Aberdeenshire
Health & Social Care
Partnership

INTEGRATION JOINT BOARD

WEDNESDAY, 20 MARCH 2024 AT 10.00 AM

Your attendance is requested at a meeting of the INTEGRATION JOINT BOARD to be held in Council Chamber - Woodhill House, Westburn Road, Aberdeen, AB16 5GB (with virtual attendance), on WEDNESDAY, 20 MARCH 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, 12 March 2024

Pamela Milliken, Chief Officer
Aberdeenshire Health and Social Care Partnership

To: 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

B U S I N E S S

1. Sederunt and Declaration of Members' Interests

(A) Public Sector Equality Duty 4
Statement on Equalities:

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

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

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

(B) Exempt Information

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

“That under paragraphs 2 and 3 of the Categories of Exempt Information, found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Items 12 and 13 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 31 January 2024 5 - 13

GOVERNANCE

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6. Revenue Budget 2024/25 16 - 143

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NEW BUSINESS

9.	North East Population Health Alliance	174 - 191
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11.	Aberdeenshire Health and Social Care Partnership - Workforce Plan 2022-2025 - 2023-2024 Update	257 - 329

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

12	A2D - Digital Telecare - Procurement Proposal 2024 **[*Exempt under paragraph 6, 7*]**	330 - 350
13	Complex Care Accommodation - Netheraden (Mintlaw) **[*Exempt under paragraph 6, 7*]**	351 - 379

PUBLIC SECTOR EQUALITY DUTY – GUIDANCE FOR MEMBERS

What is the duty?

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

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

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

How can Members discharge the duty?

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

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

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

What does this mean for Committee/Full Council decisions?

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

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

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

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

INTEGRATION JOINT BOARD

COUNCIL CHAMBER - WOODHILL HOUSE, WESTBURN ROAD, ABERDEEN, AB16 5GB, WEDNESDAY, 31ST JANUARY, 2024

Integration Joint Board Members:
Councillor A Stirling (Chair), 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 and Councillor S Logan and Ms S Webb (NHS Grampian).

Integration Joint Board Non-Voting Members:
R Taylor (Primary Care Advisor), S Kinsey (Third Sector Representative), F Culbert (Carer Representative), D Hekelaar (Third Sector Representative), A Mutch (Service User Representative), J Barnard (Nursing Lead Advisor), Kirk (UNISON Trade Union), K Grant (NHS Trade Union), L Jolly (Chief Social Work Officer), Milliken (Chief Officer) and Smith (Chief Finance and Business Officer).

Officers: A MacLeod (Strategy and Transformation Manager), J Howie (Partnership Manager South), A Pirrie (Partnership Manager Central), PJensen (Strategy and Transformation Manager), L Flockhart (Lead Social Worker), Gravener (Interim Programme Manager, Health and Social Care Partnership), F Campbell and Henderson Cowie, N Stephenson, L Firth, C Scott, F Campbell and N David, Aberdeenshire Council; A MacLeod, L Gravener, L Flockhart, M Chan, V Henderson, J Howie and P Jensen, Aberdeenshire Health and Social Care Partnership; R Flett, A McGruther, NHS Grampian.

Apologies: Paul Bachoo

1 Sederunt and Declaration of Members' Interests

The Chair asked for Declarations of Interest.

Angie Mutch advised that she had a connection to item 8, by virtue of having been appointed to a Scottish Government group working on a Suicide Prevention Plan for the next two years. She confirmed that having applied the objective test she had concluded that she had no interest to declare.

Councillor Keating advised that he had a connection to item 8, by virtue of having been a volunteer for Samaritans for the last 25 years. He confirmed that having applied the objective test he had concluded that he had no interest to declare.

2a Public Sector Equality Duty

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

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

(a) eliminate discrimination, harassment and victimisation;

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

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

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

2b Exempt Information

The Joint Board **agreed,** that under paragraphs 6, 7 and 8 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

There had been circulated and was **approved** as a correct record the Minute of the Meeting of the Integration Joint Board of 6 December 2023.

4 Integration Joint Board Action Log

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

5 Chief Officer's Update

There had been circulated a report by the Chief Officer, providing an update of the ongoing work of the Health and Social Care Partnership, including an update on (1) the Aberdeenshire Health and Social Care Partnership's Workforce Input to NHS Grampian's Delivery Plan for 2024/25; (2) the General Practice Vision Programme; (3) Health Visiting and Family Nurse Services – UNICEF Baby Friendly Health Visiting Standards; (4) Dalvenie Gardens Very Sheltered Housing; (5) a Joint Inspection of Adult Support and Protection in the Aberdeenshire Partnership Area; and (6) a Scottish Government Consultation on The Learning Disabilities, Autism and Neurodivergence Bill consultation.

By way of update, the Chief Officer advised of a range of updates on the Workplace Plan which had to be submitted to NHS Grampian to feed into the NHS Grampian Delivery Plan for 2024/25, and an update on the Workplace Plan would to be reported to the next meeting of the IJB; provided an update on the General Practice Vision Programme which had considered how to make general practice across Aberdeenshire sustainable going forward and looking at progress made at implementing the Primary Care Improvement Plan; that following a visit from the UNICEF baby-friendly initiative NHS Grampian Health Visiting and Family Nurse

Services had fulfilled the requirements and achieved a GOLD award; an inspection of Dalvenie Gardens Very Sheltered Housing as part of a pilot inspection from the Care Inspectorate for low-risk services had retained a grade of 5 (very good) standard, with a number of areas of work being commended; an ongoing update of the activity to date on the Joint Inspection of Adult Support and Protection in the Aberdeenshire Partnership Area, with Senior Leaders having attended a Professional Discussion Meeting and a staff survey was ongoing; noted that work was ongoing to minimise delayed discharges during winter and managing winter pressures had continued to incorporate close oversight and scrutiny of delayed discharges as a key performance metric and senior managers were meeting weekly to provide oversight and scrutiny of delayed discharges, supported by Location and Service Managers in each area; and initiatives to support staff health and wellbeing with access to resources being promoted to employees to ensure that wellbeing was an integral part to staff communications and programmes; and finally she highlighted a consultation on the Learning Disabilities, Autism and Neurodivergence Bill which aimed to bring a focus to help Scotland move towards a society where neurotypical and neurodivergent people, and people with learning disabilities having their needs met and their choices respected. She advised that members would be invited to share their views and a response on behalf of the Health and Social Care Partnership would be collated and shared with the Chair and Vice Chair for agreement prior to submission.

During discussion, Members commented on the issue of delayed discharge relating to waiting times for medications from the hospital pharmacy. It was noted that that timely access to medications to support hospital discharge is monitored also that the mechanisms for inpatient and primary / community prescribing are different, which prevents patients awaiting discharge from being able to have their prescription filled at their local pharmacy, and sometimes resulting in delays in their final discharge. It was suggested that both organisations should be challenged to find a solution to address this issue and that the Chief Officer should raise the matter with colleagues to commence a discussion to seek a joint pharmacy approach across healthcare partnerships and secondary care.

There was also discussion of the importance of ensuring that during the consultation phase of the Learning Disabilities, Autism and Neurodivergence Bill consultation there was appropriate consultation to ensure there was lived experience representation and that the consultation reached out to the wider community.

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

(1) to congratulate the staff teams on the achievement of a GOLD award from the UNICEF baby friendly initiative;

(2) to congratulate the staff for the ongoing work and high standards of care being delivered at Dalvenie Gardens Very Sheltered Housing;

(3) to delegate to the Chief Officer, in consultation with the Chair and Vice-Chair to submit a response to the Scottish Government Consultation on the Learning Disabilities, Autism and Neurodivergence Bill consultation, on behalf of the Integration Joint Board; and

(4) that the Chief Officer provide a briefing note on the concept of seeking a joint pharmacy approach across healthcare partnerships and secondary care, and ongoing work to look at prescribing budgets across acute and primary care.

6 Revenue Budget 2023-24 Update

There had been circulated a report dated 16 January 2024 by the Chief Officer, providing an update on the financial monitoring information for the 2023/24 financial year, which covered the period up to the end of November 2023.

The Chief Finance and Business Officer provided an overview of the financial position as at the end of November 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 November 2023 and the budget adjustments proposed for approval, as contained in Appendix 3 to the report. He outlined the forecast position for 2023/24, based on the November results, which showed a forecast overspend of £16.997 million, equating to 6.0% of the IJB budget. He highlighted that Health budgets at the end of November 2023 were over budget by £4.4 million, Social care budgets were over budget by £12.2 million and Funds at the end of November 2023 were over budget by £0.453 million. The areas which recorded the largest over budget positions were GP prescribing, Other Direct Patient Care, Adult Services Community and Residential Care and Older People Care Management and Residential Care. 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.

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. In addition, work was ongoing within the budget setting process for 2024/25 with the budget due to be presented to the IJB for approval on 20 March 2024.

The Chief Officer highlighted the pressures that were driving the budget overspend and the work that was ongoing to put a focus on those pressure areas to identify if they could be mitigated. The two main pressures were prescribing and adult social care, and those were both indicators of the complexity of need, the demographics and on an escalating line of pressure and were driving part of the main challenges in terms of budget pressures. She advised of ongoing work to focus on pressure areas and to seek measures to mitigate these areas and there would be a continued focus of scrutiny through future reporting.

During discussion, Members commented on (a) the use of earmarked reserves and timeline for confirmation of their use; (b) noted ongoing discussions with Finance teams within the partner organisations on potential requirement for funding to address an over budget position of the IJB budget at year end; (c) the need for reinforcement of the need to achieve a balanced budget by financial year end; (d) the very serious pressure of the spend on the Prescribing budgets for Primary Care and ongoing work and actions being taken to address this.

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

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

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

7 IJB Audit Committee Update

There had been circulated a report dated 16 January 2024 by the Chair of the IJB Audit Committee providing an update on key issues in relation to Audit which had been progressed since the last meeting of the IJB. The report advised that since the last meeting of the IJB, the Audit Committee had approved for sign off the audited accounts on 29 November 2023 and officers had agreed to the recommendations set out in the detailed Action Plan and would report back to the next meeting of the IJB Audit Committee in February 2024. An update was also provided on a recent meeting of the Risk Assurance Group and updates to the Risk Register and a review of the Risk Register and the Strategic Development Plan reporting structure.

The Joint Board heard from Mrs Duncan, Chair of the IJB Audit Committee, who confirmed that the Committee had been assured by the External Audit report and the Action Plan coming from that and the progress with the recommendations; the Committee was well assured on the ongoing work on Risk matters and progress being made; that action plans for the two audits still in process were being progressed and two new audit processed had commenced. Some concerns had been expressed around some areas where the IJB do not have full control of issues, such as workforce issues, the new Health and Care Workforce Act, but there were no issues which required escalation at the present time.

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

8 Draft Aberdeenshire Suicide Prevention Action Plan 2023-24

There had been circulated a report dated 5 January 2024 by the Partnership Manager, North which asked the IJB to consider, comment on and approve the Aberdeenshire Suicide Prevention Action Plan 2023-24.

The Mental Health and Learning Disabilities Service Manager, Central introduced the report and advised that the Aberdeenshire Suicide Prevention Action Plan had come about from the new national strategy for Suicide Prevention, known as ‘Creating Hope Together’, published in September 2022, covering the period 2022-2025. A Suicide Prevention Delivery Group had been established, with a wide stakeholder participation, and had prioritised a range of tasks for 2023-24 within an Action Plan. Work was also being undertaken on a wider Grampian basis, along with Moray and Aberdeen City and other stakeholders, working on the four outcomes within the Strategy. Work was ongoing to advertise and encourage the use of an Aberdeenshire Suicide Prevention app and an increase in usage was seen across the festive period. Two Community Engagement Officers were now in post, employed through SAMH to provide local support across Aberdeenshire and to implement the Action Plan.

There was discussion of information sharing from a Scottish Government evaluation of the first year of the Delivery Plan of the ‘Creating Hope Together’ Strategy; proposed training for carers and professionals, which would be targeted at different levels, depending on need; the need to ensure support for young people who may be in alternative education and not in the school system; work ongoing at a national level to

develop an online programme for suicide prevention which talks to young people; the importance of the voice of lived experience to support this work going forward; the need to ensure that as part of the workforce and health and wellbeing work needs to be embedded in order to support staff.

There were some concerns expressed around the need to ensure that the work in relation to the Suicide Prevention Plan was not replicating or repeating work already done and was focussed on aspects that would give added value to an issue. Any action plan should seek to address gaps that may need to be filled and work should build upon existing work at a local, national and international level to avoid duplication.

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

(1) to note the Aberdeenshire Suicide Prevention Action Plan 2023-2024;

(2) that officers should take cognisance of the comments raised within the meeting and ensure that future provision was tailored to meet the needs and avoid duplication of work;

(3) that Year 2 of the Plan should take account of the discussion of the IJB and should address the concerns raised and ensure a link across the community planning agenda, and all relevant services and stakeholders and should be reported to the first meeting of the IJB after the summer recess (21 August 2024).

9 Aberdeenshire Health and Social Care Partnership Strategic Planning Group Update

There had been circulated a report dated 28 December 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 (SPG). The report advised that a range of reports had been considered at the last meeting and included a Programme Board Update Report on the Social Care Sustainability Programme. The report noted the continued progress being made across the Social Care Sustainability Programme, whilst recognising the impact of operational demands.

The Interim Strategy and Transformation Manager introduced the report, highlighted a range of work being undertaken by the SPG and highlighted the joint strategic needs assessment which followed with the agreement of the SPG to commence work in preparation for the development of the Partnership's next Strategic Plan, and noted that the timeline for this was currently under development.

During discussion clarification was sought on proposed funding for project officer costs in relation to current budgetary pressures, and the potential impacts in terms of adjustment of milestones, timelines and objectives in terms of what can be delivered within available resources was acknowledged. However, the need to ensure that projects were progresses was highlighted in order to ensure the necessary transformational change was progressed. For future reports, further information on outcomes was requested, to highlight the impacts of the projects on the outcomes.

Thereafter, the Integration Joint Board **agreed** to acknowledge the report from the Strategic Planning Group (SPG) following its meeting on 12 December 2023.

10 Aberdeenshire Health and Social Care Partnership Strategic Delivery Plan Performance Report

There had been circulated a report dated 19 December 2023 by the Chief Officer, which provided the quarterly performance report on the H&SCP Strategic Delivery Plan to the end of November 2023, and outlining work ongoing regarding the prioritisation of workstreams. The aim of the report was to provide a high level overview of all projects, outlining overall progress and enabling exception reporting of any key barriers or delays. As agreed by the IJB the report also included a more detailed update on the H&SCP's progress against delivery of the Medication Assisted Treatment (MAT) Standards.

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

The Integration Joint Board agreed:

(1) to note 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;

(2) to 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;

(3) to 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; and

(4) to endorse the accompanying quarterly report on specific progress against the Medication Assisted Treatment (MAT) Standards Implementation.

11 2024/25 Annual Procurement Work Plan (Social Care)

There had been circulated a report dated 20 December, 2023, by the Chief Officer which explained that the Annual Work Plan for procurement to be undertaken during 2024/2025 was outlined and required a Direction to be given to Aberdeenshire Council.

It was emphasised that there may be unexpected procurements or emergency situations that arise in the financial year, and in this situation, officers would submit a Supplementary Work Plan requiring the approval of the Integration Joint Board.

The Strategic Procurement provided further information, in particular highlighting that there were three items on the Annual Procurement Work Plan. These were: Support at home services for adults with Complex Needs and Learning Disabilities; Residential Services for Adults with Learning Disabilities and Mental Health Issues; and National Care Home Contracts for residential services for older people.

The Integration Joint Board **agreed** to:

(1) approve the Annual Procurement Work Plan, detailed in Appendix 1, and the one Procurement Approval Form (PAF) and two Award Reports, detailed in Appendix 2 (A-C);

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

(3) direct Aberdeenshire Council to direct award and extend the services detailed in the Annual Procurement Work Plan on behalf of the Joint Board;

(4) note the updates on Out of Area Individual Placements; and

(5) note that the contract requirements relating to care and support services aligned with the Joint Board's Strategic Plan in relation to "Outcome 2: People, including those with disabilities or long-term conditions or were frail, were able to live independently at home or in a homely setting in their community"; and additionally, an update on the outcomes from the approved procurements in the report would be included in the Commercial and Procurement Shared Service's Annual Report.

12 Supplementary Work Plan - Procurement Approval

There had been circulated a report dated 9 January, 2024, by the Chief Officer which explained that one direction required to be issued to Aberdeenshire Council. The detail of the specific direction was outlined in Appendix 3.

As background, the report reminded the Joint Board that the Communities Committee of Aberdeenshire Council act under Direction from the Integration Joint Board. Where the Contract Value for new contracts was over £1,000,000 approval of the Business Case must be given by the Communities Committee in accordance with the Financial Regulations and where the Contract Value for new contracts was between £50,000 and £1,000,000, the Business Case may be approved by the relevant Chief Officer and notified to the Head of Commercial and Procurement Services. However, the Communities Committee may choose to reserve any item on the Work Plan which was within its remit and such item would then require its Business Case to be reported to the Communities Committee prior to the Service being authorised to undertake the procurement and/or issue the appropriate contracts. This ensured that there was appropriate scrutiny over the procurement process and provided assurance to the Integration Joint Board that robust governance controls the spend of the budget under Direction.

The Integration Joint Board **agreed** to:

(1) approve the Supplementary Procurement Work Plan detailed in Appendix 1 and the Procurement Approval Form in Appendix 2;

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

(3) direct Aberdeenshire Council to procure the works detailed in the Supplementary Work Plan on behalf of the Integration Joint Board; and

(4) note that the works aligned with the Aberdeenshire Health and Social Care Partnership Property Asset Strategy.

Aberdeenshire Health & Social Care Partnership

ABERDEENSHIRE INTEGRATION JOINT BOARD ACTION LOG – 20 March 2024
OUTSTANDING ITEMS

Report Name/Piece of work	Action/Owner	Date Added	Date of meeting/Deadline	Decision or Purpose of Report
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
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.
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 Health & Social Care Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD (IJB) 20 MARCH 2024

CHIEF OFFICER'S UPDATE

HMP GRAMPIAN INSPECTION

HM Inspectorate of Prisons for Scotland recently announced their programme of inspections for 2024/25 and have advised that HMP Grampian will be inspected between 3rd and 7th June 2024.

The inspections will be undertaken against HMIPS's set of pre-determined standards as set out in the HMIPS document Standards | HMIPS (prisonsinspectoratescotland.gov.uk). The standard relevant for prison healthcare is Standard Nine: Health and Wellbeing. The inspection of prison healthcare is carried out jointly with inspectors from Health Improvement Scotland.

In preparation for the inspection, we are in the process of setting up a dedicated inspection ready group for Prison Healthcare which will sit as a subgroup to the Aberdeenshire Health and Social Care Partnership Inspection Ready Group. This will allow us oversight of where we are in terms of the standards and to ensure that we have an action plan in place ahead of the inspection. The intention would be that this inspection ready group will remain in place post inspection as part of an overall service improvement framework for healthcare services within HMP Grampian.

In order to provide assurance to the Senior Management Team and the Integration Joint Board it would be our intention to provide regular updates on our progress against the Health and Wellbeing Standards through regular briefings and reports to the Clinical and Adult Social Work Governance Group.

DELAYED DISCHARGES

Since my last update to the IJB in January, there has been little significant change regarding our delayed discharges in Aberdeenshire and they continue to remain high. There has also been little change to the main reasons for delays, which include place availability, care arrangements and Adults with Incapacity (AWI) processes. We continue our daily management oversight and focus on our delays at both locality and Aberdeenshire-wide levels, as well as participating in the Grampian-wide Optimising Patient Flow Delayed Discharge Task and Finish Group. Work is ongoing with regards to supporting staff to use the Moving On policy, ensuring compliance and accuracy with regards to Planned Date of Discharge (PPD) for patients, and looking at learning from other areas to see how we might improve performance within existing resources.

The HSCP had hoped to create new capacity building on our Virtual Community Ward in central Aberdeenshire, unfortunately the national funding for this is not available in 2024/25. In line with national requirements, work is underway to set a target for delayed discharges for 2024/25 as part of NHS Grampian's Annual Delivery Plan.

Pam Milliken
Chief Officer
Aberdeenshire Health & Social Care Partnership

ABERDEENSHIRE INTEGRATION JOINT BOARD – 20th MARCH 2024

REVENUE BUDGET 2024/25

1 Recommendations

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

1.1 Acknowledge that the revenue budget facilitates the delivery of the Integration Joint Board's priorities;

1.2 Consider and comment on the financial outturn for 2023/24 as at 31 January 2024 and approve the budget adjustments detailed in Section 4.6 and **Appendix 12** of this report;

1.3 Note the financial allocations proposed to be made from Aberdeenshire Council and NHS Grampian for 2024/25 and the estimated additional funding to be passported through Aberdeenshire Council from Scottish Government for Social Care Pay Uplift in Commissioning Services;

1.4 Agree the proposed revenue budget for 2024/25 outlined in **Appendix 1**;

1.5 Agree the proposed savings shown within **Appendix 2a**;

1.6 Agree the proposals on Effective Use of Resources outlined in **Appendix 2b**;

1.7 Agree that the HSCP will continue to achieve in year savings by a process of strategic assessment and responsible stewardship to ensure delivery of a balanced budget;

1.8 Instruct the Chief Officer to negotiate uplifts for those Social Care providers not covered by the National Care Homes Contract;

1.9 Note the financial risks as set out in **Appendix 3**;

1.10 Direct Aberdeenshire Council and NHS Grampian to deliver all delegated functions in terms of the legislation and the Integration Scheme as currently delivered by them in terms of the budget outlined in this report per **Appendix 4**;

1.11 Agree the Medium-Term Financial Strategy (MTFS) as detailed in **Appendix 5**; and

1.12 Agree the recommendations for the HSCP Charging Policy and Unit Costs for 2024/25 as detailed in **Appendix 11**.

2 Directions

2.1 This report requires a direction to be issued to Aberdeenshire Council and NHS Grampian and the details of this direction are contained in **Appendix 4**.

3 Risk

IJB Risk Register ID 1990 Sufficiency and affordability of resource (1)
IJB Risk Register ID 1589 Risk of failure to deliver standards of care expected by the people of Aberdeenshire (8)

4 Background

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires all local authorities and health boards to integrate adult community health and social care services. Within Aberdeenshire this is provided through an Integration Joint Board (IJB), formed of representatives from Aberdeenshire Council and NHS Grampian.

4.2 Aberdeenshire Council and NHS Grampian are partners contributing resources, including financial resources to the Aberdeenshire IJB. The contributions for 2024/25 from Aberdeenshire Council and from NHS Grampian have now been confirmed. Also expected is a share of £230m of funding from Scottish Government to support Adult Social Care Pay Uplift in Commissioning Services, this funding will be received by Aberdeenshire Council and will be passported directly through to the Health and Social Care Partnership, the final amount has yet to be confirmed. Levels of contribution to the IJB for this paper have therefore been based on the financial allocations advised by Aberdeenshire Council and NHS Grampian, together with the estimated allocation of the share of the Scottish Government Funding for the Adult Social Care Pay Uplift in Commissioning Services.

4.3 During the preparation of the budget, officers from both partners have worked closely with HSCP officers to advise and develop the IJB element of each partner's budget.

4.4 For the first time in four financial years the IJB is forecasting that a General Reserve will not be held as we enter the new financial year.

4.5 The level of resource initially required by the IJB to deal with new pressures is estimated to be approximately £20 million greater than the funding contributions advised for 2024/25 from the Partners. This report outlines the plans to cover this £20 million difference in order that the IJB can set a revenue budget for 2024/25 which matches projected expenditure levels with resources available.

4.6 **Revenue Budget 2023/24 Update**

The IJB is forecasting an overspend in the current financial year (2023/24) as at 31 January 2024 of £8.4 million. There exist a number of underlying financial pressures in areas as follows:

- GP Prescribing
- Adult & Older People care management
- Other Direct Patient Care

The forecast for the year has been prepared based on the January 2024 actuals and is shown in the table below and in **Appendix 12**:

Summary: Forecast for the Financial Year as at 31 January 2024

	Revised Budget 2023/24 £m	Forecast 2023/24 £m	Forecast Variance 2023/24 £m	Forecast Variance %
Health & Social Care	387.3	411.0	23.0	5.86%
Set aside budget	34.5	34.5	0	0%
Sub-total	**421.8**	**445.6**	**23.0**	**5.64%**
Use of Reserves			(14.6)	
2023/24 Position			**8.4**	**1.99%**

5 Summary

Funding Context

5.1 In terms of the respective contributions from NHS Grampian and Aberdeenshire Council:

- NHS Grampian did not receive an increase on their budget from the Scottish Government. The IJB's funding will be allocated in line with the methodology used in the current financial year. This equates to a total contribution of £214.919 million.
- Included within the Local Government financial settlement was additional funding to be passed across to the relevant IJBs. This funding has to be additional to each Council's 2023/24 recurring budget for social care services.
- Aberdeenshire Council has now confirmed its budget for 2024/25. The budget outlines a contribution of £154.434 million for the IJB.
- Also assumed within the budget reflected in

5.2 It is important to reiterate that each partner's financial settlement for 2024/25 has been challenging when compared to the increasing demands on services resulting from the demographic pressures of a growing and ageing population.

Both Aberdeenshire Council and NHS Grampian will require to make additional savings in 2024/25 in order to operate within their resources.

Revenue Budget 2024/25

5.3 In 2024/25 the Integration Joint Board will invest approximately £416 million in Aberdeenshire through the revenue budget managed and delivered through the Health and Social Care Partnership. A revised Medium Term Finance Strategy (MTFS) was approved in July 2023. (see **Appendix 5**).

5.4 Several risks have been identified during the preparation of the revenue budget. These risks have been considered by the Management Team. The potential implications and possible mitigations associated with the risks have also been discussed before figures have been included in the proposed revenue budget.

5.5 The acceptance of a degree of risk is part of budget setting in order to achieve a balanced position that does not include unnecessary reductions to essential services. The main risks relating to the proposed budget are outlined at **Appendix 3**.

5.6 A summary of changes to the revenue budget from 2023/24 to 2024/25 is shown in the table below:

	£m	£m
2024/25 Budget Pressures		
- GP Prescribing	9.9	
- Real Living Wage	9.2	
- Adult and Older Social Care Packages	6.2	
- Pay Uplifts	4.6	
- Transitions of Care	0.8	
- 2c Practices	0.5	
- Health Visiting	0.4	
- Paediatric Speech and Language Therapy	0.2	
		31.8
New Funding – Real Living Wage and NHS Pay Award		(11.8)
Shortfall before savings/mitigations		**20.0**
Savings – **Appendix 2a and 2b**	(8.4)	
Pension Contribution Reduction	(2.1)	
Transformational – Digital, Technological & Organisational	(1.0)	
GP Prescribing Efficiencies	(0.8)	
Fees and Charges Increase	(0.2)	
		(12.5)
Funding Gap		**7.5**
Additional Savings		**(7.5)**
Net Budget Position		**0**

5.7 The table shows that the impact of new pressures of £31.8 million exceed new funding being made available to the IJB by £20 million. The IJB have identified

savings and mitigations of £12.5 million to reduce the funding gap, but the IJB will require to achieve additional savings of £7.5 million in 2024/25 to achieve financial balance.

5.8 Given the gap between new resources and new pressures faced by the IJB for 2024/25, it is essential not only that financial pressures which arise during the financial year are managed, but also that financial savings are delivered.

5.9 A summary of the proposed revenue budget is shown in the following table:

Proposed Revenue Budget 2024/25

		Proposed Revenue Budget 2024/25 £m
Health and Social Care		381.1
Set Aside		34.5
Total Expenditure		**415.6**
Financed by:-		
NHS Grampian		217.4
Aberdeenshire Council		154.4
Estimated Allocation of the share of the £230m Adult Social Care Pay Uplift in Commissioning Services Passported through Aberdeenshire Council		9.3
Set Aside		34.5
Total IJB Resources		**415.6**
Net Budget		**0**

5.10 It should be noted that the 2024/25 budget above does not include non-recurring earmarked funding allocated to NHS Grampian during the year by the Scottish Government for a range of services delegated to the IJB. These amounts are included in the columns for 2023/24. It is expected that earmarked funding will be allocated in 2024/25 for specific services delegated to the IJB. The funding will be added to the budget as and when confirmation is received from the Scottish Government.

Pressures

5.11 In setting its budget for 2024/25 the IJB recognises significant pressures and that the discrepancy between its funding and actual costs are driven by several factors.

5.12 The first relates to demographics with the Aberdeenshire pensionable age population increasing and projected to move from 49,800 in 2018 to 73,750 by 2030, an increase of approximately 28%. This growth in population of older people, and particularly very old people (over 85 years), has increased demand on services to support people to age well and end their life with dignity in their place of choice. This has resulted in an increase in both residential care for older people and an increase in support at home with associated costs. In 2023/24 this represented a budget pressure which will continue into 2024/25.

5.13 A second major driver is an increase in the complexity of needs and associated increased costs of care packages in learning disability services which is a reflection of a number of factors including an increase in life expectancy; changing cultural expectations in young people to achieve independent living; increase in people with profound and multiple needs as well as a learning disability requiring double up care with specialist knowledge; increase in adults also requiring mental health-based treatment resources and high cost packages to maintain them safely. In 2023/24 this represented a budget pressure which will continue into 2024/25.

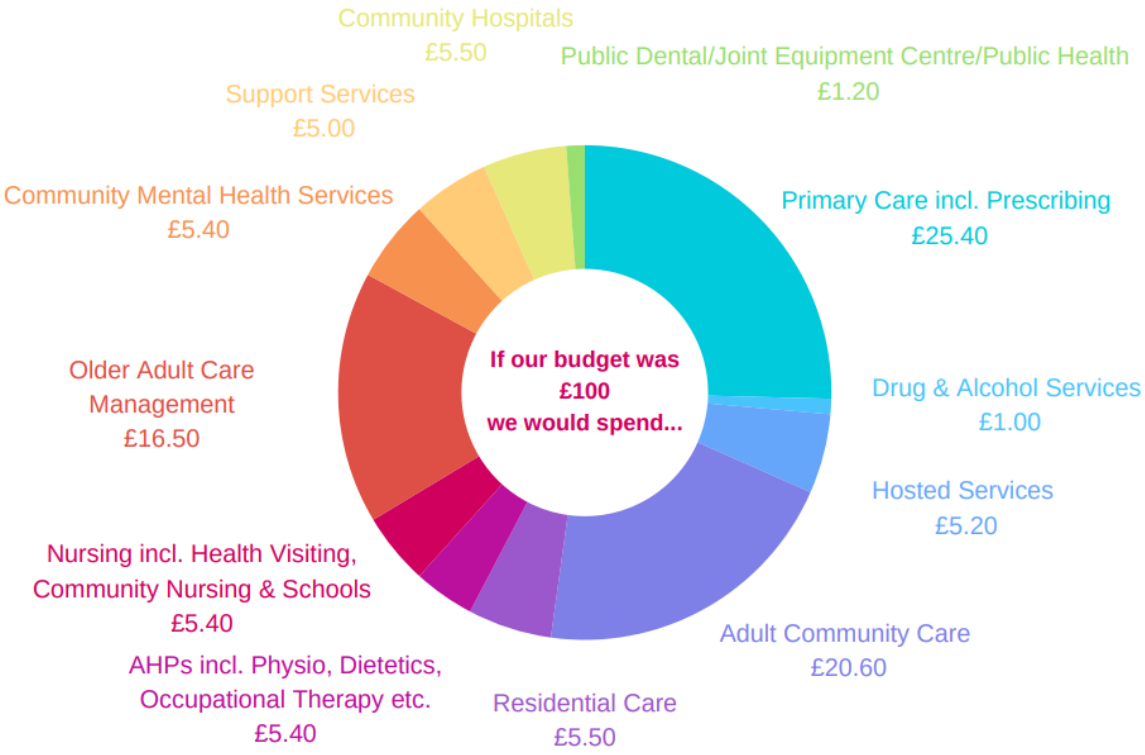
5.14 Our most significant budget pressure is primary care prescribing. In Aberdeenshire the prescribing budget was increased in 2023/24 by £3.6m as part of the IJB budget setting. Despite this there has been a further pressure of £4.0m in year. The NHS Grampian Primary Care Prescribing Group which models annual prescribing costs has identified an increase of £5.8m (medium estimate). In total these two annual increases will be £13.4m which is a shift from a budget of £47m in 2023/24 to a predicted spend for 2024/25 of £60.4m.

