



INTEGRATION JOINT BOARD

WEDNESDAY, 31 JANUARY 2024 AT 10.00 AM

Your attendance is requested at a meeting of the INTEGRATION JOINT BOARD to be held in the Council Chamber, Woodhill House, Westburn Road, Aberdeen, AB16 5GB (with virtual attendance), on WEDNESDAY, 31 JANUARY 2024, 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.

Tuesday, 23 January 2024

Pamela Milliken, Chief Officer
Aberdeenshire Health and Social
Care Partnership

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

Contact Person:-	Alison Mcleod Tel: 01467 535544 Email: alison.mcleod4@aberdeenshire.gov.uk
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B U S I N E S S

1. Sederunt and Declaration of Members' Interests

(A) Public Sector Equality Duty Statement on Equalities:

- (1) Consider, and if so decided, adopt:- “In line with the Joint Board’s legal duty under section 149 of the Equality Act 2010 the Joint Board, in making decisions on the attached reports, shall have due regard to the need to”:-
 - (i) eliminate discrimination, harassment and victimisation;
 - (ii) advance equality of opportunity between those who share a protected characteristic and persons who do not share it; and
 - (iii) foster good relations between those who share a protected characteristic and persons who do not share it; and
- (2) where an integrated impact assessment has been provided, to take its contents into consideration when reaching a decision.

(B) Exempt Information

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

“That under paragraphs 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 11 and 12 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.

3. Minute of Meeting of Integration Joint Board of 6 December 2023 4 - 14

GOVERNANCE

4. Integration Joint Board Action Log 15

5. Chief Officer's Update 16 - 21

6. Revenue Budget 2023-24 Update 22 - 34

7. IJB Audit Committee Update 35 - 38

NEW BUSINESS

- | | | |
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| 8. | Draft Aberdeenshire Suicide Prevention Action Plan 2023-24 | 39 - 72 |
| 9. | Aberdeenshire Health and Social Care Partnership Strategic Planning Group Update | 73 - 89 |
| 10. | Aberdeenshire Health and Social Care Partnership Strategic Delivery Plan Performance Report | 90 - 96 |

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

- | | | |
|----|--|-----------|
| 11 | 2024/25 Annual Procurement Work Plan (Social Care)
<i>[Exempt under paragraph 6, 7]</i> | 97 - 136 |
| 12 | Supplementary Work Plan - Procurement Approval
<i>[Exempt under paragraph 6, 7]</i> | 137 - 153 |

DESCRIPTION OF EXEMPT INFORMATION

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

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

INTEGRATION JOINT BOARD

VIRTUAL MEETING - TEAMS, WEDNESDAY, 6TH DECEMBER, 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; Councillor S Logan and Ms S Webb (NHS Grampian).

Integration Joint Board Non-Voting Members:

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

Officers: L Cowie and A McLeod, Aberdeenshire Council; A MacLeod, J Raine-Mitchell, E House, J Howie, J Shaw, P Jensen S Campbell and C Coldwell Aberdeenshire Health and Social Care Partnership; R Flett, A McGruther and L Morrison, NHS Grampian; T McMillan, Aberdeen City Health and Social Care Partnership.

Apologies: P Bachoo and C Cameron.

1 Sederunt and Declaration of Members' Interests

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

2A Public Sector Equality Duty

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

- (1) To have due regard to the need to:-
 - (a) eliminate discrimination, harassment and victimisation;
 - (b) advance equality and opportunity between those who share a protected characteristic and persons who do not share it; and
 - (c) foster good relations between those who share a protected characteristic and persons who do not share it, and
- (2) to consider, where an Integrated Impact Assessment has been provided, its contents and to take those into consideration when reaching a decision.

2B Exempt Information

The Joint Board **agreed**, that under paragraphs 2 and 3 of the Categories of Exempt Information, found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Item 15 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.

3 Minutes of the Meeting of the Integration Joint Board of 11 October 2023

There had been circulated and was **approved** as a correct record the Minute of the Meeting of 11 October 2023.

4 Integration Joint Board Action Log

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

5 Chief Officer's Report

There had been circulated a report by the Chief Officer, providing an update of the ongoing work of the Health and Social Care Partnership, including an update on (1) the Consumer Duty for Public Bodies – Analysis of Consultation Responses and Coming into Force Date; (2) Community Hub Programme; (3) National Care Service – National Forum 2023; (4) Aberdeenshire Wellbeing Festival; and (5) Joint Inspection of Adult Support and Protection in the Aberdeenshire Partnership Area.

By way of update, the Chief Officer advised on the Consumer Scotland Act 2020 and the necessary legislation to allow the Duty to come into force on 1 April 2024 and Consumer Scotland was developing the guidance to support the Duty, in consultation with stakeholders, and advice was being sought from Legal and People in relation to the implications for the IJB; discussions were continuing around development of a Community Hub model, recognising that this would require further capacity to progress the initiation of a formal programme plan; that the Scottish Government remained committed to delivering a National Care Service, and provided a timetable of next steps for the next 12 months and beyond; provided feedback from the 2023 Wellbeing festival, with an increased participation with 166 events held in May 2023 and an estimated 1,500+ people participating; and formal notification had been received of a multi agency inspection of Adult Support and Protection, with a final report anticipated by April 2024.

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

- (1) to welcome that next year's report on the Aberdeenshire Wellbeing Festival considers an evaluation of the ongoing impacts; and
- (2) to note the terms of the updates provided.

6 Revenue Budget 2023-24 Update as at 30 September 2023

There had been circulated a report dated 27 November, 2023 by the Chief Finance and Business Officer, providing an update on the financial monitoring information for the 2023/24 financial year, which covered the six month period up to 30 September 2023.

The Chief Finance and Business Officer provided an overview of the financial position as at the end of September 2023, the detailed position by service area, highlighted the areas which recorded the largest over budget positions and the largest underspends as at the end of September, 2023 and the budget virements proposed for approval, as contained in Appendix 3 to the report. He outlined the forecast position for 2023/24, based on the September results, which showed a forecast overspend of £12.48 million, and outlined a number of areas of forecast pressure. He advised that the information provided assumed the achievement of £4.7 million of efficiency savings in 2023/24 and the recovery plan communication to budget holders from the Chief Officer emphasised the requirement to ensure achievement of agreed savings which would continue to be monitored and reported to the IJB. The report provided an update on the current prescribing practice and strategy across Grampian, related to the current communications plans, planned efficiencies reporting and escalations to wider partner organisations. In terms of next steps, he confirmed that meetings were continuing to be held to review the current financial position and the impact on 2024/25 and beyond and budget development sessions would continue with the IJB, with work ongoing to identify areas of potential mitigation.

During discussion, Members commented on the following:

- (a) The Chief Officer provided an assurance of tight budgetary management taking place, with all areas of discretionary spending being closely monitored;
- (b) Noted that there was a range of work ongoing relating to medicine management at a North East and national level and that officers were seeking comparative data on prescribing from other areas to consider areas of best practice, and to consider initiatives around waste, however any potential reductions were likely to be realised in the medium to longer term;
- (c) Noted that budget monitoring work would continue through scheduled development sessions.

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

- (1) to note the financial position set out in the report and Appendices 1 and 2;
- (2) to approve the budget adjustments detailed in Appendix 3; and
- (3) to seek a further report on prescribing costs, including budget management, to understand what is the locus of the IJB in the management of prescribing costs.

7 IJB Audit Update Report

There had been circulated a report dated 27 November 2023 by the Chair of IJB Audit Committee providing an update on key issues in relation to Audit which had been

progressed since the last meeting of the IJB. The report advised that since the last meeting of the IJB, three reports had been presented to the Communities Committee and the Audit Committee as part of the Committee referral process, including a Stage 1 Referral – Assurance Review of IJB Governance, Stage 2 Referral – IJB Transformational Projects and Stage 1 – Assurance Review of Adults with Incapacity.

The Chief Finance and Business Officer introduced the report and advised that the final audited accounts for 2022/23 had been presented to the IJB Audit Committee on 29 November 2023 with a current, unmodified position, and subject to completion of a number of outstanding tests and assurances, and an update on the final outcome would be provided to the next meeting of the IJB. In addition, he provided an update of the work of the Risk Assurance Group and the regular review of the wider Risk Register, and concluded by providing details of current internal audit reports which were being conducted.

During discussion, it was considered that further consideration should be given to the risk element around the wider role of the IJB Audit Committee, which would be reflected as part of the self-assessment process to be undertaken by the IJB in terms of the ongoing governance review.

It was noted that a Stage 2 workshop had been delivered for the Communities Committee on the IJB Transformational Projects to allow for further exploration of the issue and identification of potential improvement actions, and the outcomes would be reported back to the Communities Committee on 14 December 2023 as part of the review process.

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

- (1) to note that an update would be provided at the next meeting on the status of the audit of the annual accounts;
- (2) that the IJB should be kept informed of any issues related to agreement of the final report on the annual accounts by way of briefing note in the interim;
- (3) to pay tribute to Amy Anderson for her work in the role of Chair of the IJB Audit Committee, and to welcome Joyce Duncan to the role of Chair.

8 Governance Update

With reference to the Minute of Meeting of 23 August, 2023 (Item 8), there had been submitted a report dated 24 November, 2023 by the Chief Officer, providing an update on an ongoing review of the IJB Handbook and the membership. The report advised that there had been a focussed project to strengthen the governance of the IJB and to date, as part of that, there had been a set of self-assessments completed for each of the Audit Committee, the Clinical and Adult Social Work Governance Committee and the Strategic Planning Group.

The Legal Services Manager provided some further background detail as to the ongoing work of the review, with the ongoing focus and continuing work around strengthening the governance of the IJB, and she noted the positive engagement that had been seen from the work on the self-assessments to

date. A date was currently being sought for the self-assessment by the IJB, through a development session which was planned for early in 2024.

With regard to the membership of the IJB, it was noted that there was a vacancy for a NHS Grampian member, which was being recruited through the Scottish Government's appointments process, there was a current vacancy for a Carer Representative on the IJB, and in addition the IJB may wish to review the representation of non-voting members on the IJB at the same time.

During discussion, there was a general view that once the governance review had been concluded, it would be appropriate to consider the representation on the IJB in respect of non-voting membership, to consider whether there were any characteristics missing from the membership, and at that time a recruitment campaign could be commenced to fill any posts that were required. It was also noted that further committee officer support had been secured to provide support for the Clinical and Adult Social Work Governance Committee, and to meet the recommendations of the Chief Internal Auditor in terms of publication of information. In addition, officers noted within Appendix 1, for accuracy, that both Moray and Aberdeen City IJBs non-voting membership included a Public Health Representative and undertook to clarify the information within the document.

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

- (1) to defer the initiation of a recruitment campaign for a non-voting Carer Representative on the IJB pending completion of the governance review, and to include consideration of non-voting member representation on the IJB;
- (2) to note that a date for a development session to progress the governance review, by way of a self-assessment session was being progressed; and
- (3) in other respects to note the updates provided in the report.

9 Aberdeenshire Health and Social Care Partnership Strategic Planning Group Update

There had been circulated a report dated 2 November 2023 by the Chief Officer which provided a summary of the main items of discussion at the most recent meeting of the Strategic Planning Group. The report advised that the main focus of the meeting was to undertake a self-assessment process in line with its Terms of Reference, and the outcome of the process would form part of the consideration of the IJB's own self-assessment. The report also provided an update on the Analogue to Digital Strategy, which highlighted that by the end of 2025 the current analogue telephone service on copper wires would be switched off as the UK's telecoms infrastructure was upgraded to digital fibre connectivity and work was ongoing to ensure that infrastructure for telecare users was carried out in a timely manner. In addition, there had been significant progress in ongoing work to support the workforce plan.

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

During discussion, it was noted that work was ongoing to ensure resilience around the analogue to digital service, with each alarm having a 12 hour battery life and the ability to switch to other systems, in case of storm events. For the work to install the new alarms systems, there was discussion of the potential to seek support for the rollout from the Scottish Fire and Rescue Service, in their role as a community planning partner.

In relation to the Workforce Plan, there was discussion around the potential restrictions by government on the opportunities for Health and Social Care visas, which would have a negative impact on the current challenges around recruitment. Work was ongoing to participate in an international pilot for social care recruitment for adult social care posts and further work was ongoing with the HR services of Aberdeenshire Council and NHS Grampian to develop a streamlined process for recruitment to integrated posts.

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

- (1) to acknowledge the report from the Strategic Planning Group (SPG) following its meeting on 31st October 2023, including the project update on the Analogue to Digital workstream and from the Workforce and Training Group;
- (2) to note the work undertaken by the SPG on a self-assessment process to be considered further as part of the IJB's own self-assessment;
- (3) to note the relationship between the anchor role of the Council and Health Board as employers and the contribution of apprenticeships and health literacy around applications;
- (4) that Officers should explore the potential to seek support for the rollout of the new alarm systems from the Scottish Fire and Rescue Service in their role as a community planning partner; and
- (5) that further updates be provided as and when available, particularly in relation to staffing and recruitment.

10 Aberdeenshire Health and Social Care Partnership Review of the Organisational Governance Framework

There had been circulated a report dated 2 November 2023 by the Chief Officer which sought approval of a revised Organisational Governance Framework for the Aberdeenshire Health and Social Care Partnership (HSCP). The report advised that the aim of the Framework was to ensure clarity and transparency as to the organisational management structures and decision-making process in place within the HSCP that support and provide assurance to the IJB in relation to the governance and management of services, risk and performance. In accordance with the requirements for annual review, the Framework had been updated to reflect key changes or updates to organisational structures in the last year.

The Interim Strategy and Transformation Manager introduced the report and highlighted key areas of work that had been undertaken, which took cognisance of the various reviews and improvement work that had been carried out to date; advised that the Framework was a 'high level' overview of arrangements and in response to Internal Audit recommendations, additional information had been incorporated to ensure clarity as to the intended outcomes and delivery of objectives.

During discussion, Members raised a number of points of clarity, which officers undertook to review, and it was suggested that sight of the working document incorporating the changes made to the previous version of the document would be useful.

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

- (1) that Officers should clarify a number of points raised by Members including Page 91, section 2.6 relating to staff governance; Page 95 reference to Public Protection, and no reference to connecting into NHS Grampian; Page 22 inclusion of professional assurance pathways for public health;
- (2) that Officers should circulate the working document which covered the changes made to the previous version. Following consideration IJB Members to request any further information on the changes and revisions made to the Governance Framework; and
- (3) to approve the revised Aberdeenshire Health & Social Care Partnership (HSCP) Organisational Governance Framework and to welcome annual updates.

11 Strategic Review of Neuro-Rehabilitation Pathway

There had been circulated a report dated 7 November 2023 by the Lead for Allied Health Professions (AHP) and Specialist Rehabilitation Services (Aberdeen City Health and Social Care Partnership) and the Transformation Programme Manager (Aberdeen City Health and Social Care Partnership), which outlined the findings of a strategic review of the neurorehabilitation pathway, which is a service which is hosted by the Aberdeen City Health and Social Care Partnership, for the delivery of Specialist Rehabilitation Services, including neurorehabilitation services, for Grampian, as part of the shared governance arrangements with Aberdeenshire and Moray Health and Social Care Partnerships.

The lead officers were in attendance, provided some further context to the report and responded to questions raised by Members.

During discussion, it was noted that a project team had been formed to take forward a review of the neurorehabilitation pathway ahead of a wider strategic rehabilitation review, and any learning from this would help inform both the wider strategic review work and any further specific pathway reviews to be undertaken. The review work by the project team had allowed for a wide engagement with a range of stakeholders including patient, family and carer input as well as a wide range of staff, both within the pathway and partners such as Health and Social Care Partnership colleagues, to gather views regarding priorities for the model of service delivery for current and future patients.

In respect of other pathways work that was underway it was noted that work was ongoing in relation to adult Mental Health and this work would be highlighted in future Chief Officer updates.

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

- (1) to note the findings of the strategic review of the neurorehabilitation pathway;
- (2) that Aberdeen City IJB as host IJB for this service implements the proposed changes to the neurorehabilitation pathway in collaboration with Aberdeenshire HSCP and in a phased manner as set out in section 5;
- (3) that an evaluation of Phase 1 will be shared with Aberdeenshire IJB in September 2024 before Phase 2 commences;
- (4) to note the engagement to date with the Aberdeenshire and Moray HSCPs and support the continuation of the engagement to help ensure the redesign continues to meet the needs of all three Partnerships;
- (5) that the Chief Officer should include in future Chief Officer updates information on work underway on pathways, including in terms of hosted services; and
- (6) that officers should provide a briefing note in 6 months with an interim update on the work underway in respect of the neurorehabilitation pathway.

12 **Aberdeenshire Health and Social Care Partnership Strategic Delivery Plan - Project Definitions**

There had been circulated a report dated 30 October 2023 by the Chief Officer, which sought comments on the proposed definitions for transformational projects, improvement projects and projects under review; provided an updated categorisation of the projects within the Strategic Delivery Plan (SDP) and a risk management process for projects linked to the SDP; outlining a prioritisation framework to the project mandate and project charter to support SMT prioritise projects; and seeking approval to the removal of a number of projects as identified in 5.1.5 and 5.1.6 from within the SDP as part of the review process.

During discussion, Members noted that the report was part of an ongoing piece of work that was being supported by the Strategy and Improvement Teams and reflecting a lot of the recommendations and learning taken from recent internal audits, and was seeking a steer from the IJB in relation to ensuring there was a clear focus in priorities and deliverables within the Strategic Delivery Plan. It was noted that the Strategic Delivery Plan agreed by the IJB in December 2022, and capacity to deliver the extensive list of projects had raised some concerns. It was suggested that the SDP should focus on the key transformational projects of the Health and Social Care Partnership and through the clarification of definitions and project categories the focus could be directed to the key transformational projects. It was noted that work had also begun on embedding the risk management process through appropriate project management documentation, with escalation processes available if required.

