts and participants share feedback as part of evaluating the festival and some example comments below from participants show why people have taken part.

"Wanted to improve my mental wellbeing"

"I was interested in finding out about the group, it was a convenient time for me and I felt meditation would be a good skill for me"

"Child suffering from anxiety"

"Looking for tips on how to deal with my daughter and my own anxiety"

The 2024 festival will run over the whole month of May and partners in Aberdeen City and Moray Health and Social Care Partnerships are now working with Aberdeenshire to provide activities across all three areas. Anyone interested in the report on the 2023 event or taking part in the 2024 festival can get in touch with Carolyn.lamb@nhs.scot for more details.

Joint Inspection of Adult Support and Protection in The Aberdeenshire Partnership Area

Organisations within the Aberdeenshire Adult Protection Partnership have received formal notification of the planned multi agency inspection of Adult Support and Protection (ASP). The Inspection will be jointly undertaken by the Care Inspectorate, Health Improvement Scotland and His Majesty's Inspectorate of Constabulary. It will focus on key processes and leadership within the Health and Social Care Partnership, in relation to delegated duties, under the Adult Support and Protection (Scotland) Act 2007.

The key activities will include:

- The submission of a 'short position statement' (by 17th January 2024).
- A staff survey (12th December 2023 – 19th January 2024).
- A case file audit (files to be submitted by 26th January with onsite reading of files to take place week of 5th February 2024). The case file audit will review selected ASP records from Social Work, Health and Police.
- Three focus groups, for frontline staff, frontline managers, and senior leaders (9th February 2024).



Further guidance and information about the methodology to be used has been published on the Care Inspectorate website and can be found here, [Inspection Methodology](#).

An implementation group and lead officers have been identified, via the Adult Protection Committee, to facilitate the inspection process. As part of this there will be regular briefings for staff, leaders and the IJB, on progress of the inspection. The three inspection bodies will review their findings and expect to publish the final report on April 2nd, 2024.

Pam Milliken
Chief Officer
Aberdeenshire Health & Social Care Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD

6 DECEMBER 2023

REVENUE BUDGET 2023-24 UPDATE AS AT 30 SEPTEMBER 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 third financial monitoring update for the 2023/24 financial year. It covers the six month period up to the end of September 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 meant 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.

6.2 This report sets out the third 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 September 2023 for the revenue budget. The detailed position by service area for the financial year is shown in **Appendix 1**.

6.3 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 September 2023 against budget for the same period.

Summary: 2023/24 Financial Position as at end of September 2023

	Revised Year to Date Budget 2023/24 £000s	Actual to 30 th September 2023 £000s	Variance to 30 th September 2023 £000s	Variance %
Health & Social Care	191,106	199,532	8,426	4.4%
Funds	804	2,400	1,596	198.5%
Set Aside Budget	17,258	17,258	0	0%
2023/24 Position	209,168	219,190	10,022	4.8%

6.4 From the summary table it highlights that:

- There is an over budget position of £10.022 million at the end of September 2023, equating to 4.8% of the IJB budget. (August 2023 - overbudget £7.831m and 4.8%)

- Health budgets at the end of September 2023 are over budget by £3.2 million (August over budget £3.0m)
- Social care budgets at the end of September 2023 are over budget by £5.3 million (August over budget by £4.1m)
- Funds at the end of September 2023 are over budget by £1.6 million (August over budget by £0.7m)

6.5 The detailed financial position as at end of September 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 September 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 September 2023 are shown below:

- AHP
- Adult Services Day care

6.6 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.

6.7 Forecast position for 2023/24 Financial Year

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

Summary: Forecast for the Financial Year as at 30 September 2023

	Revised Budget 2023/24 £000's	Forecast 2023/24 £000's	Forecast Variance 2023/24 £000s	Forecast Variance %
Health & Social Care	378,862	394,627	15,765	4.2%
Funds	(3,199)	(3,434)	(236)	(7.4%)
Set aside budget	34,515	34,515	0	0%
Sub-total	410,179	425,707	15,529	3.8%
Planned use of Reserves	-	-	(3,050)	-
2023/24 Position			12,479	3.0%

From the **Appendix 1** it can be seen that:

- An **over budget of £12.48m** (August £11.9m over) **3.0%** (August 2.9%) of the IJB budget.

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

	AHSCP Budgets £
GP Prescribing	4,463,000
Adult Services - Community Care	5,043,000
Other Direct Patient Care	3,017,000
Older People - Residential Care	2,795,000

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 –

- **GP Prescribing - Forecast £4.5m over budget** (August £4.0m 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, with a further update contained in **Section 6.9** of this report.
- **Other Direct Patient Care – Forecast £3.0m over budget** (August £2.9m over) Overspends against 2c salaried medical practices total £2.4m with some smaller mitigating underspends on other budget lines. Locum costs are the primary drivers behind this.
- **Adult Services Community Care - Forecast £5.0m over budget** (August £5.5m 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 2023/24 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 basis by the management oversight group. Additionally, a number of high cost packages have recently been added.

- **Older People Residential Care - Forecast £2.8m over budget** (August £2.9m over) This relates to an additional pressure relating to the provision of in house care provision particularly the additional costs associated with a Care Home.

6.8 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 for the remainder of the financial year.

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 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.

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 GP Prescribing – Update

Following the October 2023 IJB an update on prescribing practice and strategy follows.

The following update was provided following a Grampian wide meeting of the Medicines Management Unit, Medicines Directorate, clinical and management representatives from the three HSCPs.

-Information for Prescribers – financial update position was provided with reminders for prescribers.

-Public information - as suite of posters from previous campaigns have been passed to the NHSG Realistic Medicines Waste Group who were already in discussion re public campaign and information. Medicines Management Unit will link with this regarding messaging.

-Cost efficiency options table – has been updated with actual costs and a draft has been sent to pharmacy leads in the first instance.

For some of the switches/actions there will be a need to consider the resources time/capacity/acceptability and support to achieve these.

Medicines Management team are exploring options for addition pharmacy technician/pharmacist input opportunities.

-NHS Grampian position/comparison other Health Boards - there is increased items/demand across the whole system NHS Scotland. This situation

is being reviewed to identify any variation specific to Grampian that needs to be considered, whilst also reviewing demographics and impacts on prescribing. This information will be shared when completed with the members in attendance.

Intention that this information will be able to be drilled to HSCP/cluster level to allow cluster clinical leads to take forward discussions at cluster/practice level. Aberdeenshire Cluster Meeting week commencing 27 November 2023 where ask of leads to lead work at cluster level and look at supporting QI work.

-Reporting - monthly reporting on actual financial position, along with any savings realised or other factors impacting on expenditure (e.g shortages) will be provided to HSCP lead officers, finance and pharmacy leads.

-Escalation of issues with other Boards/Finance and Scottish Government. Ongoing collation of information to highlight national issues regarding concern with increasing items/demands and impacts on prescribing budgets. Engagement continues with Medical and Clinical Directors and LMC in order to have a combined strategic approach.

6.10 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.

6.11 For further context in terms of the main over budget positions detailed in section 6.7, 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 September position.

6.12 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 –

- Meetings are continuing to be held with SMT, IJB CFO and Finance Managers from NHSG and Aberdeenshire Council to review in detail the

current financial position and the impact on 2024/25 and beyond with follow up sessions planned which will also include the IJB CO.

- Budget Development session with IJB on 24 November 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 November will be presented to the IJB in January 2024.

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	1.378
Service Capacity & Redesign	1.900
Total Reserves	8.050

*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 **£8.1m**. 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) 27th November 2023

List of Appendices:

Appendix 1 – Summary Position

Appendix 2 – Supporting Notes

Appendix 3 – Proposed budget adjustments

ABERDEENSHIRE INTEGRATED JOINT BOARD

Appendix 1

		ACTUAL 2022/23 £'000	REVISED BUDGET 2023/24 as at 30/9/23 £'000	YTD REVISED BUDGET 2023/24 as at 30/9/23 £'000	ACTUAL TO 30/09/2023 £'000	%	VARIANCE TO END SEPTEMBER 2023/24 £'000	FORECAST 2023/24 £'000	FORECAST VARIANCE 2023/24 £'000	NOTES
Health & Social Care										
NHSG Core Services										
a)	Alcohol & Drugs Partnership	3,168	1,839	378	330	17.92%	(48)	1,769	(70)	
b)	Allied Health Professionals	11,931	13,553	7,205	6,716	49.55%	(489)	13,072	(480)	A
c)	Joint Equipment Service	942	688	344	419	60.86%	75	800	112	
d)	Community Hospitals	20,195	20,446	10,379	10,686	52.26%	307	20,578	132	B
e)	Inverurie HUB project	1,378	1,353	677	734	54.26%	58	1,468	115	
f)	Shire Community Mental Health	1,156	1,433	735	514	35.87%	(221)	1,076	(357)	C
g)	Dental	3,009	2,846	1,547	1,487	52.25%	(60)	2,535	(311)	
h)	District Nursing	6,073	6,138	3,172	3,407	55.50%	235	6,015	(123)	D
i)	Health Centres Management	(33)	(610)	(305)	61	(10.02)%	366	141	751	E
j)	Health Visiting	5,910	6,125	3,150	3,303	53.93%	153	5,912	(213)	F
k)	Other Direct Patient Care	8,680	7,506	4,139	4,941	65.83%	802	10,522	3,017	G
l)	Public Health	728	855	431	612	71.61%	182	1,022	167	H
m)	Specialist Nursing	442	452	230	240	53.12%	10	378	(73)	
n)	Support Services	4,594	4,269	2,167	1,878	44.00%	(288)	3,660	(609)	I
1	NHSG Core Services Total	68,172	66,892	34,249	35,328	52.81%	1,080	68,949	2,057	
2	Primary Care	43,225	44,085	22,092	21,684	49.19%	(408)	43,368	(717)	J
3	GP Prescribing	49,617	49,989	24,912	27,226	54.46%	2,314	54,452	4,463	K
4	Community Mental Health	12,319	12,567	6,938	7,409	58.96%	471	12,886	319	L
5	Aberdeenshire Share of Hosted Services	17,871	19,320	9,762	9,513	49.24%	(249)	18,914	(407)	M
6	Out Of Area	2,767	2,847	1,341	1,287	45.22%	(54)	2,582	(265)	
	TOTAL OF ABOVE	193,972	195,701	99,293	102,447	52.35%	3,155	201,150	5,449	
7	IJB Costs	-	95	48	0	-	(48)	95	0	
8	Headquarters	6,400	8,640	4,320	3,929	45.47%	(391)	9,566	926	N
9	Business Services	3,502	3,221	1,620	1,743	54.11%	123	3,274	53	O
10	Out of Hours Service	316	243	122	139	57.25%	17	281	38	
11	Criminal Justice Service - Grant Funded Services	14	143	72	72	50.35%	0	143	0	
12	Criminal Justice Service - Prison Social Work	-	10	5	5	49.20%	(0)	10	(0)	
13	Adult Services - Community Care	53,851	52,610	26,311	29,334	55.76%	3,023	57,653	5,043	P
14	Adult Services - Day Care	5,580	6,080	3,071	2,586	42.53%	(485)	5,966	(114)	Q
15	Adult Services - Residential Care	2,279	2,110	1,052	1,486	70.42%	434	2,893	783	R
16	Adult Services - Employment Development	509	90	45	234	259.91%	189	(34)	(124)	S
17	Adult Services - Mental Health	6,126	7,044	3,531	3,634	51.59%	103	7,180	136	T
18	Adult Services - Substance Misuse	1,827	1,869	942	894	47.83%	(48)	1,816	(53)	
19	Physical Disabilities - Community Occupational Therapy Service	4,065	4,539	2,278	2,128	46.89%	(150)	4,500	(39)	U
20	Physical Disabilities - Joint Equipment Service	(105)	(506)	(249)	405	(79.98)%	654	(133)	373	V
21	Specialist Services & Strategy	1,815	2,337	1,172	1,086	46.46%	(86)	2,116	(221)	
22	Adult Support Network	441	407	205	194	47.58%	(11)	404	(3)	
23	Older People - Care Management	61,147	61,192	30,615	31,532	51.53%	917	62,290	1,098	W
24	Integrated Care Fund /Participatory Budgeting	-	0	0	6	-	6	0	0	
25	Older People - Day Care	398	715	361	206	28.75%	(155)	409	(306)	X
26	Older People - Home Care	15,978	16,378	8,248	7,868	48.04%	(380)	15,757	(621)	Y
27	Older People - Residential Care	11,729	10,861	5,481	6,707	61.75%	1,226	13,656	2,795	Z
28	Older People - Very Sheltered Housing	5,489	5,083	2,564	2,897	56.99%	333	5,635	552	AA
		181,361	183,161	91,814	97,085	53.01%	5,271	193,477	10,316	
Funds										
29	Integrated Care Fund	588	800	400	295	36.83%	(105)	624	(177)	AB
30	Delayed Discharge	12	64	32	(0)	(0)%	(32)	12	(52)	
31	Clan Grant	0	7	0	0	-	0	0	(7)	
32	Discharge Without Delay Funding	174	(325)	0	0	-	0	(325)	0	
33	Health Care Support Worker funding	0	(390)	0	0	-	0	(390)	0	
34	Interface Care Funding	5	0	0	0	-	0	0	0	
35	Primary Care Improvement fund	(4,568)	(7,139)	(358)	0	-	358	(7,139)	0	AC
36	Learning Disability Annual Health Check Funding	0	85	0	0	-	0	85	0	
37	Mental Health Access Fund	0	0	0	85	100.00%	85	0	0	
38	Mental Health Innovation Fund	0	85	0	0	-	0	85	0	
39	Mental Health Action 15	(1,151)	(982)	0	0	-	0	(982)	0	
40	Scottish Care Home funding	0	105	0	0	-	0	105	0	
41	GP Out of Hours funding	0	149	0	0	-	0	149	0	
42	Shire Winter Pressure allocation for MDTs	0	904	0	0	-	0	904	0	
43	Workforce Wellbeing Funding	0	0	0	0	100.00%	0	0	0	
44	Covid-19	(9,919)	1	1	75	7153.25%	74	1	0	
45	School Nurse Funding	0	56	0	0	-	0	56	0	
46	Stonehaven Dental Practice funding	400	0	0	0	-	0	0	0	
47	Psychological Therapies (Outcomes Framework) funding	6	573	290	311	54.36%	21	573	0	
48	Psychological Therapies (dementia post diagnostic support) funding	116	0	0	38	100.00%	38	0	0	
49	Vaccination funding	0	3,074	439	1,596	51.93%	1,157	3,074	0	AD
50	Additional Scottish Government Funding in Year Assumed	0	(268)	0	0	-	0	(268)	0	
		(14,337)	(3,199)	804	2,400	(75.04)%	1,596	(3,434)	(236)	
	Sub total	360,996	375,663	191,911	201,932	53.75%	10,022	391,192	15,529	
51	Set Aside Budget	34,515	34,515	17,258	17,258	50.00%	0	34,515	0	
	Revised Sub total	395,511	410,179	209,168	219,190	53.44%	10,022	425,707	15,529	

<u>Note</u>	<u>Service</u>	Over/(within) budget to end September 2023/24 £'000	<u>Narrative</u>
A	Allied Health Professionals	(489)	Allied Health Professions underspend £(489,000) 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	307	Community Hospitals overspend £307,000 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 issues with the water system.
C	Shire Community Mental Health	(221)	Shire Community Mental Health underspend £(221,000) 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.
D	District Nursing	235	District Nursing overspend £235,000 Scottish Government District Nursing funding not yet allocated.
E	Health Centres Management	366	Health Centres Management overspend £366,000 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	153	Health Visiting overspend £153,000 This position may be ameliorated later in the year by the receipt of specific funding for health visiting.
G	Other Direct Patient Care	802	Other Direct Patient Care overspend £802,000 This overspend is principally the result of requirement to employ locum GPs to maintain continuity of service at salaried medical practices.
H	Public Health	182	Public Health overspend £182,000

<u>Note</u>	<u>Service</u>	Over/(within) budget to end September 2023/24	<u>Narrative</u>
			Review of staffing budget required to address overspend.
I	Support Services	(288)	Support Services underspend £(288,000) This underspend reflects there having been a number of vacant posts during the period.
J	Primary Care	(408)	Primary Care underspend £(408,000) 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	2,314	GP prescribing overspend £2,314,000 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%.

<u>Note</u>	<u>Service</u>	Over/(within) budget to end September 2023/24	<u>Narrative</u>
L	Community Mental Health	471	<p>Community Mental Health overspend £471,000</p> <p>The underlying overspend against this budget to the end of September was £206,000. This is because it is estimated that £265,000 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 ongoing requirement to employ locum staff to provide cover for vacant posts.</p>
M	Aberdeenshire Share of Hosted Services	(249)	<p>Aberdeenshire Share of Hosted Services underspend £(249,000)</p> <p>The Intermediate Care Service and the Sexual Health Service, both hosted by Aberdeen City, showed an underspend between them of £217,000 to the end of September. Services hosted by Aberdeenshire showed an overspend of £113,000 and GMED, hosted by Moray Health and Social Care Partnership showed an underspend of £121,000. The Primary Care Contracts Team showed an underspend of £24,000.</p>
N	Headquarters	(391)	<p>Headquarters underspend £(391,000)</p> <p>This underspend relates to the £2.4m of Covid Sustainability payments that were accrued into 22/23 . Aberdeen City Council have finalised the authorisation and payments to suppliers, meaning this underspend will disappear. The forecast is highlighting approximately £1m of an overspend. This is due to a number of factors. Winter Funding of £5.3m for staffing is forecast to overspend slightly but this is planned to be managed via vacancy management. A number of transformation projects which were to be covered by transformation funding held in reserves, are reflected in the forecast so that those funds held in reserves can be used to balance the general fund overspend at year end.</p>
O	Business Services	123	<p>Business Services overspend £123,000</p> <p>This budget includes the replacement Care First system, Eclipse. There are underspends offsetting this in Asset Management service.</p>
P	Adult Services - Community Care	3,023	<p>Adult Services Community Care overspend £3,023,000</p>

<u>Note</u>	<u>Service</u>	Over/(within) budget to end September 2023/24	<u>Narrative</u>
			Client Care Packages are over budget. This is despite an increase in budget of 2.7%. Demographic increases and complexities of care are all impacting. . High cost packages continue to be reviewed by the oversight group and authorised by management. All packages are continuing to be reviewed for accuracy. £432,000 will be moved from the Adult Svs Day Care budget in October due to a change in service delivery where external providers are delivering day services. This is factored into the forecast which is showing £5.0m of an overspend.
Q	Adult Services - Day Care	(485)	<p>Adult Services Day Care underspend £(485,000)</p> <p>The model for delivering day care has changed this year. Rather than being building based, a hybrid model is being used. Activities can be delivered within the community and are outcome based for the individual clients. Savings have therefore been achieved. Whilst some budget has been moved to cover additional costs in other areas, for instance residential services, the budget continues to be monitored and will be adjusted once an in-depth review is completed.</p>
R	Adult Services - Residential Care	434	<p>Adult Services - Residential Care overspend £434,000</p> <p>Staffing continues to be over budget with the required 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.</p>

<u>Note</u>	<u>Service</u>	Over/(within) budget to end September 2023/24	<u>Narrative</u>
S	Adult Services - Employment Development	189	<p>Adult Services - Employment Development overspend £189,000</p> <p>This service is in the process of ceasing. The budget saving of £500,000 for the year was taken. Severance payments will be made in October and these are factored into the forecast position of a £376,000 pressure, with full impact of saving expected in 2024/25.</p>
T	Adult Services - Mental Health	103	<p>Adult Services - Mental Health overspend £103,000</p> <p>This budget has had significant underspends in the last few years as £800,000 of third party contracts were stopped whilst the service was redesigned. This year there has seen a 29% increase in Mental Health SDS packages which is forecast to be £954,000 over budget. This will give a forecast position of £200,000 of an overspend. The packages continue to be scrutinised by Practitioners.</p>
U	Physical Disabilities - Community Occupational Therapy Service	(150)	<p>Physical Disabilities - Community Occupational Therapy Service underspend (£150,000)</p> <p>The underspend is in equipment charges from the Joint Equipment Store. This is partly due to timing of charges which have had been accrued in September based on prior figures. Some actuals are now through and It is expected these charges will increase in the second half of the year therefore the forecast is a breakeven position.</p>
V	Physical Disabilities - Joint Equipment Service	654	<p>Physical Disabilities - Joint Equipment Service overspend £654,000</p> <p>The overspend position is in equipment purchases. This is partly due to timing differences in the year but also the purchase of alarms for the A2D project (Analogue to Digital).</p>
W	Older People - Care Management	917	<p>Older People - Care Management overspend £917,000</p> <p>Client packages are in an overspend position due to the continuing demographic challenges and suppliers requiring higher inflationary increases than were provided in the budget. With the inhouse management of a Care home in year, any care packages for this facility will no longer be required thus the forecast overspend of £1.7m is lower than the £2.9m reported for 22/23.</p>
X	Older People - Day Care	(155)	<p>Older People Day Care - underspend (£155,000)</p>

<u>Note</u>	<u>Service</u>	Over/(within) budget to end September 2023/24	<u>Narrative</u>
			Delivery of Day Care services has changed post pandemic. Budget has been transferred to the Very Sheltered Housing budget where 'Hubs' have now been established. The budget is currently under review as part of the Medium Term Financial Strategy.
Y	Older People - Home Care	(380)	Older People - Home Care underspend £(380,000) Currently showing an underspend in staffing related to recruitment and retention in this area. However, as the recruitment drive gathers momentum, it is anticipated this underspend will decrease hence the full year underspend is forecast as £500,000.
Z	Older People - Residential Care	1,226	Older People - Residential Care overspend £1,226,000 The overspend is mainly due to the inhouse provision of a Care home and its associated costs. Staff have been tused over and agency use is high. The Care home is to be run inhouse for the full year, hence a forecast position of £2,915,000 of an overspend. This also includes the use of 6 Care home interim beds.
AA	Older People - Very Sheltered Housing	333	Older People - Very Sheltered Housing (VSH) overspend £333,000 This budget is expected to overspend by £600,000 due to staffing mix and an increase in catering charges across all very sheltered housing sites. VSH Managers continue to monitor and manage budgets within current operational environment.
AB	Integrated Care Fund	(105)	Integrated Care Fund underspend £(105,000) The underspend against the Integrated Care Fund is the result of 2023/24 being the final year of the current plan and the conclusion of 2 projects.
AC	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 September 2023.
AD	Vaccination funding	1,157	Vaccination funding overspend £1,157,000 The 2023/24 allocation of vaccination funding from the Scottish Government is expected to be fully utilised. The underspend as at the end of September was the result of the administration of vaccinations not peaking until later in the autumn and the winter.

Appendix 3

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

	NHS Grampian		Aberdeenshire Council	Total
	£	£	£	£
	<u>Non Recurring</u>	Total	Total	
Funding as at the 31st of August 2023 for AH&SCP provided services as reported to the IJB		221,274,692	150,910,612	372,185,304
Reserves financing		1,771,000	1,282,000	3,053,000
Funding for plasma products	480			
Sub total Community Hospitals		480		480
Correction to services hosted by Aberdeenshire	48,875			
Sub total services hosted by Aberdeenshire		48,875		48,875
School Nurse Funding	377,836			
Sub total Funds		377,836		377,836
Overall Revised Budget as at the 31st of September 2023	<u>427,191</u>	<u>223,472,883</u>	<u>152,192,612</u>	<u>375,665,495</u>

Represented by;

NHS Grampian Core Services	66,892,451		66,892,451
Primary Care	44,085,221		44,085,221
Prescribing	49,988,813		49,988,813
Community Mental Health	12,566,949		12,566,949
Aberdeenshire Share of Hosted Services	19,320,462		19,320,462
Out of area services	2,847,000		2,847,000
Partnership Funds	(3,198,768)		(3,198,768)
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)
Rounding	3,847	(1,481)	2,366
	<u>223,472,883</u>	<u>152,192,612</u>	<u>375,665,495</u>
Set Aside Budget			34,515,000
			<u>410,180,495</u>

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 6 DECEMBER 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 Reporting to Aberdeenshire Council Communities and Audit Committees

3.1 Three reports have been presented to the Committee as part of the Committee referral process.

3.2 The audits reported to Communities Committee were as follows –

- **Stage 1 Referral – Assurance Review of IJB Governance**

Agreed that the further update on the Stage 1 Scrutiny Report and recommendations provided the Committee with sufficient assurances on the matter.

- **Stage 2 Referral – IJB Transformational Projects**

Stage 2 workshop was delivered to the Committee in November 2023 to allow for further exploration of the issue and identification of potential improvement actions.

3.3 The audit reported to the Aberdeenshire Council Audit Committee was as follows–

- **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 November 2023.

5. Risk Assurance Group Update – October 2023

5.1 Risk owners with risks ranked medium and high have been invited to the Risk and Assurance Group to provide assurance that their risks are being managed, action taken to reduce the risk and to highlight any support they require in order to mitigate the risk.

Risk 2775 - Covid 19 – associated risks of staff shortage & service disruption

It was agreed to close risk 2275 and merge it together with risk 3058 (sustained impact on the health and social care partnerships staff and services of GOPES level 4).

Coming out of the Covid pandemic, it is important to acknowledge workforce and performance.

It was agreed to look at the implications that covid has had and the stress on staff including the wider implications of long covid and will also link the health and wellbeing plan as part of the mitigation to risk 3058.

Risk 1990 – Sufficiency & Affordability of Resource

It was suggested to include a separate financial risk register. It was noted that Aberdeenshire Council have implemented a separate financial risk register. This will be used to highlight ongoing pressures and what has been built into the medium term finance strategy.

It was agreed to explore this further in the form for a new register. Work will take place with partner organisation finance teams and report back to the Risk and Assurance Group.

It was recognised that this risk rated as high. Agreed to review rating with a link to the quantitative indicators.

5.2 Risk Register Review Update

The risk register has been split out and the following sections have been created

- **Strategic risks - 6**
- **Resource risks - 15**
- **IJB risks - 9**
- **Clinical/care risks – 31**

As far as possible the 10 strategic themes will be reflected against the 61 risks – this will be part of the development process, to allocate these into theme areas.

Continuous improvement officers are working on the strategic development plan reporting structure and reflecting this against the risk register to streamline the process. Work is ongoing to develop the risks related to the strategic projects and mapping the existing risks. This approach was agreed by the Risk and Assurance Group.

An update will be provided to the January 2024 IJB Audit Committee.

5.3 Date of Next Meeting - Tuesday 19th December.

6. Current 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.

6.2 IJB Audit Committee Meetings

6.2.1 Action Log

- Instruct Chief Finance Officer to add to the agenda for a proposed development session risk assurance and scrutiny. This was undertaken in Sep-23 as part of overall Committees review of risk assurance and scrutiny. Report back to IJB Audit Committee in January 2024 with outcome.
- Progress report to be presented to IJB Audit Committee in January 2024 on Audit Recommendation status.
- Report to be presented to IJB Audit Committee in January 2024 addressing the areas of Terms of Reference, Assurance Framework and a further Development Session.

6.2.2 Meeting Dates

A report was presented to the 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.

The Audit Committee requires to meet four times a year. Following discussion at earlier meetings the Audit Committee agreed that best attempts will be made to schedule Audit Committee meetings on different dates as IJB Meetings with a start time of 14.30 and to meet 6 times a year where possible.

The following are the suggested dates for the IJB Audit Committee to meet with confirmation to a future IJB Audit Committee regarding the sixth meeting in November 2024.

- 24th January 2024
- 21st February 2024
- 25th April 2024
- 26th June 2024
- 26th September 2024
- November 2024 – To be confirmed

7. Risks

7.1 IJB Risk 1 Sufficiency and affordability of resource.

8. Monitoring

8.1 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.

9. Equalities, Staffing and Financial Implications

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

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

Joyce Duncan

Chair – IJB Audit Committee

Report prepared by

Chris Smith - Chief Finance and Business Officer – 27th November 2023

REPORT TO INTEGRATION JOINT BOARD 6 DECEMBER 2023

GOVERNANCE UPDATE

1 Recommendation

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

1.1 Consider and comment on the updates provided in this report and

1.2 Instruct the Chief Officer to initiate a recruitment campaign for a new non-voting carer representative member of the IJB.

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 There are no risks identified on the Risk Register.

4 Background

Self-Assessment

4.1 The IJB agreed on the 23rd of August to initiate a review of the IJB Handbook and the membership. As the IJB is aware, there has been a focussed project to strengthen the governance of the IJB and as part of that there have been a set of self-assessments completed with each of the Audit Committee, the Clinical and Adult Social Work Governance Committee and the Strategic Planning Group. These self-assessments have begun, though not all are finally complete. Discussions have centred on Quality Standards, agreed with the Chief Officer, which are: -

1. The IJB has a Strategic Plan for delivery of identified outcomes which ensures adequate alignment with other aligned strategic plans.
2. The IJB can demonstrate public money is used to maximum benefit to deliver measurable outcomes for the local population in delivery of the Strategic Plan.
3. The IJB can demonstrate quality improvement in delivery of outcomes.
4. The IJB can demonstrate appropriate governance, and oversight in delivery of the Strategic Plan.
5. The IJB effectively engages with partners and the community.

4.2 The self-assessment discussions culminated in the groups scoring themselves using a scoring matrix specifically designed to highlight areas where there is a need to develop, areas to explore and areas to maintain. This will lead to the

development of a development plan for each of the Committees and groups which will drive improvement going forward.

- 4.3 The next step is that the IJB shall consider the scores from each of the self-assessments of the groups who provide assurance to the IJB on different areas of business. The IJB Audit Committee on finance and risk, the Clinical and Adult Social Work Governance Committee on clinical and social care risk and the Strategic Planning Group on the development and monitoring of plans. A date is being identified at present for discussion at a development session of the IJB to discuss the Self-Assessment outputs and to come to a score overall.
- 4.4 Also as part of the self-assessment discussions and the ongoing governance support over the summer, work has commenced on a new section for the Handbook specifically focussed on scrutiny. This will narrate what scrutiny is, and what processes can be followed where the IJB or a Committee, feel that they are not assured. This is based on previous reports however may be subject to change following the IJB's self-assessment.

Audit

- 4.5 The Audit Committee Terms of Reference will be expanded to include reference to the scrutiny section, as well as a new section clearly narrating the relationship between the IJB Audit Committee and the Audit Committees of both NHS Grampian and Aberdeenshire Council. This will clarify the governance roles around audit and will set and manage the expectations.

Clinical and Adult Social Work Governance Committee

- 4.6 The discussions during the self-assessments have been useful in setting a baseline for where the Committees feel that they are and have highlighted both areas where there is a high degree of confidence, and others where there are not. There are elements from the self-assessment which may necessitate change to the IJB Handbook. One such element is as a result of an internal audit recommendation in relation to publication of the Clinical and Adult Social Work Governance agendas. The information governance rules between the Council and NHS Grampian are different, and work is ongoing with information governance colleagues in NHS Grampian to ensure that there are appropriate exemptions for information to come to the IJB and IJB Committees without publishing information that NHS Grampian would not. This is one of the key areas of focus and there are ongoing discussions with key members of staff in NHS Grampian. This will result in a review to the list of exemptions in the Handbook. It is anticipated that this will be completed in December for reporting back to the IJB in January subject to diaries and capacities.
- 4.7 It had been anticipated that the review would have been completed for reporting in December however given the requirement for engagement over these crucial areas particularly information governance issues, more time is required to ensure that any amendments are properly considered with no unintended consequences. The Governance Handbook will be presented to Committee once the IJB have completed their self-assessment and following

further discussions on the relationships between the audit committee, currently scheduled for mid January.