5.15 The increase in the cost of prescribing in Aberdeenshire and Grampian mirror elsewhere in Scotland and the cause is multi-factorial including medication shortages, frailty of the Scottish Drug tariff, new medications, changes in patterns of use (i.e. using more expensive medications as first line) and increases in waiting times leading to increased prescribing.

5.16 At the same time as this demand pressure, the IJB's budget has remained the same with the only increases relating to nationally negotiated pay and social care hourly rates. As outlined in **Appendices 6 and 7**, the HSCP continues to focus on a variety of measures and initiatives alongside system partners with the aim of mitigating the above pressures where possible.

5.17 Delivery of savings in a health and social care environment can be challenging. Many services are demand led or subject to minimum levels of provision determined by statute. Primary care and prescribing expenditure are determined through national contracts and tariffs and as shown below this

relates to 25% of the IJB's budget. For social care, the IJB has the duty under the Social Work (Scotland) Act 1968 to assess a person's social care support needs to decide if a person is eligible for services and under the Community Care and Health (Scotland) Act 2002 to provide free personal care for those aged 65 or over, which was extended to those under 65, by the Scottish Government in 2018. These duties are reflected in 43% of our budget.



6 Risks

6.1 Budget assumptions carry a degree of financial risk which means that a budget variation may arise if information or circumstances supporting that assumption change. The acceptance of risk is a necessary part of the budget process. A number of financial risks have been identified when developing the proposed revenue budget. These are explained in further detail in **Appendix 3**.

6.2 Aberdeenshire Council referenced in their approved revenue budget in 2023/24 that there are risks associated with the HSCP's budget due to inflationary pressures and changes to demand and demographics. Funding of £3.991 million was allocated in the Council's Reserves in the approved 2023/24 budget to be available if these risks materialise resulting in additional funding being requested from the Council. Per the IJB Integration scheme this would be to cover the Council's contribution to the 2023/24 overbudget position. These risks

have transpired, and the full funding will be requested from the Council. This request means there is no residual reserve that could be allocated in 2024/25 to the Partnership from the Council the cover the Council's contribution to any overbudget position that could transpire in 2024/25.

NHSG will require to contribute funding in 2023/24 to cover the NHS share of the overbudget position per the IJB Integration scheme.

6.3 The Public Bodies (Joint Working) (Scotland) Act 2014 makes provision in relation to the carrying out of social care functions of local authorities and a wide range of Health Board functions. The statutory functions delegated to the IJB, which the IJB is legally obligated to provide, are contained in the Integration Scheme. In exercising its functions, the IJB must consider Aberdeenshire Council's and NHS Grampian's requirements to meet their respective statutory obligations. This includes duties under the Social Work (Scotland) Act 1968 and the Mental Health (Care and Treatment) (Scotland) Act 2003 to provide services to meet eligible needs, to provide residential services and personal care, to promote social welfare, wellbeing, and social development. The IJB spending is already focussed on these statutory duties meaning that the savings required need to be achieved by reviewing and changing how these responsibilities are delivered through a process of prioritising, risk and decision-making processes to ensure delivery of a balanced budget.

6.4 The HSCP must also ensure preparedness for implementation of national policy and legislation in particular the Health and Care (Staffing) (Scotland) Act 2019 ensuring safe and appropriate staffing with implementation from 1st April 2024 and full compliance by March 2025.

7 Options to Close the Financial Gap

7.1 Throughout 2023/24 budget holders have reviewed and identified areas of savings which can be implemented in 2024/25 to deliver a balanced budget, whilst ensuring due consideration to the risks and impacts. The savings and efficiencies identified by the HSCP are as detailed in **Appendices 2a and 2b** totalling £8.4m.

7.2 These include savings for which Integrated Impact Assessments have been completed to ensure due regard for all potential impacts of each proposal. Where further information is still required to understand and support appropriate mitigations, this is detailed as part of the action plans within the IIAs.

7.3 Operational savings related to the effective use of resources have been identified by the HSCP and a list of these are provided in **Appendix 2b.** These will be delivered in year by the HSCP ensuring the most effective use of resources through its day-to-day operational management processes and practices.

7.4 For the savings set out in **Appendix 2a** totalling £2.05m, subject to their approval by the IJB, the HSCP will commence implementation. As part of this,

service-specific engagement will be undertaken as detailed in the action plans of each IIA.

7.5 In total the IJB has identified savings equating to £8.4m however this leaves a gap of £7.5m (1.8% of the IJB's budget). As set out in **paragraph 5.16** much of the IJB's expenditure is demand led or subject to minimum levels of provision determined by statute, consequently significant savings can only be achieved through a redesign of how the HSCP responds to these requirements.

7.6 An immediate action for the delivery of a balanced budget will be to work with an IJB review group to develop an implementation plan and route map for bridging the £7.5m gap including timelines for monitoring across the financial year.

7.7 During 2024/25, close budget management will be maintained by the HSCP Senior Management Team and budget holders to control costs and achieve the required savings and address the gap through vacancy management and delivering care within reduced budgets. Where additional efficiencies are targeted reflecting the differential risks and needs of our population meaning that some service areas may be more impacted.

7.8 The HSCP's Budget Oversight Group will have responsibility for monitoring and management of progress towards savings. The IJB will receive regular financial performance monitoring updates to demonstrate progress towards achieving the savings required and management of risks to deliver a balanced financial position in 2024/25. Oversight will be through IJB meetings with quarterly detailed reviews on progress undertaken through a review group.

7.9 Key to addressing the £7.5m gap will be a focus on reducing primary care prescribing costs working collaboratively across Grampian with the other IJBs, NHS Grampian Pharmacy team, primary care teams, GP Clusters, Local Medical Committee, other prescribers and our community.

7.10 Delivery of effective and lasting transformation of health and social care services is central to the vision of the IJB and continues to be key to the sustainable delivery of services in future years. This will inform the IJB's new Strategic Plan to be developed for 2025. This will involve making sure our services reflect changing demographics, changes in digital technology and changes in our workforce. This work will aim to ensure a clear policy direction and evidence base for prioritisation and decision-making based on the most effective use of resources. Subject to IJB approval the proposed areas of work will include:

- Review of external spend including grants and commissioned services, supported by appropriate service review and market engagement.
- Strategic assessment of community hospitals across Aberdeenshire to support and ensure the most effective, equitable and sustainable model moving forward.

- Strategic assessment for older people's residential services to inform a commissioning strategy and policy direction which enables future proof, sustainable, efficient, and effective residential care.
- Strategic assessment of adult residential models of care to inform a commissioning strategy and policy direction which enables future proof, sustainable, efficient, and effective residential care.

7.11 HSCP officers will continue to engage actively in both NHS Grampian's Sustainability and Value Programme and Aberdeenshire Council's Transformational Programme to maximise opportunities for transformation and ensuring effective use of resources through a collaborative approach.

7.12 In addition to the actions already described, a continued consideration will take place across all services to identify where reductions can be made. This will be informed by further engagement with stakeholders and be linked to the refresh of the IJB's strategic priorities, as part of the development of the IJB's next strategic plan.

8 Engagement Process

8.1 HSCP officers have worked with the IJB in the last year through regular development sessions to consider all areas of budget. The HSCP has also taken the proactive approach of engaging with the public and employees on the budget to seek their views.

8.2 A survey was published featuring 6 statements relating to policy priorities, asking respondents to assign a level of support for each and provide their reasons. The engagement exercise ran from 29 January 2024 to 26 February 2024 and 345 members of the public completed the survey in addition to 163 staff. Staff were also invited to make suggestions about areas for making additional savings.

8.3 There was agreement with the 6 policy statements:

1. It is a priority for the HSCP to consolidate where it delivers services, and where appropriate, utilise buildings most suitable for modern care;
2. The HSCP should prioritise those with the greatest need;
3. The HSCP should support services to make changes now to take account of the potential future increase in demand;
4. The HSCP should recover the full cost of providing chargeable services;
5. Where appropriate, digital technology should play a role in how the HSCP delivers services in the future;
6. The HSCP should deliver residential services based on best value and focus on those with greatest need.

8.4 The Engage Aberdeenshire summary report with detailed responses and themed comments has been shared with IJB members to inform their decisions about budget allocations (**Appendices 8 and 9**).

8.5 The HSCP will take on board learning from the survey including feedback on format and approach. This initial phase will form part of an ongoing programme of engagement, supported by service-specific engagement processes and also feeding into and informing the HSCP's engagement process commencing from late summer 2024 to support development of the HSCP's new Strategic Plan from 2025 onwards.

9 Equalities, Staffing and Financial Implications

9.1 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.

9.2 Integrated Impact Assessments have been carried out as part of the development of the 2024/25 Revenue Budget proposals. A summary of the outcome of the Integrated Assessments is attached at **Appendix 10**. A final summary and the full version of each Impact Assessment, and detailed breakdown of impact to protected characteristics will be made available on Aberdeenshire Council's website following the budget day announcements.

9.3 Given that each separate decision made when setting the budget may impact on the lives of people with protected characteristics, the importance of the cumulative impact on the decisions being taken is recognised, including the cumulative impact of service changes and unintended consequences on communities where multiple organisations might have reduced services. The HSCP is committed to place-based working, an approach where partners work together with communities, to consider a 'place' in its entirety, including its assets and interconnections: coordinating activity with a view to reducing inequality and improving the health and wellbeing of its people.

9.4 The HSCP will remain cognisant of the potential risks and unintended impacts to other parts of the system from its decision-making processes. As per the approach to date, the HSCP senior management team will maintain close dialogue with partners as risks are identified and required mitigations associated with delivery of this budget.

9.5 Financial and staffing impacts will be monitored on an individual savings basis and scrutiny will be provided through the agreed governance structure.

Pamela Milliken
Chief Officer, Aberdeenshire HSCP

Report prepared by Chris Smith, Chief Finance and Business Officer
27 February 2024

APPENDICES

Appendix 1 – Proposed Revenue Budget 2024/25

Appendix 2a – Aberdeenshire HSCP Savings Proposals 2024/25

Appendix 2b – Aberdeenshire HSCP Effective Use of Resources 2024/25

Appendix 3 – Aberdeenshire IJB Budget Risks

Appendix 4 – Direction to Aberdeenshire Council and NHS Grampian

Appendix 5 – Aberdeenshire HSCP Medium Term Finance Strategy 2024-2029

Appendix 6 - Context for Adult Social Care Pressures

Appendix 7 - Context for Prescribing Pressures

Appendix 8 – Summary of Budget Engagement Responses – Public

Appendix 9 – Summary of Budget Engagement Responses – Staff

Appendix 10 – Summary of Integrated Impact Assessments for the Aberdeenshire Integration Joint Board (IJB) Revenue Budget 2024/25

Appendix 11a to h – Charging Policy

Appendices 12a and b – Revenue Budget 2023/24 Update

Aberdeenshire Integrated Joint Board

Appendix 1
Proposed Budget
24-25
£'000

Health & Social Care	
Directed to NHS Grampian:	
Core Services	
Alcohol & Drugs Partnership	1,870
Aberdeenshire Clinical Substance Misuse Service	1,846
Allied Health Professionals	10,784
Aberdeenshire Pharmacy Service	760
Joint Equipment Service	701
Community Hospitals	21,385
Inverurie HUB project	209
Dental	3,035
District Nursing	6,318
Health Centres Management	-616
Health Visiting	6,457
Other Direct Patient Care	2,452
Public Health	822
Specialist Nursing	661
Support Services	4,079
Total Core Services	**60,764**
Primary Care	44,252
Prescribing	60,327
Community Mental Health	9,681
Aberdeenshire Share of Hosted Services	19,420
Out Of Area	3,638
NHS Grampian Total	**198,082**
Directed to Aberdeenshire Council:	
IJB Costs	94
Headquarters	9,227
Business Services	3,417
Out of Hours Service	254
Criminal Justice Service - Grant Funded Services	374
Criminal Justice Service - Prison Social Work	39
Adult Services - Community Care	60,398
Adult Services - Day Care	6,387
Adult Services - Residential Care	2,282
Adult Services - Employment Development	106
Adult Services - Mental Health	7,421
Adult Services - Substance Misuse	1,994
Physical Disabilities - Community Occupational Therapy Service	4,652
Physical Disabilities - Joint Equipment Service	-424
Specialist Services & Strategy	2,374
Adult Support Network	427
Older People - Care Management	68,501
Older People - Day Care	1,434
Older People - Home Care	17,377
Older People - Residential Care	11,462
Older People - Very Sheltered Housing	5,212
Aberdeenshire Council Total	**203,010**
Set Aside	**34,515**
Budget Sub-Total	**435,607**
Savings and Efficiencies to be applied:	
Savings per Appendix 2	-8,400
Mitigations per Section 5.6	-4,100
	-12,500
Additional Savings	**-7,500**
Budget Total	**415,607**
Funded by:	
NHS Grampian	-217,419
Aberdeenshire Council	-154,434
Estimated Allocation - share £230m Adult Social Care Pay Uplift in Commissioning Services	-9,239
Set Aside Services	-34,515
	-415,607
Funding Gap	**0**

Aberdeenshire Health and Social Care Partnership Savings Proposals 2024-25 **Appendix 2a**

Savings

Title	Description	£
Minor Injury Service	Closing of identified MIU units overnight on a permanent basis	716,000
Review of External Spend	Review spend in all procurements from the start of the project/service review process, the level of reduction being subject to appropriate review and market engagement - Phase 1	438,000
Use of Equivalency Model in Care Management	Review the charging policy for non-residential services when the equivalency model is applied. With a view to reducing the level to reflect the National Care Home Contract Rate for residential care, as opposed to nursing care	400,000
Care Homes	Rationalise the number of residential care facilities for older people operated by AHSCP to ensure a fit for purpose, sustainable model for the future, with the proposal to close at least one care home and continue to develop the strategic direction to maximise capacity across Aberdeenshire.	250,000
Shared Lives Service	Cease the Shared Lives Service and identify alternative respite in accordance with Self-Directed Support	108,000
HSCP Leadership and Management structure	Review and consolidate HSCP Leadership and Management structure	100,000
Huntly Day Care	Permanently close Older People's Day Care in Huntly. The centre has been closed since the pandemic and alternative provision identified for service users in accordance with Self-Directed Support	21,000
Mearns Counselling Service	Cease the Mearns Counselling Service and utilise existing alternatives	20,250
	TOTAL	2,053,250

Aberdeenshire Health and Social Care Partnership Savings Proposals 2024-25 **Appendix 2b**

Effective Use of Resources

Title	Description	£
Vacancy Management	Implementation of scrutiny procedure consistent across Health and Social Care vacancies	2,100,000
Payment Cards review	Increase recovery of surplus funds, routinely monitor and identify misuse of funds and dormant accounts	750,000
Winter Funding review of posts	Cleanse of workforce data	750,000
Review of External Spend	Review spend in all procurements from the start of the project/service review process, the level of reduction being subject to appropriate review and market engagement - Phase 2	562,000
Mental Health Agency costs	Review of consultancy use	500,000
Commissioning of LD Residential/Supported Living – Weekly Budgets	Moving LD residential and supported living contracts away from hourly time and task costed placements for individual service users, to a weekly budget for the whole service. Looking at overnight and technology support as part of this process	300,000
Community Hospital rotas	Ensuring effective management of rotas	300,000
High Cost Panel for Older People's Care Management	Introduce an Older People's Care Management panel to consider high cost packages which will ensure that limited resources are appropriately targeted based on risk and need and that best value is assured	200,000
Vaccination centres	Reducing premises costs to deliver the vaccination programme from NHSG sites subject to JCVI and SG direction on what is required going forward and in line with budget allocation	200,000
Nursing Resources	Savings in supplies and services	151,200
Prison Healthcare	Appoint to permanent posts and reduce agency nursing by 30%	105,000
Rehabilitation and Enablement	Further implementation	101,088
Learning Disability Day Care	Benchmark a rate for LD Day Care to ensure Best Value and focus eligibility for HSCP services to those in greatest need, where other services are unable to provide this, and move other	100,000
Supplies and Services	Savings in non- Nursing Supplies	100,000
Digital Technology and Telecare	Increase the use of telecare	100,000
Care Home Rotas	North Care Homes. £15,000 per unit x 3. Reducing agency spend and effective management of r	45,000
	TOTAL	6,364,288

ABERDEENSHIRE INTEGRATED JOINT BOARD **APPENDIX 3**

IJB BUDGET RISKS 2024/25

(1) **Financial Settlement** - A one-year settlement for 2024/25 only has been received for this budget process. The merits of a multi-year Settlement continue to be expressed to enhance the alignment with delivering against the strategic priorities. Also a risk is the assumption around the share of £230m of funding passported through Aberdeenshire Council from Scottish Government to support Adult Social Care Pay Uplift in Commissioning Services, this may be higher or lower than the estimate, the final allocation is predicated on the distribution methodology.

(2) **Prescribing Costs** - Prescribing costs are a large and volatile area of the IJB budget with demographic changes a material contributing factor. Whilst the decisions to prescribe are made locally, the costs of drugs and agreements to introduce new drugs are made on a national basis. Provision in the budget has been made based on analysis undertaken by NHS Grampian with a range of options provided from Best Case to Best Guess and Worst Case scenario. Aberdeenshire IJB are proposing the inclusion of the Best Case scenario with the associated pressure of this option. There is a risk associated with this option and the IJB will closely monitor this budget through regular reporting to the IJB throughout financial year 2024/25 and appropriate action taken to mitigate the pressure in year through continued close working with NHS Grampian, with this are being reviewed not only across Grampian but nationally.

(3) **Demographic Changes** - The demographic profile of Aberdeenshire continues to show a general rise in population with a specific increase in the age profile of the population. The associated challenges of providing care for a rising population where people live with multiple conditions are well known. These challenges manifest themselves in a financial sense when we experience issues such as rising numbers for social care packages and rising demand for aids and adaptations. The increasing level of complexity of need for some of our clients means that high-cost care packages may arise during the year which we have not budgeted for. The same applies to patients who need out of area care and where a clinical decision has been made that this is in their best interests.

(4) **Public Perception of Health & Social Care Services** - The Aberdeenshire Health & Social Care Partnership's Strategic Plan recognises that the changes we need to make will make demands on individuals, the communities of Aberdeenshire and organisations that provide health and social care and support. In order to release efficiencies whilst at the same time delivering our strategic priorities, we must focus on service redesign and re-commissioning. Recent experience of service redesign and re-commissioning has highlighted a number of potential risks: - Public perception that services are being lost and cost cutting is the sole driver. - High expectations of health and social care services in spite of the current and ongoing pressures faced. - Negative media coverage affecting the Partnership's reputation. - Reluctance of society to change behaviour and focus on personal abilities and informal support

networks, including making informed choices about how local services are used. We can mitigate these risks by focusing on effective engagement, communication, education, and co-production with the public.

(5) **Primary Care** - There continue to be a number of continuing challenges around sustainability of some of our GP Practices with inability to recruit General Practitioners a common issue. This has necessitated the Partnership providing support and investment to maintain GP services in some parts of Aberdeenshire. We will continue to use the Primary Care Improvement Fund and other funding streams to support General Practices and wider Primary Care teams across Aberdeenshire

(6) **Social Care Market** - The external care market remains fragile, with providers seeking higher than inflationary increases to provide stability. Some arrangements such as the National Care Homes Contract are negotiated nationally and may be higher than forecast. Should national negotiations break down it is likely that local agreements would have to be negotiated which could lead to higher costs than have been provided for. We can mitigate these risks by working with our third and independent sector providers and community partners at a local level to train, support, and up skill local providers in conducting their business with the Partnership. We can also mitigate these risks through moving away from short term projects to ensure there is longer term stability.

(7) **Earmarked Funding/Reserves** - A proportion of funding for the Partnership is received via earmarked funding for specific purposes allocated by the Scottish Government. Typically, this funding is not allocated until after the start of the financial year. We are assuming that the level of earmarked funding in 2024/25 will be broadly similar to the level received in 2023/24. If this is not the case, further prioritisation decisions will need to be made. A further risk regarding earmarked funding is the risk of clawback of unspent funding to the Scottish Government, as occurred during financial year 2023/24, from reserves carried forward to financial year 2024/25. Regarding the IJB General Reserve predictions are that there will be no general reserve to support a balanced budget in 2024/25

(8) **Longer term health debt of population** - The wider economic and societal impact of the Covid pandemic will continue to pose challenges to the Partnership in terms of service pressures and how services are delivered.

(9) **General Inflation** - Inflation remains at a medium and stable level and the budget has been prepared on the basis of known contractual inflation rates. Should general inflation increase and be reflected in an increased cost of goods and services, this will cause additional pressure on the revenue budget and the services the IJB can afford to provide.

Overall Mitigation - All of these risks and others within the budget will be regularly monitored and managed in order to identify any issues and address these at an early stage through the use of mitigations and budget management controls and reported to the IJB throughout the financial year and our partners.

Aberdeenshire Health & Social Care Partnership

ABERDEENSHIRE INTEGRATED JOINT BOARD **APPENDIX 4**

DIRECTIONS

Reference Number	2024-03-20
Date direction approved by IJB	20 March 2024
Date from which direction takes effect	1 April 2024
Direction to	NHS Grampian and Aberdeenshire Council
Does this supersede, revise, or revoke a previous direction?	No
Functions covered by direction	a) All delegated services operationally managed by the Integration Joint Board. b) Large hospital services ("set aside") managed by NHS Grampian for which the Integration Joint Board has strategic planning responsibility.
Full text of direction	This direction assumes that the IJB will take the savings set out in Appendix 1 reducing the funds allocated below. The allocation of the savings will be advised to the IJB throughout 24/25 and a revised direction will be issued. 1. A revenue budget of £188.205 million allocated to NHS Grampian for the provision of all delegated services operationally managed by the Integration Joint Board. 2. A revenue budget of £192.887 million allocated to Aberdeenshire Council for the provision of all delegated services operationally managed by the Integration Joint Board. 3. A set aside budget of £34.515 million allocated to NHS Grampian for the provision of large hospital services where the Integration Joint Board has strategic planning responsibility.

Budget allocated by IJB to carry out direction	As above.
Performance Monitoring Arrangements	Performance monitored through regular reporting of financial position to the Integration Joint Board and performance review meetings with the Chief Executives of NHS Grampian and Aberdeenshire Council.
Date direction will be reviewed	March 2025.

Aberdeenshire
Health & Social Care
Partnership

Appendix 5

Aberdeenshire Health and Social Care Partnership

Medium Term Financial Strategy 2024 – 2029

Please contact Aberdeenshire Health and Social Care Partnership if you require:

- this document in another format (including easy read and plain text),
- a telephone translation service, or
- if you would like to make a comment on any aspect of this plan

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1. EXECUTIVE SUMMARY

Aberdeenshire IJB is one of the top performing IJBs in Scotland when measured by national performance indicators. The IJB is ambitious about what it wants to achieve through the Strategic Plan covering the period 2020 – 2025. The Strategic Plan sets out the vision and commitments of the IJB and how we will achieve these by working together with our stakeholders and the population of Aberdeenshire.

The vision is:

"Building on a person's abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities"

The financial position for public services continues to be challenging. It is therefore important that the IJB's ambitions are set within the context of the funding which is available. The Medium Term Financial Strategy assists the IJB to plan based on the totality of resources across the health and social care system to meet the needs of local people and support the delivery of the Strategic Plan. Aberdeenshire IJB delivers a wide range of services and is one of the largest IJBs in Scotland.

In 2024/25 the IJB will have funding of approximately £416 million to spend on services, equivalent to **approximately £1.1 million a day**. Aberdeenshire remains an area of contrasts. Parts of Aberdeenshire still suffer from unacceptable levels of poverty and deprivation whilst other parts are ranked as some of the most affluent and desirable areas in Scotland. There is also a higher proportion of elderly people than most other areas of Scotland.

The demographic, health and deprivation profile of Aberdeenshire impacts on the demand that is experienced in all of our services and can often result in higher support levels. This creates a challenging environment in which to operate, involving managing demand within the financial constraints in which we operate whilst transforming services and making integration of services a reality. Aberdeenshire IJB is clear about the challenges which lie ahead and the aspirations to improve all services. This needs to be considered in the context of the financial resources which will be available over the medium term. The MTFS estimates that there will be a shortfall of **£57 million** on the IJB budget at end of the 2028/29 financial year. Funding levels have only been set for one year (2024/25). Future projections have been based on historic trends and planning assumptions used by our partners.

Financial Outlook	**2024/25**	**2025/26**	**2026/27**	**2027/28**	**2028/29**
	£m	**£m**	**£m**	**£m**	**£m**
Estimated Base Budget	415.607	431.925	434.907	437.976	441.135
Estimated Funding	415.607	418.182	420.834	423.556	426.380
Funding Gap	**0**	**13.743**	**14.073**	**14.410**	**14.755**
Cumulative Funding Gap					**56.981**

The IJB will need to address this financial challenge over the next five years. The MTFS sets out a framework and trajectory for doing this. An overview of the five year financial projections is set out below:

Since the IJB was established there has been considerable progress in transforming services, delivering better outcomes for Aberdeenshire residents. The IJB is committed to transforming services and will continue to do this over the period of the Strategic Plan. The MTFS sets out a map to ensure that the IJB remains financially sustainable over the medium term. This will require services to be transformed and recalibrated to meet demographic, workforce and infrastructure factors. There will be significant changes for the IJB, our partners and the population of Aberdeenshire. Delivering these changes will require us all to work together to focus limited resources on offering services which are sustainable over the longer term and are targeted at those with the greatest need.

2. PURPOSE

Aberdeenshire Integration Joint Board (IJB) was established in April 2016 and has responsibility for planning how community health and social care services are delivered in Aberdeenshire. It does this by directing Aberdeenshire Council and NHS Grampian to work jointly together to deliver integrated community and social care services through Aberdeenshire Health and Social Care Partnership (HSCP).

Integration of services is about putting people first and ensuring that they get the right care and support whatever their needs, at the right time and in the most appropriate place.

Over the last six years the IJB has made significant progress in transforming the way in which integrated services are delivered and has delivered a strong foundation with which to manage future challenges. The IJB is clear about its ambitions and priorities and has set these out in its Strategic Plan 2020 - 2025.

Medium term financial planning is an important part of the strategic planning process. The financial position for public services continues to be challenging, therefore it is important that the IJB's ambitions are set within the context of the funding which is available.

The purpose of this Medium Term Financial Strategy (MTFS) is to ensure that resources are targeted at the delivery of the priorities set out in the Strategic Plan 2020 - 2025 and also to support the annual budget setting process. This Strategy will assist the IJB to plan based on the totality of resources across the health and social care system to meet the needs of the population of Aberdeenshire and support the delivery of the Strategic Plan from 2020 - 2025.

Approach to the Development of the Medium Term Financial Strategy

The Medium Term Financial Strategy provides an opportunity for the IJB to gain an understanding of the financial climate in which it will operate over the medium term (the next five years). This will be done by considering the impact of a range of factors, which are illustrated below and reflect the complexity of issues which can impact on IJB financial pressures.

3. LOCAL CONTEXT

Aberdeenshire IJB is one of the largest IJBs in Scotland, both in terms of population and geography. The IJB serves a population of 270,181 spread over a number of towns and more rural areas. The IJB is one of 3 IJBs in the Grampian area (the others being Aberdeen City and Moray).

Our Budget

Aberdeenshire IJB delivers a range of services to the population of Aberdeenshire. In 2024/25 the IJB has funding of approximately £416 million to spend on services. Funding is provided by both Aberdeenshire Council and NHS Grampian.

Our Demography

Health and wellbeing of our population

The population of Aberdeenshire is projected to grow over the next 20 years. The largest increase will be in those of pensionable age (42.5%) with more than half of this group aged over 75. This compares with a small increase in people of working age (2.7%).

Population studies show that people are living longer. The good news for Aberdeenshire is that average life expectancy for both men and women is higher than that of Scotland and Grampian and this is coupled with a longer 'healthy' life expectancy.

However, this improvement has not been experienced by all sections of society, resulting in growing health inequalities. This growth in inequality has resulted in a slowdown in mortality improvements and for the first time in decades we have seen a stall of average life expectancy since 2014 with deprivation and increasing alcohol and other drug related deaths playing an important part.

As a result, in the predicted changes in life expectance we expect to see a rise in the number of people living with Dementia. This rise will result in increased demand for housing support, housing adaptations in addition to specialist dementia care and post diagnostic support. We also anticipate an increase in the number of people living alone, or in a household where all persons are aged 65 or older.

Another change we forecast is an increase in the prevalence of long-term health conditions which is known to increase with age. Whilst some factors contributing to ill health are responsive to intervention, we expect to have more people living in Aberdeenshire who need increased levels of care.

Within the Aberdeenshire population we are seeing growing numbers of people of all ages with long term conditions such as diabetes, COPD (Chronic Obstructive Pulmonary Disease), heart disease and anxiety.

Increasingly, people are living with more than one long term condition and their care can be more complex. Those in the most deprived areas of Aberdeenshire are more likely to live with multiple long-term conditions than those in the least deprived. These health

inequalities are evident in the variation in average life expectancy across Aberdeenshire communities.

National frameworks and guidance are in place which supports the Partnership in reducing inequalities. The introduction of the Fairer Scotland Duty by Scottish Government aims to ensure Partnerships are as effective as they can be in tackling socio-economic disadvantage and reducing inequalities. This requires targeting resources to reflect the needs of areas with historically high levels of deprivation and poorer health outcomes. Additionally, the Partnership will ensure its work is in line with Scotland's National Action Plan for Human Rights, supporting the vision that 'everyone is able to live with human dignity'.

In light of these predicted changes in our population we will see increasing demand for services and increasing pressure on limited resources. These challenges must be managed in a way which enables us to continue to improve services and outcomes for the people who use are service.

We need to make better use of our workforce and the resources we have by working more effectively together. If we do not change, we will not be able to continue to deliver the high quality services the people of Aberdeenshire expect.

Impact on Demand

All of these areas impact on the demand that is experienced in all of our services and can often result in higher support levels being required on a year by year basis. This creates a challenging environment in which to operate, managing demand within the financial constraints in which we operate, whilst transforming services and delivering on the integration agenda.

Links with Other IJB Plans

The purpose of this Medium Term Financial Strategy (MTFS) is to ensure that resources are targeted at the delivery of the priorities set out in the Strategic Plan 2020 – 2025 and also to support the annual budget setting process.

The Strategy has also been developed in conjunction with two other documents which are crucial to delivering the priorities set out in the Strategic Plan. These are:-

Aberdeenshire HSCP Strategic Delivery Plan 2020 – 2025
The Strategic Delivery Plan sets out how the Partnership will deliver the transformational and operational change required to meet our strategic priorities. Link to AHSCP Strategic Plan 2020-2025 : AHSCP Strategic Plan 2020 - 2025

The Partnership has shaped its strategic plan to be responsive and flexible to future change, ensuring it will continue to meet the health and social care needs of Aberdeenshire's changing population and react to any reforms in national policy. The five key priorities are:

- **Prevention and Early Intervention**
- **Reshaping Care**
- **Engagement**
- **Effective use of Resources**
- **Tackling Inequalities and Public Protection**

Aberdeenshire HSCP Workforce Plan

The Workforce Plan provides detail on our workforce who are involved in delivering the priorities of the Strategic Plan. It outlines workforce pressures, developments and opportunities over the next year to enable the provision of health and social care services for people in Aberdeenshire. The Workforce Plan reflects staffing in health, social care, primary care and the third and independent sectors, all of whom provide health and care services now and in the future.

In the coming years we will see significant change in the make-up of our population, with an increase in people living longer with multiple conditions and complex needs who require health and social care services. This rise in demand will increase pressure on workforce and financial resources rendering current models of service delivery unsustainable. Another challenge we face is maintaining a skilled workforce due to difficulties in the recruitment and retention of staff into some roles, and this will also be impacted over the next 10 to 20 years as a high percentage of our workforce reach retirement age.

