



INTEGRATION JOINT BOARD

WEDNESDAY, 10 MAY 2023 AT 10.00 AM

Your attendance is requested at a meeting of the INTEGRATION JOINT BOARD to be held in Committee Room 5 - Woodhill House, Westburn Road, Aberdeen, AB16 5GB (with virtual attendance), on WEDNESDAY, 10 MAY 2023, at 10.00 am

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

2 May, 2023

Pamela Milliken, Chief Officer
Aberdeenshire Health and Social
Care Partnership

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

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

B U S I N E S S

1. Sederunt and Declaration of Members' Interests

2A. Statement on Equalities:

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

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

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

2B. Exempt Information

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

"That under paragraphs 2, 3, 6 and 7 of the Categories of Exempt Information, found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Items 13 and 14 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. Minutes of the Meeting

6 - 29

PRESENTATION

4. The North East Alliance: Delivering Change, Improving Lives

GOVERNANCE

5. Integration Joint Board Action Log

30

6. Chief Officer's Report

31 - 35

7. IJB Revenue Budget Update

36 - 38

8.	Clinical and Adult Social Work Governance Committee Report to Aberdeenshire IJB	39 - 41
9.	IJB Audit Committee Update Report	42 - 46

NEW BUSINESS

10.	Hosted Mental Health and Learning Disabilities Inpatient Specialist Services	47 - 59
11.	Transitions from Children to Adult Services	60 - 65
12.	Strategic Planning Group Update	66 - 70

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

13	Aberdeenshire Health & Social Care Partnership (HSCP) Annual Report on the Use of Directions between April 2022 - March 2023 <i>[Exempt under paragraph 6, 7]</i>	71 - 88
14	Provision by Aberdeenshire Council of a Residential Care Home Service for Older People at the Former Balhousie Huntly Care Home - Use of Special Urgency Powers <i>[Exempt under paragraph 2, 3]</i>	89 - 96

IJB 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.

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

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

concerning the property or goods or services.

PUBLIC SECTOR EQUALITY DUTY – GUIDANCE FOR MEMBERS

What is the duty?

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

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

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

How can Members discharge the duty?

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

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

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

What does this mean for Committee/Full Council decisions?

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

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

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

For more detailed guidance please refer to the following link:-

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.equalityhumanrights.com%2Fsites%2Fdefault%2Ffiles%2Ftechnical_guidance_psed_scotland.docx&wdOrigin=BROWSELINK

INTEGRATION JOINT BOARD

VIRTUAL MEETING, 1 MARCH, 2023

Integration Joint Board Members:

Councillor A Stirling (Chair); Dr J Tomlinson (NHS Grampian) (Vice Chair); Mrs J Duncan (NHS Grampian); Mr S Lindsay (NHS Grampian); Councillor M Grant; Councillor D Keating, Councillor G Lang; Mr D Murray (NHS Grampian) (substitute for Ms A Anderson); Councillor G Reynolds; and Ms S Webb (NHS Grampian).

Integration Joint Board Non-Voting Members:

Mr K Grant, NHS UNISON; Mr D Hekelaar, 3rd Sector Representative; Ms S Kinsey, Third Sector Representative; Ms I Kirk, UNISON; Ms L Jolly, Chief Social Work Officer; Ms R Taylor, Primary Care Representative; Mr C Smith, Chief Finance and Business Officer, Aberdeenshire Health and Social Care Partnership; and Ms P Milliken, Chief Officer, Aberdeenshire Health and Social Care Partnership.

Officers: J Howie, P Jensen, A MacLeod, A Pirrie and W Probert. Aberdeenshire Health and Social Care Partnership; C Cameron, B Coutts, A McGruther and M Polcik-Miniach, NHS Grampian; L Cowie, V Craig-Wood, L Flockhart, V Henderson, A McLeod, J Raine-Mitchell, C Scott, N Stephenson and E Stratton, Aberdeenshire Council.

Apologies: Ms A Anderson (NHS Grampian).

1. DECLARATION OF MEMBERS' INTERESTS

The Chair asked for Declarations of Interest. There were no interests declared.

2. RESOLUTIONS

2A. STATEMENT ON EQUALITIES

In making decisions on the following items of business, the Joint Board **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 of 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) where an equality impact assessment has been provided, to take its contents 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 Items

14 and 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.

3. MINUTES OF MEETINGS OF THE INTEGRATION JOINT BOARD:

(a) MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD OF 7 DECEMBER, 2022

There had been circulated, and was **approved** as a correct record, the Minute of Meeting of 7 December, 2022.

With reference to item 7 of the Minute, it was noted that the Chief Officer would work with the Director of Public Health to provide information on the issue raised at the meeting in relation to the changing needs and future needs of the population.

(b) IJB AUDIT COMMITTEE APPROVED MINUTE OF 12 OCTOBER, 2022

There had been circulated, and was **noted**, the approved Minute of Meeting of the Audit Committee of 12 October, 2022

4. INTEGRATION JOINT BOARD ACTION LOG

There had been circulated 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 Integration Joint Board.

In relation to item 1 on the action log, the Chief Officer was requested to circulate the Care Inspection Report on the Aberdeenshire joint inspection to the Members of the IJB; in relation to item 2 it was noted that the information from Scottish Government on the issue of charges for non-residential care services had not yet been forthcoming; in relation to item 3 it was noted that an appointment had been made to the post of Digital Project Manager, with a start date of April 2023; in relation to item 4 a reassurance was given that a timetable would be formulated for the proposed review of the Governance Handbook, which would incorporate Members' input to the process. In other respects, the report was **noted**.

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 the Winter Resilience and Surge Plans that were in place across the winter and were continuing; and an update on the Winter vaccination programme which had been delivered across Aberdeenshire.

There were discussions around the uptake of the vaccination programme and plans in place to ensure that health inequalities were addressed and information on outreach activities was noted, including the use of pop-up clinics, and other measures to reach particular cohorts to ensure that cold spot areas were targeted for vaccine delivery. It was noted that an annual report on the vaccine programme was being prepared and would capture lessons learned and would be shared with the IJB.

Thereafter, the Integration Joint Board **agreed:**

- (1) to place on record their thanks to all staff teams for their continued efforts and dedication during a very challenging winter period;
- (2) that the Chief Officer should provide a briefing note on all community hospitals in the next Chief Officer's update;
- (3) that the Chief Officer should provide clarification on the legend in the cold spot maps on Covid-19 and Flu vaccine update to Members;
- (4) to note that an annual report in respect of the vaccine programmes was currently under preparation and would be submitted to a future meeting, and this report would capture 'lessons learned'; and
- (5) in other respects, to note the terms of the updates provided.

6. FINANCE UPDATE AS AT 31 DECEMBER 2022

There had been circulated a report dated 17 February, 2023 by the Chief Finance and Business Officer, providing an update on the financial monitoring information for the 2022/23 financial year, which covered the six-month period up to the end of December 2022.

The Chief Finance and Business Officer provided an overview of the financial position to the end of December 2022, together with a projected forecast for the year as a whole. He advised that, in summary, the financial position showed an overspend of £4.328 million at the end of December 2022; Health budgets were showing an overspend of £0.878 million for the year to date; Social Care budgets were showing an overspend of £3.353 million for the year to date; Funds were showing an overspend of £0.097 million; and the Set Aside budget was break even at this stage. The most significant overspends were on Other Direct Patient Care, GP Prescribing and Health Centre Management, and it was noted that financial pressure was still being experienced on the Community Mental Health budget, due to continuing high levels of agency locum costs for medical staff. The main areas of overspend on Social Care budgets were within Adult Services – Community Care, Physical Disabilities, Older People – Care Management, Residential Care and Very Sheltered Housing. He concluded by confirming that an overspend of £1.999 million was being forecast for the year, equating to 0.52% of the IJB budget, and the forecasts, although mitigated with material underspends in a number of budget lines, would continue to be reviewed with all budget lines and mitigations applied where applicable to achieve as close to a break-even position at the end of the financial year.

During discussions, Members commented on the following points:

- (i) they noted that the forecast reductions in overspend was based on a reduction in Older People Residential Care and Very Sheltered Housing use of agency as posts were filled permanently, which would result in a move away from higher agency costs;

- (ii) they noted the ongoing trend of an overspend in adult social services, from locum spending, and that these pressures had been taken account of within the budget setting process and measures were being considered to mitigate some of the pressures; and
- (iii) they noted the proposed clawback by Scottish Government of surplus Covid reserves, to be redistributed across the sector to meet current Covid priorities, and that future Covid related costs would need to be considered as part of the overall budget envelope that was agreed through the usual Scottish Government budget process.

The Integration Joint Board, having considered the financial position as detailed in the report and appendices, **agreed**:

- (1) to note the financial position set out in the report at 6.3 and 6.8 and Appendices 1 and 2;
- (2) to approve the budget adjustments detailed in Appendices 1 and 3;
- (3) to note the position relating to additional funding in Section 7; and
- (4) to note that the IJB budget for 2023/24 would be presented to the IJB for approval on 29 March, 2023.

7. USE OF CHIEF OFFICER DELEGATED POWERS IN RELATION TO URGENT MATTERS

With reference to the Minute of Meeting of the IJB of 25 March 2020 (Item 5), when a delegation of powers in relation to urgent matters was given to the Chief Officer, there had been circulated a report dated 16 February, 2023 by the Chief Officer asking the IJB to acknowledge the use of special urgency powers in a number of instances during 2021 and to consider and comment on a proposed register and annual report to the IJB on the use of special urgency powers.

The Chief Officer introduced the report and advised that following a recent governance review by the Chief Internal Auditor, it was proposed to introduce a register that would be reported to the IJB annually, which would outline when the Chief Officer had used the special urgency powers and would ensure good governance and sound decision making around the use of the urgency powers.

There was discussion of the types of instances where the use of special urgency powers was used and the governance around the use of special urgency powers which had been designed to ensure a robust process.

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

- (1) to acknowledge the use of special urgency powers as detailed in Appendix 1; and
- (2) to approve the introduction of a register and annual report to the IJB on the use of special urgency powers.

8. THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 REVIEW OF INTEGRATION SCHEME

There had been circulated a report dated 5 February, 2023 by the Chief Officer advising of a review of the Aberdeenshire Integration Scheme, which sets out the Local Governance arrangements for integration, along with public consultation on the proposed changes, and was before the IJB for consideration, after which the revised scheme would be submitted to Aberdeenshire Council and NHS Grampian for approval, and thereafter would be submitted for approval by Scottish Ministers.

The Principal Solicitor introduced the report and advised that the Integration Scheme set out the functions that were under the authority of the IJB and it sets out the context for how the Health and Social Care Partnership operates. She advised that the original Integration Scheme had been prepared prior to the formal establishment of the IJB and had now been fully reviewed and updated and was attached at Appendix 1 to the report. She advised that the updated version demonstrated integration in practice alongside the continued desire and drive for improvement, and the document reflected the change of focus, from planning integration to delivering integration and demonstrated the maturing of the IJB's governance arrangements and approach to performance and risk management. She asked Members to consider an amendment to the draft Integration Scheme to ensure that the professional leadership for public health practitioners providing integrated services was included in the Integration Scheme alongside the professional leadership from the Medical and Executive Nurse Directors and that the IJB should include the Director of Public Health at 9.5.2 and 9.5.4 to ensure inclusion and to align the Aberdeenshire position with the Aberdeen City and Moray IJBs.

There was discussion of the mechanisms for dealing with any proposed changes to the Integration Scheme by either the Council or NHS, prior to submission to Scottish Ministers. It was proposed that a link be included to the Governance Handbook, to ensure that the high-level governance of the IJB was linked together with the Integration Scheme for openness and transparency. The need for clarity over governance standards for staff was considered, proposing that the Charter be amended to reflect that NHS staff will be treated in accordance with the NHS Scotland Staff Governance Standard, and Aberdeenshire Council staff will be treated in accordance with the One Aberdeenshire Principles.

After further consideration, the Integration Joint Board (IJB) **agreed:**

- (1) to note the revised Integration Scheme, following public consultation, as set out in the report as Appendix 1, and subject to the following amendments:
 - (a) in order to ensure that the professional leadership for public health practitioners providing integrated services is included in the Integration Scheme alongside the professional leadership from the Medical and Executive Nurser Directors, to include the Director of Public Health at 9.5.2 and 9.5.4;
 - (b) that Section 8.4 be amended as follows – “Performance information is shared and reviewed with NHS and Council partners on a regular basis encompassing both the annual performance report and IJB quarterly strategic performance reports. The IJB works collaboratively with both

Parties in ensuring appropriate input from our regular data collection to their respective performance management systems and frameworks”;

- (c) that the paragraph relating to the IJB as a Category 1 responder in terms of the Civil Contingencies legislation should be deleted at 12.10.1.10 and retained within the risk section at 17.6;
 - (d) that the staff standards referred to in the Vision will relate to NHS staff only, and reference should be made to Council staff being treated in accordance with the Aberdeenshire Principles; and
 - (e) a link should be included within the Integration Scheme to the Governance Handbook to ensure that the high-level governance of the IJB is linked together for openness and transparency;
- (2) to recommend to Aberdeenshire Council and NHS Grampian approval of the reviewed Integration Scheme, subject to the proposed amendments above, before submission to the Scottish Ministers;
 - (3) to delegate to the Chief Officer, following consultation with the Chair and the Vice Chair, and the Chief Executives of both NHS Grampian and Aberdeenshire Council, the power to make minor amendments to the Integration Scheme if required by either NHS Grampian or Aberdeenshire Council prior to submission to the Scottish Ministers.

9. CHIEF SOCIAL WORK OFFICER UPDATE BRIEFING 2022

There had been circulated a report dated 26 January, 2023 by the Chief Social Work Officer which provided a mid-year update and a summary of some of the key issues impacting the delivery of social work services. The report highlighted the impact of winter pressures and confirmed that the Chief Social Work Officer was assured that services were performing well in most of the key areas of social work delivery; in those areas where improvement had been required, timely and effective remedial measures had been put in place; and currently there were no specific areas that required additional scrutiny beyond that provided by existing processes. The report also advised that the next statutory report from the Chief Social Work Officer would be presented to the IJB in August 2023.

The Chief Social Work Officer introduced the report and highlighted a number of points in relation to progress made against priorities, reflected on the complexity of the landscape that the service was operating in, and advised that the priorities for social work and social care included promoting staff resilience, recruitment and retention, managing capacity, demand and pressures across the services and reducing drug and alcohol related deaths. In addition, she took the opportunity to acknowledge the work of staff from statutory third sector and independent organisations in the delivery of social work and social care, as well as to all staff providing social work and social care services. She also wished to acknowledge and thank the unpaid carers who played a crucial role in supporting vulnerable people within communities.

During discussion, there was unanimous support and recognition of the work provided by those who support the vulnerable people in our communities and a need to recognise where there may be fragility in the services in order to support any changes that might be required across the system. There was also discussion of work done by the Adult Support and Protection teams to investigate and put in place measures to reduce harm, and to support people who may be at risk of experiencing poverty, to be signposted and supported to the right support. The Lead Social Worker provided some information about the support that was available to unpaid carers to support their caring role.