Integration Scheme

- 4.8 By way of an update, the Integration Scheme has been returned to the partnership by the Scottish Government with minor amendments. The amendments are formatting issues so this is being updated and will be resubmitted for final approval to the Scottish Government.

IJB Membership

- 4.9 As discussed in the report to the IJB in August, the legislation sets out the requirements for both voting and non-voting members. There will be a voting member vacancy for an NHS Grampian Non-Executive Board member which will be appointed by NHS Grampian following the appointment of a new member by Scottish Ministers. There has been no indication of timescale from the Scottish Government as to when this will be.
- 4.10 A comparison of membership across Scotland has been undertaken and Appendix 2 shows the variety of different memberships across Scotland for consideration.
- 4.11 The Aberdeenshire IJB is carrying a vacancy for a carer representative. It is proposed that the recruitment process is initiated by the Chief Officer so that once the new voting member is confirmed by NHS Grampian, that the new carer representative could begin and be inducted at the same time.
- 4.12 Once the recruitment process is complete, and this would include interviews with the Chief Officer, Chair and Vice Chair, the IJB will be asked to confirm the appointment. It is proposed that the membership review is undertaken at that time so that the timing of the 3 yearly review will start from the date the new members begin.

Recruitment of Committee Officer Support

- 4.13 By way of update, an additional Committee Officer has been recruited to the Council's Committee Services Team in order to ensure that there is ongoing support to the IJB and both Committees.

5 Summary

- 5.1 In summary, much work has been undertaken in strengthening the governance of the IJB as illustrated in this report. The work is ongoing and time for collaboration across the NHS, Council and HSCP is required and so will be reported back to the IJB early in 2024 following on from an IJB development session which is due to take place in January. In the interim, the IJB may wish to consider recruiting an additional carers representative and considering whether or not there would be benefit in any other additional non-voting members, and if so, recruiting those at the same time.

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 report seeks to initiate a review of Governance processes. Should there be any impacts identified during the course of the review, an IIA will be brought to the IJB along with any proposals for change.

Pamela Milliken
Chief Officer

Report prepared by Lauren Cowie, Legal Service Manager (Governance)
24th November 2024

List of Appendices

Appendix 1 – IJB Non-Voting Membership Comparison

APPENDIX 1

IJB Non-Voting Membership Comparison over Scotland

The IJB membership must include people who represent the views of those using the service and unpaid carers. These representatives are stakeholders' members. A stakeholder member is someone who is able to comment on and influence decision making but doesn't have voting rights. They use their knowledge and experience to consider the impact of decisions on the individuals or groups they represent. They engage with, and gather the views of, others.

Aberdeenshire Council IJB Non-Voting Members
Chief Officer
Chief Finance and Business Officer
Chief Social Work Officer
Public Representative
Carers Representative
Nursing Lead Advisor
Medical Director
Trade Union Representative
Staff side/Trade Union Representative
Third Sector Representatives x 2
Vacancy for acute care Representative

Non-Voting Memberships Across Scotland

Glasgow City Council
Chief Officer
Chief Officer Finance and Resources
Chief Nurse
Clinical Director
Deputy Medical Director
Assistant Chief Officer
Interim Chief Social work Officer
Divisional Director
Staff Side Representatives x 2
Independent Representative
Social Care Representative
Health Care User Representative
Vacancy for a Chief Operating Officer
Vacancy for Third sector Representative
Vacancy for a Carer Representative

North Ayrshire Council
Director
Head of Service
Clinical Director
Chief Social Work Officer
Acute Services Representative
Lead Health Professional
Nurse Director
Lead Psychologist
Staff Side Representatives x 2
Carers Representative
Service User Representative
Third Sector Representative
Forum Representative
Vacancy for Independent Representative
Vacancy for Locality Form Representative x 2

Edinburgh City Council
Chief Nurse
Registered Medical Practitioner
Chief Financial Officer
Chief Social Work Officer
Third Sector Representative
Health Care Professional Representative
Carer Representatives x 2
Staff Representatives x 2
Service User Representatives x 3

Moray Council
Registered Practitioners X 3
Lead Nurse
Chief Officer
Chief Financial Officer
Chief Social Work Officer
Staff Representative
Patient Representative
Carer Representative
UNISON Representative

Dumfries & Galloway Council
Registered Medical Practitioner x 2
Workforce Advisor
Interim Nurse Director
Interim Chief Financial Officer
Governance Officer
Chief Officer
Director of Public Health
Scottish Care Representative
Third Sector Representative
NHS Side Staff Representative
Local Authority Staff Representative
Unpaid Carers Representative
Vacancy for service User Representative

East Renfrewshire Council
Chief Financial Officer
Clinical Director
Chief Officer
Chief Social Worker
Lead Allied Health Professional
Carer Representative x 2
Third Sector Representative
Staff Representatives x 2
Vacancy for Medical Practitioner
Vacancy for service User Representative

Angus Council
Chief Officer
Chief Financial Officer
Chief Social worker
Clinical Director
Consultant – Registered Medical Practitioner
Nurse Director
GP Representative
Carer Representative
Third sector Representative
Independent Representative
Service user Representative
Staff Representative – Local Authority
Staff Representative

Falkirk Council
Chief Officer
Chief Financial Officer
Chief Executive of NHS Grampian
Chief Social Work Officer
Medical Director
Executive nurse director
Clinical lead
Staff Representatives x 2
Service User Representative
Carers Representative
Third Sector Representatives X 2

Clackmannanshire & Stirling Council– joint IJB
Chief Officer
Medical Director
Chief Financial Officer
Chief Social Work Officer
General Practitioner
Staff Representatives X 2
Service user Representatives X 2
Third sector Representatives X 4
Carer Representatives X 2

East Ayrshire Council
Chief Officer
Chief Finance Officer
Chief Social Work Officer
General Practitioner
Associate Nurse Director
Associate Medical Director
Clinical Director
Children Health Commissioner
Senior Manager Allied Health Professionals
Trade Union Representatives
Staff Representative
Council of Voluntary Organisation Representative
Patient Representatives X 2
Carers Representatives X 2
Scottish Care Representative

Orkney Islands Council
Chief Officer
Chief Social Work Officer
Chief Finance Officer
General Practitioner
Medical Practitioner
Registered Nurse
Staff Representatives X 2
Third Sector Representative
Carer Representative
Service User Representative
Housing Representative

Perth and Kinross Council
Chief Officer
Chief Financial Officer
Head of Health
Head of Adult Mental Health & Learning Disability Inpatient Services
Head of Adult Social Work and Social Care
Medical Practitioners x 2
Director of Public Health
External Advisor
Service User Representative
Staff Side Representatives X 2
Service User Representative
Carer Representatives x 2

West Lothian council
Social Worker
Finance Business Partner
Professional Advisors x 2
Clinical Director
Chief Officer
Stakeholder Representatives x 4

Dundee City Council
Chief Officer
Chief Finance Officer
Registered Medical Practitioner
Registered Nurse
Chief Social Work Officer
Director of Public Health
Third Sector Representative
Staff Representative
Trade Union Representatives
Carer Representatives
Service User Representatives

Argyl and Bute Council
Head of Primary Care
Associate Allied Health Professional Director
Chief Officer
Chief Social Work Officer
Head of Finance and Transformation
Depute Medical Director
Associate Nurse Director
Associate Director for Public Health
Lead Pharmacist
General Practitioner
NHS highland Representatives X 4
Staff side Representatives X 2
Independent Sector Representative
Service User Representatives x 2
Carer Representative
Third Sector Representative
Vacancy for Secondary Care Medical Practitioner

East Dunbartonshire Council
Chief Officer
Chief Finance Officer
Chief Social Work Officer
Clinical Director
Professional Nurse Advisor
Acute Representative
Trade Union Representatives x 2
Carers Representative
Service User Representative
Voluntary Sector Representative

East Lothian Council
Chief Nurse
Local GP
Specialist in Substance Misuse
Chief Finance Officer
Chief Officer
Registered Medical Practitioner
Head of Children Services & Chief Social Worker
Clinical Director
Service User Representative
Third Sector Representative
Carer Representative
Public Health Representative
Service User Representative
Staff Representative
Independent Sector Representative

Fife Council
Joint TU Secretary
CEO of Fife Voluntary Action
Associate Director- Allied Health Professionals
Chief Officer
Chief Finance Officer
Deputy Medical Director
Chief Social Work Officer
Associate Director of Nursing
Medical Representative (Not GP)
Service User Representative
Independent Sector Representative
Staff Representatives X 2
Carer Representative

Renfrewshire Council
Chief Officer
Chief Finance Officer
Chief Social Worker
Medical Practitioners X 2
Social Worker
NHS Representative
Third Sector Representative
Service User Representative
Carer Representative
Trade union Representative x 2
Registered Nurse Representative

Shetland Islands Council
Chief Officer
Chief Social Work Officer
Lead Nurse
Chief Financial Officer
Third Sector Representative
Staff Representative x 2
Service User Representative
Carers Representative

West Dunbartonshire Council
Chief Officer
Chief Financial Officer
Chief Social Worker
Clinical Director
Professional Nurse Advisor
Lead Allied Health Professional
Housing Professional
Chief Officer for Third Sector Interface
Chair of HSPCs Locality Engagement Network x 2
Service Manager for Carers
Trade Union Representative
Staff Representative
Vacancy for Chief of Medicine
Vacancy for GP
Vacancy for Chair of HSCP's Locality Group

Curam Is Slainte Nan Eilean Siar
Chief Officer
Chief Finance Officer
Chief Social Worker
Lead Nurse
Hebridean Housing Partnership
Hospital-based Medical Practitioner
Associate Medical Director
NHS Chief Executive
CnES Chief Executive
CnES Legal and Procurement Manager
Staff Representatives x 2
Third Sector Representatives x2
Service User
Carer Representative
Scottish Ambulance Representative
General Medical Practitioner Representative

Summary

The above information clearly displays that in addition to the statutory requirements for the membership of an Integrated Joint Board, various local authorities have selected to recruit other additional members.

Examples of such include: -

- Scottish Ambulance Representatives
- Housing Professional
- Specialist in Substance Misuse
- Lead Psychologist
- Forum Representative
- Workforce Advisor
- Council of Voluntary Organisation Representative
- Head of Adult Mental Health & Learning Disability Inpatient Services

These appointments have been made depending on particular need or circumstances in those areas and so may or may not be appropriate for Aberdeenshire.

As previously outlined, Aberdeenshire membership of the Integrated Joint Board is as follows: -

- Chief Officer
- Chief Finance and Business Officer
- Chief Social Work Officer
- Public Representative
- 2 x Carers Representative (one vacancy)
- Nursing Lead Advisor
- Medical Director
- 2 x Staff side/Trade Union Representative
- 2 x Third Sector Representative

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 6 DECEMBER 2023

ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) 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 31st October 2023 including the project update on the Analogue to Digital workstream and from the Workforce and Training Group.
- 1.2 To note the work undertaken by the SPG on a self-assessment process to be considered further as part of the IJB's own self-assessment.

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 31st October 2023.



5 Summary

- 5.1 The main focus of the SPG meeting was to undertake a self-assessment process. Both of the IJB's Audit and Clinical and Adult Social Work Governance Committees have undertaken a self-assessment in line with their Terms of Reference. This is also a requirement within the SPG's Terms of Reference whilst also linking to and supporting the HSCP's response to recommendation 1.3 from Internal Audit 2312 - Assurance Review of IJB Governance Arrangements.
- 5.2 The outcome of the self-assessment process will form part of the consideration of the IJB's own self-assessment. The discussion focussed on the quality standards, and specifically on the focus on strategic issues, the alignment of the IJB Strategic Plan with other local plans as well as engagement with the public.
- 5.3 In addition, this provided the opportunity for the group to consider its work and reflect on how it is fulfilling its role, as well as what improvements could be made in the future.

5.4 Analogue to Digital Strategy

- 5.4.1 The update report provided to SPG (attached at Appendix 1) highlighted that by the end of 2025, the current analogue telephone service on copper wires will be switched off as the UK's telecoms infrastructure is upgraded to digital fibre connectivity. This process has been underway for some time however the next 24-36 months will see the biggest impact on private and business telephone users as migration to digital is progressed by the various telecom providers.
- 5.4.2 Since September 2023, it is no longer possible to purchase or obtain a new copper based analogue telephone service if a digital telephone connection is available. The migration to digital telephone lines is being driven by the infrastructure owners, Openreach, and in some areas of the country Virgin Media, but delivered by the various telecom providers, i.e. BT, Sky, Talk Talk etc.
- 5.4.3 Although forced migrations were paused for a time, they are due to resume in 2024. Various actions to mitigate against telecare clients being 'force migrated' have been taken, including providing telecom providers with the ARC contact number to check for outgoing calls from customers and work is currently ongoing to instigate a data sharing agreement with BT regarding telecare clients within Scotland.
- 5.4.4 Key highlights which were provided in this latest update report includes:



- Preferred supplier for the Shared ARC solution tender identified and contract award is imminent and clear pathways to implementing solution along with ACC.
- Additional work necessary with ACC once pricing structure for shared ARC established.
- Purchasing strategy of 100 hybrid alarms each month since November 2022 now providing a constant supply of alarms (currently 6-month lead time for deliveries)
- Procurement pathway identified and in part established to continue.
- Purchasing of alarms out with framework and to complete necessary purchases.
- Infrastructure works identified for Sheltered Housing and work to progress in near future.

5.5 Workforce and Training Group Update

- 5.5.1 The Workforce and Training Group has overarching responsibility for the delivery of the Aberdeenshire Health & Social Care Partnership Workforce Plan (2022-25). The Workforce Plan, published in 2022, aims to support the achievement of the HSCP Vision with the development of a more flexible, fully staffed, trained and skilled workforce that better reflects the community which we serve in terms of protected characteristics.
- 5.5.2 There has been significant progress (Appendix 2) during quarters 1 and 2 of 2023/24 which were highlighted to SPG with key highlights including the investment in staff resources (Digital Project Manager and Workforce Training Manager) to support the workforce plan. The first six steps service review has been carried out with the Joint Equipment Service and another three service reviews are underway.
- 5.5.3 Key milestones which have been achieved by the project include:
- Three thematic sub-groups were established in June 2023 covering the above actions (Recruitment; Training, Development and Succession and Staff Health and Wellbeing).
 - Each of these groups has prepared an Action Plan to co-ordinate, lead and track progress against the suite of projects and actions which fall within their respective remits.
 - In all three cases actions and project delivery has also commenced on a phased basis.

6 Equalities, Staffing and Financial Implications

- 6.1 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.
- 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.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Lynne Gravener, (Interim) Programme Manager
Date: 2nd November 2023

Appendix 1: Analogue to Digital Project Update Report
Appendix 2: Workforce & Training Group Update Report

Appendix 1

PROJECT UPDATE REPORT

Submitted by: Euan Stratton			Date of Report: 24 th October 2023	
Project title: Analogue to Digital Telecare Migration	Project ID Number: SDP22-25_Dec22_23	Priority workstream (if applicable):	RAG status for current phase*	Amber
Project phase <i>Planning/Delivering -</i>				
Initiation ** Complete	Planning** Q1 2024	Implementation** Q2-Q3 2025	Close** Q1 2026	
Which strategic priority does the project align to?				
Prevention and early intervention	Reshaping care	Engagement	Effective use of resources	Tackling inequalities and public protection
Brief description of the project				
<p>By the end of 2025, the current analogue telephone service on copper wires will be switched off as the UK's telecoms infrastructure is upgraded to digital fibre connectivity. This process has been underway for some time, however the next 24-36 months will see the biggest impact on private and business telephone users as migration to digital is progressed by the various telecom providers. This migration is being driven by the instability and vulnerability of the existing analogue network and we are unable to influence this process, or the areas selected for migration. For some time now, customers who seek to upgrade or switch their telephone or broadband package have been upgraded to a purely digital service, if available. Forced migrations are due to commence in Scotland in April 2024.</p> <p>Telecare, which includes community alarms, previously relied on a traditional telephone line to raise an alarm call. These analogue alarms use audio tones (STMF/DTMF) to send specific information through to an alarm receiving centre (ARC) before the voice call is connected, however these tones are not suitable and can prove unreliable when used over a digital connection. The advice from both the Scottish Government Digital Office and the TEC Services Association is for analogue telecare equipment to be replaced with digital alternatives. Aberdeenshire currently have about 2500-2600 community alarms installed with clients.</p> <p>This work also impacts approx. 1700 tenants in our sheltered and very sheltered housing complexes, who rely on a Tunstall warden call system. This system includes door entry, warden call via an emergency button or pull cord, and fire alarms. With 57 complexes throughout the LCA, each warden call system connects to the ARC via a traditional analogue telephone line when the system is switched to 'off-site'. These warden call systems are not currently compatible with digital telephone lines.</p>				

Aberdeenshire Council/HSCP currently utilise the Regional Communication Centre (RCC) based at Aberdeen City Council as our ARC to manage any alarm calls made from community alarms or from sheltered housing warden call systems which have been set to 'off-site'. The RCC utilises a Tunstall platform to receive and manage alarm calls. At present, this platform can only receive analogue signalling and is not compatible with digital lines.

A project board comprising of managers from Aberdeenshire Council Housing and Building Standards, AHSCP, the Principle Electrical Engineer from Property and Facilities and a project leader were installed around April 2021 to plan, develop and ultimately deliver the migration to digital for telecare and warden call systems. Funding for the project leader role was provided by the Scottish Government at £50k per year for the first 2 years of the project, however this funding ceased in 2023. Finance have also been involved with the project board for several months now.

It was identified that the project involves three separate but interconnecting strands, namely community or dispersed alarms, the alarm receiving centre and sheltered housing.

Project update as of 19th October 2023

Since September 2023, it is no longer possible to purchase or obtain a new copper based analogue telephone service if a digital telephone connection is available. The migration to digital telephone lines is being driven by the infrastructure owners, Openreach, and in some areas of the country Virgin Media, but delivered by the various telecom providers, i.e. BT, Sky, Talk Talk etc. Although forced migrations were paused for a time, they are due to resume in 2024. Various actions to mitigate against telecare clients being 'force migrated' have been taken, including providing telecom providers with the ARC contact number to check for outgoing calls from customers and work is currently ongoing to instigate a data sharing agreement with BT regarding telecare clients within Scotland.

Community Alarms

Since 2022, we have been purchasing and installing digital ready community alarms that connect using the mobile telephone or GSM network. These alarms are known as 'hybrid alarms' because although they are digitally ready, they can operate using analogue protocols enabling them to connect to the ARC at RCC in Aberdeen, which operates on an analogue receiving platform.

Following the pandemic and the global chip shortage, obtaining new alarms has proved extremely challenging and at various points through 2023 the telecare service was close to having zero stock available. This was mitigated by instigating a Scotland wide device sharing programme, where redundant analogue stock from other areas could be gifted to other services. Stock levels have now improved, and we currently have approx. 150 hybrid alarms in stock with 500 still awaiting dispatch from the manufacturer. 29% of all alarms installed in Aberdeenshire are hybrid type alarms. With the alarms awaiting dispatch and those already in stock, we have about 50-55% hybrid alarm availability.

Up until August 2023, alarm purchases were done utilising the Scotland Excel TEC purchasing framework. Unfortunately, this framework has now expired, and its

replacement is not expected until early 2024. A Direct Award Procurement request has been approved to Legrand Care who currently provide our hybrid alarms. It has been recommended and approved by the Project Board to carry out a procurement exercise to purchase the remaining necessary digital alarms of about 1000-1200 units. This will coincide with the implementation of the digital ARC, providing increased choice for alarm units and probable cost saving and other benefits, such as guaranteed stock availability, security assessed devices approved for use with the new digital ARC, increased functionality and proactive monitoring possibilities etc.

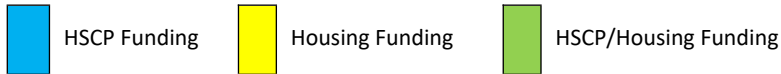
Alarm Receiving Centre

As early adopters of the Shared Digital ARC solution for Scotland, there has been a lengthy programme of work to reach the stage where a preferred bidder, Chubb Fire and Security Ltd, has been identified. Final negotiations are taking place between Scotland Excel, the Digital Office and Chubb before contract award. Aberdeen City Council are also adopters of the Shared ARC and it's intended this solution will replace their current analogue system. It is hoped the digital solution will be operational March/April 2024, although an extensive onboarding process will be required including testing and reprogramming of existing hybrid alarm stock. Negotiations and agreements with ACC have still to take place and will be better informed once the pricing structure for the new solution is known. Work has already been undertaken to cleanse data on the existing platform to mitigate unnecessary costs.

Sheltered Housing

The infrastructure works necessary to provide IP or internet connections at relevant points in the 57 sheltered housing sites managed by Aberdeenshire that operate warden call systems has concluded and the work is about to be started. A 'digital connector' solution from Tunstall who provide the warden call systems is expected to be available soon, with provisional ordering and installation works to be arranged and managed. It is hoped to have these digital connectors in place for the implementation of the digital ARC at ACC/RCC. There will also need to be extensive testing of these systems once the digital ARC is available.

Estimated Costs



Type	Cost	Spend to Date (end of September 2023)	Annual Rolling Cost
Community/Dispersed Alarms	Approx £800,000 - £1,000,000 (equipment only, alarms and peripherals)	£480,058 (equipment and staff costs incl. pending orders) - £100,000 of which was Scottish Govt funding	SIM charges total approx. £117,000-£135,000 (alarms purchased to date have 2 years of SIM charges included in the initial cost)
Sheltered Housing – Tunstall Digital Connector Option at all sites	Approx £100,155 (equipment) + £32,300 for necessary infrastructure works	£0	Total approx. £17,850 (additional to existing maintenance costs and includes yearly SIM and new broadband charges)
Alarm Receiving Centre – New digital receiving platform with RCC managing alarm calls	Unknown presently though possibly £170,000 - £250,000 per year	Current arrangement with ACC/RCC £170,00 per year (split 50/50 between HSCP and Housing)	Estimated approx. £170,000 - £250,000

Key achievements

Resources (Workforce, Finance, Assets)

Please refer to project charter

The Project Board have agreed specific paths based in relation to the options provided. Key achievements have been.

- Preferred supplier for the Shared ARC solution tender identified and contract award is imminent and clear pathways to implementing solution along with ACC.
- Additional work necessary with ACC once pricing structure for Shared ARC established.
- Purchasing strategy of 100 hybrid alarms each month since November 2022 now providing a constant supply of alarms (currently 6-month lead time for deliveries)
- Procurement pathway identified and in part established to continue purchasing of alarms out with framework and to complete necessary purchases.
- Infrastructure works identified for Sheltered Housing and work to progress in near future, preferred option from Tunstall becoming available to order.

Please refer to project charter

The biggest impact on workforce resources will involve the telecare team at the JEC. The strategy to purchase and install whenever possible hybrid alarms since 2022 should reduce the burden however there will be a need during 2024 to utilise the existing technicians to carry out daily equipment upgrades by replacing older analogue equipment with hybrid alternatives for existing clients.

Another consideration is the demand placed upon the team in relation to portal management for digital devices. Digital alarms provide routine 'heartbeat' updates over the mobile network and can notify real time faults, such as mains or network failures, low batteries etc. This also provides the ability for more remote resolutions to faults, however as the digital alarm estate increases as will the demand for the effective management of these portals.

Clearly, there is a significant financial impact associated with this project, though every effort has and is being made to ensure the best available and suitable equipment is obtained with budget considerations at the forefront.

Finance have agreed to attend each Project Board meeting and have been doing so for several months now.

**Risk and Mitigations
Please refer to project charter**

The [Risk Register](#) for this project, which has previously been added to the AHSCP risk register, is reviewed monthly by the Project Board. Improvements in relation to stock resilience and the mitigating factors of stock purchasing strategies and national device sharing have improved identified risks.

Issues for escalation

As we move closer to accessing a digital alarm receiving solution at RCC, this increases the choice of telecare equipment we can install and utilise.

Along with three other authorities, Aberdeenshire have assisted in a programme of testing next generation telecare equipment from 2iC-Care. Their hub can be linked with a multitude of different peripherals from various manufacturers, providing the opportunity to utilise existing peripheral stock and enable greater choice in the future.

The imminent contract award for the Shared ARC and the desire on both sides to continue partnership with ACC for RCC alarm receiving services has mitigated identified risks.

The likelihood of imminent ordering of the IP Connector solution for sheltered housing along with identifying and initiating infrastructure works has mitigated identified risks. Alternative solutions from other manufacturers and telephone line considerations with BT Wholesale are also being explored to further minimise risk.

Large scale forced migration to digital telephone lines within Aberdeenshire creates perhaps the highest current risk associated with this project. Mitigating factors such as continued coordinated work with the Digital Office, TSA, Openreach and Telecom Providers is designed to mitigate upon these risks as is the data sharing agreement currently being worked on along with BT and the Digital Office.

With more units relying on the GSM network as a means for connectivity, any failure of the network or power outages that also impact mobile telephone masts creates a risk. Work is ongoing both with a national Resilience Working Group lead by the Digital Office and the TSA to mitigate against these issues. Alarms with more than one means of connectivity is preferred, i.e., IP and GSM, as well as dual SIM or dual core options also preferred. There is scope to develop a formal telecare business continuity plan to assist the telecare team with managing future outages.

As well as conventional reactive monitoring via traditional pendants, fall detectors etc, this device and its associated software can manage proactive monitoring through a variety of sensors to provide next level telehealth services and the ability to support and help clients through early intervention in response to changes in monitored activities.

It can also be used to better support clients with more complex care requirements by enabling access to advanced monitoring and reporting opportunities.

The project board have agreed a full procurement exercise should be undertaken to purchase the remaining approximate 1000-1200 digital alarms that are still required. The evaluation of any bids will be based upon many factors, and it will be equally important to consider factors such as opportunities for enhanced and proactive monitoring for clients now and in the future. Although some options may initially appear more expensive, they may provide cost saving benefits elsewhere.

Deliverables
Please refer to project charter

This project has experienced setbacks and challenges from the outset, primarily with supply chain issues and delays out with our control, such as with the Shared ARC programme. Key deliverables however are:

Benefits
Please refer to project charter

- Digital telecare can provide the ability to support emerging and next generation telehealth technology which is not possible with analogue equipment. This is in line with the AHSCP strategic priorities.
- Remote monitoring, programming and resolution of faults saving staff time and

<ul style="list-style-type: none"> • 29% of telecare clients now have a digital enabled community alarm installed. • Awaited alarm deliveries will achieve a total digital alarm stock level of more than 50% • The shared digital ARC solution with RCC is still hoped to be available about April 2024 • Infrastructure work is due to commence, and product ordering is expected imminently in relation to sheltered housing and its digital solution for warden call systems. 	<p>reducing vehicular travel.</p> <ul style="list-style-type: none"> • The shared digital ARC for Scotland and digital telecare may have clear alignment with the proposed National Care Service • Digital calls connect quicker and more reliably than analogue and can transmit much greater volumes of data, reducing the time vulnerable clients may spend trying to raise an alarm. • Ability to monitor and assess digital data and provide routes to early intervention or support where necessary, e.g., evidence of increased falls
<p>Engagement</p> <p>Engagement has been undertaken throughout the project with information being shared with all telecare clients. Information is also available on the Aberdeenshire telecare webpage and a questionnaire survey of sheltered housing tenants and staff was also carried out.</p> <p>Referring teams have been informed of the need for change and the impact to services.</p> <p>There has been close communication with the telecare technicians throughout testing and the installation of digital compatible alarms. Their input has been vital in determining decisions made by the project board.</p> <p>Information on the gov.uk website regarding the analogue to digital telephone migration has been made accessible from appropriate pages of the Aberdeenshire/AHSCP website.</p> <p>Further information regarding the switch to digital telephony and the impact on telecare was sent by post to clients this year.</p>	<p>Equalities</p> <p>Digital telecare and the integration of emerging telehealth opportunities, supports the delivery of the Equalities outcomes agreed for 2020-2024 for people with protected characteristics, for example:</p> <ul style="list-style-type: none"> • to live in a homely environment • to live healthy, independent lives • to enable monitoring and assessment to provide earlier clinical intervention if necessary.

*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

PROJECT UPDATE REPORT



Submitted by: Philippa Jensen, Interim Strategy and Transformation Manager			Date of Report: <insert>	
Project title: Workforce & Training Group	Project ID Number: N/A	Priority workstream (if applicable): <insert>	RAG status for current phase*	Green
Project phase <i>State estimated completion date for phase and highlight current phase that RAG status applies to</i>				
Initiation **	Planning** April 2023	Implementation** June 2023-April 2025	Close**	
Which strategic priority does the project align to?				
Prevention and early intervention	Reshaping care	Engagement	Effective use of resources	Tackling inequalities and public protection
Brief description of the project				
<p>The Workforce & Training Group has overarching responsibility for the delivery of the Aberdeenshire Health & Social Care Partnership Workforce Plan (2022-25). The Workforce Plan, published in 2022, aims to support the achievement of the Partnership Vision with the development of a more flexible, fully staffed, trained and skilled workforce that better reflects the community which we serve in terms of protected characteristics.</p> <p>We aim to do this through a programme of projects and actions that will:</p> <ul style="list-style-type: none"> • Improve our recruitment approaches to better attract applicants to our ‘difficult to fill’ posts with a more diverse social background and characteristics • Improve and enhance training and development opportunities across the Partnership in an integrated way for our staff to increase their skills and knowledge, provide staff with improved progression pathways and so increase staff retention • Support and improve staff health and wellbeing to reduce sickness absence, improve job satisfaction and reduce the current high turnover • Review staff teams across the Partnership in a phased manner to ensure we have a workforce that is better equipped, skilled, efficient and resourced to meet the needs of the community of Aberdeenshire in the future and in a way that is aligned to our Medium-Term Financial Plan. <p>The Workforce Plan is monitored by Scottish Government through NHS Grampian’s Workforce Planner’s Group with the next annual update due after April 2024. The first update was requested and submitted on time to Scottish Government via NHS Grampian on 1 June 2023.</p>				

Project update as of October 2023

The project is currently rated green as significant progress has been made during Quarters 1 and 2 of 2023/24.

This has included the following milestones:

- Three thematic sub-groups were established in June 2023 covering the above actions (Recruitment; Training, Development and Succession and Staff Health and Wellbeing)
- Each of these groups has prepared an Action Plan to co-ordinate, lead and track progress against the suite of projects and actions which fall within their respective remits
- In all three cases actions and project delivery has also commenced on a phased basis.

Key achievements

1. Staff resources in place to support the Workforce Plan with a Digital Project Manager and Workforce Transformation Project Manager – April 2023
2. Securing training support from NES/SG for an Adult Social Care International Recruitment Pilot – August 2023
3. First service review completed for the Joint Equipment Service based on 60% staff engagement – September 2023
4. Three other service reviews currently underway – Bladder and Bowel, Older Adult Mental Health (in support of the Mental Health Project Manager) and the Prison Team (in support of the Location Manager) – September 2023

Resources (Workforce, Finance, Assets)

The Workforce Plan Programme seeks to ensure that staff are fully engaged and involved in the delivery of the programme with the result being an improvement in staff satisfaction and ownership of decisions that affect the workforce.