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

- (1) to note the proposed definitions for transformational projects, improvement projects and projects under review;
- (2) to acknowledge the updated categorisation of the projects within the SDP as well as the development of a risk management process for projects linked to the SDP;
- (3) to acknowledge the addition of a prioritisation framework to the project mandate and project charter to support SMT prioritise projects;
- (4) to agree the removal of the projects as identified in 5.1.5 and 5.1.6 from within the Strategic Delivery Plan as part of this review process;
- (5) that Members be invited to provide their comments or questions on the project definitions for further consideration by Officers as work evolves;
- (6) to note that the ongoing work in this area aims to inform the overall strategic direction for the Health and Social Care Partnership, and to provide a sense of direction which would be reiterated through the next version of the Strategic Plan;
- (7) to note a correction at Section 5.2.5 – ‘Non clinical’ should read ‘Clinical; and
- (8) in terms of Section 5.3.8 of the report, that reference to anticipated financial savings be included within the outcomes box to ensure an understanding of the financial implications from the outset.

13 Rosewell House - Aberdeenshire Use of Beds in this Facility

There had been circulated a report dated 9 November 2023 by the AHP Lead, Aberdeenshire Health and Social Care Partnership, which asked the IJB to agree to cease the commissioning of beds in Rosewell House, Aberdeen, which had been commenced during the Covid-19 Pandemic, as a result of work around the frailty pathway at that time.

The Chief Officer introduced the report and advised that the interim arrangement to commission 10 beds in Rosewell House was done whilst a Hospital at Home provision was being developed. This had proved problematic due to not being able to achieve geriatrician cover and had resulted in a rethink of the approach for the Health and Social Care Partnership. The revised approach proposed to build on the virtual community ward model and to continue to extend that to maintain people in the community, to enable a service to be developed to support the rural geography and existing resources.

After discussion, the IJB **agreed** to cease commissioning of beds in Rosewell House, that was commenced during the COVID 19 Pandemic, as a result of work around the frailty pathway at that time.

14 Winter Planning 2023/24

With reference to the Minute of Meeting of the IJB of 11 October, 2023 (Item 20), there had been circulated a report dated 10 November 2023 by the Chief Officer which outlined work being undertaken by the Aberdeenshire Health and Social Care

Partnership in relation to resilience and surge planning for 2023-24, in respect of preparedness for winter 2023-24 and building resilience to surges in demand.

The Interim Strategy and Transformation Manager provided an update on the Resilience and Surge Plan which was informed by engagement with the partnership's workforce and bringing together a frontline expertise to inform what maintains flow, what maximised capacity and improves both service user and staff experience. The Plan was intended to be a practical tool and able to be used by Health and Social Care teams to inform their local resilience and local continuity planning. It was also noted that the Plan dovetails with the principles and priorities of the Scottish Government's Winter Preparedness Plan.

During discussion, Members commented on the significant level of work that was being done to prepare for the winter pressures across the whole of the healthcare system to ensure delivery of the Resilience and Surge Plan.

After discussion, the IJB **agreed**:

- (1) to recognise the ongoing work to ensure delivery of the Plan and the significant pressures across the whole system; and
- (2) to note the continuing preparation being undertaken by the Aberdeenshire Health and Social Care Partnership with respect to resilience and surge planning for 2023-24.

15 Provision by Aberdeenshire Council of a Residential Care Home Service for Older People at Huntly Care Home

With reference to the Minute of Meeting of 23 August, 2023 (Item 16), there had been circulated a report dated 2 November 2023 by the Chief Officer which provided an update on the transfer of service delivery of the former Balhousie Huntly Care Home to a private provider.

The Partnership Manager, South provided an update on progress, with anticipated dates and arrangements for the transfer of the business, including terms proposed and associated funding arrangements. She provided details of transitional arrangements that would be instigated between the Aberdeenshire Health and Social Care Partnership and the new provider, whilst the registration process was being completed.

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

- (1) to note the progress with transferring the service delivery of the care home to a private provider;
- (2) to approve an extension of the funding to deliver the service from 11th April 2024 up to 30th of June 2024;
- (3) to approve the Direct Award of the contract to the private provider from 1 July 2024 in line with the National Care Home Contract duration (Procurement Approval Form Appendix 1);

- (4) to direct Aberdeenshire Council to negotiate the transfer of the business of Huntly Care Home to Parklands Limited (or a company within its group) and to transfer the said business on terms acceptable to the Chief Officer; and
- (5) the Chief Finance and Business Officer to seek clarification on a number of the figures within the Financial Information section of the report, for clarity.

Draft

ABERDEENSHIRE INTEGRATION JOINT BOARD ACTION LOG – 31 January 2024 OUTSTANDING ITEMS

Report Name/Piece of work	Action/Owner	Date Added	Date of meeting/Deadline	Decision or Purpose of Report
Deeside Strategic Needs Assessment Project Progress Report	Pam Milliken	11-Oct-23	Dec-23	To delegate to the Chief Officer, in consultation with the Chair and Vice-Chair to consider the outcomes of the assessment and actions, and identify any gaps or learning and to report back to the IJB
Public Health Scotland/North East Population Alliance Strategic Partnership Agreement	Pam Milliken	23-Aug-23	Feb-24	Chief Officer to report back to the IJB with a progress report on the strategic partnership agreement in 6 months' time.
Prescribing Budget Update	Chris Smith/Rachel Taylor	06-12-23	Mar-24	A further report on prescribing costs, including budget management, to understand and provide assurance regarding the locus is of the IJB in the management of prescribing costs
Strategic Review of Neuro-Rehabilitation Pathway	Tracey McMillan / Lynn Morrison	06-Dec-23	Jun-24	A briefing note in 6 months with an interim update on the work underway in respect of the neurorehabilitation pathway.
Aberdeenshire Wellbeing Festival	Philippa Jensen	06-Dec-23	Dec-24	Next year's report on the Aberdeenshire Wellbeing Festival to consider an evaluation of the ongoing impacts.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD (IJB) 31 JANUARY 2024

CHIEF OFFICER'S UPDATE

Aberdeenshire Health & Social Care Partnership's Workforce Input to NHS Grampian's Delivery Plan for 2024/25

NHS Grampian advised us on 8 December that Scottish Government required NHS Grampian to submit its Annual Delivery Plan by 7 March 2024. This is three months earlier than was the case for 2023/24. There is a range of input required to this document from various work streams in the Health & Social Care Partnerships (H&SCPs) including some information on our Workforce Plan priorities for 2024/25. NHS Grampian will then decide what information supplied from each of the responding H&SCPs to include in their response to Scottish Government.

We were formally advised on 21 December 2023 that NHS Grampian would require this information from us by 12 January 2024.

Our response, which was submitted to NHS Grampian on 10 January 2024, is based on the priorities detailed in the Workforce and Training Group update that was reported to IJB on 6 December 2023, which detailed the Action Plans of the three main Workforce Plan Sub-groups focussing on Recruitment, Training, Development and Succession and Staff Health and Wellbeing.

In summary the update reports on our key workforce challenges based on the latest supplied data and details the actions outlined to IJB at its December meeting. These actions will support new recruitment channels and approaches across the Shire along with efforts to speed up the recruitment process, complement the wellbeing programmes of NHS Grampian and Aberdeenshire Council with action to improve the support, management and engagement of our staff as well as improve and better co-ordinate the training provision across the Partnership and ensure staff have the time and support to complete their training. The latter in particular will form part of our plans to prepare and mobilise to implement the Health and Care Staffing Act from April 2019 for which a dedicated Short Life Working Group has been formed.

It is proposed to formally report an update to the Workforce Plan to IJB at the March 2024 meeting, which will review progress since the July 2023 update to IJB and set out any revised or updated priorities informed by 2023/24 delivery. In addition, this report will fully detail the results of the second refresh of our workforce data from NHS Grampian and Aberdeenshire Council.

General Practice Vision Programme

The General Practice Vision programme has now concluded the three facilitated stakeholder events. Buchan + Associates were commissioned to plan and deliver workshop 2 & 3. These events were held on 8 and 22 November 2023; attendance numbers at these events was 206 and 215 respectively.

Stakeholder engagement targeting the younger generation was undertaken in December 2023. This included focus groups in high schools across the area, and a



stall at Aberdeen University to engage with students. There will also be engagement with Medical Students early 2024. Feedback from these groups will be supplemental to the information and feedback already gathered.

A fourth workshop has been arranged for 17 January 2023, this will be a smaller workshop, with attendance from the Programme Board, as well as other key stakeholders which will include representation from secondary care, patient stakeholder group and finance.

Themes that have been identified and will be included in the vision include:

- Pathways
- Data
- Models of contract
- Premises
- Keeping the population well
- IT & Technology
- Multi-Disciplinary Team
- Mental health
- Education
- Continuity

The Vision and SMART objectives will be presented to the three IJBs on the following dates:

20 March 2024 – Aberdeenshire IJB

26 March 2024 – Aberdeen City IJB

28 March 2024 – Moray IJB

Health Visiting & Family Nurse Services – UNICEF Baby Friendly Health Visiting Standards

The UNICEF baby-friendly initiative virtually visited NHS Grampian, Health Visiting and Family Nurse Services on 19 December 2023, to determine whether they had fulfilled the requirements for Achieving sustainability. I am happy to report that all requirements were satisfied and that the input on the work completed during the previous year was outstanding.

As a result, the partnership between family nurses and health visiting has been granted a "GOLD" award.

In order to guarantee that we can keep this award, work must continue, at our high standard, throughout community-based services.

Dalvenie Gardens Very Sheltered Housing

Dalvenie Gardens was inspected in early December 2023 as part of a pilot inspection from The Care Inspectorate for low-risk services. I am delighted that Dalvenie Gardens have retained their grade of 5 (very good).

The inspection found the environment to be relaxing and welcoming. There was evidence of strong staff values to support people in line with The National Health and Social Care Standards – My Support. My Life. Inspectors found tenants to live enriched lives, enhanced by the delivery of care from staff who were engaged, respectful and

demonstrated excellent communication skills. Particular praise was given to the work of the admin assistant and handyman who have set up a weekly “Man Chat” meeting for the male tenants as a social opportunity.

Advice was provided to further enhance practice in medication, management of tenant finances and staff supervision and training. These areas of care and support have been added to the Service Improvement Plan to ensure there is continuous learning to meet the outcomes of our tenants. The staff team are exceptionally proud of the result of this inspection, particularly given the challenges within the care sector in recent times.

Joint Inspection of Adult Support & Protection in the Aberdeenshire Partnership Area

The Aberdeenshire Adult Protection Partnership received formal notification in November of the planned multi agency inspection of Adult Support and Protection (ASP), with activity commencing in December 2024. The Inspection is being jointly undertaken by the Care Inspectorate, Health Improvement Scotland and His Majesty’s Inspectorate of Constabulary. As part of this, the inspection is focussing on key processes and leadership within the Health and Social Care Partnership, in relation to delegated duties, under the Adult Support and Protection (Scotland) Act 2007. ASP Inspection activity is now well under way, involving key staff.

Senior Leaders attended the first Professional Discussion Meeting on 10th January. Inspectors went through their methodology and arrangements for the on-site inspection were discussed and agreed. There were also presentations from Partners (across Council, Health and Police) which outlined Aberdeenshire’s current Adult Protection position. More detail on this has been provided within our ‘position statement’ and supporting evidence has been submitted with the position statement.

A staff survey is currently being completed by staff. There will also be on-site activity in February, involving file reading and focus groups with key staff. This is to provide Inspectors with a knowledge and understanding of the ASP process and procedures across Aberdeenshire. The outcomes from the staff survey, case file readings and focus groups will be used to evidence how effectively they are understood and implemented by frontline staff, managers and senior leaders in all partner agencies. The outcomes of this scrutiny will be collated and analysed by Inspectors during March, with publication of the final report expected on 2nd April 2024.

Winter Resilience and Delayed Discharges

Our delayed discharges are higher this winter in comparison to the winter period last year (2022/23). In terms of standard delays, place availability and care arrangements continue to be the main reasons for delay. Adults with Incapacity (AWI) processes continue to be a major factor in complex delays, followed by place availability.

For winter 2022/23, we were able to put in place some additional measures to help manage patient flow and address delayed discharges, and we received additional funding from Scottish Government for interim care beds. Unfortunately, there has not been any funding for interim beds available from Scottish Government this winter.

Managing winter pressures this year has continued to incorporate close oversight and scrutiny of delayed discharges as a key performance metric monitored both locally and nationally and how we maximise capacity and support patient flow through the winter period.

Our delayed discharge management includes:

- Delayed discharge meetings take place daily/weekly in each area (North, Central and South).
- Through these meetings, Location and Service Managers are provided with updates from their teams on the progress of all delays, including the barriers being identified.
- Closer scrutiny to ensure that delays are appropriate, added to the system timely and coded accordingly.
- Delayed discharge data is fed into our Daily Situation Update meetings, which is chaired by our Senior Manager on-call.

Senior management oversight and scrutiny of our delayed discharges is now being led by one of our Partnership Managers, supported by the Location and Service Managers who lead on delayed discharges for their areas/sector. This team of managers has started to come together on a weekly basis to:

- Review our Shire-wide delayed discharge position and identify key themes/challenges and actions/escalations to try and move patients on.
- Feedback/input to the Grampian-wide Optimising Patient Flow (Delayed Discharge) Task and Finish Group that has been established (see below).

Whilst we have not received any funding for interim care beds this winter, we opened 6 interim care beds in one of our internal care homes in Central Aberdeenshire in December. We do remain mindful of the financial situation but the whole Grampian system remains under significant pressure and around 46% of our delayed discharges tend to be in our community hospitals in Aberdeenshire at any given time.

On a Grampian level, the Optimising Patient Flow: Delayed Discharge Task and Finish Group (known as OPF: Delayed Discharge Group) was established towards the end of November 2023 and meets weekly.

The focus of this group is to look at improvement in performance in relation to, and a reduction in, delayed discharges (DD), delayed transfer of care (DTC) and length of stay in the following acute areas:

- Aberdeen Royal Infirmary



- Woodend Hospital
- Rosewell House
- Dr Gray's Hospital

The group is chaired by the Strategic Home Pathways Lead for the Aberdeen City Health and Social Care Partnership (HSCP), and there is senior management representation from all three of the Grampian HSCPs as well as Acute. For Aberdeenshire, the Partnership Manager and Location/Service Managers who are identified leads for delayed discharge attend on a rota basis.

The group reviews people with the longest Delayed Discharges and Delayed Transfer of Care (DTC) across the above acute sites to see what can be done to move these patients on to more appropriate destinations and identify emerging themes/challenges that impact on our ability to do so. Scrutiny of data and information available in relation to DDs, DTCs and length of stay to identify pathways to facilitate patient discharge is a key function of the group.

As the group was formed towards the end of November, the data available means that it is too early to tell the impact of the overall effectiveness of this body of work. However, emerging themes contributing to delays in our acute sites include:

- Placement availability for adults under 65 years with complex needs and who require a long-term care placement.
- Insufficient EMI (Elderly Mentally Infirm) beds to meet current and increasing demand.
- People who are waiting for long term care in a care/nursing home who are local-authority funded vs those who are able to privately fund this.

Pressures increase every winter, and we see surges in demand which sometimes outstrip the supply of care and support and result in, for example, people being delayed in hospital due to a lack of community-based care.

The Partnership identified staff health and wellbeing as a priority under both the Workforce Plan and the Resilience and Surge Plan, recognising the impact this pressure has on the health and social care workforce.

The Staff Health and Wellbeing Group has identified a number of actions to promote Staff Health and Wellbeing, one being a Communications Plan that began in January: a sustained programme of staff communications issued on 'Wellbeing Wednesdays' that foster Aberdeenshire as a Partnership where good staff health and wellbeing is integrated throughout our organisational culture.

I was pleased to be asked to become the Partnership's Health and Wellbeing Champion, and the campaign consists of positive wellbeing communications featuring



members of staff and linking to resources available to both NHS and Council employees.

Other activity has been to integrate staff health and wellbeing into the Line Manager's induction checklist to ensure it is an integral part of team meetings, one to ones and performance discussions. The checklist also encourages line managers to undertake training on health and wellbeing to raise their awareness of support and resources available and enable them to identify and address issues as they emerge.

These are just two examples and other activity to support and promote staff health and wellbeing progresses and will continue well beyond winter, when pressures either ease or change.

Scottish Government Consultation - The Learning Disabilities, Autism and Neurodivergence Bill consultation

The Learning Disabilities, Autism and Neurodivergence Bill consultation was launched at the end of December 2023. This consultation aims to bring a much needed focus to help Scotland move towards a society where neurotypical and neurodivergent people, and people with learning disabilities, all have their needs met and their choices respected.

Scotland recognises people with learning disabilities and neurodivergent people can be amongst the most vulnerable and disadvantaged in our society and the objectives for this Bill are to better respect, protect and champion the rights of these groups to deliver a fairer Scotland for everyone. There is a commitment to build a country that ensures equality of opportunity for all by embedding equality, inclusion and human rights into everything that we do. By better protecting, respecting and championing the rights of people with learning disabilities and neurodivergent people, all of Scotland can benefit. This consultation on proposals for a Learning Disabilities, Autism and Neurodivergence Bill seeks the views of everyone on how we can do this.