After consideration, the Integration Joint Board (IJB) **agreed:**

- (1) to note the Chief Social Work Officer Update for 2022 in relation to Children and Adult Social Work Services;
- (2) to acknowledge the commitment of social work staff in the consistent delivery of high performing services;
- (3) noted that a report proposed to be presented to the Communities Committee, jointly with Police Scotland, on supporting people with mental health presentations should be shared with the Clinical and Adult Social Work Committee for consideration; and
- (4) to receive a full CSWO Annual Report for 2022/23 in August 2023, and that this report should provide information on cross sectoral/collaborative work between partners.

10. NHS GRAMPIAN OUT OF HOURS PRIMARY CARE SERVICE (GMED)

With reference to the Minute of the IJB of 24 August 2022 (Item 9), there had been circulated a report by the GMED Service Manager, providing an update on the current position in relation to Grampian Out of Hours (OOH) Primary Care Services, with Moray as the Hosting Integration Joint Board (IJB).

Members heard from the GMED Service Manager that GMED continued to maintain similar rota fill rate levels comparing to previous years, with the exception of 2020, and the average rota fill rate was 90% for the whole year, which was assessed to be at the G-OPES Level 2. She advised that 2022 had been the busiest year to date with over 90,000 contacts being made with the service, and the service continued to employ an advice first approach, with patients being triaged over the phone to establish whether a face-to-face assessment was required. In relation to finance, GMED continued to observe an overspend on budget, which was managed within appropriate financial governance frameworks.

There was discussion of the reduction in number of visits between 2018 and 2022 and the satisfaction levels with the service, noting that the balance of face-to-face contacts and advice had changed due to the pandemic, and that following the change in protocols, some patients preferred to be contacted by phone instead of having to travel a distance to a consultation centre. There were also plans in place to conduct a patient survey during the forthcoming year which would look at patient satisfaction and delivery of care. There was also discussion of the need for data on adverse events for the past 5 years, for comparison as a performance indicator, and

any trends observed within complaints, which were mainly around delays in getting back to patients who were referred from NHS24, which in turn related to expectations and the ability to meet those expectations.

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

- (1) to note the current position in relation to Grampian Out of Hours (OOH) Primary Care Services with Moray as the Hosting Integration Joint Board (IJB); and
- (2) to request a future report, at an appropriate time, including historical numbers of adverse events for comparison, satisfaction rates and outcomes.

11. ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) STRATEGIC DELIVERY PLAN PERFORMANCE REPORT

With reference to the Minute of the IJB of 7 December 2022 (Item 10B), when the IJB agreed to receive quarterly performance reports on the Strategic Delivery Plan, there had been circulated a report dated 6 February, 2023 by the Chief Officer which provided a high-level overview of all projects (transformational, improvement and business as usual workstreams), outlining overall progress and enabling exception reporting of any key barriers or delays. The report advised that in-depth project update reports on the key transformational workstreams under the Health and Social Care Partnership's Strategic Delivery Plan would continue to be reported to the IJB via the Strategic Planning Group, and these reports provided fuller context and insight into progress against deliverables and outcomes.

The Interim Strategy and Transformation Manager introduced the report and advised that since the first iteration of the report was presented to the IJB, the Senior Management Team had undertaken further work around the prioritisation of the projects and due to the complexity and interdependency of the projects it had been agreed to prioritise the projects in groups where they can be delivered simultaneously, supporting the delivery of the Strategic Delivery Plan (SDP). She advised that scoping work was underway to develop this under a programme board approach, mirroring that of the Social Care Sustainability Programme. Delivery of the SDP would continue to remain flexible and responsive, ensuring that the complex range of workstreams were prioritised and progressed within meaningful timescales and available resources. She advised that the format of the performance report continued to be subject to review to support improvement wherever possible and she welcomed feedback from IJB members to support and inform the process. The report also provided a detailed update on the progress against delivery of the Medication Assisted Treatment (MAT) Standards, covering the period October to December 2022.

During discussion members commented on the following points:

- (a) Members considered that the RAG status on the Quarterly Performance Report, should contain some further narrative on the red and amber project status, for clarification;
- (b) Members noted that a report would be forthcoming on a community hub model, following ongoing scoping work;

- (c) Members noted that the H&SCP annual report for 2022-23 would be presented for approval to the IJB on 5 July 2023;
- (d) Members noted that the H&SCP Property and Asset Plan should be central to any considerations in relation to proposed service delivery; and
- (e) Members considered that a scrutiny workshop should be arranged in the near future to assist in developing further the performance management structure.

After further discussion, the Integration Joint Board (IJB) **agreed:**

- (1) to note the content of the high-level quarterly performance report on the H&SCP Strategic Delivery Plan, noting work ongoing regarding the prioritisation of workstreams and performance report format;
- (2) to endorse the accompanying quarterly report on specific progress against the Medication Assisted Treatment (MAT) Standards Implementation;
- (3) to agree to these reports being shared with the Communities Committee and Area Committees; and
- (4) to instruct the Chief Officer to arrange a scrutiny workshop in the near future to assist in developing further the performance management structure.

12. AHSCP 2023/24 CHARGING POLICY & UNIT COSTS

There had been circulated a report dated 27 January, 2023 by the Chief Finance and Business Officer, which recommended that the Integration Joint Board note that in light of the continued impact of the Covid-19 pandemic and the cost-of-living crisis, it was proposed that the RPI increase of 5.9% be applied to charges and unit costs in 2023/24, and that the Integration Joint Board makes comment regarding the proposed charging policy for 2023/24, comprising of non-residential charging policy, the rates for Charges and Allowances, and the Unit Costs as detailed within the report and its appendices.

The Chief Finance and Business Officer introduced the report and outlined the proposals for 2023/24, advised that Aberdeenshire Council's Corporate Charging Framework recommended that a full review of charges be carried out every third year, with the aim of moving to a full cost recovery basis; that a full review of charges for social care services had been due to take place in 2021/22 but Communities Committee, on 18 February, 2021 and 24 March 2022, had agreed not to carry out a full review due to the impact of Covid-19, and to apply an RPI uplift for charges and unit costs instead. For 2023/24 it was proposed that a further uplift in line with the RPI, of 5.9% be adopted. The report also advised that an anticipated full review in 2023/24 had been paused pending the outcome of the Scottish Government and COSLA led working group to remove charges for non-residential care services. Scottish Government had recently confirmed that the removal of non-residential charging would not go ahead in 2023/24 as anticipated and had not yet given an indication of a revised timeline. In addition, the report noted that some charges and allowances were set by various external sources, including the Department for Works and Pension (DWP), Scottish Government and COSLA, and as such, some

rates for 2023/24 had yet to be confirmed, and were marked as such on the proposed Charges and Allowances as contained in Appendix 2.

During discussion, Members noted the following:

- (a) assessments were made on a case by case basis and appropriate advice and support was offered to service users, to ensure they were receiving all the benefits they were entitled to;
- (b) where a potential benefit was identified by officers, service users were signposted to the appropriate source of assistance; and
- (c) officers would monitor any trends and material impacts on service users from the changes to the policy and would report back to the IJB.

Thereafter, the Integration Joint Board, after discussion, **agreed**:

- (1) to note that in light of the continued impact of the Covid-19 pandemic and the cost-of-living crisis, it was proposed that the RPI increase of 5.9% be applied to charges and unit costs in 2023/24;
- (2) to recommend that the Communities Committee approve the proposed Charging Policy for 2023/24, comprising of:
 - a) the Non-Residential Charging Policy 2023/24, as detailed in Appendix 1;
 - b) the rates for Charges and Allowances as detailed in Appendix 2;
 - c) the Unit Costs detailed in the Charges & Allowances as detailed in Appendix 2 and also detailed in paragraph 5.1 of the report; and
- (3) to instruct Officers to report back, within 9-12 months, with information in respect of the impacts and consequences of changes to support for service users through the changes to policy implementation, and to consider the trends and report on any material impacts.

13. STRATEGIC PLANNING GROUP UPDATE

There had been circulated a report dated 6 February, 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 specific updates on two transformational workstreams, being the Autism Strategy Development and the Analogue to Digital Transition Project. The report also highlighted proposals by the group to establish a short life working group to lead on the implementation of a Joint Strategic Needs Assessment, as part of early preparations for when the current Strategic Plan comes to an end in 2025 and would provide regular updates on progress and reporting its conclusions/findings to the SPG by the end of 2023.

The Interim Strategy and Transformation Manager provided an overview of the main items which had been discussed at the recent meeting of the SPG and highlighted that the SPG holds responsibility for the monitoring and oversight of progress against the transformational workstreams under the IJB's Strategic Delivery Plan. She

advised that the Draft Aberdeenshire Autism Strategy had proceeded to public consultation stage as a joint strategy with Education and Children's Services and would be reported back to the IJB in June 2023, following the consultation stage.

There was discussion of the need to ensure that clear boundaries and expectations were set in relation to the consultation process for the Autism Strategy to ensure that expectations were reasonable in terms of finance and resources available for delivery. There was discussion of the extensive work undertaken to date on the Analogue to Digital Transition project and the need for further consideration by the IJB at a future meeting.

After discussion, the Integration Joint Board (IJB) **agreed:**

- (1) to note the report from the Strategic Planning Group (SPG) following its meeting on 14 February 2023;
- (2) to note the updates for the Autism Strategy Development and Analogue to Digital Transition projects;
- (3) that the IJB would consider in some detail the work on the Analogue to Digital Transition project at a future meeting; and
- (4) to note the SPG's decision regarding the commencement of planning for a Joint Strategic Needs Assessment over the coming year.

14. FUNDING CONTRIBUTION TOWARDS ACCOMMODATION WITH ADAPTATIONS – USE OF SPECIAL URGENCY POWERS

With reference to the Minute of Meeting of the IJB of 7 December, 2022 (Item 12), there had been circulated a report dated 17 February, 2023 by the Interim Partnership Manager (Central), providing an update on revised costings approved by the Chief Officer, under Special Urgency Powers in connection with acquiring accommodation for a complex learning disability client.

Having heard from the Chief Officer and the Mental Health and Learning Disability Manager of the background to the case, and as to the collaborative approach which had been taken with the Housing Service to ensure that the identified accommodation for the client was made ready for occupation, the Integration Joint Board **agreed:**

- (1) to note the decision by the Chief Officer, using Special Urgency Powers as set out in the process agreed by the IJB, including consultation with the Chair, Vice Chair and Chief Executives of both NHS Grampian and Aberdeenshire Council to authorise the expenditure as detailed within the report, in connection with funding approval for accommodation with adaptations for a complex learning disability client; and
- (2) to note that this was previously reported to the IJB and was being reported to the IJB to inform of the revised costings.

15. 2023/2024 ANNUAL PROCUREMENT WORK PLAN (SOCIAL CARE)

There had been circulated a report dated 31 January, 2023 by the Chief Officer, requesting Members' consideration of the Annual Procurement Work Plan for 2023-24, four Procurement Approval Forms (PAFs) and two Award Reports, as detailed in the appendices to the report.

The Strategic Procurement Manager provided some further background to the proposals and noted that the national negotiation on the National Care Home Contract, which is a national framework led by COSLA and supported by Scotland Excel, had not yet concluded.

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

- (1) to note the Annual Procurement Work Plan detailed in Appendix 1, the four Procurement Approval Forms (PAFs) and two Award Reports in Appendix 2 (A-F);
- (2) to note the PAFs and Award Reports for items on the Work Plan which are within the Integration Joint Board's remit and the value of the matter is over £1,000,000 and note that the Award Reports for items 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 direct award and extend the services detailed in the Annual Procurement Work Plan on behalf of the Integration Joint Board;
- (4) to note the following updates: Out of Area Individual Placements (at paragraph 4.7 of the report);
- (5) 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, are able to live independently at home or in a homely setting in their community; and
- (6) to note that an update on the outcomes from the approved procurements in this report will be included in the Commercial & Procurement Shared Service's annual report.

INTEGRATION JOINT BOARD

HYBRID MEETING, 29 MARCH, 2023

Integration Joint Board Members:

Councillor A Stirling (Chair); Dr J Tomlinson (NHS Grampian) (Vice Chair); Ms A Anderson (NHS Grampian); Mr S Lindsay (NHS Grampian); Councillor M Grant; Councillor D Keating; Councillor G Lang; Councillor G Reynolds; and Ms S Webb (NHS Grampian).

Integration Joint Board Non-Voting Members:

Mr K Grant, NHS UNISON; Mr D Hekelaar, 3rd Sector Representative; Ms S Kinsey, Third Sector Representative; Ms A Mutch, Public Representative; Ms I Kirk, UNISON; Mr C Smith, Chief Finance and Business Officer, Aberdeenshire Health and Social Care Partnership; and Ms P Milliken, Chief Officer, Aberdeenshire Health and Social Care Partnership.

Officers: P Jensen, A MacLeod, A Pirrie and J Shaw, Aberdeenshire Health and Social Care Partnership, L Flockhart, A McLeod, J Raine-Mitchell and N Stephenson, Aberdeenshire Council.

Apologies: Ms J Duncan (NHS Grampian); Mr P Bachoo (NHS Grampian); Ms J Barnard (Nursing Lead Advisor).

The Chair advised the Integration Joint Board that she had agreed to accept a late paper, circulated as item 3a, to be considered on the grounds of urgency, for the reason that that the IJB was being cited on some significant areas of concern and to seek assurance that everything was being done to address the matters identified. The said report would be considered within the public section of the meeting, after item 3.

The Chair, on behalf of the Integration Joint Board thanked Ms Jenny McNicol for her contributions to the Board in the role of Nursing Lead Advisor and noted that Ms June Barnard had been appointed to the role, on Ms McNicol's retirement from the role, and looked forward to welcoming Ms Barnard to future meetings of the Board.

1. DECLARATION OF MEMBERS' INTERESTS

The Chair asked for Declarations of Interests. Councillor Keating confirmed that he had a connection to Item 4 by virtue of being a volunteer for one of the organisations mentioned in the report. However, having applied the objective test he had concluded that he had no interest to declare.

2. RESOLUTIONS

2A. PUBLIC SECTOR EQUALITY DUTY

In making decisions on the following items of business, the Joint Board **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 of 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) where an equality impact assessment has been provided, to take its contents into consideration when reaching a decision.

2B. EXEMPT INFORMATION

The Joint Board **agreed** that under paragraph 6 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 4 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. REVENUE BUDGET 2023/24

There had been circulated a report dated 20 March, 2023 by the Chief Officer, proposing a revenue budget for 2023/24 for consideration, and providing information on the funding context, the medium-term financial strategy and potential risks and mitigations as determined by the Management Team.