Aberdeenshire Context

As with all public sector bodies our partners from whom the majority of our funds are received are facing financial challenges as a result of this period of financial constraint, with demand for budget outstripping the resources available and savings having to be identified annually to balance budgets.

Both Aberdeenshire Council and NHSG will require to make savings in future years to balance their revenue budgets. The amount of funding available to both organisations is largely driven by the level of funding received from the Scottish Government through the grant settlement process. In relation to Aberdeenshire Council, their Medium-Term Financial Strategy (MTFS) sets out assumptions regarding financial years 2024/25 – 2028/29. It is recognised that much of the Council's income is outside of its control, the assumptions that underpin their MTFS cannot, by definition, be exact, they are subject to refinement and change over time. Therefore, a series of scenarios should be used to describe a range of income possibilities.

4. NATIONAL CONTEXT

IJB's operate in a complex and changing environment where national issues can have an impact on what services are delivered and how they are delivered, as well as the financial resources which are available to support the IJB in commissioning services. An understanding of this national context is essential when developing the Medium Term Financial Strategy.

The Economy

The Global, UK and Scottish economy all have an impact on the population of Aberdeenshire across a range of areas including earnings, taxation and employment. They also impact on the funding available to support public spending and in turn, the funding available to Councils and Health Boards to deliver services.

Scotland's funding is largely dependent on funding from the UK Government and income from devolved tax revenues.

The Chief Economic Advisor to the Scottish Government reported in February 2024 that at the start of 2024 that whilst economic conditions remain challenging with economic growth weakening during the final quarter of the year, forward-looking indicators continue to provide signs that wider economic conditions are improving with inflation now expected to fall faster than was thought at the end of last year.

Inflation - Business conditions more broadly have remained challenging however falling inflationary pressures over 2023 have provided a gradual easing in cost pressures for businesses and households. This is set to continue with the latest Bank of England forecasts now showing that inflation could temporarily return to the 2% target in the second quarter of the year and although it may rise again later in the year, it is still expected to remain below 3%.

Employment - Improving sentiment has also been underpinned by the resilience in the labour market with unemployment remaining extremely low below 4% while we continue to see the return to real terms earnings growth.

Economic Conditions - Looking ahead economic conditions are forecast to improve in 2024 and 2025 with GDP growth forecast to pick up moderately to 0.7% and inflation to fall below 3%. However the events in the Red Sea present a new risk to the outlook and has the potential to impact business conditions through supply chain disruption and increased costs over the coming year. They further emphasise the uncertainty that remains in the economic outlook and that external geo-political factors remain important and have the potential to influence economic conditions.

Outlook for 2024 - the resilience in economic output and the labour market, coupled with declining inflation pressures over the year has been positive. Business activity has weakened further in the final quarter of the year, however the resilience of business and consumer sentiment, low unemployment, real earnings growth and falling inflationary pressures provide an improved basis for the stronger growth forecast for 2024.

Legislative and Policy

UK and Scottish Government legislation and policies and how these are funded can have implications for the IJB and its medium term financial planning. There are a number of areas which could impact on the IJB over the medium term.

Legislation

The Board's role and function is set out in the underpinning legislation – the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the integration policy can be summarised as being necessary to reshape our whole health and care system in Scotland to enable us collectively to sustain good quality services at a time of unprecedented change and challenge, budgets are reducing, our population is ageing, and we are contending with a reducing working age population and a reducing workforce supply, more than in any other time in recent memory.

The system must change and adapt to the new pressures it faces and health and social care integration is seen as a key mechanism toward that. IJBs were set up in order to change the patterns of behaviour, planning and delivery across health and social care and, in large part, to achieve change through an approach which challenges the status quo; deliberately setting strategy, planning and then, utilising delegated budgets, directing and commissioning the NHS and local authority partner organisations to deliver more joined-up, community-based models and in doing so, utilising resources 'locked' in traditional silos.

Scottish Government

The current Scottish Government has been clear that the integration of health and social care is one of its priorities. It has stated its intention to shift the balance of care from large hospitals into community settings. The Scottish Government has also indicated that one of its priorities is the adoption of the Scottish Living Wage across the care sector. In this regard, additional funding has been allocated to the IJBs in each of the last five financial years to fund this policy commitment. This financial year the level of uplift for adult social care staff has been set at a minimum of £12.00 per hour and additional funding has been received to meet this obligation.

The General Practitioners (GP) Contract is negotiated between the British Medical Association (BMA) and the Scottish Government and was agreed for implementation from 1 April 2018.

National Care Service

One of the Scottish Government's policy commitments is the introduction of a National Care Service. Following a consultation exercise undertaken to seek views on the National Care Service a draft Bill was published and recently passed Stage 1 of the parliamentary process.

The Bill proposes the establishment of a National Care Board to have oversight of reformed integration authorities and ensure there is a clear link between local and national shared accountability. This could encompass adult and children's services, as well as areas such as justice social work. Scottish Ministers will also be able to transfer healthcare functions from the NHS to the National Care Service.

The creation of a National Care Service will have implications for the IJB, Social Work and Social Care services, however, at this stage the full impacts are unknown.

National Demand

Pre-covid the demand for services was increasing as is evidenced by the following statistics:

- 1 in 4 adults has a long-term illness or disability;
- around 2 million people in Scotland have at least one long-term condition;
- people in Scotland are living longer, but more of those people over the age of 75 are living with a long-term condition and/or significant frailty;
- overall, the population of people over the age of 75 is expected to increase by 63% over the next 20 years.

The Scottish Government estimated that the need for health and care services will rise by between 18% and 29% between 2010 and 2030. Coupled with a shrinking working age population and the known workforce supply challenges, it is clear that the current model of health and care cannot be sustained and that it must change.

Audit Scotland undertook an early review into the changes being brought about through the integration of health and social care in its paper of March 2016. The report, Changing Models of Health and Social Care, set out the challenge of increasing demand for services and growth over the next 15 years in Scotland.

Among the pressures identified in this were:

- 12% increase expected in GP consultations.
- 33% increase in the number of people needing homecare and a 31% increase in those requiring 'intensive' homecare;
- 35% increase in demand for long-stay care home places; and
- 28% increase in acute emergency bed days and a 16% increase in acute emergency admissions.

The Audit Scotland report went on to say that on the basis of these estimated increases in demand, there would need to be an increased annual investment of between £422 and £625 million in health and social care services in order to keep pace.

The Independent Review of Adult Social Care in Scotland chaired by Derek Feeley indicated that if the recommendations were implemented, then spend on social care would need to increase by £0.66 billion per annum.

COVID-19 has significantly altered and transformed parts of the Health and Social Care system and the statistics above will need to be reviewed to determine whether they are still valid, and, as NHS Grampian has identified, a significant level of need has built up over the last few years with:

- 99,000 fewer referrals than normal to healthcare in Grampian during March 2020 to January 2022.
- 16% fewer cancer diagnoses in Scotland made in 2020 compared to 2019.
- Young people, especially those already disadvantaged, may struggle to make up for lost opportunities for education and social development with lifelong consequences for health.

5. MEDIUM TERM FINANCIAL OUTLOOK

Aberdeenshire IJB operates in an increasingly challenging environment with the local and national context outlined in this strategy highlighting the main areas which will impact on our medium term finances. This MTFS seeks to consider this context to establish the main factors which will impact on the finances of the IJB over the medium term and will assist the IJB in decision making over this period.

Impact on Funding

The IJB is reliant on funding from Aberdeenshire Council and NHS Grampian. These Partners contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. The budget setting process of the Partners also determines the level of savings which each will apply to the IJB. The IJB actively engages in the budget setting process of both Aberdeenshire Council and NHS Grampian.

The MTFS makes assumptions about the future funding contributions from Partners based on the information which is currently available. Using this information, it is forecast that Health Board and Council funding is unlikely to increase between 2024/25 and 2028/29.

Expenditure Requirements

Financial planning requires assumptions to be made about demand and cost pressures which could be faced by the IJB over the medium term. These have been informed by the local and national context within which the IJB operates.

Each year the IJB will face cost pressures as a result of a range of factors including demand, inflation and changes in legislation / regulations. This Strategy has assessed the key factors likely to impact over the medium term and estimates that the IJB will face cost and demand pressures over the next five years with a reduction in real terms funding.

i Inflation: Pay (3% uplift)

Employee costs represent approximately 40% of the IJB's net budget. Inflationary pressure in this area represents a significant pressure for the IJB. The assumptions for pay reflect the current inflationary assumptions of both Partner bodies.

ii Inflationary and Contractual Commitments: Non Pay (3% uplift)

Inflationary pressures reflect anticipated annual increases to payments to third parties and in the main reflect increases to the National Care Home Contract, Scottish Living Wage and estimates on the trend of the cost of GP Prescribing within primary care services.

It is assumed that the Scottish Government's commitment to the Scottish Living Wage will continue. However, it is also assumed that additional Scottish Government funding will be provided to support this commitment, there having no adverse impact on IJB net costs over the life of the Strategy.

iii Demographics, Deprivation and Health (2% uplift)

This Strategy has considered the local context of Aberdeenshire and how this impacts on demand for services. Historically services have often attempted to manage increases in underlying demand through the transformation of services, which has enabled gains in productivity and effectiveness to secure delivery of ore services from the same level of resource inputs.

Services will continue to transform, however it is unlikely that demand as a result of demographics and deprivation can be funded purely from transformation. Modelling for this Strategy has assumed that there is a need for a 2% annual increase to reflect the likely increase in demand reflective on the growing needs of the population of Aberdeenshire.

vi Legislation / Regulatory / Government and Local Policy Commitments

The IJB is subject to legislation, regulatory, government and local policy changes which often have cost implications. It is not anticipated that there are any significant changes to regulations which will have a significant impact on the finances of the IJB during the period of the Strategy, for example around safe staffing levels. The Strategy also assumes that any new Scottish Government policies during the period of the Strategy will be fully funded by the Scottish Government, although this is not guaranteed.

Impact of IJB Financial Position

This assessment provides a forecast of the financial position for the IJB over the medium term and identifies a shortfall in funding of £57 million by 2028/29 if current trends continue. This highlights the scale of the financial challenge facing the IJB.

Reserves

At 31st March 2023 the IJB held £16.3 million in Reserves. The IJB held General Reserves of £3.3 million, which could be used to provide flexibility or used to meet unplanned commitments. The other IJB Reserves are Reserves relating to Primary Care Improvement Fund, Risk amongst others, with a total of £13 million (80% of total reserves held).

6. DEALING WITH THE FINANCIAL CHALLENGE

The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to the delivery of services. This is reflected in the MTFS, which has identified a potential £57 million financial gap over the next 4 years if funding levels and demand for services continue on current trends. This equates to an annual requirement of the need to identify circa £14 million of new cash releasing savings each year over the next 5 years, equivalent to 3% of the total IJB budget.

Since Aberdeenshire IJB became operational in 2016, the necessity to achieve savings has been a continuous consideration. The delivery of savings within a health and social care system experiencing rapid growth and pressure to drive forward change at pace is challenging without destabilising the wider health and social care system. The efficiencies achieved to date by Aberdeenshire IJB have largely been made by removing financial resource from those areas that have been underspending or from services where there is no statutory requirement to deliver them. The risk to delivering savings in this way is that a holistic long term view is not taken with the focus being on short term reductions.

Since the inception of the IJB in 2016 there has been significant progress in transforming services. This has delivered a level of financial savings but also enabled services to manage growing demand and complexity within the same level of resources. The IJB is committed to transforming and reshaping services.

Delivery of effective and lasting transformation of health and social care services is central to the vision of the IJB. The IJB's Strategic Plan 2020 – 2025 outlines its ambitions over the medium term and the reshaping of services which will support delivery. A link is provided to the Strategic Delivery Plan which is currently under review.

As per the Revenue Budget report there are 4 main areas of strategic review forming the MTFS as follows –

- Review of external spend including grants and commissioned services, supported by appropriate service review and market engagement.

- Strategic assessment of community hospitals across Aberdeenshire to support and ensure the most effective, equitable and sustainable model moving forward.

- Strategic assessment for older people's residential services to inform a commissioning strategy and policy direction which enables future proof, sustainable, efficient, and effective residential care.

- Strategic assessment of adult residential models of care to inform a commissioning strategy and policy direction which enables future proof, sustainable, efficient, and effective residential care.

7. RISK ASSESSMENT

The MTFS is a financial model and as such has risks associated with it.

- Impact of local and national factors over / underestimated.
- Public expectations about service delivery.
- Impact of IJB decisions on Partner Bodies and the impact of Partner Body decisions on the IJB.
- Failure to accurately forecast impact sources.
- Failure to identify future pressures such as a change to a national policy.
- Over or underestimated cost and demand pressures.

As an organisation the IJB needs to be aware of these risks but should not become risk averse when developing its future plans. The IJB recognises strategic risks through regular review of the IJB Risk Register. This is used to ensure significant risk is identified and effective mitigating actions implemented which reduce these risks to acceptable levels whilst securing service delivery within available resources.

Sensitivity analysis is used to test the major assumptions made by the model and understand what the implications are if these assumptions change. This effectively tests "what if" scenarios and enables the IJB to determine potential fluctuations which could exist within the financial model.

The table below shows what would happen if the main assumptions increase by 1%. For example, if pay awards were 1% higher than the assumptions made in the model, this would represent an additional cost of £1.5 million in 2025/26.

	2025/26	2026/27	2027/28	2028/29
	£m	£m	£m	£m
Expenditure				
1% Pay Increase	1.5	1.6	1.7	1.8
1% Non-Pay Increase - Prescribing	2.0	2.1	2.2	2.3
1% Demographic Increase	4.0	4.1	4.2	4.3
1% Pay Decrease	-1.5	-1.6	-1.7	-1.8
1% Non-Pay Decrease - Prescribing	-2.0	-2.1	-2.2	-2.3
1% Demographic Decrease	-4.0	-4.1	-4.2	-4.3

Budget assumptions carry a degree of financial risk which means that a budget variation may arise if information or circumstances supporting that assumption change. The acceptance of risk is a necessary part of the budget process.

A number of financial risks have been identified when developing the MTFS. These are highlighted below:-

(1) **Financial Settlement** - A one-year settlement for 2024/25 only has been received for this budget process. The merits of a multi-year Settlement continue to be expressed to enhance the alignment with delivering against the strategic priorities. The pay inflation provisions currently reflected in the budget reflect estimated agreements for all IJB staff who are covered by the NHS Agenda for Change, NHS Medical & Dental and Local Government pay settlements.

(2) **Prescribing Costs** - Prescribing costs are a large and volatile area of the IJB budget. Whilst the decisions to prescribe are made locally, the costs of drugs and agreements to introduce new drugs are made on a national basis. Provision in the budget has been made based on advice from the Grampian Medicines Management Group.

(3) **Demographic Changes** - The demographic profile of Aberdeenshire continues to show a general rise in population with a specific increase in the age profile of the population. The associated challenges of providing care for a rising population where people live with multiple conditions are well known. These challenges manifest themselves in a financial sense when we experience issues such as rising numbers for social care packages and rising demand for aids and adaptations. The increasing level of complexity of need for some of our clients means that high-cost care packages may arise during the year which we have not budgeted for. The same applies to patients who need out of area care and where a clinical decision has been made that this is in their best interests.

(4) **Public Perception of Health & Social Care Services** - The Aberdeenshire Health & Social Care Partnership's Strategic Plan 2020-25 recognises that the changes we need to make will make demands on individuals, the communities of Aberdeenshire and organisations that provide health and social care and support. In order to release efficiencies whilst at the same time delivering our strategic priorities, we must focus on service redesign and re-commissioning. Recent experience of service redesign and re-commissioning has highlighted a number of potential risks: - Public perception that services are being lost and cost cutting is the sole driver. - High expectations of health and social care services in spite of the current and ongoing pressures faced. - Negative media coverage affecting the Partnership's reputation. - Reluctance of society to change behaviour and focus on personal abilities and informal support networks, including making informed choices about how local services are used. We can mitigate these risks by focusing on effective engagement, communication, education, and co-production with the public.

(5) **Primary Care** - Recent years have seen a number of challenges around sustainability of some of our GP Practices with inability to recruit General Practitioners a common issue. This has necessitated the Partnership providing support and investment to maintain GP services in some parts of Aberdeenshire. The HSCP has linked with the other Grampian HSCPs and GPs to develop a Primary Care Vision and work will commence on implementation in 2025.

(6) **Social Care Market** - The external care market is fragile, with providers seeking higher than inflationary increases to provide stability. Some arrangements such as the National Care Homes Contract are negotiated nationally and may be higher than

forecast. Should national negotiations break down it is likely that local agreements would have to be negotiated which could lead to higher costs than have been provided for. We can mitigate these risks by working with our third and independent sector providers and community partners at a local level to train, support, and up skill local providers in conducting their business with the Partnership. We can also mitigate these risks through moving away from short term projects to ensure there is longer term stability.

(7) **Earmarked Funding** - A proportion of funding for the Partnership is received via earmarked funding for specific purposes allocated by the Scottish Government. Typically, this funding is not allocated until after the start of the financial year. We are assuming that the level of earmarked funding in 2024/25 will be broadly similar to the level received in 2023/24. If this is not the case, further prioritisation decisions will need to be made.

(8) **Longer term health debt of population** - The impact of the pandemic continues to pose significant financial risks to the Partnership. The wider economic and societal impact of the pandemic will continue to pose challenges to the Partnership in terms of service pressures and how services are delivered.

(9) **General Inflation pressures** - Inflation is at a high level but expected to fall in the short term. The MTFS assumptions have been prepared on the basis of known contractual inflation rates. Should general inflation rates prove to be volatile and be reflected in an cost of goods and services, this will cause additional pressure on the revenue budget and the services the IJB can afford to provide.

All of these risks and others within the budget will be monitored and managed in order to identify any issues and address these at an early stage through the following –

- Regular detailed budget monitoring to the IJB identifying trends in both within and over budget positions to address ongoing and future requirements of service provision
- IJB Budget development sessions with both the AHSCP Senior Management Team and IJB
- Continuing communication with our Partners to drive efficiencies and best value.

Appendix 6

Aberdeenshire Integration Joint Board Revenue Budget 2024/25

Context for Social Care Pressures

1.0 Adult social care comprises all forms of personal and practical support for adults who need additional support. It describes support at home, including care homes and supporting unpaid carers to help them continue in their caring role. It means supporting people to:

- live independently
- be active citizens
- participate and contribute to our society
- maintain their dignity and their human rights
- support people to stay at home or in a homely setting, with maximum independence, for as long as possible.

2.0 Local Authorities (delegated to Health and Social Care Partnerships) have a duty under the Social Work (Scotland) Act 1968 to assess a person's social care support needs to decide if a person is eligible for services.

3.0 The Community Care and Health (Scotland) Act 2002 introduced free personal care for those aged 65 or over Scotland. This was extended to those under 65, by the Scottish Government in 2018 by an amendment to the 2002 Act, removing the previous age qualification and thereby extending personal care entitlements to all adults who are assessed by the local authority as needing this service, free of charge.

4.0 Self-Directed Support emerged as a social care policy in the form of a ten-year strategy: the Self-Directed Support Strategy 2010-20. This culminated in The Social Care (Self-directed Support) (Scotland) Act 2013, which places a duty on local authorities (Health and Social Care Partnerships) to offer people who are eligible for social care a range of choices over how they receive their support. When discharging their duty to support people in need, local authorities do so in a way which offers the person choice, control, and flexibility to determine how they wish to receive support by offering 4 options, including personalised budgets.

5.0 While the intentions and principles of social policy are laudable, budgets have not kept pace with the cost of implementing these directions and public expectations exceed what can be realistically provided within the available budget. Audit Scotland, Social Care Briefing, January 2022, advised that in 2018/19 two thirds of Health and Social Care Partnerships were unable to achieve a balanced budget without recourse to funding from partners and they recommended "realistic costs in financial memorandums accompanying parliamentary bills for legislative change."

6.0 Since the enactment of the (Public Bodies (Joint Working) (Scotland) Act 2014) in 2016 commissioning and procurement are now the responsibility of

integration authorities via health and social care partnerships. Local authorities, though, remain responsible for the formal procuring and contracting care from providers. In Aberdeenshire, social care is provided through in-house care homes for older adults, commissioned residential services for adults, in-house care at home and from private providers through our support at home framework.

7.0 In April 2022, a new framework for non-residential commissioned services was implemented to amalgamate housing support and care at home. Aberdeenshire Council on behalf of the Aberdeenshire Health and Social Care Partnership tendered for a multi-supplier framework agreement for the provision of Support at Home Services for people who meet eligibility criteria aged 16 years and over with a range of needs, who require assistance through support to live independently and to develop, regain or retain their daily living skills, through provision of personal care, personal support and/or housing support, providing the right care and support in the right place.

8.0 The intention of the new framework is to streamline the procurement process to benefit small providers, offer greater flexibility to providers and commissioners to provide outcome focused services, ethical commissioning, and collaboration. The framework is currently being reviewed with good feedback from providers that these objectives are being met.

9.0 Social Care Pressures

9.1 Our data shows that there has been an increased demand for social care services since in both adult and older adult services.

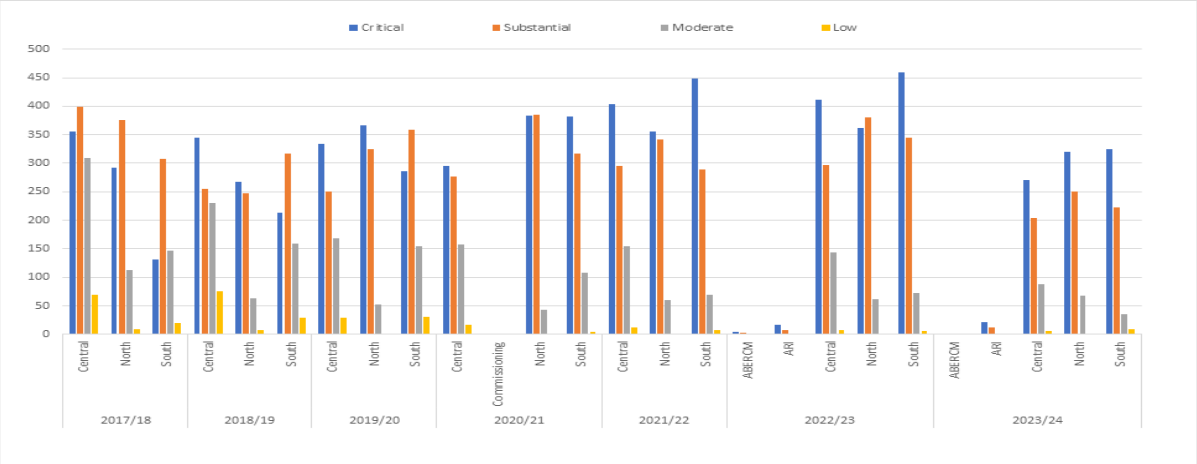
9.2 There are a variety of factors influencing this. Social policy since the implementation of the national direction of Reshaping Care for Older People 2011 - 2021 has promoted a shift away from people being cared for in residential settings to care at home or in a homely setting. There have been equivalent policies for people with learning disabilities with the policy 'The Same as You' being the final impetus for closing long stay settings and promoting the inclusion of people in the community. The 'Keys to Life', launched in 2013 is Scotland's learning disability strategy. It is a long-term strategy based on a commitment to human rights for people with learning disabilities.

9.3 The Aberdeenshire HSCP Strategic Plan 2020-2025 has implemented these national policies through our strategic plan, reshaping care priority and our learning disability strategy 'Be All You Can Be'. However, the anticipated growth in population of older people, and particularly very old people (over 85 years) over the next ten years, along with a difficult economic climate and changing public expectations, challenge the sustainability of any configuration of investment, and service improvement and transformation that we have put in place to support a growing population of people to age well and end their life with dignity in their place of choice. This has resulted in an increase in both residential care for older people and an increase in support at home with associated costs.

"Aberdeenshire Aberdeenshire's pensionable age population is projected to increase from 49,800 in 2018 to 73,750 by 2030 - an increase of approximately 28.0%." **Aberdeenshire Council, Strategic Needs Assessment, 2023**

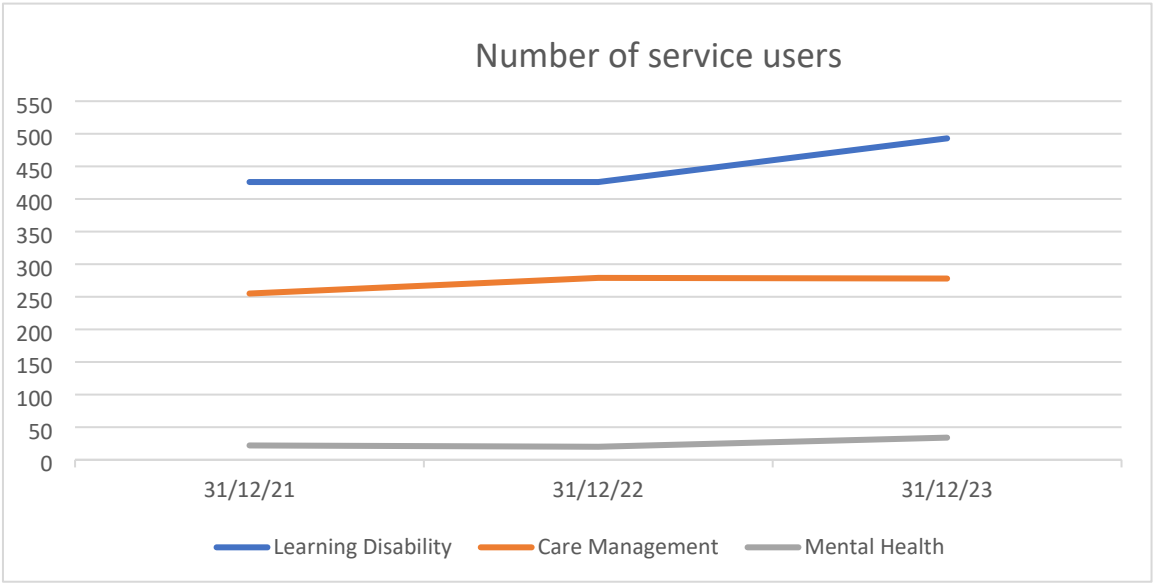
10.0 Learning Disabilities Eligibility Criteria

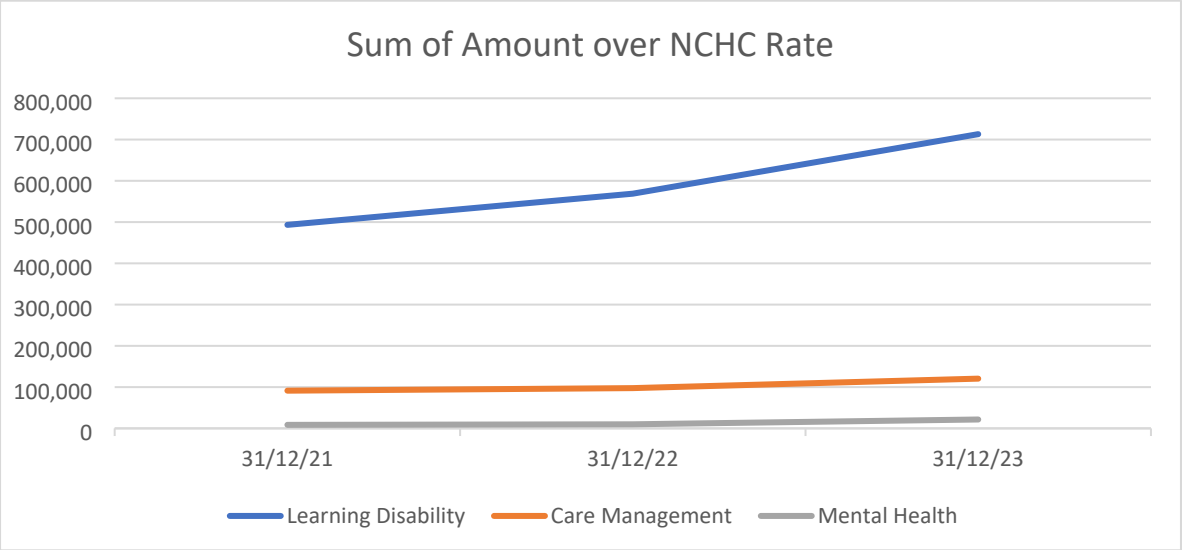
10.1 Figures for 2023/24 are to January 2024.

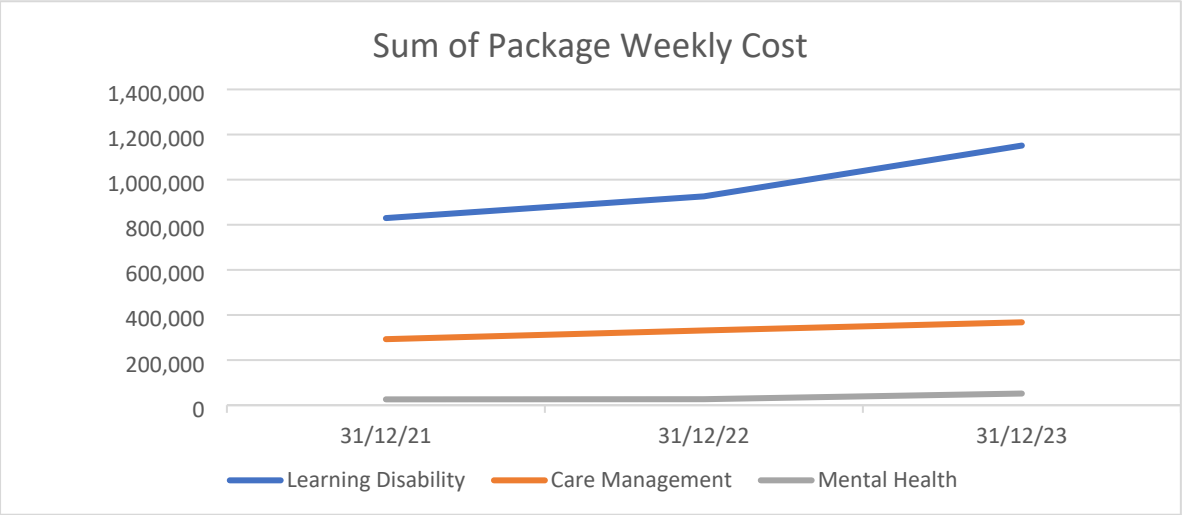


10.2 The data evidences the rise in service users assessed as having critical needs since 2017/18. However, while there is on overall trend in increasing complexity, the reduction in provision of service to service users assessed as having low needs supports the implementation of the policy decision in 2016 to change the Social Work Eligibility criteria to focus services on those at a substantial and critical level.

Number of service users with packages over £888.50 (National care home rate for nursing care)







10.3 The data above evidences the increase in service users with care packages in non-residential care over the national care home rate.

10.4 Complexity of needs and associated increased costs of care packages in learning disability services have been driven by a number of factors:

- An increase in life expectancy due to improved medical intervention.
- Changing cultural expectations, more young people at point of transition expecting to move out as a young adult with associated cost of accommodation and support, whereas historically adults stayed at home with the care of parents.
- Increased numbers of referrals and all of these are of higher needs than previously.
- Increase in people with profound and multiple needs as well as a learning disability – resulting in need for more specialist equipment and higher care

needs i.e. for double up carers – specialist knowledge of peg feeding, postural drainage etc.

- More commissioned services in learning disability adult care – Increase to living wage etc. and increased costs to run services means increased commissioning costs for the same volume of care.
- Increase in mental health and autism/dual diagnosis referrals for complex young people known to CAMHS (Child and Adolescent Mental Health Services) and transitioning to adult mental health services.
- Increase in adults in mental health services eligible for self-directed support is causing the mental health core budgets to be over committed.
- Mental health out of area people who are in health-based treatment resources are returning to area to comply with the 'Coming Home' agenda after treatment but requiring high costs packages to maintain them safely.