The consultation period closes on 21st April 2024 and the Strategy Team with Mental Health/Learning Disabilities Managers will be collating response on behalf of the HSCP. A link will be shared with IJB members in order to share your views. The proposed response will be shared with the Chair and Vice Chair for agreement prior to the submission of the response on behalf of the Partnership. A report will then be taken to the IJB meeting in May to provide members an update on the final submission.

Pam Milliken
Chief Officer
Aberdeenshire Health & Social Care Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD

31 JANUARY 2024

REVENUE BUDGET 2023-24 UPDATE AS AT 30 NOVEMBER 2023

1. Recommendation

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

- 1.1 Consider and comment on the financial position set out in the report and Appendices 1 and 2;**
- 1.2 Approve the budget adjustments detailed in Appendix 3;**

2. Directions

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

3. Risk

- 3.1 IJB Risk 1 Sufficiency and affordability of resource.**
- 3.2 This report is key to managing this risk as it highlights areas of movement when compared to the agreed budget.**

4. Background

- 4.1 This report provides the fourth financial monitoring update for the 2023/24 financial year. It covers the eight month period up to the end of November 2023.**

5. Financial Implications from 2022/23

- 5.1 In the last financial year the IJB recorded an over budget position against revenue budget of £6.4 million per the audited accounts for the financial year 2022/23.**
- 5.2 The IJB revenue budget for the 2023/24 financial year was agreed in March 2023 by the IJB. A balanced budget was set which matched the total resources available to the IJB with planned expenditure.**

6. Financial Position 2023/24

6.1 Update

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

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

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

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

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

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

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

	Revised Year to Date Budget 2023/24 £000s	Actual to 30 th November 2023 £000s	Variance to 30 th November 2023 £000s	Variance %
Health & Social Care	255,538	272,082	16,544	6.5%
Funds	2,269	2,722	453	19.9%
Set Aside Budget	23,010	23,010	0	0%
2023/24 Position	280,817	297,814	16,997	6.0%

6.4 From the summary table it highlights that:

- There is an over budget position of £16.997 million at the end of November 2023, equating to 6.0% of the IJB budget. (September 2023 - overbudget £10.022m and 4.8%)

- Health budgets at the end of November 2023 are over budget by £4.4 million
- Social care budgets at the end of November 2023 are over budget by £12.2 million
- Funds at the end of November 2023 are over budget by £0.453 million

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

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

- GP Prescribing
- Other Direct Patient Care
- Adult Services Community and Residential Care
- Older People Care Management and Residential Care

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

- AHP
- Adult Services Day care

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

6.7 Forecast position for 2023/24 Financial Year

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

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

	Revised Budget 2023/24 £000's	Forecast 2023/24 £000's	Forecast Variance 2023/24 £000s	Forecast Variance %
Health & Social Care	380,866	396,314	15,268	4.0%
Funds	(3,576)	(3,030)	47	(1.3%)
Set aside budget	34,515	34,515	0	0%
Sub-total	411,805	427,619	15,315	3.7%
Use of Reserves	-	-	(3,050)	-
2023/24 Position			12,265	3.0%

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

- An **over budget of £12.3m** (September £12.5m over) **3.0%** (September 3.0%) of the IJB budget.

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

	AHSCP Budgets £
GP Prescribing	4,016,000
Adult Services - Community Care	5,178,000
Other Direct Patient Care	2,783,000
Older People - Residential Care	2,795,000

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

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

Further detail is provided as follows –

- **GP Prescribing - Forecast £4.0m over budget** (September £4.5m over) Both volume and cost increases are impacting on budget. Volume is 4.6% greater than in April 2022 and cost per item has increased by 8.6%. We continue to work with pharmacy colleagues to review the fitness for purpose of the budget.
- **Other Direct Patient Care – Forecast £2.8m over budget** (September £3.0m over) Overspends against 2c salaried medical practices total £2.4m with some smaller mitigating underspends on other budget lines. Locum costs are the primary drivers behind this.
- **Adult Services Community Care - Forecast £5.2m over budget** (September £5.0m over) 2022/23 was only partly funded by supplier sustainability, therefore increase is in part due to reopening of services, higher cost packages and demand. The budget in 2023/24 was increased by 2.7% - this was due to the living wage increase of 2.3% and an additional £750,000 of additional budget to mitigate pressures. A number of providers have requested additional uplifts. Each request is dealt with on an individual basis by the management oversight group. Additionally, a number of high cost packages have recently been added.
- **Older People Residential Care - Forecast £2.8m over budget** (September £2.8m over) This relates to an additional pressure relating to the provision of in house care provision particularly the additional costs associated with a Care Home.

- 6.8** The above analysis assumes the achievement of £4.7m of efficiency savings in 2023/24. The inability to achieve these savings in full will have an adverse impact on the out of balance position come 31st March 2024.

The recovery plan communication to budget holders from the Chief Officer emphasises the requirement to ensure achievement of agreed savings which will continue to be monitored and reported to IJB.

The use of reserves held by the IJB to bridge the out of balance position would reduce the reserves balance to zero, impacting on potential use of reserve funding on efficiency driven transformation projects and also any further ability to assist with balancing future years budgets (See Section 7.4 for potential use of reserves in 2023/24).

6.9 GP Prescribing

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

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

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

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

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

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

-NHS Grampian position/comparison other Health Boards - there is increased items/demand across the whole system NHS Scotland. This situation is being reviewed to identify any variation specific to Grampian that needs to be considered, whilst also reviewing demographics and impacts on prescribing.

This information will be shared when completed with the members in attendance.

Intention that this information will be able to be drilled to HSCP/cluster level to allow cluster clinical leads to take forward discussions at cluster/practice level.

Aberdeenshire Cluster Meeting week commencing 27 November 2023 where ask of leads to lead work at cluster level and look at supporting QI work.

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

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

6.10 Integration Scheme

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

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

6.11 For further context in terms of the main over budget positions detailed in section 6.7, movement in the forecasts of 5%,10% and 20% would equate to movements of £0.8m, £1.55m and £3.1m respectively if extrapolated from the November position.

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

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

- Meetings are continuing to be held with SMT, IJB CFO and Finance Managers from NHSG and Aberdeenshire Council to review in detail the current financial position and the impact on 2024/25 and beyond.
- Budget Development session with IJB on 24 November 2023, which was a continuation of work undertaken to date with SMT and IJB to focus on production of a balanced budget for financial year 2024/25.
- Forecast update for December will be prepared and reported in line with partners budget monitoring.

7. Reserves

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

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

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

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

7.4 Reserves Forecast 2023-24

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

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

The forecast reserves position at the end of 2023/24 per the above table is **£8.4m**. Per Section 6.8 the use of this reserve balance held by the IJB to bridge the out of balance position would reduce the reserves balance to zero, impacting on potential use of reserve funding on efficiency driven transformation projects and ability to fund service capacity and redesign and also any further ability to assist with balancing future years budgets

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

8. Discussions With Partners

- 8.1** The financial position in this report has been discussed with partners so that they are also aware of the current spending position and areas of pressure and capacity to enable them to plan and accommodate any implications within their financial statements.
- 8.2** The IJB may have a requirement for any additional year end funding contributions from partners in 2023/24.

9. Scottish Government Ear Marked Funding Updates

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

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

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

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

10. Medium Term Financial Strategy

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

11. Monitoring

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

12. Equalities, Staffing and Financial Implications

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

Pam Milliken

Chief Officer, Aberdeenshire Health and Social Care Partnership

Report prepared by Chris Smith (Chief Finance and Business Officer) 16th January 2024

Health & Social Care		ACTUAL 2022/23 £'000	REVISED BUDGET 2023/24 as at 30/9/23 £'000	BUDGET ADDNS/ OCTOBER AND NOVEMBER 2023/24 £'000	BUDGET VIREMENTS OCTOBER AND NOVEMBER 2023/24 £'000	REVISED BUDGET 2023/24 as at 30/11/23 £'000	YTD REVISED BUDGET 2023/24 as at 30/11/23 £'000	ACTUAL TO NOVEMBER 2023/24 £'000	VARIANCE TO END NOVEMBER 2023/24 £'000	FORECAST WITH SAVINGS ACHIEVED 2023/24 £'000	FORECAST VARIANCE WITH SAVINGS ACHIEVED 2023/24 £'000	NOTES
NHSG Core Services												
a)	Alcohol & Drugs Partnership	3,168	1,839	941		2,780	484	420	(64)	2,684	(96)	
b)	Allied Health Professionals	11,931	13,553	(30)	393	13,916	9,699	8,990	(709)	13,357	(558)	A
c)	Joint Equipment Service	942	688	(3)		685	457	675	218	1,008	323	
d)	Community Hospitals	20,195	20,446	(98)	84	20,432	13,729	14,034	305	20,188	(243)	B
e)	Inverurie HUB project	1,378	1,353			1,353	902	976	74	1,464	111	
f)	Shire Community Mental Health	1,156	1,433	(3)	11	1,440	976	681	(296)	1,319	(121)	C
g)	Dental	3,009	2,846	111	71	3,028	2,176	1,994	(182)	2,875	(153)	
h)	District Nursing	6,073	6,138	(62)	423	6,499	4,414	4,475	61	6,401	(99)	
i)	Health Centres Management	(33)	(610)	(176)		(786)	(524)	(74)	450	(656)	130	D
j)	Health Visiting	5,910	6,125	(10)		6,115	4,135	4,392	257	6,280	166	E
k)	Other Direct Patient Care	8,680	7,506	(6)	261	7,760	5,584	7,069	1,485	10,543	2,783	F
l)	Public Health	728	855	(0)		855	572	712	140	925	70	
m)	Specialist Nursing	442	452	(5)	77	523	316	416	100	606	82	
n)	Support Services	4,594	4,269	(11)	74	4,332	2,637	2,516	(121)	4,334	3	
1	NHSG Core Services Total	68,172	66,892	646	1,393	68,931	45,557	47,275	1,718	71,329	2,397	
2	Primary Care	43,225	44,085		-8	44,078	29,449	29,020	(428)	43,340	(738)	G
3	GP Prescribing	49,617	49,989	856		50,844	33,779	36,337	2,559	54,860	4,016	H
4	Community Mental Health	12,319	12,567	(79)	-1,031	11,457	9,545	10,387	842	11,980	524	I
5	Aberdeenshire Share of Hosted Services	17,871	19,320	(29)	330	19,621	13,148	12,782	(367)	19,151	(469)	J
6	Out Of Area	2,767	2,847			2,847	1,809	1,867	58	2,676	(171)	
	TOTAL OF ABOVE	193,972	195,701	1,393	684	197,778	133,286	137,669	4,383	203,336	5,558	
7	IJB Costs	-	95			95	63	0	(63)	95	0	K
8	Headquarters	6,400	8,640			8,640	5,802	7,192	1,390	9,331	691	L
9	Business Services	3,502	3,221			3,221	2,250	1,991	(259)	3,114	(107)	
10	Out of Hours Service	316	243			243	162	194	32	281	38	
11	Criminal Justice Service - Grant Funded Services	14	143			143	95	535	440	143	0	
12	Criminal Justice Service - Prison Social Work	-	10			10	7	45	38	10	0	
13	Adult Services - Community Care	53,851	52,610			52,610	35,073	38,803	3,730	57,788	5,178	M
14	Adult Services - Day Care	5,580	6,080			6,080	4,094	3,708	(386)	5,966	(114)	N
15	Adult Services - Residential Care	2,279	2,110			2,110	1,366	2,143	777	2,893	783	O
16	Adult Services - Employment Development	509	90			90	60	477	417	(10)	(100)	P
17	Adult Services - Mental Health	6,126	7,044			7,044	4,696	4,623	(73)	6,780	(264)	
18	Adult Services - Substance Misuse	1,827	1,869			1,869	1,246	1,277	31	1,846	(23)	
19	Physical Disabilities - Community Occupational Therapy Service	4,065	4,539			4,539	3,026	2,940	(86)	4,500	(39)	
20	Physical Disabilities - Joint Equipment Service	(105)	(506)			(506)	(337)	299	636	(133)	373	Q
21	Specialist Services & Strategy	1,815	2,337			2,337	1,558	1,554	(4)	2,116	(221)	
22	Adult Support Network	441	407			407	271	276	5	404	(3)	
23	Older People - Care Management	61,147	61,192	(73)		61,119	40,795	42,728	1,933	62,217	1,098	R
24	Integrated Care Fund /Participatory Budgeting	-	0			0	0	13	13	0	0	
25	Older People - Day Care	398	715			715	477	271	(206)	409	(306)	S
26	Older People - Home Care	15,978	16,378			16,378	10,919	11,346	427	15,757	(621)	T
27	Older People - Residential Care	11,729	10,861			10,861	7,241	9,818	2,577	13,656	2,795	U
28	Older People - Very Sheltered Housing	5,489	5,083			5,083	3,389	4,180	791	5,635	552	V
	Funds	181,361	183,161	(73)	0	183,088	122,252	134,413	12,161	192,798	9,710	
29	Integrated Care Fund	588	800			800	534	384	(149)	576	(224)	
30	Delayed Discharge	12	64			64	43	0	(43)	12	(52)	
31	Clan Grant	0	7			7	0	0	0	0	(7)	
32	Discharge Without Delay Funding	174	(325)			(325)	0	0	0	(325)	0	
33	District Nursing Funding	0	0	330	(431)	(101)	0	0	0	(101)	0	
34	Health Care Support Worker funding	0	(390)		(110)	(499)	0	0	0	0	0	
35	Interface Care Funding	5	0			0	0	0	0	0	0	
36	Primary Care Improvement fund	(4,568)	(7,139)		(422)	(7,561)	(358)	0	358	(7,342)	219	W
37	Learning Disability Annual Health Check Funding	0	85			85	0	0	0	85	0	
38	Mental Health Access Fund	0	0		149	149	0	0	0	149	0	
39	Mental Health Innovation Fund	0	85			85	0	0	0	85	0	
40	Mental Health Action 15	(1,151)	(982)	(23)	1,004	0	0	0	0	0	0	
41	Scottish Care Home funding	0	105		(36)	70	0	0	0	70	0	
42	GP Out of Hours funding	0	149			149	0	0	0	0	(149)	
43	Shire Winter Pressure allocation for MDTs	0	904		(360)	544	0	0	0	544	0	
44	Covid-19	(9,919)	1			1	1	74	73	1	0	
45	School Nurse Funding	0	56			56	0	0	0	56	0	
46	Stonehaven Dental Practice funding	400	0			0	0	0	0	0	0	
47	Psychological Therapies (Outcomes Framework) funding	6	573			573	0	0	0	573	0	
48	Psychological Therapies (dementia post diagnostic support) funding (earmarked)	116	0			0	0	59	59	0	0	
49	Vaccination funding	0	3,074			3,074	2,049	2,204	155	3,333	260	
50	Additional Scottish Government Funding in Year Assumed	0	(268)		(479)	(746)	0	0	0	(746)	0	
		(14,337)	(3,199)	307	(684)	(3,576)	2,269	2,722	453	(3,030)	47	
	Sub total	360,996	375,663	1,627	0	377,290	257,807	274,804	16,997	393,104	15,315	
51	Set Aside Budget	34,515	34,515		0	34,515	23,010	23,010	0	34,515	0	
	2023/24 Position	395,511	410,178	1,627	0	411,805	280,817	297,814	16,997	427,619	15,315	

<u>Note</u>	<u>Service</u>	<u>Over/(within) budget to end November 2023/24 £'000</u>	<u>Narrative</u>
A	Allied Health Professionals	(709)	Allied Health Professions underspend £(709,000) This variance is the result of there having been a number of vacancies during the period, primarily in physiotherapy and occupational therapy but with podiatry and speech and language therapy also affected.
B	Community Hospitals	305	Community Hospitals overspend £305,000 The overspend against community hospitals reflects activity increasing post pandemic, incremental drift among long serving staff and additional costs resulting from the decanting of Peterhead Hospital due to problems with the water system.
C	Shire Community Mental Health	(296)	Shire Community Mental Health underspend £(296,000) This underspend reflects a drift of posts from services formerly provided by Aberdeenshire CHP into the larger Community Health Service as staff leave and are replaced.
D	Health Centres Management	450	Health Centres Management overspend £450,000 This overspend is the result of several factors including the costs of an agreement to partially support the cost of employing locum medical staff at an independent GP practice and reduced income because formerly independent practices are now salaried.
E	Health Visiting	257	Health Visiting overspend £257,000 This position may be ameliorated later in the year by the receipt of specific funding for health visiting.
F	Other Direct Patient Care	1,485	Other Direct Patient Care overspend £1,485,000 This overspend is principally the result of requirement to employ locum GPs to maintain continuity of service at salaried medical practices.
G	Primary Care	(428)	Primary Care underspend £(428,000) This underspend reflects a reduction in the pressure on the budget for enhanced services following resumption of normal processes as claims have reduced. The premises position remains favourable, as it was last year, following rates revaluations.
H	GP Prescribing	2,559	GP prescribing overspend £2,559,000 Both volume and cost increases are impacting on budget. Volume is 4.59% greater than in April 2022 and cost per item has increased by 8.57%.