The Joint Board heard from the Chief Finance and Business Officer of the forecast financial position for the current financial year (2022/23) and the factors that had impacted upon the financial performance, and which had been reported regularly to the Joint Board. He advised that confirmation had been received of the funding contributions for 2023/24 from NHS Grampian and Aberdeenshire Council and highlighted the projected level of new resources available from the two partners. He advised that an overspend of approximately £1.99 million was being forecast in the current financial year, with a number of underlying financial pressures in areas including Community Mental Health Services, GP Prescribing and Adult and Older People care management. He highlighted that despite the increase in funding contributions from the Partners, there remained a funding pressure on the budget of approximately £7.8 million and highlighted the table in section 5.5 of the report which summarised the proposed options to be implemented to produce a balanced budget for 2023/24. He concluded by advising that given the gap between new resources and new pressures faced by the IJB for 2023/24, it was essential not only that financial pressures which arise during the financial year were managed, but also that financial savings required were delivered and the IJB Strategic Plan outlined its ambition over the medium term and the reshaping of services which would support delivery.

There was discussion of the proposed transformation of services to make them fit for the 2020s, which would involve ensuring that services reflect changing demographics, changes in technology and changes in the workforce, noting that service transformation would be a priority, with an increased focus on prevention, self-care, and treatment in the community with a shift away from hospital and residential based care. This would include taking learning from redesigned services during Covid, to ensure the delivery of redesigned services in a more efficient way.

There was recognition of the continuing challenges in some areas of recruitment and the need to be more innovative. It was noted that difficult decisions would have to be made in terms of the whole system being under a great deal of pressure. There was discussion of the process around workstream transformation, and the need to ensure that key stakeholders were identified and engaged with during the process in order to ensure that the best possible use was made of the budget. Members noted the need for appropriate and timely engagement with staff and Unions during the further development of the Strategic Delivery Plan and the Union representatives reaffirmed their commitment to engaging with the process and highlighted the importance of effective communications with staff during the process.

Noting that there had been a lot of discussion around demand for services and responding to demand, there was a recognition of the importance of early intervention and prevention, and this should form part of the discussions on the medium term financial strategy going forward.

Thereafter, having considered the financial position set out in the report, and the comments from officers and Members of the Joint Board in the discussion, the Joint Board **agreed**:

- (1) to acknowledge that the revenue budget facilitates the delivery of the Integration Joint Board's priorities;
- (2) to note the financial allocations proposed to be made from Aberdeenshire Council and NHS Grampian for 2023/24;
- (3) to agree the proposed revenue budget for 2023/24 outlined in Appendix 1, including the proposed savings and planned use of reserves per Section 5.5;
- (4) to instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Homes Contract and to instruct the Chief Officer to advise the Chair and Vice-Chair of progress prior to final sign off;
- (5) to note the financial risks set out in Appendix 2;
- (6) to direct Aberdeenshire Council and NHS Grampian to deliver all delegated functions in terms of the legislation and the Integration Scheme as currently delivered by them in terms of the budget outlined in this report, as set out in the Direction at Appendix 3;
- (7) to instruct the Chief Officer as per section 5.2 to present an updated IJB Reserves Strategy and Medium Term Financial Strategy to the IJB for comment and approval in June 2023; and
- (8) that the budget discussions going forward should continue to have a focus on health improvement.

3A. GRAMPIAN OPERATIONAL PRESSURE ESCALATION SYSTEM (G-OPES) UPDATE

The Chair advised that in terms of the local framework of the G-OPES framework for evaluating levels of system pressure, adopted by the Health & Social Care

Partnership (HSCP) in January 2022, the Clinical and Adult Social Work Governance Committee (CASWG) had formally advised the Chair and Vice-Chair on 17 March 2023 that the Aberdeenshire H&SCP had been operating at level 4 since 23 February, 2023 due to sustained pressure on the system, and the Chair had asked for a report to be taken to the IJB, as a matter of urgency, to inform the IJB of the situation to allow for the challenges to be highlighted and appropriate responses to be discussed with members.

There had been circulated a report dated 23 March, 2023 by the Partnership Manager North, informing the IJB of ongoing significant pressure on the system as a whole and additional coinciding challenges which had created unprecedented circumstances and resulted in the Aberdeenshire G-OPES level remaining at level 4 for more than 4 weeks. The report advised the IJB that at the time of writing the Aberdeenshire Health and Social Care Partnership had six individual service areas reporting at level 4: Care Homes and Very Sheltered Housing, Community Hospitals, Older People/Physical Disability Care Management, Mental Health Services, Mental Health Officers, and Community Treatment and Care Services.

The Chief Officer introduced the report, explained that it was a complex and challenging situation with a variety of factors contributing to the services being at level 4, and she outlined the actions that were being taken by the Senior Management Team in the Health and Social Care Partnership to address the pressures being experienced. She advised that the Senior Management Team was immensely grateful to teams who continued to be flexible and resilient in providing support to areas of the system most in need to ensure critical services were delivered, and would continue to focus on support for staff wellbeing through the various measures and resources already in place, whilst ensuring effective communications to staff on issues as they present. She noted that recruitment options continued to be explored in an effort to recruit to vacant posts across a range of professions and services and to be creative in the approach to addressing some of the current gaps in staffing. IJB members had been advised of the redesign work which was commencing under the AH&SCP's new strategic delivery plan with the aim of addressing the systematic challenges facing the system particularly in relation to Social Care Sustainability.

The Chief Officer confirmed that the Senior Management Team would continue to closely monitor the arrangements and operate within the G-OPES framework, working closely with the CASWG to continue to provide them with assurance reports on an ongoing basis.

The Joint Board heard from Mr Lindsay in his capacity as Chair of the Clinical and Adult Social Work Governance Committee who echoed the comments of the Chief Officer and referred to the incredible amount of additional work and pressure on the Senior Management Team and colleagues. The Vice Chair of CASWG commented on the importance of recognising the very hard work of front line staff and officers and their commitment and dedication, adaptability and flexibility, and on a daily basis.

There were concerns expressed by the IJB Union representatives regarding the potential burnout of staff, due to the unprecedented demands being put on them and assurances were given that staff were being supported as much as possible through a very challenging time, and there was a recognition of the pressures that staff were

operating under. It was noted that the Chair had met with staff at the Fraserburgh Community Hospital and its Minor Injuries Unit recently to talk with them and a series of visits by the Chair and Vice Chair was being scheduled in order to facilitate staff engagement and to pass on the thanks of the IJB for their dedication and service and a recognition of the pressure that staff were working under. The need to seek alternative ways of engagement with staff was highlighted, given that some did not have access to Council or NHS networks.

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

- (1) to acknowledge the actions taken by the Senior Management Team of the Aberdeenshire Health and Social Care Partnership (AHSCP) to alleviate the pressures across health and social care services in Aberdeenshire;
- (2) to support the further actions that the AHSCP senior management team will take to further alleviate pressures;
- (3) to send a formal letter of thanks to staff;
- (4) agree to receive ongoing assurance via the weekly G-OPES Overview Report submitted to the Clinical and Adult Social Work Governance Committee where the system remains at G-OPES level 4; and
- (5) that the Chief Officer should discuss with Union Representatives issues around staff wellbeing and support.

4. AMENDMENT TO HEALTH AND SOCIAL CARE PARTNERSHIP GRANT FUNDING APPLICATIONS 2022-2025.

There had been circulated a report dated 24 February, 2023 by the Chief Finance and Business Officer which asked the Integration Joint Board to approve an amendment to the allocation of grant funding to a number of applicants in line with outputs and recommendations from the evaluation process which were approved by the IJB on 1 June 2022 (Item 13).

The Interim Strategy and Transformation Manager and Strategic Procurement Manager provided some further background to the report, clarified the recommendations before the IJB, and advised of measures that were ongoing to formalise the grant application scoring process in line with the recommendations of the Internal Audit service and to ensure compliance with Following the Public Pound (FPP) checks and the Councils FPP Code. They also advised that work had commenced around the development of a governance process for the review and approval of spend to any external organisation, and this work was being undertaken under the oversight of the AH&SCP's Commissioning and Procurement Group.

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

- (1) to approve the amendment to allocation of grant funding to applicants in line with outputs and recommendations from the evaluation process which was approved by the IJB on 1 June 2022;
- (2) to approve the amendments to payments to two applicants;

- (3) to approve the allocation of grant funding to one applicant; and
- (4) to acknowledge the work undertaken by officers to enhance the grants governance process.

DRAFT

ABERDEENSHIRE INTEGRATION JOINT BOARD

AUDIT COMMITTEE

VIRTUAL MEETING, 7 DECEMBER, 2022

Audit Committee Members:

Ms A Anderson (Chair), Councillor G Reynolds (Vice Chair),
Ms J Duncan, Mr D Hekelaar, Ms I Kirk and Councillor G Lang.

Officers:

Ms P Milliken, Chief Officer, Aberdeenshire Health and Social Care Partnership, Mr C Smith, Chief Finance and Business Officer, Mr J Dale, Chief Internal Auditor, and Mr N David, Senior Committee Officer.

1. DECLARATION OF INTERESTS

The Chair asked Members if they had any interests to declare. No interests were declared.

2. STATEMENT ON EQUALITIES

In making decisions on the following items of business, the Audit 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 of 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.

3. MINUTE OF MEETING OF AUDIT COMMITTEE OF 12 OCTOBER, 2022

The Minute of Meeting of the Committee of 12 October, 2022 had been circulated and was **approved** as a correct record.

4. REVIEW OF ACTION LOG

There had been circulated a report by the Chief Finance and Business Officer providing an update on actions which had been agreed at the meetings on 24 June, 2020 and 12 October, 2022.

The Chief Finance and Business Officer provided information in respect of outstanding actions on:

- Business Continuity Planning by Primary Care providers within the context of Aberdeenshire with Civil Contingencies partners. In this respect it was explained that all Health and Social Care Partnership teams/services were

expected to maintain their own Business Continuity Plans. A business continuity assurance form had been issued to primary care providers who managed services on behalf of the Partnership. The Leads for Dentistry, Optometry and Pharmacy had replied to indicate that these were independent contractors and they were expected to have their own Business Continuity Plans. During inspections they sought assurance that Plans were in place. The Business Continuity process for Aberdeenshire Health and Social Care Partnership had been reviewed in order to simplify the templates and Business Continuity Plan. Currently this was being trialled with three teams, namely Community Hospital, Care Home. and Community.

- Internal Audit Report 2301 – Aberdeenshire Alcohol and Drugs Partnership Governance Arrangements was on the agenda under Priority Areas.
- Winter Planning was on the agenda under Priority Areas; and
- Integration Joint Board Risk Assurance Group Update was on the agenda under Priority Areas.

Thereafter, the Committee **agreed** to note the position in respect of the matters detailed within the report.

5. BUSINESS PLANNER REVIEW

There had been circulated a report dated 25 November, 2022 by the Chief Finance and Business Officer, which provided a forward view of the work plan of the Committee.

The Chief Finance Officer introduced the report and advised that there was sufficient flexibility in the forward workplan to incorporate further items into future agendas and highlighted the reports which had been instructed by the Committee, as well as reports expected to be submitted due to the remit of the Committee. These were detailed in an appendix to the report.

The detailed appendix to the report included items for consideration at the meetings of the Committee in March, July and October 2023.

Following discussion, the Committee **agreed**:-

- (1) to acknowledge the current business planner and items for consideration for by the Committee, as detailed in Appendix 1 to the report; and
- (2) that, going forward, the Chief Finance and Business Officer provide a report to each Integration Joint Board on items of importance discussed at the Audit Committee.

6. INTERNAL AUDIT UPDATE REPORT

There had been circulated a report dated 28 November, 2022 by the Chief Internal Auditor which provided an update on Internal Audit's work. Details were provided of

the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the Committee to be aware of.

The report reminded Members that Internal Audit's primary role was to provide independent and objective assurance on the Board's risk management, control and governance processes. This required a continuous rolling review and appraisal of the internal controls of the Board, and the Council overall, involving the examination and evaluation of the adequacy of systems of risk management, control and governance, making recommendations for improvement where appropriate. Reports were produced relating to each audit assignment and summaries of these were provided to the Audit Committee.

The full update report was included as an appendix to the report.

Following discussion, the Committee **agreed** to note:-

- (1) the progress of the Internal Audit Plan; and
- (2) the progress that management had made with implementing recommendations agreed in Internal Audit Reports.

7. INTERNAL AUDIT REPORTS

There had been circulated a report dated 28 November, 2022 by the Chief Internal Auditor advising the Committee of the outcome of a completed audit.

The report explained that the results from individual audit activities had not previously been considered by this, or another Committee, with the exception of any outputs relating to audits contained in the Aberdeenshire Council Internal Audit Plan that related to Adult Social care. In such cases, the output would have been considered by the Aberdeenshire Council Audit Committee prior to being considered by this Committee.

The Internal Audit report which had been finalised and agreed with services since the Audit Committee's last meeting was: Internal Audit Report 2206 – Following the Public Pound – September 2022. This was detailed in Appendix A to the report.

To assist the Committee Appendix B detailed Grading of Recommendations.

The Chief Internal Auditor introduced the report and explained that the objective of this audit was to obtain assurance that the grant payments complied with Aberdeenshire Council's policy and procedures, and this included the Following the Public Pound code of practice. He explained that the review provided some assurance that the Health and Social Care Partnership had developed the grant application process and that they had given consideration to aligning the grant use to service priorities.

The Chief Internal Auditor concluded by highlighting that the report had been presented to Aberdeenshire Council's Audit Committee in November 2022 and that Committee had agreed to refer the report to the Council's Communities Committee

with a request that they conduct the Committee Review Process on Internal Audit Report 2206 – Following the Public Pound – September 2022.

During the discussion Members of the Committee expressed uncertainty in terms of the responsibilities and ownership of Internal Audit Reports, such as Internal Audit Report 2206 – Following the Public Pound – September 2022, which were considered by both Aberdeenshire Council's Audit Committee and the Integration Joint Board Audit Committee. The Chief Officer, Health and Social Care Partnership and Chief Finance and Business Officer undertook to report to the next meeting of the Committee to provide clarity on the processes and governance arrangements.

Following discussion, the Committee **agreed**:-

- (1) to note the issues raised within the report and appendices relating to Internal Audit Report 2206 – Following the Public Pound – September 2022; and
- (2) that the Chief Officer, Health and Social Care Partnership and Chief Finance and Business Officer report to the next meeting of the Committee to provide clarity on the processes and governance arrangements in relation to Internal Audit Reports which currently fell to be considered by both Aberdeenshire Council's Audit Committee and the Integration Joint Board Audit Committee.

8. NATIONAL CARE SERVICE UPDATE

There had been circulated a report dated 29 November, 2022 by the Chief Finance and Business Officer, which provided an update following the introduction of the National Care Service (Scotland) Bill in June 2022.

The report explained that the Bill aimed to reform how social care, social work and community health services were delivered in Scotland. It had been described by the Scottish Government as the most significant reform to public services since the creation of the NHS. Currently, the National Care Service was expected to be implemented by 2026.

In particular the report highlighted that a National Care Service, as currently proposed, would potentially see Integrated Joint Boards replaced by Care Boards, which would take on functions currently managed and run by local authorities and health boards. Further detail on the governance, accountability, membership, number or geographical area of Care Boards was required as was clarity on the impact on health budgets to support the National Care Service and Care Boards.