11.0 Recommendation

11.1 Measures are proposed to address the cost pressures while ensuring we meet our statutory duties and responsibilities to protect vulnerable people now and in future years. Some of these proposals involve reinvigorating existing strategic directions e.g. the Learning Disability IDEA strategy ensures that building based day care services are only provided for those service users that have the highest level of need. Others are consolidating processes already in place i.e. to ensure robust peer review by establishing a panel to approve high-cost packages, reviewing of all packages are moderate and low level to establish if signposting to non-statutory services is appropriate. Redefining the equivalency model to ensure equity in the cost of provision of 24-hour care if people chose to stay at home rather than move to a residential setting. The proposal to implement weekly budgets for the whole service in residential and supported living learning disability services rather than individual 'time and task' budgets supports the objectives in our 'Support at Home Framework' implemented in April 2022 to provide outcome focused models consistent with our intention to offer flexibility to providers and best, person-centred practice.

Janine Howie
South Partnership Manager

Appendix 7

Aberdeenshire Integration Joint Board Revenue Budget 2024/25

Context for Prescribing Pressures

1.0 Introduction

1.1 NHS Grampian Primary Care Prescribing expenditure is currently exceeding budget predictions. Prescribing volumes (number of prescriptions) demonstrate an ongoing increasing trend. The current rate, volume and cost of prescribing is not sustainable at this level, which is in excess of the IJB Prescribing budget allocations. Prescribing budget overspend will have a direct impact on the provision of other HSCP services.

1.2 There are multiple complex factors that impact on prescribing expenditure. Some of these factors can be predicted, e.g. increasingly older population, however others cannot be predicted e.g. shortages. Predicting future prescribing expenditure is extremely complex, with multifactorial drivers and a wide range of external influences over which there is little local control.

2.0 Financial impacts

2.1 The observed growth in items and costs is multifactorial, with many impacts being out with the control of individual prescribers or indeed NHS boards. Below is a list of the various financial impacts experienced (this list is not intended to be exhaustive but can provide an insight into the various financial impacts experienced):

- Medication Shortages.
- Fragility of Scottish Drug tariff.
- New medications within Primary Care.
- Medications with new/updated licenced indications.
- Changes in patterns of use, i.e. using more expensive medications as first line.
- Transfer from private care.
- Local variations of medication use (variation between boards).
- Transfer from secondary care prescribing from service via service redesign
- Changes to confidential pricing agreements.
- Increase in patient demand of certain medications – e.g. menopause and ADHD management.
- Increased waiting list times leading to increased prescribing.
- Prescribing of branded products when generic available.
- Prescribing of non-formulary medications.

2.2 The responsibility for determining the prescribing allocation for the 2024/2025 financial year, and funding that allocation, falls to IJBs. There is a required combined effort from the NHS Grampian Primary Care Prescribing Group

(PCPG) perspective and also locally driven initiatives to have the best achievable response to implementing objectives and reducing cost.

3.0 Financial Breakdown

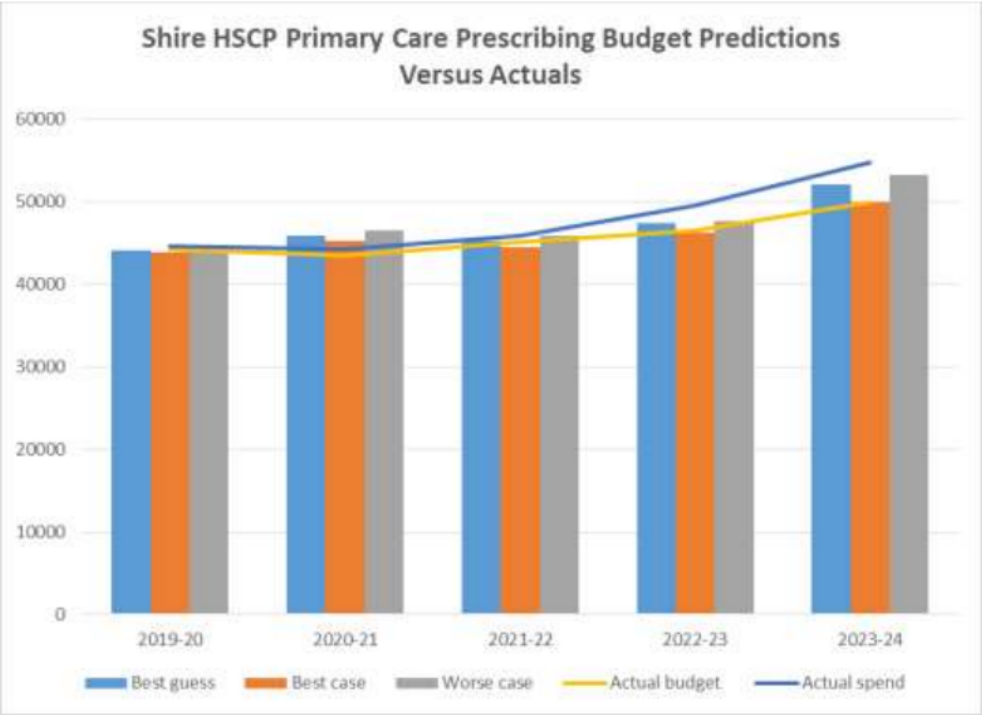
3.1 The pressures that Aberdeenshire IJB has experienced in our prescribing spending are similarly affecting the rest of Scotland with, as at end of quarter two:

- 80% of IJBs forecasting an overspend in 2023/24
- The 2023/24 spend on prescribing nationally equating to 10% of IJBs' total budget and 36% of current forecast overspend
- A predicted pressure for 2024/25 nationally of at least £380m

3.2 In Aberdeenshire the prescribing budget was increased in 2023/24 by £4.5m as part of the IJB budget setting. Despite this there has been a further pressure of £4.0m in year.

Aberdeenshire IJB Prescribing 2023/24	
Initial budget	£46m
Additional pressure	£4.5m
In Year pressure	£4.0m
Forecast outturn 2023/24	£54.5m

3.3 Each year the NHS Grampian Primary Care Prescribing Group (PCPG) models predictions about increases in prescribing costs and sets a best case, best guess and worse case level. This prediction is based on population demographics, item costs, medicines with the potential to impact on primary care prescribing, generic verses branded costs, Scottish Drug Tariff, medicine shortages, patent expiry and prescription efficiencies. As can be seen below the predicted cost has increased in the last couple of years but the actual has exceeded these predictions.



3.4 NHS Grampian total primary care spend on prescribing is fourth highest in Scotland and this reflects that it has the fourth highest population size. Its trend in spend overtime has also varied in parallel with other Boards which indicates that NHS Grampian is experiencing the same national cost drivers.

3.5 For 2024/25 the NHS Grampian Primary Care Prescribing Group (PCPG) has modelled predictions about increases in prescribing costs as:

	Low Estimate £000s	Medium Estimate £000s	High Estimate £000s
Suggested total budget 2024/25	59001	60670	61846
% increase on 2023/24 budget	16.0	19.3	21.6
% increase on 2023/24 expenditure	6.8	9.8	12.0

3.6 The 2024/25 draft budget being presented to the IJB uses the medium estimate, predicting an increase in spend for 2024/25 of £60.7m. This is an additional pressure of £6.2m.

3.7 The NHS Grampian Primary Care Prescribing Group has developed a primary care prescribing savings plan. Based on this the IJB draft budget for 2024/25 sets a savings figure against the predicted spend of £60.7m of £750k.

3.8 In 2023/24 NHS Grampian received an additional allocation from the Scottish Government for new drugs. None of this funding was passed through to the IJBs.

4.0 Savings Actions

4.1 A range of actions are already underway and planned to reduce the primary care prescribing pressures.

4.2 **Clinical and Cluster Quality Leads** will be key in enabling our Grampian and Aberdeenshire discussions regarding practice prescribing performance. Encouraging variation to be constructively challenged and providing a supportive forum for practices to discuss and share good prescribing practice.

4.3 **ScriptSwitch** is a system which provides information to Primary Care prescribers when they are prescribing to make cost effective medication choices in formulation/generic/dose rationalisation. This is linked to NHS Grampian Primary Care Prescribing Cost Efficiencies Programme, with the need to maximise savings achieved through this tool. It is hoped that through sharing and discussing this information, practices will reflect on their current and potential switch acceptance rates. Practices will also be asked to ensure that all appropriate clinical members of staff have ScriptSwitch active on their clinical system.

4.4 **NHS Grampian Primary Care Prescribing Efficiencies – GP Practice Agreement Jan 24 – March 24** – The Medicines Management team alongside the NHS Grampian Primary Care Prescribing Group and other key stakeholders continue to review prescribing trends within NHS Grampian and across Scotland to identify potential prescribing efficiency and cost avoidance opportunities. An agreement is being rolled out to practices to encourage them to make efficiencies on specific higher cost medicines. We are already seeing a good rate of sign up to the efficiencies agreement with work already being undertaken with the Keppra to Levetiracetam efficiency.

4.5 **Grampian Summit on Primary Care Prescribing** - in recognition of the primary care prescribing budget being such a huge pressure for all IJBs, the Chief Officer is working with NHS Grampian to convene a Grampian summit. This will be open to all IJB members and will also include Cluster Quality Lead GPs from Aberdeenshire, Clinical Leads, Primary Care management as well as representatives from Grampian from pharmacy and medicines management, secondary care, primary care, public representatives and representation from a variety of other services.

4.6 **Public Engagement -** as part of the Prescribing Efficiency Work plan, the Grampian Medicines management Team ran a Facebook questionnaire and as at 19th February 2024, this had had over 2500 responses. When it closed it had 2791 responses, a fantastic response. Of these respondents 444 also expressed an interest in being involved in an online focus group, again, an excellent response from the public regarding this topic and the next stage in the planning. The next steps will be for a focus group to explore some of the themes: money and medicines - honest conversations around how much we are spending; environmental factors regarding ordering of prescriptions; waste as returns to Community Pharmacy cannot be reused and self-care and purchase for what people do not always need a prescription.

4.7 **Prescribing principles** - whilst we expect the majority of prescribers will be following these steps when initiating, reviewing, and continuing prescribing, it is essential we maximise the efficiencies across the whole system.

- Is prescribing a medicine the first appropriate step in the treatment pathway?
  For some conditions lifestyle factors and health technologies are recommended as first line treatment. Consider non-pharmacological options that may be appropriate for example digital therapeutic solutions including Sleepio (insomnia), Daylight (anxiety), SilverCloud (mental health & wellbeing) and other resources such as Grampian Pain Management Patient Self-Management.

- All medicines should be prescribed generically – unless there is a clear clinical reason/justification that a brand is required, or there is an NHS Grampian approved brand. Information for patients on brand names and generics is available on the NHS Choices website.

- All prescribers should follow the Grampian Area Formulary and any local prescribing guidelines/recommendations. This will help promote evidence based/quality prescribing. Whilst the formulary does not encompass all medications, it contains information pertaining the majority of commonly prescribed medicines/medical conditions.

- Antibiotics should not be prescribed for viral infections as they are ineffective for this indication and will increase risks of resistance. Ensure when prescribing antibiotics they are clinically indicated, and the correct choice and length of treatment for the condition is selected. The Antimicrobial App can be accessed via the Right Decision Service and provide details of Primary Care Antimicrobial Prescribing Guidance.

- Before adding or changing medicines due to inadequate clinical response, ensure the patient had been taking them regularly and as prescribed.

- Repeat supplies of medicines
  a) Is there evidence of over ordering?
  b) Has the appropriate length of time passed since the last prescription?
  c) Have all items on a repeat slip been requested?
  d) Are they all actually required?

- Practices should have systems in place to identify over ordering and highlight this to the appropriate member of the team before repeat prescriptions are processed.

- Review medicines regularly to determine ongoing need. If a medicine is not clinically effective, it should be discontinued. If a medicine is no longer required or indicated it should be removed from the individuals' repeat record.

- Ensure patients are aware of the steps they can take to self-manage minor conditions and the services available from community pharmacy.

Appendix 8

Budget Engagement Responses - Public Survey

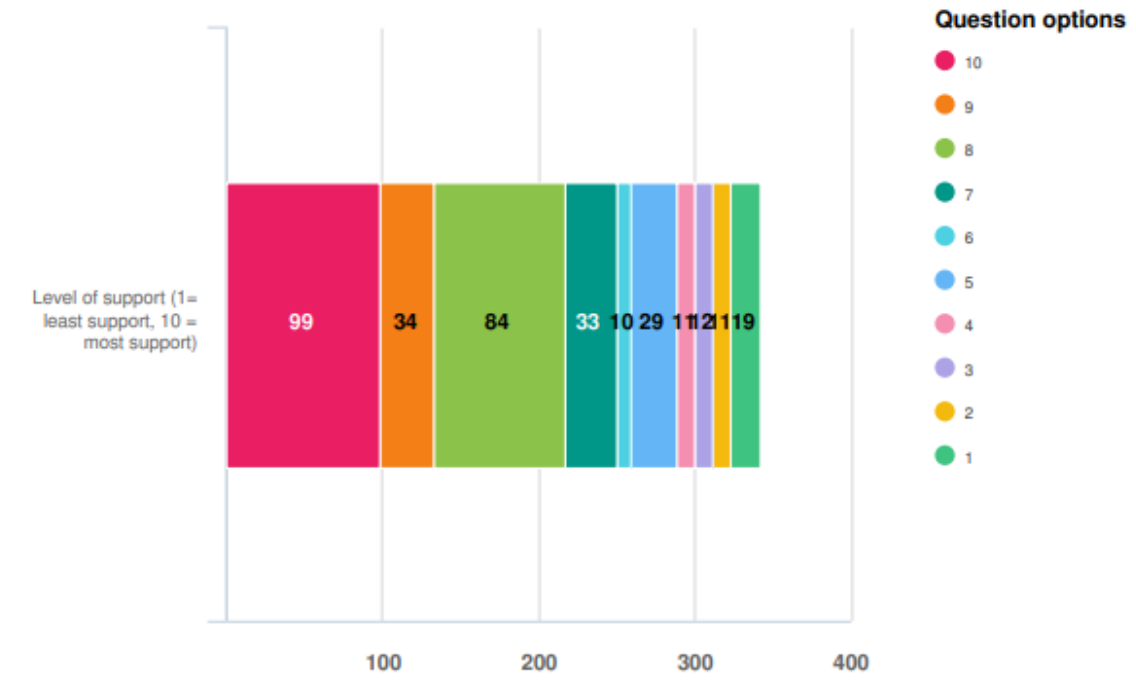
Aberdeenshire Health & Social Care Partnership (AHSCP) launched a budget engagement survey (for staff and members of the public) on the 29th January 2024 and it was open for responses until 26th February 2024. 345 respondents completed the survey. A summary of the feedback received is below:

Q1 – Across our health & social care services we have a number of older buildings that were never designed for the delivery of modern, efficient services and require significant investment to ensure they meet modern standards.

Would you agree that a priority for the AHSCP should be to consolidate where it delivers services, and where appropriate, to utilise buildings most suitable for modern care?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 1 – Consolidating buildings-based services



Optional question (342 response(s), 3 skipped)

Chart 1, above, shows that the majority of respondents (73%) indicated support to consolidate where it delivers services, and where appropriate to utilise buildings most suitable for modern care, giving a rating of between 7 and 10.

Q2. Thinking about the score you gave in relation to Q1 above, is there anything else you would like to tell us about how we deliver buildings-based services in the future?

194 individuals responded to this question. After theming the comments within responses, the top five themes were as follows:

Theme	Number of mentions within comments
Ensuring access to services	50
Requirement for services to be accessible from a public transport route	32
People expect services delivered locally.	27
Concern for those accessing services in rural areas	26
Agreement that buildings need to be fit for purpose	20

> *"Take into account the remote rural communities. Not everyone is able to travel many miles to centralised services"*

Ensuring access to services
Comments emphasised the need for appropriate access to services. Concerns were about those in rural areas having to travel further, the ageing population being able to access services, ensuring that travel distances to access services are considered as well as considering the cost of public transport and fuel. Some comments stated that services should be located where there is most need.

Requirement for services to be accessible from a public transport route
The comments on this theme emphasised the need to understand the available public transport routes to locations. There was concern about rural areas where there can be poor accessibility to public transport. Other repeating comments were: not to assume that all elderly or vulnerable people are able to travel, not all households have access to a car, and to ensure adequate public transport routes to buildings-based services.

People expect services delivered locally
There is support for care and services staying within the local area. Those who gave reasons stated: they did not want people having to travel too far, concern about those in rural areas and keeping services close to those in need.

Concern for those accessing services in rural areas
As mentioned in the themes above, there is concern that it will become more difficult for people living in rural and remote areas to access services due to consolidation of buildings.

Agreement that buildings need to be fit for purpose

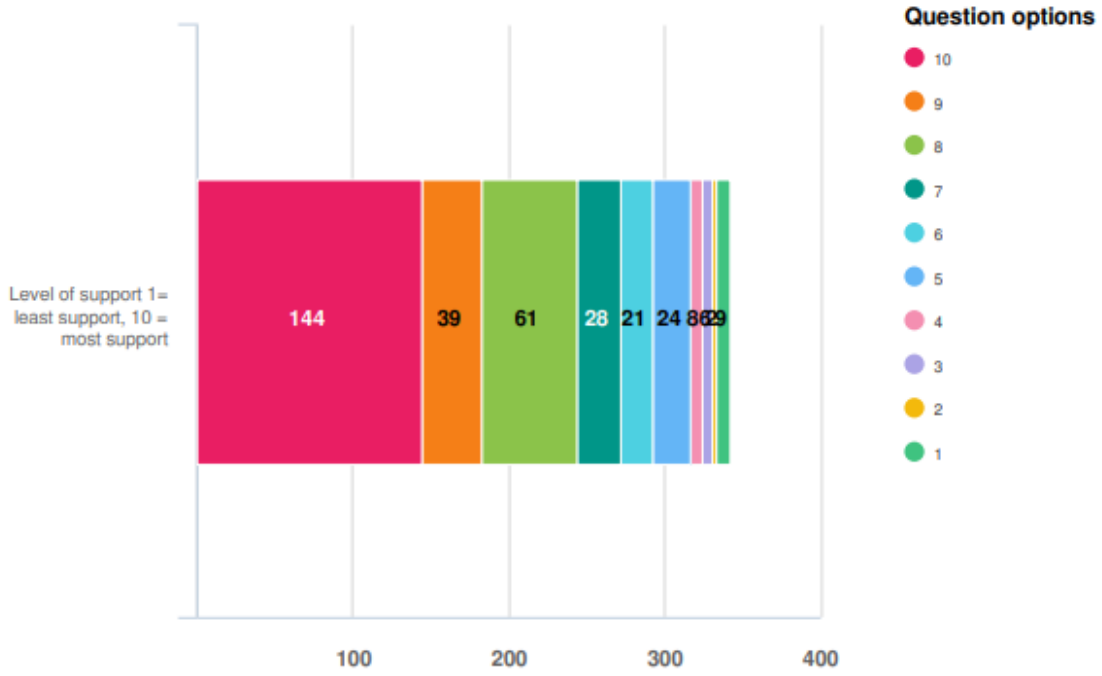
There is concern that currently some buildings are not fit-for-purpose, often in rural areas, due to being old buildings. Respondents wish to see buildings at an appropriate standard with appropriate facilities, fit-for-use and for delivery of services in a safe manner.

Q3 - Social Care services are usually provided to people following an assessment of need.

Would you agree that the AHSCP should prioritise those that have the greatest need?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 2 – Prioritising those that have greatest needs



Optional question (342 response(s), 3 skipped)

As shown in Chart 2 above, the majority of respondents (80%) indicated support, with a rating between 7 and 10, that we should prioritise those who have the greatest need.

Q4 - Thinking about the score you gave in relation to Q3 above, is there anything else you would like to tell us about how we prioritise our services?

190 individuals responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Prevention / early intervention	45
How will need be calculated?	45
Everyone assessed with a need should receive care	29
Agreement with prioritisation of greatest need	14

"Early intervention could prevent greater needs developing later"

Prevention / early intervention
Comments reflected that investing resource to care for people when their needs are at a lower level, can result in them avoiding reaching a crisis point later and can potentially save on cost.

How will need be calculated?
Respondents questioned the definition of greatest need, who would make the decision on a definition and how people would be assessed.

Everyone assessed with a need should receive care
Comments reflected that everyone was entitled to some level of care, even if they were not assessed as being of greatest need.

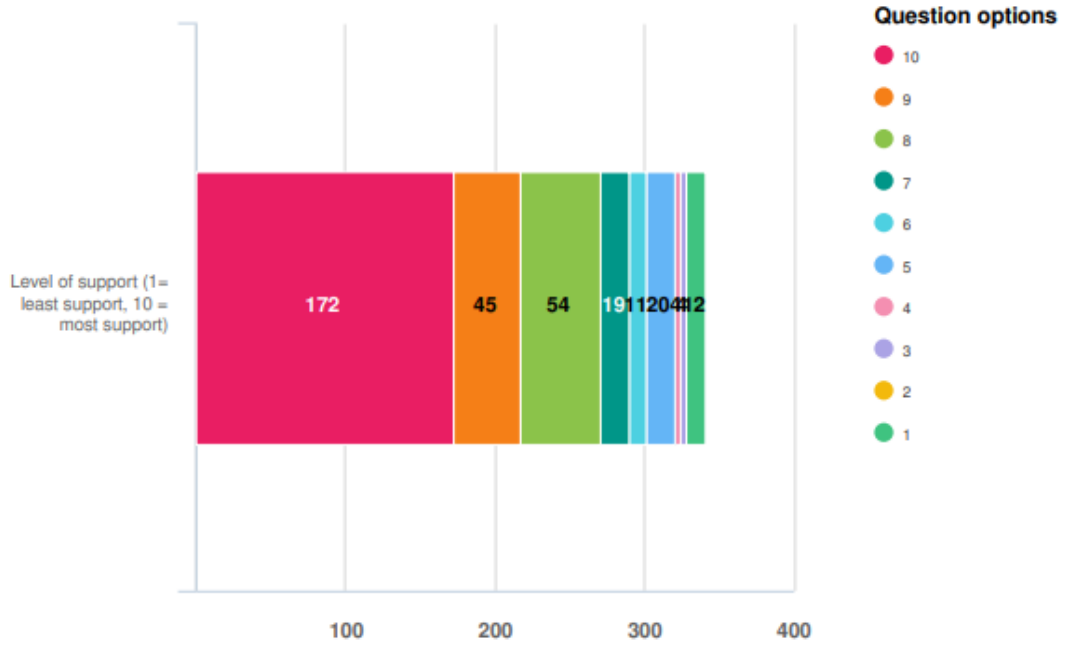
Agreement with the prioritisation of greatest need
In these comments, respondents stated that they agreed that those with greatest need should be prioritised.

Q5 - Over the next 5 to 10 years there will be significantly more people over the age of retirement in Aberdeenshire. This means that we will continue to see ever greater demand for health and social care services

Do you agree that the AHSCP should ensure that we support services to make changes now to take account of the potential future increase in demand?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 3 – Supporting services to make changes now to take account of future demand



Optional question (341 response(s), 4 skipped)

As shown in Chart 3 above, the majority of respondents (85%) supported ensuring that we support services to make changes now to take account of the potential future increase in demand, with a rating of between 7 and 10.

Q6 - Thinking about the score you gave in relation to Q5 above, is there anything else you would like to tell us about prioritising spend?

159 individuals responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Agree with making changes now and future planning	32
Prevention / early intervention	26
Other priority groups to consider, not just the ageing population	16
Not at the expense of current services	15

"Advance preparation when demographic is known seems sensible"

Agree with making changes now / future planning
Comments agreed the importance of prioritising, planning and making changes for future demand. Respondents felt this was sensible or necessary or in some cases an obvious approach to take.

Prevention / early intervention
Comments under this theme highlighted the need to invest in prevention, supporting all ages to improve their lifestyle and take care of their wellbeing. Some comments focussed on keeping older people fitter and healthier for longer and enabling them to age well. There were also a number of comments advising earlier intervention for people's health issues and taking a more proactive, rather than reactive approach.

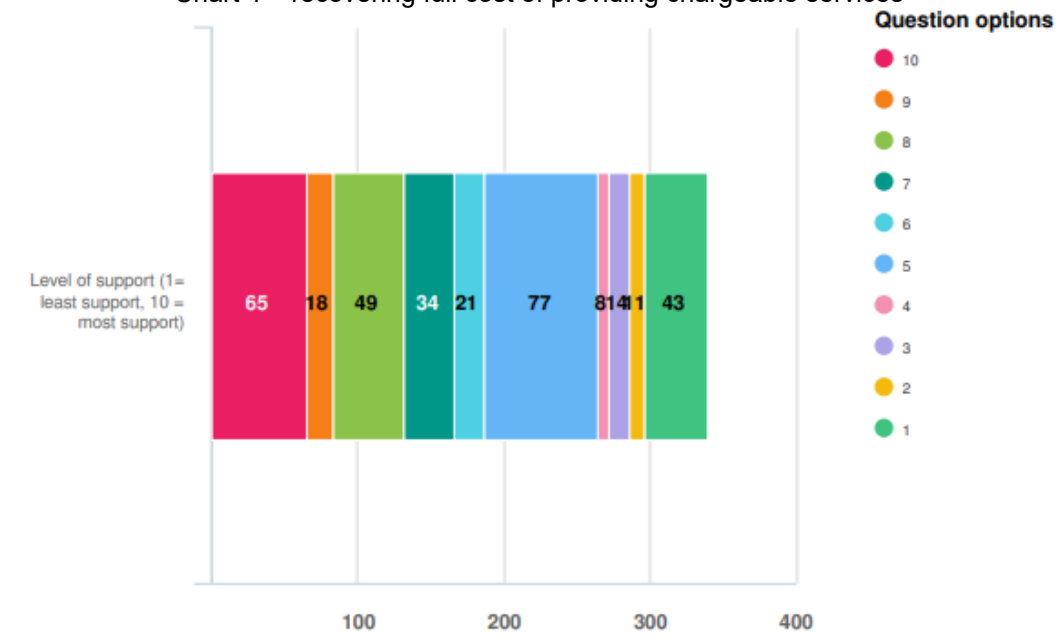
Other priority groups to consider, not just ageing population
A number of respondents highlighted that other groups of people should be considered a priority as well as the increasing ageing population. Individual comments highlighted a range of specific groups of people, but there was not one particular group that received more comments than another.

Not at expense of current services
These comments reflected the concern that support from some respondents for making changes to prepare for future demand, was only if there was to be no negative impact to current services provided.

Q7 - There are some services which we provide that people, who can afford it, need to pay for.
Do you agree that the AHSCP should recover the full cost of providing those services?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 4 – recovering full cost of providing chargeable services



Optional question (340 response(s), 5 skipped)

As shown in Chart 4 above, just under half of respondents (49%) supported recovering full costs of some services that are paid for by those that can afford to, with a rating of between 7 and 10.
Almost a third of respondents (29%) chose a rating of 5 or 6 – a neutral level of support. It should be noted that 13% indicated the lowest level support.

Q8 - Thinking about the score you gave in relation to Q7 above, is there anything else you would like to tell us about how we recoup costs?

196 individuals responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Means testing may be required	44
Agreement on recouping costs	29
Concern that those who have prepared financially for old age are penalised	17
More information is required for consideration	16

"The question is the ability to afford!"

Means testing may be required
Most comments specifically mentioned that means testing would be required to establish those who could afford to pay full cost of some services. Some respondents highlighted that this would need to be a sensitive and fair process. Others were concerned that the possible cost of the process itself to recoup costs would outweigh the financial benefits.

Agreement on recouping costs
Under this theme, respondents indicated they agreed that full costs could be recouped from those who could afford it, with an emphasis on the latter.

Concern that those who have prepared financially for old age are penalised
Comments reflected that these respondents felt it was unfair that those who could afford to were required to pay, as it was often these people who had worked hard throughout life and had prepared well for older age.

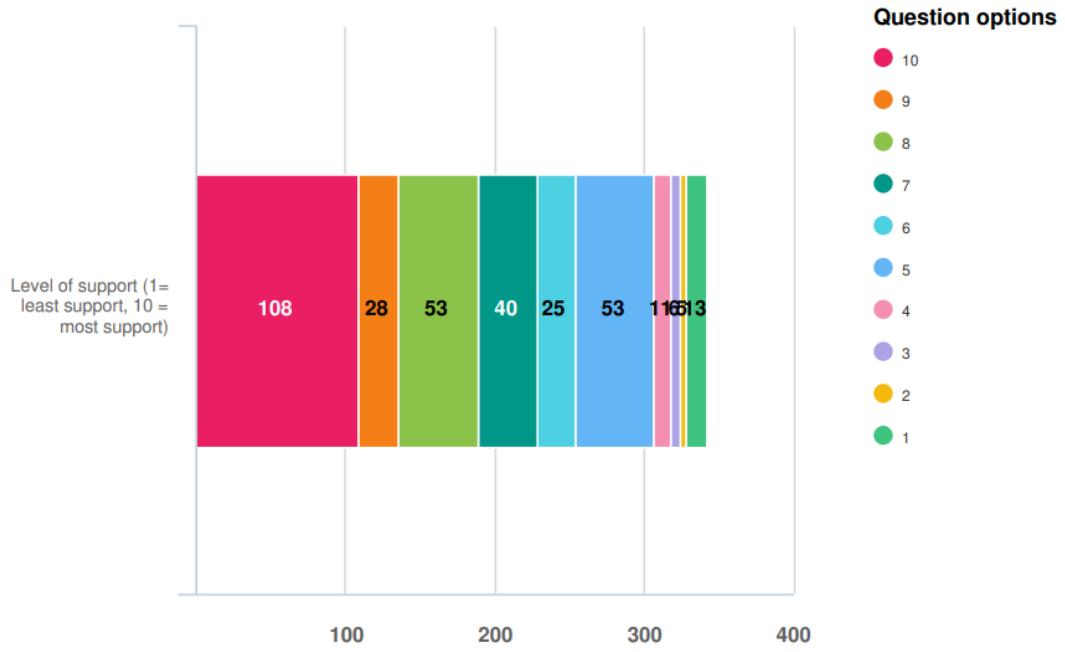
More information required
These comments stated that more information is required on definitions and particularly which services are referred to that people need to pay for. Respondents questioned who would be assessing people's ability to afford to pay.

Q9 - There have been significant advances in technological and digital innovation, particularly in Health Care.

Would you agree that, where appropriate, digital technology should play a role in how we deliver services in future?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 5 – Digital technology playing a role in how we deliver services in future



Optional question (342 response(s), 3 skipped)

As shown in Chart 5 above, the majority of respondents (67%) indicated support for digital technology playing a role in how we deliver services in the future, with a rating of between 7 and 10. Almost a quarter of respondents (22%) chose a rating of 5 or 6 – a neutral level of support.

Q10 - Thinking about the score you gave in relation to Q9 above, is there anything you would like to tell us about the use of digital innovations?

205 individuals responded to this question. After theming the comments within responses, the top five themes were as follows:

Themes	Number of comments
Concern about digital exclusion	43
Face to face care is still important	38
A role for digital technology where appropriate	36
Digital innovations should be a priority in the future	18
Concern about elderly people and digital innovations	17

"Using digital technology works when the recipients of the service are fully able to participate"

Concerns about digital exclusion
Comments highlighted concerns that not everyone could be expected to engage with digital technology. This was due to poorer broadband access in some areas, lack of skills, confidence and understanding in using technology/digital tools, and the difficulty for some to afford equipment and internet access.

Face to face care is still important
Comments stated the importance of continuing to have face to face care as an option. This was felt to be particularly important for those at higher risk or more vulnerable and for those digitally excluded. The human interaction element was felt to be important by some for wellbeing and to avoid social isolation.

A role for digital technology where appropriate
Comments were in support of the use of digital technology if there were benefits for the service and the service users. The caveat is that this will not be appropriate or suitable for every service or every user.

Digital innovations a priority in the future
Responses under this theme agreed that use of digital technology was a priority going forward. Future service users are likely to be users of technology and may see the use of technology as the norm at that point. Benefits and improvements to services are likely to continue with technological advances.