<u>Note</u>	<u>Service</u>	<u>Over/(within) budget to end November 2023/24</u>	<u>Narrative</u>
I	Community Mental Health	842	Community Mental Health overspend £842,000 Difference arose mainly because of the need to employ temporary staff in a number of disciplines. Medical staffing, however, returned an underspend during the period, reflecting the addition of £1.8m as part of budget setting in recognition of the need to use locum staff to provide cover for vacant posts.
J	Aberdeenshire Share of Hosted Services	(367)	Aberdeenshire Share of Hosted Services underspend £(367,000) The Intermediate Care Service and the Sexual Health Service, both hosted by Aberdeen City, showed an underspend to the end of November. Services hosted by Aberdeenshire showed an overspend and GMED, hosted by Moray Health and Social Care Partnership showed an underspend.
K	Headquarters	1,390	Headquarters overspend £1,390,000 The forecast is showing £691,000 of an overspend. This is due to a number of factors. Winter Funding of £5.3m for staffing is forecast to overspend slightly although this may be managed via vacancy management. A number of transformation projects which were to be covered by transformation funding held in reserves, are reflected in the forecast so that those funds held in reserves can be used to balance the general fund overspend at year end.
L	Business Services	(259)	Business Services underspend £(259,000) In year underspends within asset management budgets have been the main contribution to the in year underspend position.
M	Adult Services - Community Care	3,730	Adult Services Community Care overspend £3,730,000 Client Care Packages are over budget. This is despite an increase in budget of 2.66%. Demographic increases and complexities of care are all impacting. High cost packages continue to be reviewed by an oversight group and authorised by management. All packages are continuing to be reviewed for accuracy.
N	Adult Services - Day Care	(386)	Adult Services Day Care underspend £(386,000) The model for delivering day care has changed this year. Rather than being building based, a hybrid model is being used. Activities can be delivered within the community and are outcome based for the individual clients. Savings have therefore been achieved. Whilst some budget has been moved to cover additional costs in other areas, for instance residential services, the budget continues to be monitored and action taken as required.
O	Adult Services - Residential Care	777	Adult Services - Residential Care overspend £777,000 Staffing continues to be over budget with the use of agency and overtime. A service user with complex care needs is currently residing in one of the respite bungalows and requires high levels of support through day and night. Agency support is in place at additional cost.

<u>Note</u>	<u>Service</u>	<u>Over/(within) budget to end November 2023/24</u>	<u>Narrative</u>
P	Adult Services - Employment Development	417	Adult Services - Employment Development overspend £417,000 This service is in the process of being ceased. The budget saving of £500,000 for the year was taken. Severance payments will be made in October and these are factored into the forecast position of a £376,000 pressure.
Q	Physical Disabilities - Joint Equipment Service	636	Physical Disabilities - Joint Equipment Service overspend £636,000 The overspend position is in equipment purchases. This is partly due to timing differences in the year but also the purchase of alarms for the A2D project (Analogue to Digital).
R	Older People - Care Management	1,933	Older People - Care Management overspend £1,933,000 Client packages are in an overspend position due to the continuing demographic increases and suppliers requiring higher inflationary increases than were provided in the budget. The effect of ongoing review and monitoring of this budget is factored into a reduced overspend position come year end.
S	Older People - Day Care	(206)	Older People Day Care - underspend (£206,000) Delivery of Day Care services has changed post covid. Resource has been transferred to the Very Sheltered Housing budget where 'Hubs' have now been established.
T	Older People - Home Care	427	Older People - Home Care overspend £427,000
U	Older People - Residential Care	2,577	Older People - Residential Care overspend £2,577,000 The overspend is mainly due to the addition of in house Care home provision and its associated costs. Staff have been tuped over and agency use is high. The Care home is now forecast to be run inhouse for the full year, hence a forecast position of £2,915,000 of an overspend. This also includes the use of 6 interim beds at Bennachie care home for 3 months at a cost of £166,000.
V	Older People - Very Sheltered Housing	791	Older People - Very Sheltered Housing overspend £791,000 This budget is expected to overspend by £552,000, due to staffing issues and an increase in catering charges across all very sheltered housing sites. All managers continue to review budgets and mitigate cost increases where possible.
W	Primary Care Improvement fund	358	Primary Care Improvement Fund overspend £358,000 This overspend resulted from the 2023/24 allocation of funding from the Scottish Government not having been received as at the end of September.

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

Appendix 3

	NHS Grampian			Aberdeenshire Council			Total	
	£ Full year effects of recurring 2023/24 budget adjustments	£ Recurring	£ Non Recurring	£ Total	£ Recurring	£ Non Recurring	£ Total	
Funding including reserves financing as at the 30th of September 2023 for AH&SCP provided services as reported to the IJB				223,472,883			152,192,612	375,665,495
Budget transferred to Education for Personal Assistants Real Living Wage Uplift						(72,800)	(72,800)	(72,800)
ADP funding drawdown			940,680					940,680
Sub total ADP				940,680				940,680
Withdrawal of funding in respect of leased assets			(30,154)					(30,154)
Sub total AHP				(30,154)				(30,154)
Withdrawal of funding in respect of leased assets			(3,239)					(3,239)
Sub total Joint Equipment Service				(3,239)				(3,239)
Withdrawal of funding in respect of leased assets			(99,968)					(99,968)
Funding for plasma products			1,820					1,820
Waiting times funding			81					81
Sub total Community Hospitals				(98,067)				(98,067)
Withdrawal of funding in respect of leased assets			(3,381)					(3,381)
Sub total Shire Community Mental Health				(3,381)				(3,381)
Withdrawal of funding in respect of leased assets			(7,247)					(7,247)
Dental chair funding			118,478					118,478
Sub total Dental				111,231				111,231
Withdrawal of funding in respect of leased assets			(61,765)					(61,765)
Sub total District Nursing				(61,765)				(61,765)
Withdrawal of funding in respect of leased assets			(176,485)					(176,485)
Sub total Health Centre Management				(176,485)				(176,485)
Withdrawal of funding in respect of leased assets			(10,484)					(10,484)
Sub Total Health Visiting				(10,484)				(10,484)
Withdrawal of funding in respect of leased assets			(6,407)					(6,407)
Sub Total Other Direct Patient Care				(6,407)				(6,407)
Withdrawal of funding in respect of leased assets			(104)					(104)
Sub total Public Health				(104)				(104)
Withdrawal of funding in respect of leased assets			(5,173)					(5,173)
Sub total Specialist Nursing				(5,173)				(5,173)
Withdrawal of funding in respect of leased assets			(10,802)					(10,802)
Sub total Support Services				(10,802)				(10,802)
Withdrawal of funding in respect of leased assets			(79,361)					(79,361)
Prescribing tariff increase funding		855,573						855,573
Sub total Community Mental Health				776,212				776,212
Withdrawal of funding in respect of leased assets			(30,612)					(30,612)
Funding for recharges from Aberdeen City IJB			1,161					1,161
Sub total Inward Recharges of Hosted Services				(29,451)				(29,451)
Withdrawal of funding in respect of leased assets			(160)					(160)
Sub total services hosted by Aberdeenshire				(160)				(160)
Return of Action 15 funding to budgetary reserves, pending receipt of the SG Action 15 allocation			(22,861)					(22,861)
District nurse funding			330,000					330,000
Sub total Funds				307,139				307,139
Overall Revised Budget as at the 30th of November 2023	0	855,573	844,015	225,172,471	0	(72,800)	152,119,812	377,292,283
Represented by;								
NHS Grampian Core Services				68,931,475				68,931,475
Primary Care				44,077,544				44,077,544
Prescribing				50,844,386				50,844,386
Community Mental Health				11,456,762				11,456,762
Aberdeenshire Share of Hosted Services				19,620,776				19,620,776
Out of area services				2,847,000				2,847,000
Partnership Funds				(3,576,066)				(3,576,066)
Resource transfer to Aberdeenshire Council (included in Council reporting lines)				13,287,382				13,287,382
Social Care funding transferred to Council (included in Council reporting lines)				13,384,000				13,384,000
Veterans' funding transferred to Council (included in Council reporting lines)				200,525				200,525
Mainstreamed Integrated Care Fund (included in Council reporting lines)				549,000				549,000
Mainstreamed Delayed Discharge (included in Council reporting lines)				1,009,000				1,009,000
Council Social Care Funding							183,088,200	183,088,200
Resource transfer From NHS Grampian (included in Council reporting lines)							(13,287,382)	(13,287,382)
Social Care funding From NHS Grampian (included in Council reporting lines)							(13,384,000)	(13,384,000)
Veterans' funding from NHS Grampian (included in Council reporting lines)							(200,525)	(200,525)
Mainstreamed Integrated Care Fund (included in Council reporting lines)							(549,000)	(549,000)
Mainstreamed Delayed Discharge (included in Council reporting lines)							(1,009,000)	(1,009,000)
Rounding				3,686			(1,481)	2,205
				225,172,471			152,119,812	377,292,283
Set Aside Budget								34,515,000
								411,807,283

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 31 JANUARY 2024

IJB AUDIT UPDATE REPORT

1 Recommendation

The Integration Joint Board (IJB) is recommended to:

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

2. Reason for Report

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

3. Audited Annual Accounts 2022/23 - Update

3.1 The Audit Committee approved the audited accounts for signature at its meeting on 29 November 2023, subject to completion of remaining audit work. This work was completed and the Audited Annual Accounts were officially signed on 10 January 2024.

3.2 During the course of the audit, the auditors raised relevant matters with officers. The report contains a detailed action plan, which has been considered by senior officers.

Senior officers have agreed to the 4 recommendations and will report back to the IJB Audit Committee in February 2024 with the detailed action plan to ensure completion of the recommendations.

4. Risk Assurance Group Update – January 2024

4.1 The group meets again on Monday 15 January. The group's agenda includes presentations by two risk owners and an update on Eclipse, the replacement for Care First, which is a new risk on the risk register. The group also reviews all actions from existing audits and ensures that leads and any support required are assigned to new audits in 2024.

4.2 Risk Register Review Update

Since the last update, strategic risks linked to our Strategic Transformation Plan have been added.

Risk Register Review Update

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

- **Strategic risks - 7**
- **Resource risks - 16**
- **IJB risks - 9 (though IJB 4 business continuity now also has a 4b relating to emergency planning as the IJB is a Cat 1 Responder)**
- **Clinical/care risks - 32**

As far as possible the 10 strategic themes will be reflected against the 64 risks – this will be part of the ongoing development process, to allocate these into theme areas.

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

5. Current Internal Audits

5.1 Self-Directed Support

Rationale for review

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

Scope and risk level of review

This review will offer the following judgements:

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

Detailed scope areas

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

Date of completion of the audit report is anticipated to be quarter 1 2024, with recommendations agreed through the Risk and Assurance Group.

5.2 Social Care Commissioning – Support at Home

Review is in progress and an update will be provided to a subsequent meeting of the IJB on progress.

5.3 IJB Asset Management

The initial meeting has taken place with Internal Audit and the scope will be agreed and an update provided on progress to a subsequent meeting of the IJB.

6. IJB Audit Committee Meetings Update – 24 January 2024

6.1 Action Log

- Instruct Chief Finance Officer to add to the agenda for a proposed development session risk assurance and scrutiny. This was undertaken in Sep-23 as part of overall Committees review of risk assurance and scrutiny. Report to be presented to February 2024 Committee on completion of review of all Groups assurance within the IJB framework.
- Report to be presented to April 2024 Committee on Terms of Reference of the IJB Audit Committee in line with other Groups within the IJB framework.

6.2 Business Planner

The workplan contained in the business planner covers:

- Standing Items (Action Log, Business Planner, Internal Audit update).
- Items that need to be considered at a particular point in the year (e.g., Annual Accounts review and approval, External Audit report).
- One off items that can be scheduled at any point in the year (e.g., relevant national reports, review of remit, review of risk register).

There is still sufficient flexibility in the forward workplan for the Committee to include any specific reviews or ad hoc pieces of work that may be instructed.

6.3 Internal Audit Update Report – January 2024

6.3.1 Since the last update:

- Work is underway with delivery of the 2023/24 Internal Audit Plan.
- Work is underway by Management to close off the outstanding audit recommendations.

6.3.2 Follow Up of Audit Recommendations

As at the 30 November 2023, eight audit recommendations were open (either as the original planned date of implementation or through an agreed extension). As part of the audit recommendations follow up exercise, regarding the eight due, discussions were held with Management, closing three and providing updates and new implementation dates for the remaining five.

7. Risks

7.1 IJB Risk 1 Sufficiency and affordability of resource.

8. Monitoring

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

9. Equalities, Staffing and Financial Implications

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

Joyce Duncan

Chair – IJB Audit Committee

Reported prepared by

Chris Smith - Chief Finance and Business Officer – 16th January 2024

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 31 JANUARY 2024

DRAFT ABERDEENSHIRE SUICIDE PREVENTION ACTION PLAN 2023 - 2024

1 Recommendation

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

- 1.1** Consider and comment on the Aberdeenshire Suicide Prevention Action Plan 2023 – 2024
- 1.2** Approve the Aberdeenshire Suicide Prevention Action Plan 2023 – 2024

2 Directions

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

3 Risk

- 3.1** IJB Risk 6/ID 2389 – IJB (Responsible Group) - Non-Clinical (Sub-group) Service/business alignment with current and future needs.

4 Background

- 4.1** Scottish Government and COSLA have come together and created the Suicide Prevention Strategy 'Creating Hope Together' which was published in September 2022. This strategy is a whole life strategy and therefore we are working closely with our Children, Young People and Education Colleagues to establish a shared delivery plan.
- 4.2** Our Aberdeenshire delivery plan focuses on outcomes 2 and 3 laid out in the National Strategy.
 - Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
 - Outcome 3: Everyone affected by suicide can access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

- 4.3** We have established our Aberdeenshire Delivery Group which includes partners from Police Scotland, Aberdeenshire Council Education & Children's Services, SAMH, Fire and Rescue Services, Public Health Scotland, Public Health and several others.
- 4.4** The age-specific rate of suicides in Scotland is highest at age 25-44 and age 45-64. The rate at age 25-44 is at a lower level now than at its peak in 2011. The rate for age 45-64 has been consistent over time. In comparison, the age-specific rate of suicides in age 65-74 has increased in each of the last five years.
- 4.5** In May 2023 we commissioned SAMH to provide suicide prevention support across Grampian including City and Moray, this contract is funded for two years, we have developed our action plan in Year 1 in consultation with SAMH, other partners and stakeholders. We are cautious around engagement on such a topic as this can cause additional trauma, we were happy that all partners around the table were able to support direction of this plan.
- 4.6** SAMH are establishing various subgroups, including a lived experience and bereavement group. Our intention is to ask these groups to support the development of a year 2 action plan along with other partners and stakeholders.

5 Summary

- 5.1** Aberdeenshire Suicide Prevention Delivery Group was set up and began in 2021. This group's purpose is to have strategic oversight and delivery of the national Suicide Prevention work. This included the creation of a local Aberdeenshire Suicide Prevention Strategy Action Plan (appendix 1), which has been built around the following key themes:
- Building Community Capacity
 - Children and Young People
 - Increase Training across Services in Aberdeenshire
 - Development of Future Delivery Plan
- 5.2** From the data shared by Police Scotland, we have noted that there are certain key groups that we have seen an increase in the number of people sadly completing suicide, therefore within this Action Plan we made the decision to put an action plan in place to identify and undertake training and information provision to support groups who may have contact with these individuals.
- 5.3** In implementing this action plan we will seek to establish and monitor key performance measures, as outlined in the attached Action Plan, to help us

understand the impact of initiatives and actions undertaken, including evidence of outcomes from all tests of change.

- 5.4** It is acknowledged that lived experience consultation has been limited in the completion of this action plan. We are keen to get the support of groups involved in the Year 1 action plan to support the development of Year 2. SAMH are also establishing a Lived Experience group as part of their wider Grampian work and we would hope to link in with them to consult on Year 2.
- 5.5** As this is a joint Action Plan with Aberdeenshire Council's Education and Children's Services (ECS), our Draft Action Plan will also be shared and monitored within the relevant governance structures within ECS.
- 5.6** 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.

6 Equalities, Staffing and Financial Implications

- 6.1** There are financial implications in the delivery of this Action Plan. SAMH were commissioned in May 2023 for two years, by all three local Health and Social Care Partnerships (Aberdeenshire, Aberdeen City and Moray)
- 6.2** An Integrated Impact Assessment (IIA) has been carried out as part of the development of the proposals set out above. It is included as Appendix 2 and no impact has been identified.

**Jeff Shaw, Partnership Manager (North),
Aberdeenshire Health and Social Care Partnership**

Report prepared by:

Vicky Henderson, Mental Health and Learning Disabilities Manager (Central)
Aberdeenshire Health and Social Care Partnership

Maria Chan, Interim Strategy Team Leader
Aberdeenshire Health and Social Care Partnership

5th January 2024

List of Appendices:

Appendix 1: Draft Aberdeenshire Suicide Prevention Action Plan 2023-2024
Appendix 2: IIA Suicide Prevention Action Plan

Aberdeenshire Suicide Prevention Action Plan to June 2024

Aberdeenshire Health and Social Care Partnership have led in the creation of this Action Plan with the intention to meet the outcomes outlined in the new national suicide prevention strategy, [‘Creating Hope Together’](#) and [action plan](#).

As this is a whole lifespan strategy, this Action Plan also includes tasks which will be undertaken by Aberdeenshire Education and Children's Services.

Below we have outlined some of our aims which we will carry out over the first year, until June 2024. These tasks have been developed with a wide range of stakeholders such as Police, Education, and Third Sector providers.

One key priority this year is the development of years 2 and beyond to further progress this action plan. This will be done using a co-production approach alongside our commissioned suicide prevention partners, SAMH ([Scottish Association for Mental Health](#)).

Fluidity and change are to be expected in all projects, this plan should be considered as a live document which will continue to be reviewed and where appropriate modified in consultation with the Monitoring and Delivery Groups including further definition of milestones against each action/task.