The Committee **agreed**:-

- (1) to note the update on the National Care Service provided in this report; and
- (2) that an update be provided to the Committee in March 2023 and future meetings.

9. INTEGRATION JOINT BOARD RISK ASSURANCE GROUP UPDATE

With reference to the Minute of Meeting of the Committee of 12 October, 2022 (Item 8), there had been circulated a report dated 28 November, 2022 by the Chief Finance Officer, which presented the updated Risk Policy and Procedures for review and approval.

The report reminded Members that at the Audit Committee meeting of 30 March, 2022 the Committee agreed to the proposal to establish a Risk Assurance Group, terms of reference and the governance structure of the Risk Assurance Group. The Committee also agreed that an update should be provided at each meeting of the Audit Committee.

The Group had the first meeting on 21 June, 2022 and subsequently on the 12 September, 2022. The minutes of these meetings were attached as appendices. The main areas covered at these meetings had been: Reporting Arrangements; Risk Register Update; and two presentations on risk priority areas of review, namely Fire and Analogue to Digital. The ongoing approach for future meetings would be that 2 officers would provide an update at each meeting regarding areas of medium to high risk items or on an item that had remained on the risk register for a considerable length of time.

Following discussion, the Committee **agreed** to:-

- (1) approve the updated and Risk Policy and Procedures as presented ;and
- (2) note the update from Chief Finance and Business Officer on the Risk Assurance Group meeting of 28 November, 2022

10. PRIORITY AREAS: REVENUE BUDGET 2023/24 UPDATE; WINTER PLANNING; AND ALCOHOL AND DRUGS PARTNERSHIP – VERBAL UPDATE AND DISCUSSION

The Committee had under consideration verbal updates on the Priority Areas of the Revenue Budget 2023/24; Update Winter Planning; and the Alcohol and Drugs Partnership.

On the Revenue Budget 2023/24 the Chief Finance and Business Officer explained that work was ongoing with partnership organisations and NHS Grampian and Aberdeenshire Council in terms of aligning with their revenue budget setting process for 2023/24. A budget workshop for the Integration Joint Board was held November and this provided an update on the current year 2023 in terms of spend and forecast. It also provided information on the reserves that were held at the end of the financial year 2021/22 and carried forward into 2022/23. He concluded by explaining that in terms of budget setting, that would be agreed at the meeting of the Integration Joint Board on 1 March, 2023.

The Chief Officer provided an update on Winter Planning. This included information on the recent workshop and issues relating to the surge plan; very sheltered housing and care homes; discharge coordinating nurses; and responder services.

The Chief Finance and Business Officer provided an update on the Alcohol and Drugs Partnership Governance Internal Audit report which was presented to the last meeting of the Committee and it was agreed that the outcome of the consideration of the report by Aberdeenshire Council's Audit committee be reported back to this Committee. The Aberdeenshire Council Audit Committee had referred the report to Council's Communities Committee meeting on 22 December, 2023, to determine whether to conduct the Committee Review Process in respect of service delivery.

Following discussion, the Committee **agreed** to note the updates.

11. UPDATES FROM OTHER AUDIT COMMITTEES

There had been circulated a report dated 29 November, 2022 by the Chief Finance and Business Officer, which provided an update on the recent meetings of the Audit Committees of NHS Grampian and Aberdeen City Integration Joint Board. It highlighted issues of relevance to Aberdeenshire Integration Joint Board.

The report explained that the Chair had suggested that the scrutiny role of the Audit Committee could be enhanced by a knowledge of relevant issues that were being considered by other local Audit Committees which would then enable Committee Members to be aware of relevant audit issues which have implications for Aberdeenshire Integration Joint Board.

The report highlighted the following issues, which the Committee discussed:

- From NHS Grampian Audit Committee - Service Redesign Audit; Dr Gray's Hospital – PPE Management Review; and Patient Private Funds Abstract of Receipts and Payments.
- From Aberdeen City Integration Joint Board Audit Committee – Care Management System Implementation.

The Committee **agreed** to acknowledge the relevant items that had been considered by other local Audit Committees and the implications for Aberdeenshire Integration Joint Board.

12. REPORT TO THE INTEGRATION JOINT BOARD

The Committee agreed to re-introduce the submission of a report by the Chief Finance and Business Officer to meetings of the Integration Joint Board advising on the matters which the Audit Committee had considered.

From this meeting it was **agreed** that the Chief Finance and Business Officer report to the next meeting of the Integration Joint Board in March 2023 on: the Risk Assurance Group Update; Internal Audit Report 2206 – Following the Public Pound – September 2022; and the discussion on clarity on the processes and governance arrangements in relation to Internal Audit Reports which currently fell to be considered by both Aberdeenshire Council's Audit Committee and the Integration Joint Board Audit Committee.

ABERDEENSHIRE INTEGRATION JOINT BOARD ACTION LOG – 10 MAY 2023 OUTSTANDING ITEMS

Report Name/Piece of work	Action/Owner	Date Added	Date of meeting/Deadline	Decision or Purpose of Report
Annual Report for vaccine programmes	Pam Milliken	01-Mar-23	11-Oct-23	An Annual Report for vaccine programmes is currently under preparation and is scheduled to go to the Population Health Committee on 28 September and will be submitted IJB thereafter.
Scrutiny Workshop	Chris Smith	01-Mar-23	End Jun-23	IJB recommended that a scrutiny workshop is arranged.
Analogue to Digital Transition projects	Pam Milliken	01-Mar-23	11-Oct-23	IJB to consider in some detail the work on Analogue to Digital Transition projects at a future meeting.
Review of Governance Handbook	Pam Milliken	Mar-22	Sep-23	A review of the Governance Handbook to be taken back to IJB in 18 months.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD (IJB) 10 MAY 2023

CHIEF OFFICER'S UPDATE

Thank You to Staff

As requested at its last meeting a letter has been cascaded to staff on behalf of the IJB outlining the IJB's gratitude to staff for their continued commitment to deliver excellent care and support under intense pressure.

National Care Service (NCS)

On 17 April 2023 it was confirmed that Scottish Ministers were asking for a further extension to the Scottish Parliament's consideration of the NCS Bill (Stage 1) until after summer. The letter from the Minister for Social Care, Mental Wellbeing and Sport to the Health, Social Care and Sport Committee is available on the Scottish Parliament website: [National Care Service Bill Timetable | Scottish Parliament Website](#)

In doing this the Scottish Government noted that its aim is for the new NCS to ensure consistently high standards of care across the country and that any additional time that the Scottish Parliament provides will be used to develop a stronger agreement for these proposals and give time to consider some of the issues that some stakeholders have raised.

The communication confirmed that the Scottish Government remains committed to delivering a NCS and by talking to those with lived experience, workforce, unions and local government, the Scottish Government is looking to ensure the NCS is as effective as it can be. Over the summer the Scottish Government will continue to speak with those using and delivering services through its co-design programme.

Community Hospitals

There are 9 Community Hospitals located across North, Central and South Aberdeenshire.

Each hospital hosts a suite of services. The details below reflect the position as at **26 April 2023**:

North Aberdeenshire			
Hospitals	Chalmers Hospital, Banff	Peterhead	Fraserburgh
Wards	General Ward, 20 beds	Summers Ward, 18 beds (currently 9 open whilst ward has temporarily re-located to Fraserburgh. Number of beds will gradually increase to 15)	Philorth Ward, 20 beds Brucklay Ward (dementia), 12 beds
Surge beds	0	2	0
Outpatient Clinics	Yes	Yes	Yes
Minor Injury Unit	Yes	Yes	Yes
Comments		Ward currently relocated due to discovery of legionella bacteria. Investigations ongoing into building works required	Long standing issues with underfloor plumbing

Central Aberdeenshire		
Hospitals	Inverurie Hospital	Turriff Hospital
Wards	Donbank Ward, 18 beds Ashcroft Ward (dementia), 10 beds	General Ward, 14 beds (12 open)
Surge beds	0	2
Outpatient Clinics	Yes	Yes
Minor Injury Unit	No	Yes
Comments	Shower trays and toilets not incompatible with health and safety standards. Continuing issues with roof leaking into day case room	Undergoing a deep clean and water testing before the Deveron Suite and adjoining room become operational in mid-May increasing bed numbers to 14

South Aberdeenshire				
Hospitals	Aboyne Hospital	Kincardine community Hospital, Stonehaven	Glen O Dee Hospital, Banchory	Jubilee Hospital, Huntly
Wards	General Ward, 14 beds	Arduthie Ward, 18 beds	Morven Ward, 18 beds (16 open) Scolty Ward (dementia), 12 beds, temporarily closed	Rothieden Ward, 18 beds, temporarily closed for improvement works
Surge beds	0	1	2	0
Outpatient Clinics	Yes	Yes	Yes	Yes
Minor Injury Unit	Temporarily closed	Temporarily closed	No	Yes

Temporarily closed hospital wards

Ward	Number of closed beds	Comments
Rothieden	18	Closed for refurbishment, estimated completion date of October 2023
Scolty	12	No date set for reopening
Summers	18	Ward has moved to Kinnaird Ward at Fraserburgh Hospital with 9 beds open, gradually increasing to 15

Minor Injury Units

There are 3 main minor injury units in Aberdeenshire, offering a 24/7 scheduled appointment based service with a mix of minor injury and treatment room services. Units are at the hospitals in Fraserburgh, Peterhead and Huntly.

There are 2 satellite units that are operational on a limited capacity

Location	Comments
Banff	Offers both minor injury and Community Treatment and Care (CTAC) appointments
Turriff	The minor injury staff are integrated in the ward

Vacancies

As of the end of March 2023, there were 17.1 whole time equivalent (WTE) vacancies across Aberdeenshire community hospital wards.

Band 6 – Senior Staff Nurse	0.9 WTE
Band 5 – Staff Nurse	8.7 WTE
Band 3 – Health Care Support Worker	4.5 WTE
Band 2 – Health Care Support Worker	3 WTE

Bank usage

From 1 to 31 March 2023, 766 bank shifts were requested across the community hospitals.

563 were filled and 203 were not. These shifts were a mixture of band 5 staff nurse and band 2 health care support workers.

From 1 to 31 March 2023 there were 88 nurse agency shifts requested across the community hospitals.

34 of those shifts were filled by agency nurses and 54 shifts went unfilled.

Balhouses Huntly Care Home

We have, for some time now, been supporting Balhouses Huntly Care Home and following concerns raised by the Care Inspectorate and subsequent court action, we have now taken over the operation of the home.

The Partnership officially took over operation of the home from 8am on Friday 14th April. Many of the current staff at the home have TUPE'd over to council or NHS Grampian employment which is providing much needed stability and consistency for residents at the home.

We are in the enviable position of currently being able to support the clinical staffing within in the home with our fantastic team from Rothieden Ward at Jubilee Hospital. This team will be able to continue to support until the replacement roof at Rothieden is completed and we are ready to reopen to patients. We are also immensely grateful to Isla Cowe from Allachburn Care Home in Aboyne and Amanda Rennie from Edenholme Care Home in Stonehaven, two of our most experienced Care Home Managers who have been working in the home.

In addition to those we have mentioned above I would like to thank the leadership shown by Janine Howie and the incredible support we have had from our local HSCP team under the leadership of Fiona Lovie along with a host of other teams including Legal, HR, Procurement and Commissioning, NHS Grampian's Catering and Domestic Teams and of course our own Care Home Nurses under the leadership of Janine Blease. This has been a team effort all round however special mention should also be made of Stephanie Duguid, Kimberley Forsyth, Mhairi Roper and Jackie Duncan. I am profoundly grateful for the priority and support colleagues across services have given.

It is our intention to work with commissioning and procurement colleagues to find a new operator for the home in the coming months but until such time as we can hand over to a new provider, we will maintain responsibility for the Home and its residents.

Fyvie Oldmeldrum Medical Group & Inverurie Medical Practice

As you will already be aware the partners at Inverurie will continue to deliver general medical services until their contract concludes on 7th September 2023. This will mean that there will be little or no change to how patients access care for the foreseeable future and there is no suggestion that patients will at any point not receive these services.

We are currently working with the partners and the contracts team to look at whether there might be any interest from other GP partnerships to take on the Inverurie contract (or indeed the contracts for any of our 2C practices) At this stage we have asked for notes of interest ahead of a potential tendering process.

We are looking at every possible option on how we continue to deliver general medical services to the Inverurie population and as part of that we are investigating how we might look to new models which would look to how we deliver Primary Care services now and into the future. This may also be an opportunity to look at how we deliver high quality care and support through the Primary Care Improvement Plan and the requirements of the GMS contract. (GP contract 2018)

We have also recently taken on the running of the Fyvie/Oldmeldrum Medical Practice (17.04.23) Many of the practice and medical staff at the practice have TUPEd over to work for us and we are moving forward with positivity. We are in the process of writing to all practice patients to update them that the Partnership have now formally taken over the management of the practice.

Fyvie/Oldmeldrum is our 5th 2C (managed by the AHSCP) and joins Aden (Mintlaw), Saltoun (Fraserburgh), Central Buchan and An Caorann (Portsoy and Aberchirder) under the Partnership's management.

Pam Milliken
Chief Officer
Aberdeenshire Health & Social Care Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 10 MAY 2023

IJB REVENUE BUDGET UPDATE

1 Recommendation

The Integration Joint Board (IJB) is recommended to:

1.1 Consider and comment on the IJB Revenue Budget Update.

2. Reason for Report

2.1 This report provides an update with regards the IJB Revenue Budget.

3. Financial Implications from 2021/22

3.1 The audited Annual Accounts show an overall surplus as at 31st March 2022 of £44.861 million. This was largely due to additional funding allocated to the IJB in early 2022 by the Scottish Government. The underspend against the revenue budget for 2021/22 was £3.311 million. The overall position is shown in the table below: -

	31/03/22
	£m
General Fund Reserve	5.908
Earmarked Reserves:-	
Covid	16.205
Primary Care Improvement Fund	5.752
Winter Pressure Funding	3.786
Risk Fund	3.050
Transformation Funding	2.727
Mental Health Action 15/Facilities	2.589
Service Capacity and Redesign	2.000
Alcohol & Drug Partnership	1.267
Community Living Change Fund	0.815
Stonehaven Dental Practice	0.400
Mental Health Officer	0.174
JES – Analogue to Digital	0.050
Criminal Justice	0.017
Miscellaneous	0.121
Total Reserves	44.861

3.2 £2m of the 2021/22 underspend was utilised in the creation of a Service Capacity and Redesign reserve as approved by the IJB in August 2022 to support the review of our Strategic Priorities and to also support achievement of savings and efficiencies to meet the challenges faced by potentially reduced funding, coupled with increased costs. The plans for this reserve will be presented in detail to the Partnerships SMT and progress reviewed by IJB.

4. IJB Revenue Budget 2022/23 Update

4.1 Work is ongoing to finalise the draft outturn and the unaudited annual accounts for financial year 2022/23. The draft outturn will be reported to the next meeting of the IJB and the unaudited accounts to the IJB Audit Committee in July 2023.