This will be achieved by early engagement with the workforce in respect of the actions, projects and service reviews, ensuring that staff are involved throughout and that there is transparent communication and listening to staff views throughout.

This will result in an improvement in the proportion of staff that feel involved in decision-making across the Partnership and effectively manage the key dependency of the Workforce Plan on staff health and wellbeing.

Risk and Mitigations

Key risks are as follows:

Issues for escalation

None at this stage

<ol style="list-style-type: none">1. Limited staff resources to support projects and actions especially in partner agencies in the education sector – manage through phasing actions in the Action Plans and in seeking to work in a Pan Grampian way with partners2. Increased demand for health and social care services from an increasingly ageing population with more complex needs that will increase pressures on staff and services – mitigate through ensuring that service reviews consider the changing social and economic characteristics of Aberdeenshire3. The current Partnership budget shortfall, which makes it more challenging to increase staffing to meet new and changing demand – manage through ensuring opportunities for ‘invest to save’ initiatives are explored and seek to identify waste and inefficiencies that add unnecessary time and effort to the workload of staff teams4. The current economic and political climate post Covid, is creating an uncertain and challenging environment for staff, representing a threat to staff health and wellbeing and absence levels as well as increasing recruitment difficulties – mitigate through ensuring staff are fully supported with available resources and improve our culture so staff feel an increased sense of belonging and satisfaction of working for the Partnership5. There is a risk that the scale of change proposed in the Plan may impact adversely on staff health and wellbeing and worsen sickness and turnover – manage through comprehensive staff engagement as a cross-cutting activity throughout all projects and actions to ensure employees are fully supported through change	
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<p>Deliverables</p> <p>Develop succession plans and ensure we have the right staff in the right place in teams using six steps workforce planning – first review completed September 2023</p> <p>Develop an integrated training needs analysis for all staff – included within the Training, Development & Succession Group Action Plan</p> <p>Support staff to work more flexibly and efficiently and deploy new patient/carer technology – Digital Project Manager recruited April 2023</p> <p>Support staff health and wellbeing – Staff Health and Wellbeing Group refreshed in June 2023 and developed an agreed Action Plan in October 2023.</p> <p>In addition the Workforce and Training Group has been asked to lead the development of guidance for the Partnership on the implementation of the Health and Care Staffing Act 2019, which comes in to operation from April 2024.</p>	<p>Benefits</p> <p>Increase in ‘difficult to fill’ posts recruited to – 180 Home Care and 52 nursing posts recruited to – 2022/23 – 196 and 90 achieved</p> <p>Increase in salaried GP posts recruited to – 5 by 2025</p> <p>Recruit to ‘difficult to fill’ Prison Team posts – 6.6 WTE by 2022/23 – expected by end of 2023/24 due to slippage in start of Prison Review</p> <p>Recruit delivery resources for the Workforce Plan – Digital PM and Workforce Transformation Programme Manager Mid-April 2023</p>
<p>Engagement</p> <p>The Workforce Plan has adopted a cross cutting action to ensure that engagement underpins all 6 steps service reviews carried out.</p>	<p>Equalities</p> <p>The Integrated Impact Assessment, produced and approved in October 2022, for the Workforce Plan identifies a series of actions to mainstream equality issues into the delivery. These actions, which are underway, include:</p>

The Staff Health and Wellbeing Group has also adopted an action in its Action Plan to scrutinise all other Workforce Plan projects and actions to ensure staff are engaged and supported through this activity – by October 2023 60% of the Joint Equipment Service workforce and 100% of the Bladder & Bowel Service workforce were both engaged and helped shape their respective 6 steps service reviews.

- Engaging fully with our workforce in a variety of ways to ensure everyone, whatever their background and characteristics, can feel safe to get involved and be able to shape the implementation of workforce actions as they impact staff. iMatter reveals that our staff do not feel as involved in decision-making as they could be.
- Diversifying the workforce through broadening the audience of our advertised posts to build a more sustainable workforce as well as one that better reflects the community of Aberdeenshire. Data analysis shows we have a generally older workforce with less young people than comparable figures for NHS Grampian and Aberdeenshire Council as a whole.
- Delivering more flexible opportunities to work for us using new technology as well as the Retire and Return Scheme

***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.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 6 DECEMBER 2023

ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) REVIEW OF THE ORGANISATIONAL GOVERNANCE FRAMEWORK

1 Recommendation

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

- 1.1 Approve the revised Aberdeenshire Health & Social Care Partnership (HSCP) Organisational Governance Framework.

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 6 - Service/business alignment with current and future needs - Strategic review and update of current governance arrangements will provide assurance and ensure effectiveness of IJB governance arrangements and delivery of intended outcomes.

4 Background

- 4.1 The Aberdeenshire HSCP Organisational Governance Framework captures the organisational governance structures through which the IJB is supported and provided with assurance to allow it to meet its duties and responsibilities. Subject to minor clarifications, the first framework was approved by the IJB at its meeting in March 2022.
- 4.2 The aim of the Organisational Governance Framework is to ensure clarity and transparency as to the organisational management structures and decision-making process in place within the HSCP that support and provide assurance to the IJB in relation to the governance and management of services, risk and performance.
- 4.3 In accordance with the requirement for annual review, the Organisational Governance Framework has been updated to reflect key changes or updates to organisational structures in the last year.

5 Summary

- 5.1 The Framework - attached as per Appendix 1 – sets out the core strands of governance under the oversight of the IJB in line with its Integration Scheme, and how these are fulfilled through the arrangements in place within the HSCP organisational meetings' structure.



5.2 The revised framework takes cognisance of the various reviews and improvement work which has been carried out to date. This includes revised Terms of Reference for the following groups:

- Partnership Risk Group (PRG)
- Resilience Group
- Aberdeenshire Infection Prevention Control (IPC) Operational Group
- Mental Health and Learning Disability Adverse Event Review Group
- Professional & Clinical Oversight Group for Care Homes & Very Sheltered Housing
- Clinical & Professional Oversight Group for Care at Home & Community Health
- Primary Care Oversight & Delivery Group
- Mental Health /Learning Disability Governance
- Clinical and Adult Social Work Governance (CASWG) Group
- CASWG Committee
- Risk and Assurance Group
- Collaboration and Leadership Forum (CALF)
- Joint Staff Forum
- Social Care Sustainability Programme Board
- Primary Care Improvement Plan (PCIP) Programme Board
- Workforce and Training Group
- Staff Health and Wellbeing Group
- Commissioning and Procurement Group

5.3 The Framework is itself a 'high level' overview of arrangements but is supported by a separate annex document of organograms (Appendix 2) which are updated on a more frequent basis as changes or developments occur.

5.4 In response to previous Internal Audit recommendation, additional information has been incorporated on each 'partnership' that the AHSCP is actively involved with in order to ensure clarity as to the intended outcomes and delivery of objectives. Again this will be maintained as an annex document to ensure relevant updates are made as required, with oversight held by the AHSCP Risk and Assurance Group reporting to the Aberdeenshire IJB Audit Committee.

5.5 Work will continue to ensure a consistency of approach to the establishment of new groups and that all Terms of Reference describe the clear aims, tasks, and lines of reporting and accountability for each group, and that these are reviewed on a regular basis.

6 Equalities, Staffing and Financial Implications

6.1 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.



- 6.2 Stage one of the Integrated Impact Assessment process identified that a full impact assessment was not required as the Aberdeenshire HSCP Organisational Governance Framework captures the organisational governance structures through which the IJB is supported and provided with assurance, to allow it to meet its duties and responsibilities therefore there are no differential impacts on people with protected characteristics or facing socio economic disadvantage.
- 6.3 In relation to staffing implications it is a core requirement for management to operate within this governance framework at this level. There are no financial implications arising as a result of this report.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Lynne Gravener, (Interim) Programme Manager and Angela MacLeod, (Interim) Strategy and Transformation Manager

Date: 2nd November 2023

Appendices

Appendix 1 – Aberdeenshire Health and Social Care Partnership Organisational Governance Framework – Draft Version 2 (002), November 2023

Appendix 2 – AHSCP Organogram, Version 4, November 2023

APPENDIX 1



Aberdeenshire Health and Social Care Partnership

Organisational Governance Framework

Draft Version 2 (002)

November 2023

Next Review Date: September 2024

Responsible Officer or Group: Senior Management Team

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Version History

Revision Date	Summary of Changes	Changes Marked
April 2022	Original Framework Approved by IJB	N/A
Oct 2023	Review of Original Framework – inclusion of Partnerships Governance Appendix and contextual updates throughout.	Version 1 (002)
Nov 2023	Changes following SMT consultation.	Version 2 (001)
Nov 2023	Changes to Partnership Governance section	Version 2 (002)

PART 1: INTRODUCTION

1.1 Purpose

The purpose of this Framework is to set out the detail of the organisational governance, risk and performance management arrangements in place within the Aberdeenshire Health and Social Care Partnership (HSCP) to support and provide assurance to the Aberdeenshire Integration Joint Board (IJB) through its committee and group sub-structures. For staff, people who use health and social care services and all other stakeholders, this is important to ensure there is clarity and transparency around our organisational management systems and decision-making processes, that protect the interests of all stakeholders and ensure delivery of intended outcomes.

1.2 Background

The Aberdeenshire IJB was formally established in 2016 following the enactment of Scottish Government legislation to formally integrate health and social care services ([Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)).

The IJB is a legal entity established under the 'Body Corporate' model for health and social care integration. As a joint board it brings together equal representation from the NHS, the Council, and other partners representing the interests of the Third Sector, staff, service users and carers. This is to ensure joint decision-making and accountability in the planning and delivery of health and social care services to the communities within their area.

The strategic direction, vision and priorities of the IJB are set out in its Strategic Plan which also must support delivery of the Scottish Government's [9 National Health and Wellbeing Outcomes](#).

The Health and Social Care Partnership represents the operational arm of the organisation with responsibility for the management of its staff, services and resources in order to improve outcomes for people who use health and social care services in line with the direction set by the IJB through its strategic plan.

1.3 Regulatory Framework

The [Aberdeenshire Health and Social Care Integration Scheme](#) describes the formal arrangements for how the planning and delivery of services will be organised and managed within Aberdeenshire to deliver improved outcomes for the individuals who receive care and support across health and social care.

The Integration Scheme further describes the regulatory framework governing the IJB, its members and duties in line with the provisions of the 2014 Act. This includes:

- Functions delegated to the IJB by Aberdeenshire Council and NHS Grampian
- Responsibilities of the IJB and membership arrangements
- Chief Officer role and reporting/accountability arrangements
- Clinical and professional governance and leadership arrangements
- Financial management arrangements including role of the Chief Finance Officer.

'Directions' are the legal means by which the IJB directs the Council and NHS to deliver services in accordance with its strategic plan and within the integrated budget held by the IJB. ¹ The IJB has a legal obligation to comply with certain acts and orders as set out in the [duties of the IJB](#).

This Framework does not replace, but rather serves as a supplementary paper to the Aberdeenshire Integration Scheme and existing governance documents pertaining to the IJB (see Appendix 1 for summary of key references).

1.4 Scope

1.4.1 Principles and Approach

This document describes the structures and processes in place within Aberdeenshire HSCP to support and provide assurance to the IJB in relation to the governance and management of services, risk and performance. In developing this document consideration has been given to available frameworks developed within the public sector and of relevance to integration authorities.^{2 3}

This framework covers the organisational governance arrangements for the planning and delivery of health and social care services for which the Aberdeenshire IJB is responsible. These services cover all adults including services for older adults where they may often have different and additional needs from the general adult population.

Aberdeenshire HSCP retains operational management responsibility for delivery of some aspects of children's health services (health visiting and school nursing) and works closely with multi-agency partners in the planning and delivery of these services to improve outcomes for children and young people. These services are not however formally delegated to the IJB. NHS Grampian remains responsible for these services however they are delivered by HSCP staff. Separate organisational arrangements are in place to support the delivery and management of children's health services, ensuring compliance with GIRFEC principles⁴.

¹ Scottish Government (2020) 'Directions from integration authorities to health boards and local authorities: statutory guidance'. Source: <https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/>

² International Federation of Accountants (IFAC) and the Chartered Institute of Public Finance and Accountancy (CIPFA) (2014) '[International Framework: Good Governance in the Public Sector](#)'.

³ Scottish Government (2016) '[Good governance in the Scottish Government](#)'.

⁴ Getting It Right For Every Child (GIRFEC) in Aberdeenshire. Source: <https://www.girfec-aberdeenshire.org/>

Aberdeenshire IJB also ‘hosts’ the management of a number of Grampian-wide services on behalf of all three HSCPs in the Health Board area (Aberdeen City, Aberdeenshire and Moray), which are also included within the scope of this framework. The HSCP also has a ‘set aside budget’ for acute hospital-based services which it has a strategic planning responsibility for, but which are operationally managed by NHS Grampian.

The full range of services which fall under operational management responsibility of the HSCP are illustrated below.

Adult care home provision	Adult support and protection	Care and support for adults with physical and learning disabilities	Carer support service	
Community based Allied Health Professions	Community hospitals	Criminal Justice Social Work	Community Mental Health and Learning Disability Services	
Community Nursing Teams (District Nursing, Health Visiting, School Nursing)	Home care	Joint Equipment Service (aids and adaptations)	Primary care services (GPs, Pharmacy, Optometry and Public Dental Service)	
Sensory impairment services	Public Health / Health improvement services	Substance misuse services	Very Sheltered Housing, Residential and Respite Services	
Health care services to HMP and YOI Grampian	Forensic and custody health care	Marie Curie managed care service and out of hours (rapid response) service	Specialist nursing services	Services hosted by Aberdeenshire HSCP for all of Grampian

1.4.2 Professional Accountability/Reporting Structures

In setting out the organisational governance arrangements supporting the IJB to deliver its duties and functions, this document also describes the aligned reporting structures and relationships to Aberdeenshire Council and NHS Grampian where relevant. As provided in the Integration Scheme, NHS Grampian and Aberdeenshire Council will continue to have in place the necessary governance structures for those services it remains responsible for.

This document does not cover nor impact on any of the individual professional accountability and reporting relationships within and between the HSCP and Aberdeenshire Council and NHS Grampian. Within the NHS, professional accountability is held by the Board Medical Director, the Board Director of Public Health and the Board Director of Nursing, Midwifery and Allied Health Professionals, and within the Council via the Chief Social Worker. These arrangements have remained in place following implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

PART 2: ORGANISATIONAL GOVERNANCE FRAMEWORK

2.1 Integration Joint Board (IJB)

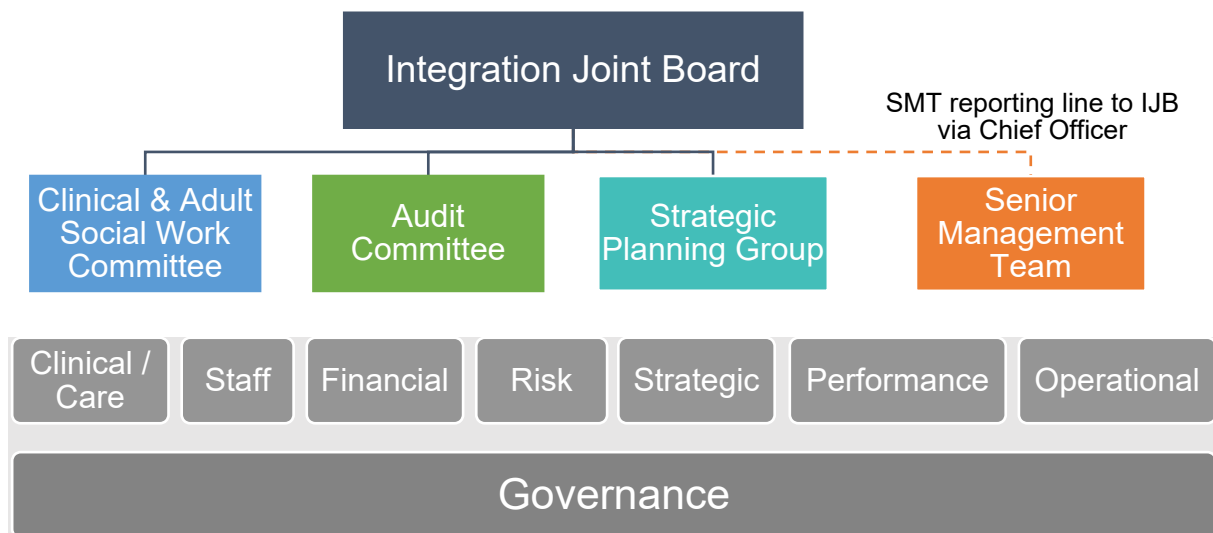
The detail of the IJB’s duties and Board governance arrangements are as set out in the [Aberdeenshire Health and Social Care Integration Scheme](#) and the [duties of the IJB](#). The Integration Scheme provides that the IJB will establish such Committees it requires to assist with the planning and delivery of integrated services. The [IJB Governance Handbook](#) sets out the internal governance sub structure which supports and provides assurance to the IJB, thereby enabling it to fulfill its governance and scrutiny responsibilities.

The Governance Handbook contains the following:

- IJB membership
- Standing Orders
- Scheme of Delegation
- Financial Regulations
- Interpretation
- Exempt Information
- Procedures and Guidance on Requests to Speak

The high-level reporting structure to the IJB and the range of governance responsibilities underpinning this are illustrated below. It is recognised that there is an inter-dependency between all strands of governance and that relevant parts of the structure will overlap and integrate in many areas. The remainder of this document describes how these areas of governance are fulfilled through the arrangements in place within the HSCP organisational structure. Appendices 2 and 3 set out the main groups reporting through this sub-structure of the IJB and their core role and functions.

Aberdeenshire IJB Sub-Structure and Governance



2.2 Clinical and Adult Social Work Governance

The IJB has a statutory duty to ensure services directly provided or commissioned by the HSCP are safe, effective and person centred. The Aberdeenshire Clinical and Adult Social Work Governance (CASWG) Committee was established as a formal sub-committee of the IJB to provide assurance on the systems for delivery of safe, effective, person-centred adult health and social care in Aberdeenshire, in line with the Integration Scheme and the Scottish Government [Clinical and Care Governance Framework](#). It is chaired by an elected member/voting member of the IJB.

The Committee acts as a filter for any governance issues and seeks assurance on behalf of the IJB that appropriate action is being taken to mitigate clinical and adult social work governance risks. Where the Committee cannot be assured, it has the power to escalate these issues to the IJB.

The Committee meets quarterly and is supported by the Clinical and Adult Social Work Governance Group (CASWGG) which identifies and responds to governance issues at a local operational level and determines any issues which require to be escalated to the Committee. The CASWG Committee and Group seek assurance by receiving and scrutinising reports which cover a range of issues including; internal and external audits, inspections, consultations, operational (Group) and strategic (Committee) clinical and care risks, new legislation, standards and guidelines. The group has representation from across services and any new and emerging areas for consideration are discussed which helps to identify any new risk/s, possible actions to mitigate risk/s, and provides a supporting and advisory role to the service. Other functions overseen by specific HSCP groups, including Health and Safety and Adverse Event Reporting also report through the CASWGG.

The reporting arrangements are illustrated below, and a more detailed diagram of the pathways between the CASWG structure, professional leads and the Senior Management Team can be found in Appendix 4.



As provided in the Integration Scheme, the IJB as well as the NHS and Council 'remain accountable for ensuring appropriate clinical and professional governance arrangements for their duties under the Act'.

In addition, the IJB continues to be able to receive clinical and professional advice via existing NHS structures including the NHS Grampian Area Clinical Forum (and clinical advisory structure), Managed Clinical and Care Networks, Local Medical Committee, and other appropriate professional groups.

2.3 Financial Governance and Audit

Financial Regulations have been developed on behalf of the IJB which set out the responsibilities of IJB members, the Chief Officer and Chief Finance Officer in relation to the IJB's financial governance and management framework.⁵ The Regulations also describe the financial assurance provided through the IJB Audit Committee, and external and internal audit processes.

IJB scrutiny is delegated to the IJB Audit Committee with representation from Aberdeenshire Councillors and NHS Board members. The purpose of the IJB Audit Committee is to assist the IJB to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the IJB that appropriate systems of internal control are in place to ensure that:

- Business is conducted in accordance with the law and proper standards;
- Public money is safeguarded and properly accounted for;
- Financial Statements are prepared timeously and give a true and fair view of the Financial position of the IJB for the period in question; and
- Reasonable steps are taken to prevent and detect fraud and other irregularities.

The Risk and Assurance Group will support the IJB Audit Committee to provide assurance to the IJB.

The day-to-day management of the HSCP's financial position and financial risk is overseen by the Senior Management Team, and finance reports are presented to the IJB at every meeting.

Annual Accounts are prepared on behalf of the IJB in accordance with relevant legislation, regulations and proper accounting practices. The purpose of the [Annual Accounts](#) is to set out the financial position of the IJB for the financial year but also to demonstrate that appropriate governance is in place regarding public funds and that the expected levels of service delivery have been achieved.

⁵ Aberdeenshire Integration Joint Board – Audit Committee, 'Financial Regulations' (April 2016).

2.4 Strategic Governance

2.4.1 Strategic Planning Group

The IJB has a duty to develop a strategic plan for the integrated functions and budgets it is responsible for. This must give regard to the integration principles in Sections 4 and 31 of the 2014 Act (describing the planning and delivery of integrated health and social care services) and the nine National Health and Wellbeing Outcomes.

Section 32 of the 2014 Act also provides that each IJB must 'establish a strategic planning group to support the strategic planning process and must also determine the processes and procedures for the group, subject to the provisions in section 32 of the 2014 Act'.

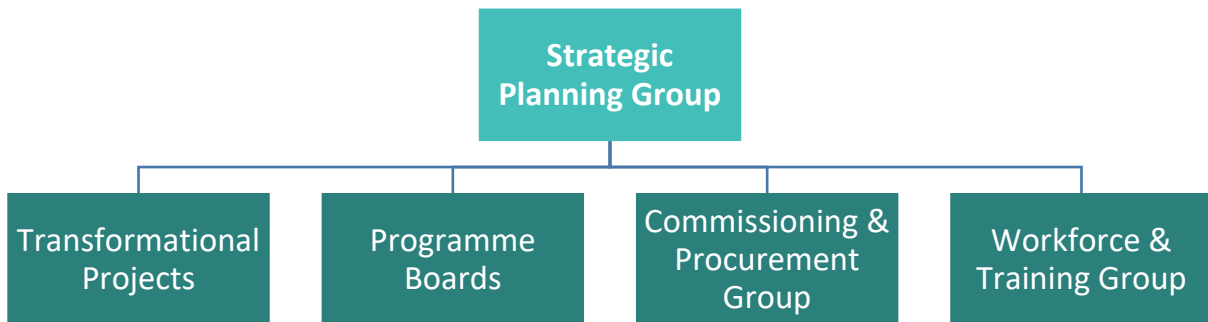
The Aberdeenshire HSCP Strategic Planning Group (SPG) comprises multi-disciplinary representation from across the HSCP, Third Sector, NHS Grampian, Aberdeenshire Council, Police and University partners. Under the SPG's Terms of Reference its core remit and responsibilities are:

- To develop the HSCP Strategic Plan, ensuring it is completed and agreed within agreed timescales and undertaking a review of the plan at least every 3 years.
- To ensure oversight and scrutiny of the supporting strategic delivery plan, monitoring implementation of the major transformational initiatives against key milestones and associated performance measures, and in turn providing assurance as to the HSCP's progress towards delivery of the national health and wellbeing outcomes.
- To ensure all stakeholders are involved in the development of the Strategic Plan and on an ongoing basis thereafter, including representation of groups as prescribed by Scottish Ministers and views of localities.
- To oversee the mainstreaming of equalities and delivery of actions to achieve the HSCP's equalities outcomes, and ensure due regard is given to people protected by the Equality Act and Fairer Scotland Duty, when implementing the strategic delivery plan initiatives.
- To receive direction from the Integration Joint Board regarding preparation of the HSCP's annual Commissioning and Procurement Plan ensuring it is completed and approval sought within the agreed timescale.
- To ensure an integrated and consistent approach in development and implementation of the Strategic Delivery Plan, Commissioning and Procurement Plan, Medium Term Finance Strategy and Workforce Plan, as the key levers through which the HSCP will deliver its overarching Strategic Plan and priorities.

- To ensure any potential impacts from national and local strategy/policy developments are identified and understood at the earliest stage and inform the HSCP’s strategic planning processes.
- To promote an evidence-led, needs based approach to strategic planning, where required directing work to be undertaken on strategic needs assessments to ensure an ongoing responsive approach to planning for current and future need.
- To work collaboratively with partners to ensure work across all sectors contributes towards shared goals, and opportunities for joint working are optimised.

The organisational reporting arrangements to the SPG are illustrated below.

Strategic Planning Group and Reporting Structures



As illustrated above, the SPG provides the governance structure for reporting progress from the project groups overseeing delivery of the HSCP’s key transformational projects identified within its Strategic Delivery Plan. This includes reporting from Programme Boards where these have been established to lead or co-ordinate complex and interdependent pieces of work.

The SPG reports to the IJB following each of its meetings on progress against the strategic delivery plan and, where necessary, will escalate risks requiring the attention of/decision from the IJB or other appropriate groups within the HSCP organisational structure (for example Senior Management Team).

2.4.2 Commissioning and Procurement

The IJB is responsible for providing the strategic direction for the commissioning of services which were previously managed separately by NHS Boards and local authorities, setting out which services are to be delivered by the HSCP either directly or by commissioning services from the independent sector.

Responsibility for commissioning and procurement activities is held by the Aberdeenshire HSCP Commissioning and Procurement Group. This is a sub-group of the Senior Management Team and in addition has a reporting line to the Strategic Planning Group to ensure alignment with wider HSCP strategic planning processes and delivery of priorities within the HSCP's strategic plan.

The core purpose of the group is to ensure effective implementation of the HSCP Commissioning and Procurement Plan, ensuring the needs of service users continue to be supported, providing oversight of all spend with external providers and that the work of the various sub-groups leading on specific contracts is completed within required timescales and compliant with legislation and regulations.

Due to the complex nature of health and social care services and children's services, procurement and contract management is carried out by a Commissioning, Procurement and Contracts (Social Care) Team, which is shared with Aberdeen City Council. Collaboration has extended to NHS Grampian via the Aberdeenshire Health and Social Care Partnership, which seeks to integrate adult community health and social care services in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.

The Procurement of Social Care is also subject to Scottish Government guidance on Procurement of Care and Support Services (2021) as well as standard guidance and legislation covering all public sector procurement, including: The Procurement Reform (Scotland) Act 2014, Public Contracts (Scotland) Regulations 2015, Procurement Scotland (Regulations) 2016, along with other guidance from EU directives. Within the Council, the [Scheme of Governance](#), incorporating Financial Regulations, also applies.

Following receipt of appropriate professional procurement advice, the Integration Joint Board (IJB) may direct Aberdeenshire Council to purchase and enter into contracts with suppliers for the provision of works, goods, and services in relation to functions for which it has responsibility. Aberdeenshire Council procures works, goods, and services with support from the Commercial and Procurement Shared Service in accordance with the Council's Scheme of Governance. The Council is legally bound to implement the directions of the IJB, however in order to fulfil the governance requirements of the Council's procurement approval process, any contracts of £50,000 or more must be included on a procurement plan and approved by the Communities Committee. Similarly, Children's Services procurements of social care contracts must also be included on a procurement plan for approval by the Education and Children's Services Committee.

The HSCP is also represented on the NHS Grampian Procurement Delivery Group as part of NHS Grampian's Operational and Strategic Management Framework with the aim of supporting appropriate contribution to its annual procurement plan and ensuring procurement activities deliver value for money and meet governance standards.

2.4.3 Workforce and Training Group

The purpose of the HSCP's Workforce and Training Group is to strategically lead, coordinate and support all workforce-related activity for the HSCP including workforce planning, recruitment, training and development, and staff health and wellbeing in line with the Strategic Delivery Plan and Medium-Term Finance Strategy.

A key function of the group is to prepare and deliver the HSCP's 3-year Workforce Plan, in partnership with all stakeholders, for submission to the IJB and NHS Grampian for the Scottish Government as well as annual updates and workforce related reports as required.

The group also provides direction to and supports Workforce related subgroups – namely Staff Health and Wellbeing: Training, Development and Succession Planning; Recruitment and other groups as are deemed necessary.

The AHSCP Workforce Planning and Training Group reports directly to the AHSCP Strategic Planning Group with reports copied to the Senior Management Team (SMT), CASWG Group and Risk and Assurance Group following each quarterly meeting given inter-dependencies between the agendas of these groups.

2.5 Operational Governance

The HSCP Senior Management Team (SMT) ensures senior management oversight and decision-making at an Aberdeenshire-wide level in relation to financial and operational issues, performance monitoring and implementation of IJB policy. The group meets on a fortnightly basis comprising senior managers, clinical and professional leads and is chaired by the Chief Officer. The Chief Officer provides the reporting line to the IJB as the SMT is not a formal committee of the IJB.

The HSCP has placed a strong emphasis on empowering localities in local service delivery and decision-making enabled by the formation of integrated multi-disciplinary teams managed and organised within localities. The SMT provides a decision-making forum for operational locality and/or service-specific issues requiring escalation to senior management level via operational management teams.

Key functions under the oversight of the Senior Management Team also include:

- Primary Care Oversight and Delivery
- Property and Asset Management
- Resilience (through the HSCP Resilience Group ensuring the IJB meets its statutory requirements as a Category 1 responder)
- Oversight of staff governance (described in further detail below in section 2.6).
- Performance monitoring of the improvement workstreams under the HSCP's Strategic Delivery Plan (described in section 2.8)
- Operational and financial decision-making processes arising from the Commissioning and Procurement and Workforce and Training Groups – reports also submitted to the Strategic Planning Group.

2.6 Staff Governance

The Joint Staff Forum provides the necessary oversight and assurance to enable both the HSCP and staff working within the HSCP to fulfil the reciprocal duties of the Staff Governance Standard as described in the Aberdeenshire Integration Scheme.

The purpose of the Forum is to provide an opportunity for any workforce issues within the HSCP to be discussed in an open and constructive way, and to support the development and achievement of common goals and objectives, involving staff, managers and recognised trade unions and professional organisations.

The Forum has within its scope all issues that affect those employees working under the IJB arrangements with the exception of any issues concerning terms and conditions of service or employment policy which remain the responsibility of the respective employers (i.e. Aberdeenshire Council and NHS Grampian). Reporting lines exist to both the Aberdeenshire Council Joint Consultative Forum and NHS Grampian Area Partnership Forum.

2.7 Risk Governance

2.7.1 Overview and Principles

The Aberdeenshire HSCP Risk Management Framework includes the IJB's Risk Appetite statement, Risk Management Policy, procedures, strategic IJB risk register and operational clinical/care and resource risk register and day to day risk management processes utilising Datix.

Risk Management is a means of identifying hazards, evaluating the potential risk and establishing mitigating controls and this is a crucial task for the IJB to successfully achieve their objectives and deliver strategic plans. It is also a vital component in achieving and maintaining clinical and corporate governance.

2.7.2 Risk Reporting Structure

All IJB papers reflect risks on the IJB's risk register. The IJB Risk Register is formally reviewed by the IJB's Audit Committee alongside strategic resource related risks in relation to overall governance. Strategic clinical and care risks are reviewed by the IJB's Clinical and Adult Social Work Governance Committee.