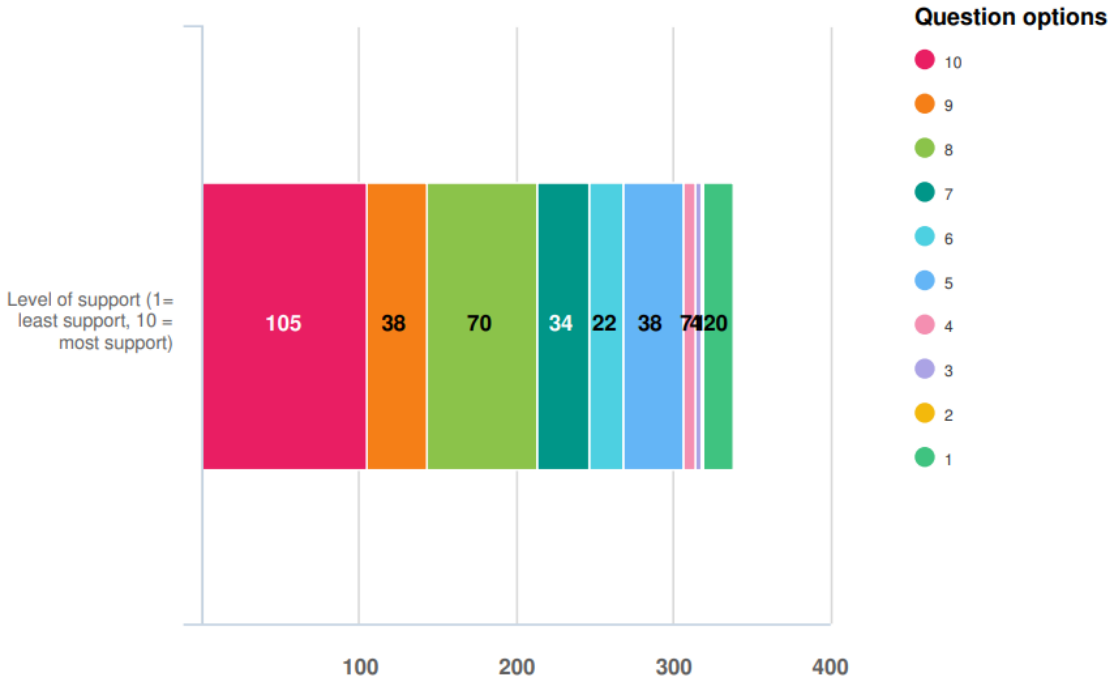
Concern about elderly people and digital innovations
These comments reflected that many elderly people do not have access to or confidence to use digital technology and may see it as a barrier to care and support.

Q11 - The AHSCP delivers a wide range of residential services, including some delivered on our behalf by other organisations. Examples include care homes for older people and supported living accommodation for adults with learning disabilities and complex needs.

Would you agree that the AHSCP should provide residential services based on best value and focus on those with greatest need?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 6 – Providing residential services based on best value and focus on those with greatest needs



Optional question (339 response(s), 6 skipped)

As shown in the chart above, the majority of respondents (73%) indicated support for providing residential services based on best value and focus on those with greatest needs, with a rating of between 7 and 10.

Q12 - Thinking about the score you gave in relation to Q11 above, is there anything else you would like to tell us about the delivery of residential services?

150 individuals responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of mentions
"Best value" is more than just money	31
Definitions of some terms are required	11
Who will decide on the criteria for "greatest need"?	9
Agreement on providing residential services based on best value and focus on greatest needs	7

“Best Value and best care must go hand in hand”

"Best value" is more than just money
Comments reflected concern that best value would mean the cheapest cost. Respondents emphasised that quality of care and support also needed to be part of best value.

Definitions of some terms required
Respondents stated that they would need clearer definitions of best value and greatest need to be able to consider their answer more fully.

Who will decide on the criteria for "greatest need"?
Respondents questioned who was going to be making decisions around what “greatest need” was and which service users would fit that criteria.

Agreement on providing residential services based on best value and focus on greatest needs
Comments under this theme were in agreement that provision of residential services should be based on best value and focus on greatest needs.

Information about the respondents

Of the 341 participants that provided information about themselves, 269 were female and 71 were male.

For respondents who provided first four digits of their Aberdeenshire postcode, the split across the 6 local authority areas was as follows:

Area	Respondents
Banff & Buchan	31
Buchan	18
Formartine	68
Garioch	79
K&M	86
Marr	53

The majority of respondents (274 of 342 respondents) were over 45 years of age (93 were 45-54 yrs; 102 were 55-64 yrs; 79 were 65 and over).

The majority of respondents were employed full-time (154 respondents), wholly retired from work (72 responses); or employed part-time (66 responses).

When asked if day-to-day activities were limited because of a health problem or disability which has lasted or is expected to last 12 months or more, 57 respondents said yes, limited a little and 19 said yes, limited a lot. 267 respondents said no.

146 respondents said that they provide unpaid care, with 183 respondents indicating they didn’t, and 15 respondents preferring not to say.

Appendix 9

Budget Engagement Responses - Staff Survey

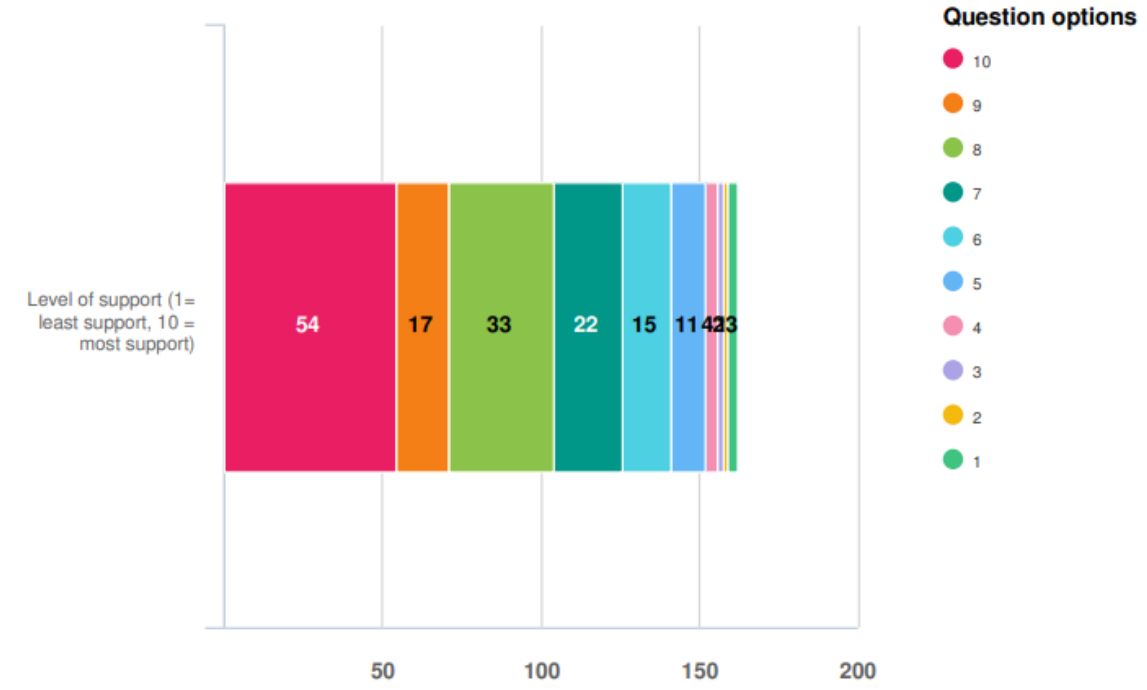
Aberdeenshire Health & Social Care Partnership (AHSCP) launched a budget engagement survey (for staff and members of the public) on the 29th January 2024 and it was open for responses until 26th February 2024. The staff survey was completed by 163 respondents. A summary of the feedback received is shown below:

Q1 – Across our health & social care services we have a number of older buildings that were never designed for the delivery of modern, efficient services and require significant investment to ensure they meet modern standards.

Would you agree that a priority for the AHSCP should be to consolidate where it delivers services, and where appropriate, to utilise buildings most suitable for modern care?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 1 – Consolidating buildings-based services



Optional question (162 response(s), 1 skipped)

As shown in Chart 1 above, the majority of respondents (78%) indicated support to consolidate where it delivers services, and where appropriate to utilise buildings most suitable for modern care, giving a rating of between 7 and 10.

Q2. Thinking about the score you gave in relation to Q1 above, is there anything else you would like to tell us about how we deliver buildings-based services in the future?

88 members of staff responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Agreement that buildings need to be fit for purpose	25
Ease of access to services is important, including locally where possible	17
Make best use of all existing buildings and any free space	9
Public transport challenges for more rural communities	7

Agreement that buildings need to be fit for purpose
Comments highlighted that buildings need to be fit for purpose for the services that are being delivered from them. This includes the space to see patients/clients, space for storage, and with appropriate equipment to operate effectively. Some buildings may need to be adapted to suit people with complex needs.

Ease of access to services is important, including locally where possible
Comments under this theme reflected the concern that everyone still needs to be able to access services, particularly those who live in smaller, more rural communities, where buildings can often be older and less fit-for-purpose.

Make best use of all existing buildings and any free space
There were opinions that some buildings are sitting empty and could be used to benefit communities. Some recent examples of this were highlighted. A similar sentiment was put forward for making best use of all spaces within existing buildings.

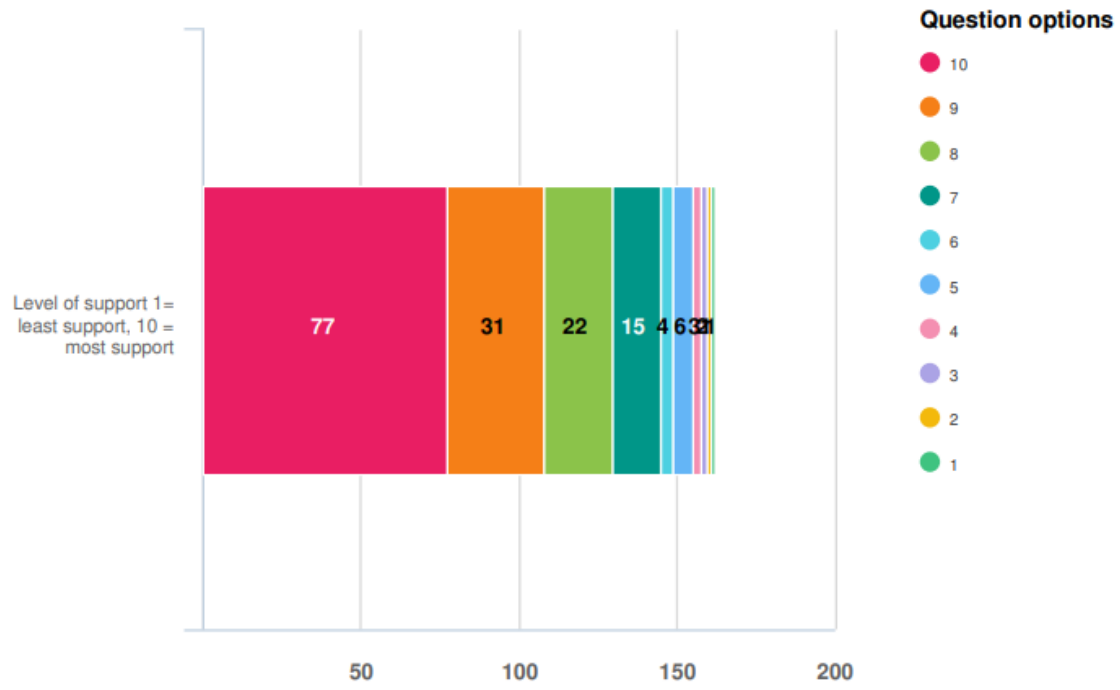
Public transport challenges for more rural communities
Concerns about consolidation of buildings were that this may adversely affect small communities where good public transport links are not always in place to the nearby larger towns. This could affect elderly and vulnerable people and should be taken into account when considering consolidation.

Q3 - Social Care services are usually provided to people following an assessment of need.

Would you agree that the AHSCP should continue to prioritise those that have the greatest need?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 2 – Prioritising those that have greatest needs



Optional question (162 response(s), 1 skipped)

As shown in Chart 2 above, a large majority of respondents (90%) indicated support, with a rating between 7 and 10, that we should prioritise those who have the greatest need. 108 of those respondents had chosen the highest rating of 9 or 10.

Q4 - Thinking about the score you gave in relation to Q3 above, is there anything else you would like to tell us about how we prioritise our services?

81 members of staff responded to this question. After theming the comments within responses, the top three themes were as follows:

Theme	Number of comments
Invest in lower level needs to prevent greater need	27
Agreement with prioritising those with greatest need	16
How would fair assessment be carried out?	13

Invest in lower level needs to prevent greater need

Many comments highlighted the concern that funding could not just go towards addressing the greatest needs. Looking ahead and being proactive would mean the requirement to invest in lower level needs. If that is not done, they will result in greater needs or crisis point in the future and bring increased costs for the HSCP.

Agreement with prioritising those with greatest need

These comments agreed with the question on prioritising those with greatest needs in social care.

How would fair assessment be carried out?

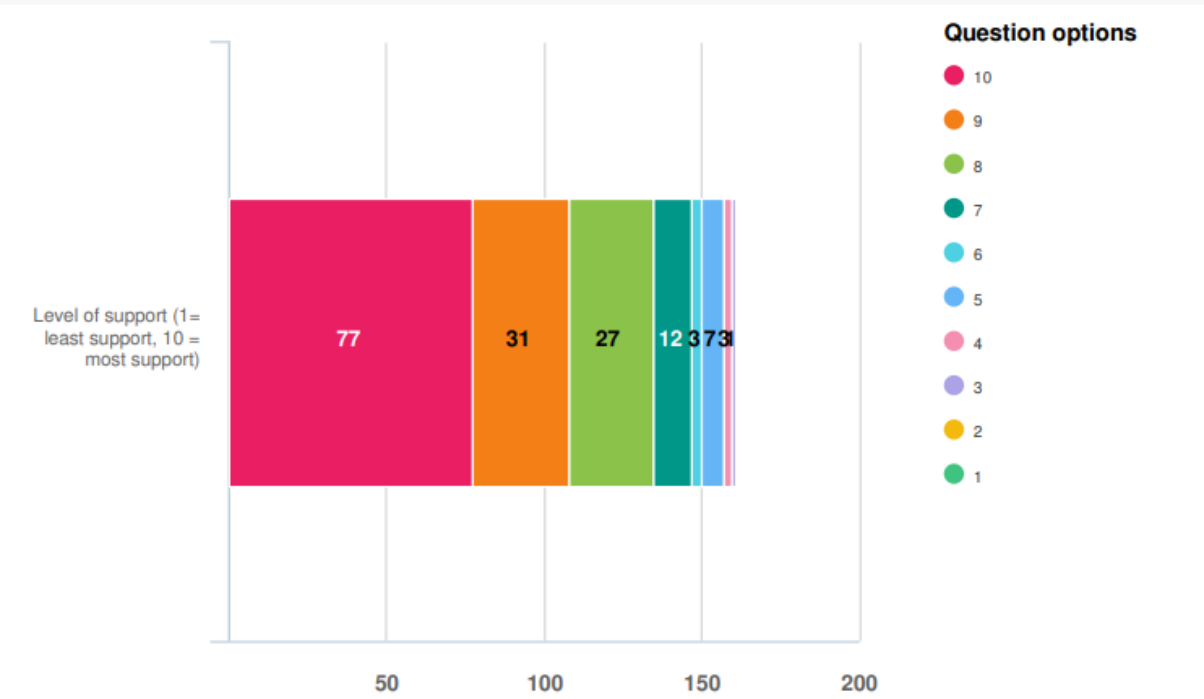
Comments reflected that clear definition of greatest need was required and the need for fair and accurate assessment of needs to be applied consistently.

Q5 - Over the next 5 to 10 years there will be significantly more people over the age of retirement in Aberdeenshire. This means that we will continue to see ever greater demand for health and social care services

Do you agree that the AHSCP should ensure that we support services to make changes now to take account of the potential future increase in demand?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 3 – Supporting services to make changes now to take account of future demand



Optional question (161 response(s), 2 skipped)

As shown in the Chart 3 above, a large majority of respondents (91%) supported ensuring that we support services to make changes now to take account of the potential future increase in demand, with a rating of between 7 and 10. 108 of those respondents had chosen the highest rating of 9 or 10.

Q6 - Thinking about the score you gave in relation to Q5 above, is there anything else you would like to tell us about prioritising spend?

68 members of staff responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Early intervention and prevention	21
Review current service delivery	16
Healthier lifestyles	14
Modern services	13

Early intervention and prevention

This theme reflected the support for future planning. Respondents felt putting in place measures now with the pre-retiral population will help to mitigate impacts later. Encouraging people to keep fit and well, and looking after mental and physical health will result in lesser need in the future for an ageing population.

Review current service delivery

Under this theme there tended to be agreement with making changes now to take account of future demand, but also to be aware where services are not working well currently.

Healthier lifestyles

Comments under this theme highlighted the need to educate and encourage people to live healthier lifestyles and keep fit and well in order to reduce the needs of the ageing population.

Modern services

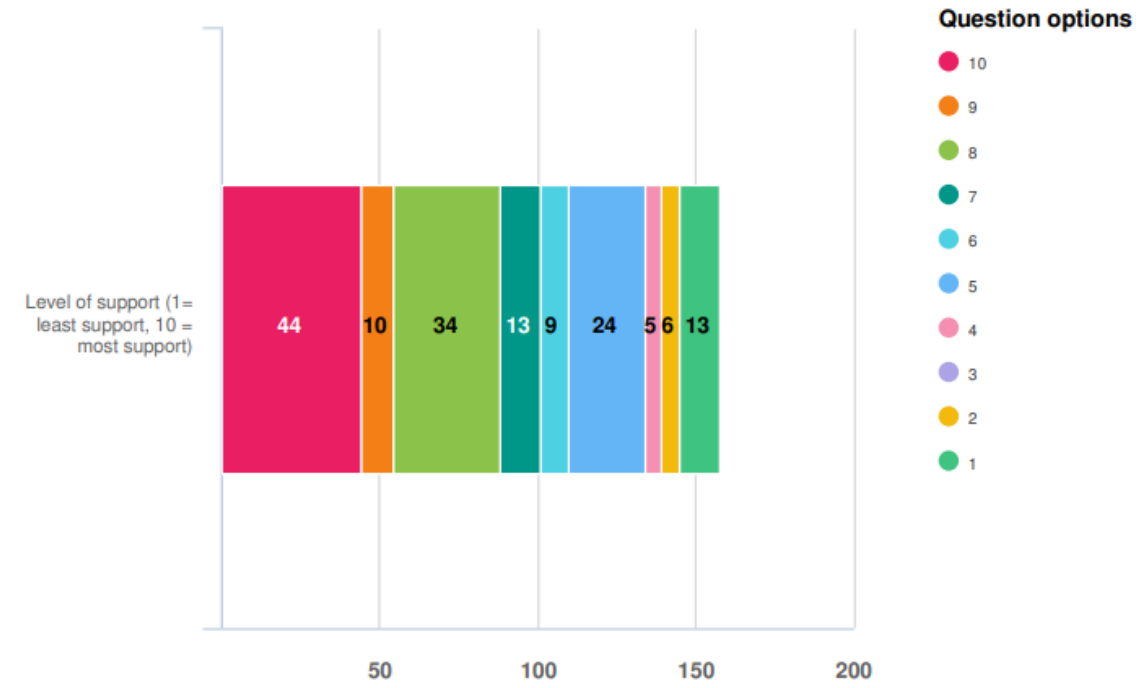
Comments stated the requirement for services that meet current and future needs and that can be a sustainable model of service provision.

Q7 - There are some services which we provide that people, who can afford it, need to pay for.

Do you agree that the AHSCP should try to recover the full cost of providing those services?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 4 – recovering full cost of providing chargeable services



Optional question (158 response(s), 5 skipped)

As shown in Chart 4 above, a majority of respondents (64%) supported recovering full costs of some services that are paid for by those that can afford to, with a rating of between 7 and 10.

Q8 - Thinking about the score you gave in relation to Q7 above, is there anything else you would like to tell us about how we recoup costs?

82 members of staff responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Means testing and assessing contribution	26
Better financial assessments to include all aspects of daily living costs	16
Everyone deserves free care	14
Review the charging policy	13

Means testing and assessing contribution
Comments stated that means testing should be considered to allow everyone to contribute to the care they receive if possible, and those that can afford it should contribute more. However, some comments stated that some people had already worked all their lives and contributed to taxes and felt that they may be penalised.

Better financial assessments to include all aspects of daily living costs
Respondents felt that cost of living increases are not always taken into account when assessing people, therefore they can be left struggling or more vulnerable and subsequently require more care or support.

Everyone deserves free care
Comments under this theme focussed on support for NHS services being free to all and concern about privatisation. Some responses stated that everyone currently pays tax and this should cover cost of services and others felt that people should not have to sell homes to pay for care.

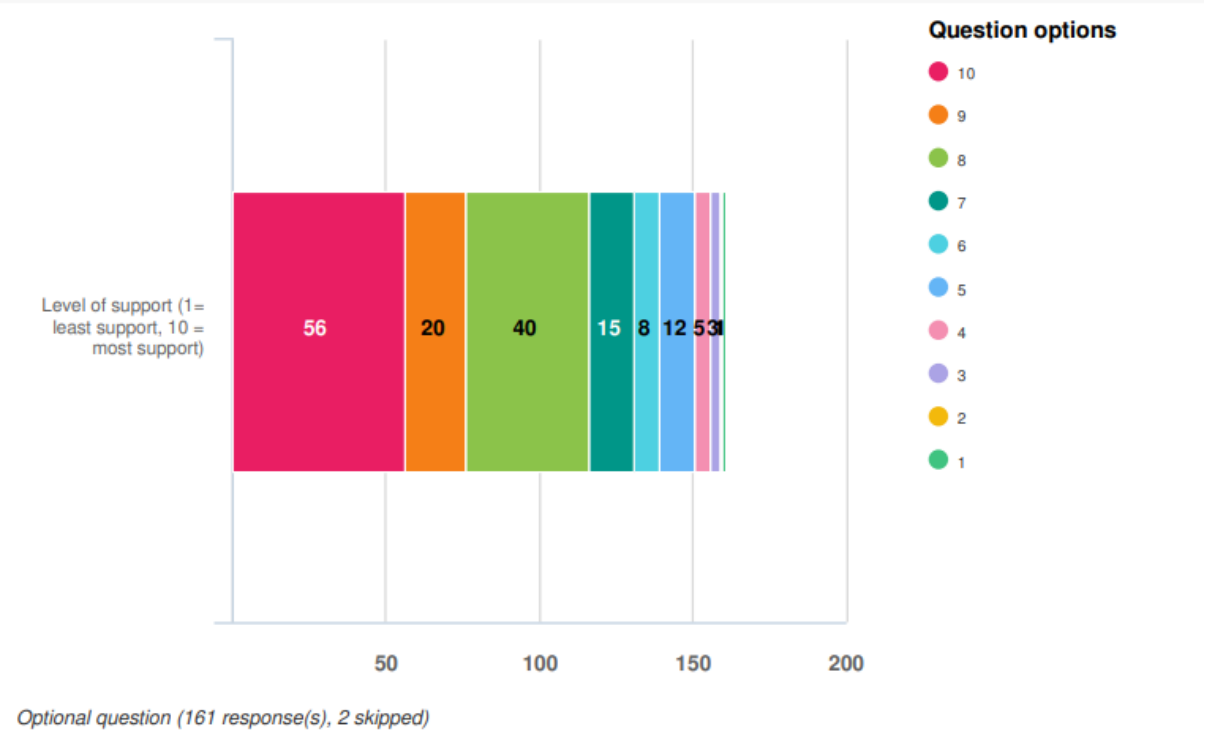
Review the charging policy
Comments under this theme tended to agree with the question on whether full cost could be recouped, but were not sure how this would best be done.

Q9 - There have been significant advances in technological and digital innovation, particularly in Health Care.

Would you agree that, where appropriate, digital technology should play a role in how we deliver services in future?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 5 – Digital technology playing a role in how we deliver services in future



Optional question (161 response(s), 2 skipped)

As shown in the Chart 5 above, a majority of respondents (81%) indicated support for digital technology playing a role in how we deliver services in the future, with a rating of between 7 and 10.

Q10 - Thinking about the score you gave in relation to Q9 above, is there anything you would like to tell us about the use of digital innovations?

100 members of staff responded to this question. After theming the comments within responses the top four themes were as follows:

Theme	Number of comments
Digital innovations are the future and should be maximised	35
Human interaction is still required	30
Ensuring equitable delivery and access of technology	25
Technology for work brings savings and efficiency	23

Digital innovations are the future and should be maximised

Comments under this theme were supportive of the use of digital technology and felt that it would be beneficial in the right circumstances. An increasing number of people are able to go online and it is the norm for the younger generations. Technology could be used to support care at home, for simpler follow ups and can provide easier access to healthcare. Some people would need to be supported through any change to digital services.

Human interaction is still required

Comments reflected the continuing importance of face-to-face contact for mental health and wellbeing and that person-centred care is still important. Technology can often still be challenging and unwanted for the elderly. There were concerns about health issues being missed through virtual appointments and social isolation increasing. Some conversations are still best held in-person.

Ensuring equitable delivery and access of technology

Under this theme comments were made on the need to ensure everyone has access to digital services, including the equipment and broadband. Many comments noted that elderly people or vulnerable people are often not comfortable in using technology. Rural areas can have issues with connectivity which may hinder them in using digital tools.

Technology for work brings savings and efficiency

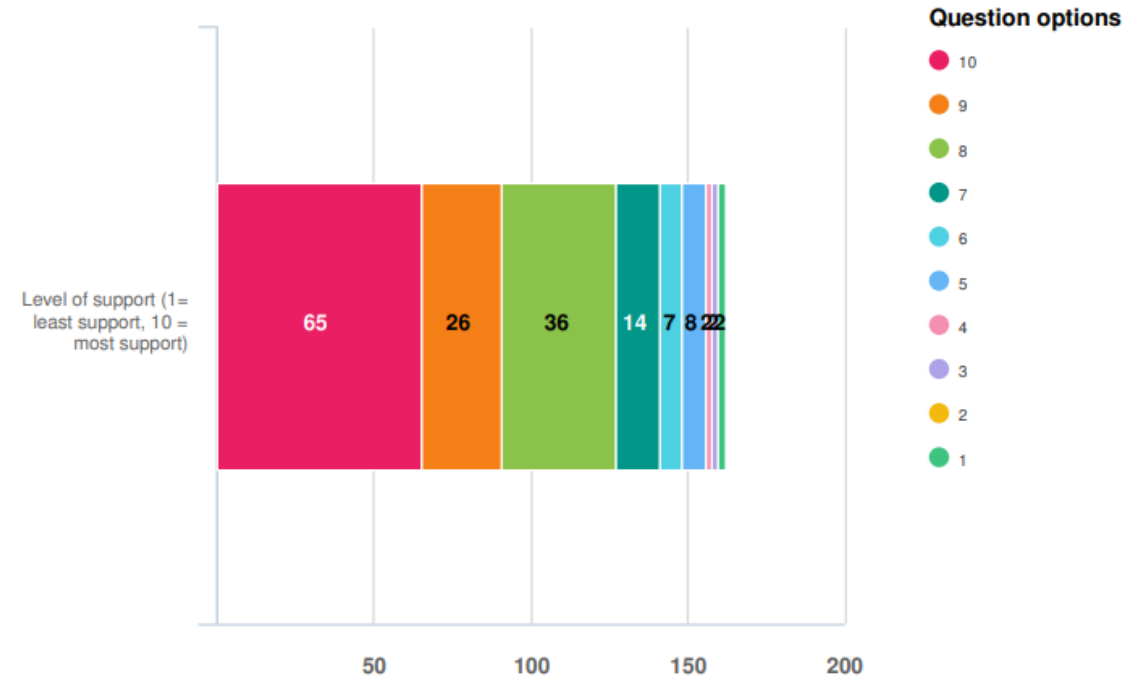
Comments under this theme included support for virtual meetings freeing up staff time which could then be used on other work. Technology would help to improve productivity and reduce costs, including travel. It would aid the move away from any staff and services still using paper.

Q11 - The AHSCP delivers a wide range of residential services, including some delivered on our behalf by other organisations. Examples include care homes for older people and supported living accommodation for adults with learning disabilities and complex needs.

Would you agree that the AHSCP should provide residential services based on best value and focus on those with greatest need?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 6 – Providing residential services based on best value and focus on those with greatest needs



Optional question (162 response(s), 1 skipped)

As shown in the chart above, a large of majority of respondents (87%) indicated support for providing residential services based on best value and focus on those with greatest needs, with a rating of between 7 and 10.

Q12 - Thinking about the score you gave in relation to Q11 above, is there anything else you would like to tell us about the delivery of residential services?

68 members of staff responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Best value does not mean best care	12
Residential services are better provided by HSCP	11
Agreement that residential services to be provided based on best value and focus on greatest needs	9
Current lack of residential places	8

Best value does not mean best care
Comments reflected concern that best value may have too much financial focus and does not always mean the best care for residents or enough support and training for staff.

Residential services are better provided by HSCP
Comments were supportive of public sector provision for residential care and some respondents gave examples of where private residential care services have been handed back to the HSCP.

Agreement that residential services to be provided based on best value and focus on greatest needs
These comments were in agreement with this approach and mentioned best value and focus on greatest needs.

Current lack of residential places
Comments under this theme reflected concern that there were currently too many people who could be assessed as having the greatest needs. In some responses, services were highlighted where it was felt more beds or places were required. There was concern that there was not currently enough resource to provide the number of residential places for those who would be assessed as in greatest need.

Q13 - Suggestions from staff

As part of the survey, staff were asked if they had any suggestions to make that could help with budget savings. 92 staff members responded and these will be looked at in detail and considered.

Information about the staff respondents

There was almost an even split between the 163 respondents, with 87 employed by NHS Grampian and 75 employed by Aberdeenshire Council, and one participant indicating not sure. Staff responded from a wide spectrum of services across the partnership.

Out of 161 respondents who answered the question, 110 staff members work full-time and 51 work part-time.

When asked if day-to-day activities were limited because of a health problem or disability which has lasted or is expected to last 12 months or more, 11 respondents said yes, limited a little and 1 said yes, limited a lot. 148 respondents said no.

45 respondents said that they provide unpaid care, with 107 respondents indicating they didn't, and 10 respondents preferring not to say.

Appendix 10

Summary of Integrated Impact Assessments for the Aberdeenshire Integration Joint Board Revenue (IJB) Budget 2024/25

Title	Description
HSCP Leadership and Management Structure **IIA-001611**	This proposal relates to the review and consolidation of the Aberdeenshire HSCP leadership and management structure, to ensure it appropriately reflects how services are delivered, to support the HSCP to be financially sustainable and ensuring there is sufficient leadership and management resource required to drive service change required. There is 1 **negative impact** identified: Protected Groups: Sex This recognises that members of the leadership team of the HSCP are predominantly female therefore any restructure proposals may have a disproportionate negative impact on female postholders. This will be mitigated by compliance with both Council and NHS policies and procedures.
Care Homes **IIA-001612**	This proposal relates to rationalisation of the number of residential care facilities for older people operated by Aberdeenshire HSCP to ensure a fit for purpose, sustainable model for the future, with the proposal to close at least one care home to achieve savings of £250,000 and continue to develop the strategic direction to maximise capacity across Aberdeenshire. In total there are **8 positive impacts** as part of this activity across the following groups: Age (Older), Disability, Low income. There are also identified positive impacts on Mental Health, Emissions and Resources, Consumption of energy, Energy efficiency, Consumption of physical resources, Waste and circularity. Potential impacts include: • Where possible benefitting from buildings which are fit for purpose, accessible and sustainable which meet the Health & Social Care Standards. • Ensuring that Aberdeenshire's care sector is built on financially viable, sustainable model with an appropriate balance of inhouse and private sector provision, ensuring access and enabling people on a low income to have a choice in where they live. There are **5 negative impacts** as part of this activity across the following groups: Age (Older), Disability and Low income.