4.2 IJB Covid Reserves

The Scottish Government's Director of Health Finance and Governance in a letter dated 12th September stated that there have been a number of significant changes to Public Health policies in relation to Covid over the summer, resulting in the profile of Covid spend reducing significantly compared to when funding was provided to IJBs for Covid purposes in February 2022.

In response to this, the Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. The detail of this will follow at an IJB level and the process and timetable will follow through further communications. In order for the sector to have sufficient levels of Covid funding, compliance with current policies is required.

This is an in year adjustment to reserves and is not an approach that will impact on future years. Future Covid related costs will need to be considered as part of the overall budget envelope that is agreed through the usual Scottish Government budget process in 2023-24 and beyond.

Further to this the Interim Deputy Director – NHS, Integration and Social Care Finance confirmed the following -

- We plan to use the Q2 return numbers to inform the full year spend projection,
- Adjustment through the November allocation letter in early December.
- No adjustments should be made for Unscheduled care and PPE. PPE will not be charged for in 2022/23 and will still be met by NSS.
- Due to the wider financial challenge this year, IJBs must continue to bear down on Covid costs. IJBs should utilise other funding streams and reserve balances such as interim care, care at home and other residual reserve balances to meet pressures on additional capacity.

Quarter 2 information was forwarded to the Scottish Government in October 2022 and we received confirmation of the adjustment through the revised allocation letter in April 2023. The Scottish Government have confirmed that a final reconciliation will be undertaken based on position as at 31 March 2023 to ensure that there is no detrimental impact on IJBs.

5. IJB Revenue Budget 2023/24 Update

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

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

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

The total of these measures means that £7.75m was required to be identified to balance the budget for 2023/24.

As identified in the budget report there are risks associated with this strategy and the one off use of reserves to balance the budget.

- 5.2 Scrutiny and control of the budget for 2023/24 is paramount to be able to achieve the approved balanced budget position.

Monthly budget monitoring will be undertaken, with the forecast outturn position for the financial year 2023/24 updated with the focus on the high value/high risk budget lines, based on recurring pressures identified from previous financial years.

In conjunction with budget holders and finance colleagues we will monitor the progress and impact of the efficiency savings identified in section 5.1 to ensure their achievement and when we identify issues identify mitigations at an early stage.

This work will follow on from the updated Medium Term Financial Strategy which is being presented to IJB in June 2023 in conjunction with an updated Reserves Strategy as we look to 2024/25 and the challenges of setting a balanced budget with reducing reserves and pressures our funding. It is highly likely that additional savings and efficiencies will require to be identified to achieve a balanced position through the budget setting process for 2024/25.

6. Risks

- 6.1 IJB Risk 1 Sufficiency and affordability of resource.

7. Monitoring

- 7.1 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.

8. Equalities, Staffing and Financial Implications

- 8.1 An equality impact assessment is not required because the recommended actions are not considered to have a differential impact on people with protected characteristics.
- 8.2 Any staffing and financial implications arising directly as a result of this report are narrated in the report.

Chris Smith
Chief Finance and Business Officer
Reported prepared 28 April 2023

Clinical and Adult Social Work Governance Committee Report to Aberdeenshire Integration Joint Board (IJB)

Purpose of Report

This report updates the Aberdeenshire IJB on the reconvening of the committee and key issues arising from the Committee meeting on **17th March 2023**. Please find meeting agenda in Appendix A.

Recommendations

The Board is asked to note the following key points and assurances from the Committee in relation to governance matters.

Meeting Minute of 8th December 2022

The minutes were approved for accuracy at the committee meeting on the 17th March 2023.

Urgent Additional Item – GOPES Level 4

Alex Pirrie, Partnership Manager (Central), Aberdeenshire Health and Social Care Partnership (AHSCP), briefed the committee on the sustained pressure within the Partnership and its services which have been at GOPES Level 4 for an unprecedented length of time. The timing of the briefing was in line with the escalation process which had been agreed by the IJB in early 2022. The purpose of the briefing was to assure the Committee of the work being done by officers and staff. The Committee agreed for the issue to be escalated to the Chair and Vice Chair of the IJB which subsequently lead to a further urgent item also being tabled at the Special IJB meeting on 29th March 2023.

On Friday 7th April, there continued to be pressures across several teams, but a number of areas were looking better and there was improved flow across the system with 10 general admission beds available in Community Hospitals. Therefore, the senior manager on-call for the AHSCP, in discussion with other members of the Senior Management Team at the Daily Situation Update meeting, agreed that the AHSCP had moved to G-OPES Level 3.

Risk Management Report

Lynn Boyd, AHSCP Programme Manager presented a report which explained the changes which were made to the Risk Management process, in response to the feedback at the last CASWG Committee meeting. The Committee welcomed these changes, and were sufficiently assured with the report and its contents.



Health & Safety Report

Lynn Boyd, AHSCP Programme Manager presented the report which had been prepared by Paul Gleisner, AHSCP Health & Safety Advisor. The intention to reduce risk as far as reasonably practicable, and discussed the challenges of working with different systems and process across the various organisations who manage buildings and/or employ staff. The Committee were sufficiently assured with the report and its contents.

Care at Home & Community Oversight Group

Sonia Elrick, AHSCP Acting Location Manager (North) presented the briefing to the committee and responded to questions.

The committee discussed the briefing and discussed the opportunities to recruit in different ways including apprenticeships. An agreed action was to investigate the number of staff on zero hours contracts due to the perception that these are less attractive to would-be applicants, particularly during the cost of living crisis.

Care Home Clinical & Care – Professional Oversight Group

Mhairi Roper, AHSCP Social Care Contracts Manager - Procurement, presented the briefing to the committee and responded to questions from members. The committee were appreciative of the briefing and acknowledged the ongoing work to both support and scrutinize Care Homes and Very Sheltered Housing providers across Aberdeenshire.

Mental Health & Learning Disability Clinical Governance Group

Vicky Henderson, AHSCP MH/LD Service Manager (Central), presented the briefing to the committee and responded to questions. The committee acknowledged the work being done on Adverse Events and how to learn from those which occur not only in Aberdeenshire but elsewhere across the country.

Primary Care Oversight Group

Alex Pirrie, AHSCP Strategy and Transformation Manager, presented the briefing to the committee and responded to questions, on behalf of Rachel Taylor, AHSCP Clinical Lead for Primary Care (North Aberdeenshire). The committee discussed the challenges which sometimes affect the relationship and communication between Primary Care providers and their patients. The committee were assured about the work being done to support and improve this.

Steven Lindsay
Chair – Clinical and Adult Social Work Governance Committee



14th April 2023

Appendix A – CASWG Committee agenda

**Clinical Adult Social Work Governance Committee
CASWG
to be held on Friday 17 March 2023
Microsoft Teams Meeting 2:00pm – 4:00pm**

A G E N D A

1.	Welcome / Introductions & Apologies
2.	Minute Approval
3.	Urgent Additional Item – GOPES Level 4 – Alex Pirrie
	Reports
4.	Risk Management Report – Lynn Boyd
5.	Health & Safety Report – Lynn Boyd
	Briefings
6.	Care at Home Oversight Group Briefing – Sonia Elrick
7.	Care Home Clinical & Care – Professional Oversight Group Briefing – Mhairi Roper
8.	Mental Health & Learning Disability Governance Group Briefing – Vicky Henderson
9.	Primary Care Oversight Group Briefing – Alex Pirrie
10.	AOCB

**Date of next meeting: Thursday 5th June 2023 2-4pm
Microsoft Teams Meeting**

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 10 MAY 2023

IJB AUDIT COMMITTEE UPDATE REPORT

1 Recommendation

The Integration Joint Board (IJB) is recommended to:

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

2. Reason for Report

2.1 This report updates the Aberdeenshire IJB on key issues arising from the Committee meeting on 1st March 2023.

3. Meeting Minute of 7th December 2022 and Action Log

3.1 The minute was approved for accuracy and the action log was reviewed.

3.2 An update was provided by Officers regarding Audit Governance following a meeting on 17th February 2023 with the Chairs and Vice Chairs of IJB, IJB Audit Committee and Aberdeenshire Councils Audit Committee, along with the AHSCPs Chief Officer, Chief Finance & Business Officer and Aberdeenshire Councils Chief Internal Auditor and Legal Manager, it was agreed that a diagram will be developed outlining the system of governance, risk management and control by Aberdeenshire Council's Legal service and this will be presented to the next meeting of the IJB Audit Committee in July 2023.

3.3 Relating to 3.2 an update was also provided by officers regarding a report providing clarity in terms of Internal Audit Reports that fall to be considered by both Aberdeenshire Council Audit Committee and IJB Audit Committee. A report providing clarity will be presented to the next meeting of the IJB Audit Committee in July 2023 in line with the diagram being developed by Aberdeenshire Council's Legal service.

3.4 An update was provided on the National Care Service by officers informing the IJB Audit Committee that the IJB have engaged in the Scottish Government National Care Service co-design and are a GIRFE pathfinder site. The timeline for the National Care Service will be nationally driven and we will work alongside that timetable and update IJB and IJB Audit Committee accordingly.

4. Business Planner Review

4.1 The IJB Audit Committee Business Planner was presented by officers for the period up to December 2023 and was agreed by the Committee. Officers highlighted the business in July regarding the Annual Report from the Chief Internal Auditor and also the Progress Report from External Audit regarding 2022/23 along with the presentation of the unaudited annual accounts for 2022/23.

5. Internal Audit Update Report

- 5.1 The Chief Internal Auditor presented a report detailing progress with the Internal Audit Plan and progress regarding implementation of recommendations.
- 5.2 An update was provided on the progress of the 2022-23 audits, highlighting that the IJB Governance Arrangements report had been issued, whilst 3 other reports relating to Adults with incapacity (management of funds), Criminal Justice and Day Care Establishments were currently under review.
- 5.3 Regarding the follow up of Audit Recommendations the latest position was as follows –

As at 31 January 2023 (the baseline for the Internal Audit exercise), 30 audit recommendations were due and outstanding:

- 12 rated as Major.
- 11 rated as Moderate.
- Seven rated as Minor.

As part of the audit recommendations follow up exercise, nine audit recommendations were closed. The position going forward is that of 21 outstanding audit recommendations:

- Seven rated as Major.
- Eight rated as Moderate.
- Six rated as Minor.

For 21 outstanding audit recommendations:

- Nine – No response provided, with Management providing an update at Committee
- 12 – In progress, on which:
 - One – Evidence to be provided to close the recommendation.
 - Four – New implementation date to be agreed.
 - Seven – Updates provided and management working on

6. Internal Audit Reports

- 6.1 The Chief Internal Auditor presented a report advising the IJB Audit Committee of the outcomes of completed audits.
- 6.2 The completed audits reported to Committee were as follows –
- Internal Audit Report 2226 – Adult Social Care Transport – November 2022
 - Internal Audit Report 2230 – Residential Care – November 2022
 - Internal Audit Report 2212 – Transformational Funding – January 2023
 - Internal Audit Report 2312 – IJB Governance Arrangements – February 2023

6.3 Internal Audit Report 2230 – Residential Care

- 6.3.1 Assurance In general, there are controls over income and expenditure within residential care establishments and assurance has been obtained that these are operating effectively. However, there are variations between establishments. Whilst elements of good practice were identified including staff rota systems, this

was not replicated in other homes. The completeness of income records varies due to differences in recording mechanisms for different circumstances. Expenditure is also not always covered by appropriately tendered and recorded contracts. Recommendations have been made to reconcile income with care home records, and to ensure contracts are in place and recorded for recurring expenditure.

6.4 Internal Audit Report 2226 – Adult Social Care Transport

6.4.1 In general assurance was obtained over procurement of transport where this was facilitated by the PTU. Whilst records varied in quality, there are mechanisms in place to procure, arrange and vary transport provision, and to record and pay for it, in these cases. However, in contrast to the Assisted Transport Policy agreed by the Integration Joint Board (IJB) in 2017 and an accompanying Service Level Agreement (SLA), transport is increasingly being arranged directly with suppliers by HSCP staff. This presents risks in respect of compliance with Financial Regulations, Procurement Legislation, and Protection of Vulnerable Groups, and the arrangements are less well recorded. Controls need to be put in place or enhanced to ensure these risks are mitigated. Whilst updates to the SLA, strategy and Policy are overdue, as identified by an HSCP working group, any change in policy or strategy will need Committee and Board approval.

6.5 Internal Audit Report 2212 – Transformational Funding

6.5.1 Whilst there are projects and workstreams for which progress is regularly being reported to the SPG and IJB, Internal Audit was only able to obtain limited assurance that progress is being made in respect of a randomly selected sample of the projects included in the SDP. Work has been ongoing since March 2021 to develop and refresh procedures to improve consistency and governance in respect of transformational workstreams. Whilst this had been reiterated to the IJB in various reports from the Strategic Planning Group since July 2021, at the point audit fieldwork concluded in November 2022 the work had not been finalised. There was a lack of ownership for some projects, and inconsistencies in project recording and reporting. A lack of capacity, as a result of operational pressures including the continued impact and backlogs as a result of COVID-19, has been highlighted. The Partnership is aware of these challenges and so revised processes are being implemented, including a refresh of the strategic delivery plan, (re)linking transformational workstreams to strategic priorities, a prioritisation process, and (re)establishing project leads, sponsors, and owners. Project documentation has been updated.

6.6 Internal Audit Report 2312 – IJB Governance Arrangements

6.6.1 Internal Audit has identified an overall net risk rating of MAJOR, with LIMITED assurance obtained over this area. Although there is clarity over the IJB's high-level governance arrangements, as set out in an organisational governance framework approved by the IJB in March 2022, and an accompanying Governance Handbook, this does not fully describe all of the groups and reporting lines operating across the Health and Social Care Partnership (HSCP). Whilst an organogram has been shared with IJB members by email, except for the two IJB Committees (the Audit Committee and the Clinical and Adult Social Work Governance Committee), there is limited available information over the remits, agendas and outputs of various strategic delivery and monitoring groups. Further, the Clinical and Adult Social Work Governance Committee does not publish its

reports or minutes and has not reported annually on its effectiveness or an annual improvement plan, as required by its terms of reference. If the IJB is not seen to be acting transparently there is a reputational risk. There is also a lack of forward planning evident, and reduced transparency over the HSCP's strategies, plans, and performance. There is a multitude of individual strategies and plans in respect of various service areas, functions, stakeholder groups and activities. These cover a variety of time periods, not all of which are current, and they do not cover all of the functions and services delegated to the IJB under the Integration Scheme, and the arrangements for carrying out integration functions in each Locality. There is no central published list of strategies and plans, and it is not clear that there are comprehensive, performance measurable plans in place for delivery of each. Clearer planning and tracking of plans at a strategic level is required to demonstrate that all elements of the HSCP's business align with the IJB's strategic direction, and that statutory requirements are being met. Public consultation on a review of the Integration Scheme (the partnership agreement) has yet to be concluded, even though the review itself took place in 2020. Officers set a Workforce Plan for 2022-2025, which is strategic in nature, but due to external deadlines it was not formally reported to the IJB for approval prior to implementation. And there has not been regular reporting to the Council's Communities Committee and Area Committees since 2020. Revised plans have been agreed by the IJB but indicate more focused performance reporting going forward. Emergency powers were delegated to the Chief Officer in March 2020. The Chief Officer is required to maintain a register of all instances and report annually on their use, but this has not taken place since the powers were delegated – though specific cases have been reported to the IJB. Partners, and the IJB itself, require assurance that governance is being applied, and performance is on track or being adequately mitigated. Complete and timely reporting is an essential factor in delivering that assurance.