All updates and progress will be reported back to the relevant governance bodies.

We will take direction and use national strategies, and the data and evidence which it gives to monitor the impact of our local change. Further national and local performance measures may also be added to this Action Plan as they are developed and become available.

Opportunities will be sought to compare our actions with the other areas. As such collaborative work will help development of measurable tools.

Please note, due to the sensitivity and level of confidentiality within the data and evidence shared by third parties, this will prohibit us from full disclosure of information in future reporting.

Key Theme 1: Building Community Capacity

Aims: Build capacity within Aberdeenshire's communities for suicide prevention by reducing stigma around suicide and making people feel safe to talk about suicide.

Task 1.1	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
<p>Physical Illness Pilot Area Identify physical illnesses which are more likely to cause individual to attempt/die by suicide and engage with support groups for these identified physical illnesses and provide them with information, material and training.</p>	<p>Use data to identify individuals with physical illnesses who are more likely (than the general population) to attempt/die by suicide and provide them with information, material and training regarding suicide prevention.</p>	<p>Police SAMH Aberdeenshire Suicide Prevention Lead</p>	<p>December 2023</p>	<p>Identify target group using police data on suicides/attempted suicides. A baseline will be identified and follow up data will be gathered to monitor trends.</p>
		<p>Various Stakeholders</p>	<p>February 2024</p>	<p>Work with SAMH and stakeholders to identify support groups in Aberdeenshire area. Support Groups will be approached, and joint working will be explored.</p>

APPENDIX 1

				<p>The aim is to ensure that we work with as many local support groups as possible and be part of each other's collaboratively working. This will be measured by examining the extent of the work being undertaken and monitoring of the level of engagement.</p>
			<p>April 2024</p>	<p>Make contact with the support groups and offer information, materials and training recording number of contacts and outcome.</p> <p>Level of active contact and collaborative working will be recorded, compared and monitored.</p>

			June 2024	We plan to gather initial views on suicide before and after contact is made, to help measure levels of how well informed, confident and knowledgeable they have become.
Task 1.2	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
Employer Pilot Area Hold a pilot suicide prevention awareness event in a workplace and evaluate its effectiveness in raising suicide prevention awareness	Helping to make suicide prevention everyone's business, targeting workplaces and reducing stigma around suicide.	Police Aberdeenshire HSCP Comms Aberdeenshire Suicide Prevention Lead SAMH	December 2023	Identify employment status/employment area where there is a higher likelihood of attempting/dying by suicide.
			February 2024	Identify an employer who would support a test of change around suicide prevention. Together, we will work collaboratively and set out

APPENDIX 1

				clear aims, goals and resources to support the work.
			June 2024	Gather initial views in identified workplace of suicide.
			June 2024	Plan and hold an event to raise awareness in identified workplace. We will ensure that people with lived experience will have influence over how such event will take place. Feedback will be sought in order to identify whether any changes are needed.

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			July 2024	<p>Gather views in identified workplace of suicide after event and evaluate.</p> <p>Through the request of survey completions, we will measure levels of participation, and measure participants' levels of how well informed, confident and knowledgeable they have become.</p>
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Key Theme 2: Children and Young People

Aim: Identify the needs of children and young people in relation to suicide prevention and create a process to support this.

Task 2.1	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
<p>Measure whole-system impact on children & young people's mental health</p>	<p>Aberdeenshire has commissioned SHINE (Schools Health & Wellbeing Improvement Research Network) to provide high quality, school-based health improvement data.</p>	<p>GIRFEC (Getting It Right For Every Child) Mental Health Group</p>	<p>Began in 2022 – ongoing</p>	<p>The data gathered through the survey will be used to generate a report for each individual school to help inform their school improvement planning. An authority-wide report will also be produced and will be used by the GIRFEC Mental Health Group to inform multi-agency strategic planning.</p>

Task 2.2	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
<p>The Mental Health Professional Learning Framework was launched in September 2022 to Managers and Team Leaders across Aberdeenshire's multi-agency workforce.</p>	<p>Establish a professional learning matrix which sets out core mental health professional learning recommendations for the multi-agency workforce.</p> <p>The aim is for all staff who work with children, young people and their families to have a mental health training portfolio in which the core standard training expectations and learning opportunities are clearly documented.</p>	<p>GIRFEC Mental Health Group</p>	<p>Began in 2022 – ongoing</p>	<p>Data to be gathered on number of staff who have undertaken the training, in addition to feedback and evaluation of the framework.</p>

Task 2.3	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
<p>Increase accessibility of information about supporting children and young people's mental health and wellbeing.</p>	<p>Creation of the Aberdeenshire Mental health toolkit. Use the toolkit to provide a director of mental health supports and services for Aberdeenshire, signposts to multi-agency mental health guidance, and provides a link to the Aberdeenshire Mental Health Professional Learning Framework.</p>	<p>GIRFEC Mental Health Group</p>	<p>From 2022 onwards</p>	<p>Data to be captured on the frequency in which this toolkit is used and undertake evaluation for future improvements.</p>

Task 2.4	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
Adopt a systemic approach to suicide prevention for Aberdeenshire's children and young people.	Establish a Strategic Development Officer (SDO) post to support this development work and support an integrated approach across children and adult services to suicide prevention.	GIRFEC Mental Health Group	From 2024-2025	SDO post established and occupied.
	Gain an overview of suicide risk in Aberdeenshire's school aged children and young people.	GIRFEC Mental Health Group	From 2024-2025	Data set established and used to inform action planning.
	Review and update Aberdeenshire's GIRFEC Multi-Agency Suicide Prevention Guidance.	GIRFEC Strategic Development Officer	From 2024-2025	Revised guidance launched.

	<p>Identify and meet the professional learning needs of school staff in relation to suicide prevention in school aged children and young people, including risk assessments and safety planning.</p>	<p>SAMH / GIRFEC Mental Health Group</p>	<p>From 2024-2025</p>	<p>Professional Learning Plan in place.</p>
	<p>Establish clear routes of support for school communities in the event of a completed suicide.</p>	<p>SAMH / GIRFEC Mental Health Group</p>	<p>From 2024-2025</p>	<p>Support pathways for schools established.</p>

Key Theme 3: Increase Training Across Services in Aberdeenshire

Aim: To expand training opportunities to different groups in Aberdeenshire.

Task 3.1	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
<p>Increase Training in Carers Services.</p>	<p>Carers across Aberdeenshire are informed of suicide prevention and have knowledge of where and how they can access support or direct people they care for to receive support.</p>	<p>SAMH</p>	<p>January 2024</p>	<p>Scoping exercise to see what training commissioned carers' services have.</p>
			<p>January 2024</p>	<p>Identify what training would be most suitable for commissioned carers' services.</p> <p>We will consult with carers to identify their training needs and this will be regularly updated as level and types of need may change over time.</p>
			<p>June 2024</p>	

				<p>Deliver training (to be progressed by the Grampian Training sub-group).</p> <p>Numbers of people who sign up and attend training sessions will be recorded. Feedback will be sought before and after the sessions. An evaluation exercise will be undertaken to note the progress made and changes will may need to be carried out.</p>
<p>Task 3.2</p> <p>Identify training requirements for all HSCP Staff in Suicide Prevention.</p>	<p>Goal</p> <p>Identify what training is required to ensure HSCP staff are fully trained and are confident with their responsibilities as members of the HSCP.</p>	<p>Responsibility</p> <p>Aberdeenshire Suicide Prevention Lead SAMH</p>	<p>Timescale</p> <p>June 2024</p>	<p>Measurable Progress/Outcome Tool</p> <p>Training required for different staff roles identified through the development of a training tiered training framework and a plan in place to deliver training.</p>



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				There will be a recording of training requirements identified, this will be tracked to measure training needs and progress made.
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Key Theme 4: Development of Future Delivery Plan

Aims: Develop a future delivery plan for years 2 and beyond, working with people with lived experience and ensuring suicide prevention work is communicated across Aberdeenshire.

While this is an action plan for Year 1, this will be used to inform and identify baselines for continuous improvement.

Task 4.1	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
<p>Further Development of Delivery Plan - Develop and use a co-production approach to ensure people in Aberdeenshire can participate in the development of future suicide prevention work in Aberdeenshire.</p>	<p>Develop Year 2 and beyond of the Delivery Plan using a co-production approach with people with lived experience in Aberdeenshire</p>	<p>Aberdeenshire HSCP Suicide Prevention Lead SAMH Various Stakeholders</p>	<p>December 2023</p>	<p>Everyone who are known to us and has identified themselves as having lived experience/peer support group leaders (that we are aware of at time of group initiation) will be contacted and invited to be part of the working group (Grampian Lived Experience Sub-Group working alongside all three local area groups).</p>

			June 2024	<p>The voices of lived experience are represented in the delivery plan through input from existing lived experience/peer support groups.</p> <p>In line with our commitment to co-producing, we will bring our workforce and people with lived experience/volunteers to work together.</p>
			June 2024	A delivery plan is produced beyond June 2024
Task 4.2	Goal	Responsibility	Timescale	Measurable Progress/Outcome Tool
Community Planning Groups Involvement with Suicide Prevention	Community Planning Groups have an increased knowledge and awareness of suicide prevention work in their area and	Aberdeenshire Suicide Prevention Lead SAMH	April 2024	Community Planning Groups across Aberdeenshire have been approached and offered information, material and training on suicide prevention as well as had the opportunity

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	<p>are able to contribute to local suicide prevention plans.</p>	<p>Carolyn Lamb – Public Health Practitioner</p>		<p>to give their views on ongoing work.</p> <p>We will record the number of people undertaking the training and monitor trends.</p>
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APPENDIX 2

Aberdeenshire Council

Integrated Impact Assessment

Aberdeenshire Suicide Prevention Action Plan 2023-2024

Assessment ID	IIA-001875
Lead Author	Vicky Henderson
Additional Authors	Andrew Douglas, Carron Douglas, Maria Chan
Service Reviewers	Ryan McGregor
Subject Matter Experts	Susan Forbes, Kakuen Mo, Caroline Hastings, Annette Johnston, Christine McLennan
Approved By	Alex Pirrie
Approved On	Tuesday January 16, 2024
Publication Date	Tuesday January 16, 2024

1. Overview

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

The Scottish Government produced a new national strategy for suicide prevention, Creating Hope Together. Aberdeenshire HSCP are developing a delivery plan aiming to meet the objectives of the national strategy.

Aberdeenshire HSCP are working closely with a range of partners in order to gather views on how we can deliver on this strategy. This is a whole lifespan strategy and as such will be working closely with Aberdeenshire Council colleagues from education and children's services.

To begin with, two benefit mapping exercises took place to identify what benefits partners want to see Aberdeenshire deliver. These benefit mapping exercises were used to inform the actions we will take.

We developed a Year 1 Delivery Plan alongside these partners. Year 1 Delivery plan includes creating years 2 and beyond of the delivery plan with a co-production approach with people with lived experience.

During screening 4 of 10 questions indicated that detailed assessments were required, the screening questions and their answers are listed in the next section. This led to 3 out of 5 detailed impact assessments being completed. The assessments required are:

- Children's Rights and Wellbeing
- Equalities and Fairer Scotland Duty
- Health Inequalities

In total there are 15 positive impacts as part of this activity. There are 0 negative impacts, all impacts have been mitigated.

A detailed action plan with 2 points has been provided.

This assessment has been approved by alex.pirrie2@aberdeenshire.gov.uk.

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

2. Screening

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

3. Impact Assessments

Children's Rights and Wellbeing	No Negative Impacts Identified
Climate Change and Sustainability	Not Required
Equalities and Fairer Scotland Duty	No Negative Impacts Identified
Health Inequalities	No Negative Impacts Identified
Town Centre's First	Not Required

4. Childrens' Rights and Wellbeing Impact Assessment

4.1. Wellbeing Indicators

Indicator	Positive	Neutral	Negative	Unknown
Safe	Yes			
Healthy		Yes		
Achieving		Yes		
Nurtured		Yes		
Active		Yes		
Respected		Yes		
Responsible		Yes		
Included		Yes		

4.2. Rights Indicators

UNCRC Indicators upheld by this activity / proposal / policy	Article 6 - Life, survival and development
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4.3. Positive Impacts

Impact Area	Impact
Safe	Obtaining an overview of suicide risk in Aberdeenshire's school aged children and young people will help inform preventative work, including guidance and training for staff.

4.4. Evidence

Type	Source	It says?	It Means?
Internal Consultation	School Senior Leaders	School Leaders have indicated a need for more support and guidance around suicide prevention, risk assessment and safety planning. Routes of support for schools in the event of a completed suicide need to be more explicit.	More robust guidance and training is required to support schools

Type	Source	It says?	It Means?
Internal Data	Mental Health Support Services	Kooth Digital Mental Health Service has been commissioned for Aberdeenshire children and young people aged 11-18 years. Suicidal thoughts were amongst the top 10 presenting issues for Aberdeenshire children and young people who accessed the platform during 2022-23. The Togetherall Digital Mental Health Service has been commissioned for Aberdeenshire residents aged 16 years plus. During 2022-23, 53% of new registrants (n=110) had thoughts about ending their life, and 22% had attempted suicide.	There is a need to focus on suicide prevention within our population of children and young people

4.5. Accounting for the Views of Children and Young People

The views expressed by young people about their mental health within the SHINE survey are being taken into account in developing mental health supports and services. Information provided by young people to our Digital Mental Health Services has been taken into account in determining that there should be a focus on suicide prevention within our children's services planning.

4.6. Promoting the Wellbeing of Children and Young People

The work aims to improve children and young people's mental health, manage risk and prevent instances of harm.

4.7. Upholding Children and Young People's Rights

This work aims to protect children from harm.

4.8. Overall Outcome

No Negative Impacts Identified.

The work is preventative in nature and a response to identified need

5. Equalities and Fairer Scotland Duty Impact Assessment

5.1. Protected Groups

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

5.2. Socio-economic Groups

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

5.3. Positive Impacts

Impact Area	Impact
Age (Older)	The local delivery plan aims in its first year to raise awareness in the older population (65+) of suicide prevention. Older people are a known risk group and raising awareness will help to ensure this group know where to access support.
Age (Younger)	The national suicide prevention strategy, 'Creating Hope Together', is a lifespan strategy and the work to develop the Aberdeenshire local delivery plan has included people from education services and children and young people's services. The actions in the delivery plan aim to support people in schools and other education settings to enhance knowledge of suicide prevention of the staff working in those areas so they can support children and young people better..
Age (Younger)	Obtaining an overview of suicide risk in Aberdeenshire's school aged children and young people will help inform preventative work, including guidance and training for staff

Impact Area	Impact
Disability	People with disabilities are more likely to die by suicide, therefore this whole population work should positively impact on this group.
Sexual Orientation	Any work on suicide prevention will aim to deliver on a whole population basis. Evidence (noted below) indicates people who are not heterosexual experience more thoughts of suicide than the general population. Therefore, this work will potentially have a positive impact on this group.
Sex	More males than females die by suicide. This delivery plan will raise awareness of suicide prevention and thus impact positively on males in Aberdeenshire.
Sex	Any work on suicide prevention will aim to deliver on a whole population basis. Evidence (noted below) indicates people who are trans more thoughts of suicide than the general population. Therefore, this work will potentially have a positive impact on this group.
Low income	People experiencing higher levels of deprivation, such as low income, are more likely to feel suicidal and die by suicide. This delivery plan addresses some of these areas of deprivation.
Socioeconomic background	People from more deprived socio-economic background are more likely to suffer from suicidal ideation and die by suicide. This delivery plan will work towards supporting people living in those areas and look at other ways in the development of years 2 and 3 of the delivery plan to support them.

5.4. Evidence

Type	Source	It says?	It Means?
External Data	National Records of Scotland - Probably Suicides 2023 Report	The rate of suicide mortality in males was 2.9 times as high as the rate for females.	Males are more likely to die by suicide than females.
External Data	National Records of Scotland - Probable Suicides 2023 Report	The rate of suicide mortality in the most deprived areas in Scotland was 2.6 times as high as in the least deprived areas in Scotland. This is higher than the deprivation gap of 1.8 times for all causes of death.	People living in the most deprived socio-economic areas are more likely to die by suicide than those living in less deprived areas. They are more likely to die by suicide than other causes of death, even when taking into consideration socio-economic background.