Title	Description
	There are also identified negative impacts on Mental Health, Emissions and Resources: Consumption of energy. Potential Impacts include: • Increased anxiety and uncertainty with any potential move to another care home. This cannot be completely mitigated however staff and families will support residents with any transitions. • Impacts on staff travelling an increased distance to work/accessing public transport if required, may not be possible. There are policies and procedures to support staff through any potential changes. • Impacts on families travelling an increased distance to work/accessing public transport if required may not be possible. A clearer understanding of these impacts would be known through further engagement. Of these negative impacts at this stage, all 5 have been mitigated. The IIA identifies that further work will be required including engagement with residents, families and staff, to fully understand all negative impacts and associated mitigations around individual locations. A stakeholder analysis has been completed and stakeholders identified.
Shared Lives Service **IIA-001586**	This proposal concerns the cessation of the Shared Lives Service and identification of alternative respite in accordance with Self-Directed Support. In total there are **0 positive impacts** as part of this activity. There are **4 negative impacts** as part of this activity across the following groups: Age (Older), Disability. There are also identified negative impacts on Mental Health (Clients and Staff). Impacts include: • The cessation of a service that has been in place for many years may have a negative impact on those that use it, with many clients that use the service having long established relationships with those who provide the service. Mitigations are in place whereby alternative service provision will be sourced within the scope of care management assessment and Self Directed Support entitlement. Support to individuals and staff will be provided throughout the process. • Clients will have long established relationships with their carers and the change in provider and the process of finding a new carer may have a negative impact on their mental health and that of their family members. The

Title	Description
	period of transition and forming new relationships may cause additional stress and anxiety for those affected. There will be support for individuals in place throughout the process. • There may be a negative impact on staff members' mental health due to potential redeployment if the service is stopped. The relevant policies and procedures will be followed and employees will have access to the Employee Support Programme. The IIA identifies that further work will be required including engagement with residents, families and staff, to fully understand all negative impacts and associated mitigations.
Mearns Counselling Service **IIA-002011**	This proposal concerns cessation of funding for the Mearns Counselling Service and utilisation of existing alternatives. In total there are **0 positive impacts** as part of this activity. There are **4 negative impacts** as part of this activity across the following groups: Age (Older), Age (Younger), and Disability. There are also identified negative impacts on Mental Health. Potential negative impacts include: • As this service provides a time-limited intervention to improve individuals' mental health and wellbeing, if the service is no longer available then alternative options may have a different provision. • There may be a longer waiting time therefore there may be a delay in provision of service to positively impact mental health and wellbeing. The mitigations are that support will be available to individuals and referrers to seek alternative services which are currently provided across Aberdeenshire. These include: Aberdeenshire Primary Care Psychological Therapies Service, Penumbra - WELL Aberdeenshire, Specialist Link Worker Service, Mental Health Improvement and Wellbeing Service. The IIA identifies that further work will be required including engagement with affected staff and stakeholders, to fully understand all negative impacts and associated mitigations.
Huntly Day Care **IIA-001587**	This proposal concerns the permanent closure of the Older People's Day Care service in Huntly. The centre has been closed since the pandemic and alternative provision identified for service users in accordance with Self-Directed Support. In total there are **0 positive impacts** as part of this activity. There are **3 negative impacts** as part of this activity across

Title	Description
	the following groups: Age (Older), Disability. There are also identified negative impacts on Mental Health. Potential negative impacts include: • The effect on those in the community who may have benefitted from this service, however there would be alternative provision to meet their needs. All impacts can be mitigated. All people affected will have been assessed and be allocated a budget for Self-Directed Support. Support to individuals and staff will be provided throughout the process. The IIA identifies that further communication and engagement will be required with affected staff and stakeholders.
Minor Injury Service **IIA-001748**	This proposal relates to the closure of all Minor Injury Units (MIUs) **overnight** (1900 – 0700) on a permanent basis. In total there are **8 positive impacts** as part of this activity across the following groups Healthy (Children), Age (Younger), Age (Older), Disability, Low Income and Low Wealth, Area Deprivation and Socio-economic background. Potential positive impacts include: • Patients will be offered an appointment when X-ray is available leading to a more robust service with the less likelihood of multiple trips. • Reduction in potential (multiple) hospital trips for patients using public transport. There are 10 negative impacts as part of this activity across the following groups: Healthy (Children), Age (Older), Age (Younger), and Disability. Low Income and Low Wealth, Area Deprivation and Socio-economic background. Potential Negative Impacts include: • Patients requiring a MIU service between 7pm – 7am would need to wait until the following day. If the need is assessed and urgent care is required there are alternative pathways – GMED or Accident and Emergency (A&E) as appropriate. Appointments would then be arranged for those patients with a minor injury at their nearest base the following day. • Poorer health outcomes are often shown to be faced by people living in areas of deprivation. Two of the sites proposed for overnight closure are within North Aberdeenshire where there is a higher concentration of areas of deprivation. Patients will still be able to access advice,

Title	Description
	support and an appointment, where appropriate with full minor illness cover across Grampian. All 10 of these negative impacts at this stage can be mitigated. The IIA identifies that further work will be required including engagement with affected staff and stakeholders, to fully understand all negative impacts and associated mitigations.
Use of Equivalency Model in Care Management **IIA-002029**	This proposal involves the review of the charging policy for non-residential services when the equivalency model is applied, with a view to reducing the level to reflect the National Care Home Contract Rate for residential care, as opposed to nursing care. This is also to consider the implementation of an equivalency model to ensure consistency in application of budgets across Aberdeenshire. In total there are **0 positive impacts** as part of this activity. There are 4 **negative impacts** as part of this activity across the following groups: Age (Older), Disability. There are also identified negative impacts on Mental Health. Potential negative impacts include: • Negative perception of funding being limited or resources not being allocated where they are perceived to be required. A policy would be implemented equitably across Aberdeenshire providing clients with greater choice and control over their delivery of care. • Potential impact on the mental health of individuals who have their funding reduced or those who cannot afford to stay in their own home and so have to choose a long-term residential care placement. Support would be provided throughout the financial assessment process and the allocation of care. • Change and upheaval can, sometimes, be challenging for those with a learning disability so clear, concise communication and rationale will be required to ease any potential issues that may arise. The IIA identifies that further work will be required including engagement with affected staff, finance and stakeholders, to fully understand all negative impacts and associated mitigations.

Justification Summaries of the Integrated Impact Assessments in Respect of the Revenue Budget Savings 2024-25

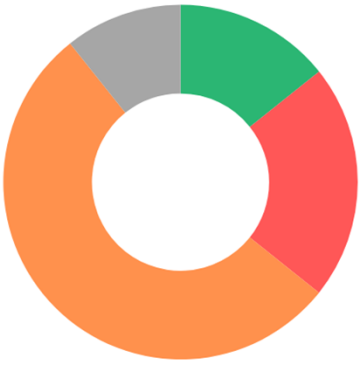
The screening section is Stage One of the Integrated Impact Assessment (IIA) process and identifies the requirement for any further detailed assessments to be undertaken. The following savings have been identified by the service to not require a detailed assessment as they did not have a differential impact on people with protected characteristics or people facing socio – economic disadvantage, or existing IIAs have been undertaken. Services have provided a Justification within the IIA for each saving identified. These are listed in the table below.

Title	Description
Cross-service savings target - North, Central, South, Business and Strategy **IIA-001616**	This proposal concerns the application of a percentage saving target/reduction across all appropriate HSCP budgets. At this level there would not be direct impacts to people with protected characteristics or people facing socio-economic disadvantage. Services will undertake IIAs for areas when this budget reduction may impact service delivery.
Review of External Spend	Savings identified for 2024/25 for non-residential services are linked to the ordinary residence review and Coming Home agenda (cessation of out of area contracts) and the test for change activity that will reduce spend in supported living services. Individual IIAs have been undertaken as part of service reviews for both the Support at Home and Complex Care (Out of Area) Projects. Separate IIAs will also be implemented for specific proposals and options for out of area placements. Additional savings identified in-year will result from reviews of care packages (part of core practice in care management annual reviews).

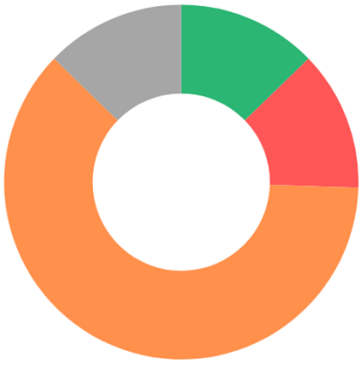
Aberdeenshire Health & Social Care Partnership Revenue Budget Socio-Economic Impacts

Positive
Negative
Neutral
Unknown

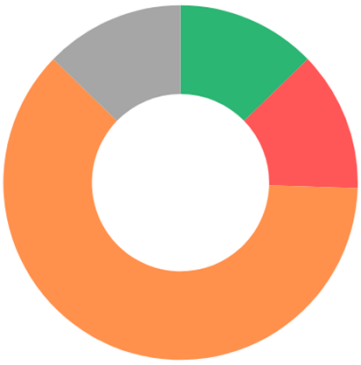
Impact of the budget overall



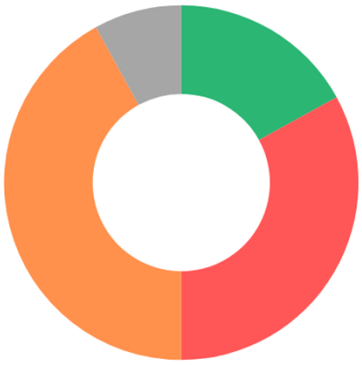
Socio-economic impacts based on where you live



Impact on social mobility



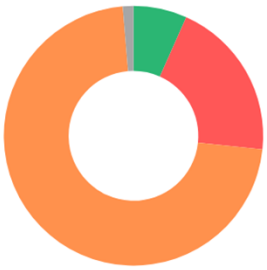
Socio-economic impacts based on low income



Aberdeenshire Health & Social Care Partnership Revenue Budget - Impacts on Protected Characteristics

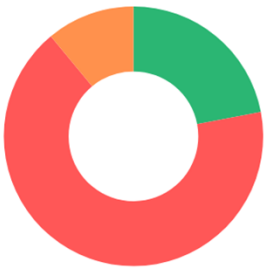
Positive
Negative
Neutral
Unknown

Impact of the budget overall



Age - Younger

Age - Older



Disability

Race

Religion and Belief

Sex

Pregnancy & Maternity

Sexual Orientation

Gender Reassignment

Marriage & Civil Partnership

APPENDIX 11a

**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
20 MARCH 2024**

AHSCP CHARGING POLICY & UNIT COSTS 2024/25

1 Recommendation

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

1.1 Note that it is proposed that the RPI increase of 3.9% is applied to AHSCP charges and unit costs in 2024/25.

1.2 Make comment and suggest any required changes to Aberdeenshire Council Communities Committee regarding the proposed charging policy for 2024/25. This comprises of:

- **a) The non-residential charging policy 2024/25 document detailed in Appendix 1**
- **b) The rates for Charges and Allowances detailed in Appendix 2**
- **c) The unit costs detailed in the charges and Allowances Appendix 2 (the main costs are highlighted in paragraph 5.1)**

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 Risk 1 - Sufficiency and Affordability Resources. Without a fair and equitable charging policy in place, there is a risk to income and affordability of care and support services to service users.

4 Background

4.1 Aberdeenshire Integration Joint Board, in-line with the Public Bodies (Joint Working) (Scotland) Act 2014, operates a number of services through Directions to Aberdeenshire Council and NHS Grampian. The setting of charges is not delegated to the Integration Joint Board and remains a power held by Aberdeenshire Council.

4.2 Aberdeenshire Council has its own Corporate Charging Framework. The Framework recommends that a full review of charges is carried out every third year with the aim of moving services to a basis of full cost recovery.

4.3 A full review of charges for social care services was due to take effect in 2021/22. This has not yet taken place for several reasons. This was initially due to the impact of Covid-19, and in recent years the impact of increased cost of living. It was agreed to apply the September RPI uplift to charges and unit costs instead. It was anticipated that the full review would take effect in 2023/24.

This review was paused pending the outcome of the Scottish Government and COSLA led working group to remove charges for non-residential care services.

4.4 The Corporate Charging Framework recommends that where a full review has not been carried out, the costs and charges that Aberdeenshire Council have the discretion to set are increased, as a minimum, each year by a suitable inflationary uplift. For 2024/25 it is expected that the uplift will be in line with the HM Treasury Forecast (September) Retail Price Index which was 3.9%.

4.5 Following the publication of the Independent Review of Adult Social Care in Scotland, the Scottish Government and COSLA issued a joint statement of intent in March 2021. This stated that agreement had been reached to have outline plans in place by May 2021 to deliver an end to charging for non-residential services as soon as possible. Finance Officers are members of a Scottish Government and COSLA led short life working group to explore the above. Local Authorities have submitted data collection returns and have provided extensive feedback on areas to be considered, but unfortunately there has been little progress in moving the policy forward. It has recently been confirmed that funding has not been secured to carry out these changes in 2024/25. Scottish Government have not provided a revised timeline. Finance Officers have expressed concern that this makes local policy decision making extremely challenging given the current budget pressures. The Programme for Government 2023/24 states that Scottish Government will agree an approach to ending all non-residential social care support charges within the lifetime of this parliament.

4.7 Community alarm and Telecare are not subject to an increase every year due to the administration cost of implementing small increases on a low-level service. These charges are normally reviewed every 4th year. The charges were last increased in April 2022 from £3.50 to £3.75 per week, therefore no increase has been proposed for 2024/25. As the service is moving from analogue to digital provision nationally as telecom providers switch over, the full cost recovery unit costs will be calculated at this time and highlighted for discussion.

4.8 Increases to unit costs and charges do not directly result in increased income. This is because individuals are offered a financial assessment and will only be asked to contribute what we have calculated that they can afford to pay. The amount will vary from nothing to the full cost of their care and support.

4.9 In light of the published intent for the Scottish Government to remove non-residential social care charges within the lifetime of this parliament, it does not seem appropriate to carry out any significant changes to AHSCP charging policy at this time. It is proposed that rather than undertake a full review of charges for 2024/25 a 3.9% uplift is applied to all charges and unit costs (with the exception of Community Alarm and Telecare for reasons noted above).

4.10 Some charges and allowances are set by various sources including Department for Works and Pension (DWP), Scottish Government (SG) and COSLA. As such, some rates for 2024/25 have yet to be confirmed and are marked as such on the Charges & Allowances (Appendix 2).

5 Non-Residential Care and Support

5.1 The calculated unit costs for 2024/25 reflecting a 3.9% increase for RPI are as follows:-

Service	Type	Detail	2023/24	2024/25	% increase
Adult Services	Day Care		£46.73 per day	£48.55 per day	3.9%
	Respite Care		£27.50 per hour	£28.57 per hour	3.9%
	Respite Care	Overnights (11pm to 7am)	£41.48 per night	£43.10 per night	3.9%
	Supported Living		£21.12 per hour	£21.94 per hour	3.9%
	Transport	Up to 50 miles	£8.10 per one-way trip	£8.45 per one-way trip	3.9%
Older People & Physical Disabilities	Day Care		£35.10 per day	£36.47 per day	3.9%
	Homecare		£29.92 per hour	£31.09 per hour	3.9%
	Transport	Up to 50 miles	£8.10 per one-way trip	£8.45 per one-way trip	3.9%
	Very Sheltered Housing		£464 per week	£482.10 per week	3.9%

5.1.1 An individual budget is calculated based on the cost of the care and support services included in a service user support plan. This can be made up of services provided by in house or private providers. The cost of providing in house services are calculated and known as unit costs. It is from an individual budget that that the client contribution is calculated.

5.1.2 The higher the Unit Cost the less that an individual's budget can "buy." A change in the Unit Costs do not automatically lead to increased fees and charges for service users, as they are subject to financial assessment. However, they can impact on the capacity in an individual's budget.

5.2 The proposed Charges & Allowances for 2024/25 are detailed in Appendix 2.

5.3 Aberdeenshire Council can provide support and advice to ensure a service user is receiving all the benefits they are entitled to. A benefits health check can be carried out if requested, by the service user. If a potential benefit entitlement is identified the service user will be signposted to the correct organisation who can assist them with any application required.

6 Residential Care and Support

6.1 The impact of applying a 3.9% uplift in line with RPI is shown below:

2023/24	2024/25
£1032 per week	£1136 per week

7 Other/Future Changes

7.1 **Self Directed Support – Individual Service Fund Management fees** – since the implementation of Self Directed Support in 2014, individuals can choose from 4 options how they would like their care and support to be managed. One of the options is using an Individual Service Fund (ISF) to manage the practical arrangements of receiving a Direct Payment. This is known as Option 2. This offers many of the benefits of receiving a Direct Payment, without the responsibility of management and payment of the support plan which may be a barrier to some.

7.2 Aberdeenshire Council contract with an ISF provider to provide this service to individuals if they choose. There are costs for using the service, and these are included in an individual's support plan. Since implementation, these costs have been chargeable and therefore subject to financial assessment.

7.3 The difficulty in sourcing support at home from our framework care providers means that individuals often have little choice but explore using other providers who are not on our framework. This can be done by receiving a Direct Payment to pay for the support. Many individuals chose to do this using an ISF provider. In many cases, the care provided is all free personal care, with the only charge being the ISF management fee. The result being that financial assessments are being requested and processed for costs of approximately £5 per week in some cases.

7.4 Finance Officers attended several "Option 2 Deep Dive" workshops hosted by In Control Scotland. This was attended by key stakeholders, including those with lived experience of accessing Self Directed Support. It was highlighted that by applying a management charge to this service (and the requirement to have a financial assessment carried out), this can be a barrier to individuals accessing Option 2 services.

7.5 A cost analysis was carried out using statistics over a 1 year period. The cost analysis can be found in appendix 4. It shows that:

- 29.5% of ISF management fees are attached to carers budgets and are therefore not chargeable.
- 32.8% of ISF fees are for the management of support plans which contain Free Personal Care. It is suggested that it may not be appropriate to apply charges to a service which enables the delivery of personal care, particularly if care provision choices are limited.
- 44% of those accessing chargeable ISF services have been financially assessed as not having to contribute.

- The expected income from ISF management fees in 22/23 was £4398, and £1848.98 of this is linked to support plans which contain free personal care.
- It is estimated that it cost £1468 in finance assistants time to carry out financial assessments for the above.

7.6 It is suggested that from 2024/25 Charging Policy, charges for ISF management fees are ceased. This would remove barriers to people accessing these services and it will also ensure more efficient use of finance staff resources.

8 **Self Directed Support - Personal Assistants Scottish Living Wage Increase**
Aberdeenshire Council is committed to increase the living wage in line with Scottish Government Guidelines. Direct Payments provided to individuals who employ Personal Assistants are subject to fixed PA rates (shown in Appendix 2). The lower rate is in line with the Scottish Living Wage and will increase accordingly. Increases to the other Personal Assistant rates are applied in line with Aberdeenshire Council employee wage increases.

9 Communication Strategy

9.1 The communication strategy for 2024/2025 to service users will be as follows:

- Prior to financial re-assessment service users or their representative will be contacted to give notice of any proposed changes.
- Following annual financial re-assessment, a further letter will be sent to affected service users. This will include specific information relating to their own individual financial circumstances. Again, service users will be given the opportunity to contact a service representative and discuss any concerns they may have about the changes in their personal contribution at this point.
- An information briefing will be prepared and circulated to all relevant staff. This will contain a brief outline of any changes. It will also provide information on where staff can signpost service users to the correct team to assist with any queries that they may have.
- The timescales for the above are outlined in the Equalities Impact Assessment.

10 Summary

10.1 The Chief Officer, Chief Finance and Business 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.

11 Equalities, Staffing and Financial Implications

11.1 An equality impact assessment has been carried out as part of the development of the proposals set out above. The following impacts have been identified which can be mitigated as described:-

- An increase in unit costs would increase service user SDS individual budgets. This may affect their contributions. This would affect the protected group of Older and Disability. The above can be mitigated by implementing our communication strategy and carrying out financial assessments as detailed in the equality impact assessment.

Chris Smith
Chief Finance and Business Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Sheryl Donaldson (Finance Officer) 19/02/24

Aberdeenshire
Health & Social Care
Partnership

Non-Residential Charging Policy
2024/25

Aberdeenshire COUNCIL

NHS Grampian

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Charging Policy Background

Aberdeenshire Council directly provides and externally commissions a wide range of care and support services to enable service users to remain in their home or in a homely setting, living as independently as possible. To ensure that services are sustainable for the future it is necessary to charge service users who use some of our services.

Aberdeenshire Council's power to charge for services is discretionary and subject to local accountability. The Council follow's legislation outlined in the Social Work (Scotland) Act 1968, the Social Care (Self Directed Support) (Scotland) Act 2013 and is based on the Convention of Scottish Local Authorities (COSLA) Charging Guidance.

Aberdeenshire Council's Charging Policy is based on the following principles:

- Participation: ensuring people requiring care and support are consulted on significant change
- Accountability: ensuring transparency
- Non-Discrimination and equality: ensuring fairness and consistency
- Empowerment: ensuring an individual has access to a full range of services and support
- Legality: ensuring information in relation to the Charging Policy is accessible.

This Charging Policy explains how Aberdeenshire Council considers and calculates a service user's ability to contribute towards their care and support package (as assessed by their practitioner).

Although contributions collected are minimal, the contributions collected enables the council to continue providing services to all those who have an assessed need and ensures the continued development and delivery of high-quality services.

Services will always be provided in accordance with the service user's assessed care needs and not their ability to pay.

Service users will not be required to contribute more than it costs to provide the services and normally a financial assessment will be carried out to determine contributions.

1. Level of Funding for Non-Residential Care and Support Services

Where a service user chooses to receive services that cost more than those that the local authority would arrange, the level of funding they will receive will not exceed the cost of the local authority arranged services.

Any care and support that exceeds the local authority level of funding will be the responsibility of the service user to arrange and fund.

Exceptional circumstances may be considered on an individual basis.

2. Financial Assistance towards your Chargeable Care and Support Services

Practitioners will work with the service user to identify the services they require to meet their needs; this is known as a support plan. The total cost of the care and support identified in the service users Support Plan is called an Individual Budget.

It is Aberdeenshire Council's policy to apply 100% charge towards the chargeable elements of Individual Budgets, however service users may be entitled to financial assistance to help with the cost of these services.

An Aberdeenshire Council Officer can assist the service user with the completion of the Financial Assistance form. The Officer will explain:

- What individual data is collected and for what purpose
- What happens after the Financial Assistance form has been completed
- To whom individual and financial information may be disclosed to

The Financial Assistance Form will gather information such as:

- The service user's total income (and of partner if applicable)
- The service user's property details (and of partner if applicable)
- The service user's capital (and of partner if applicable)

Information from the Financial Assistance form is used to complete a financial assessment. The financial assessment calculates the service user's contribution, taking into consideration:

- Total weekly income
- Less Allowable expenses
- Less Disregarded income
- Less Personal allowance

A service user may choose not to provide financial information. In these circumstances they will be required to pay the full cost of their care and support services as identified in their support plan.

2.1 Personal Allowance

A personal allowance is the amount of money that a service user must be left with before a contribution is payable towards care and support services. This is intended to cover daily living costs such as food, clothing, gas, electricity, telephone, internet etc. There is a single person allowance and a couples allowance which is higher.

There are two personal allowance levels in the COSLA Non-Residential Charging Guidance. One is for service users below state pension age, and one for service users of state pension age and above. Aberdeenshire Council apply the more generous allowances (for over state pension age) to all service users.

2.2 Verification of Financial Details

Aberdeenshire Council will verify the information provided on the Financial Assistance form. This will be carried out by verifying the information with the Department of Work and Pension (DWP) or the relevant financial institutions. Financial mandates must be signed by the service user or the service user's Power of Attorney or Financial Guardian to allow the verification of financial details to be carried out. A copy of the last 6 months bank statements for all bank accounts held by the service user (and partner if appropriate) must be provided with the application. Failure to sign financial mandates or provide any evidence requested may result in the service user paying for the full cost of their care and support services backdated to the date the service commenced. There may be a requirement for updated financial information to be provided at a later date. This may include the completion of a new financial assessment form, mandates, and the submission of bank statements or similar. Failure to provide this information may mean that financial assistance can no longer be provided.

2.3 Allowable Expenses

Allowances will be made from a service user's assessed income for the following (please note this is not an exhaustive list):

- Rent
- Mortgage/Mortgage Interest payments
- Council Tax/water and sewerage charges
- House Buildings Insurance costs (£2 per week disregarded)
- Life assurance payments (must be clearly identified as such in official documents provided)
- Board or Lodgings (75% will be considered up to a maximum of £100 per week)

2.4 Income taken into consideration (includes partner if applicable)

The following details the most common types of income taken into consideration, (please note this is not an exhaustive list):

- Income Support
- Job Seekers Allowance

- State Retirement Pension
- Universal Credit – some components
- Pension Credit – guarantee credit & savings credit
- Attendance Allowance
- Industrial Injuries Benefit
- Disability Living Allowance (DLA) - Care Component
- Personal Independence Payment (PIP) – Care Component
- Constant Attendance Allowance
- Employment Support Allowance
- Severe Disablement Allowance
- Occupational/private pension
- Net Earnings
- Tariff Income (assumed income from any capital over £10,000. £1 per week for every £500 over the £10,000).

2.5 Income Fully Disregarded

There are certain types of income that will not be considered. This is known as disregarded income. Income fully disregarded (please note this is not an exhaustive list):

- Disability Living Allowance – Mobility component
- Child Benefit, Child Tax Credit & Child maintenance payments
- Universal Credit – some components
- Working Tax Credit
- The Eileen Trust
- The Macfarlane Trust
- Thalidomide Trust
- The Independent Living Fund (2006)
- Work expenses paid by employer
- Crisis Grants/Community Care Grants
- Cold Weather Payments/Winter Fuel Payments
- The War Pension Scheme (WPS)
- The Armed Forces Compensation Scheme (AFCS)
- Statutory Redress Scheme and Advance Payment Scheme – Survivors of Historical Child abuse
- Future Pathways – Discretionary Fund
- Child Disability Payment (CDP) and Short-Term Assistance (STA)
- Scottish Infected Blood Scheme (SIBSS) (and equivalent UK schemes e.g., England Infected Blood Support Scheme)
- Victims Payment Regulations 2020
- Redress Board (Northern Ireland) payments
- Payment Scheme for Former British Child Migrants
- Windrush Compensation Scheme
- UK Energy Bills Support Scheme
- Homes for Ukraine Payments

2.6 Income Partially Disregarded

Income partially disregarded (please note this is not an exhaustive list):

- Net earnings £20 per week
- Voluntary/Therapeutic earnings £20 per week
- Charitable payments £20 per week
- MOD special pension £variable

If the service user is in receipt of any of the above income that is partially disregarded, the amount shown will be deducted as an allowance, the remaining amount will be taken into consideration as income.

2.7 Benefits Health Check

It is important that Aberdeenshire Council provides support and advice to ensure a service user is receiving all the benefits they are entitled to. A benefits health check can be carried out if requested by the service user. If it is identified that there is a potential benefit entitlement has not been claimed the service user will be signposted to the correct organisation who can assist them with any application required.

2.8 Disability Related Expenditure

Where a service users daily living expenses are higher due to their disability or illness, an additional allowance may be applied to the financial assistance form. Disability related expenditure will vary for each service user and will depend on the disability and the service user's needs. An example could be that a service user incurs higher electricity costs to accommodate mobility/medical equipment.

Aberdeenshire Council will consider whether to disregard more of a person's income or capital, over and above any existing disregards, to take account of any additional disability related expenditure. This process will be undertaken on a case by case basis by request to the service user's practitioner.

The service user will be asked to provide supporting evidence of the additional disability related expenditure.

2.9 Capital

If the service user's capital exceeds £27,250 or they choose not to disclose financial details, they will be required to pay the full cost of the services.

Capital up to the value of £17,000 will be disregarded and will not affect the financial assessment. A tariff will be applied to income calculations for capital over £17,000.

2.10 Capital taken into consideration - includes partner if applicable:
(Please note that this is not an exhaustive list)

- Any savings held in building society accounts
- Any savings held in bank current accounts, deposit accounts or special investment accounts. This includes savings held in the National Savings and Investments (NS&I)
- National Savings
- Premium Bonds
- Stocks and shares
- Property that is not the individual's main home
- Land

2.11 Capital NOT taken into consideration:
(Please note that this is not an exhaustive list)

- Property in specified circumstances
- Surrender value of any life insurance policy
- Household goods such as a car
- Student loans
- DWP backdated payment of benefits (any backdated benefits received from the DWP will be disregarded for 1 year from the date the payment is received)

2.12 Property

The value of a service user's main home will not be included as capital when calculating the contribution. Any other properties or shares in other property owned by the service user will be included.

Where the service user receives rental income from other properties owned this will be taken into consideration as income on the Financial Assessment.

2.13 Trust Funds

Trust Funds will be considered on an individual basis and you will be asked to provide a copy of the trust deed. This information will be shared with our legal department to determine if any part of the trust should be included in the financial assessment.

2.14 Deprivation of Capital

Aberdeenshire Council may identify circumstances that suggest a service user may have deliberately and intentionally deprived themselves of or decreased their assets in order to avoid or reduce the level of their contribution towards their care and support services. Aberdeenshire Health & Social Care Partnership may consider deprivation where a service user ceases to possess assets, or income from the asset, that would have otherwise been considered for the purposes of the financial assessment.

If upon investigation it is found that the service user has deliberately deprived themselves of any capital assets it may be included in the financial calculation as if the service user still possesses that asset.

3. What happens after a Financial Assessment?

After the financial assessment has been verified and calculated, available income is identified. If there has been no available income identified the service user will not be liable to contribute towards their care and support services.

Where there has been available income identified the service user will be liable to contribute towards their care and support services. The service user will be contributing towards the total cost of chargeable support in their Individual Budget. The individual budget will be based on planned care on an annual basis to meet the service user's outcomes.

Details of the service user's weekly contribution will be sent to the nominated individual, with a full explanation of the calculation, along with information about how to pay it. If the service user feels they will have difficulty paying or disagrees with the calculation, they should advise their local finance office within 28 days.

Contributions are payable based on your planned care and support however, we may consider a refund of contribution in exceptional circumstances.

Where a service user's care needs change, their contribution will be recalculated based on the financial information held. The service user will be advised if there is a change in contribution payable. Full details of the calculation will be provided.

3.1 Interim Contributions

Aberdeenshire Council aims to complete a financial assessment within 28 days of receipt from the service user. In circumstances where we have been unable to receive verification of financial information within the 28 days, we will calculate the service user's contribution based on the information provided on the financial assistance form.

Once verification of financial information has been received any differences will be applied. The contribution will be re-calculated and backdated. Any underpayment will be recovered, and any overpayments will be credited.

3.2 Payment of Contribution

The way in which the service user will be asked to pay their contribution is dependent on the option choices the service user has chosen and the content of the support plan.

In most cases the service user will be invoiced 4 weekly in arrears by Aberdeenshire Council. The service user will be informed in writing how their contribution should be paid.

3.3 Non-Payment of Contribution

Where a service user fails to pay their contribution, Aberdeenshire Council will not withdraw the services being received. Aberdeenshire Council has a debt recovery process which will be followed where the non-payment of contributions has occurred.

If a service user is in a situation where they cannot pay their contribution it is important that they contact their practitioner or local finance team at the earliest opportunity.

3.4 Change in Financial Circumstances

It is the responsibility of the service user to advise Aberdeenshire Council of a change in their financial circumstances as soon as possible.

Changes in financial circumstances which result in an increased contribution may have backdated charges applied.

3.5 Annual Financial Re-Assessment

The initial financial assessment is updated annually to capture any changes to a service user's contribution. This process will take place from April each year. The service user will be advised of the outcome of the financial re-assessment by letter.

3.6 Financial Hardship

Where a service user feels they will have difficulty paying the assessed contribution they should discuss this with their practitioner in the first instance.

If the practitioner agrees that there may be financial hardship, the service user will be asked to provide 6 months (most recent) bank statements for all bank accounts that they hold and any other relevant financial information. This information will be reviewed and if it is agreed that financial hardship applies, a waive of charge for part or all of the assessed contribution may be agreed. This information will be reviewed on a regular basis.

A benefits health check can also be carried out if requested by the service user to ensure they are receiving all benefits to which they are entitled.

3.7 Appeals Process

If a service user wishes to appeal the amount of their contribution, the service user or nominated representative should contact their local finance team or practitioner within 28 days of being advised.