7. Internal Audit Plan 2023-26

- 7.1 The Chief Internal Auditor presented the draft Internal Audit Plan for 2023-2026 to Committee for discussion and approval.
- 7.2 The IJB Audit Committee reviewed, discussed, commented and approved the Plan with the following Audits planned in the 2023-2026 period –

In 2023/24 -

- IJB Asset Management
- Social Care Commissioning – Support at Home
- Self-Directed Support Payments

In 2024/25 –

- National Care Service
- Care Management System

In 2025/26 –

- Medium Term Financial Strategy
- National Care Service
- Very Sheltered Housing

8. Risk Assurance Group Update

- 8.1 The Committee were provided with an update on the assurance process in relation to the management and review of risks. The Committee were also asked to note the risk register as at 20 February. The Committee also noted that the non-clinical/care (resource) risks are reviewed by the Risk and Assurance Group and Audit Committee and that the clinical and care risks are being reviewed by the Partnership Risk Group and Clinical and Adult Social Work Group on behalf of the Clinical and Adult Social Work Governance Committee.

9. Risks

- 9.1 IJB Risk 1 Sufficiency and affordability of resource.

10. Monitoring

- 10.1 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.

11 Equalities, Staffing and Financial Implications

- 11.1 An equality impact assessment is not required because the recommended actions are not considered to have a differential impact on people with protected characteristics.
- 11.2 Any staffing and financial implications arising directly as a result of this report are narrated in the report.

Amy Anderson

Chair – IJB Audit Committee

Report prepared 1 May 2023

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 10 MAY 2020

HOSTED MENTAL HEALTH AND LEARNING DISABILITIES INPATIENT SPECIALIST SERVICES

1 Recommendation

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

- 1.1 Note the risks and the progress made in regards to the risks identified;
- 1.2 Note the update report and consider any other information at the meeting of the Aberdeenshire Integration Joint Board on 10th May 2023

2 Directions

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

3 Risk

- 3.1 IJB Risk 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 Hosted Mental Health and Learning Disabilities (MHLDS) deliver Inpatient, Specialist Services, and Child and Adolescent Mental Health Services within Royal Cornhill Hospital (RCH). RCH is an in-patient Mental Health and Learning Disability service organised to ensure that those requiring longer term assessment and care, for example patients with dementia, are cared for as close to home as possible with units based in a number of community hospital sites.

Specialist Acute Mental Health assessment units are located at RCH, (and at Dr Gray's Hospital (DGH) in Elgin, though DGH MHLDS are not within Hosted MHLDS) with all other specialist in patient services, for example Forensic Psychiatry and those with severe Learning Disabilities provided at RCH.

In addition to the hospital-based services, two in-patient units exist at Polmuir Road and Great Western Lodge in Aberdeen City to provide stepped rehabilitation.

The RCH provides services for the whole of Grampian, Orkney, Shetland, and the Ministry of Defence and have a regional Eating Disorders Unit (Eden Unit) serving the North of Scotland.

The disposition and function of all in-patient Mental Health Units is summarised in (Appendix A, Figure 1 and 1a). Whilst the wards contained in Figure 1 do not form part of the Hosted Service, they do form part of the pathway for patients who have been admitted to Royal Cornhill Hospital. Patients may go to one of these Aberdeenshire Units if they live close by, to ensure patient centred care is delivered close to home.

All Mental Health and Learning Disability Services are delegated with no services now being managed under NHS Grampian. Currently, the budgets for the 'Hosted' services still sits with NHS Grampian. The Director of Finance of NHS Grampian is convening a working group over the coming year with a view to transferring the budget by 31st March 2024.

This paper is prepared as an update position providing information as to the range of specialist services operating under 'Hosted MHL D Services', this includes the following summary of the current position and challenges:

4.2 **Child and Adolescent Mental Health Service**

It has been a very successful year for our CAMHS service with the following work being progressed:

- CAMHS Grampian continues to meet the 90% Scottish National Waiting Time Standard
- Roll out of Enhanced Psychology Practitioner posts National Education for Scotland (NES) funded, also in Adult Mental Health to be aligned with early intervention within the three Health and Social Care Partnerships.
- Test of change site for two Silver Cloud Cognitive Behavioural Therapist (CBT) programmes for those patients who may not need to be seen by CAMHS or who are waiting.
- Roll out of Trakcare to enhance reporting on waiting times and in preparation for electronic patient record.
- Creation of Dialectical behaviour therapy (DBT) team and roll out of DBT training.
- Roll out of Distress Brief Interventions (DBI) in particular areas.
- Therapeutic garden development at Links Unit
- Hosted the CAMHS Connection event which was a multi-agency networking event.
- Workforce wellbeing initiatives
- Brief Behavioural Activation pilot for people waiting to be seen by CAMHS.
- Roll out of Functional Assessment of the Care Environment (FACE) Caras risk assessment tool.
- Providing Multi-agency training - opening up our (Continued Professional Development) CPD programme to our partners.
- Part of the Health and Wellbeing collaborative - Aberdeen City
- Joint posts with Local Authority ('FitLike' Hubs, Psychology posts in Shire for 'The Promise').

- Social Work student placements embedded within CAMHS - pilot of this.
- Neurodevelopmental test of change in Aberdeen City, which is developing innovative solutions to accessing Neurodevelopmental assessments and diagnosis.
- Pilot for VCreate, which is secure video technology that connects patients/families and clinical teams for improved diagnostic management and enhanced family-focused care.
- Creation of a CAMHS Grampian Website

4.3 **Grampian MHLDS Transformation Programme of Work**

Transformation work has commenced again following a delay due to the Covid-19 response and subsequent remobilisation. The work will be done in line with the Grampian Wide Strategic Framework for a future proof, Sustainable Mental Health and Learning Disability Service (April 2020-April 2025) document. The first workshop with a range of stakeholders present was held on the 5th December with the rest planned for early 2023 looking at what the priorities are for the Mental Health and Learning Disability Service as a whole and how change can be facilitated.

4.4 **Ligature Reduction Programme (including *Ward 4, Dr Gray's Hospital)**

The ligature reduction programme has required £16m of investment to date. The ligature reduction work on the six wards at RCH is now complete with occupation of the final two wards delayed due to a legacy water quality, resulting in infection, prevention and control (IP&C) issues. Remedial work has now resolved the water issues, with a plan to open these two remaining wards anticipated around end May 2023. The risks over RCH clinical capacity and environmental risks were discussed within a 'Roundtable' meeting between NHS Grampian Chief Executive Team and invited Regulators, on Thursday 21st, and Friday 22nd April 2023.

4.5 **Ward 4 Dr Gray's Hospital:** A formal programme governance structure has now been agreed to progress the ligature reduction works for Ward 4 at Dr Gray's Hospital, the remaining high risk ligature environment. A service solution to vacate the facility is still pending, and there is now sufficient confidence that a workable solution can be achieved and that a formal project governance structure is now in place with a view to preparing a business case for consideration and approval by the Board in the near future. There are obvious dependencies between this project and the planned MRI development at Dr Gray's Hospital and the programme management structure has been created to ensure the two projects are properly integrated.

4.6 **Impact of Scolty Ward closure**

RCH has been under increased pressure in the advent of the closure of Scolty. Scolty Ward is a 12 bedded Dementia Unit located in Glen O' Dee Hospital. The ward is currently not in operation. Patients from Scolty were moved to Morven Ward and some patients with significant and complex needs, moved to other specialist dementia units. It does not form part of the Hosted service, although it does form part of a pathway for the Older Adult

patients who have a diagnosis of dementia and who may have been/or are an inpatient in Royal Cornhill Hospital.

4.7 **Flow and Acuity**

We have seen an increase in patient acuity with around 60% of our patients detained under the Mental Health Care and Treatment Act 2003. This has been due to a number of factors; lockdowns due to Covid-19 pandemic saw people isolated and not seeking support with mental health issues, the community teams supporting unwell patients out in the community as there is no capacity in the hospital to admit in a timely fashion and the change in the way clinicians worked i.e., no face-to-face appointments has been challenging for a variety of patients.

This has led to longer patient stays with our average length of stay 34.8 days in our acute adult admitting wards and 69.4 days in our Older Adult Wards. This gives us challenges in RCH regarding flow into the hospital, but it also causes challenge for colleagues in the community who cannot admit patients in a timely manner.

4.8 **Workforce**

RCH continues to have significant workforce challenges in regard to the recruitment and retention of registered staff; Nursing, AHP's and Medical. Appreciating the challenging nature of the work means that the service ensures there is a functioning Staff Partnership meeting every month and a Healthy Working lives group that meets monthly and highlights initiatives staff may want to take part in to improve wellbeing at work. For example encouraging staff to take a walk round the site at lunchtime using one of the recognised routes.

4.9 **Nursing**

We have recently had our new graduate nurses' start and the NGNs were able to gain employment in the areas they selected. However, this was challenging this year by many students having to make up training time due to the pandemic interfering with their training. This meant that some failed exams or the course. Projected workforce plans had to be amended due to this.

A positive was the upgrade of the Band 2 HCSW to Band 3 due to the level of training specifically PMVA. It is hoped that this may help sustain the HCSW workforce which is difficult to maintain, and we are with the service currently seeing a lack of suitable candidates.

A return to practice advert for Mental Health and Learning Disability Service has attracted some applicants, unfortunately none to the inpatient services as yet. Exploration of the Open University route into Mental Health Nursing is being encouraged for staff who would like to apply but do not have the academic grades for RGU.

4.10 **Medical**

In 2021 Grampian Mental Health and LD services launched the first ever sponsored CESR (Certificate of Eligibility for Specialist Registration)

Fellowship in Scotland. The programme provides access to a sponsored route for GMC registration for international Psychiatrists keen to gain experience and work in Scotland. These doctors hold an international postgraduate qualification in Psychiatry and have extensive experience of working in mental health. The three year programme provides valuable experience in a specific specialism in Psychiatry and facilitates experience in a variety of specialisms and other non-clinical experience needed for a successful CESR application. Our first CESR fellowship programme was advertised in January 2022 and received a high number of international applications. The GMC regulations around sponsorship and further visa delays due to global factors impacted the start dates for the fellows, but in September 2022 we welcomed 5 CESR fellows in General Adult Psychiatry in Grampian. We have further expanded the CESR fellowship to include CESR in OAMHS (Older Adult Mental Health) from 2023, and we are looking forward to a second round of recruitment by the end of 2022.

4.11 **Allied Health Professionals**

All disciplines apart from Speech & Language Therapy within in-patients hosted services (Dietetics, Physiotherapy and Occupational Therapy) have experienced some extended vacancy periods and levels of turnover in all grades of staffing, the same is being seen in the community and services are often pursuing the same staff.

Dietetics had Band 6 & 7 movement over the summer, this settled but notice has been received so further movement is imminent. For such a small team of 6 staff covering Eden Unit and the rest of mental health services any staff turnover is significant.

Physiotherapy has had maternity cover and their usual staff rotation with vacancies earlier in the year and over the summer, currently in an improved position. A band 6 post continues to be vacant, these posts are challenging to fill across a range of services.

Occupational Therapy in all areas has had a range of short- and longer-term vacancies with some posts now awaiting new incumbents but lengthy gaps meaning interim arrangements having to be put in place which spreads the strain further on existing staff. Eden, Adult Mental Health, Older Adult Mental Health, Blair Unit and Learning Disabilities have all had a range of graded vacant posts throughout the year with a lot of work to redesign and skill mix to find the best options for filling posts and delivering services. Some posts remain unfilled despite recurrent advertising.

Along with the Band 4 Wellbeing and Enablement Practitioner work ongoing, services are redesigning to enable the sustainability of same. An example of this is the Occupational Therapy service looking to appoint to a dual role covering adult services and specialisms (specifically the forensic service).

- 4.12 **Infrastructure:** Although ageing, compared with other critical parts of the Board's physical estate, the accommodation occupied by our Mental Health in-patient services is in a relatively good physical condition. Like all parts of our estate there is a requirement for backlog maintenance to ensure the

physical integrity and safety of the building and engineering infrastructure but in general terms the issues raised are not unusual and typically include:

- Access to and maintenance of garden spaces,
- Leaks in roof spaces,
- Window repairs,
- Repairs to sanitary facilities,
- Decoration.

All regular maintenance issues are reported through the help desk facility managed by the Estates team who liaise with local management to review and prioritise all essential repairs. Where a matter requires substantial repair or significant investment in backlog or cyclical maintenance then this is risk assessed and prioritised against all other critical areas based on available funding and agreed through the Board's Asset Management Group. With the exception of some minor ongoing maintenance activity, there are currently no significant or high rated backlog maintenance risks associated with the building and engineering components of the accommodation.

4.13 Forensic Service: The Barron Report, an independent review of Forensic Services commissioned by the Scottish Government, was published in 2020. The report was particularly critical of the current dormitory style accommodation in NHS Grampian's Blair Unit *"the Review was disappointed to find people in one area were required to share rooms, including some in four bedded dormitory accommodation"*.

The report also highlights the general fabric of the building becoming a security risk as the condition deteriorates, a lack of dedicated female forensic beds, flow and privacy within the facility and a lack of en-suite provision as key issues.

Notwithstanding the recommendations arising from the Barron Report and the associated political pressure to make improvements, it should be recognised that a significant upgrade to the existing unit is unlikely to be feasible. The nature of the work will be invasive and will require vacant occupation of part or all of the facility during construction. Demand for the specialist services of the Blair Unit is very high and there is no other suitable facility that can be used to decant patients while we carry out the necessary works. The level of physical works that we can meaningfully deliver in the short term will therefore be restricted to only those elements that can be delivered with minimal impact and distress to the patients in situ.

We have commissioned an options appraisal to consider this and hope to be in a position to report back to the NHS Grampian Asset Management Group (AMG) with recommendations for a possible programme of deliverable short term improvements by the end of December. To progress this work, we have recently agreed that the existing Ligature Reduction Programme Board (LRPB) which has overseen the highly successful programme of ligature reduction works in the Acute Mental Health Assessment wards, will now take responsibility for developing an improvement programme for the Blair Unit. This work will also include, in the longer term, the development of a

business case for a new fit-for-purpose facility. Timing of this obviously would be dependent on the availability of capital funding from the Scottish Government.