Operationally the Clinical and Adult Social Work Group reviews clinical and care strategic and operational risks identified within the IJB and the Risk and Assurance Group reviews strategic and operational resource risks.

All staff have the ability to identify hazards and add risks to the clinical and care or resource section of the risk register. Risks held on Datix are also open to review by NHS Grampian and Aberdeenshire Council (including Auditors).

2.8 Performance Governance

2.8.1 Overview

Performance governance within Aberdeenshire 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.

The performance reporting framework has been developed taking cognisance of the key characteristics associated with good performance information and performance management arrangements. This approach recognises that different 'tiers' of performance data, interdependent and of equal importance, are required to ensure different parts of the organisation have the information they require for effective service planning, delivery and decision-making.

2.8.2 Strategic Performance Reporting

A core function of the HSCP's performance framework is to provide evidence and assurance as to delivery of the HSCP's Strategic Plan and strategic priorities.

Responsibility for performance monitoring against the major transformational initiatives within the HSCP's Strategic Delivery Plan sits with the Strategic Planning Group in turn reporting to the IJB. Performance reports on progress against the Strategic Delivery Plan are presented to the IJB on a quarterly basis. The purpose of these reports are to:

- Provide the IJB with assurance as to progress towards delivery of the Strategic Plan and key milestones
- Provide evidence of outcomes at an organisational level
- Inform IJB planning and decision-making around the longer-term direction of the organisation (over a period of months and years)

Responsibility for monitoring and oversight of other workstreams including improvement projects is held by the Senior Management Team.

Information which fulfils other aspects of performance and assurance is also regularly presented to the IJB reflecting the breadth of the IJB's responsibilities and accountabilities. This includes:

- Financial performance reporting at each IJB meeting
- Reports from IJB committees on their respective areas of governance responsibilities (IJB Audit Committee and Clinical and Adult Social Work Governance Committee)
- Service-specific annual reports
- Progress reports against key areas of service redesign, inspections and service plans.

On an annual basis the IJB publishes a performance report in line with [The Public Bodies \(Joint Working\) \(Content of Performance Reports\) \(Scotland\) Regulations 2014](#). Its purpose is to provide an open account of its performance in relation to planning and delivering the health and social care services it is responsible for, and to evidence its progress towards delivery of the National Health and Wellbeing Outcomes.

In addition, the Ministerial Strategic Group for Health and Community Care (MSG) monitors the progress of all HSCPs in Scotland towards the key objectives of integration, against a set of six performance indicators. The Aberdeenshire IJB agrees objectives for each of these indicators on an annual basis with progress against targets reported to the IJB and MSG.

2.8.3 Operational Performance

Weekly and monthly dashboard reports provide performance information relating to key operational metrics and risk issues as defined by the SMT. The purpose of these reports are to:

- Inform senior management in the short to medium term planning, delivery and decision-making around operational services and to identify and inform improvement actions required.
- Allow senior and operational managers to understand how their services are performing, in particular to identify and understand any emerging demands or trends, and to respond accordingly.

This data supports quarterly performance review meetings with the Chief Officer of the HSCP and the Chief Executives of both NHS Grampian and Aberdeenshire Council. The HSCP also supports and contributes to the respective performance reporting and assurance frameworks in place for each parent organisation where relevant to the services the HSCP is responsible for. This includes 6 monthly reporting on the HSCP's progress against its Strategic Delivery Plan to the Communities Committee and also Area Committees (the latter augmented by more detailed information on local health and social care service activities and performance matters).

The HSCP reports progress on locally agreed performance measures to the Council Senior Leadership Team, and to the NHS Grampian Chief Executive Team in addition to formal quarterly reports for the NHS Grampian Annual Delivery Plan on relevant areas of performance under the HSCP's responsibility.

2.9 Partnership Governance

The HSCP has an interest in a number of 'partnerships' where it has a responsibility to engage fully with such partners with the aim of achieving best value and ensuring relevant outcomes are defined and met.

In line with the Aberdeenshire Council definition for its own [Partnership Register](#), partnership in this context is defined as having:

- *an agreed framework for jointly delivering common goals, with*
- *shared risk and resources, which provide*
- *identified added value and measurable impact, based on*
- *shared accountability for outcomes, which cannot be obtained in other ways.*

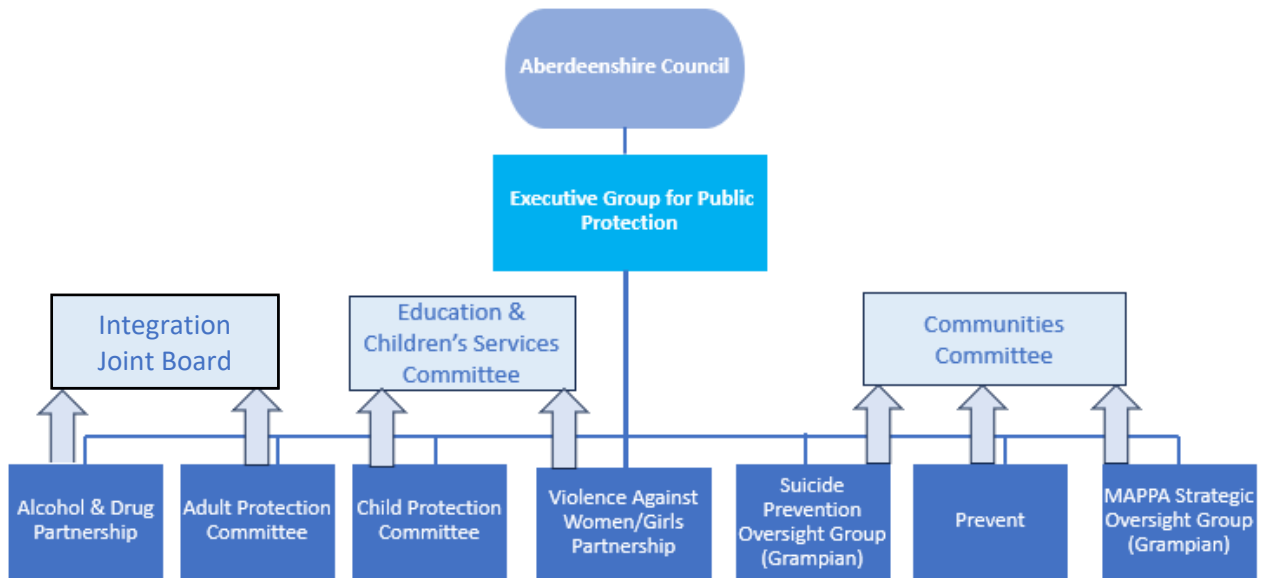
This excludes:

- *professional bodies or membership organisations - representative bodies which could either include a member from each of the 32 local authorities or a body that has members which pay a fee to receive services*
- *informal networking groups - groups that exist to inform stakeholders with common interests rather than deliver outcomes*
- *contractual relationships - includes those relationships bound by a Service Level Agreement or similar, or anything procured*
- *short-life task-and-finish groups – groups which are brought together in the short term to deliver on a task and then cease to meet.*

In accordance with the Council policy this does not include statutory partnerships that the HSCP is involved with. This includes:

Aberdeenshire Community Planning Partnership - The [Aberdeenshire Integration Scheme](#) provides that the IJB will be a statutory partner in the Community Planning Partnership in accordance with s.4(4) and Schedule 1 of the [Community Empowerment \(Scotland\) Bill](#) (or any such subsequent enactment).

Aberdeenshire Executive Group for Public Protection (EGPP) – Across Scotland, Chief Officers Groups have a statutory duty to protect the most vulnerable people in their local area by providing leadership, governance, and effective oversight of public protection arrangements. In Aberdeenshire this responsibility is achieved through the Aberdeenshire Executive Group for Public Protection (EGPP). All public protection areas have a specific multi-agency partnership committee, which provides assurance and sets strategic direction for practice improvements. The HSCP is represented on all public protection committees. As well as this governance arrangement through the EGPP and Public Protection Committees the IJB receive appropriate reports on Adult Support and Protection and the Alcohol and Drug Partnership.



Aberdeenshire Third Sector Interface – The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) places a statutory responsibility upon Integration Authorities to actively involve the third sector in the planning and design of integrated health and social care services. Subsequent guidance, [‘The Role of Third Sector Interfaces’](#), directed integration authorities to consider how their Third Sector Interface (TSI) is resourced to support, promote and develop the role of the third sector in the strategic commissioning and working arrangements of the HSCP, including the planning, design and delivery of services, as well as being a conduit for the third sector in relation to integration activities. The Aberdeenshire IJB approved a Direct Award to Aberdeenshire Voluntary Action (AVA) as the HSCP’s TSI from 2022/23 to 2024/25. This centres on three key objectives of: promoting and supporting volunteers; development and capacity building; and facilitation and co-ordination.

In accordance with the Aberdeenshire Council definition, the HSCP has identified its key partnerships and associated governance arrangements and outcomes as summarised in Appendix 5. This will continue to be updated as required in response to any changes in existing arrangements or as new partnerships are agreed.

APPENDICES

Appendix 1: Governance and Regulatory Framework – Key References

Aberdeenshire Council Financial Regulations

<http://publications.aberdeenshire.gov.uk/dataset/c8044f6f-e327-499f-bbc7-94ae9d699559/resource/442670e7-1957-406d-ab8a-02037439ae75/download/financial-regulations.pdf>

Aberdeenshire Council Partnership Working Policy and Register

[https://aberdeenshire.sharepoint.com/sites/Consultations582/SitePages/Partnership-Register\(1\).aspx](https://aberdeenshire.sharepoint.com/sites/Consultations582/SitePages/Partnership-Register(1).aspx)

Aberdeenshire Council Scheme of Governance

<https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Pages/Business%20Services/Legal%20and%20Governance/Governance/Scheme-of-Governance-.aspx>

Aberdeenshire Health and Social Care Integration Scheme

<https://www.aberdeenshire.gov.uk/media/22082/aberdeenshireintergrationschemerev19-01-2018.pdf>

Aberdeenshire HSCP Duties of the Integration Joint Board

<http://publications.aberdeenshire.gov.uk/dataset/ea072b18-94a7-401d-bfac-cb57d00bf4a9/resource/1b576918-30c4-4e23-8788-aabf3c59b474/download/cusersspellascdocumentsduties-of-the-integration-joint-board-v3.pdf>

Aberdeenshire HSCP Strategies and Plans <https://aberdeenshire.gov.uk/social-care-and-health/ahscp/health-and-social-care-strategies-plans-and-reports/>

Aberdeenshire IJB Annual Accounts

<http://publications.aberdeenshire.gov.uk/dataset/ijb-accounts>

Aberdeenshire IJB Annual Performance Reports

<http://publications.aberdeenshire.gov.uk/dataset/aberdeenshire-health-and-social-care-partnership-annual-accounts>

Aberdeenshire IJB Governance Handbook

<http://publications.aberdeenshire.gov.uk/dataset/ea072b18-94a7-401d-bfac-cb57d00bf4a9/resource/ad86ee4d-a862-4148-941a-da756ab4be9c/download/aberdeenshire-ijb-governance-handbook.pdf>

CIMA (Chartered Institute of Management Accountants) Performance Reporting to Boards – A guide to good practice. Source:

http://www.cimaglobal.com/Documents/ImportedDocuments/perf_reporting.pdf

Dumfries and Galloway Health and Social Care Partnership 'IJB Strategic Commissioning Plan 2022 – 2025 - Performance Management Framework'. Source: <https://dghscp.co.uk/performance-and-data/our-performance/>

Public Bodies (Joint Working) (Scotland) Act 2014
<http://www.legislation.gov.uk/asp/2014/9/enacted>

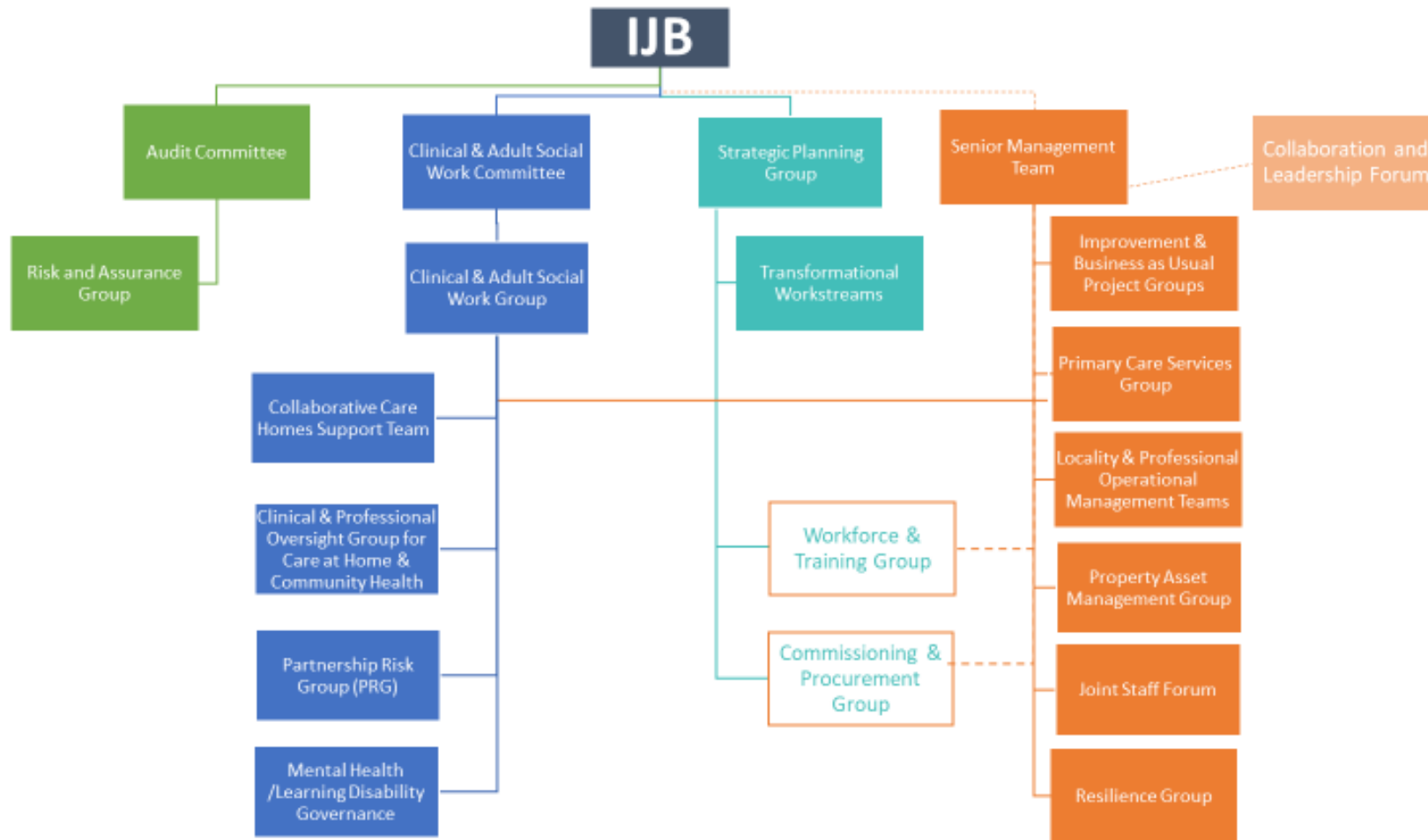
Professor Sir H. Burns (2017) 'Targets and Indicators in Health and Social Care in Scotland – A Review'. <http://www.gov.scot/Publications/2017/11/4782>

Scottish Government (2015) National Health and Wellbeing Outcomes Framework
<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

Scottish Government (2015) Clinical and Care Governance Framework (Health and Social Care Integration).
<https://www.gov.scot/publications/clinical-care-governance-framework/>

Scottish Government (2019) National Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Other Drugs.
<https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

Appendix 2: Aberdeenshire HSCP High Level Organisational Meeting Structure, September 2023



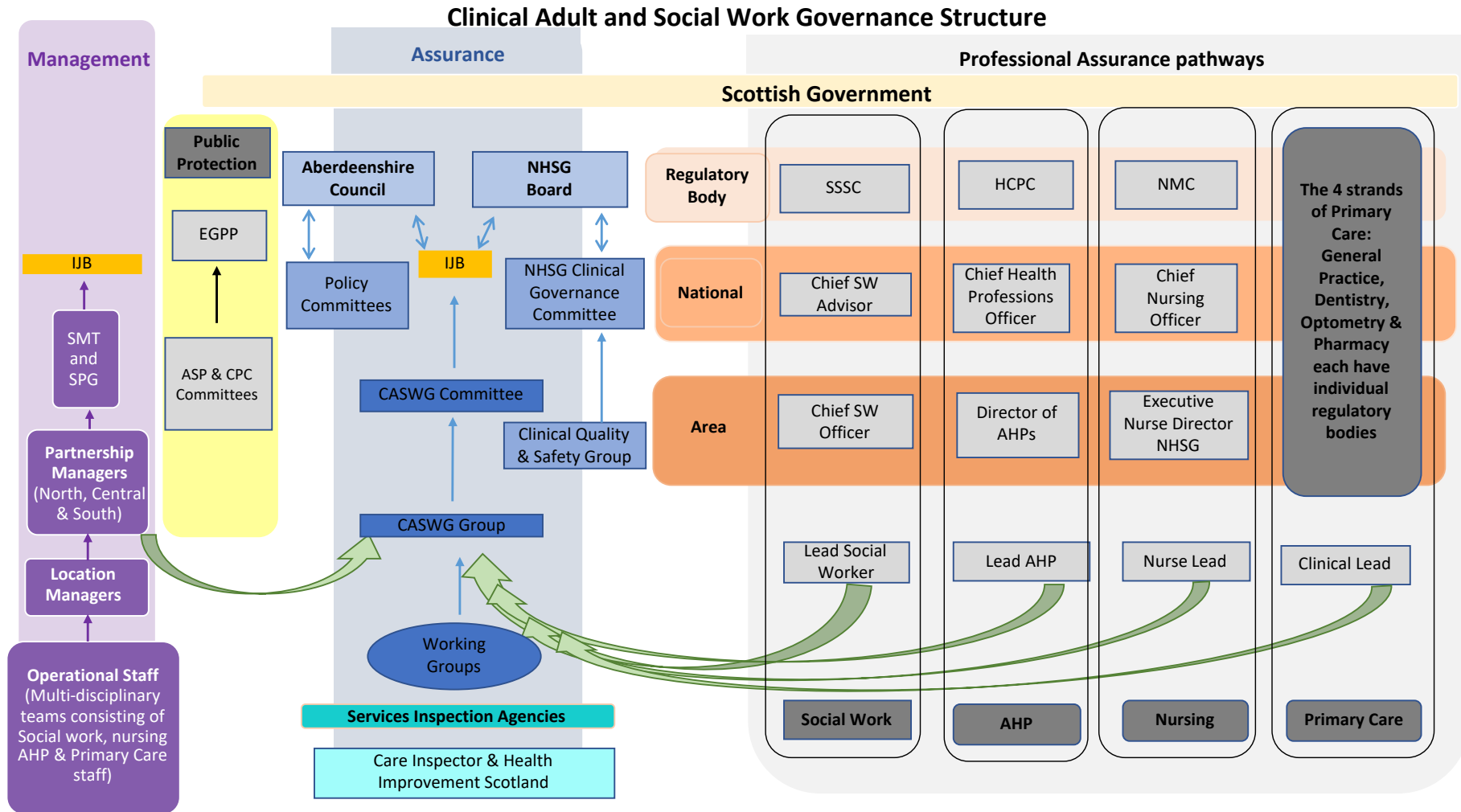
Notes:

1. This is a simplified high-level representation of the HSCP meetings structure. Various groups have a supporting sub-structure of groups to deliver key tasks and responsibilities.
2. Similarly many of these groups will have reporting relationships to other groups including NHS and Council structures, not illustrated here.

Appendix 3: Aberdeenshire HSCP High Level Organisational Meeting Structures – Summary of Core Role and Functions

Group	Summary of Core Role / Functions	Reports to
IJB Audit Committee	<ul style="list-style-type: none"> Assist the IJB to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. Provide assurance to the IJB that appropriate systems of internal control are in place to ensure that: business is conducted in accordance with the law and proper standards; public money is safeguarded and properly accounted for; Financial Statements are prepared timeously and give a true and fair view of the financial position of the IJB for the period in question; and reasonable steps are taken to prevent and detect fraud and other irregularities. 	IJB
Clinical and Adult Social Work Governance Committee	<ul style="list-style-type: none"> Provide leadership for the development and implementation of clinical and adult social work governance within the HSCP. Ensure service users and their representatives and staff at all levels of the organisation are engaged with clinical and adult social work governance. Assure the IJB that appropriate clinical and adult social work governance mechanisms are in place and functioning effectively throughout the organisation. 	IJB
Strategic Planning Group	<ul style="list-style-type: none"> Develop the Strategic Plan, promote the values and priorities in the Strategic Plan, and review the Strategic Plan on an annual basis. Provide the governance structure for reporting progress from sub-groups specifically the service-specific and project groups leading on implementation of the transformational initiatives under the Strategic Delivery Plan. Oversee the mainstreaming of equalities and delivery of actions to achieve the HSCP's equalities outcomes, ensuring due regard is given to people protected by the Equality Act and Fairer Scotland Duty, when implementing the strategic delivery plan initiatives. 	IJB
Senior Management Team	<ul style="list-style-type: none"> Ensure senior management oversight and decision-making at an Aberdeenshire-wide level in relation to financial and operational issues, performance monitoring and implementation of IJB policy. Provide a decision-making forum for operational locality and/or service-specific issues requiring escalation to Aberdeenshire senior management level. Monitor performance against improvement and business as usual projects under the strategic delivery plan. 	IJB via Chief Officer

Appendix 4: Clinical Adult and Social Work Governance Structure and assurance pathways



Appendix 5 - Partnerships Governance

Purpose:

This document sets out the purpose and intended outcomes of each ‘partnership’ that the AHSCP is actively involved with in order to ensure clarity as to the intended outcomes and to help assess whether the partnership is delivering its objectives. Overall responsibility for oversight of Partnership Governance is held by the AHSCP Risk and Assurance Group reporting to the Aberdeenshire IJB Audit Committee.

Definition:

The definition to be adopted by the AHSCP is based on [Aberdeenshire Council’s Partnership Policy](#) which refers to the following:

“A partnership has:

- an agreed framework for jointly delivering common goals, with
- shared risk and resources, which provide
- identified added value and measurable impact, based on
- shared accountability for outcomes, which cannot be obtained in other ways. This typically excludes:
 - informal networking groups
 - contractual relationships
 - short-life task-and-finish groups, such as those which involve a service level agreement
 - outside bodies, such as those identified in the Council’s confident governance project.”

Register of Partnerships

Name	Background and Purpose	Intended Outcomes	Governance
Alcohol and Drug Partnership (ADP)	Across Scotland, Alcohol and Drug Partnerships have been established with representation from local partners including health boards, local authorities, police and voluntary agencies. They have responsibility for commissioning and developing local strategies to reduce the use of and harms from alcohol and drugs and promote recovery, based on local need. Alcohol and Drug Partnerships: delivery framework - gov.scot (www.gov.scot)	The Aberdeenshire ADP has updated its Partnership Agreement in 2023. This makes clear the governance of Aberdeenshire ADP so that all partners involved are clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit, and achievement of agreed, shared outcomes. It sets out the Aberdeenshire ADP’s approach to Strategic Planning, Financial Arrangements, Quality Improvement and Governance and Oversight.	The Partnership Agreement describes the ADP’s internal governance and reporting relationships and the ADP Committee’s reporting relationships to the wider public sector governance structure including reporting to the Integration Joint Board on delivery of agreed strategic priorities, Executive Group for Public Protection and the Aberdeenshire Community Planning Board, and Scottish Government.

DRAFT V2.0 (002)

Name	Background and Purpose	Intended Outcomes	Governance
<p>Local Resilience Partnership</p>	<p>Regional and Local Resilience Partnerships (RRPs/LRPs) are the principal mechanisms for multi-agency co-ordination under The Civil Contingencies Act (2004).</p> <p>The purpose of each LRP is to maintain effective local liaison and collaboration. The LRP should also assist develop and deliver the Work and Training/Exercising programmes derived from the RPA process. In addition, LRPs should incorporate actions, identified through local process, into the respective programmes.</p> <p>They promote co-operation between organisations in preparation for and responding to national emergencies.</p> <p>Legislative Duties</p> <p>The Civil Contingencies Act places a number of legal duties upon Category 1 responders. These are:</p> <ol style="list-style-type: none"> 1. Duty to assess risk 2. Duty to maintain emergency plans 3. Duty to maintain business continuity plans 4. Duty to promote business continuity (Local Authority Duty) 5. Duty to communicate with the public 6. Duty to share information 7. Duty to co-operate. 	<ul style="list-style-type: none"> • Implement plans, policies and strategies agreed by NOSRRP • Ensure response to major incidents and emergencies is effective • Develop and maintain local multi-agency plans as required • Promote resilience through delivery of local training and exercising • Debrief incidents and exercises and share lessons identified • Participate in development and maintenance of a Community Risk Register • Participate in effective risk management process 	<p>A Local Resilience Partnership is not a statutory body, has no legal identity, nor does it have powers to direct individual members. Notwithstanding this, the Civil Contingencies Act does require that partners convene and a LRP will be the forum where statutory duties are collectively discharged.</p> <p>Chief Officers from all Category 1 organisations will be invited to attend each meeting of a LRP which takes place in their area (3 meetings a year). Members unable to participate in a meeting may be represented by an appropriate person or proxy, providing that person declares details of representation at commencement of meetings. That person and all members attending should have delegated authority to make decisions and commit resources, on behalf of their parent organisation or the one being represented.</p> <p>LRP business and related activity will be coordinated by Scottish Government Resilience Coordinators.</p> <p>Chief Officers will provide leadership and direction in relation to resilience related business and ensure resources are made available to always respond effectively and to deliver agreed Work and Training/Exercising Programmes.</p>

DRAFT V2.0 (002)

Name	Background and Purpose	Intended Outcomes	Governance
<p>Health and Transport Action Plan</p>	<p>HTAP Purpose: “To enable providers of transport, health and social care services to work together in a more co-ordinated manner in order to improve outcomes and efficiency of service delivery, both in reducing the adverse impacts of transport choices on public health and in improving access to health and social care.”</p>	<p>The Steering Group oversees two themed sub-groups: 1. Transport & Public Health Sub-Group 2. Access to Health & Social Care Sub-Group</p> <p>Transport & Public Health</p> <p>Objective T&PH1 For partners to use their collective influence and resources within and between their own organisations and at a national level to further increase provision of high-quality infrastructure for active travel, and to promote, inspire and enable more people to walk and cycle as part of their everyday lives.</p> <p>Objective T&PH2 For health professionals to ensure planners and decision-makers are informed of the adverse public health impacts of the transport system and to support those partners already working to resolve them, most notably in order to:</p> <ul style="list-style-type: none"> • Reduce air pollution, especially within Air Quality Management Areas; • Reduce the number of people exposed to high transport noise levels; • Reduce the number of people killed or seriously injured on the transport network; • Reduce the number of people isolated from their communities and key services by lack of appropriate transport; • Ensure that transport policies support sustainable and healthy communities. <p>Access to Health & Social Care</p> <p>Objective AHSC1 For partners to gain a detailed understanding of the gaps or inequalities in access to or from health and social care services, and to resolve identified problems.</p>	<p>Each year the HTAP Annual Report is submitted to the three Grampian Community Planning Partnerships and made available to all partner organisations wishing to submit to Committee or Board level, depending on the nature of organisation. A copy is also submitted to the Mobility & Access Committee for Scotland (MACS).</p> <p>The work of HTAP is overseen by a governance structure comprising of a Steering Group, and two sub-groups. The Steering Group provides strategic oversight of the progress made towards the aims of the HTAP. The membership includes senior representatives of NHS Grampian, Nestrans, Scottish Ambulance Service, Aberdeen City Council, Aberdeenshire Council, Moray Council, Community Transport Association (Scotland), along with agreed representation from the third sector, Health & Social Care Partnerships, a member of the Mobility & Access Committee for Scotland (MACS), Scottish Government Health Directorate and a Public Representative.</p>

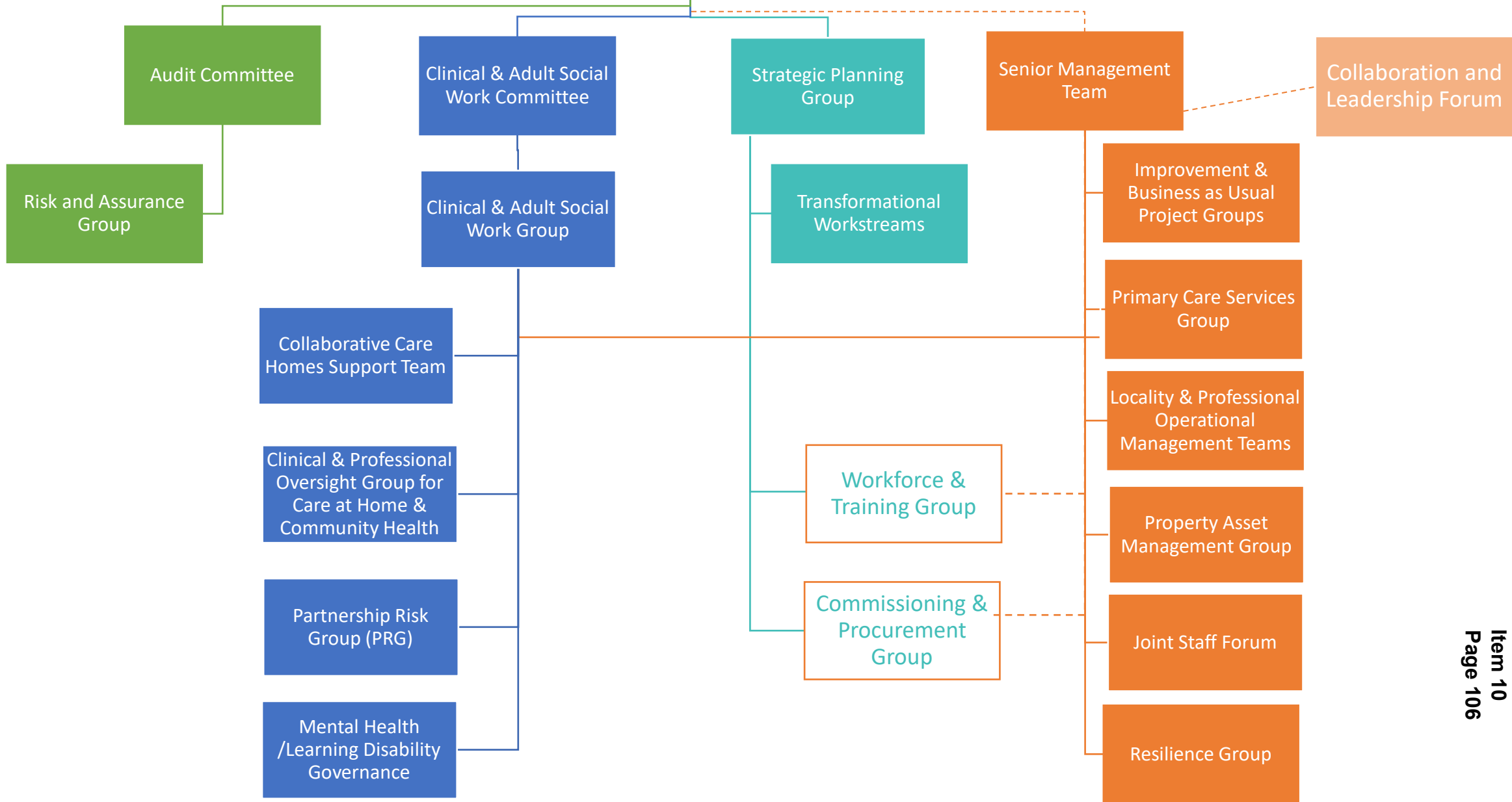
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Name	Background and Purpose	Intended Outcomes	Governance
		<p>Objective AHSC2 For partners to more fully co-ordinate the planning and delivery of health and social care and transport in order to improve the efficiency and financial sustainability of services.</p> <p>Objective AHSC3 For partners to work together to ensure that Transport to Health & Social Care is undertaken by sustainable modes wherever possible, or that care is provided without travel if appropriate</p>	