The appeal will be considered by the service at Senior Management level and the service user will be advised within 28 days of the decision.

The service user should continue to pay the contribution until the appeal has been considered.

4. Care and Support Services not subject to Financial Assistance

A small amount of care and support services are not subject to a financial assessment and are payable in full by the service user. These are:

- Day Care Meals
- Very Sheltered Housing Tenants Meals
- Blue Badge

5. Care and Support Services not included as part of an Individual Budget and charged separately

A small amount of care and support services are not included in an Individual Budget and are charged separately. These are:

- Telecare
- Community Alarm
- Sheltered Housing – Housing Support (Local Authority and Non-Local Authority)
- Day Care Meals
- Very Sheltered Housing Tenants Meals
- Blue Badge

6. Respite provided in a registered residential care setting.

Where respite is provided in a registered residential establishment, a flat rate charge will apply for up to a maximum of 8 weeks. This does not include other types of respite such as creative breaks, respite at home etc which form part of the individual budget. The amount of respite provided is determined by your care needs assessment.

7. Sheltered Housing – Housing Support

Charges for Sheltered Housing are broken down in to rent, service charges and Housing Support. The rent covers the cost of providing and managing the property, including repairs, maintenance, and housing improvements. The service charges cover the cost of providing additional services such as heating and light, lift maintenance, the cleaning of communal areas and more. Residents will be asked to pay the service charges along with their rent charges. Housing Support is charged separately.

The Housing Support Charge is for the low-level support provided by the Sheltered Housing Officers to help the service user to remain independent at home. This charge applies to all residents of Sheltered Housing and will be invoiced separately to their rent and service charges. Housing Support Charges are payable from the start of tenancy until the tenancy end date. This includes periods that the service user may be away from their accommodation such as holidays, hospital stays etc. Information about the Housing Support service, including the weekly charge will be provided when signing the tenancy.

A Financial Assessment will be offered to all service users to assess their ability to pay the Housing Support Charges. Service users will not be asked to pay more than they have been assessed as able to contribute.

Where a resident in sheltered housing enters long term care, the housing support service agreement will be closed on the Sunday following the date they were admitted. The service user will not be charged for the housing support charge for a period of up to 12 weeks. If the tenancy is not terminated within this 12-week period, the service user will be liable to start paying the housing support charge again until the tenancy is terminated.

Property that is no longer the service user's main home due to moving in to sheltered housing accommodation will not be considered as capital for a period up to 26 weeks. Evidence will be required to show that steps are being taken to sell the property or that the property is already on the market for sale.

Further information on sheltered housing is available on the Aberdeenshire Council Website.

8. Services that are not charged for:

End of Life Care– a BASRiS/DS1500 or SR1 form is a certificate that is issued by a General Practitioner when service users have a terminal illness. This may also be confirmed by a letter from the GP.

The certificates are used by the Department for Work and Pensions (DS1500) and Social Security Scotland (SR1) to facilitate fast track access to benefits. In these circumstances, on receipt of the BASRiS/DS1500 form, SR1 certificate or GP letter, the Practitioner will request a waive of charge for all non-residential care and support charges including Very Sheltered Housing and Housing Support.

A BASRiS/DS1500/SR1 cannot be used where respite care has been received in a registered residential care setting. This will be chargeable to the client at a flat rate fee as per the Charging for Residential Accommodation Guide (CRAG).

Personal Care – your Practitioner will identify elements of your support plan which are classed as personal care. Elements of the care that are considered as Free Personal Care are as follows: -

- Assistance with laundry associated with medical conditions (e.g. bed changing)
- Assistance with eating/drinking
- Assistance with getting out of bed/going to bed
- Assistance with dressing/undressing
- Assistance with washing and bathing
- Assistance with personal grooming/dental hygiene
- Assistance with continence care
- Assistance with toileting
- Assistance with medication supervising/reminding
- Assistance with mobility

- Assistance with specialist feeding
- Assistance with stoma care
- Assistance with catheter care
- Assistance with skin care
- Behaviour management and psychological support
- Food preparation
- Special preparation of food associated with dietary requirements
- Administering of medication (including administering of oxygen)
- Rehabilitation work (under support of professional)

Further information on personal care services is available on the Scottish Government Personal Care Guidance.

Leaving Hospital – service users who are aged 65 years or over on the day of discharge from hospital, who have been an NHS inpatient for more than 24 hours or had surgery as an NHS day care, may be entitled to receive any additional care at home free of charge for a period of up to 6 weeks. This does not apply to admissions on a regular or frequent basis as part of the individual's ongoing care arrangements.

Enablement Care – is a time limited, intensive intervention that aims to reduce or remove the need for ongoing homecare support. This service is free for a period of up to 6 weeks. If the service user is already in receipt of chargeable care and support these services will remain chargeable.

Aids and Adaptations – where a service user has been assessed as requiring aids and adaptations by an Occupational Therapist, District Nurse or Physiotherapist there is no charge for any equipment supplied. Equipment is on loan to a service user for as long as it is needed. If aids or adaptations have not been assessed as being required and are purchased through an Individual Budget by the service user, this will be chargeable.

Individuals under 18 years old – where care and support services are provided to a service user under the age of 18 or whilst the service user remains in Children's services over the age of 18, care and support services will be free.

Emergency services arranged by Out of Hours – emergency arrangements will be free of charge, however if on-going care and support services are required, the normal charging policy will be applied when the case is allocated.

Compulsory Treatment Order – all non-residential care and support services provided to a service user under a Compulsory Treatment Order are exempt from charges under the Mental Health (Care and Treatment) (Scotland) Act 2013.

Criminal Justice Social Work Services – all care and support services provided to a service user in terms of the Criminal Procedure Act (Scotland) 2003 are exempt from charges.

Care Management Services – if a service user requires information and advice in relation to social care, there is no charge for the professional services provided.

Short Term Housing Support Services – where a service user has designated short term services, which aim to bring about or increase the capacity for independent living, this service will be free of charge for a period of up to two years. Examples of people who may be eligible are:

- Those suffering domestic violence
- Homeless
- Drugs/alcohol rehabilitation
- Young vulnerable people
- Ex-Offenders
- Refugees

Double Up Care - where a service user requires more than 1 to 1 support to assist the main carer, the service user will not be charged for the additional carer/s.

Unpaid Carers – where an unpaid carer has been assessed as having eligible needs which are not met by support for the person they care for, any support provided will be free of charge.

Where the unpaid carer's eligible needs are already being met by support for the person they care for, a decision will be made by the Carer Practitioner around whether any of the charges will be waived under the Carer's (Scotland) Act 2016.

Further information on charging for carers is available on the Scottish Government Statutory Guidance - Carers (Scotland) Act 2016.

Self Directed Support Individual Service Fund (ISF) fees – where a service user has chosen to have an ISF organisation manage all or part of their support plan under an Option 2, the management fees will be provided free of charge.

9. Complaints Procedure

Aberdeenshire Council is committed to providing high quality customer services. We value complaints and use information from them to help us improve our services.

If something goes wrong or you are dissatisfied with the service you have received, please tell us. You can complain in person at any of our offices, by phone, in writing, by email or via our complaints form on our website (link provided below).

We understand that you may be unable, or reluctant to make a complaint yourself. We accept complaints from the representative of a service user who is dissatisfied with our service. We can take complaints from a friend, relative or an advocate, if you have given them your consent to complain for you. You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance.

Further information about the Complaints Procedure is available on the Aberdeenshire Council Website.

2024/25 CHARGES AND ALLOWANCES
EFFECTIVE FROM 08/04/24

Charges for Non-Residential Care Services (Not part of SDS Personal Budget)

Community Alarm	- £3.75 per week
Telecare Equipment	- £3.75 per item per week (Max £7.50 per week)
Day Care Meals (2 course meal)	- £3.90 per meal
Housing Support (local authority)	- £TBC per week
Housing Support (private landlord/RSL)	Variable
Very Sheltered Housing Meals	- £29.10 per week
Personal Care	- FREE (for assessed care needs)
Additional care at home (over 65 year olds following discharge from hospital)	- FREE (up to a maximum of 6 weeks)
Contribution towards Individual Budget	- Up to 100% of the cost of the chargeable parts of a Personal Budget subject to financial assessment. See unit costs below.

Unit Costs (forms part of an SDS Personal Budget)

Adult Services:

Day Care	£48.55 per day
Respite Care (Day)	£28.57 per hour
Respite Care (Overnights)	£43.10 per night
Supported Living	£21.94 per hour
Transport (up to 50 miles)	£8.45 per one-way trip

Older People & Physical Disabilities Services:

Day Care	£36.47 per day
Homecare	£31.09 per hour
Transport (up to 50 miles)	£8.45 per one-way trip
Very Sheltered Housing	£482.10 per week

Charges for Residential/Nursing Care Services

Local Authority Care Home (per week)	£1136
Respite Care (per week)	£155.30 (over pension age) £98.50 (for under pension age)

Free Personal Care for Residential/Nursing Homes

Personal Care	£248.70 per week
Nursing Care	£111.90 per week
Free Personal Nursing Care	£360.60 per week

2024/25 CHARGES AND ALLOWANCES
EFFECTIVE FROM 08/04/24

Financial Assessment Capital Limits

Non-Residential Upper Capital Limit	£27,250
Non-Residential Lower Capital Limit	£17,000
Residential Upper Capital Limit	£35,000
Residential Lower Capital Limit	£21,500

Financial Assessment Tariff Income

Residential	£1 for every £250
Non Residential	£1 for every £500

Financial Assessment Personal Allowances

Non Residential Single Person	£273 per week
Non Residential Couple	£417 per week
Residential	£34.50 per week

Aberdeenshire Health & Social Care Partnership			Appendix 2	
Non Residential Care & Support				
Description	**2023-24**	**2024-25**	**Principle**	
ALLOWANCES				
Upper Capital Limit	**£27,250.00**	**£27,250.00**	Service has the discretion to change. Increased in the 2018/19 Charging Policy to be in line with Residential limits at that time.	
Lower Capital Limit (disregarded)	**£17,000.00**	**£17,000.00**	Service has the discretion to change. Increased in the 2018/19 Charging Policy to be in line with Residential limits at that time.	
Tariff Income	**£1 for every £500 over £17,000**	**£1 for every £500 over £17,000**	COSLA Guidance	
Low Income Threshold Personal Allowance Single Person (per week)	**£252 per week**	**£273 per week**	based on DWP Standard Minimum Guarantee rates + 25% in line with COSLA Guidance	
Low Income Threshold Personal allowance Couples (per week)	**£384 per week**	**£417 per week**	Based on DWP Standard Minimum Guarantee rates + 25% in line with COSLA Guidance	
CHARGES FOR SERVICES PROVIDED				
Day care attendance by tenants in Sheltered Housing	**FREE**	**FREE**	Discretionary by Service	

Aberdeenshire Health & Social Care Partnership			**Appendix 2**	
Non Residential Care & Support				
Description	**2023-24**	**2024-25**	**Principle**	
Day Care meals (Two Course Meal) - all functions	**£3.75**	**£3.90**	Discretionary by Service.	
Community Alarm (per week)	**£3.75**	**£3.75**	Discretionary by Service - rounded to nearest 25p	
Telecare Charges (per item per week)	**£3.75 (Max £7.50)**	**£3.75 (Max £7.50)**	Discretionary by Service - rounded to nearest 25p	
Day Care attendance by tenants in VSH	**FREE**	**FREE**	Recommended by Service	
Day Care Meals at VSH service	**£28.00**	**£29.10**	Discretionary by Service.	
UNIT COSTS (Forms part of service users Personal Budget)				
Adult Services				
Day Care (per day)	**£46.73**	**£48.55**	Discretionary by Service	
Respite Care (per hour)	**£27.50**	**£28.57**	Discretionary by Service	
Respite Care per night (11pm to 7am)	**£41.48**	**£43.10**	Discretionary by Service	

Aberdeenshire Health & Social Care Partnership			**Appendix 2**	
Non Residential Care & Support				
Description	**2023-24**	**2024-25**	**Principle**	
Supported Living (per hour)	**£21.12**	**£21.94**	Discretionary by Service	
Transport costs (per one way trip up to 50 miles)	**£8.10**	**£8.45**	Discretionary by Service	
Older People & Physical Disability				
Day care (per day)	**£35.10**	**£36.47**	Discretionary by Service	
Very Sheltered Housing (per week)	**£464.00**	**£482.10**	Discretionary by Service	
Home Care/Housing Support/Supported Living (per hour)	**£29.92**	**£31.09**	Discretionary by Service	
Transport costs (per one way trip up to 50 miles)	**£8.10**	**£8.45**	Discretionary by Service	
Self Directed Support				
Employers Liability Insurance - Year 1	**At cost**	**At cost**	Discretionary by Service - linked to contract for service	
Employers Liability Insurance - Subsequent years	**At cost**	**At cost**	Discretionary by Service - linked to contract for service	

Aberdeenshire Health & Social Care Partnership			**Appendix 2**	
Non Residential Care & Support				
Description	**2023-24**	**2024-25**	**Principle**	
Employers Insurance including health related tasks	**At cost**	**At cost**	Discretionary by Service - linked to contract for service	
Advertising Costs	**At cost**	**At cost**	Discretionary by Service - linked to contract for service	
1st qtr holiday/sickness pay	**TBC by SDS Strategic Dev Officers**		Discretionary by Service	
Training for Personal Assistants	**Consider on an individual basis**	**Consider on an individual basis**	Discretionary by Service	
Payroll Services Costs - Managed Accounts (per week)	**At cost**	**At cost**	Discretionary by Service - linked to contract for service	
Payroll Services Costs - Basic Payroll (per week)	**At cost**	**At cost**	Discretionary by Service - linked to contract for service	
Individual Service Fund (Option 2)	**At cost**	**At cost**	Discretionary by Service - linked to contract for service	
Personal Assistant Pay Rates				
Direct Payments Allowance for Personal Assistant: Basic Rate per hour (Gross amount paid to employer)	**£12.72**	**£13.30**	Increases are applied in line with Scottish Living Wage increases as a minimum, and AHSCP salary increases	
Direct Payments Allowance for Personal Assistant: Mid Rate per hour (Gross amount paid to employer)	**£13.08**	**£13.69**	Increases are applied in line with Scottish Living Wage increases as a minimum, and AHSCP salary increases maintain differential between	

Aberdeenshire Health & Social Care Partnership			**Appendix 2**	
Non Residential Care & Support				
Description	**2023-24**	**2024-25**	**Principle**	
Direct Payments Allowance for Personal Assistant Enhanced rate per hour (Gross amount paid to employer)	**£14.68**	**£15.11**	Increases are applied in line with Scottish Living Wage increases as a minimum and AHSCP salary increases to maintain differential between rates	
Direct Payments Allowance for Personal Assistant Gross Overnight Rate (overnight = 8 hours)	**£66.70 per overnight**	**£66.70 per overnight**	Discretionary by Service and advised by work nest employment law services	
Direct payment capped rate for external provider: Support at Home Framework	**£22.51**	**TBC by Commissioning Team April 24**	Discretionary by Service as part of commissioning process	
Direct payment capped rate for external provider: overnight sleep-in (incl weekends): Support at Home Framework	**£120.48**	**TBC by Commissioning Team April 24**	Discretionary by Service as part of commissioning process	

APPENDIX 11d

Residential

Aberdeenshire Health & Social Care Partnership			
Residential Care			
DESCRIPTION	**2023-24**	**2024-25**	**Principle**
RESIDENTIAL CARE (CRAG GUIDANCE)			
CAPITAL LIMITS			
Upper Capital threshold	**£32,750**	**£35,000**	Set by Scottish Government
Lower Capital Threshold	**£20.250**	**£21,500**	Set by Scottish Government
Tariff Income	**£1 in every £250**	**£1 in every £250**	Set by Scottish Government
PERSONAL EXPENSES ALLOWANCE			
Personal Allowance (per week)	**£32.65**	**£34.50**	Set by Scottish Government
Additional PA re Maximum Savings Credit - Single people	**£7.70**	**£8.15**	Set by Scottish Government
Additional PA re Maximum Savings Credit - Couples	**£11.45**	**£12.10**	Set by Scottish Government
FREE PERSONAL AND NURSING CARE			
Free Personal Care Allowance (per week)	**£233.10**	**£248.70**	Set by Scottish Government
Free Personal and Nursing Care Allowance (per week)	**£338**	**£360.60**	Set by Scottish Government
Free Nursing Care Allowance (per week)	**£104.90**	**£111.90**	Set by Scottish Government
FEE RATE FOR ABERDEENSHIRE CARE HOMES			
Fee for Local Authority Care Home for Older People. (Self Funding Residents)	**£1,093.00**	**£1,136.00**	Discretionary by Service

Aberdeenshire Health & Social Care Partnership			
Residential Care			
DESCRIPTION	**2023-24**	**2024-25**	**Principle**
Fee for Local Authority Learning Disability Residential Placement	**£1,560.00**	**£1,621.00**	Discretionary by Service
Respite Care - flat rate charge - Pension Age (per week)	**£141.84**	**£155.30**	Based on DWP Savings Credit threshold less PA set by Scottish Government
Respite Care - flat rate charge - under Pension Age (per week)	**£92**	**£98.50**	Based on DWP Applicable Amount (Personal Allowance plus Disability Premium) less PA set by Scottish Government
INDEPENDENT SECTOR FEE RATES			
NURSING CARE			
National Care Home Contract headline Fee	**£888.50**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
Basic Quality Award QAF grade 2 or less in "Quality of Care and Support"	**£868.50**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
Enhanced Quality Award QAF Grade 5 or 6 in "Quality of Care and Support" and a Grade 3 in other categories	**£890.50**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
Enhanced Quality Award QAF Grade 5 or 6 in "Quality of Care and Support" and a Grade 5 in any one other category.	**£891.50**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
RESIDENTIAL CARE			
National Care Home Contract headline Fee	**£762.62**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract

Aberdeenshire Health & Social Care Partnership			
Residential Care			
DESCRIPTION	**2023-24**	**2024-25**	**Principle**
Basic Quality Award QAF grade 2 or less in "Quality of Care and Support"	**£742.62**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
Enhanced Quality Award QAF Grade 5 or 6 in "Quality of Care and Support" and a Grade 3 in other categories	**£764.12**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
Enhanced Quality Award QAF Grade 5 or 6 in "Quality of Care and Support" and a Grade 5 in any one other category.	**£765.12**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
Default rate for Nursing Care	**£822.93**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
Default rate for Residential Care	**£697.17**	**To be confirmed via National Care Home Contract by April 24**	National Care Home Contract
Interim contribution pending Financial Assessment	**£168.40**	**To be confirmed via National Care Home Contract by April 24**	Based on DWP (PC) MIG rate less PA set by Scottish Government

Aberdeenshire Health & Social Care Partnership			
General Charges			
DESCRIPTION	**2023-24**	**2024-25**	**Principle**
CHARGES TO OTHER LOCAL AUTHORITIES			
Home Care Service (per hour)	**£29.92**	**£31.09**	Discretionary by Service
Older People Care Home - residential placement including respite care	**£1,093.00**	**£1,136.00**	Discretionary by Service
Fee Rate for Professional Practitioners services - Practitioner K	**£33.35**	**£34.65**	Discretionary by Service
Fee Rate for Professional Practitioners services - practitioner L	**£36.92**	**£38.36**	Discretionary by Service
Fee Rate for Professional Practitioners services - Practitioner M	**£40.38**	**£41.95**	Discretionary by Service
CHARGES FOR STAFF MEALS (all establishments across all functions)			
Staff Not Working - Breakfast	**£1.31**	**£1.36**	Discretionary by Service
Staff Not Working - Lunch	**£2.69**	**£2.79**	Discretionary by Service
Staff Not Working - Teas	**£1.31**	**£1.36**	Discretionary by Service
Staff Not Working - Supper	**£1.31**	**£1.36**	Discretionary by Service
Staff Working (i.e. identified as part of service users care plan)	**Free**	**Free**	NA

APPENDIX 11f

Shared Lives

Aberdeenshire Health & Social Care Partnership			
Non Residential Care & Support - Shared Lives			
Description	**2023-24**	**2024-25**	**Principle**
Allowance to Provider - Low Rate	**£225.79**	**£234.60**	Discretionary by Service
Allowance to Provider - Medium Rate	**£436.49**	**£453.51**	Discretionary by Service
Allowance to Provider - High Rate	**£578.78**	**£601.35**	Discretionary by Service
Service users contribution for long term care (paid direct to carer) - standard rate per week	**£163.80**	**£177.45**	In line with DWP Rates (Based on 65% of the Single Person Personal Allowance for Non residential Charging Policy - contribution is variable depending on income)
Day Care - Hourly rate paid to carer	**£11.63**	**£12.08**	Discretionary by Service

APPENDIX 11g

Aberdeenshire Council

Integrated Impact Assessment

AHSCP Charging Policy 2024/25

Assessment ID	IIA-002018
Lead Author	Sheryl Donaldson
Additional Authors	Kelly MacLennan
Service Reviewers	Alison McCann
Subject Matter Experts	Kakuen Mo, Caroline Hastings, Annette Johnston
Approved By	Pamela Milliken
Approved On	Tuesday March 12, 2024
Publication Date	Tuesday March 12, 2024

1. Overview

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

AHSCP Charging Policy for non-residential and residential care 2024/25

During screening 1 of 10 questions indicated that detailed assessments were required, the screening questions and their answers are listed in the next section. This led to 1 out of 5 detailed impact assessments being completed. The assessments required are:

- Equalities and Fairer Scotland Duty

In total there are 5 positive impacts as part of this activity. There are 5 negative impacts, of these negative impacts, 10 have been mitigated and 0 cannot be mitigated satisfactorily.

A detailed action plan with 2 points has been provided.

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

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

2. Screening

Could your activity / proposal / policy cause an impact in one (or more) of the identified town centres?	No
Would this activity / proposal / policy have consequences for the health and wellbeing of the population in the affected communities?	No
Does the activity / proposal / policy have the potential to affect greenhouse gas emissions (CO_2e) 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?	No
Does this activity / proposal / policy have an impact on children / young people's rights?	No
Does this activity / proposal / policy have an impact on children / young people's wellbeing?	No

3. Impact Assessments

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

4. Equalities and Fairer Scotland Duty Impact Assessment

4.1. Protected Groups

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

4.2. Socio-economic Groups

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

4.3. Positive Impacts

Impact Area	Impact
Age (Older)	By making SDS Individual Service fund fees non-chargeable, this may remove barriers to people accessing theses services. There will no longer be a financial disadvantage linked to that option choice.
Disability	By making SDS Individual Service fund fees non-chargeable, this may remove barriers to people accessing theses services. There will no longer be a financial disadvantage linked to that option choice.
Low income	By making SDS Individual Service fund fees non-chargeable, this may remove barriers to people accessing theses services. There will no longer be a financial disadvantage linked to that option choice.
Low wealth	By making SDS Individual Service fund fees non-chargeable, this may remove barriers to people accessing theses services. There will no longer be a financial disadvantage linked to that option choice.

Impact Area	Impact
Material deprivation	By making SDS Individual Service fund fees non-chargeable, this may remove barriers to people accessing theses services. There will no longer be a financial disadvantage linked to that option choice.

4.4. Negative Impacts and Mitigations

Impact Area	Details and Mitigation
Age (Older)	Increasing the unit costs may negatively impact those in financial hardship. People will not be asked to contribute more than we have financially assessed that they can afford to pay. Can be mitigated: Yes Mitigation: The charging policy allows exceptions to be made for people experiencing financial hardship, or those who incur disability related expenditure. Timescale: Already in place
Disability	Increasing the unit costs may negatively impact those in financial hardship. People will not be asked to contribute more than we have financially assessed that they can afford to pay. Can be mitigated: Yes Mitigation: The charging policy allows exceptions to be made for people experiencing financial hardship, or those who incur disability related expenditure. Timescale: Already in place
Low income	Increasing the unit costs may negatively impact those in financial hardship. People will not be asked to contribute more than we have financially assessed that they can afford to pay. Can be mitigated: Yes Mitigation: The charging policy allows exceptions to be made for people experiencing financial hardship, or those who incur disability related expenditure. Timescale: Already in place
Low wealth	Increasing the unit costs may negatively impact those in financial hardship. People will not be asked to contribute more than we have financially assessed that they can afford to pay. Can be mitigated: Yes Mitigation: The charging policy allows exceptions to be made for people experiencing financial hardship, or those who incur disability related expenditure. Timescale: Already in place

Impact Area	Details and Mitigation
Material deprivation	Increasing the unit costs may negatively impact those in financial hardship. People will not be asked to contribute more than we have financially assessed that they can afford to pay. Can be mitigated: Yes Mitigation: The charging policy allows exceptions to be made for people experiencing financial hardship, or those who incur disability related expenditure. Timescale: Already in place

4.5. Evidence

Type	Source	It says?	It Means?
External Consultation	COSLA non-residential charging guidance	This guidance provides a guide to Local Authorities on developing fair and equitable charging policies for the provision of non-residential care and support. It provides guidance as to what services may have charges applied and how financial assessments should be calculated.	By applying COSLA guidance, this means that the AHSCP charging policy is consistent with many other Local Authorities in Scotland.
External Consultation	COSLA Benchmarking	All COSLA members complete an annual benchmarking return for non-residential charges, and results circulated.	This allows benchmarking to be carried out to compare charging policy with other Local Authorities to ensure fairness and consistency is applied. COSLA have yet to facilitate the return for 2023. Discussions have taken place at the COSLA non-residential charging working group and information shared between Local Authorities.

4.6. Engagement with affected groups

There has been past consultation with the SDS service user reference group. There has been no further consultation this year as there are no significant changes to the policy. Should the service be asked to carry out a full review of charges and calculation of unit costs, consultation with impacted groups would be a priority as this may negatively impact on service users.

4.7. Ensuring engagement with protected groups

Engagement with service user reference group prior to any significant changes to the policy. At

other times we consider feedback from service users and families, and explore if the policy should be amended in future to accommodate.

4.8. Evidence of engagement

Expansion of the guidance on what may be considered as Free Personal Care. Expansion of guidance on how properties are dealt with under the policy. Expansion on Housing Support guidance. Inclusion of unit costs and charges in the policy to ensure transparency.

4.9. Overall Outcome

All Negative Impacts Can Be Mitigated.

By offering a financial assessment, we ensure that financial hardship is not encountered. The policy also allows provision for waive of charges, and additional allowances for individuals experiencing financial hardship, or who encounter disability related expenditure.

4.10. Improving Relations

A good communication strategy which clearly explains the charges and the financial assessment process. This includes information on who to contact if advice and support is required and offers an individual meeting to discuss their circumstances.
Service user engagement and financial impact assessments are carried out prior to any significant change being proposed. This information is made available for elected members to review as part of the decision making process.

4.11. Opportunities of Equality

The policy allows for exceptions to be made, which may be that a person is disadvantaged because of their individual circumstances.

5. Action Plan

Planned Action	Details	
Prepare information briefing to be circulated to all finance staff and practitioners	**Lead Officer**	Sheryl Donaldson
	Repeating Activity	No
	Planned Start	Friday March 25, 2022
	Planned Finish	Friday April 29, 2022
	Expected Outcome	Briefing will be circulated to above mentioned staff to ensure all are aware of the communication being circulated to service users, the potential impact, and where to signpost if advice or support is required.
	Resource Implications	Minimal impact.
Provide Information to service users on changes to the Charging Policy and the annual financial re-assessment process.	**Lead Officer**	Sheryl Donaldson
	Repeating Activity	No
	Planned Start	Friday March 22, 2024
	Planned Finish	Tuesday April 30, 2024
	Expected Outcome	Service users informed of changes.
	Resource Implications	Minimal implications.