4.14 Psychological Therapies

Extensive waits for Psychological Therapies (PT) within NHS Grampian have resulted in the Board receiving tailored support from the Scottish Government (SG) to create an improvement and development plan to understand and address issues. The Scottish Government mandates that waiting lists are reduced by March 2023. NHS Grampian has begun to engage with a process of improving performance, working alongside SG specialist advisors for mental health.

Historically, within NHS Grampian the landscape with regards to the provision of Psychological Therapies is heterogeneous and complex, with multiple distinct areas, teams and services. There is multi-professional delivery with varying Matrix level provision and different waits.

The Director of Psychology post has been vacant since early 2021, coinciding with the Covid-19 pandemic and huge associated pressures on Health and Social Care systems. In the absence of this post, there has been limited whole systems work focussed on PT planning and performance.

To ensure governance around Psychological Therapy waiting times there is an improvement board to support the delivery of an improvement plan. Assurance is given to the Hosted Senior Leadership team on progress of the improvement plan at the Hosted service monthly governance meeting which is chaired by the Chief Nurse. This then feeds into the Aberdeen City Clinical and Care Governance committee.

4.15 Audits

RCH has had an active 12 months in regards to Audit. We have a bi-monthly Quality Improvement and Audit meeting where the agenda is centred on the rolling programme of audits, audits completed and planned audits. We currently have 21 'live' audits ranging from quality of referrals to completion of Core Discharge Documents. Completed Audits are used to proactively improve service delivery.

4.16 Complaints

RCH has received 66 complaints from 01/01/2022 – 01/01/2023. 22 of these were directed to the CAMHS service, with the remainder (44) for the Hosted service. The below table offers further details:

Specialty	Number of Complaints	Early Resolution	Proceeded to Investigation
Acute Admission Wards	20	7	13 (1 upheld) (1 partially upheld) (5 not upheld)

			(6 ongoing responses).
Adult Liaison Psychiatry	3	1	2 (Upheld)
Clinical Psychology	1	0	1 (not upheld)
Eating Disorders	2	0	2 (ongoing)
Forensic Wards	6	3	3 (1 ongoing) (2 not upheld)
Long Stay Wards	1	0	1 (Partially upheld)
Older Adult Wards	2	0	2 (2 ongoing)
Gender Identity Clinic	6	2	4 (3 upheld) (1 ongoing)
Unscheduled Care	3	1	2 (not upheld)
CAMHS	22	6	16 (6 not upheld) (2 ongoing) (2 partially upheld) 5 (upheld) 1 (no consent)

4.17 Finance

We are forecasting an overspend at year end of £1.25M which takes into account an increase in service usage over the winter period as well as the opening of the New Fyvie ward. The main cause of the overspend is a significant spend on Agency Nursing (£945K year to date) as well as an outstanding legacy target of £218K year to date (£326K for the year). This has been partly offset by an over-recovery in income of £462K related to Service Level Agreements with NHS Orkney and NHS Shetland.

The service is trying to identify 2% savings and are activity working on a savings plan however some costs are likely to increase i.e. use of agency staff.

The increased spend on Agency nursing is twofold. Firstly the inability to recruit to nursing posts has meant that the service has often had to work below safe staffing numbers, this has meant increased pressure on the service to deliver safe and effective patient care. Secondly patient acuity in our forensic and Intensive Psychiatric Unit (IPCU) has meant that the service has had to request agency staff in order to maintain patient care and safety for staff and patients. Following the successful introduction of Band 4 Wellbeing and Enablement Practitioners into 3 of the ward areas, the service are looking to extend this into other ward areas. The practitioners undergo a 2 year course at the Robert Gordon University and are welcome additions to the wards.

5 Summary

5.1 'Hosted MHL D Services' present an updated position

- 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 equality impact assessment is not required because this report includes updates on the delivery of a hosted service, within Aberdeen City HSCP. This report has no differential impact on people with protected characteristics.

Pamela Milliken, Chief Officer, Aberdeenshire Health and Social Care Partnership

Report prepared by Judith McLenan, Lead for Hosted MHLDS, Inpatients, Specialist Services and CAMHS, April 25th 2023

List of Appendices

- Appendix A – NHS Grampian In-Patient Mental Health Services November 2022
Appendix B – Governance Structure Organogram for Hosted Services
Appendix C – Hosted Service Organisational Chart

Appendix A

Figure 1 NHS Grampian In-Patient Mental Health services November 2022

Location	Ward	No. of Beds	Type of service
Seafield Hospital Buckie	Muirton	8	Dementia assessment
Fraserburgh Hospital	Brucklay	12	Dementia assessment
Bennachie View Care Home, Inverurie	Ashcroft	10	Dementia assessment
Glen O'Dee Hospital, Banchory	Scolty	12	Dementia assessment
Dr Gray's Hospital, Elgin	Ward 4	18	Acute Mental Health Assessment

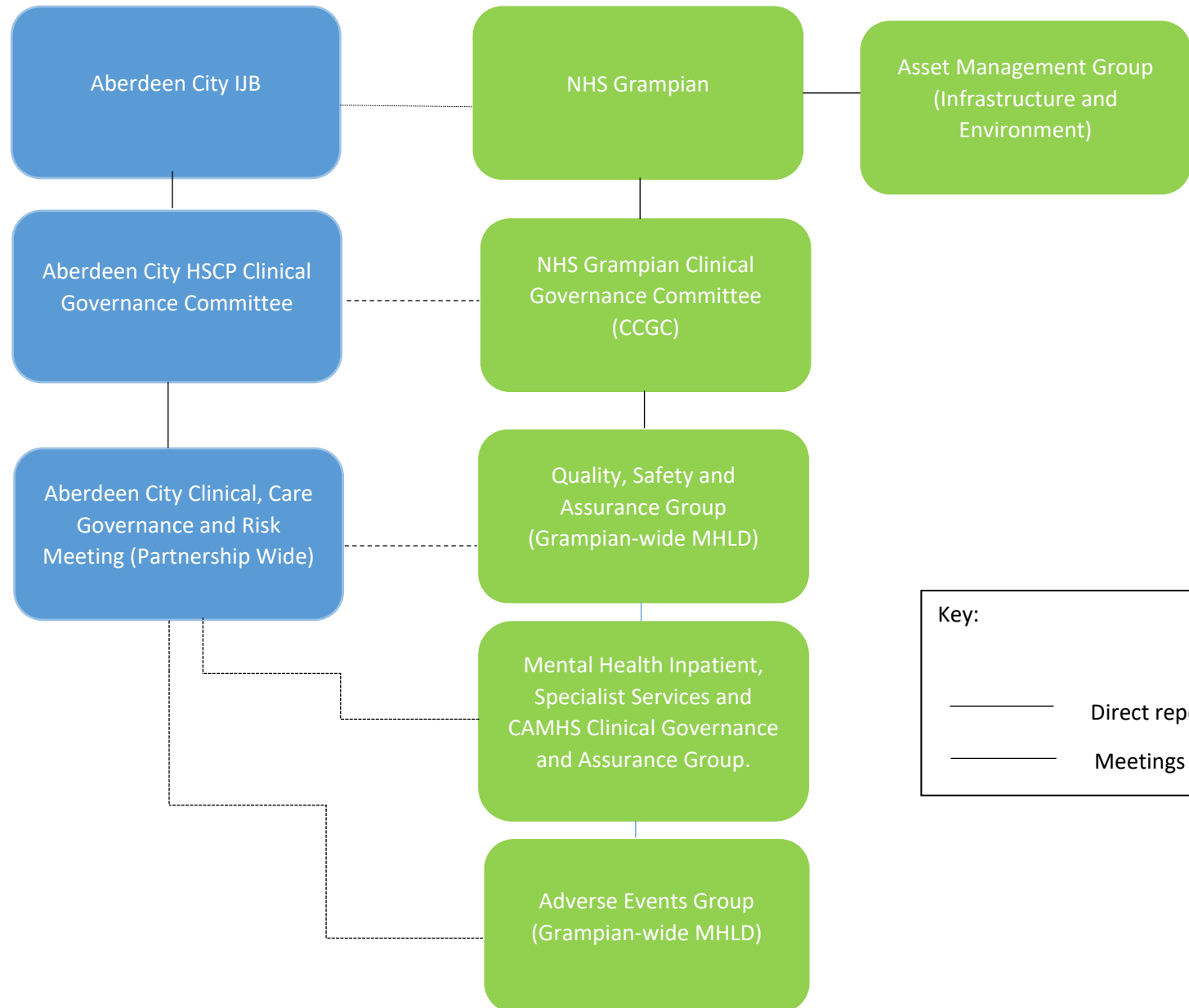
Figure 1a NHS Grampian In-Patient Mental Health services November 2022

Location	Ward	No. of Beds	Type of service
RCH, Aberdeen	Dunnottar	21	Adult Mental Health Admission Ward
RCH, Aberdeen	Fraser	21	Adult Mental Health Admission Ward
RCH, Aberdeen	Huntly	21	Adult Mental Health Admission Ward
RCH, Aberdeen	Fyvie	21	Older Adult/Adult Mental Health Admission Ward
RCH, Aberdeen	Drum	21	Older Adult - Functional
RCH, Aberdeen	Skene	17	Older Adult - Dementia
RCH, Aberdeen	Brodie	10	Acquired Brain Injury Unit
RCH, Aberdeen	Corgarff	16	Rehabilitation
RCH, Aberdeen	Strathbeg	8	Learning Disability – close supervision unit (Forensic)

RCH, Aberdeen	Loirston	5	Learning Disability - admission
RCH, Aberdeen	Eden	10	Eating Disorders Unit
RCH, Aberdeen	Blair Unit	8	Intensive Psychiatric Care Unit
RCH, Aberdeen	Blair Unit	8	Low Secure Forensic Acute
RCH, Aberdeen	Blair Unit	16	Low Secure Forensic Rehabilitation
RCH, Aberdeen	Muick	21	Older Adult Ward
RCH Aberdeen	Davan	21	Older Adult Ward
Great Western Lodge		8	Rehabilitation Forensic Pathway
Polmuir Road		10	Rehabilitation – Adult Mental Health Pathway (5x2 bedroom flats)

HOSTED MH, LD & SMS GOVERNANCE STRUCTURE

Appendix B



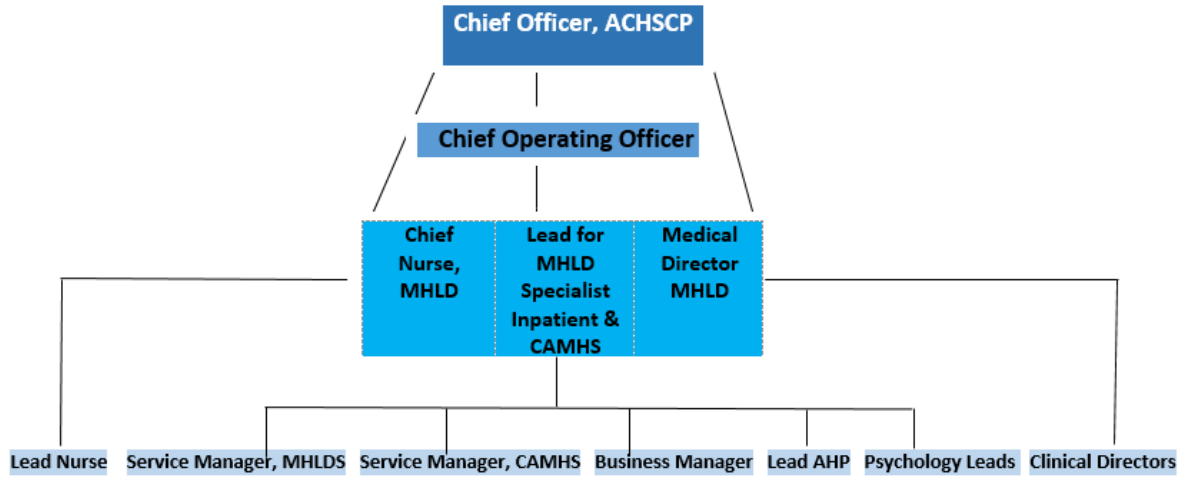
Key:

— Direct reporting line

- - - Meetings are linked

Appendix C

Organisational Chart and Services Covered



REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 10 May 2023

TRANSITIONS FROM CHILDREN TO ADULT SERVICES

1 Recommendation

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

- 1.1 Note the scoping work on transitions from Children’s to Adult Services undertaken by Aberdeenshire’s GIRFEC Children with Disabilities Thematic Group**
- 1.2 Agree to receive a further report as work on the Transitions Charter, Pathway and Guidance progresses.**

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 8 – Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right time and place – continued focus is required on increasing positive destinations and improving outcomes for young people in their transition to adult services.

4 Background

- 4.1 The Aberdeenshire Children and Young People’s Services Plan 2023-2026¹ (the Plan) is a 3-year Plan that provides information on how local services plan and deliver support to children and young people and families across Aberdeenshire, to ensure that they get the right support, at the right time, by the right people.
- 4.2 There are five priorities in the Plan:
 - Children and Young People’s Mental Health is promoted and improved.
 - Children and Young People with Additional Support Needs and/or Disability and their families are well supported to achieve their potential.

¹ <https://www.girfec-aberdeenshire.org/wp-content/uploads/2023/04/Aberdeenshire-Children-and-Young-Peoples-Services-Plan-2023-2026.pdf>

- Aberdeenshire’s Care Experienced Young People will have a good loving childhood, where their needs are met, and outcomes are improved for them through ensuring that The Promise² is kept.
 - Whole Family Wellbeing is promoted and improved by enabling families to get the right support early and effectively.
 - Children and young people are safe, valued and listened to in our communities.
- 4.3 These priorities are being driven forward by the established and effective model of Aberdeenshire’s GIRFEC (Getting it Right for Every Child) Thematic Groups. Each Thematic Group is focusing on one of the priorities, bringing a range of partners together to jointly consider the need, share resources and plan interventions.
- 4.4 The Plan has been informed through a thorough evaluation of a Joint Strategic Needs Assessment³ which captured data and trends pertaining to the experiences of children and young people living in Aberdeenshire. It was also informed by wide consultation with children, young people and their families, public services, Third Sector organisations and Funded Providers.
- 4.5 Transitions is a key area identified, through consultation in the development of the Plan, as an important aspect of a young person’s experience that we require to improve in Aberdeenshire.
- 4.6 Aberdeenshire’s GIRFEC Children with Disabilities Thematic Group is focusing on the second of the five priorities outlined above and is working to achieve the following aim and actions in relation to targeted support for young people transitioning to adult life:
- Aim – you will be supported to transition from school to young adult life and receive all the support you need to thrive and succeed.
 - Actions – we will support young people (aged 14-25) through improved planning and delivery of support and will create a Transitions Charter, Transitions Pathway and Guidance; we will monitor and evaluate the transitions experienced by young people.
- 4.7 The GIRFEC Children with Disabilities Thematic Group (hereafter referred to as the GIRFEC Thematic Group) presented a report to Aberdeenshire’s GIRFEC Strategic Group towards the end of 2022, outlining progress made within the group with regards to transitions, and this forms much of the basis of the next section of this report.