AHSCP Organogram

Slide	Diagram
2	IJB, Committees and Groups
3	Clinical & Adult Social Work Governance Committee – Substructure
4	Strategic Planning Group - Substructure
5	Audit Committee - Substructure
6	Senior Management Team – Operational Structure
7	Operational Team Remit
8	Professional Lead Remit
9	Public Protection Arrangements
10	Strategy & Business Service Remit

IJB



Governance
Clinical & Adult
Social Work

Operational
Working Groups

[Links to other Groups](#)
Via lead officers

Clinical & Adult Social Work Governance
Committee

Clinical & Adult Social Work Governance Group

Collaborative Care
Home Support Team

Clinical & Professional
Oversight Group for
Care at Home &
Community Health

Mental Health
/Learning Disability
Governance

Partnership Risk Group
(PRG)

Health &
Safety Group

Infection Prevention
Control Operational
Group

Primary Care
Services Group

- NHS Grampian Clinical Governance Committee
- NHS Grampian Clinical Quality and Safety Group
- Aberdeenshire Council Communities Committee
- Adult Protection Committee
- Child Protection Committee
- Vaccination Transformation Programme Board
- Violence Against Women Partnership
- Risk and Assurance Group
- Corporate Risk Management Steering Group (Council)
- Occupational Health and Safety Subgroup (Council)
- NHS Grampian OHS and Wellbeing Committee
- Cross System Group

Governance Strategy

Operational Working Groups

Links
Via lead officers

Strategic Planning Group

Transformational Projects

Programme Design & Delivery

Service Reviews

Strategy/Plan Design & Development

Commissioning & Procurement Group

Project Groups

Workforce & Training Group

Sub Groups

Strategic Monitoring and Delivery Groups

Partners	Council	NHSG
AVA	Live Life Aberdeenshire	Appointed Rep
RGU	Housing	Union Rep
	Union Rep	

Regional Networks
Engagement Practitioner Network - SLWG
Grampian Engagement Network

Financial & Risk
Governance

Operational
Working Groups

Links
Via lead officers

Audit
Committee

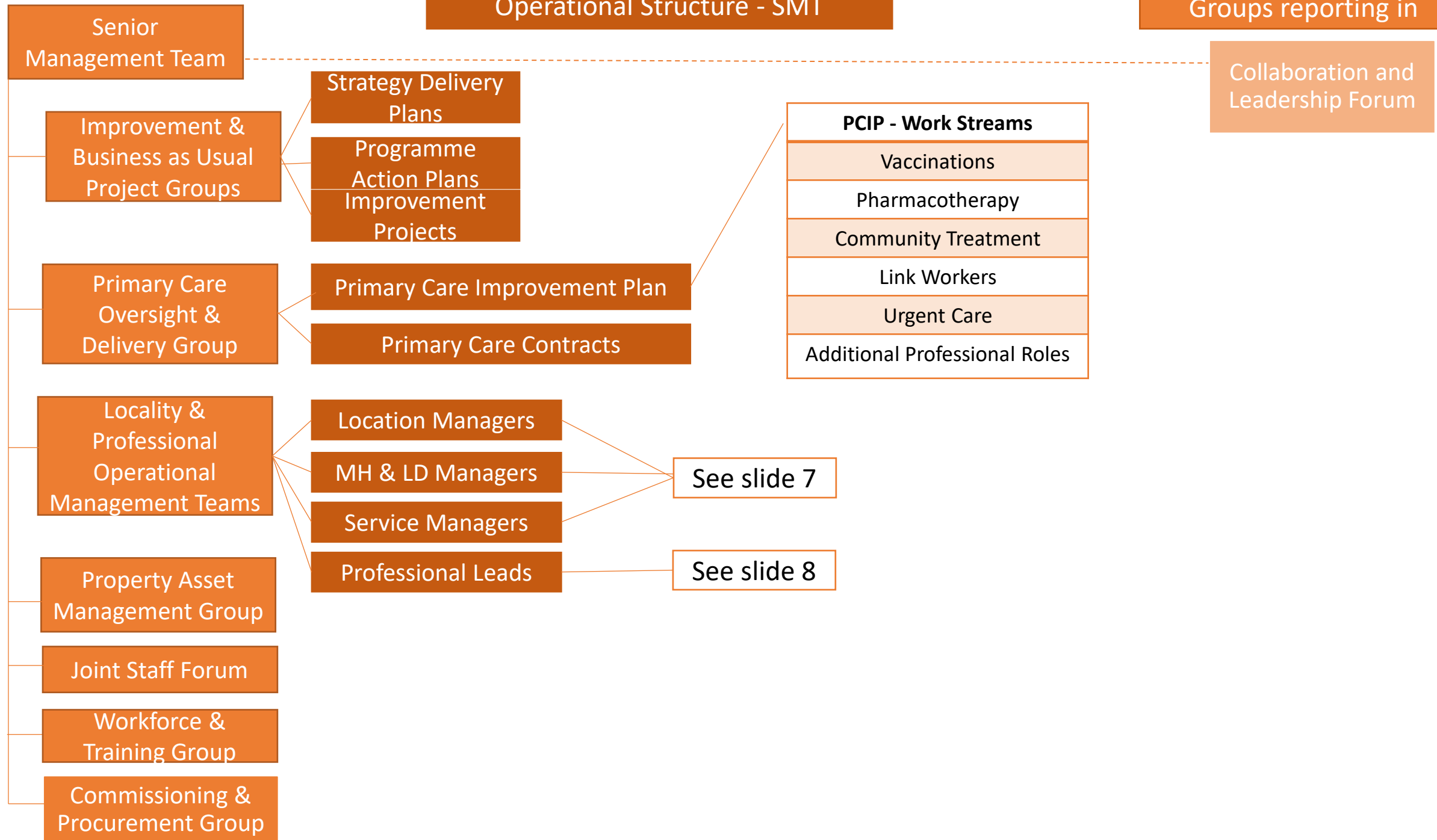
Clinical and Adult Social Work
Governance Group

Risk and
Assurance
Group

Governance
SLWG

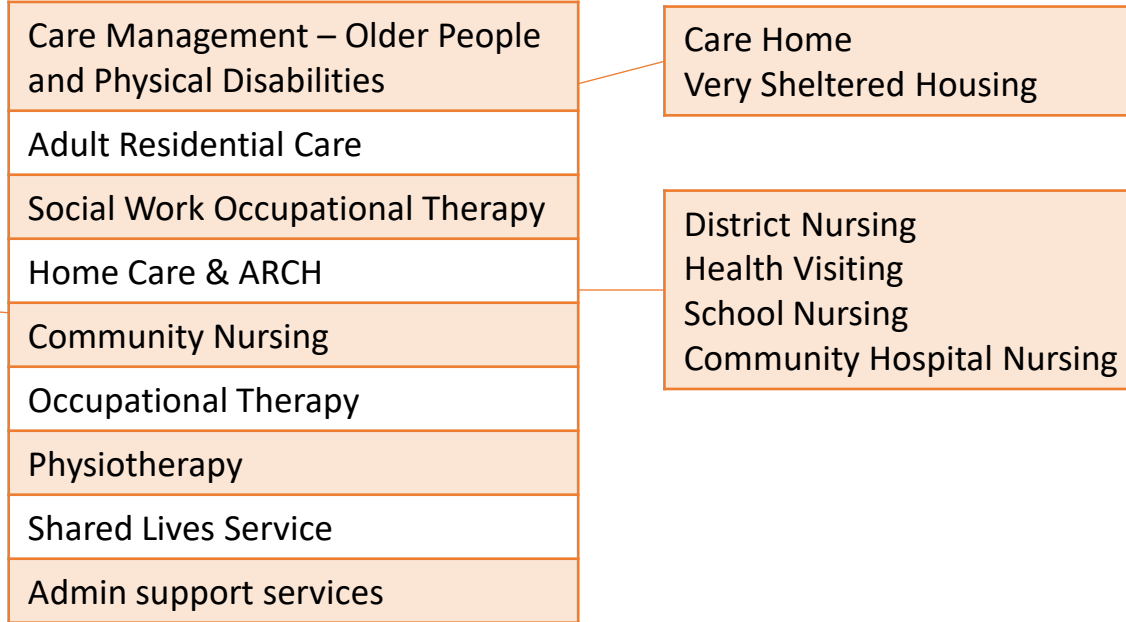
Operational Structure - SMT

Groups reporting in



Operational Team Remit

Location Managers



Hosted Services



MH & LD Managers

MH & LD Community Services	MH & LD Nursing	LD Day Services
Supported Living	LD Residential Care	LD Respite
LD Health Services		

Service Managers

Criminal Justice Social Work
Substance Use Services

Professional Lead Remit

Clinical

General Practice
Pharmacy
Optometry
Dentistry

Primary Care Improvement Plan
Independent Contractor Services
2c Salaried Practices

Nursing

Community Nursing and Out of Hours Nursing	Care Home Nursing
Community Hospital Nursing	Prison & Custody Nursing
Primary Care Nursing	Substance Misuse Nursing
MH & LD Nursing	Children & Families Nursing

School Nursing
Health Visiting
Child Protection Nursing
Infant Feeding Nursing

Allied Health Professionals

Physiotherapy	Speech & Language Therapy
Podiatry	Occupational Therapy
Dietetics	

Social Work

Social Work – Practice Education and Development
Unpaid Carers Support
Self-Directed Support
Adult Support and Protection

Hosted Services

Chronic Oedema

Specialist Nursing Service

Marie Curie Managed Care Service

Bladder & Bowel

Diabetics & Retinal

Heart Failure

Macmillan Nurses

Executive Group for Public Protection

Reporting
Groups

IJB

ECS

ECS

IJB

CC

CC

CC

Adult
Protection
Committee

Child
Protection
Committee

Violence Against
Women/Girls
Partnership

Alcohol &
Drug
Partnership

Suicide Prevention
Oversight Group
(Grampian)

Prevent

MAPPA Strategic
Oversight Group
(Grampian)

- Operational Practice Group
- Financial Harm Group (Gramp)
- Data sub-group
- Learning & Review Group
- Learning & Development Group (Gramp)

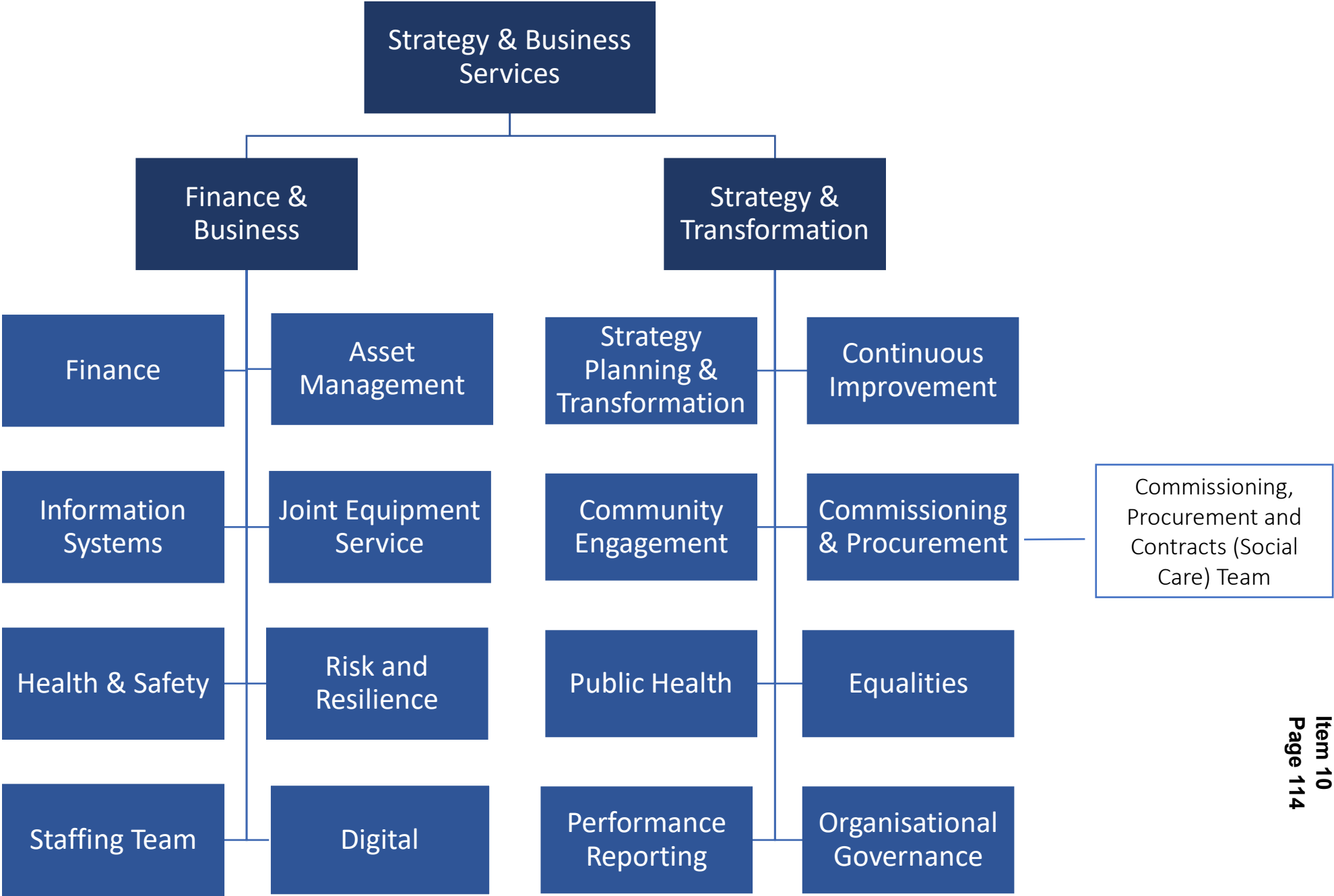
- Operations & Practice
- Data & Self Evaluation
- SCIM & Neglect
- Multi-Agency Learning & Development (CPC & GIRFEC)

- Safe & Together
- Equally Safe at Work
- Equally Safe at School
- Data
- Self Evaluation & Practice Improvement

- Drug Death Review Group
- Lived & Living Experience Subgroup
- Strategic Outcomes Group
- Performance & Reporting Subgroup
- Resource & Governance Subgroup

- North East Suicide Prevention Group**
- Building Community Capacity
- Children & Young People
- Lived Experience & Knowledge
- Suicide Bereavement & Data
- Analysis & Risk

- Radicalisation of Vulnerable Group



REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 6 DECEMBER 2023

Strategic Review of Neuro-Rehabilitation Pathway

1 Recommendation

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

- 1.1 Notes the findings of the strategic review of the neurorehabilitation pathway;
- 1.2 Agrees that Aberdeen City IJB as host IJB for this service implements the proposed changes to the neurorehabilitation pathway in collaboration with Aberdeenshire HSCP and in a phased manner as set out in section 5;
- 1.3 Agrees that an evaluation of Phase 1 will be shared with Aberdeenshire IJB in September 2024 before Phase 2 commences; and
- 1.4 Notes the engagement to date with the Aberdeenshire and Moray HSCPs and support the continuation of the engagement to help ensure the redesign continues to meet the needs of all three Partnerships.

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

2650	Aberdeenshire Clinical/Care Risk Register	Clinical/Care	National Shortage of Physiotherapists
2267	Aberdeenshire IJB Risk Register	Non Clinical	Poor Health & Social Care Policy alignment (2)
1589	Aberdeenshire IJB Risk Register	Clinical/Care	Risk of failure to deliver standards of care expected by the people of Aberdeenshire (8)
1590	Aberdeenshire IJB Risk Register	Non Clinical	Risk of not fully informing, involving and engaging with our patients/clients, the public, staff and partners (5)
2389	Aberdeenshire IJB Risk Register	Non Clinical	Service/ business alignment with current and future needs(6)
1990	Aberdeenshire IJB Risk Register	Non Clinical	Sufficiency and Affordability of Resource (1)

1591	Aberdeenshire IJB Risk Register	Non Clinical	Workforce capacity, recruitment, training development & staff empowerment (3)
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4 Background – Strategic Plan Context

- 4.1 Aberdeen City Health and Social Care Partnership (ACHSCP) holds hosted responsibility for the delivery of Specialist Rehabilitation Services, including Neurorehabilitation services, for Grampian as part of the shared governance arrangements with Aberdeenshire and Moray HSCPs. Recommendations will be progressed through each partnerships IJB Governance process.
- 4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the responsibilities of the Integration Joint Boards (IJBs). A specific requirement is that IJBs have delegated responsibility for strategic planning. The Aberdeen City Health and Social Care Partnership host the delivery of the Rehabilitation Services, which includes Neurological Rehabilitation.
- 4.3 The Aberdeen City IJB committed to a wider strategic review of all rehabilitation services as part of its approval of the ACHSCP Strategic plan 2022-2025. It is an identified project within the ‘Keeping People Safe at Home’ strategic aim. This aim specifically outlines the following strategic priorities relevant to this review:
- Maximise independence through rehabilitation.
 - Reduce the impact of unscheduled care on the hospital.
 - Expand the choice of housing options for people requiring care

During the COVID-19 pandemic, Operation Home First created an increased community facing ethos across all services with a focus on delivery and care provision in the community as opposed to traditional provision in a hospital setting. From a rehabilitation perspective this led to patients receiving support in a community setting and within their home environment. This led to greater connections with their community and a more personalised experience.

- 4.4 In March 2022, Aberdeen City IJB agreed to shorten the notice period on a contract with the operators of Craig Court, a transitional living rehabilitation setting that had been in operation since 2009. This decision was taken to enable the full scope of options to be considered as part of a wider review of the neurorehabilitation pathway. Following the change to the notice period, the provider chose to exit the contract.
- 4.5 The Aberdeen City IJB agreed at its meeting in March 2022 to undertake a focused review of the neurorehabilitation pathway in advance of the wider review of rehabilitation services. This created a platform for exploring best practice and an opportunity to consider how best to invest the resource that supports the current neurorehabilitation pathway on a sustainable basis and in line with the principles of good rehabilitation and the IJB’s strategic priorities. This included giving consideration to the function of a transitional living unit within the pathway and to explore how transitional living support could be

provided in different ways to best meet the needs of patients and carers within Grampian.

- 4.6 The decision to prioritise the review of the neurorehabilitation pathway ahead of the wider strategic rehabilitation review, has also created an opportunity to take the learning from the process undertaken with neuro rehabilitation and outputs of this as a 'proof of concept' of the approach. Any learning from this will help inform both the wider strategic review work and any further specific pathway reviews to be undertaken.
- 4.7 A project team was formed to take this work forward. This review has allowed for a wide engagement with a range of stakeholders including patient, family and carer input as well as a wide range of staff, both within the pathway and partners such as HSCP colleagues to gather views regarding priorities for the model of service delivery for current and future patients.
- 4.8 This review has considered and incorporated relevant National best practice frameworks and relevant reports including:

- Scottish Government, Neurological care and support: Framework for Action 2020 -2025 specifically, Commitment 9:
"We will support Integration authorities and the NHS to improve services and support with a commitment to evaluate and test generic / neurology based multi-disciplinary team models and test innovative ways of delivering health and social care, including new roles and new arrangements for coordinating care and support for coordinating care and support for people with neurological conditions".

And 5 key objectives were identified and adopted locally by Project Team:

- Ensure people with neurological conditions are partners in their care and support.
- Improve the provision of co-ordinated health and social care and support for people with neurological conditions.
- Ensure high standards of effective, person centred and safe care and support.
- Ensure equitable and timely access to health and social care and support across Scotland.
- Build a sustainable neurological workforce for the future.
- Rehabilitation and Recovery: A once for Scotland person-centred approach to rehabilitation in a post-COVID era which sets out the 6 key principles of good rehabilitation.
- National Health & Wellbeing Outcomes Framework
- The British Society of Rehabilitation Medicine's Standards
- WHO 2030 rehabilitation vision describes rehabilitation as an investment with cost benefits for individuals and wider society that go beyond health system benefits too e.g., increased employability, decreases need for financial or care support requirements, contributes to wider healthy

ageing, all of which are relevant for this patient group, particularly given the younger demographic and the life changing experiences they have had and the need to optimise their function and quality of life across their remaining lifespan.

5 Summary

5.1 Demographics – who is accessing Neurological rehabilitation now?

The scope of the review can be broadly defined as the Specialist Neurorehabilitation services provided for those conditions falling under the remit of neurosurgery and neurology including:

- Acquired brain injury
- Spinal injury
- Neurological disorders of movement or posture (for example cerebral palsy)
- Epilepsy
- Functional neurological disorders
- Prolonged disorders of consciousness
- Rehabilitation elements of ongoing care for patients with tracheostomies
- A range of progressive neurological conditions such as Parkinson's disease, Multiple Sclerosis, Huntington's, and Motor Neurone disease

For the progressive neurological conditions, these conditions are considered within scope only in the context of providing rehabilitation in the above outlined services. It is recognised that many of these conditions are involved in separate pathways for their long-term management and care, though patients may be in contact with the neurorehabilitation pathway at times, for example a patient with Parkinson's disease may be seen at the Horizon's clinic.

Stroke falls under the scope of the review only for the parts of the pathway where patients may be provided care in a setting such as a transitional living unit or outpatients centre such as Horizons Rehabilitation Centre. Horizons provides an assessment and therapeutic service for individuals aged 16-65 across Grampian with complex needs whose disability requires a multi-disciplinary approach. There is ongoing work developing the stroke pathway happening in parallel with this review, and the two processes will be closely monitored by programme management for interdependency and shared learning.

The patient profile of those accessing the Grampian Specialist Neurorehabilitation services is:

- 40% patients are from Aberdeen City;
- 40% Aberdeenshire;
- 10% Moray; and
- 10% originating from other local authority areas e.g. Island Boards.

The neurorehabilitation pathway has an age demographic that is younger than some other pathways with over 62% of the patient population under the age of 65.

The latest full year data shows that in 2022 the number of patients admitted to acute neurological settings in Aberdeen Royal Infirmary (ARI) was reported as 1514 and that 81 patients were admitted to the Neuro Rehabilitation Unit (NRU) at Woodend Hospital. While the majority of admissions to NRU are step-down from ARI, there are some direct admissions into NRU from the community.

Reviewing patient recovery destinations, the majority of patients from the acute setting at ARI return to a home environment. In the case of NRU less than 75% go directly home reflecting the complexity of the ongoing rehabilitation of care provision needs of this patient cohort. Many require ongoing care, and some require varying elements ongoing multidisciplinary team (MDT) support.

5.1.1 Stakeholders

A Project Delivery Group was established with a membership of Operational and Specialist leads with significant lived experience of working within the neurorehabilitation pathway alongside third sector and Scottish Care colleagues. The patient's voice was represented through Friends of Neuro and links with Brain Injury Group (both being charities which have had long-held connections with the neuro rehabilitation pathway) and include representation from across Grampian. Qualitative feedback and input from patient workshops and consultations was also evaluated.

This group provided a structure to exploring and leading throughout the review from sense-checking experience and building on learning. This at times has been challenging in terms of gaining assurance that all plans are connecting in each Partnership area given different pattern of needs and staffing structures. We continue to offer Partnership specific meetings to consider and address these and engagement with the Aberdeenshire and Moray HSCPs will continue throughout the redesign.

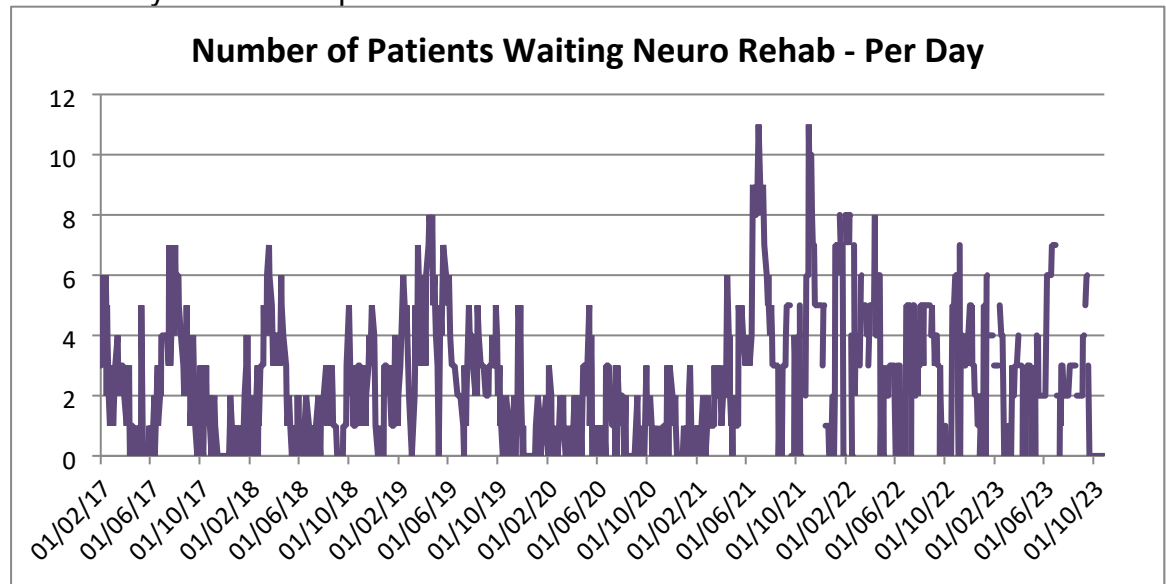
5.2 The functional parts of the pathway

5.2.1 Wards 204/205

The two acute neuro wards in ARI form the initial stage in the pathway and patients requiring in-patient specialist rehabilitation will step down from these areas into NRU. The waits experienced by patients due to 100% occupancy in NRU (see run chart below);

This highlights the potential for appropriate patients to be linked in at an earlier stage with the multi-disciplinary team (MDT) HomeLink approach. The MDT HomeLink approach enables rehabilitation to commence at an earlier stage and potential for progression to a community setting for some patients, rather than NRU, ensuring the

patient is reconnected with their network of support and wider community as soon as possible.



5.2.2 Neuro Rehabilitation Unit (NRU)

The Neuro Rehabilitation Unit is a 12 bedded unit on the Woodend Hospital site. The ward generally runs at 100% occupancy with 0% readmission rate. From the project team reviewing Functional Independence Measures (FIM) data, which is an internationally accepted outcome measure for rehabilitation, it can be seen that high-quality person-centred care is being delivered with a high level of patient satisfaction. Whilst the physical environment is dated, patient feedback focuses upon the goal focussed rehabilitation and their positive experience of this. It is anticipated that the longer-term location of this unit will be considered through NHSG Woodend/future Blueprint planning project that is due to get underway during 2024, where ACHSCP will be a key partner in engaging with this work.

When evaluating the effectiveness of the pathway to create positive outcomes for patients, alongside addressing the wait time for accessing NRU and potentially further reduce length of stay in NRU, a limiting factor identified within the current pathway was therapy capacity in NRU. Therefore, investment in this was explored and quantified to understand how these barriers to optimal achievement whilst minimising in-patient bed days could be addressed. Timely access to rehabilitation and the intensity that can be provided has an impact on patient outcomes and length of stay. An investment in additional therapists would allow more sessions to be available to individuals to focus on personal rehabilitation goals. This in turn would result in a reduction in average bed days and would increase the number of patients who could access NRU each year. In turn, this would reduce bed days waiting for transition through the neuro rehab pathway for patients within ARI stepping down into NRU. This supports flow, creating capacity within ARI having the patient in the “right care, right place”. By having timely access to the intensity of rehabilitation necessary, this will also support earlier discharge from

NRU to the next stage in the patient's journey. This provides value, not only to the patient but to the wider system. The investment in rehabilitation would seek to reduce the impact upon demand across Acute, Primary Care, and Social Care. This capacity is included in phase 1 of the proposed implementation.

5.2.3 Transitional Living – Craig Court/Home link approach

Craig Court opened in 2009 and was commissioned to provide sixteen beds in total. These comprised of six long term beds, with some residents placed as Continuing Care residents due to the complexity of needs; and 10 transitional living rehabilitation beds used as a step down from hospital or step up from the community to support patients across Grampian. Craig Court provided an intensive rehab setting out with a hospital/medically led setting. This setting was designed to bridge the period from in-patient rehab within the NRU to a homely setting for the most complex of rehab presentations. Patients from Craig Court transitioned into general rehabilitation services or home or a residential setting depending on complexity of ongoing care need.

Craig Court operated as a Transitional living unit and was a collaboration between a commissioned provider, providing care and nursing roles alongside an NHS team of staff consisting of Occupational Therapy, Physiotherapy, Neuropsychology, Dietetics and Speech and Language therapy and admin colleagues.

During the pandemic, the NHS team from Craig Court were deployed back into the main hospital settings as part of critical service protection measures. The team were deployed into areas of critical service staffing need and for a period therefore did not operate as part of the neuro rehabilitation pathway.

Following relaxation of pandemic staffing measures the Craig Court staff initially supported the NRU staffing cohort. This staffing model allowed a continuous focus on rehabilitation and allowed therapists to follow patients home to continue work on therapy goals. This change was welcomed by patients and carers. The focus of the team was initially 'badged' as Mobile Craig Court and progressed thereafter into a HomeLink concept. This model allows a multi-disciplinary team to support the patients' transition from ward to home ensuring a goal focused approach is adopted. It allows therapy to be adapted to the person's own living environment (e.g. own cooking facilities and home layout).

A short life working group was formed earlier this year with a representation from the Project Delivery Group to explore options for Transitional Living Arrangements specifically in the new model. Since late 2019, largely due to Covid-19 restrictions, and following its closure in 2022, the Craig Court Transitional living unit has not been in place for neuro patients.

The group explored options based upon recent service delivery experiences and considered a range of options for future models of delivery. They also reviewed what had been in place since the closure of Craig Court and the mitigations for this which have included rehabilitation in community and home-based settings. As a result, a critical shift in thinking occurred.

This shift was from an initial desire to replace the capacity for residential transitional living rehabilitation to an intent to explore further what an extended HomeLink capacity could deliver in supporting rehab at home.

It is suggested that this is a significant highlight from this work. The investment in time with a variety of stakeholders to iterate and develop the conversation regarding what is needed for the future. By holding the space of interim arrangements, the conversation opened perspectives to what is possible/appropriate. This has been incorporated into the proposed two-phase approach outlined below.