Type	Source	It says?	It Means?
External Data	National Records of Scotland - Probable Suicides 2023 Report	The age-specific rate of suicides in Scotland is highest at age 25-44 and age 45-64. The rate at age 25-44 is at a lower level now than at its peak in 2011. The rate for age 45-64 has been fairly consistent over time. In comparison, the age-specific rate of suicides in age 65-74 has increased in each of the last five years	<p>Suicides are highest amongst people between the ages of 25-44 and 45-64. However, the death rate by suicide for people age 25-44 is at a lower level than it was in 2011 when it was at its highest.</p> <p>People having being dying by suicide more often than before for the ages between the age of 65-74.</p>
External Data	MentalHealth.org - https://www.mentalhealth.org.uk/scotland/explore-mental-health/statistics/lgbtiq-people-statistics	In the UK, one in eight LGBTIQ+ people aged 18 to 24 had attempted to end their life almost half of trans people had thought about taking their life	<p>LGBTIQ+ young people (18-24) are more likely than the rest of the population to have attempted to take their own life.</p> <p>Almost 50% of trans people have thought about taking their own life (higher than the national average).</p>
External Data	Disability Rights UK - https://www.disabilityrightsuk.org/news/disabled-people-far-more-likely-die-suicide-non-disabled-people	<p>Disabled people are much more likely to die by suicide than non-Disabled people according to the latest data released from the 2021 Census.</p> <p>For men, the figure for Disabled men was over three times higher – 48.36 deaths by suicide per 100,000 people compared to 15.88 deaths by suicide per 100,000 people for non-disabled men.</p> <p>For women, the figure for Disabled women was over four times higher – 18.94 deaths by suicide per 100,000 people compared to 4.47 deaths by suicide per 100,000 people for non-disabled women.</p>	<p>Disabled people are more likely to die by suicide than non-disabled people. Therefore, working to preventing suicides will aim to positively impact people with disabilities.</p>

Type	Source	It says?	It Means?
Internal Data	Mental Health Support Services	Kooth Digital Mental Health Service has been commissioned for Aberdeenshire children and young people aged 11-18 years. Suicidal thoughts were amongst the top 10 presenting issues for Aberdeenshire children and young people who accessed the platform during 2022-23. The Togetherall Digital Mental Health Service has been commissioned for Aberdeenshire residents aged 16 years plus. During 2022-23, 53% of new registrants (n=110) had thoughts about ending their life, and 22% had attempted suicide.	There is a need to focus on suicide prevention within our population of children and young people
Internal Data	School Senior Leaders	School Leaders have indicated a need for more support and guidance around suicide prevention, risk assessment and safety planning. Routes of support for schools in the event of a completed suicide need to be more explicit.	More robust guidance and training is required to support schools

5.5. Information Gaps

We would like to gain my knowledge around measuring and evaluating outcomes.

5.6. Measures to fill Information Gaps

Measure	Timescale
To be explored. Due to the sensitive nature of this subject matter, not at all data is exclusively shared. And the we are mindful of how data is interpreted.	Continuous.

5.7. Engagement with affected groups

Year 1 of the delivery plan was developed with multi-agency partners including SAMH, Penumbra, Police Scotland, education services, children and families services, adult services and mental health services. A year 1 action includes developing years 2 and 3 or the action plan which will use a co-production approach - engaging with lived experience groups. Caution must be taken when engaging with these groups as looking for input too early into someone's bereavement can be challenging and they may require counselling/support afterwards. This is why this approach has been taken - so there are tangible actions in year 1 while also allowing year 1 to be spent engaging with people with lived experience.

5.8. Ensuring engagement with protected groups

We must be extremely sensitive in how and when we engage with other people. We turn to how third sector partners to lead on this - as they have the trained and experience staff who know how to effectively engage and communicate with others.

5.9. Evidence of engagement

SAMH have recruited locally based support workers who actively link- in to local groups and local people.

5.10. Overall Outcome

No Negative Impacts Identified.

The Suicide Prevention Delivery Plan will aim to enhance knowledge and access to suicide prevention interventions by increasing our level of contact and support with people.

5.11. Improving Relations

A draft of the year 1 delivery plan was taken to the Grampian Patient Empowerment Group on 17/08/23 where it was shared and discussed. The group were advised on the plans for further joint work to develop year 2.

5.12. Opportunities of Equality

This Action Plan will help promote awareness, knowledge and learning opportunities. Everyone will be encouraged and supported to come and work together with us; there will be no exclusion.

6. Health Inequalities Impact Assessment

6.1. Health Behaviours

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

6.2. Positive Impacts

Impact Area	Impact
Mental health	As this is a lifelong (national) strategy and action plan, we will ensure that our delivery of service provides support for someone's lifelong journey.
Mental health	The vision is to tackle health inequalities which are associated with mental health and suicide, such as poverty and debt.
Mental health	We want to strengthen everyone's awareness and responsiveness to suicide and people who are suicidal.
Mental health	We aim to form create a robust, collaborative and integrated approach to suicide - improve planning and service delivery.
Mental health	Our aim is to promote positive wellbeing and recovery - inform others about support groups and develop approaches on how to self-manage, safety planning, assessment, etc.

6.3. Evidence

Type	Source	It says?	It Means?
External Data	Scottish Suicide Information Database (ScotSID)	port profiling suicide deaths between 2011 and 2019[3] shows: Just under three quarters of all suicides in Scotland are male Almost half (46%) were aged 35-54	Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.

Type	Source	It says?	It Means?
External Data	ational Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) annual report[4], published May 2022,	31% of people who died by suicide in Scotland had contact with mental health services in the 12 months prior to their death.	This tells us the link between people who already seek or have sought support from MH services and go onto taking their own life.
External Data	uicide among young people in Scotland: A report from the Scottish Suicide Information Database (ScotSID)	Published in 2022: identified that between 2011 and 2020 probable suicides were the leading cause of death among 5–24-year-olds, accounting for a quarter of all deaths (recognising there is a much lower death rate from all causes for this age group, compared to over 25s). While children and young people in this age group were less likely than over 25s to have had contact with a healthcare service in the period before death, two-thirds of cases did have contact with healthcare services.	This highlights the level of awareness we must have on young people's mental health and its link to suicide.

6.4. Information Gaps

We have a limited amount of information on the views of the population of Aberdeenshire.

6.5. Measures to fill Information Gaps

Measure	Timescale
We will consult and engage with the people of Aberdeenshire to develop Years 2 and beyond of the delivery plan.	First phase by Summer 2024.

6.6. Overall Outcome

No Negative Impacts Identified.

The Suicide Prevention Delivery Plan will aim to enhance access to suicide prevention interventions by increasing training. This should not remove services from elsewhere and only increase the number of people trained and therefore access and information.

7. Action Plan

Planned Action	Details	
Seek feedback and approval from IJB	Lead Officer	Vicky Henderson
	Repeating Activity	No
	Planned Start	Tuesday December 12, 2023
	Planned Finish	Tuesday December 12, 2023
	Expected Outcome	Agreement from IJB to continue to implement action plan
	Resource Implications	Not aware of any resource implications at this time
Incorporate views from SPG (if any) then seek feedback and approval from IJB	Lead Officer	Vicky Henderson
	Repeating Activity	No
	Planned Start	Tuesday December 12, 2023
	Planned Finish	Wednesday January 31, 2024
	Expected Outcome	Updated action to be taken to IJB for approval
	Resource Implications	None know at this time

**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
31 JANUARY 2024**

**ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
STRATEGIC PLANNING GROUP UPDATE**

1 Recommendation

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

- 1.1 Acknowledge and provide comment on the report from the Strategic Planning Group (SPG) following its meeting on 12th December 2023.

2 Directions

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

3 Risk

- 3.1 IJB Risk 1 (1990) - Sufficiency and affordability of resource - transformational change is required to ensure service and financial efficiencies.
- 3.2 IJB Risk 6 (2389) - Service/business alignment with current and future needs - transformational change will determine and deliver priorities to meet needs.
- 3.3 IJB Risk 8 (1589) - Risk of failure to deliver standards of care expected by the people of Aberdeenshire - transformational change and service improvement will support the delivery of this outcome.

4 Background

- 4.1 The Strategic Planning Group (SPG) has been established as a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, a key function of which is to prepare a Strategic Plan for the Health and Social Care Partnership (HSCP) and to monitor progress of the plan on behalf of the IJB. The Aberdeenshire SPG specifically has responsibility for oversight of the transformational workstreams arising from the HSCP's Strategic Delivery Plan, ensuring an integrated and consistent approach in development and implementation of the Strategic Delivery Plan and supporting strategies.
- 4.2 This update report provides a summary of the main items of discussion at the Aberdeenshire SPG's most recent formal meeting on 19th December 2023.

5 Summary

- 5.1 The SPG considered a range of reports as summarised below.



- 5.1.1 **Commissioning and Procurement Group Update** – The report to SPG outlined the work of various project groups leading the review and recommissioning of services under the HSCP’s Commissioning and Procurement Plan, with the annual work plan being presented to the IJB on 31st January 2024. This included specific updates on the National Care Home Contract, Support at Home Framework, Sensory Loss Services and Carers Support Service. The SPG agreed with the group’s proposal to develop a summary document setting out the HSCP’s strategic commissioning approach for publication following a recent Internal Audit recommendation. Discussion considered the implications of Fair Work First guidance/requirements for the third and independent sectors.
- 5.1.2 **Joint Strategic Needs Assessment (JSNA)** – SPG members noted progress of the JSNA working group in the first phase of data collection and analysis, which will be further enriched through the subsequent engagement and information gathering stages for the development of the HSCP’s next Strategic Plan. SPG approved the request from the group for an extension to its original timeline for presenting the draft JSNA with the draft report to be presented the next SPG meeting on 13th February 2024.
- 5.1.3 **Draft Aberdeenshire Suicide Prevention Action Plan 2023-2024** – SPG considered and approved the draft action plan (to thereafter be presented to the IJB for approval on 31st January 2024). Discussion included the theme of building community capacity and the criticality of partnership approaches and wide stakeholder involvement in delivery of the action plan including lived experience, with acknowledgement of the significant work involved in developing the action plan.
- 5.1.4 **NHS Grampian Annual Delivery Plan Update** – SPG noted the update provided by Jenna Young, Planning Manager, on work currently underway to update NHS Grampian’s Three Year Delivery Plan for 2024-27, to be submitted to Scottish Government at the beginning of March 2024. The HSCPs are involved in this process in particular for those areas of service delivery such as Primary and Community Care where responsibility sits with the three HSCPs with accountability and assurance to the respective IJBs, ensuring alignment with HSCP strategic delivery plans.
- 5.1.5 **Insch Service Review Update** – The group noted the series of meetings with stakeholders over the last year. Consideration was given to the learning from the engagement process to date.

5.2 Social Care Sustainability Programme Board

- 5.2.1 The SPG noted the continued progress being made across the Social Care Sustainability Programme whilst also recognising the impact of operational demands, as detailed in Appendix 1.
- 5.2.2 As per the financial reports to the IJB, the current measures to achieve a balanced budget include use of IJB transformational reserves. This has a concomitant impact on workstreams under the HSCP’s strategic delivery



plan which have to date drawn on this transformational funding to provide additional project capacity to support implementation. It was noted that the HSCP's transformational workstreams have been initiated in response to increasing pressures (including financial costs) arising from current and projected further increases in demand on health and social care services, with transformation being key to delivering sustainable and affordable models of care.

- 5.2.3 The Social Care Sustainability Programme Board noted in its report to the SPG that it was unable to approve requests for extension to funding for project posts due to current budgetary pressures. The report to the SPG notes in particular how this could impact on momentum and timescales for completion of the Review of In-House Care at Home and Rehab and Enablement projects. The SPG acknowledged the risks presented and the potential impacts for deliverability of these and other workstreams under the Strategic Delivery Plan. Given the budgetary challenges faced, projects are now to be delivered, as far as is possible, within existing resource.

6 Equalities, Staffing and Financial Implications

- 6.1 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and had no comments to make.
- 6.2 A high level Equalities Impact Assessment was completed for the Strategic Plan 2020-2025. Potential impacts of this high level multi-faceted strategic plan have been considered. Implementation of aspects of the strategic plan could result in unintended negative impacts on certain population groups.
- 6.3 To provide assurance each individual project delivering the priorities within the Strategic Plan will be required to complete an Integrated Impact Assessment. This will mitigate against potential negative impacts when designing the service improvements.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Angela MacLeod, (Interim) Strategy & Transformation Manager
Date: 28 December 2023

Appendices

Appendix 1: Social Care Sustainability Programme Board Update Report

APPENDIX 1

Aberdeenshire Health and Social Care Partnership (AHSCP)

Report to Strategic Planning Group – 12th December 2023

Title: Social Care Sustainability Programme Board Update

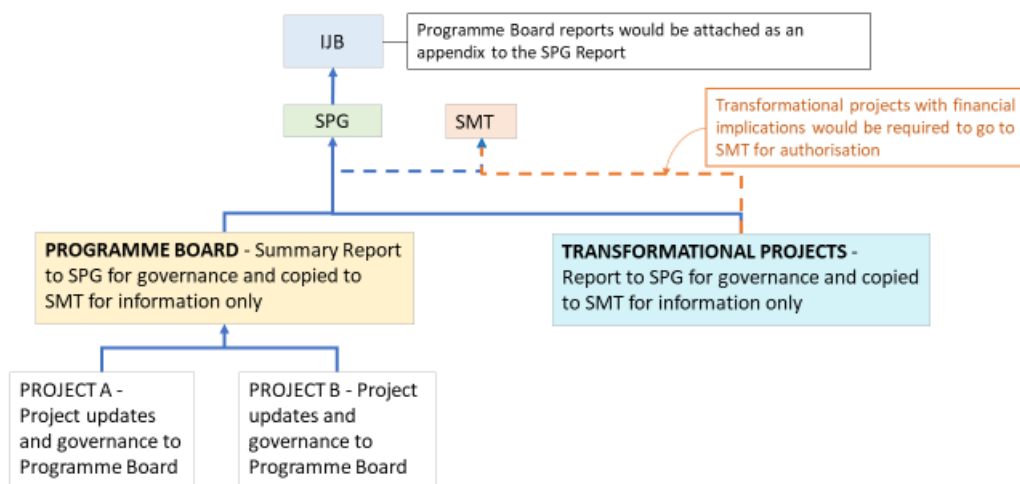
1 Purpose of report

- 1.1 To update the Strategic Planning Group (SPG) on the work of the Social Care Sustainability Programme, noting areas of progress and issues for escalation.

2 Background

- 2.1 The Social Care Sustainability Programme Board was established with the overarching aim: *'To reduce the level of unmet need in social care services for residents in Aberdeenshire and improve outcomes and experience for those who use social care services and for the staff delivering those services ... by [c]reating self-improving and sustainable social care services through cultural, systems and transformational change.'*
- 2.2 The Board is chaired by Leigh Jolly, Chief Social Work Officer with representation from across the HSCP and responsibility for monitoring progress across a number of interdependent workstreams contributing towards delivery of the above overarching aim. As per the governance reporting structure outlined below, the Programme Board has a reporting line to the Strategic Planning Group to provide an overview of the key issues and any escalations arising from the various projects. This report provides an update following the Programme Board's last meeting on 22 November 2023.

Governance and Programme Boards



3 Discussion

3.1 The Programme Board continues to be mindful of outputs and improvement areas identified from its annual review workshop in July 2023 to support it to work as effectively as possible. Following discussion at the previous Programme Board particular consideration is being given to how projects can embed the Getting It Right For Everyone (GIRFE) principles through implementation and to further develop Key Performance Indicators (KPIs) moving forward.

3.2 Two detailed project updates were presented and considered by the Programme Board for the In-House Care at Home – The Future and Rehab and Enablement workstreams, attached at Appendices 1 and 2 respectively, with items of note summarised below.

3.3 In-House Care at Home – The Future

3.3.1 Two specific proposals were presented for approval by the Programme Board. The first proposal covered the request to extend existing transformational funding for 1 x 0.6fte Home Care Manager post for backfill to release the workstreams leads (distributed into 2 days for Central, 1 day for South). Current budgetary pressures were highlighted. Accordingly the Programme Board was only able to approve in principle at this stage subject to further information regarding available budget, but noted the significant risks to the project and other parts of the system should this backfill not be funded given the momentum and significant progress made to date.

3.3.2 The second proposal for the ARCH service to move from external hired vans to hybrid vehicles with maintenance to be fully covered by Fleet Services was agreed noting the small spend to save efficiencies but also benefits for staff time, resilience and wellbeing.

3.4 Rehab and Enablement (R&E)

3.4.1 Consideration was given to the factors impacting on R&E becoming fully embedded in practice. There was support for further discussion around the proposed development of a 6-week intake assessment pathway for new referrals to care management.

3.4.2 The project was noted as being at a stage where support to transition to 'business as usual' would be the objective from early 2024, retaining project officer support to Location Managers to embed R&E locally and complete work in progress. The Programme Board was in agreement with the request to be made via Partnership Managers to look at funding for the Project Officer posts coming from team budgets on the understanding that transformational funding was not available, with exit strategies to be agreed if required.

3.5 Updates were noted in relation to the following additional workstreams:

3.5.1 **Effective Support for Carers and Self-Directed Support** – Following previous updates whereby the Programme Board had noted that delivery of this project

would be delayed until team posts had been recruited to, it was confirmed that key posts within the Training and Development team had now been filled, with the SDS and Carers Team Leader also now in the process of being advertised.

- 3.5.2 **Review of Very Sheltered Housing** – It was noted and agreed that this project would require to be paused whilst local operational issues are addressed before further options appraisal could continue.
- 3.6 The continued progress and significant work of project teams was acknowledged by the Programme Board recognising that this was being undertaken against a backdrop of continuing operational demands and pressures.

4 Recommendations

- 4.1 To note and provide comment on the progress of the Social Care Sustainability Programme Board and implementation of projects under the programme's remit.
- 4.2 To consider the risks escalated by the Programme Board should ongoing funding not be secured for continued progress of the In-House Care at Home and Rehab and Enablement projects.

Report submitted by:

Angela MacLeod, (Interim) Strategy and Transformation Manager

On behalf of Leigh Jolly, Chair, Social Care Sustainability Programme Board

Date: 07 December 2023

Appendices

Appendix 1 – Project Update for In-House Care at Home – The Future

Appendix 2 – Project Update for Rehabilitation and Enablement

Appendix 1



PROJECT UPDATE REPORT

Submitted by: Janine Howie			Date of Report: 22 November 2023		
Project title: In- House Care at Home – The Future		Project ID Number: SDP 23-25_DEC22-01	Priority workstream (if applicable): <insert>	RAG status for current phase*	
Project phase <i>State estimated completion date for phase and highlight current phase that RAG status applies to</i>					
Initiation ** Completed	Planning** 31 st August 2022	Implementation** Some workstreams are at implementation some are still in the planning stage.		Close** <insert estimated completion date>	
Which strategic priority does the project align to?					
Prevention and early intervention	Reshaping care	Engagement	Effective use of resources	Tackling inequalities and public protection	
Brief description of the project					
<p>To review the internal Home Care Service, to improve recruitment and retention and ensure the sustainability and quality of service delivery to meet unmet need and service users’ outcomes.</p> <p>This project aligns with the AHSCP strategic priority of Reshaping Care. The project will consist of the following workstreams to address the challenges identified:</p> <ul style="list-style-type: none"> • Recruitment and Retention. • Home care service posts – evaluation and creation. 					