² <https://thepromise.scot/>

³ <https://www.girfec-aberdeenshire.org/wp-content/uploads/2023/04/Aberdeenshire-Joint-Strategic-Needs-Assessment-JSNA.pdf>

5 Scoping Work on Transitions by GIRFEC Thematic Group

5.1 Existing Guidance and Transitions Groups

5.1.1 There is existing Aberdeenshire Guidance for Transition from Children to Adult Social Work Services, but further work is required to ensure more effective collaboration and joint working across all services that can provide support to young people when transitioning to adult services.

5.1.2 The current guidance was developed for Social Work practitioners in Aberdeenshire on the process to support vulnerable young people through their transition into adult services. This guidance focuses on the 7 Principles of Good Transitions⁴, and outlines the role of Social Work Transitions Groups, Eligibility Criteria for Adult Services, and those Adult Social Work services/teams that the guidance relates to.

5.1.3 The guidance broadly categorises young people in transition into three groups:

- Group 1 – These young people are likely to have profound and complex needs. Their needs are likely to continue throughout their lives and may be associated with a learning disability or diagnosed mental health disorder. They may lack capacity and require Welfare and/or Financial Guardianship in adulthood.
- Group 2 – These young people may have additional support needs, are making a transition back to their communities and who, along with their families, continue to require advice, guidance, and assistance. Young people in this group are likely to have capacity, but face difficulties in progressing to a positive destination in adulthood.
- Group 3 – These are vulnerable young people who may be at risk of harm from others or themselves. They may have additional learning needs or no diagnosed mental or physical health issues. However, they may have experienced a disrupted childhood and in some cases trauma which has impacted on their emotional development and health. These young people may be hard to reach, disengaged from services, have difficulty in keeping themselves safe, display risk-taking behaviours or make poor choices for themselves. They may be supported by Children's Services Throughcare and Aftercare practitioners but are struggling to transition into adulthood due to their vulnerabilities. They may face significant barriers preventing progression to a positive destination in adulthood and may also be at risk of becoming involved in the criminal justice system.

5.1.4 There are currently three Transitions Groups – in North, Central and South Aberdeenshire. Each of these groups work in quite different ways, for example, in terms of number of meetings held over the course of the year, group membership and the degree of collaboration between services. Of

⁴ [Principles of Good Transitions - Scottish Transitions Forum](#)

particular note is the North Transition Group, membership of which is wider and includes education and health staff, as well as social work staff.

- 5.1.5 The GIRFEC Thematic Group has obtained verbal feedback in relation to the Transitions Groups. Feedback from North group members has been positive and education staff in particular saw this as a good model with the young person at the centre and the team around them very much working together. Some school staff in Central and South have felt that it would have been helpful to be included in the Social Work transitions meetings in these areas, but this practice is not as embedded in these areas as it is in North, and further work is required.
- 5.1.6 It has also been noted that in some areas, there are regular transitions meetings being held between Adult Services and Head Teachers of Special Schools, but not with mainstream schools. Awareness of the current Aberdeenshire guidance has been raised by the GIRFEC Thematic Group to ensure that everyone understands and follows the process and efforts are being made to embed transition practice in both Adult Services and Children's Services, as opposed to protocols sitting solely with Children's Services.

5.2 Consultation and Data

- 5.2.1 A consultation with young people and parents/carers took place between April and June 2022 to find out their thoughts. This involved young people with a disability who were still at school and those who had left who had been identified by schools and adult services. Data was collected from those who were undergoing transition at that time. Unfortunately, no data was gathered by Adult Services from those who had left school.
- 5.2.2 The data that the GIRFEC Thematic Group gathered from those still at school showed that when young people were asked who supported them when leaving school, the vast majority named education staff, although Skills Development Scotland got the single largest mention. Social Work, Community Learning and Development and college staff were mentioned the least.
- 5.2.3 Most young people found out about their choices from school staff and a very small number had gained information from other agencies. Most of the young people had a plan with almost half saying they had a written plan. Most said that planning had started in S4 or S5. Just under half of the respondents thought that the process had gone well and were happy with the support they were receiving.
- 5.2.4 Those that identified things that could have gone better with regards to their transition planning made reference to specific, individual matters which could be grouped under three key headings:
- Support
 - Communication
 - The need to start discussions about transitions earlier

5.2.5 During 2021/22 data on transitions was also provided to the GIRFEC Thematic Group by Skills Development Scotland. Skills Development Scotland aims to promote and support partnership working to support learner pathways for the maximum risk young people. The data provided showed that there is an identified gap for this group of young people, particularly where they do not meet the criteria for support from Adult Services.

5.3 The Principles of Good Transitions 3

5.3.1 The Principles of Good Transitions referred to in 5.2.1 above was developed as a result of a Scotland-wide consultation in relation to transitions and was produced by the Association for Real Change (ARC) Scotland in collaboration with the Scottish Transitions Forum. It provides a framework to inform, structure and encourage the continual improvement of support for young people with additional needs between the ages of 14 and 25 who are making the transition to young adult life.

5.3.2 As noted in 4.6 above, the GIRFEC Thematic Group are currently developing a Transitions Charter, Transitions Pathway and Guidance (which expands on the existing “social work-social work” guidance) to support these Principles. These Principles are based on what the law says about transitions plus what research tells us works best to support young people with additional support needs making the transition to adulthood in Scotland. They highlight what organisations should be doing to make sure young people and their families have a good experience of leaving school and moving on to adult life.

5.3.3 The draft versions of the Transitions Charter and Transitions Pathway based around the Principles of Good Transitions continue to be worked on by the GIRFEC Thematic Group. This group is also evaluating current practice using the 7 Principles in order to more clearly identify the gaps across Aberdeenshire. This group is in a place to move forward with joint working and a common aim.

6 Summary

6.1 There is existing Aberdeenshire Guidance for Transition from Children to Adult Social Work Services, for practitioners supporting vulnerable young people through their transition into adult services. This guidance states that ‘We should strive to achieve the best outcomes for our young people moving into adulthood, through GIRFEC which is a child-centred partnership approach’.

6.2 Aberdeenshire’s GIRFEC Children with Disabilities Thematic Group is leading on improvements in transitions from Children to Adult Services, and as noted in the Aberdeenshire Children and Young People’s Services Plan 2023-23, this work remains a priority.

- 6.3 The GIRFEC Thematic Group undertook scoping work in 2022 with regards to transitions and presented a report to Aberdeenshire's GIRFEC Strategic Group towards the end of last year. As part of this work, the group noted that there are many examples of good practice across Aberdeenshire, but this needs to be further developed to achieve positive, well-planned transitions for all regardless of a young person's disability or where they live.
- 6.4 There are young people who do not meet the eligibility criteria for adult services who will still need support at transition, and so there are gaps that need to be addressed. More work is needed to ensure equity of provision across Aberdeenshire for those with disabilities leaving school.
- 6.5 It is proposed to take a future report to the Aberdeenshire IJB to update on the transitions work that the GIRFEC Thematic Group are leading on, including the progress with the development of the Transitions Charter, Transitions Pathway and Guidance.
- 6.6 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 An equality impact assessment is not required because the recommended actions in this report are not considered at this stage to have a differential impact on people with protected characteristics.
- 7.2 There are no staffing or financial implications arising directly as a result of this report.

Alex Pirrie, Interim Partnership Manager (Central Aberdeenshire)
Aberdeenshire Health and Social Care Partnership

Report prepared by Alex Pirrie, Interim Partnership Manager and Marian Youngson, Quality Improvement Officer (Inclusion, Equity and Wellbeing)
Date: 17 April 2023

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 10 MAY 2023

STRATEGIC PLANNING GROUP UPDATE

1 Recommendation

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

- 1.1 Acknowledge the report from the Strategic Planning Group (SPG) following its meeting on 20th April 2023.
- 1.2 Agree to receive a report in October on the outcomes of the SPG's review of the HSCP's Strategic Plan as required by legislation.
- 1.3 Acknowledge the ongoing work to review and strengthen the HSCP's approach to implementation of its Strategic Delivery Plan 2022-2025.

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 responsibility for oversight of the transformational workstreams arising from the Aberdeenshire Health and Social Care Partnership (HSCP)'s Strategic Delivery Plan, monitoring and reporting on progress to the Integration Joint Board (IJB) as part of its performance reporting framework. Other key responsibilities of the SPG include ensuring an integrated and consistent approach in development and implementation of the Strategic Delivery Plan and supporting strategies, ensuring any potential impacts from national and local strategy/policy developments are identified and inform the HSCP's strategic planning processes, promoting an evidence-led, outcomes-based approach to strategic

planning, and working collaboratively with partners to optimise opportunities for joint working.

- 4.2 This update report provides a summary of the main items of discussion at the SPG's most recent formal meeting on 20th April 2023.

5 Summary

NHS Grampian Plan for the Future – Delivery Plan Update

- 5.1 The SPG were provided with a comprehensive update on progress with the NHS Grampian Plan for the Future by Jenna Young, NHS Grampian Planning Manager. Work continues on development of the 3-year delivery plan to 2026 in response to Scottish Government guidance and an update was provided on the outcomes, objectives and proposed priority areas. Key points noted in the subsequent discussion with SPG members included:

- What is meant by way of an 'engaged population' and what outcomes will be demonstrated by this, the challenges in measuring engagement in terms of both qualitative and quantitative approaches and capturing perspectives and lived experience.
- How interdependencies with our respective strategic planning and delivery processes are demonstrated in particular in relation to social care.
- The challenges experienced over the last year with respect to enabling integrated working with the third sector for example in developing and agreeing data sharing arrangements.
- The developing conversation around the concept of 'People powered health' encompassing realistic medicine and empowering people in relation to their own care.

- 5.2 The plan is due to be submitted to the NHS Grampian Board for formal approval in August. It was noted that a summary version of the plan will be produced to support communications and ongoing engagement.

National Care Service Update

- 5.3 SPG members noted that a letter from the Minister for Social Care, Mental Wellbeing and Sport to the Health, Social Care and Sport Committee has recently been published ([National Care Service Bill Timetable | Scottish Parliament Website](#)) advising that Scottish Ministers have requested a further extension to the Scottish Parliament's consideration of the National Care Service Bill (Stage 1) until after the summer period. The communication from the Scottish Government reaffirmed their commitment to ensuring the new National Care Service supports consistently high standards of care. The intention for this additional time is to further consider issues raised by stakeholders, and this will continue over the summer as part of the co-design programme. SPG members heard feedback from our Trade Union representative and will continue to share and consider updates as they are received.

Review of Strategic Plan

- 5.4 Under the Public Bodies (Joint Working) (Scotland) Act 2014 each IJB is required to develop a strategic plan for the integrated functions and budgets it is responsible for, and this includes a duty to review its strategic plan at least every three years. Members of the HSCP strategy team have been looking at how this can be implemented in a pragmatic and meaningful way and agreed with the SPG to use the June meeting of the group as a wider workshop to undertake this review process. Following this a report on outcomes will be taken back to the SPG in August and then submitted to the IJB at its October meeting.

Strategic Delivery Plan Update

- 5.5 SPG were updated on work continuing by officers to review and ensure realistic prioritisation of work under the new Strategic Delivery Plan to 2025. This is in response to the continued system challenges presenting considerable demands on senior and operational management capacity. This process necessitates a review of objectives and deliverables in 2023-24, recognising a need for focus in the next year on those services facing critical challenges, agreeing capacity and resources needed to ensure sustainability of these services in the short-term, whilst commencing redesign work to deliver system change needed for the future.
- 5.6 As reported to the last IJB meeting, the development of the 'Community Hub' concept based on a programme management approach is in the scoping stages with the aim of more effectively managing interdependencies between projects, accelerating and decelerating work where required. Moving forward the HSCP is cognisant of ensuring the Strategic Delivery Plan also aligns with the respective strategic plans of Aberdeenshire Council and NHS Grampian. With both plans having recently been approved, it provides an opportunity to ensure how mutual priorities and ambitions can be achieved collaboratively and in particular in response to the priority given in both plans to the importance of 'place'.

Transformational Workstream and Strategy Updates

- 5.7 In response to a recent Internal Audit, officers have commenced work to review arrangements for ensuring clear reporting, approval and documentation of project changes and controls for all projects under its Strategic Delivery Plan for 2022-2025. Whilst work continues to develop formal change management procedures, SPG members were advised of changes to workstreams originally identified as part of the HSCP's Strategic Delivery Plan for 2020-2022 as detailed below.

ID	Project Name	Change
T3	Vaccination Redesign Programme	Now Business As Usual
HIDP	Health Improvement Delivery Plan	Continuing under Improvement Work
T4	Care Homes/Homely Settings Review	Superseded by projects under the Social Care Sustainability Board

T1	New Ways of Working (Digital, Buildings & New Partnerships)	No longer proceeding in current guise – Work to proceed through Digital Strategy and Asset Management Plan under new SDP for 2022-2025.
T6a	Community Hospital Review	No longer proceeding in current guise – Work completed as part of Community Hospital Inpatient Review Group.

5.8 In addition and again in response to Internal Audit recommendations, the HSCP is completing work on a tracker of all current and planned strategies to support forward planning for strategy updates and to ensure published information remains current and up-to-date. In the short-term the below noted updates were communicated to the SPG on strategies under review or having expired.

Strategy/Delivery Plan	Changes
Aberdeenshire Adult Carer Strategy – Caring for our Carers 2018 to 2022	Delay in beginning review/replacement Strategy but work commenced now the national strategy has been published.
Ageing Well in Aberdeenshire – Joint Commissioning Strategy for Older People 2013 – 2023	Support for older people and those with physical disabilities will continue in particular through the Social Care Sustainability Programme (i.e. Care at Home – The Future and Rehabilitation and Enablement)

5.9 The wider recommendations from Internal Audit are informing work by HSCP officers to strengthen governance and reporting arrangements around our strategic delivery plan, consolidating work already underway in relation to the review of internal project management processes, whilst supporting improvement in terms of ensuring clarity and transparency in the reporting of progress to the SPG and in turn the IJB. A revised timetable for project reporting is being finalised in line with the prioritisation work previously described.

6 Equalities, Staffing and Financial Implications

- 6.1 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.
- 6.2 A high level Equalities Impact Assessment was completed for the Strategic Plan 2020-2025. Potential impacts of this high level multi-faceted strategic plan have been considered. Implementation of aspects of the strategic plan could result in unintended negative impacts on certain population groups.

- 6.3 To provide assurance each individual project delivering the priorities within the Strategic Plan will be required to complete an Integrated Impact Assessment. This will mitigate against potential negative impacts when designing the service improvements.
- 6.4 Financial and staffing outcomes and measurements will be determined on an individual project basis and scrutiny will be provided through the agreed governance structure.

Pamela Milliken, Chief Officer, Aberdeenshire HSCP

Report prepared by Angela MacLeod, Interim Strategy and Transformation Manager
26 April 2023

Document is Restricted

Document is Restricted

Document is Restricted

Document is Restricted