The HomeLink approach has enabled patients to continue with their goal setting and rehabilitation as they transitioned home from NRU. HomeLink commenced with the workforce who had been aligned to Craig Court testing out a different approach to how they could work to support patients as they transition from in-patients back to the community. This testing has highlighted the need to consider how this approach can provide support geographically and has highlighted the need to expand the workforce to be able to support the needs of patients going through this redesigned pathway across Grampian. This includes the need to recruit a neuropsychologist to enhance the MDT, and to develop a Clinical leadership role for the pathway to provide oversight and to support more integrated working across professions.

HomeLink has operated on a criteria basis ensuring that patients have goals in place and then provide support for up to 12 weeks before referring onto Horizons Out-patient rehabilitation centre and/or generalist community therapy teams. The team ensure a person-centred approach for each individual patient, with individual support plans that reflect their specific goals. These are many and varied ranging from accessing local community and activities of daily living. The individual goal setting focus on independence and reconnection offers great benefits to the individual and their families and on a broader perspective to wider community by reducing dependencies on services.

5.2.4 Horizons Out-patient Rehabilitation Centre

The Horizons service provides a 'one-stop shop' out-patient approach (as opposed to the in-patient approach at ARI and NRU) by a multi-disciplinary team for adults across Grampian with a neurological condition and rehabilitation need, providing assessment, review and rehabilitation. This service was able to demonstrate significant waiting lists especially for physiotherapy and this correlated with one of the

improvement ideas identified from the co-production process; the augmentation of this capacity to address waiting list pressures. This would enable a more prompt out-patient follow-up on discharge. In addition, the need to build a further community response resource was also quantified to enable out-patient staff to out-reach when appropriate to provide continuity for patients in applying rehabilitation processes at home which aligns with the Home First ethos. This additionality would enable a more seamless transition to home from in-patient/residential rehabilitation capacity as well as from out-patient to independent living.

5.3 Approach to this review

The review has taken a co-design approach and has involved engagement with patients, carers and staff using lived experiences to inform pathway design. Engagement has taken many forms from 1:1 discussion, workshops, surveys and attending user groups in a bid to gain a wide sample and offer different means of participation.

The co-designed approach enabled a vision statement (Appendix C) to be created and key themes for improvement to be captured. From the series of engagements, 23 change ideas were generated which were then themed into 15 change action ideas (Appendix D).

These were then further refined resulting in 4 locally agreed objectives:

- Enabled staff and patient in decision making;
- Equitable access to neuro rehabilitation care and support;
- Enabled and supported transition to independent living; and
- Patient pathway is seamless and timely.

5.3.1 Additionally, a number of cross cutting themes emerged that needed to be considered in each proposal including:

- upskilling of existing staff;
- increase in regional access to specialist care;
- more intensive and timely rehab;
- improved MDT and cross regional working;
- increased coordination and usage of communication tools; and
- enhanced working with third and independent sector.

6.0 Proposed model - blended model incorporating community and transitional living arrangements.

Building on the improvement ideas generated and iterative consultation at the Programme Delivery Group (PDG) a proposal was developed, and based on current demand it was proposed that a total of 6 'beds' were required in the community. The PDG identified that a notional 3 virtual beds (person's home) and 3 community beds (i.e., physical beds based in a community setting) model could deliver a Transitional Living Arrangement as opposed to a Transitional Living Unit. The 'virtual' to physical bed ratio was difficult to

determine as it is based on patient need, and the consensus of the PDG was to commence with this 3:3 ratio, reviewing and shaping within budget.

Options for the 3 physical beds that were considered included the potential for transforming a mothballed ward and existing staff space at Woodend Hospital into an interim option of a step down from rehab. This being co-located or adjacent to the Neurorehabilitation Unit was considered a benefit by the PDG. However, on conducting a feasibility study, initial costings indicate that capital costs of this would be prohibitive (circa £1 million), alongside ongoing discussions with NHSG regarding sustainability of their clinical sites. The location also presented an environment that contradicted our strategic vision around delivering services closer to home and broader home first principles and the intent of transitional living support in a community setting.

In addition, a block commissioned model had some initial market testing and this identified a significant likely contract cost which would be significantly more expensive than the Craig Court model, which would utilise a significant amount of the financial envelope identified. A block commissioned model is where a set number of beds is funded on an ongoing basis and can include community provision also. This has the benefit of ensuring a certain amount of capacity is always available when predicted needs are known.

Therefore, the preferred model proposed by the PDG, given these considerations and the positive experience of the testing of the HomeLink approach, is to augment existing capacity in the MDT workforce to enhance HomeLink delivery across Grampian. This would also see the creation of up to three commissioned rehabilitation beds within available resources with a criteria for delivering rehabilitation and transitional support in a homely setting. The proposed first phase will strengthen the workforce and through evaluation of the demand and patient needs during this period, this will inform the second phase of investment, reviewing the ratio of these virtual to physical beds to determine how the available funding can best be deployed to meet these needs. The location of any commissioned beds and how we will most effectively deploy the additional community based workforce will be determined following further consultation with all Grampian HSCP colleagues. Further to this, we will continue to explore market options with our contract's teams across Grampian.

6.1 A Phased Approach to Proposals

The proposals are reliant upon the successful recruitment of additional staff. Given recruitment of staff has previously been challenging, we want to ensure stability within the model and build in a review next year to review progress against Phase 1. That review will allow us to consider alternative modelling using commissioning (as detailed in Appendix E) should it be required.

Phase 1 implementing an increase in therapy capacity within:

- NRU in order to increase time-critical rehabilitation capacity to optimise rehab goal outcomes and minimise length of stay (therefore increasing flow through and improved outcomes for patient and staff

in NRU) and thereby minimising costs associated with preventable demand.

- HomeLink capacity, enabling basing of posts to take account of geographical spread of patient group (e.g., exploring basing some capacity in northern aspects of NHS Grampian) in order to; increase rehabilitation capacity to optimise rehab goal outcomes and minimise length of stay (therefore increasing flow through and improved outcomes for patient and staff in the HomeLink capacity) and thereby minimising costs associated with preventable demand.
- Horizons Rehabilitation Centre Out-patient capacity in order to increase rehabilitation capacity to address historical waiting lists, improve access on discharge and enable out-reach of out-patient staff where this creates more seamless rehab experience for this patient cohort. Current data from June 23 highlighted 95 patients awaiting “routine” rehabilitation with longest wait of 66 weeks to access treatment. Data collated on a three-monthly basis has highlighted an upward trend on patient waiting times creating costs associated with preventable demand.
- The benefits across all three areas of increasing therapy capacity will be enhanced access and more intensive rehabilitation given in a timely manner, will improve outcomes for people and support earlier transition back into the community.
- The investment in additional staffing should support an enhanced flow from acute to rehab, this, whilst meeting patient outcomes minimises costs caused by preventable demand by having the patient in the right place, at the right time.
- Risk assessment is a key part of discharge planning, if the patient is unable to transfer directly home due to environmental or personal circumstance the opportunity for step down to community rehab facilities or a spot purchase bed will be undertaken.

Phase 2

Based on current understanding it is proposed that phase 2 will be implemented from quarter 3 in 2024 following a evaluation of Phase 1. Phase 2 would consider the commissioning of residential beds, if this is evidenced as required from phase 1, and/or the further investment in existing rehabilitation therapy teams to optimise service delivery, minimal length of stay and pathway flow.

Further key developments that have been scoped within the projected budget to enhance neuro rehabilitation as part of Phase 2 is the creation of two distinct roles to support learning, development and support via the creation of;

- Workforce Neuro Educator role, and;
- Information Hub coordination.

These roles will be considered in the planning of phase 2. Although the roles have been incorporated within the projected budget, a final decision on recruitment will be weighed against the number of beds that is required to be commissioned to support transitional living. This will require an ongoing review of patient needs within this cohort and exploring whether all step-down rehabilitation from the pathway can be delivered by a HomeLink

team model. It is possible that these posts may need to be de-prioritised if not within financial envelope for phase 2.

Development of the job descriptions and key functions to maximise support to staff, patients and carers are part of the implementation plan (see appendix E).

6.2 Evaluation of impact of Redesign – Phase 1

The following metrics will be used to evaluate the impact of these proposals:

- Length of stay in NRU and Home Link;
- Goal setting and achievement data and/or Functional Independence Measure;
- Bed days awaiting the rehab pathway (both NRU and HomeLink capacity) NB – this is a balancing measure;
- Delayed discharges from Acute wards and NRU, providing a further balancing measure, to evaluate cross system impact of investment;
- Review complaints regarding waiting times for specialist rehab;
- Review the waiting list times for therapy for Home Link;
- Out-patient waiting times for Horizons service; and
- Patient and staff experience survey feedback.

This will be a comprehensive evaluation, working with colleagues from ACHSCP Strategy and Transformation, Health Intelligence and Public Health Scotland, to evaluate change in flow whilst implementing remodelling of service delivery. We note that the evaluation focus is not only focused upon patient outcomes, but will be able to review impact cross system including associated costs. It is proposed that the evaluation be provided to the meeting of the IJB in August 2024.

6.3 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.

7 Equalities, Staffing and Financial Implications

7.1 The first stage of an Integrated Impact Assessment (IIA) has been carried out as part of the development of the proposals set out above. It is included as Appendix F and no impact has been identified at this point

8 Appendices

8.1. Summary

Introduction

Aberdeen City Health and Social Care Partnership {ACHSCP} host Neuro rehabilitation for Grampian . This means that Aberdeen hold responsibility for the delivery of this service on behalf of NHS Grampian, Aberdeenshire Health and Care Partnership and Moray Health and Social care Partnership.

A decision was taken by the IJB in March 2022 to shorten the notice period on the contract for the transitional living arrangements in Craig Court. This created the conditions to repurpose the budget and provided an opportunity to enable a full review of the neurorehabilitation pathway. This has included exploring how best to provide transitional living support in different ways to support the needs of patients across Grampian.

Why did we need this review?

We needed this review to:

- Ensure that the services we provide to patients and carers who require access to specialist neuro-rehabilitation are clinically and cost effective, ensuring the best outcomes for people to support them to maximise their potential and achieve their personal goals;
- Deliver the best experience for patients and their families and carers;
- Ensure that we are embedding the 6 principles of good rehabilitation as set out in the national framework for rehabilitation [Rehabilitation and Recovery: A once for Scotland person-centred approach to rehabilitation in a post-COVID era](#) and that locally we are delivering timely access to the appropriate rehabilitation support to meet individual patient needs;
- Ensure that people can receive time critical rehabilitation and not be unduly delayed in a hospital setting or awaiting specialist rehab whilst in the community in order to optimise their recovery and quality of life; and
- Ensure that the pathway is aligned to the strategic direction of NHSG and the three HSCPs.

What did we do?

Through a model of co-design, we widely engaged and involved individuals and groups with lived experience (patient, carer and staff experience), third sector and other key stakeholders to design a pathway that incorporated their experience to enhance and build a pathway that considered patient outcomes.

We identified gaps in what we do and ideas to improve services and patient experience.

With this information we have developed recommendations for how best to achieve best value within the pathway to develop a more community facing model of delivery to improve access for patients across Grampian and improve flow of patients across the pathway from acute services through to the community. We evaluated data and looked at demand across Grampian. This has highlighted the impact upon other areas cross system that are impacted if neuro -pathway is not maintaining response to demand. We are confident that the investment proposed will address the current demand expressed through waiting lists and waits between transfer and will offer a community focused rehabilitation.

Next steps?

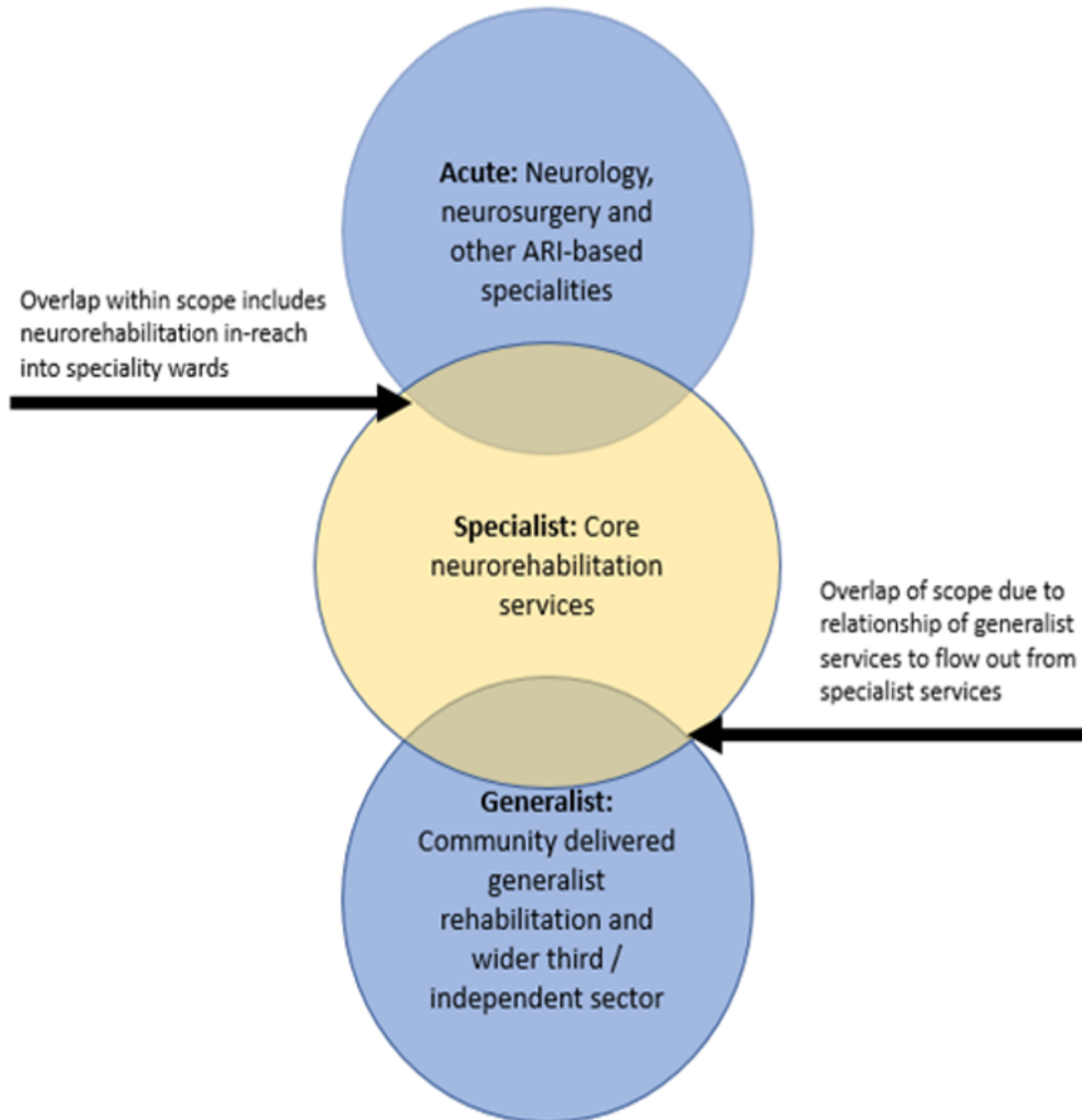
We will take a phased approach to implementation of the change ideas to ensure optimum use of the available resources. In phase 1, to develop the community model and further understand the balance needed between this and the need for commissioned beds to support the transitional support needs for patients unable to be supported in their own home.

Within phase 2, we will review the impact of investment and look to invest further in community rehabilitation. The decision and balance of commissioning a bed



base in tandem with further community investment including new roles will be made within existing budget with ratio of spending based upon evaluation. An update report on the evaluation will be taken back to the IJB in August 2024. Continue to engage with a range of stakeholders i.e. patients, families, staff to implement changes, and continuing to work in partnership with Aberdeenshire and Moray HSCPs.






8.2. Appendix B



8.3. Appendix C

Neurorehabilitation Vision Statement

There is a need to transform our service to ensure we continue to be person-centred in response to our changing patient needs, enhance staff satisfaction, and facilitate both a timely and outcomes-based transition through the pathway, with a "home first" approach to patient care.

 Quality & Best Practice	 A flexible workforce	 A pathway approach	 Outcomes/Goal-focussed	 Homefirst	 Effective governance	 Experience-focussed;
We (strive to) deliver an (regionally-)equitable, seamless, safe and timely service where staff and patients are enabled in their decision-making, and patients are adequately supported and enabled in their transition to independent living or living as independently as possible.	We (will) take a 'one team' approach across the pathway, ensuring staff can respond most effectively and efficiently to patient needs, ensuring we can see patients at the right time and in the right place, rather than being confined to one physical place of work. [E.g., out-reach from out-patient capacity to support rehab need in the community.] This requires co-ordination to enable a fit for purpose MDT response in each element of the pathway.	Whilst our [rehabilitation] is delivered across several settings, including in-patient beds, transitional arrangements (non-hospital residential beds); out-patient and community settings and within patients own homes, our facilities will be used flexibly by the team in response to patients' needs.	A core focus of all parts of our pathway will be through goal-setting co-produced with patients, their families and our multi-disciplinary teams; and the focus on flow to progress through the elements of the pathway in a timely manner, in keeping with 'homefirst' principles.	Our approach is deeply embedded in cross-system working, with a focus on effective and efficient collaboration and coordination across the pathway and in particular with community-based rehabilitation services and sector organisations, to ensure our patients continue to be supported as they move through their rehabilitation journey, and to provide timely step-up care if required in the future. [For example, flexible use of facilities – e.g. community rehab team able to use out-patient facility at Horizons; or out-reach from OP staff to community settings.]	Our service is based on a robust model of service delivery, enabled through pragmatic and transparent governance and leadership that embeds continuous improvement to ensure our service's responsiveness to the changing needs of our patients, staff, and the wider health care system.	Our service is strong because we proactively train and evaluate the existing and required skill mix to provide the best service possible for our patients. A key feature of the redesigned pathway will be systematic measures to understand and continue to improve patient experience and outcomes; as well as staff experience.

8.4. Appendix D

Neurorehabilitation – Coproduced Improvement ideas

IMPROVEMENT IDEAS			
Neuro specific educator roles for staff and patient support	Improved pathway access to support for FND Patients and secondary pathologies	Implementation of new Transitional Living support.	Focus on intensive and timely rehabilitation
Develop a continuous training, education and skills development framework	Improved access and provision to PDOC Patients.	Increased physiotherapy provision	Increased community rehabilitation provision.
Information hub & coordination	Improved access to neuropsychological support.	Review of vocational rehabilitation opportunities	Undertake a review of the skill matrix
Upskilling healthcare support workers and reablement and wellbeing practitioners.	Increase regional access to specialist rehabilitation care and support	Enhanced volunteer support	

8.5. Appendix E

Neuro rehabilitation Pathway - Implementation Plan - High Level		
Action Item (List steps required to implement solutions)	Responsible (List person(s) responsible for action steps)	Due Date (Indicate when action items must be completed)
Commence Recruitment to agreed under Phase 1		
Create an awareness of carers to all staff into the referral pathway, through sharing Quarriers literature	Programme Team	Sept 23
Link in with NHSG HR colleagues regarding our recruitment plan	Programme Team	Sept 23
Meeting with NHS Communications Team to plan advertising campaign for coordination of shared advertisement	Programme Team	Sept 23
Meeting with ACC/ACHSCP Communications Team to plan advertising campaign for coordination of shared advertisement	Programme Team	Sept 23
Hold face to face meetings for all Clinical Leads ensuring that up to date job descriptions are sent in advance in order to coordinate recruitment campaign	Programme Team	Oct 23
Develop the identity of HomeLink team by working with our Organisational Development colleagues by establishing clear team focus and goals	Programme Team	Oct 23
Creation of a leaflet for HomeLink - for review with PDG and wider stakeholders i.e. staff groups and patients	PDG	Oct 23
Re-establish and present baseline data to Public Health Scotland to form basis of evaluation	Programme Team	Oct 23
Link in NHSG Quality Improvement regarding development patient feedback methodology	Programme Team	Oct 23
Neuro rehabilitation Pathway - Implementation Plan - High Level		
Action Item (List steps required to implement solutions)	Responsible (List person(s) responsible for action steps)	Due Date (Indicate when action items must be completed)
Commence Evaluation under Phase 2		
Review recruitment campaign and evaluate any gaps and impact of those in post	Programme Team	Apr 24
Review recruitment with specific focus on the effect on Shire and Moray teams	Programme Team	Apr 24
Review patient feedback working with NHSG Quality Improvement	Programme Team	Apr 24
Review data in conjunction with Public Health Scotland	Programme Team	Apr 24
Following reviews, consider next steps with the PDG regarding focus of spending	PDG	Apr 24
A Stage 2 IIA will be completed, to ensure assessment regarding impact is informed	Programme Team	Apr 24
Engage with ACC, Shire and Moray contracts teams regarding commissioning if deemed appropriate following review	Programme Team	Apr 24

8.6. Appendix F

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	Neurological Rehabilitation Review
Name of Officer completing Proportionality and Relevance Questionnaire	Rae Flett (Project Manager)
Date of Completion	08/09/23
What is the aim to be achieved by the policy or practice and is it legitimate?	<p>To create a streamlined and responsive person-centred neurological rehabilitation service.</p> <p>Those accessing this Pathway would generally be considered as having a Disability as defined by the Equality Act 2010.</p>
What are the means to be used to achieve the aim and are they appropriate and necessary?	<p>The overall aim of this Review is to ensure that we have a service that will meet the person-centred needs of those who require neurological rehabilitation services.</p> <p>In order to determine what this should look like a Project Delivery Group was formed which included key stakeholders with relevant expertise of the needs of patients and individuals with lived experiences {former patients and their carers} to collate ideas of how to achieve this aim. This was carried out through holding workshops and using a co-design approach to ensure all voices are heard.</p> <p>A number of recommendations have been submitted to IJB to approve the remodelling of the Neuro Rehab Pathway, the change ideas were generated through engagement with a range of stakeholders, including patients and their families.</p>
If the policy or practice has a neutral or positive impact, please describe it here.	<p>A number of positive impacts have been identified which should be realised by the reviewed service. These are outlined as follows;</p> <p><u>Protected Characteristics</u></p> <p>Disability – This service will improve access for patients, receiving patient centred care for their rehabilitation creating the ability to reach more people across Grampian. Disabled people, their carers and families accessing</p>

Neurological Acute wards 204 / 205 at ARI, Neuro rehabilitation Unit at Woodend, HomeLink concept users and users of Horizon rehabilitation services will be positively impacted by an increase in MDT staffing to ensure a timely and intensive rehabilitation service can be offered.

Age – This service is for adults (over 18) who require Neurological rehabilitation. Young people (under 18) are supported via RACH. The service will be available to all adults based on patient needs and will have a positive impact.

Race – The service has considered how translation services will be accessed from community settings and will utilise the Language Line to ensure that there is no disadvantage to using a community-based model.

Sex – The creation of the community-based model, which focuses on individual goals, ensures that there will be no gender bias within the delivery of the service.

A neutral impact has been identified at this stage in relation to the other protected characteristics.

Marriage and Civil Partnership – the service recognises the support from potential carers and so a neutral impact has been identified at this stage.

Gender Reassignment – the service is patient centred and goals are individual. A neutral impact has been identified at this stage

Pregnancy and Maternity – the services recognises links with other team and their involvement should they be required. A neutral impact has been identified at this stage.

Religion and belief – the service is patient centred and goals are individual. A neutral impact has been identified at this stage

Sexual orientation - the service is patient centred and goals are individual. A neutral impact has been identified at this stage

Fairer Scotland Duty

This service will be available to patients based on individual need. The proposed 'HomeLink' model will enable patients to receive support in their own home which minimises the financial impact and potential challenges experienced by those who have a low income and / or are experiencing material deprivation, and their Carers, from travelling to appointments for their treatment. There may be occasions due to a patients living environment where it is not appropriate for the Homelink concept to be implemented. Therefore, a commissioned bed may need to be considered as an interim option. The recommendations give the flexibility for this to be pursued.

The proposed model will collaborate with Aberdeenshire and Moray colleagues to determine the most appropriate means of ensuring the service is available to reach more people across Grampian. Whilst no negative impacts have been identified at this stage this will be monitored during the phased implementation.

Health Inequalities

No additional impacts have been identified in relation to Healthy inequalities.

Carers

Carers as part of discharge planning are consulted as per Carers (Scotland) Act 2016 legislation. This ensures that the individual needs of Carers are considered. Additionally, the pathway will ensure that staff have an awareness of their local commissioned Carer Support organisation and know where to signpost to.

Human Rights

There will be a positive impact in relation to 'Article 8 – The right to respect for private and family life, home and correspondence' – The proposed model will enable patients to return home to their own homes to receive their treatment enabling them to return to family life. It will also support a

	person-centred approach which has a further positive impact.
Is an Integrated Impact Assessment required for this policy or decision (Yes/No)	Yes – this will be reviewed in Phase 2
Rationale for Decision NB: consider: - <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	<p>Potential patient group, their carers and families within Neuro Acute wards 204 / 205 at ARI, Neuro rehabilitation Unit at Woodend, HomeLink concept users and users of Horizon rehabilitation services will be positively impacted by an increase in MDT staffing to ensure a more timely and intensive rehabilitation could be offered.</p> <p>No negative impacts identified Significant positive impact to those neuro patients requiring to move through the pathway to have rehab have been identified as outlined above. Carers will be positively impacted in that support is available and will be highlighted better through the pathway. No one's rights will be restricted by this. The focus of changes includes the improvement of person-centred care process which includes; working in collaboration with patients and their families to achieve the best outcomes for the patient.</p>
Decision of Reviewer	Agreed
Name of Reviewer	Lynn Morrison
Date	13/09/23

Report prepared by
Lynn Morrison

Lead for Allied Health Professions (AHP) and Specialist Rehabilitation Services, Aberdeen City Health & Social Care Partnership

Tracey McMillan Transformation Programme Manager, Aberdeen City and Social Care Partnership

Date 7th November 2023



REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 6 DECEMBER 2023

ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) STRATEGIC DELIVERY PLAN – PROJECT DEFINITIONS

1 Recommendation

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

- 1.1 Provide comment on the proposed definitions for transformational projects, improvement projects and projects under review.
- 1.2 Acknowledge the updated categorisation of the projects within the SDP as well as the development of a risk management process for projects linked to the SDP.
- 1.3 Acknowledge the addition of a prioritisation framework to the project mandate and project charter to support SMT prioritise projects.
- 1.4 To agree the removal of the projects as identified in 5.1.5 and 5.1.6 from within the Strategic Delivery Plan as part of this review process.

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.

4 Background

- 4.1 The Strategic Delivery Plan (SDP) was agreed by IJB in December 2022 after a thorough engagement process with SMT members which captured key projects to be delivered between 2022 – 25. The list of projects within the SDP is extensive and this has raised concerns about HSCP capacity with the ongoing complex pressures facing the partnership.
- 4.2 The Strategic Delivery Plan should focus on the key transformational projects of the AHSCP however, at the moment, it reflects a range of projects/workstreams from across teams within the partnership. Through the clarification of definitions and project categories we can ensure that the SDP continues to focus on the key



transformational projects and that these then, in turn, have oversight and support from IJB.

- 4.3 All of the projects listed within the Strategic Delivery Plan will take cognisance of the GIRFE (Getting it Right for Everyone) principles and design methodology as these develop and are implemented by Scottish Government.
- 4.4 This report provides clarity of the proposed definition around the three project categories which are transformational, improvement and review. Work has also begun on embedding the risk management process through appropriate project management documentation with escalation processes available if required.
- 4.5 A clear and robust prioritisation framework is considered beneficial to support SMT decision-making, prioritisation and, if required, reprioritisation of existing workstreams and project activities, on an ongoing basis. The key purpose of such a framework is to help ensure we are focusing on the 'right things' and pursuing projects which will maximise impact on our overall objectives (strategic priorities) and long-term outcomes.
- 4.6 The project mandate and the project charter have been updated to include the criteria that has been agreed as part of the prioritisation framework.

5 Summary

Project Definition

- 5.1.1 Initially projects within the SDP were categorised as either Transformational, Improvement or Business as usual. It is proposed to remove the category 'business as usual' moving forward as when a projects implementation is completed (regardless of whether they are transformational or improvement) the work will they naturally become business as usual. This will not be monitored under the Strategic Delivery Plan.
- 5.1.2 The proposed categories are transformational, Improvement or Review. The definitions for each category are:
 - Transformational: This is a revolutionary, organisational wide whole system change that is strategically driven which will bring about significant change(s) in how we operate. Any changes are designed with not only changing that landscape but also seeking to make changes to the base itself. Reporting is to the IJB through SPG.
 - Improvement: This is work which is driven by a need for change within a specific area/service/team. It is locally based (this may be a test of change initially which has the potential to lead to transformational organisational wide change), tends to be a smaller scale changes which are taking place within a stable system. The improvement process seeks to question how best to do something and then to make changes to a base state which then improve performance over time.



- **Review:** Work within this category will be under a scoping process/options appraisal – no changes to the base itself are made at this stage. Projects that would be considered under this category would include, for example, the Insch Service Review and the Review of Very Sheltered Housing (central) as the outcomes of this initial work could identify transformational/improvement work as appropriate.

5.1.3 As part of this process all the projects/workstreams were evaluated against the definitions described above. The linkage of the projects/workstreams to their definition is proposed, the categorisation can be changed based on the agreed definitions if appropriate. We will continue dialogue with project leads (commencing in January 2024) to confirm the proposed categorisations remain appropriate.

Project/Workstream	Categorisation	Strategic Risk (TBC)
In house Care at home the Future	Improvement	Risk ID 3449: Aberdeenshire Strategic Delivery Risk Register, Non Clinical, Risk to Completion of Social Care Sustainability Programme
Rehabilitation & Enablement	Improvement	Risk ID 3449: Aberdeenshire Strategic Delivery Risk Register, Non Clinical, Risk to Completion of Social Care Sustainability Programme
Deeside Needs Assessment	Improvement	
Frailty Pathway	Improvement	
Replacement of Social Care Management System	Improvement	
Review and re-provision of Learning Disability accommodation	Improvement	
Effective Support for Carers and Self Directed Support	Improvement	Risk ID 3449: Aberdeenshire Strategic Delivery Risk Register, Non Clinical, Risk to Completion of Social Care Sustainability Programme
Out of Hours Review (Unscheduled Care)	Improvement	
Out of Area Complex Care Placements	Transformational	
Digital Strategy Development	Transformational	
Vaccination Programme Board	Improvement	
Very Sheltered Housing Review	Review	Risk ID 3449: Aberdeenshire Strategic Delivery Risk Register, Non Clinical, Risk to Completion of Social Care Sustainability Programme



Project/Workstream	Categorisation	Strategic Risk (TBC)
Primary Care Mental Health Hub	Improvement	
Primary Care Improvement Plan	Improvement – potential to be transformational	
MAT Standards Implementation	Transformational	
Insch Service Review	Review	
Analogue to Digital Transition	Transformational	Risk ID 2508 Aberdeenshire Strategic Risk Register, Non Clinical, Analogue to Digital Switch over
Suicide Prevention Strategy Development	To be started	
Re-shaping Learning Disability Day Services	Improvement	
Development of Mental Health Accommodation Options	Improvement	
Prison Review	Review (To be scoped out)	
Review of Community Older Mental Health Teams	Review (To be scoped out)	
Community Hub (Test of Change)	Review (Being scoped out currently)	

5.1.4 As part of the review, it is proposed that the following projects are removed from the Strategic Delivery Plan. They will be continued to be monitored on an ongoing basis in a similar way to the Workforce plan. Again, like the Workforce Plan, any specific projects arising from the delivery plan which have a transformational, improvement or review focus would remain as part of the SDP.