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- Staff and Service Development
- Review of the four pillars model
- Risk Assessed Care

Project update:

- Project Board meeting held on 27th October 2023.
- **Home care service posts evaluation and creation workstream** – Care Team Support Officers posts have gone out to advert recruiting to posts in each of North, Central and South Aberdeenshire
- Uniforms trialling ongoing with 20 Home Care staff with feedback being collated via a questionnaire.
- Proposal presented to the board to move from external hired vans to Toyota hybrid vehicles which will mean Fleet are in full control of all maintenance. Proposed move works out cheaper per year than hire and repair of current vehicles despite increased initial outlay being higher.
- Ongoing work around comfort breaks as some venues unsuitable and exploring options to access GP surgeries or other health buildings located across Aberdeenshire.
- **4 Pillars workstream** – workshop took place in August. Information collated has been broken down into themes for further action under headings of Location Manager Attention, Budget Implications, Themes, Commissioning Team. Further development planned once this has been fully complete and analysed.
- **Staff and Service Development workstream** – training has been sent to Home Care Managers and ARCH manager for discussion.
- Home care managers considering business case for a trainer for the service due to support for training requirements needed.
- **Recruitment and Retention workstream** – Workstream lead is linking with Aberdeen University and RGU to have taster sessions/internships for fixed-term/relief contracts out with term time.
- Also creating video presentation to link with Vacancies and school presentations.
- **Risk assessed care workstream** – pilot at Arduthie complete. Over 6-month period, 6 people had packages reduced from 2 carers, 4 times per day to a combination of 1 carer and equipment which each save 1456 carer hours per year. In addition, a 7th person was able to achieve their wish to go home to die with the addition of equipment and techniques to meet their needs.
- **Monthly data** – overall number of vacant posts were down in September compared to August. There were 66 posts advertised in September with 129 applicants and 2 posts offered. There was a slight increase in the number of people leaving Home care posts in September compared to August.

Key achievements

Case Study / Testimonials – from Risk Assessed Care Workstream:

February 2023: two patients seen on the ward. One required two carers four times a day, but this reduced to one carer for times a day. This gives a saving of £21900 per year (based on a carer costing £15 per hour)

March 2023: One referral – unable to place as Care Homes unable to meet needs. Assessed and alternative equipment provided. Care Home placement found.

Deliverables

Produce an initial training plan.
Produce a proposal for transport and admin requirements.
Evaluation of rotas and shifts.
Scoping of the evaluation of the four pillars model.
Produce and implement an Aberdeenshire recruitment strategy.
Produce an options appraisal for the home care service structure and posts.
Produce an options appraisal for hybrid posts and cross system working.
Produce an initial Risk Assessed Care Training Plan
Produce evidence of budget savings

Benefits

A decrease in vacancies.
A decreasing trend of unmet care need.
Increasing trend in staff retention
Increased staff well-being.
Staff feedback about training.
Increase in positive reputation.

Additional comments

Equalities

	<p>Equality Outcome 1: We will enable people to have improved health and wellbeing as a result of access to person-centred, holistic services.</p> <p>Equality Outcome 2: People will be supported to look after their health and wellbeing and live well by accessing advice and support that is relevant to their needs.</p> <p>Equality Outcome 3: Through meaningful engagement, our health and social care services will understand and reflect the needs of their diverse service users.</p> <p>Equality Outcome 4: We will enable effective communication between patients/service users and staff to ensure person-centred care is provided.</p>
<p>Challenges and support</p> <p>Capacity of operational managers to progress the project.</p>	<p>Engagement</p> <p>Union rep on the Board has the opportunity to ask questions and is delighted with progress especially with the creation of the new post.</p>

Appendix 2

PROJECT UPDATE REPORT

Submitted by: R&E Project team on behalf of Shona Campbell			Date of Report: 20/11/2023	
Project title: Rehabilitation and Enablement	Project ID Number: SDP22-25_Dec22_21	Priority workstream (if applicable): Reshaping Care	RAG status for current phase*	Amber
Project phase <i>State estimated completion date for phase and highlight current phase that RAG status applies to</i>				
Initiation ** 05/09/2022	Planning** 16/02/2023	Implementation** 03/11/2023	Close** 29/12/2023	
Which strategic priority does the project align to? <highlight below>				
Prevention and early intervention	Reshaping care	Engagement	Effective use of resources	Tackling inequalities and public protection
Brief description of the project The aim of the project is to embed rehabilitation and enablement as the entry point to community health & social care services in Aberdeenshire for older people and adults with physical disabilities. The key objectives are to: <ul style="list-style-type: none"> • Determine the current position with delivery of the rehabilitation and enablement action plan approved in 2015 • Develop an updated action plan • Provide direction and support to teams to change practice • Identify and manage barriers to realisation of the intended benefits • Measure and evaluate the outcome of the project using agreed indicators 				
Project update as of 17/11/2023 <ul style="list-style-type: none"> • Phase 1 - Hospital Discharges: Project Officers continue to offer support to Community Hospital MDTs and the Discharge Hub to embed R & E as the default pathway on discharge (exclusions – end of life care and long-term care). • Phase 2 - Virtual Community Ward (VCW) & Phase 3 – Community Referrals: These phases have been combined with greater focus on community referrals due to the natural impact of these upon VCWs and multidisciplinary teams. We are working closely with our community teams to encourage and promote a rehabilitation and enablement approach and gain a greater insight into 				

challenges our teams face. Data collection is underway to help us better understand the reasons why a service user may go down a particular pathway.

- **Local sub-groups:** Subgroups take place regularly across all Aberdeenshire areas and are facilitated by the Project Officers. These allow local teams to share examples of good practice and success stories, as well as identifying any barriers which impact on the ability of the teams to take a rehabilitation and enablement approach with service users. Barriers which cannot be resolved at a local level are escalated to the Leadership Group for discussion. Subgroups also provide opportunities to welcome guest speakers to enhance knowledge of third sector supports and other services within local areas.
- **Training:** Following an evaluation of current training resources, a short life working group was formed consisting of staff from a variety of professions within the AHSCP. The group have put forward recommendations for areas of development as follows:
 - Competencies - A final meeting with the short life working group is scheduled for 29th November and the proposed competencies will then go out for consultation and aim to have agreement at the next Leadership Group meeting on 7th December.
 - Terminology - Terminology and definitions have been agreed and are now in the updated version of the Rehabilitation and Enablement Support Plan template (to be issued shortly) and included in the ALDO training (updates in progress).
 - Online Training - Project Officers are working with ALDO to update the training including documentation, splitting into modules and hosting on TURAS. To date the course has been refreshed with new image tiles and includes the terminology list. Pockets of local training across Aberdeenshire continues such as home carer shadowing of Occupational Therapists.
- **Communications:**
 - Leaflet – the updated R&E leaflet and posters are now printed and being distributed to relevant teams. Email sent to Leadership Group to seek approval for distribution of leaflet to GPs, to enable them to give to patients at the point of referral and to provide clear expectations of the service that will be offered when referring for support at home.
 - Web pages – updates to both internal and external webpages are in progress. These updates position rehabilitation and enablement as the way our community teams work rather than as an additional service or project. We have framed this messaging in line with the LifeCurve.
 - Project Briefing 2 issued in September and Briefing 3 will be issued early December.
- **Digital Platform Project:** A project team has been identified and development of the project charter is in progress. This has been delayed due to lack of capacity and long-term sickness absence within the team.
- **Data for evaluation:** The project team are working with colleagues in Carefirst and Cygnum to expand the data available from Carefirst to enable the reporting of outcomes as well as activity. Work is underway to adapt an existing Carefirst form to include data that is currently being captured manually by teams. This will also be factored into Eclipse. Discussions with Carefirst, Finance and SDS on streamlining the process to record the financial process of R&E, such as FISs, meeting scheduled 5th December.
- **Home Care Capacity:** Lack of capacity for in-house home care continues to remain a limiting factor for the implementation of rehabilitation and enablement. This has been a continuous challenge due to staffing issues and external agency availability to take on care packages.

- **Medicines Management:** Lack of community pharmacy capacity for provision of compliance aids has been highlighted by our teams as a barrier. Discussions around this have also identified a broader issue about how we support people to regain and maintain their ability to manage their own medication. Via the subgroups our project officers have established that this presents an issue across all areas. This is something we are encouraging our teams to consider in greater detail when completing their assessments and setting goals for service users. Project officers have met with the lead Pharmacist for AHSCP for discussions around the current barriers relating to medication and this will be followed up at the local subgroups. Shona plans to meet with SCNs from our community hospitals to explore what can be done to support with rehabilitation for medication management prior to discharge.
- **Documentation:** The template for the Rehabilitation and Enablement Support Plan has been updated to include terminology and definitions. Following feedback from carers the Daily Progress Record template has been modified and the Project team are developing worked examples of these for inclusion in training modules.

Key achievements:

- Leadership Group established and currently meeting every second month with representation from operational teams and professional groups.
- Project Officers appointed and started in post.
- Local sub-groups established and meeting regularly. Issues not able to be resolved at the subgroups are being escalated to the Leadership Group for discussion/action.
- Training needs analysis completed and subgroup convened. Key areas for development identified and approved by Leadership Group.
- Competency development workshop held with core and specific competencies, short working group formed and aim to have approved by Leadership Group in December.
- Communications plan agreed and added to project tracker.
- Briefing 2 issued in September, with Briefing 3 planned for issue in December.
- Digital Project Mandate approved by SMT.

Case Study / Testimonials / Data:

- R&E data recently provided to share with Scottish Government, highlighting a sample of R&E cases across Aberdeenshire in 2023.
- R&E data from Carefirst is reported each month (September's report attached), this data is not completely accurate due to the different ways teams are working / recording on Carefirst. Work in progress with Carefirst to obtain more accurate data moving forward.



2023 09 30 R&E
Data.docx

A target was set for 20% of referrals to care management going down the R & E pathway by March 2024. Percentages fluctuate month to month but comparing averages September 2021 - August 2022 (7.7%) with September 2022 - August 2023 (11.7%) show moving in the right direction.

- Community Hospital data has been collected during 2023, some areas have not submitted, Project Officers working with teams to address this.



Project Mandate -
Digital Platforms.docx

- R&E terminology and definitions list identified and agreed, now on ALDO and included in new Support Plan template.
- R&E leaflet updated and posters printed, distributed to teams across Aberdeenshire.

Deliverables

- Report on the current state and updated delivery plan February 2023
- Embed R & E as default pathway on discharge from hospital for older people and those with physical disability (exclusions end of life care and long-term care)
- Embed R & E as default pathway on admission to Virtual Community Wards for older people and those with physical disability (exclusions as above)
- Embed R & E as default pathway for all new requests for provision of care at home for older people and those with physical disability (exclusions as above)
- Identify team training, development and support needs and develop resources to meet these needs
- Identify stakeholder information needs and develop resources to meet these needs
- Evidence the impact of rehabilitation and enablement at an individual and service level

Additional comments

Benefits

- Team members, service users and their families understand the strategic direction and the benefits of rehabilitation and enablement
- Multi-disciplinary team members are competent and confident to implement rehabilitation and enablement in practice
- Multi-disciplinary team members work effectively and efficiently as a team to support service users to achieve agreed outcomes
- Service users are supported to regain and maintain their abilities and independence, with reduced dependence on formal care services
- Increased demand for care services met within existing resource
- Clear understanding of the impact of rehabilitation and enablement at an individual and service level to inform future care at home demand and capacity analysis and workforce planning.

Equalities

Highlight any areas in which the project supports the mainstreaming of equalities and contributes to the delivery of the Equalities outcomes agreed for 2020-2024

Challenges and support

I would like to ask for consideration and support for three recommendations/requests:

1. There continue to be challenges and barriers to implementing R & E in practice across Aberdeenshire and they all affect teams to a greater or lesser extent. None of our teams have fully embedded in practice that presumption for R & E first. The main issues surfaced by the Project Team are:
 - Belief that R & E is only for people who can be supported back to full independence after 6 weeks
 - Assumption that people have reached their maximum level of function and independence within the community hospital setting
 - Capacity of in-house home care to pick up new care packages (so service is commissioned from another provider under SDS instead)
 - Capacity of team members to act as key worker and to undertake review and adjustment of support plan in a timely manner
 - Lack of rehabilitation for management of medication in hospital and in the community
 - Wider system and public expectations about the service that will be provided

The Project Officers have established positive relationships with teams through their local sub-groups and the project has gained momentum during this year. Our belief is that teams also need direction and support from their operational managers to address the specific challenges in their location and that we should begin the process of transitioning from “project” to “business as usual” in the first quarter of 2024. I would like to retain the project officers in post after the agreed

Engagement

*What engagement outcomes is the project seeking to achieve?
You can refer to [VOiCE Software](#) for further guidance on developing engagement outcomes.*

funding ends in December 2023 to support location managers in embedding R & E locally and to complete work in progress. I am aware that further funding cannot be provided through the Transformation budget.

2. The Digital Project has stalled due to lack of capacity resulting from unforeseen circumstances. James Black, Digital Project Manager, has been consulted and has agreed in principle to take the lead for this project.
3. Rehabilitation and enablement is currently recorded as one of three pathway options following care management assessment. The others are emergency interim support and self-directed support. Discussion with care management team managers, SDS team, Finance team and Carefirst colleagues indicate that moving to a 6 week “intake” assessment period for all referrals would support the embedding of rehabilitation and enablement in practice.

Board members are asked to:

- Consider whether support can be provided from operational teams/budgets to enable the project officers to continue in post for a further fixed period of 6 months
- Approve the separation of the Digital Project from the Rehabilitation and Enablement Project and consider appropriate governance arrangements for this project
- Approve further work by the project team to explore the development of a 6-week intake assessment pathway for new referrals to care management

*RAG status explanations

Green	On track - no forecast issues with achieving project aims and milestones
Amber	Some issues but manageable by project team
Red	Significant issues requiring escalation to the SPG/SMT

**Explanation of project phases and typical activities

Initiation – This stage involves identifying the need for the project. Key activities may include forming a project group, undertaking research to investigate and understand the problem, data gathering, undertaking an options appraisal of possible solutions, identifying high level benefits, agreeing on a solution and developing a draft project charter.

Planning – In this stage the project solution is developed in detail. Key activities may include more detailed benefits mapping, risk planning, resource planning (e.g. staff and funding), communication and engagement planning, project planning and defining of key deliverables.

Implementation – In this stage the project plan is put into action. Key activities may include undertaking project tasks, monitoring progress and performance of the project, managing problems/change requests and executing the communication and engagement plan.

Close – In this stage the project is fully embedded into business as usual (BAU). Key activities may include handing over the project, releasing project resources, communicating project closure to key stakeholders, undertaking a review to capture lessons learnt and developing a control plan to monitor performance. The review of project benefits (Benefits Realisation) should also be undertaken at an appropriate time after the project has been closed, to measure the overall benefits of the project.

**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
31 JANUARY 2024**

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

1 Recommendation

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

- 1.1 Provide comment on the high-level quarterly performance report on the HSCP Strategic Delivery Plan to end of November 2023, noting work ongoing regarding the prioritisation of workstreams.
- 1.2 Note the monitoring and reporting of activity linked to vaccinations will now be reported under the Primary Care Improvement Programme Board therefore this has been removed from the Strategic Delivery Plan as an individual project.
- 1.3 Note the development and reporting of activity linked to the Primary Care Mental Health Hub will be considered as part of the new Aberdeenshire Mental Health Strategy therefore this will be removed from the Strategic Delivery Plan as an individual project.
- 1.4 Endorse the accompanying quarterly report on specific progress against the Medication Assisted Treatment (MAT) Standards Implementation.

2 Directions

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

3 Risk

- 3.1 IJB Risk 1 (1990) – Sufficiency and affordability of resource – The Aberdeenshire HSCP’s revised Strategic Delivery Plan and supporting performance framework will monitor progress of all workstreams ensuring known issues or risks relating to capacity and resource are managed, supported by a clear alignment to the HSCP’s Workforce Plan and Medium-Term Finance Strategy.
- 3.2 IJB Risk 8 (1589) – Risk of failure to deliver standards of care expected by the people of in the right time and place – The HSCP’s performance framework will support IJB oversight of progress against key local and national initiatives and measures and provide assurance as to how services are being designed and delivered to improve outcomes.