5.1.5 This involves the following workstreams:

- Autism Strategy
- Learning Disability Strategy Delivery Plan
- Mental Health Strategy Delivery Plan
- Health Improvement Delivery Plan.

5.1.6 In addition, it is also suggested that the following projects are removed from the Strategic Delivery Plan, with IJB's agreement:

- Health & Social Care Staffing Act: This is a legislative requirement which we have to ensure we comply with operationally.
- 2C Practices – what is the future: This should be removed, however, when there is an approved project mandate it will be readded.
- Implementation of Outcome Measurements with focus on Outcome Star: This will be removed as this work is business as usual.



5.2 Risk Management

5.2.4 As part of strengthening the project management process risk management has also been reviewed and work is underway to support the following Internal Audit 2212 – IJB Transformational project projects which sets out the following recommendation – ‘Escalation processes for risks should be clearly defined and applied consistently’.

5.2.5 Risks will be identified through both the project mandate and through the project charter. The intention is that the risks identified on the project mandate and/or the project charter will be recorded through Datix with processes in place for escalating risk through CASWG (Non clinical) or the Risk and Assurance Group as required.

5.3 Prioritisation Framework

5.3.4 A core challenge remains for the HSCP in that new priorities continue to emerge requiring us to be flexible as to if and how new workstreams are added to the SDP but also ensuring we have a consistent basis for prioritisation and decision-making. In addition, Internal Audit 2212 - IJB Transformational Projects set out the following recommendation - ‘Project identification and prioritisation processes should be formally set out and decision making recorded’.

5.3.5 A clear and robust prioritisation framework is considered beneficial to support SMT decision-making, prioritisation and, if required, reprioritisation of existing workstreams and project activities, on an ongoing basis.

5.3.6 It is proposed that the following information is added to the project mandate/project charter as an appendix for SMT’s reference ensuring each are assessed against a consistent set of criteria. NB: In line with the above redefinition of project categorisations, it is proposed this should only include projects with a transformational focus, or improvement workstreams or reviews which have the potential for Shire-wide impacts and/or resource implications.

5.3.7 The project mandate is first document created with the project process, which means there can often be limited known information at this stage. It is proposed that

a new section be created which provides the following information which will enable SMT to undertake an initial prioritisation.

Priority Area	Considerations
Outcome	<ul style="list-style-type: none"> Does this project currently link to a risk on the HSCP Risk Register? If not, does this project carry sufficient risk that it requires it to be added to the HSCP Risk Register? Will this project meet one or more of the Strategic Plan/SDP priorities? Is there a statutory requirement to implement or strategic policy driving this?



Resource	<ul style="list-style-type: none"> • Are there sufficient resources (staffing, finance, systems) to deliver the project without impacting on other work? If not, will implementing this project allow us to cease another piece of work? • Should we/can we deprioritise other work in order to create capacity to implement? • Is this project likely to deliver savings in year/next year/recurring basis? • Is there a risk of additional cost pressures by not implementing the project?
Timeframe	<ul style="list-style-type: none"> • Does the project require to be implemented to meet national or local deadline? Consider e.g. ringfenced funding.

5.3.8 The project charter is completed after scoping, benefits mapping etc has been completed. The project charter provides a clear overview to SMT of what the project is expected to deliver in terms of outcomes and benefits to service users/staff, as well as details of any financial saving expected, or risks identified. On this basis, it is proposed to create an additional section within the project charter which builds on the information within the project mandate and provides SMT the opportunity to reprioritise the project, if required. The suggested considerations that would be expected within the project charter include:

Priority Area	Considerations
Outcome	<ul style="list-style-type: none"> • Does this project currently link to a risk on the HSCP Risk Register? If not, does this project carry sufficient risk that it requires it to be added to the HSCP Risk Register? • Can we clearly identify positive impacts/outcomes for people using our services? • Can we clearly identify positive impacts/ outcomes for our staff?
Resource	<ul style="list-style-type: none"> • Are there sufficient resources (staffing, finance, systems) to deliver the project without impacting on other work? If not, will implementing this project allow us to cease another piece of work? • Should we/can we deprioritise other work in order to create capacity to implement? • Is this project likely to deliver savings in year/next year/recurring basis? • Is there a risk of additional cost pressures by not implementing the project?
Timeframe	<ul style="list-style-type: none"> • Does the project require to be implemented to meet national or local deadline? Consider e.g. ringfenced funding.

5.3.9 Prioritisation of workstreams will continue by SMT on an ongoing basis as the partnership continues to respond to opportunities and challenges. This will allow an agile approach enabling resources to be allocated to support project work as prioritised. This will be particularly crucial to realise delivery of the community hub programme.



6 Equalities, Staffing and Financial Implications

- 6.1 An Integrated Impact Assessment was undertaken as part of the development of the SDP reported to the IJB in December 2022. A full impact assessment was not required as 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: 30 October 2023

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD, 6 DECEMBER 2023

ROSEWELL HOUSE – ABERDEENSHIRE USE OF BEDS IN THIS FACILITY

1 Recommendation

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

- 1.1 Cease commissioning of beds in Rosewell House that was commenced during the COVID 19 Pandemic as a result of work around the frailty pathway at that time**

2 Direction

- 2.1 This report requires a direction to be issued to NHS Grampian and the details of this direction are contained in Appendix 1.

3 Risk

- 3.1 Risk 1589 Risk of failure to deliver standards of care expected by the people of Aberdeenshire by reviewing and developing our frailty pathway in Aberdeenshire.

4 Background

Changes to the Frailty pathway

- 4.1 During the COVID 19 pandemic there was a decision made in NHS Grampian to review the frailty pathway. This work was progressed by an NHS Grampian Group and saw the previous frailty pathway and resources being redesigned and aligned. Prior to this work, the acute beds supporting frailty in Aberdeen Royal Infirmary (ARI) were located in three ward areas. This redesign saw a reduction to a 25 bedded unit in ward 102, in ARI.
- 4.2 The intention for Aberdeenshire was that an element of the associated funding would be made available to develop a Hospital at Home service to support the population of Aberdeenshire patients as part of the frailty pathway. The funding made available was £1.6m.
- 4.3 The original intention was to develop three Hospital at Home teams for Aberdeenshire, based on a similar model that operates in Aberdeen City. The Aberdeen City model of Hospital at Home involves clinical cover from Geriatricians. The first area to test this was agreed as central Aberdeenshire.
- 4.4 It became apparent that establishing a Hospital at Home service in Aberdeenshire was challenging both in relation to recruitment of the

multidisciplinary team but primarily because success of this model for the frailty pathway patients in Aberdeenshire required securing eight sessions of Geriatrician cover. The recruitment of Geriatricians in Grampian has and continues to be challenging and the last set of interviews only saw the ability of the Geriatrician team to fill gaps in the resources required to deliver a service in the acute unit, ward 102 in ARI.

- 4.5 Aberdeenshire Health and Social Care Partnership recognised during the pandemic that it was taking time to deliver a Hospital at Home model and so agreement was reached that Aberdeenshire patients would be able to be admitted into Rosewell House in ARI for 9 months in 2021/22 financial year. Subsequently when Hospital at Home continued not to be able to be viably established Aberdeenshire HSCP was charged for the continued use of ten beds at Rosewell House in Aberdeen. The budget for 10 beds in Rosewell House for 2022/23 was £553k, however the charge received was £726k. The charge received for the first 4 months of 2023/24 year have been £266k, which then would give us an estimate cost of £800k full year costs.
- 4.6 In emerging from the pandemic, planning work recommenced on Hospital at Home. This identified that the proposed model to deliver this activity, based on duplicating the service in Aberdeen City, was not possible.
- 4.7 In October of 2022, the development of the Central Hospital at Home was paused for a variety of reasons:
- Unable to gain Geriatrician time to support the team
 - Recruitment to other team members due to the above gap
 - The team recruited had been small (2.5 whole time equivalents and of these, one individual indicated that they were to retire)
 - The team remaining could be used to support core services in the partnership over the busy winter period to come.
- 4.8 As a result of the challenges above it was concluded that an approach would need to be taken to Hospital at Home in Aberdeenshire which enabled a service to be developed which supported our rural geography and existing resources including our model of Virtual Community Wards and our Community Hospitals.
- 4.9 Work commenced looking at future modelling around the enhancement of core services in order to be able to deliver more acute services at home for patients. Key to this is understanding our data, how our residents are supported currently and what resource and expertise is required to support more acute care at home.
- 4.10 A first step to understanding and developing our Aberdeenshire model of frailty care was the appointment of a frailty clinical lead post. To do this a GP with Specialist Interest role job description was developed and we have recently recruited to this post with the new post holder commencing on 27 November 2023. This post is temporary for 12 months to bring expertise and capacity to review our frailty care and work alongside clinical teams in the partnership.

Funding associated with the Rosewell House Beds

- 4.11 The Integration Joint Board will be aware of the decision to bring Aberdeenshire out of hours nursing service in house. This change took place in September 2023. The commissioned service was not sustainable. In order to provide a sustainable service delivering reliable essential nursing care out of hours additional funding was required. The only non-recurrently allocated resource was the funding set aside to deliver a Hospital at Home service. In 2023/24 the part year additional cost for the out of hours community nursing service was found non recurrently however in 2024/25 a recurrent funding source will be required.
- 4.12 In order to release the funding required, notice now needs to be given that Aberdeenshire Health and Social Care Partnership will no longer commission the ten beds at Rosewell House.

Opportunity to enhance our Virtual Community Wards

- 4.13 Aberdeenshire Health and Social Care Partnership has offered a unique Virtual Community Ward service since March 2016. The model offers local health and social care teams communicating and working closely together to identify vulnerable people earlier to ensure crises and acute interventions are prevented where possible. This model is a key component of our frailty service with predominant focus being on older people (70+). National comparison data demonstrates that we admit less individuals to acute hospital care and a key element of this is our Virtual Community Ward service.
- 4.14 In reflecting on how to develop a model of Hospital at Home in Aberdeenshire, we are keen to optimise and build on our Virtual Community Ward, moving it to a 24/7 model.
- 4.15 In response to an invitation from Scottish Government to introduce Hospital at Home capacity in time for winter 2023/24, Aberdeenshire Health and Social Care Partnership has bid successfully for funding to test this enhancement to our Virtual Community Wards in central Aberdeenshire. In addition, our data tells us that a key gap in care which results in admissions is a lack of responsive care at home resource. Consequently we have bid to enhance our ARCH (in house rapid response care at home) resources across Aberdeenshire to support all our Virtual Community Wards.
- 4.16 The above bid has been made on the understanding that the funding will be made recurrent however funding will only be drawn down from Scottish Government once staffing is in place.

5 Summary

- 5.1 Aberdeenshire Health and Social Care Partnership has been using ten beds at Rosewell House in Aberdeen City for frailty care. This is at an estimated cost for 2023/24 of £800k which was funding identified to support individuals in their own homes.

- 5.2 An element of this funding has been committed recurrently for out of hours nursing services.
- 5.3 Aberdeenshire Health and Social Care Partnership has reviewed its approach to Hospital at Home and is now looking to develop a model which builds on our Virtual Community Wards and infrastructure of Community Hospitals across Aberdeenshire.
- 5.4 A frailty clinical lead post has been appointed who will review our data and services with a view to enhancing our frailty pathways/ways of working.
- 5.5 Aberdeenshire Health and Social Care Partnership's use of the beds at Rosewell House should have been for a limited period of time and then an exit out of these should have happened some time ago. Giving notice to exit out of these beds ties in with work to enhance our Virtual Community Wards and the review to be undertaken by our clinical lead for frailty.
- 5.6 The Integration Joint Board is requested to agree to give notice to exit the use of the Rosewell House beds.
- 5.7 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 (IIA) has been carried out as part of the development of the proposals set out above and the screening stage identified that a full IIA was required. The full IIA report is included as Appendix 2 and details all identified impacts and associated mitigations.
- 6.2 Positive and negative impacts were identified in relation to the following assessment areas:
 - 1. Equalities and Fairer Scotland Duty
 - 2. Health Inequalities
 - 3. Climate Change and Sustainability
- 6.3 The report acknowledges that although there is a risk for some people being negatively impacted, this will be mitigated through person centred discharge planning and the enhancement of community-based services, providing support to an increased number of people in their own home or locality.



Catriona Cameron AHP Lead
Aberdeenshire Health and Social Care Partnership

Report prepared by Catriona Cameron, AHP lead, Aberdeenshire HSCP
Date 9.11.2023

List of Appendices:

Appendix 1 - Direction

Appendix 2 - Integrated Impact Assessment

Appendix 1:

Aberdeenshire Integration Joint Board (IJB)

Reference Number	06/12/2023/013
Date direction approved by IJB	06/12/2023
Date from which direction takes effect	01/04/2024
Direction to	NHS Grampian
Does this supersede, revise or revoke a previous direction?	Yes
Functions covered by direction	10 Beds at Rosewell House for Frailty Care
Full text of direction	<p>NHS Grampian are Directed to agree to the variation for discontinuing commissioning ten beds at Rosewell House for frailty care for Aberdeenshire residents.</p> <p>Aberdeenshire Health and Social Care Partnership recognised during the pandemic that it was taking time to deliver a Hospital at Home model and so agreement was reached that Aberdeenshire patients would be able to be admitted into Rosewell House in ARI for 9 months in 2021/22 financial year. Subsequently when Hospital at Home continued not to be able to be viably established Aberdeenshire HSCP was charged for the continued use of ten beds at Rosewell House in Aberdeen. The budget for 10 beds in Rosewell House for 2022/23 was £553k, however the charges received was £726k. The charges received for the first 4 months of 2023/24 have been £266k, which then would give an estimate full year cost of £800k.</p> <p>Aberdeenshire Health and Social Care Partnership has invested in a reliable out of hours nursing service which is partially funded recurrently from the Hospital at Home resource. Aberdeenshire Health and Social Care Partnership has recruited a Clinical Lead for Frailty who will be supporting a review of our frailty pathway and the expectation is that this will result in</p>

	enhancing our Virtual Community Ward model as our approach to Hospital at Home.
Budget allocated by IJB to carry out direction	This Direction is a reduction of funding in order to partially pay for an in-house community nursing service and to enhance our Virtual Community Ward service.
Performance Monitoring Arrangements	<p>Reshaping Care</p> <ul style="list-style-type: none"> • We will support people to remain in a homely environment. • We will ensure people can access the right support when they need it. <p>Effective Use of Resources</p> <ul style="list-style-type: none"> • We will work to ensure we have the right amount of staff with the right skills. • We will focus our resources where they are most needed. • We will manage our reducing budget against increasing need.
Date direction will be reviewed	No expectation of recommissioning beds at Rosewell House.

Aberdeenshire Council

Integrated Impact Assessment

Rosewell House - Aberdeenshire use of beds in this facility

Assessment ID	IIA-001704
Lead Author	Kim Anderson
Additional Authors	Lynne Gravener, Denni Kerr, Catriona Cameron
Service Reviewers	Angela Macleod
Subject Matter Experts	Susan Forbes, Claudia Cowie, Kakuen Mo, Caroline Hastings, Annette Johnston
Approved By	Pamela Milliken
Approved On	Friday November 24, 2023
Publication Date	Friday November 24, 2023

1. Overview

This document has been generated from information entered into the Integrated Impact Assessment system.

During the Covid-19 pandemic a review of Grampians frailty pathway commenced which saw acute frailty beds in Aberdeen Royal Infirmary reduce and the introduction of ten beds, commissioned by Aberdeenshire HSCP, within Rosewell House in Aberdeen City, which can be used for step down care at an estimated cost of £800,000 per annum.

A Hospital at Home model was developed and trailed in Central Aberdeenshire but experienced significant challenges and was therefore paused in October 2022.

Work commenced looking at future modelling and if the funding currently allocated to the commissioned beds within Rosewell House could be used to support the enhancement our existing services such as our Virtual Community Wards.

This Integrated Impact Assessment will consider the potential impacts on any groups with protected characteristics associated with the de-commissioning of beds within Rosewell House.

During screening 3 of 10 questions indicated that detailed assessments were required, the screening questions and their answers are listed in the next section. This led to 3 out of 5 detailed impact assessments being completed. The assessments required are:

- Equalities and Fairer Scotland Duty
- Health Inequalities
- Sustainability and Climate Change

In total there are 6 positive impacts as part of this activity. There are 6 negative impacts, all impacts have been mitigated.

A detailed action plan with 1 points has been provided.

This assessment has been approved by pamela.milliken@aberdeenshire.gov.uk.

The remainder of this document sets out the details of all completed impact assessments.

2. Screening

Could your activity / proposal / policy cause an impact in one (or more) of the identified town centres?	No
Would this activity / proposal / policy have consequences for the health and wellbeing of the population in the affected communities?	Yes
Does the activity / proposal / policy have the potential to affect greenhouse gas emissions (CO2e) in the Council or community and / or the procurement, use or disposal of physical resources?	Yes
Does the activity / proposal / policy have the potential to affect the resilience to extreme weather events and/or a changing climate of Aberdeenshire Council or community?	No
Does the activity / proposal / policy have the potential to affect the environment, wildlife or biodiversity?	No
Does the activity / proposal / policy have an impact on people and / or groups with protected characteristics?	Yes
Is this activity / proposal / policy of strategic importance for the council?	No
Does this activity / proposal / policy impact on inequality of outcome?	No
Does this activity / proposal / policy have an impact on children / young people's rights?	No
Does this activity / proposal / policy have an impact on children / young people's wellbeing?	No

3. Impact Assessments

Children's Rights and Wellbeing	Not Required
Climate Change and Sustainability	Only Some Negative Impacts Can Be Mitigated
Equalities and Fairer Scotland Duty	Only Some Negative Impacts Can Be Mitigated
Health Inequalities	Only Some Negative Impacts Can Be Mitigated
Town Centre's First	Not Required

4. Equalities and Fairer Scotland Duty Impact Assessment

4.1. Protected Groups

Indicator	Positive	Neutral	Negative	Unknown
Age (Younger)		Yes		
Age (Older)	Yes		Yes	
Disability	Yes		Yes	
Race		Yes		
Religion or Belief		Yes		
Sex		Yes		
Pregnancy and Maternity		Yes		
Sexual Orientation		Yes		
Gender Reassignment		Yes		
Marriage or Civil Partnership		Yes		

4.2. Socio-economic Groups

Indicator	Positive	Neutral	Negative	Unknown
Low income	Yes		Yes	
Low wealth	Yes		Yes	
Material deprivation		Yes		
Area deprivation		Yes		
Socioeconomic background		Yes		

4.3. Positive Impacts

Impact Area	Impact

Impact Area	Impact
Age (Older)	<p>The de-commissioning of beds at Rosewell House will allow for funding to be re-directed to support and enhance existing key services, positively impacting older people's health and wellbeing.</p> <p>The monies will be used to support the newly established Out of Hours Nursing Service in addition to supporting the potential enhancement of our Virtual Community Wards to offer a 24 hour service.</p> <p>Both of these services are key components within our frailty pathway, working collaboratively with other initiatives such as rehabilitation and enablement services, to minimise hospital admissions and support the residents of Aberdeenshire.</p> <p>By enhancing existing services in the community people are enabled to remain in their own home and this could assist to reduce pressure on beds and achieve better outcomes for individuals.</p> <p>Patients being discharged from Aberdeen Royal Infirmary will be discharged to a setting closer to their own home, enabling visitors and family members to provide support more easily and visit more often. Many of whom may be elderly and find travelling long distances challenging as they may be reliant on public transport or family.</p> <p>This approach supports a place based, person centred model of care, meaning people will receive support in their own community from local services, ensuring continuity of care.</p>

Impact Area	Impact
<p>Disability</p>	<p>The de-commissioning of beds at Rosewell House will allow for funding to be re-directed to support and enhance existing key services, positively impacting older people's health and wellbeing.</p> <p>The monies will be used to support the newly established Out of Hours Nursing Service in addition to supporting the potential enhancement of our Virtual Community Wards to offer a 24 hour service.</p> <p>Both of these services are key components within our frailty pathway, working collaboratively with other initiatives such as rehabilitation and enablement services, to minimise hospital admissions and support the residents of Aberdeenshire.</p> <p>By enhancing existing services in the community people are enabled to remain in their own home and this could assist to reduce pressure on beds and achieve better outcomes for individuals.</p> <p>Patients being discharged from Aberdeen Royal Infirmary will be discharged to a setting closer to their own home, enabling visitors and family members to provide support more easily and visit more often. Many of whom may be elderly and find travelling long distances challenging as they may be reliant on public transport or family.</p> <p>This approach supports a place based, person centred model of care, meaning people will receive support in their own community from local services, ensuring continuity of care.</p>
<p>Low income</p>	<p>Visitors may find it easier and more cost effective to visit patients who are discharged to a setting within their own locality.</p>
<p>Low wealth</p>	<p>Visitors may find it easier and more cost effective to visit patients who are discharged to a setting within their own locality.</p>

4.4. Negative Impacts and Mitigations

Impact Area	Details and Mitigation
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Impact Area	Details and Mitigation
<p>Age (Older)</p>	<p>People may be negatively impacted if our community hospital's and /or community services do not have the capacity to provide support or are unable to meet the needs of the patient. This may result longer stay time in Aberdeen Royal Infirmary and for some patients may result in them being transferred to a community hospital setting out with their local area. This may mean that visitors are required to travel greater distances.</p> <p>Can be mitigated Yes</p> <p>Mitigation Person centred discharge planning will take place and people will be discharged to a setting as close to their own home as possible. Therapy staff are part of the Discharge Hub team, supporting an MDT approach to discharge, linking into community based services such as rehabilitation and enablement and ARCH.</p> <p>Work is ongoing around the enhancement of our Virtual Community Wards, which will seek increase the number of people being supported in their own home who have increased acuity and care needs due to illness.</p> <p>Timescale Ongoing</p>
<p>Disability</p>	<p>People may be negatively impacted if our community hospital's and /or community services do not have the capacity to provide support or are unable to meet the needs of the patient. This may result longer stay time in Aberdeen Royal Infirmary and for some patients may result in them being transferred to a community hospital setting out with their local area. This may mean that visitors are required to travel greater distances.</p> <p>Can be mitigated Yes</p> <p>Mitigation Person centred discharge planning will take place and people will be discharged to a setting as close to their own home as possible. Therapy staff are part of the Discharge Hub team, supporting an MDT approach to discharge, linking into community based services such as rehabilitation and enablement and ARCH.</p> <p>Work is ongoing around the enhancement of our Virtual Community Wards, which will seek increase the number of people being supported in their own home who have increased acuity and care needs due to illness.</p> <p>Timescale Ongoing</p>

Impact Area	Details and Mitigation
Low income	<p>The impact on people with low income is currently unknown however the report acknowledges that some visitors may find it difficult to travel and visit patients who are not discharged to a setting within their own locality due to increased travel costs and the availability of public transport.</p> <p>Can be mitigated Yes</p> <p>Mitigation Person centred discharge planning will take place and people will be discharged to a setting as close to their own home as possible.</p> <p>Timescale Ongoing</p>
Low wealth	<p>The impact on people with low wealth is currently unknown however the report acknowledges that some visitors may find it difficult to travel and visit patients who are not discharged to a setting within their own locality due to increased travel costs the availability of public transport..</p> <p>Can be mitigated Yes</p> <p>Mitigation Person centred discharge planning will take place and people will be discharged to a setting as close to their own home as possible.</p> <p>Timescale Ongoing</p>

4.5. Evidence

Type	Source	It says?	It Means?
Other Evidence	Healthcare Improvement Scotland: Guiding Principles for Service Development	<p>This document highlights and brings together the published evidence on the effectiveness of caring for people in their local community.</p> <p>It is recognised that older people with frailty are at particular risk of being affected by institutionalisation and delirium and many experience a reduction in their functional ability between admission to hospital discharge.</p>	<p>This guide supports a person centred, place based approach and is intended to assist in local planning for services supporting older people.</p>

Type	Source	It says?	It Means?
Other Evidence	National Institute for Health and Care Research	<p>This report, published in 2021, describes how caring for vulnerable, elderly people at home can help to improve patient outcomes. A team of researchers engaged over 1000 older participants in their research from across the UK, over a 3 year period. The study found that slightly less patients were likely to be in long term residential care and were less likely to develop acute delirium. The study also reported higher levels of satisfaction when receiving care in their own home.</p>	<p>The report indicates that the participants who took part in the research were supportive of care being provided in their own home and that this would help to relieve pressure on hospital beds.</p>

Type	Source	It says?	It Means?
Other Evidence	Joining the dots: A blueprint for preventing and managing frailty in older people	<p>The British Geriatrics Society launched Joining the dots: A blueprint for preventing and managing frailty in older people in March 2023. The document is intended to support commissioners in the design and delivery of health and social care services for older people. The blueprint outlines seven system touchpoints and outcomes including:-</p> <p>"Integrated urgent community response, reablement, rehabilitation and intermediate care" and "Frailty-attuned acute hospital care".</p> <p>The top two priorities of older people living with moderate or severe frailty are:-</p> <ol style="list-style-type: none"> 1) Staying in my own home 2) Staying independent <p>For many older people with complex care needs, secondary care may be a requirement, however, systems need to work with local communities and partner organisations, creating inclusive communities that support older people to live well at home for longer.</p>	<p>The blueprint advises that all localities should offer high quality MDT urgent community response care that optimises recovery through rehabilitation and enablement. Often older people admitted to hospital could return home the same day if they were assessed and diagnosed swiftly if pathways were attuned to the needs of older people with frailty.</p>

4.6. Overall Outcome

Only Some Negative Impacts Can Be Mitigated.

Mitigations have been added to all identified negative impacts in this section of the assessment demonstrating how negative impacts will be reduced as far as possible.

The de-commissioning of the beds at Rosewell House should positively impact the vast majority of patients and visitors.

Patients will benefit from continuity care in their local community and improved access to own local support network.

Visitors will be able to visit and provide support more easily, reducing their travel costs and time and lessening the distance they are required to travel, which will in turn positively impact on the environmental.

Work is ongoing in relation to the development of our frailty pathways in Aberdeenshire and the

enhancement of existing services. Additional Integrated Impact Assessments will be completed to explore any potential negative and positive impacts and mitigations as required as part of this work.

5. Health Inequalities Impact Assessment

5.1. Health Behaviours

Indicator	Positive	Neutral	Negative	Unknown
Healthy eating		Yes		
Exercise and physical activity		Yes		
Substance use – tobacco		Yes		
Substance use – alcohol		Yes		
Substance use – drugs		Yes		
Mental health	Yes		Yes	

5.2. Positive Impacts

Impact Area	Impact
Mental health	Patients mental health is likely to be positively impacted for those receiving support within their own home or as close to their own home as possible, improving their access to important support networks, reducing loneliness and isolation.

5.3. Negative Impacts and Mitigations

Impact Area	Details and Mitigation
Mental health	<p>It must be acknowledged that patients mental health may be negatively impacted for those who have to remain in ARI for a longer period or if transferred to a setting further away from their local area which could make it more difficult for visitors to offer support, potentially causing an increase in loneliness and isolation.</p> <p>Can be mitigated Yes</p> <p>Mitigation Person centred discharge planning will take place and people will be discharged to a setting as close to their own home as possible. Therapy staff are part of the Discharge Hub team, supporting an MDT approach to discharge, linking into community based services such as rehabilitation and enablement and ARCH.</p> <p>Work is ongoing around the enhancement of our Virtual Community Wards, which will seek increase the number of people being supported in their own home who have increased acuity and care needs due to illness.</p> <p>Timescale Ongoing</p>

5.4. Evidence

Type	Source	It says?	It Means?
External Consultation	How has Covid-19 impacted on care and support at home in Scotland?	In 2020 the Health and Sport Committee at the Scottish Parliament carried out an online survey to gather views from people to try and understand the impact of the pandemic had on those receiving care at home services in the community. One of the key messages documented within the report is the importance of continuity of care and access to local care. Maintaining a routine was important to participants and many respondents indicated that they had increased feelings of loneliness and social isolation without access to local supports and services.	The report states that continuity of care was an important factor to respondents. By providing support to people within their local community it is likely that people will experience improved continuity of care and access to support from family and friends, helping to reduce the risk of isolation and loneliness.

5.5. Overall Outcome

Only Some Negative Impacts Can Be Mitigated.

Mitigations have been added to all identified negative impacts in this section of the assessment demonstrating how negative impacts will be reduced as far as possible.

The de-commissioning of the beds at Rosewell House should positively impact the vast majority of patients and visitors.

Patients will benefit from continuity care in their local community and improved access to own local support network.

Visitors will be able to visit and provide support more easily, reducing their travel costs and time and lessening the distance they are required to travel, which will in turn positively impact on the environmental.

Work is ongoing in relation to the development of our frailty pathways in Aberdeenshire and the enhancement of existing services. Additional Integrated Impact Assessments will be completed to explore any potential negative and positive impacts and mitigations as required as part of this work.

6. Sustainability and Climate Change Impact Assessment

6.1. Emissions and Resources

Indicator	Positive	Neutral	Negative	Unknown
Consumption of energy	Yes		Yes	
Energy efficiency		Yes		
Energy source		Yes		
Low carbon transition		Yes		
Consumption of physical resources		Yes		
Waste and circularity		Yes		
Circular economy transition		Yes		
Economic and social transition		Yes		

6.2. Biodiversity and Resilience

Indicator	Positive	Neutral	Negative	Unknown
Quality of environment		Yes		
Quantity of environment		Yes		
Wildlife and biodiversity		Yes		
Infrastructure resilience		Yes		
Council resilience		Yes		
Community resilience		Yes		
Adaptation		Yes		

6.3. Positive Impacts

Impact Area	Impact

Impact Area	Impact
Consumption of energy	<p>The full impact regarding the consumption of energy is unknown however, it is likely that discharging patients to a setting closer to their own home is likely to reduce travel emissions in two ways:-</p> <p>1. A reduction in the miles and patient journeys being travelled - patients currently discharged to a commissioned bed at Rosewell House are firstly transported to Rosewell House and have a further onward journey to another setting or their own home. The distance between Aberdeen Royal Infirmary and Rosewell House is 1.3 miles and therefore a 2.6 mile journey if the patient is being supported by hospital transport staff.</p> <p>2. Patients being discharged to a setting closer to their own locality will mean that visitors are likely to have less distance to travel to visit or offer support. This will impact visitors travelling from the North of Aberdeenshire the most. Due to the rural nature of Aberdeenshire's geography the furthest community hospital setting from Aberdeen Royal Infirmary is Chalmers Community Hospital in Banff which is 45.7 miles from ARI.</p>

6.4. Negative Impacts and Mitigations

Impact Area	Details and Mitigation
Consumption of energy	<p>It is acknowledged that some visitors may have further to travel if a patient is discharged out with their locality.</p> <p>Can be mitigated Yes</p> <p>Mitigation Person centred discharge planning will take place and people will be discharged to a setting as close to their own home as possible. Therapy staff are part of the Discharge Hub team, supporting an MDT approach to discharge, linking into community based services such as rehabilitation and enablement and ARCH.</p> <p>Work is ongoing around the enhancement of our Virtual Community Wards, which will seek increase the number of people being supported in their own home who have increased acuity and care needs due to illness.</p> <p>Timescale Ongoing</p>

6.5. Evidence

Type	Source	It says?	It Means?
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Type	Source	It says?	It Means?
Internal Data	Internal mileage calculations	<p>Due to Aberdeenshire's rurality many of our communities are located a significant distance from Aberdeen.</p> <p>Some of our communities are situated over 40 miles away and are as follows:-</p> <p>Aberdeen - Portsoy = 49.7 miles</p> <p>Aberdeen - Banff = 45.7 miles</p> <p>Aberdeen - Fraserburgh = 41.7 miles</p> <p>The average distance between Aberdeen Royal Infirmary and our community hospital settings is approximately 31 miles one way.</p>	<p>Through discharge planning and the enhancement of the virtual community ward's patients would be closer to their own home or transferred to a community hospital closer to their own locality which would significantly reduce the distance some visitors are required to travel.</p>

6.6. Overall Outcome

Only Some Negative Impacts Can Be Mitigated.