4 Background

- 4.1 As set out in the Aberdeenshire HSCP Organisational Governance Framework, performance governance within the HSCP is based on a tiered approach to provide assurance at local and strategic levels within the HSCP, to NHS and Council partners and the Scottish Government. Ultimate accountability for and scrutiny of performance is held by the IJB.
- 4.2 At its meeting on 7th December 2022, the IJB approved the new format for its performance reporting framework to provide assurance as to progress against the Aberdeenshire HSCP's Strategic Delivery Plan. The aim of this report is to provide a high-level overview of all projects (transformational, improvement and review workstreams), outlining overall progress and enabling exception reporting of any key barriers or delays.
- 4.3 As previously agreed by the IJB, this report includes a more detailed update on the HSCP's progress against delivery of the Medication Assisted Treatment (MAT) Standards, with the report for this period covering July to September 2023. The full quarterly report is provided in Appendices 1 and 2.
- 4.4 The Strategy and Improvement Teams have undertaken further work to review the projects, definitions and prioritisation of projects within the Strategic Delivery Plan. At the IJB meeting in December 2023 the following changes were agreed:
- The definitions for transformational projects, improvement projects and projects under review.
 - The updated categorisation of projects within the Strategic Delivery Plan based on the agreed definitions.
 - The development of a Prioritisation Framework which will be supported through the project mandate and project charter documentation.
 - The removal of agreed projects highlighted through this review process, noting they will continue to be monitored on an ongoing basis, similar to that of the Workforce Plan.
 - The removal of agreed projects noting that they are operational/business as usual.

5 Summary

- 5.1 The Aberdeenshire IJB formally agreed the Strategic Delivery Plan 2022 – 2025 in December 2022, outlining the key areas of work to be progressed over the next two years. Appendix 1 provides a summary update with key highlights and risks, including the 'in-focus' update for MAT Standards Implementation to end of September 2023, incorporating a progress rating against all 10 MAT Standards which require to be fully implemented by April 2024.
- 5.2 Appendix 2 provides individual updates for each of the workstreams as originally identified from the Strategic Delivery Plan including the actions below agreed at December's IJB meeting.



- 5.3 As part of the review, it was agreed that the following projects are removed from the Strategic Delivery Plan:
- Autism Strategy
 - Learning Disability Strategy Delivery Plan
 - Mental Health Strategy Delivery Plan
 - Health Improvement Delivery Plan.
- 5.4 They will be continued to be monitored on an ongoing basis in a similar way to the Workforce plan. Again, like the Workforce Plan, any specific projects arising from the delivery plan which have a transformational, improvement or review focus would remain as part of the Strategic Delivery Plan.
- 5.5 In addition, it was also agreed that the following projects are removed from the Strategic Delivery Plan (SDP):
- Health and Social Care Staffing Act: This is a legislative requirement which we have to ensure we comply with operationally.
 - 2C Practices – what is the future: This should be removed, however, when there is an approved project mandate this will be added back to the SDP.
 - Implementation of Outcome Measurements with focus on Outcome Star: This will be removed as this work is business as usual.

6 Equalities, Staffing and Financial Implications

- 6.1 An Integrated Impact Assessment was undertaken as part of the development of the proposals for the performance framework reported to the IJB in December 2022. No impacts were identified as this is a report on performance/activities of the HSCP over the reported period. There will be no differential impact, as a result of the report, on people with protected characteristics.
- 6.2 An Integrated Impact Assessment will be undertaken for each individual project under the Strategic Delivery Plan. Financial and staffing outcomes and measurements will be determined on an individual project basis and scrutiny will be provided through the agreed governance structure.
- 6.3 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and had no comments to make.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Lynne Gravener, (Interim) Programme Manager



Date: 19 December 2023

Appendices

Appendix 1: Strategic Delivery Plan - Quarterly Performance Report Summary, 31
January 2024

Appendix 2: Strategic Delivery Plan - Project Performance Tracker

APPENDIX 1



Strategic Delivery Plan - Quarterly Performance Report Summary

IJB Report Date: 31 January 2024

KEY HIGHLIGHTS									
Six projects have been removed/closed from the Strategic Delivery Plan as agreed by IJB in December 2023.	<p>Overview of RAG Status - All Projects</p> <table border="1"> <caption>RAG Status Data</caption> <thead> <tr> <th>Color</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Green</td> <td>8</td> </tr> <tr> <td>Amber</td> <td>5</td> </tr> <tr> <td>Red</td> <td>1</td> </tr> </tbody> </table>	Color	Count	Green	8	Amber	5	Red	1
Color		Count							
Green		8							
Amber		5							
Red		1							
8 out of 14 projects currently reporting Green RAG status indicating they are currently on track to achieve project aims and milestones.									
The RAG status of two projects have improved from Amber to Green - Digital Strategy and Analogue to Digital Transition. Four projects have remained at Amber - Effective Support for Carers and Self Directed Support, Replacement of Social Care Management System, Review and re-provision of Learning Disability Accommodation and Development of Shire Mental Health Accommodation Options.									
Out of Hours: <ul style="list-style-type: none"> The service transitioned from Marie Curie to in house for Moray and Shire on the 1st of October. Many of the staff have been TUPE'd into NHS Grampian - some to substantive posts and some to the nurse bank. Recruitment has been both successful but challenging at the same time. By recruiting to the permanent posts we have reduced the sporadic and unreliable need for bank use therefore creating a more stable team. The next part of the transition is to phase the team into the GMED service so that we provide a comprehensive out of hours team that has all resources available to ensure the patients get what they need at the right time with the right skill set. We will progress this over the next month.									
MAT Standards: <ul style="list-style-type: none"> During this Quarter, additional psychology resource has been secured which will support the implementation of MAT Standards 6 and 10. This resource will also have an overall positive impact on effective service delivery and will promote improvement in skills across the whole workforce. 									
Out of Area Complex Care Placements: <ul style="list-style-type: none"> Proposals have been presented to SMT and approved to facilitate the progress of the Complex Care workstream via the coproduction of a property solution in partnership with Aberdeenshire Housing. 									

Frailty:

- A clinical lead post has been recruited for a 12 month period and will support with the development of our frailty pathways within Aberdeenshire.
- Work is underway on the expansion of our Virtual Community Ward (VCW) model moving to a 24/7 model, initially to be implemented between December 2023 to 31 March 2024 in the Garioch (Central) area (covering the GP practices of Inverurie, Kemnay, Westhill and Insh).

Challenges and Mitigations	
Challenge	Mitigations or Improvement Actions
Primary Care Improvement Plan	<ul style="list-style-type: none"> Vaccinations, First Contact Physio and Mental Health and Wellbeing services are fully implemented, although with vacancies and recruitment issues there can be intermittent gaps in providing the service, but it has been rolled out. CTAC, Pharmacotherapy and Urgent Care still face considerable challenges to enable these services to be rolled out due to funding, staffing and premises. The Grampian wide General Practice Vision Programme will aim to support a collaborative and innovative approach to General Practice and delivery of PCIP which will work for our communities and geography within the resource available.
Replacement of Social Care Management System	Project has been on hold from vendor perspective since July 2023 however Aberdeenshire project resources have continued with activities related to CareFirst data tidypup and preparations for the next phase of the project. Relevant risks and mitigations have been identified and continue to be closely monitored/escalated as required.
7 projects currently reporting Amber status.	Work is continuing to ensure that the Strategic Delivery Plan is reviewed and key priorities for this financial year are identified. Specific updates against each project are detailed in Appendix 2.

IN-FOCUS - PERFORMANCE AREAS FOR IJB OVERSIGHT

Performance Area / Overview	Medication Assisted Treatment (MAT) Standards Implementation - one of the platforms for successful delivery of the National Drugs Mission to improve and save lives of people who use drugs and their loved ones. This performance update summarises Aberdeenshire HSCP progress against the first five Standards which are expected to be in place by 31/03/23 with full implementation of all ten Standards by 31/03/24.	
Period covered by report	July 2023 - September 2023	RAG Rating
Key Objectives	1. All people accessing services have the option to start MAT from the same day of presentation.	Provisional Green
	2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.	Provisional Green
	3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Provisional Green
	4. All people are offered evidence based harm reduction at the point of MAT delivery.	Provisional Green
	5. All people will receive support to remain in treatment for as long as requested.	Provisional Green
	6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	Amber
	7. All people have the option of MAT shared with Primary Care.	Amber
	8. All people have access to independent advocacy and support for housing, welfare and income needs.	Provisional Amber
	9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	Provisional Amber
	10. All people receive trauma informed care.	Provisional Amber
Progress - Key Highlights	Additional pharmacy resource is in the process of being recruited and plans to optimise bringing this support to the service are in development. This will allow safer prescribing practices and increased partnership working with pharmacies including increased Buvidal spaces. Staff training with a focus on Motivational Interviewing and Safety and Stabilisation courses. These will increase staff knowledge and skills and will contribute to achievement on MAT 6 by 10 by April 2024. A development plan is being completed in line with MAT 6 and 10 and a survey of staff has taken place to help inform this. The Grampian steering group continues to meet regularly Housing have provided a worker for regular attendance at the Step In in Peterhead, Banff and Fraserburgh. Staff knowledge and understanding in both Housing and Drugs and Alcohol service has increased and this has benefited clients. Welfare rights will provide fast access to a worker who will see clients at the Step In. We will test this and seek additional funding if a post is required to meet demand of people in service. We scored well in the National Benchmarking report for Standards 1-5, https://www.publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards-20222023/ Step In teams are embedding well and are seeing an increase in people dropping in at these locations. Temporary Premises in Inverurie have been identified with Step In operating from these this quarter. Increased outreach through monthly Days of Action continue in Fraserburgh to address the increase in harms and complexities of people requiring Drug and Alcohol support . Partnership working has increased to provide a holistic approach to peoples care, this has included increased referrals from the Drug and Alcohol Care Team in ARI, increased professionals meeting with Housing and other relevant partners, Increased partners presence at Days of Action including Community Mental Health and NHS BBV colleagues	
Risks / Issues	Mitigations / Actions	

Risk to delivery of MAT standards in some areas due to premises availability.	Premises have been secured in Peterhead and Banff and we have leased premises in Fraserburgh. Temporary premises have been identified at 93 High Street in Inverurie and we are currently working from these premises. We attended SMT in September to discuss future options and gained support of SMT with regard to agreeing permanent use of the premises. Since that time, business needs of the Council have changed and they may seek to retain the premises for corporate use so unsure about long term options. We have no alternative accommodation in Inverurie, despite through exploration of options. Stonehaven do not have permanent premises yet and operating in local hospital, Viewmount and in communities - work continues with the HSCP property team who are seeking space via Council colleagues to resolve these issues. We have highlighted a range of concerns and as property is limited in Stonehaven suggested to SMT that adaptations to a section of Viewmount could be considered.
Recruitment and Retention	Recruitment issues are being experienced across Scotland. We have been without required medical staff but have recruited a specialist Doctor from mid November. We continue to increase prescribing capacity within the service through nurses attending Non Medical Prescriber training. This is going well but takes time. We are requesting advertising of specialist vacancies e.g. Pharmacists and Psychologists but are experiencing delays.
Gathering of appropriate Experiential Feedback for each standard.	Our provisional green rating is due to the lack of experiential feedback relating to the MAT standards. This continues to be a challenge and the service will need to invest some resource to ensure this happens in the numbers required.

Data Measures and Targets	Local Delivery Plan Standard: Drug and Alcohol Waiting Times - 90% of people wait less than 3 weeks between referral and treatment: Aberdeenshire Performance 2022-23 Quarter 1: 90.4% Quarter 2: 94.6% Quarter 3: Quarter 4:
	National Substance Use Treatment Target - by 1 April 2024 there will be at least 32,000 people with problem opiate drug use in community-based Opioid Substitution Therapy (OST) treatment in Scotland (90% of all drug-related deaths in Scotland currently involve opiates). This target equates to approx. 9% increase on current baseline and a target increase of 72 (count) for Aberdeenshire (national target increase has been applied equitably across Integration Authority areas in Scotland).
	Other data measures in development to ensure meaningful reporting of progress towards delivery of MAT Standards (to include experiential information), supported by NHS Grampian Health Intelligence and linking to the DAISy system. [Drug and Alcohol Information System (DAISy) is a national database holding data relating to specialist drug and alcohol treatment from services across Scotland with the aim of monitoring treatments provided, understanding outcomes from treatment and improving future care. Specific data was supplied to the National MIST team for MAT Standards 1-5 This provided evidence to rate us as Provisional Green against each of these standards. We were not required to provide data for 6 to 10 but will be for this operational year. Further information can be found in the MAT national benchmarking report https://www.publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards-20222023/

APPENDIX 2



Project	Reference Number	Project Category	Priority	Project Phase	Project Status - at end of August 23	Project Status - at end of November 23	Trend Since Previous (Explanation for Amber & Red Projects)	Explanation for Red or Amber RAG Status
SOCIAL CARE SUSTAINABILITY PROGRAMME								
In-house Care at Home - the future	SDP 23-25_DEC22-01	Improvement	Effective Use of Resources Reshaping Care Prevention & Early intervention	Implementation	Green	Green	No change	
Very Sheltered Housing Review	SDP22-25_Dec22_15	Review	Reshaping Care Effective Use of Resources Prevention and Early Intervention	Implementation	Green	Amber	Worsened	Social Care Sustainability Programme Board has agreed this project should be paused whilst local operational issues are addressed before further options appraisal could continue.
Rehabilitation and Enablement	SDP22-25_Dec22_21	Improvement	Prevention & Early intervention	Implementation	Green	Amber	Worsened	There continue to be challenges and barriers to implementing R & E in practice across Aberdeenshire. Capacity issues have affected other elements such as the digital workstream but a solution has now been identified. Project at stage where support to transition to 'business as usual' would be the objective from early 2024, retaining project officer support to Location Managers to embed R&E locally and complete work in progress. Request to be made via Partnership Managers to identify funding for the Project Officer posts from team budgets with exit strategies to be agreed if required.
Effective Support for Carers and Self-Directed Support (NB Project redefinition agreed by Social Care Sustainability Programme Board)	SDP22-25_Dec22_30	Improvement	Reshaping Care Effective Use of Resources Prevention and Early Intervention Tackling Inequalities and Public Protection	Planning	Amber	Amber	No change	Project has not progressed as timeously as planned, due to capacity of project lead and ability to recruit to key posts. However, posts within the Training and Development team have now been filled, with the SDS and Carers Team Leader post also now in the process of being advertised.
COMMUNITY HUB PROGRAMME								
Primary Care Mental Health Hub (Central)	SDP22-25_Dec22_05	Improvement	Prevention and Early Intervention Tackling Inequalities and Public Protection	Planning	Green	Amber	Worsened	This is part of and within the MH and Wellbeing Strategy. Progress has been impacted due to staff capacity. Therefore, how this project will be taken forward will be considered as part of the new Aberdeenshire Mental Health Strategy
Out of Hours Review (Unscheduled Care)	SDP22-25_Dec22_06	Improvement	Reshaping Care Effective Use of Resources Prevention & Early intervention	Implementation	Green	Green	No change	The transition from Marie Curie to in house has gone very smoothly with positive feedback around the support to the TUPE'd staff from Marie Curie, how they have felt very much part of a team being part of the partnership nursing teams and also working closely with the GMED teams in the bases overnight. Recruitment has been both successful but challenging at the same time. All posts are nearly filled, we have had some movement and there have been delays in getting people into post. By recruiting to the permanent posts we have reduced the sporadic and unreliable need for bank use therefore creating a more stable team. The next part of the transition is to phase the team into the GMED services so that we provide a comprehensive out of hours team that has all resources available to ensure the patients get what they need at the right time with the right skill set. We will progress this over the next month.
Primary Care Improvement Plan	SDP22-25_Dec22_11	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Implementation	Amber	Red	Worsened	Significant challenges continue to be faced in relation to funding, premises and workforce impacting on the ability to fully roll out CTAC, Pharmacotherapy and Urgent Care services. The Grampian wide General Practice Vision Programme will aim to support a collaborative and innovative approach to General Practice and delivery of PCIP which will work for our communities and geography within the resource available.
OTHER PROJECTS / WORKSTREAMS								
MAT Standards Implementation	SDP22-25_Dec22_22	Improvement	Prevention and Early Intervention Tackling Inequalities and Public Protection	Implementation	Green	Green	No change	
Out of Area Complex Care Placements	SDP22-25_Dec22_18	Transformational	Reshaping Care Effective Use of Resources	Implementation	Green	Green	No change	
Insch Service Review	SDP22-25_Dec22_01	Transformational	Reshaping Care Effective Use of Resources Prevention and Early intervention Engagement	Planning	Green	Amber	Worsened	Discussions are continuing with partners and stakeholders; awaiting decision from Friends of Insch Hospital regarding the possibility of Community Asset Transfer (CAT).
Digital Strategy development	SDP22-25_Dec22_12	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Initiation	Amber	Green	No change	
Analogue to Digital Transition	SDP22-25_Dec22_23	Improvement	Prevention and Early intervention Reshaping Care Tackling Inequalities and Public Protection	Planning	Amber	Green	Improved	
Frailty Pathway	SDP22-25_Dec22_09	Transformational	Reshaping Care	Initiation	Green	Green	No change	
Develop Suicide Prevention Action Plan	SDP22-25_Dec22_04	Transformational	Prevention and Early Intervention Tackling Inequalities and Public Protection	Initiation	Green	Green	No change	

KEY

Project Phase - Description:

- Initiation** - Identifying need for project, forming project group, project charter etc
- Planning** - Detailed benefits mapping, project planning and defining key deliverables
- Implementation** - Project plan implementation and monitoring
- Close** - Project embedded into business as usual, lessons learned, benefits realisation

Project Status - RAG Rating pertains to current status within the current project phase:

- Green** - On track to achieve project aims and milestones
- Amber** - Some issues or delays but manageable by project team
- Red** - Significant issues requiring escalation or significant remedial action
- Blank** - Project not yet at a stage where reporting is taking place

Trend since previous:

- Indicates whether RAG status is improved, unchanged or worse since last report.
- Blank** - First report (no previous RAG status recorded)

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