Mitigations have been added to all identified negative impacts in this section of the assessment demonstrating how negative impacts will be reduced as far as possible.

The de-commissioning of the beds at Rosewell House should positively impact the vast majority of patients and visitors.

Patients will benefit from continuity care in their local community and improved access to own local support network.

Visitors will be able to visit and provide support more easily, reducing their travel costs and time and lessening the distance they are required to travel, which will in turn positively impact on the environmental.

Work is ongoing in relation to the development of our frailty pathways in Aberdeenshire and the enhancement of existing services. Additional Integrated Impact Assessments will be completed to explore any potential negative and positive impacts and mitigations as required as part of this work.

7. Action Plan

Planned Action	Details
<p>Work commenced looking at our current Frailty Pathway and future modelling around the enhancement of core services to deliver more acute care for patients at home.</p> <p>A clinical lead has been recruited into post for a period of 12 months to work alongside our clinical teams in developing our model of frailty care.</p> <p>A key focus will be to develop and enhance existing services such as Virtual Community Wards. Virtual Community Wards have been operating in Aberdeenshire since 2016 and is a fundamental component of our frailty service.</p>	<p>Lead Officer Catriona Cameron</p> <p>Repeating Activity No</p> <p>Planned Start Monday November 27, 2023</p> <p>Planned Finish Sunday November 24, 2024</p> <p>Expected Outcome The further development and enhancement of our Frailty Pathway in Aberdeenshire, with the potential to offer a 24 hour Virtual Community Ward Service, providing support to people with increased acuity in their own home.</p> <p>Resource Implications Yet to be agreed.</p>

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 6 DECEMBER 2023

WINTER PLANNING 2023/24

1 Recommendations

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

- 1.1 Consider and comment on the continuing preparation being undertaken by the Aberdeenshire Health and Social Care Partnership with respect to resilience and surge planning for 2023-24.**

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 - working closely with partners across health and social care services, including third sector, will help to maintain essential and safe services for people and mitigate risks associated with increased pressure and demand.

4 Background

- 4.1 In October 2023, officers reported to the IJB the work that had been undertaken to date in respect of preparedness for winter 2023-24 and building resilience to surges in demand.
- 4.2 On 2nd November a further workshop was held and attended by representatives from across AHSCP senior and operational management teams, Aberdeenshire Voluntary Action (our Third Sector Interface), Aberdeenshire Council and Public Health.
- 4.3 The primary focus of the workshop was to populate a Resilience and Surge Plan documenting our current position and additional actions required in relation to activity across 4 key themes: Prevention and Anticipation of Demand, Staff Health and Wellbeing, Collaborative Working and Operational Resilience (Appendix 1).
- 4.4 Systems were established during the Covid-19 pandemic to monitor demand and capacity across Aberdeenshire health and social care services. Operational status is linked to the Grampian Operational Pressure Escalation System (G-OPES) model which defines levels of system pressure and links them to clearly defined actions.

- 4.5 Aberdeenshire HSCP developed its own framework of the Board level descriptors for each of its critical services. The Aberdeenshire framework was reviewed in April 2023 and sets out specific actions to be taken by each service at every level to mitigate risk including activities that can be stepped down when resources can be diverted to other areas and implementing priorities of care.
- 4.6 There is a reporting and escalation pathway in the event that Aberdeenshire HSCP is operating at level 4 for a sustained period of time, initially to the Clinical and Adult Social Work Governance Group and on up to the IJB.
- 4.7 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 Summary

- 5.1 In September 2023 Aberdeenshire HSCP completed a self-assessment 'Winter Readiness Checklist' as a part of the Grampian submission to Scottish Government. This exercise was to assess the preparedness of local systems in relation to 4 key areas: Overview of Preparedness and Business Continuity; Urgent and Unscheduled Health and Social Care, Planned Care; Primary Care, Mental Health and Social Care; and Health and Social Care Workforce and Staff Wellbeing.
- 5.2 Review of the checklists will be incorporated within NHS Boards' quarterly annual delivery plan reviews in quarters one and two.
- 5.3 On the 24th October, the Scottish Government published their [Health and social care: winter preparedness plan 2023-2024](#). The plan recognises the interdependence of health and social care and reinforces the importance of employing a whole system approach to relieve pressure during times of increased demand. The plan describes 8 priorities which coalesce under 3 critical principles:
1. Right care, right time, right place
 2. A partnership approach across the whole system
 3. Local and national actions we know work
- 5.4 Local winter planning activities have taken cognisance of Scottish Government's principles and priorities and cross-referenced activity on the

Aberdeenshire Resilience and Surge Plan with the priorities identified in the Scottish Government's Winter Preparedness Plan.

- 5.5 The activities identified in the Aberdeenshire Resilience and Surge Plan (Appendix 1) can be attributed in large part to feedback from staff gathered through the engagement activities earlier in the year in response to asking what worked well during winter 2022/23 and what would make the most difference to frontline services: to increase capacity and improve flow through the system.
- 5.6 HSCP staff have been central to the development of the Aberdeenshire Resilience and Surge Plan. The views of staff were sought, listened to and acted upon, empowering them to influence activity. This is to acknowledge the challenge of delivering front line services during times of increased demand and pressure, and the expertise the wider staff group bring to the planning process.
- 5.7 In line with the above, the Aberdeenshire Resilience and Surge Plan will be widely shared with staff throughout locations to be used as a tool to support local discussions about business continuity.
- 5.8 The Aberdeenshire Resilience and Surge Plan should be seen in the context of all business as usual HSCP activity and medium to longer term improvement or transformational work. The Plan focuses on those actions that will impact upon surges in demand, either preventing a surge in activity or enabling the system to flexibly respond.
- 5.9 Recognising the interdependencies of different parts of the system, the Aberdeenshire Resilience and Surge Plan is part of a whole systems approach with the HSCP working alongside partners in Grampian to support one another to maintain even service delivery. Aberdeenshire are participating in an NHS Grampian event in November where the focus will be upon operational actions to enable better flow over the winter and consider what can be done when demand is high.

The event will explore where support from others can be offered/provided, with a view to identifying clearly defined actions which will improve flow for future winters.

- 5.10 Given the sustained nature of pressure upon Health and Social Care services and in recognition of the IJB's responsibilities as a Category 1 responder under the Civil Contingencies Act (CCA) (2004), it is the intention that the Aberdeenshire Resilience and Surge Plan will be a rolling plan as opposed to winter specific. The Plan will be reviewed in the spring and updated as necessary.
- 5.11 In the course of developing the Plan, some actions were identified that could support system resilience but are medium term pieces of work and will not have an impact this year. These actions will be taken forward with the expectation that they will be adopted in a future iteration of the Plan.

- 5.12 There has not been a repeat of the winter funding that was provided by Scottish Government in 2022/23 and enabled the HSCP to commission interim beds and recruit additional staff.
- 5.13 Notification of indicative funding, to the end of the financial year, has just been made to Grampian HSCPs, for an expansion in Hospital at Home services. Work will begin at pace to utilise the resources to enhance the existing Virtual Community Ward model in the Garioch area with the outcome of more people being supported at home and avoiding admission to hospital.

6 Equalities, Staffing and Financial Implications

- 6.1 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within the Business Services of the council have been consulted in the preparation of this report and their comments 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. The report does not have a differential impact on any groups with protected characteristics and each individual project relating to Winter Planning and Delayed Discharges will have an Integrated Impact Assessment as part of the process.
- 6.3 There are no specific financial implications for this paper as work will be undertaken within existing budgets with the exception of the funding from Scottish Government reference in 5.13.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Philippa Jensen, Interim Strategy and Transformation Manager and Kim Anderson, Strategic Development Officer
10 November 2023

List of Appendices:

Appendix 1 – Aberdeenshire HSCP Resilience and Surge Plan 2023/24

APPENDIX 1

Theme 1 – Prevention and Anticipation of Demand		
Activity	Current Position	Additional Actions Required
<p>1.1 Open additional community hospital beds</p> <p>Links to SG Priorities One, Four, Eight</p>	<p>Surge bed capacity has been identified in:</p> <p>Banff – 2 beds (dependent on staffing)</p> <p>Morven – 2 beds (staffing for Morven Ward have been deployed from another service)</p> <p>Peterhead – 3 beds can be opened when the ward moves back from Fraserburgh</p>	
<p>1.2 24/7 Enhanced Virtual Community Ward (VCW)</p> <p>Links to SG Priorities One, Four, Six, Eight</p>	<p>The VCW model currently operates ‘in hours’. Local health and social care teams identify people at risk of hospital admission or at risk of readmission upon discharge. Practitioners meet daily and work together to prevent crises and acute interventions.</p> <p>Funding has been made available by Scottish Government to support an enhanced model of VCW for 4 months December – March during winter 2023/24, dependent on successful recruitment.</p> <p>A 24/7 service will allow people with more complex needs to be supported at home and avoid hospital admission.</p>	<p>Develop a 24/7 model of the VCW in the Garioch area, with a rapid intervention element to provide care and support to people in their own homes.</p>
<p>1.3 Increase care home places &/or interim beds</p> <p>Links to SG Priorities One, Three, Four, Six, Eight</p>	<p>Places are commissioned from private providers on a spot purchased basis. There is limited capacity and/or appetite for care homes to participate in interim bed activity.</p> <p>No funding has been provided towards interim beds in 2023/24.</p> <p>Current provision:</p> <ul style="list-style-type: none"> 1600 care home places across 40 care homes in Aberdeenshire 	<p>Bennachie View Care Home, Inverurie is developing a proposal to re-open 6 rooms, up to a maximum of 12. Work is being undertaken to identify agency staffing costs and availability as agency care workers would be required to support the additional residents.</p> <p>Support has been secured from NES and Scottish Government to explore international recruitment for Adult Social Care.</p>

	<ul style="list-style-type: none">• 9 homes are local authority owned/leased (including Huntly Care Home) and 31 are private care homes• 39 places are currently unavailable in local authority owned/leased care homes due to an inability to staff them• 3 private care homes are in contractual non-compliance and therefore closed to admissions• 1 private care home is operating a voluntary suspension on admissions• 12 places are vacant but unavailable between the 4 care homes closed to admissions• As at 10 November 2023, 10 vacancies are noted. The likelihood is that these vacancies are earmarked already for people as the care homes operate their own waiting lists.• One care home closed in 2023 with the loss of 43 places.	Recruitment roadshows take place on a rolling basis where HSCP staff attend local events.
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<p>1.4 Plan early and clear public health messaging with partners.</p> <p>Repetition of know "Know Who to Turn to" messaging to divert demand from hospital and prevent system becoming overwhelmed.</p> <p>Links to SG Priorities One, Two, Four, Five, Six, Eight</p>	<p>NHS Grampian & Aberdeenshire HSCP deliver a winter communications campaign.</p> <p>NHS Grampian work with primary care providers to share information about their operational status, highlighting where it is compromised and providing advice to patients.</p> <p>General Practices support people to plan for their future care by creating Anticipatory Care Plans which are shared with out of hours services in the event of an emergency response.</p>	<p>HSCP Communications team to link with NHS Grampian Public Health Directorate colleagues, NHS Grampian and local authorities to ensure messaging is consistent and joined up.</p> <p>Messaging to be proactive, planned and consistent throughout the winter period, including key messages on the importance of hand washing and the prevention of respiratory viral infections, maximising vaccine uptake and information relating to winter illnesses, including community supports available.</p> <p>Mental health messaging to be included and promotion of support available i.e. the "Together All" service.</p>
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<p>1.5 Continued delivery of targeted "Stay Well Connected" and Public Health initiatives</p> <p>Links to SG Priorities Two, Four, Five, Six, Eight</p>	<p>Aberdeen City, Aberdeenshire and Moray Councils along with the NHS Grampian Public Health Directorate have adopted the Winter Wellness framework developed by PH Wales colleagues – link https://phw.nhs.wales/news/winter-health-how-we-can-all-make-a-difference/report/.</p> <p>The framework highlights evidence on a range of protentional interventions and specific initiatives that may contribute to winter preparedness.</p> <p>Five key priorities have been identified as areas likely to be effective in contributing to improving population health during winter and easing pressure on health and social care services. These are using an intelligence led approach to support the uptake of vaccination; increasing the uptake of vitamin D and the promotion of falls prevention work; keeping people with Long Term Conditions well through self-care/self-management; the promotion of hand hygiene and 'COVID sense' advice and supporting people experiencing food and fuel poverty.</p> <p>A Winter Wellness booklet, supporting webpages and a Winter Wellness pack and a range of supporting Communications activity was launched in December 2022. The Winter Wellness booklet and packs were distributed to key community settings and partners, with an emphasis on reaching the most vulnerable/at risk individuals/households in the first instance.</p>	<p>Public Health teams across Grampian have scoped a range of interventions currently in place and under development relating to each of the 5 themes. This work will continue to be progressed with a range of partners.</p> <p>A similar approach is being considered by Public Health for winter 2023/2024.</p>
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	<p>Live Life Aberdeenshire provides a varied Health and Wellbeing programme.</p> <p>Initiatives include:</p> <ul style="list-style-type: none">• Winter Health Watch – An opportunity for people to have their blood pressure &/or BMI checked at LLA venues.• Information sharing through the Live Life Essentials Webpage about activity programmes, including information about where people can access facilities and services free of charge.• The Live Life Aberdeenshire Website includes the Winter with Us webpage, containing advice and information on physical activity, eating well and nutrition and mental health.	
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<p>1.6 Deliver Covid & Flu Vaccinations</p> <p>Links to SG Priority Five</p>	<p>The vaccine programme is ongoing and delivered across sites in Aberdeenshire.</p> <p>As of 4 September 2023 over 49,000 Covid-19 vaccines and over 76,000 flu vaccines have been administered.</p> <p>Activity is supported by additional staff during the winter vaccination campaign via general recruitment, 3rd and 4th year nursing students, Scottish Ambulance Service, and Health Care Support Workers undertaking vaccinations under protocol.</p> <p>Foundation Apprenticeship Students undertake a placement with the vaccination clinic and support non-clinical tasks.</p> <p>There is a specific campaign targeting pregnant women to encourage vaccine uptake.</p>	<p>Vaccinator training is being reviewed with a desire to reduce the period from 8 days.</p> <p>Continue to work within the stipulated timescales.</p> <p>Continue to monitor vaccination levels throughout the winter period.</p>
<p>1.7 Availability of respite & day centre services / Activity Hubs</p> <p>Links to SG Priority Four</p>	<p>Respite The Short Breaks Bureau provides support to identify alternatives to traditional respite. There is a limited supply of respite, available on a spot purchased basis.</p> <p>Day services Day Services for Older People in Central Aberdeenshire were paused during the pandemic and staff were deployed into other services. The building-based services were not in high demand prior to the pandemic resulting in an increase in cost to users.</p> <p>Learning Disability Day Services are more in demand and have seen an increase in people with complex needs attending, requiring support to prevent breakdown in relationships/crisis at home.</p>	<p>Review of respite to take place in respect of older adults.</p> <p>Work is ongoing looking at a blended approach to respite for people with a learning disability.</p> <p>Work is ongoing by Care Management to connect people with their communities and existing groups/supports as an alternative to Day Services.</p>

	<p>Day Services are utilised as part of a care package to maintain independent living.</p> <p>The Primary Care Mental Health and Wellbeing Hub links people into services that offer support where a need is identified.</p>	
<p>1.8 Rehabilitation pathways to hasten discharge and prevent admission to hospital</p> <p>Links to SG Priorities One, Four, Six, Eight</p>	<p>Multi-disciplinary teams work together to support rehabilitation. This works well where there are services but there are challenges in areas where there is a lack of social care.</p> <p>Multi-disciplinary teams (including Mental Health) run VCWs to identify people at risk of admission or re-admission to hospital and provide integrated care to prevent crises and acute interventions.</p> <p>Learning Disability VCW's have links to psychology.</p> <p>An in-reach AHP service supports people to be discharged from ARI directly home as they can access AHP services promptly, helping to avoid the step to a community hospital. Currently it is an OT service but a test of change involving physiotherapy is about to begin in Central Aberdeenshire.</p>	<p>Continue with the delivery of the rehabilitation and enablement programme.</p> <p>Begin test of change in Central Aberdeenshire for physiotherapy participating in in reach activity.</p>
<p>1.9 Maintain flow through hospitals and reduce delayed discharges</p> <p>Links to SG Priorities One, Four, Six, Eight</p>	<p>Mental Health /Learning Disability services have established a group working with Royal Cornhill Hospital. Staff attend daily MDT meetings to monitor admissions and progress discharges.</p> <p>The HSCP has a number of focussed actions to improve flow through hospitals and reduce delayed discharges. Examples include: Rehabilitation and enablement VCWs to prevent admission and support people upon discharge Use of Planned Dates of Discharge Criteria Led Discharge Supporting and including patients and unpaid carers in discharge discussions at the earliest opportunity</p>	

Theme 2 – Staff Health and Wellbeing		
Activity	Current Position	Additional Actions Required
<p>2.1 Promotion of health and wellbeing initiatives to HSCP staff.</p> <p>Links to SG Priorities Two, Three and Five</p>	<p>NHS Grampian "We Care" & Aberdeenshire Council Wellbeing programmes are promoted and available to HSCP staff.</p> <p>The HSCP Staff Health and Wellbeing Group reformed in June 2023 & is implementing an action plan.</p>	<p>Continuation of messaging from senior management that staff health and wellbeing is core to the Partnership, including time for rest breaks and annual leave.</p> <p>Continue to implement and monitor the actions in the Staff Health and Wellbeing action plan. Actions include:</p> <ul style="list-style-type: none"> • Raising awareness of staff health and wellbeing through line manager training including mainstreaming wellbeing into 1:1s, performance discussions and team meetings • Introduction of a Mentor/Buddy system for new staff • Develop a network of Wellbeing Champions across service areas.
	<p>The HSCP deliver the flu and covid 19 vaccination programme for frontline health and social care staff.</p>	<p>More clinics have been planned to increase uptake from staff.</p> <p>Raise awareness of clinics amongst social care staff.</p>
	<p>The HSCP issues a Health and Safety newsletter to communicate important messages to staff in relation to their own Health and Safety.</p>	<p>The next newsletter will be issued in January 2024.</p>

	<p>Live Life Aberdeenshire is working with staff from Penumbra and SAMH to develop a plan to encourage staff to participate in physical activity.</p>	
	<p>The HSCP Newsletter was relaunched in autumn 2023 & will include items on staff health and wellbeing in each issue focusing on how people can benefit from resources and participate in workforce related activity.</p>	<p>HSCP Communications Team are working with the Staff Health and Wellbeing Group to develop and deliver a health and wellbeing campaign to staff including on social media.</p>
<p>2.2 Staff feel empowered and included in decision making. Links to SG Priorities Three and Six</p>	<p>Staff from across the Partnership were engaged in the development of the Resilience and Surge Plan by participating in surveys, a debrief and workshop to identify key areas of focus and develop the actions. Feedback from engagement were used as the basis for the development of the 2023/24 plan.</p> <p>Teams have developed Business Continuity Plans for their part of the service as well as using the G-OPES system for reporting their status daily.</p>	<p>Awareness raising of the Resilience and Surge Plan amongst staff, particularly front-line employees.</p> <p>Reviewing and maintaining BCPs and the Resilience and Surge Plan on a regular basis to ensure actions remain valid and effective.</p>

Theme 3 – Collaborative Working		
Activity	Current Position	Additional Actions Required
<p>3.1 Support Primary Care Business Continuity Plans</p> <p>Links to SG Priorities Four and Six</p>	BCPs are developed and shared with the HSCP	
<p>3.2 Support Commissioned Providers with Business Continuity Plans</p> <p>Links to SG Priorities Four and Six</p>	BCPs are reviewed and shared with the HSCP as part of the annual contract review process	
<p>3.3 Participate in cross system activity with local partners</p> <p>Links to SG Priorities Four and Six</p>	<p>Work with partners including local authorities and NHS Grampian to Identify areas where the system can work together to maximise resources, manage surges in demand and/or manage incidents including adverse weather events.</p> <p>Examples include: Membership of the Optimising Patient Flow Group Membership of the Daily System Connect and Whole System Flow Groups Participation in the development of the Aberdeenshire Council Emergency Planning and Resilience Framework and the Business Continuity Framework which support the building of plans to maintain business as usual service, despite any unexpected disruption.</p>	<p>Work with local authorities and NHS Grampian to identify opportunities for Resilience and Surge Plan activity to improve patient flow through the system.</p> <p>A cross system workshop is planned for 23 November where the focus will be upon operational actions to enable better flow over the winter and consider what can be done when demand is high but not as a result of a major incident.</p> <p>It will explore where support from others can be offered/provided, with a view to identifying clearly defined actions which will improve flow for future winters.</p>

<p>3.4 Public Health data</p> <p>Links to SG Priorities Four and Six</p>	<p>Utilise Public Health data to anticipate and understand surges in demand.</p>	
<p>3.5 Performance data</p> <p>Links to SG Priorities Four and Six</p>	<p>Participation in the gathering of performance data used to populate national dashboards for benchmarking and facilitating the identification and sharing of best practice between areas in Scotland. Examples include: Social Care Response and Delayed Discharge dashboard Health and Social Care Whole System dashboard</p>	<p>Ongoing supply of performance data</p>

Theme 4 – Operational Resilience		
Activity	Current Position	Additional Actions Required
4.1 Pathways for accessing equipment promptly: to prevent an admission or facilitate discharge from hospital Links to SG Priorities One, Four, Six	Secure, local emergency stores have been created (accessible at weekends and out of hours). Emergency provision of equipment is expedited through direct contact with JES who will prioritise.	Raise awareness of where the emergency stores are located along with how to access them, contact details, criteria etc.
	Some issues are experienced where patients are discharged from hospitals without equipment. This can result in a failed discharge or avoidable urgent referral to community AHPs.	Provide feedback where issues occur including to lead professionals and/or SMOc to raise e.g at the Daily System Connect meetings.
4.2 Provision of generators in care homes (in the event of power failure) Links to SG Priorities Six and Eight	List of care homes with access to generators is available. Some generators are available via SSEN or Area Teams in event of an outage but supplies are insufficient to provide for all care homes &/or very sheltered housing.	Maintain list of generators. Where a care home has no generator, their Business Continuity Plan should include planning for 2/3 days without power to reinforce the importance of generator arrangements.
4.3 Winter safety packs to be available for staff working in the community eg torches, foil blankets and personal alarms. Links to SG Priority Three	Not currently provided by Aberdeenshire Council or NHS Grampian to staff. Referred to the HSCP Health & Safety Group.	HSCP Health and Safety Group to review and report on situation.
4.4 Winter/all weather tyres for community based front line staff.	Not currently provided by Aberdeenshire Council or NHS Grampian to staff. Referred to the HSCP Health & Safety Group.	HSCP Health and Safety Group to review and report on situation.

Links to SG Priority Three		
4.5 Review arrangements and equipment for staff working from home if required Links to SG Priority Three	Line managers discuss with team members during 1:1s.	
4.6 Remind all staff of Adverse Weather Policy Links to SG Priority Three	Cascade via team meetings and discuss with team members during 1:1s as necessary.	
4.7 Identify and risk assess persons at risk (PARD) Links to SG Priorities Six and Eight	<p>PARD is an information sharing tool, used to identify people who may be at an increased level of risk during a significant incident.</p> <p>A phased introduction is underway using information from the Carefirst system and in time this will include information from the NHS and other partner organisations.</p> <p>A map on Power BI is used to locate where persons at risk are located within a specific area.</p>	<p>Maintain records to ensure PARD remains up to date in the event of an incident.</p> <p>Development of the PARD database to relate to unique property identifiers and link with data from NHS and other partner organisations.</p>
4.8 Approving high-cost care packages Links to SG Priorities Four and Six	Care Management teams have a devolved budget and require approval for packages above a threshold. The threshold has not increased with inflation so as care costs have gone up the devolved budget purchases less care, resulting in more packages requiring approval by Location Managers or Partnership Managers.	Refer to the Charging Policy Steering Group to review the devolved budget threshold.
4.9 Times of service availability can cause delays	Domestic services have fixed service times in community hospitals meaning a bed space can't be cleaned outside of these hours, impacting admissions or transfers and reducing efficiency.	Refer to the group reviewing domestic services in Aberdeenshire.

Links to SG Priorities Four, Six and Eight		
4.10 Digital transformation Links to SG Priorities Four and Six	Wards are now recording electronically improving communication between inpatient areas and efficiency.	A business case is being developed for the MORSE case management system for community health services.
4.11 Resilient and comprehensive Senior Manager on Call cover over public holiday and festive period Links to SG Priorities Four and Six	On call arrangements are in place 24/7 for 365 days & on Rotawatch. Additional support would be provided as necessary from other officers within AHSCP. Survey of other managers supporting SMoC on call arrangement has taken place	Recommendations to be made to SMT for consideration.
4.12 Ensure regular arrangements for situational awareness (daily situation meetings) Links to SG Priorities Four and Six	Daily nursing huddles and situation update meetings are in place for Aberdeenshire (to share information and agree the G-OPES level for the HSCP). Teams complete a DSR each week to submit information on staffing, capacity and issues affecting service delivery.	
4.13 Ensure regular arrangements for access to system wide awareness and support Links to SG Priorities Four and Six	Daily system connect meetings with partners across the NHS Grampian system are in place 7 days per week. Operational issues can be shared, discussed and support offered and provided. Reports are shared to summarise the current position across the system.	

<p>4.14 Updates to HSCP staff with advice and information</p> <p>Links to SG Priorities Three and Six</p>	<p>The daily brief is sent out by NHS Grampian by email. Information and news is published on Aberdeenshire Council's intranet home page.</p> <p>The HSCP newsletter has been re-established in autumn 2023. Urgent HSCP information i.e regarding an incident or surge activity impacting on operations is cascaded by line managers through services.</p>	<p>Partnership newsletter to be published more regularly.</p>
<p>4.15 Ensure communication channels are open with commissioned providers</p> <p>Links to SG Priorities Four and Six</p>	<p>Procurement act as an interface between oversight groups and commissioned third sector organisations, providing a 2-way flow of information and assisting with tasks such as feeding into daily situation reports or obtaining data to be supplied to Scottish Government.</p> <p>Information is gathered on unmet need, and staffing issues or areas of risk of performance are flagged.</p> <p>The Collaborative Care Home Support Team keeps communication open with providers with many regularly attending the monthly oversight group meetings.</p> <p>There is a lack of engagement from providers with Daily System Reporting, but it is not mandatory, and providers have multiple reporting responsibilities.</p>	
<p>4.16 Develop and maintain business continuity plans detailing how services respond during times of pressure.</p> <p>Clear understanding and communication of what can be stepped down if resources need to be diverted</p> <p>Links to SG Priorities Four and Six</p>	<p>Teams have developed and maintain Business Continuity Plans which detail the critical activities which must continue in the event of an incident/disruption to service delivery.</p>	<p>Continue to roll out the new BCP template with teams/services and assist them with testing/exercising their BCPs.</p> <p>List of management contacts to be updated to include home location for local area support in event of an incident. Geographical map of staff resource.</p>

<p>4.17 G-OPES reporting</p> <p>Links to SG Priorities Four and Six</p>	<p>HSCP teams report their G-OPES level to the daily situation meeting and an Aberdeenshire level is agreed.</p> <p>Teams have linked their Business Continuity Plans to G-OPES level, so a Team reporting G-OPES level 4 would activate their BCP.</p>	<p>The Resilience Team continue to roll out the new BCP template with teams/services, and assist teams with testing/exercising their BCPs.</p> <p>Update the list of management contacts to include home location for local area support in event of an incident. Produce a geographical map of staff resource.</p>
<p>4.18 Preparation for a major incident or adverse weather event</p> <p>Links to SG Priorities Four and Six</p>	<p>Operational Managers / Key Officers receive weather warnings from the Met Office etc. Aberdeenshire Control Room email account is used to circulate warnings and be a single point of contact for information and communication with partners. A Team Space accessible to Senior Managers on Call (SMoC) holds plans and templates for responding to a major incident. The Persons at Risk Database (PARD) is accessible to SMoCs and the data is maintained through the CareFirst system by practitioners. The HSCP has a Severe Weather Plan for activation during a severe weather event which required strategic leadership.</p> <p>The Support Centre Framework was approved in April 2023. The framework covers the centres (rest/welfare etc) that would be established during an emergency such as a flooding event or prolonged power outage.</p> <p>The HSCP continues to support our partner agencies and work together and provide a collective response to severe weather.</p>	<p>Development of the PARD database to relate to unique property identifiers and link with data from NHS and other partner organisations.</p> <p>Utilise Resilience Direct as the system for incident management as it is accessible by all Local Resilience Partner agencies. Training to be arranged.</p>
<p>4.19 Support for people with powered medical / care</p>	<p>SSEN provided funding to Councils for community resilience. A bid has been agreed for Aberdeenshire to receive 100 portable battery packs. Most will be distributed to service users requiring powered</p>	<p>Purchase, allocation and management of packs once funding received.</p>

<p>equipment in case of outages</p> <p>Links to SG Priorities One, Four, Six and Eight</p>	<p>health equipment with a proportion reserved for distribution during an incident.</p>	
<p>4.20</p> <p>Working with communities and community planning partners to support resilience</p> <p>Links to SG Priorities Four and Six</p>	<p>The HSCP is a community planning partner and supports work to improve resilience through Community Planning Partnerships. Activity includes: The Community Resilience Strategy which was finalised in early summer.</p> <p>The Community Resilience Conference brought together community groups to share best practise for local resilience. Roads and flooding team were in attendance and promoted the snow warden scheme, flooding defences and my Aberdeenshire app (for use of grit bin requests etc).</p> <p>Age Scotland have been commissioned to deliver workshops to build individual resilience for emergencies, being held in sheltered housing and other community settings between October and February.</p> <p>A Project Officer is meeting community groups to discuss local arrangements, offering support and conducting a community resilience audit on local preparedness and resources.</p>	<p>Continued participation in community planning partnerships and joint working with communities to support resilience.</p>

Health and Social Care Winter Preparedness Priorities 2023/24 - Scottish Government and COSLA

1. Ensure people receive care at home, or as close to home as possible, where clinically appropriate.
2. Consistent messaging to the public and our staff that supports access to the right care, in the right place, at the right time.
3. Focus on recruitment, retention and wellbeing of our health and social care workforce.
4. Maximise capacity to meet demand and maintain integrated health and social care services throughout autumn and winter.
5. Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of winter vaccination programme for Covid-19 and flu.
6. Work in partnership across health and social care, and with other partners, to deliver this plan.
7. Protect planned care with a focus on continuing to reduce long waits.
8. Prioritise care for the people in our communities who need it most.

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