APPENDIX 11h

Option 2 ISF income and Expenditure **Based on CareFirst Service Agreements and Client Contributions during 2022/23**		
Number of clients who had Option 2 ISF service recorded:	**61**	
Number of the above who were carers budgets therefore not chargeable	18	**29.5%**
No of above who were financially assessed :	30	
No of above who were financially assessed as nil charge:	19	
No of clients with Option 2 ISF service who also received a FPC service via Option 2	20	**32.8%**
Value of CareFirst Service Agreement commitments 2022/23:		
Estimated total cost of ISF fees in 2022/23	**£ 24,456.43**	
Cost of ISF fees in 2022/23 where FPC was arranged via ISF:	£ 7,200.00	
Expected Income recorded on CareFirst 2022/23:		
Expected 2022/23 client contribution income (conts with Option 2 ISF cost codes)	**£ 4,398.15**	
Of the above, expected contribution from clients who receive FPC via Opt 2 ISF:	£ 1,848.98	
Cost to complete Financial Assessments in 2022/23 - Finance Assistant time costs only	**£ 1,468.80**	

ABERDEENSHIRE INTEGRATED JOINT BOARD

Appendix 12A

	Health & Social Care	ACTUAL 2022/23 £'000	REVISED BUDGET 2023/24 as at 31/1/24 £'000	YTD REVISED BUDGET 2023/24 as at 31/1/24 £'000	ACTUAL TO 31/1/24 £'000	VARIANCE TO END JANUARY 2023/24 £'000	FORECAST 2023/24 £'000	FORECAST VARIANCE 2023/24 £'000
	NHSG Core Services							
a)	Alcohol & Drugs Partnership	3,168	3,183	692	611	(81)	3,183	0
	Aberdeenshire Clinical Substance Misuse Service	0	1,580	1,326	2,445	0	2,401	821
b)	Allied Health Professionals	11,931	10,578	8,922	8,160	(762)	9,793	(786)
	Aberdeenshire Pharmacy Service	0	762	639	426	0	511	(251)
c)	Joint Equipment Service	942	685	571	843	0	1,012	327
d)	Community Hospitals	20,195	20,649	17,264	17,522	258	21,056	407
e)	Inverurie HUB project	1,378	1,353	1,128	1,230	103	1,476	123
f)	Shire Community Mental Health	1,156	0	0	0	0	0	0
g)	Dental	3,009	3,377	2,834	2,491	(343)	2,990	(387)
h)	District Nursing	6,073	6,548	5,502	5,548	47	6,658	110
i)	Health Centres Management	(33)	(786)	(655)	(8)	648	(88)	698
j)	Health Visiting	5,910	6,075	5,068	5,203	135	6,246	172
k)	Other Direct Patient Care	8,680	2,129	1,779	4,283	2,504	5,555	3,425
l)	Public Health	728	885	720	697	(23)	856	(29)
m)	Specialist Nursing	442	523	419	670	251	778	254
n)	Support Services	4,594	3,926	3,282	2,999	(282)	4,275	349
1	**NHSG Core Services Total**	**68,172**	**61,468**	**49,490**	**53,122**	**2,454**	**66,702**	**5,234**
2	Primary Care	43,225	44,078	36,810	36,294	(516)	43,548	(530)
3	GP Prescribing	49,617	50,646	42,364	45,101	2,737	54,551	3,905
4	Community Mental Health	12,319	10,800	9,027	9,143	116	10,890	90
5	Aberdeenshire Share of Hosted Services	17,871	19,772	16,549	15,685	(864)	19,024	(749)
6	Services Hosted by Aberdeenshire	(0)	5	3	0	(3)	0	0
7	Out Of Area	2,767	2,847	2,277	2,289	12	2,801	(46)
	TOTAL OF ABOVE	**193,972**	**189,616**	**156,520**	**161,634**	**3,935**	**197,516**	**7,905**
8	IJB Costs	-	95	75	0	(75)	95	0
9	Headquarters	6,400	8,640	4,568	6,843	2,275	9,405	765
10	Business Services	3,502	3,221	2,700	2,557	(143)	3,171	(50)
11	Out of Hours Service	316	243	204	244	40	283	40
12	Criminal Justice Service - Grant Funded Services	14	143	120	157	37	143	0
13	Criminal Justice Service - Prison Social Work	-	10	8	48	40	10	0
14	Adult Services - Community Care	53,851	52,610	43,852	48,651	4,799	57,957	5,347
15	Adult Services - Day Care	5,580	6,080	5,105	4,623	(482)	6,015	(65)
16	Adult Services - Residential Care	2,279	2,110	1,768	2,751	983	2,910	800
17	Adult Services - Employment Development	509	90	75	483	408	490	400
18	Adult Services - Mental Health	6,126	7,044	5,885	5,837	(48)	6,744	(300)
19	Adult Services - Substance Misuse	1,827	1,869	1,569	1,624	55	1,869	0
20	Physical Disabilities - Community Occupational Therapy Service	4,065	4,539	3,797	3,604	(193)	4,239	(300)
21	Physical Disabilities - Joint Equipment Service	(105)	(506)	(416)	460	876	(106)	400
22	Specialist Services & Strategy	1,815	2,337	1,953	1,674	(279)	2,087	(250)
23	Adult Support Network	441	407	341	349	8	407	0
24	Older People - Care Management	61,147	61,119	50,959	53,638	2,679	63,335	2,216
25	Integrated Care Fund /Participatory Budgeting	0	0	0	19	19	0	0
26	Older People - Day Care	398	715	602	319	(283)	415	(300)
27	Older People - Home Care	15,978	16,378	13,746	14,285	539	16,425	47
28	Older People - Residential Care	11,729	10,861	9,135	12,427	3,292	14,251	3,390
29	Older People - Very Sheltered Housing	5,489	5,083	4,274	5,215	941	5,856	773
		181,361	**183,088**	**150,320**	**165,808**	**15,488**	**196,001**	**12,913**

	Funds							
30	Integrated Care Fund	588	800	667	476	(191)	571	(230)
31	Delayed Discharge	12	64	53	0	(53)	0	(64)
32	Band 2 to band 4 regrading	0	701	0	0	0	0	(701)
33	Clan Grant	0	7	0	0	0	0	(7)
34	Discharge Without Delay Funding	174	(325)	0	0	0	0	325
35	District Nursing Funding	0	(4)	0	0	0	0	4
36	Health Care Support Worker funding	0	(609)	0	0	0	0	609
37	Interface Care Funding	5	0		0	0		0
38	Primary Care Improvement fund	(4,568)	8,029	6,807	6,471	(335)	8,428	399
39	Medical pay award funding	0	325	0	0	0	0	(325)
40	Learning Disability Annual Health Check Funding	0	85	0	0	0	0	(85)
41	Mental Health Access Fund	0	149	180	140	(40)	168	19
42	Mental Health Innovation Fund	0	85	71	(10)	(81)	0	(85)
43	Mental Health Action 15	(1,151)	201	1,506	1,583	78	1,716	1,515
44	Mental Health Facilities Improvement (Recovery and Renewal) funding	0	0		0	0		0
44	Mental Health Act	0	217	200	43	0	52	(165)
45	Mental Health Estates Fund		0		0			0
45	New Scots (Asylum Seekers) funding	0	0	0	25	0	0	0
46	NHSG Public Health projects financed from Aberdeenshire Council one-off £3m funding	0	0	0	79	0	0	0
47	Scottish Care Home funding	0	452	383	511	128	613	161
48	GP/Primary Care Out of Hours funding	0	212	0	0	0	0	(212)
49	Shire Winter Pressure allocation for MDTs	0	1,241	934	934	0	1,241	0
50	Workforce Wellbeing Funding	0	0		0	0	0	0
50	Covid-19	(9,919)	1	1	89	87	106	105
51	School Nurse Funding	0	56	0	0	0	0	(56)
52	Stonehaven Dental Practice funding	400	0		0	0		0
52	Psychological Therapies (Outcomes Framework) funding	6	573	478	495	17	594	21
53	Psychological Therapies (dementia post diagnostic support) funding (earmarked)	116	3	3	80	77	0	(3)
54	Vaccination funding	0	3,074	2,561	2,939	377	3,527	453
55	Negative actual against budgetary reserves to be reallocated	0	0	0	0	0	(235)	(235)
56	Additional Scottish Government Funding in Year Assumed	0	(761)	(634)	0	634	0	761
		(14,337)	**14,576**	**13,210**	**13,857**	**699**	**16,782**	**2,205**
	Sub total	**360,996**	**387,280**	**320,051**	**341,299**	**20,122**	**410,299**	**23,023**
57	Set Aside Budget	34,515	34,515	28,763	28,763	0	34,515	0
	2023/24 Position	**395,511**	**421,795**	**348,813**	**370,061**	**20,122**	**444,814**	**23,023**
						4,634		
			387,280				NHS variance	10,110
								-747
		Whereof NHS	204,192					-16,929
	Reconciling items:	Add back addi	0					3,053
		Funding transf	27,881					8,400
		ICF funding tra	549					
		Resource trans	0					4,494
		Social care (in	0					3,906
		Veterans' fund	0					8,400
		Budgets still ta	3					
		Balance of upl	-25					8,400
			761					0
			233,362	0				

2023/24 budge	233,362		173,994
Difference	0		173,994

	#REF!		
	#REF!		
	204,192		

Reconciliation to NHSG ledger per eFin/BOXI

NHSG budget/actual (excl set aside) = sum of cells P32 and P73	204,192		169,731	175,491
To reconcile budget/actual to eFin/BOXI, deduct ICF per row 58, above, as this excludes the amount mainstreamed I	-800	)	-667	
To reconcile budget/actual to eFin/BOXI, deduct delayed discharge per row 59, above, as this figure excludes the an	-64	)	-53	
To reconcile budget/actual to eFin/BOXI, add ICF per NHSG ledger, which includes sums paid to Aberdeenshire Cou	1,349	+)	275	
To reconcile budget/actual to eFin/BOXI, add delayed discharge per NHSG ledger, which includes sums paid to Abe	1,073	^)	256	
Add resource transfer paid to Aberdeenshire Council	13,287		3,322	3,322
Social care funding (pass through funding) transferred to Aberdeenshire Council	13,384	$	3,346	3,346
Scottish living wage (pass through funding) transferred to Aberdeenshire Council - not shown as a June addition in appendix 3 per appendi			0	0
Veteran's funding (pass through funding) transferred to Aberdeenshire Council	201		50	50
Add inter-partner funding transfer to Aberdeenshire Council - use the exact amount removed on the "Original format"	0		729	731
Add back or deduct as appropriate additional SG funding in year - assumed (as this figure is not in the NHSG ledger	761		634	
Residue of uplift funding per the ledger not yet transferred to operational lines	-25	*&	-54	
Adjust for the removal of Action 15 funding, which was not effected by budget journal but is shown in appendix 1 to re	23	*)	-913	
Add the revised budget as at then end of November 2023, removed from the services hosted by Aberdeenshire, above				
For actual - add year to date proportion of £549k of mainstreamed ICF funding paid to Aberdeenshire Council				137
For actual - add year to date proportion of £1.009m of mainstreamed DD funding paid to Aberdeenshire Council				252
				0
				-6,471
				-1,583
			0	-2,403
At year-end only for actual - add Sarah Irvine's balancing journal			-124	-180
			-6	
			-184	
			-51	
			117	
	233,381		176,409	172,692
NHSG budget/actual per BOXI/e-Fin as at the end of June 2023	223,375		50,921	49,965
	223,375		50,921	
Difference, which is the small difference against services hosted by Shire as between this report and the CI	-10,006		-125,488	-122,727

Calculation of funding transfer due to Aberdeenshire Council 2023/24

Uplift funding s	0	
Residue of upl	-4,809,817	
Add inter-partr	0	
Negative reser	3,073,600	
Remove addnl	761	
Funding transf	-1,735,456	

Alternative calculation of funding transfer due to Aberdeenshire Council 2022/23

Budget @ end	223,375	
Less: sum of c	-232,622	
Uplift funding s	3,249	
Funding transf	-5,998	

Reconciliation to the figure per the calculation of the inter-partner funding transfer

Transfer per ca	-5,998	
Add the NHSG share of financing from reserve per calc of fndg transfer		
Add the 2022/2	198,491	
Deduct the 202	-201,089	
	-8,595	
Figure per the	2,960	
Difference	-11,554,754	

Whereof:

Budgeted cost	161,854	Note: The calculation of the transfer used the rounded figures that appeared in appendix 1 to the IJB budget report
Budgeted cost	161,854	Note: eFin figures picked up from "Calculation of budget realignment eFin entries 2021-22.xlsx"
	188	

3,780,000
-1,225,000
-100,000
-206,000
-300,000
-100,000
1,849,000

985,000
22,000
2,000
64,000
1,073,000

	9,504,000
	3,880,000
	13,384,000

SUMMARY OF ADDITIONS TO AND DEDUCTIONS FROM THE REVENUE BUDGET OF THE INTEGRATED JOINT BOARD DURING DECEMBER 2023 AND JANUARY 2024 **Appendix 12B**

		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 November 2023 for AH&SCP provided services as reported to the IJB				225,172,471			**152,119,812**	**377,292,283**
Scottish Government ADP funding			403,058					
Sub total ADP				403,058				**403,058**
Waiting times funding			148					
Funding for plasma products			2,880					
HNC funding			4,000					
Sub total Community Hospitals				7,028				**7,028**
Childsmile funding			349,000					
Sub total Dental				349,000				**349,000**
Open University Couse funding			10,000					
Sub total District Nursing				10,000				**10,000**
Public Health outcomes framework funding			51,466					
Sub Total Health Visiting				51,466				**51,466**
Children's weight management (HENRY) funding			15,000					
Adult weight management funding			7,079					
Tobacco funding			18,000					
Sub total Public Health				40,079				**40,079**
Prescribing global sum adjustment			(198,226)					
Sub total Prescribing				(198,226)				**(198,226)**
Open University Couse funding			5,000					
Sub total Community Mental Health				5,000				**5,000**
Funding for inward recharges of hosted services			10,354					
Sub total Inward Recharges of Hosted Services				10,354				**10,354**
Prison Hepatitis C funding			141,238					
Sub total services hosted by Aberdeenshire				141,238				**141,238**
Open University Couse funding			5,000					
Sub Total Services Hosted by Aberdeenshire				5,000				**5,000**
Primary care out of hours funding			63,696					
Primary Care Improvement Fund funding - Open University course funding			10,000					
Primary Care Improvement Fund funding - tranche 1			7,193,000					
Primary Care Improvement Fund funding - tranche 2			399,811					
District nurse funding			97,000					
Action 15 funding			177,666					
Funding for band 2-4 regrading		895,877						
Funding for medical pay award		325,045						
Sub total Funds				9,162,095				**9,162,095**
Overall Revised Budget as at the 31st of January 2024		0 1,220,922	8,765,170	**235,158,562**	0	0	**152,119,812**	**387,278,374**
Represented by;								
NHS Grampian Core Services				61,467,661				61,467,661
Primary Care				44,077,544				44,077,544
Prescribing				50,646,160				50,646,160
Community Mental Health				10,800,238				10,800,238
Aberdeenshire Share of Hosted Services				19,772,368				19,772,368
Services hosted by Aberdeenshire				4,839				4,839
Out of area services				2,847,000				2,847,000
Partnership Funds				14,576,483				14,576,483
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)
Contra				2,537,000			(2,537,000)	0
Rounding				(639)			(1,481)	(2,120)
				235,158,562			**152,119,812**	**387,278,374**
Set Aside Budget								34,515,000
								421,793,374

Reconciliation

NHSG budget/actual per BOXI/e-Fin as at the end of month/year	**211,777,891**
Add:	
	211,777,891

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
20 MARCH 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. Risk Assurance Group Update – February 2024

3.1 The Risk and Assurance Group (RAG) met on 6 February 2024. The following were the main areas covered at the meeting.

3.2 **Risk Register**

Strategic Risks
The strategic planning group will now have a role in terms of risk assurance. This group review strategic delivery projects and currently reviews the associated risks. It has been agreed that the strategic planning group will feed into the RAG, if there are any issues in terms of strategic risks.

Update to Collaboration and Leadership Forum (CALF)
The Service and Development manager attended CALF and provided an update on the risk register - this was well received.

Risk Register
4 areas of risks:

- **IJB risks**
- **Clinical risks**
- **Strategic risks**
- **Resource risks**

This group focuses on – **IJB, resource and strategic risks.**

Risk owners with resource risks ranked medium and high continue to be invited to the (RAG) to provide assurance that their risks are being managed, actions taken to reduce the risk and to highlight any support they require in order to mitigate the risk.

3.3 **Update on High Risk 3002 - Return of GP contact to HSCP**

There is an increasing risk that GP practices may have to take the decision to return their contract due to it being untenable. Service manager outlined that sustainability in general practice is becoming an increasing concern.

An ask was made by the RAG to demonstrate that AHSCP offers escalation of support when practices encounter problems specifically around transition in terms of property and engagement with relevant parties.

The risk level was discussed, and RAG advised that it would be beneficial to consider the various parts of the risk, to conclude an overall risk rating utilising the 5x5 matrix.

The group are assured that all mitigation are in place.

3.4 **Update on High Risk 3328 - Buchan Health Visting Team**

Advised that as the main issue is around resource. It was recognised that this is a high, long standing risk. RAG requested for this risk to come back to the next meeting, to provide an update on assurance.

3.5 **Update on IJB Risk – 1989 - Inadequate Business Continuity arrangements**

This is an IJB level risk, which is broken down into two parts.

- Business continuity – medium risk.
- Emergency planning – medium risk.

Business Continuity (BC)
There are now business continuity plans across majority of the AHSCP, apart from strategy and business services. It was clarified that there is a plan around the Joint Equipment Store. There resource issues to complete these plans, but support from Service and Development team is in place with teams to support completion.

Emergency Plans (EP)
AHSCP is a Category 1 responder. Plans are in place and are reviewed/updated each time there is an incident. Lockdown plans are required for each site alongside a response to Martyn's Law. It was noted that lockdown plans are particularly challenging for community hospitals.

Risk Mitigation

- **Resilience Group –** This group reports to SMT and have various mechanisms in consultation and approval.
- **Training –** A number of options have been circulated.
- **Resilience Team –** oversees the preparation of Business Impact Analysis and BC plans with sites and services.

It was recognised that a huge amount of work has been undertaken to mitigate this risk. The group felt assured. Chief Officer gave note of thanks to Jason, Lynn and all the staff who are working on the business continuity plans.

3.6 **Current Internal Audits**

IJB Asset Management

It was agreed that initial scopes of audits would be taken to the RAG.

4 main areas of the asset management audit:

1. Policy
2. Governance and decision making
3. Action plans and process on them
4. Progress and performance reporting.

The RAG agreed the scope which was confirmed with Internal Audit.

Internal Audits
A list of all current Audits will be circulated to the RAG as part of the standard agenda.

Outcomes/Forthcoming Audits
Support at Home – all information has been provided that audit have requested. Awaiting the draft report which will circulated to the RAG for review and comment.

3.7 **Governance SLWG -**

A final meeting of the group is to be held with most of the work arising from Internal Audit recommendations now having concluded and other areas being actioned through business as usual.
A report will be taken to the RAG regarding any outstanding actions and feedback for where these issues should be reported and which group would have responsibility for any similar issues/pieces of work arising in the future

3.8 Date of Next Meeting of the RAG is Tuesday 16th April 2024

4. IJB Audit Committee Meeting Update – 21 February 2024

4.1 **Action Log**

Integration Joint Board Assurance Group Update – report to be presented to April 2024 meeting of IJB Audit Committee on completion of review of all Groups assurance within the IJB framework.

Audit Committee Governance – Terms of Reference and Development of Assurance Framework – report to be presented to April 2024 meeting of IJB Audit Committee in line with other Groups within the IJB framework.

4.2 **Business Planner**

The Chief Finance and Business Officer introduced the report and highlighted areas of work which were scheduled throughout the year and any relevant updates.

4.3 **Internal Audit Update Report**

A report was presented by the Chief Internal Auditor which provided an update on Internal Audit's work. Details were provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters for the Committee to be aware of.

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

Having heard from the Chief Internal Auditor, the Committee **agreed** to:-

(1) note the progress on the Internal Audit Plan; and
(2) agree the progress that management has made with implementing recommendations agreed in Internal Audit reports.

4.4 **Internal Audit Plan 2024 - 2027**

A report had been circulated by the Chief Internal Auditor which presented the draft Internal Audit Plan for 2024-2027 for discussion and approval. The report explained that it was one of the duties of the IJB Audit Committee to review the activities of the Internal Audit function, including its work programme.

The Chief Internal Auditor presented the Internal Audit Plan for the period 2024-2027 and advised that the plan would be reassessed each year to ensure a three year rolling programme of work was in place. He considered that the Plan addressed the core functions of assurance and would also add value to the Board.

During discussion, the Chief Internal Auditor responded to Members' questions and confirmed that there was flexibility built into the Plan to deal with further issues that may arise and a contingency element was available to ensure there was capacity to support and allow for further items to be brought forward. In addition, the range of work across the Plan and the knowledge that the IJB was working closely with neighbouring IJBs allowed for sharing of knowledge and learning.

Thereafter, the Committee **agreed** to approve the 2024-2027 Internal Audit Plan.

4.5 **Risk Assurance Group and Risk Register Update**

A report had been circulated by the Service and Development Manager, which provided an update on the status of risks on the IJB and strategic risk register and provided information on the work of the Risk and Assurance Group.

The Chief Finance and Business Officer introduced the report and highlighted key points, including an update from the Risk and Assurance Group and noted that the Strategic Planning Group would have a role in terms of risk assurance going forward and would feed into the Risk and Assurance Group where there were any issues in terms of strategic risks. He also advised that a copy of the Risk Register had been circulated to Members for their information. He highlighted details of a number of reviews which had been considered at the last meeting of the Risk Assurance Group, including one on the risk of return of GP contracts to Health and Social Care Partnerships and one on the issue of resource for the Buchan Health Visiting Team, which was recognised as a long standing risk. He concluded by advising that an internal audit on asset management was ongoing and an update would be provided to the next meeting of the IJB Audit Committee on progress.

During discussion, there was comment on the need to continue to monitor closely the risks identified within the report, in particular the risk of failure to deliver standards of care expected by the people of Aberdeenshire. In addition, there was a need to ensure that communications around expectations would need to reflect that there would not be the same delivery going forward, due to significant budgetary constraints.

Thereafter, the Committee **agreed** to:

(1) note the update on the status of risks on the IJB and strategic Risk Register;
(2) note the Risk Register as at January 2024, recognising that it is a live document;
(3) note that non-clinical/care resource risks, both strategic and operational are reviewed by the Risk and Assurance Group;
(4) note that clinical and care risks are reviewed by the Clinical and Adult Social Work Governance Group on behalf of the Clinical and Adult Social Work Governance Committee; and

(5) note the work of the Risk and Assurance Group.

4.6 **Annual Accounts Update 2022- 2023**

A report was circulated by the Chief Finance and Business Officer which asked the Committee to agree the management response to the External Audit Annual Report Action Plan relating to the Financial Statements, Wider Scope and Best Value.

The Chief Finance and Business Officer introduced the report and highlighted the five recommendations that had been contained within the External Auditor's Annual Report –

- Two relating to the Financial Statements Audit and
- Three to the Wider Scope and Best Value.

These recommendations had been considered by Officers and a detailed action plan had been developed to address the recommendations, with management responses and implementation dates provided. He noted that the information would be incorporated into the IJB annual report for 2022-23.

After discussion, the Audit Committee **agreed** the management response to the External Audit Annual Report Action Plan relating to the Financial Statements, Wider Scope and Best Value.

4.7 **Updates from Other Audit Committees**

A report was circulated by the Chief Finance and Business Officer which provided information on relevant issues which had been considered by other local Audit Committees to provide an awareness of relevant audit issues which may have implications for Aberdeenshire IJB.

The Chief Finance and Business Officer introduced the report, which provided an update on the recent meetings of the Audit Committees of –

- NHS Grampian
- Aberdeen City IJB
- Moray IJB

providing a summary of issues which had been under consideration by those committees.

There was discussion of the membership of the NHS Grampian Audit Committee, which comprised 5 Non Executive members, the NHS Grampian Chair, the CEO, Director of Finance, Chief Internal Auditor and the External Auditor. There was also a recognition of the benefits of having an oversight of the work being undertaken by the other partners in terms of benchmarking and flagging any potential implications for the Aberdeenshire Health and Social Care Partnership. It was noted that in terms of vacancy management there was some integrated work ongoing and information on the outcome of this would be welcomed in due course.

After discussion, the Committee agreed to **note** the relevant items that had been under consideration by other local Audit Committees and to **note** the implications for Aberdeenshire IJB.

4.8 **Updates from Audit Scotland Reports**

A report was circulated by the Chief Finance and Business Officer, which provided an update on recent publications from Audit Scotland, including –

(1) ‘How the Accounts Commission holds Local Government to account’,

(2) a Local Government in Scotland Financial Bulletin 2022/23, and

(3) an IJB finance and performance report 2024 detailing how effectively are IJBs responding to current challenges in the health and social care sector.

The Chief Finance and Business Officer provided a high level summary of the reports and highlighted key issues arising from the reports.

There was discussion of the importance of the role of Internal Audit in terms of helping the IJB to identify areas to consider in order to seek best value and where to achieve recurring savings and to tackle the elimination of waste. In addition, the need to look at the redesigning of existing processes, through transformation, to ensure the most effective use of budgets.

After discussion, the Committee agreed to **note** the details of the publications contained within the report with reference to those matters of relevance to Aberdeenshire IJB.

5. Risks

5.1 IJB Risk 1 Sufficiency and affordability of resource.

6. Monitoring

6.1 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.

7. Equalities, Staffing and Financial Implications

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

7.2 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 – 7 March 2024

Aberdeenshire
Health & Social Care
Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – WEDNESDAY, 20 MARCH 2024

REVIEW OF IJB GOVERNANCE HANDBOOK

1 Recommendation

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

1.1 **Note that a review of the Governance Handbook has been carried out, consider and agree the proposed changes set out in Appendix 1.**

1.2 **Agree the proposals for the assurance framework to be included in the Handbook as a new section to be known as the "'Assurance Framework' being Part 7, as seen in Appendix 2.**

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 Risk 2389:- Service/business alignment with current and future needs

4 Background

4.1 A review of the IJB Governance Handbook has been undertaken and this report sets out elements that would benefit from change, both as a result of audits, professional committee support and alignment between Committees.

4.2 **Terms of Reference**

The Terms of Reference for the Audit Committee were reviewed and agreed by the IJB in March 2022 on the adoption of the Governance Handbook. In July 2023 a report was considered by the IJB Audit Committee proposing that it was appropriate to review their Terms of Reference and to consider developing an assurance framework that can be used by IJB Audit Committee members whilst considering reports. Rather than incorporating that assurance framework within the Terms of Reference of the Audit Committee we have included a new Assurance Framework for use by any of the IJB and its Committees as part 7 of the Handbook.

4.3 Amendments to the Handbook being proposed include amendments to:-

Part 1 – Standing Orders - with the insertion of a section on 'Review of Membership'
Part 2 – Scheme of Delegation
- Audit Committee Terms of Reference, specifically quorum and meetings paragraphs

- CASWG Terms of Reference, specifically tidying up this section as a whole and quorum and meeting paragraphs.

Part 5 – additions to exempt information; and
Part 7 – the addition of the new "Assurance Framework".

4.4 Sometimes it can be difficult to achieve the necessary quorum and accordingly to ensure that meetings and the IJB work continues to flow, uninterrupted, without lengthy disruption, we have proposed reducing quorum numbers for the CASWG Committee. Both IJB Audit Committee and CASWG Committee would accordingly only require 3 members (in addition to the Chair/Vice) going forward and this maintains consistency across the two committees.

4.5 With regards to the meetings it would be beneficial to have a pre-agreed timetable to comply with Agenda Publication. Minutes will be circulated with the reports for the next agenda. Committee Officer support will ensure all minutes follow a consistent template as will reports.

4.6 It is important that all papers/reports clearly state if they are accessible to the public or not public. The proposed wording ensures partnership information from an NHS source has been given due consideration.

4.7 The amended Terms of Reference for the Committees can be found in Appendix 1 to this report.

Committee Effectiveness and Development Needs

4.8 The Terms of Reference previously stated that the Committees would review their effectiveness and consider their development and training needs at least annually. A development session with all members of IJB Committees was held to facilitate a robust review of each of the Committee's effectiveness, including whether they have the structure, processes, people and performance to deliver their remits. Self-evaluations by members were completed in or around January /February 2024 and those reviews/self-evaluations considered how the Committees interact with officers and with the IJB as a whole.

4.9 Following the completion of the self-assessment by members, an action plan will now be developed for the Committees from the data gathered. That action plan once devised and implemented will require to be tracked and monitored and will include relevant development and training needs for the committees.

Assurance Framework

4.10 Scrutiny, or challenge and review is fundamental to transparent, accountable decision making and performance improvement. Scrutiny is about assessing the impact of strategic policy and planning on communities and residents and the performance and quality of services. The role of IJB members is to provide a "critical friend" challenge to decision making, to reflect the voice and concerns of residents and communities, to lead and to own the scrutiny process and importantly to have a positive impact on the delivery and improvement of services. The goal of all scrutiny activity should be to improve performance and

members should bear this in mind when contemplating scrutiny activity, including understanding the value that the IJB or committee can bring.

4.11 In order to provide structure and to guide consideration of scrutiny activity and assurance, a proposed Assurance Framework has been developed. This will assist the IJB and it's Committee in determining whether they are sufficiently assured by matters brought to them. A diagram demonstrating what this would look like is contained at Appendix 2.

4.12 The IJB Assurance Framework proposed sets out four sequential phases for consideration. Any reference to Committees includes the IJB other than in Phase Three.

Phase Zero

4.13 This is the initial decision point for the Committee allows them to determine whether or not they are sufficiently assured with a report. This will mainly focus on the internal audit reports but is not restricted only to this. Where the Committee is assured, no further action is required. Where the Committee is not assured, they can consider whether they wish to move to Phase One of the Assurance Framework.

Phase One - Report

4.14 The proposed Phase One of the Assurance Framework is that, where the Committee are not sufficiently assured, the Committee identify the specific issues where further assurance is required and request a Report back within an agreed timescale on the issues identified along with actions being undertaken to resolve the issues. When requesting further scrutiny, the Committee must be clear on what the matter identified for improvement is, and what improvements are expected. These must be realistic and achievable, and capable of being measured through the use of SMART (Specific, Measurable, Achievable, Realistic and Timescale) indicators. The report will then come back to the Committee for consideration. Following consideration, the Committee will then need to consider whether or not they are sufficiently assured. There are three potential routes thereafter. One would be that the Committee is assured, and so no further action is required. The second option could be that the Committee is assured however wish to monitor progress until the recommendations are signed off. The third option is that the Committee is not sufficiently assured and so want to move to the next Phase of the Assurance Framework.

Phase Two - Workshop

4.15 Where the Committee are not sufficiently assured following Phase One, the Committee can move to Phase Two which could be a workshop session where the relevant stakeholders and Committee members come together to explore the issues, ask detailed questions and discussion on actions being taken to resolve the issues. A report summarising the discussion will then come back to the Committee for consideration. Following consideration, the Committee will then need to consider whether or not they are sufficiently assured. There are again three potential routes thereafter. One would be that the Committee is assured, and so no further action is required. The second option could be that

the Committee is assured however wish to monitor progress until the recommendations are signed off. The third option is that the Committee is not sufficiently assured and so want to move to the next Phase of the Assurance Framework.

Phase Three – Escalation to IJB or Investigation

4.16 In a situation where the Committee is not sufficiently assured following Phase Two, the next step is to refer the matter to the IJB with a note of the concerns of the IJB Audit Committee along with a summary of the risks and recommendations to the IJB for resolution.

4.17 The phases as described above provide clear options for the Audit Committee to consider when determining whether or not assurance has been provided on particular issues. The phases are designed to be sequential, with ultimate escalation to the IJB for consideration where the Committee remain unassured. The proposed assurance framework is presented with recommendation for approval and adoption. The Assurance Framework and flowcharts can be seen in Appendix 2 attached.

5 Summary

5.1 On the 5th July 2023 a report was presented by the Chief Officer Pam Milliken to the Aberdeenshire Integration Joint Board Audit Committee with several recommendations. The agreed reviews have now taken place and you have before you the amended Terms of Reference and Assurance Framework which we recommend that you now approve and adopt.

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

6 Equalities, Staffing and Financial Implications

6.1 An Integrated Impact Assessment is not required because the procedures proposed have no impact on those with protected characteristics and none have been identified during the process.

Pamela Milliken
Chief Officer, Aberdeenshire Health and Social Care Partnership

Report prepared by Suzanne Ward, Senior Solicitor and Lauren Cowie, Legal Service Manager
07/03/2024

Appendices –

Appendix 1: Terms of Reference
Appendix 2: Assurance Framework – Part 7

Appendix 1 – Proposed Amendments to the IJB Handbook

Contents Page – add

Part 7 Assurance Framework

- Assurance Framework Flowchart Audit
- Assurance Framework Flowchart CASWG
- Assurance Framework IJB

Part 1 – Standing Orders

Review of Membership

2.12 The membership of the IJB shall be reviewed regularly.

2.12.1 For councillor members, the review shall be three years from the date of the first Full Council following the Local Government election regardless of the date they were appointed. A report will be considered by Aberdeenshire Council who can reappoint until the date of the next Local Government election.

2.12.2 For NHS Board members, the review shall be on a three yearly basis from the date of appointment or the last review whichever is sooner.

2.12.3 For Non – Voting Members, Professional Advisors (Chief Officer, Chief Finance Officer, Business Officer and Chief Social Work Officer), some are appointed by virtue of the office they hold and so will not be subject to review and others will be reviewed on a three yearly basis from the date of appointment.

2.12.4 For Non-Voting Stakeholder members, the review shall be three years from the date of either their appointment or the last review, whichever is sooner.

Part 2 – Scheme of Delegation

Audit Committee

Terms of Reference

2. Constitution

2.1 The IJB shall appoint the Committee. The Committee will consist of not less than six members of the IJB. Four members will be voting members of the IJB, and two members will be non -voting members of the IJB. The Committee will include an equal number of voting members from NHS Grampian and

Aberdeenshire Council. The Committee will follow the Integration Joint Board Standing Orders unless otherwise provided for in these Terms of Reference.

4. Quorum

4.1 Full Capacity

The meeting will be considered quorate when the Chair or Vice Chair and a minimum of 3 (three) other committee Members are present. There should be a minimum of one voting member from each of the constituent authorities. No business shall be transacted unless the minimum number of Members are present. For the purposes of determining whether a meeting is quorate, Members attending by either video or tele-conference link will be determined to be in attendance.

Temporary Vacancy
In the event that there is a temporary vacancy, and the quorum is not met as above, then a minimum of 3 (three) members will suffice provided that there is one voting member of each of the constituent authorities.

4.2. Voting (Full Capacity)
Refer to principles set out in the Standing Orders.

Voting (Temporary Vacancy)
In the event that Committee wish to vote on a matter and there is a temporary vacancy in the voting membership of the Audit Committee resulting in only 3 voting members being present, the Audit Committee, after consideration of any potential risks in delaying a decision, will decide which of the following procedures to follow:-

a. If all 3 (three) members are in agreement, then a decision may be confirmed; or
b. If there is any dissent in the decision :-
   (i) the committee may take a decision by the casting of lots; or
   (ii) to instruct the Chief Officer to bring back a further report with such clarification as may be appropriate to a future meeting of the Audit Committee

By way of clarification the person presiding at the meeting does not have a second or casting vote.

5. Attendance at meetings

5.1 The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors and senior officers will be required to attend meetings as a matter of course. External Audit or other persons shall be expected to attend

meetings at the invitation of the Committee. The Chair and Vice-Chair or any other IJB member may attend meetings if they wish.

5.2 The external auditor will attend at least one meeting per annum.

5.3 The Committee may co-opt additional advisors as required.

6. Meeting Frequency

6.1 Committee Officer support for the Audit Committee will be provided by Aberdeenshire Council.

6.2 The Committee will meet at least four times each financial year. A calendar of meetings for each year will be agreed and distributed to Committee members. Additional meetings may be convened by the Chair whenever necessary. There should be at least one meeting a year, or part thereof, where the Committee is given the opportunity to meet the external and Chief Internal Auditor on an informal basis without other senior officers present.

6.3 Agenda items and reports will be requested four weeks in advance of the meeting date and must be received by the administrator within two weeks of the meeting date. Agenda items and reports will be requested according to a pre-agreed annual timetable, to comply with agenda publication.

All papers must clearly state:

- The agenda reference;
- The author;
- The purpose of the paper;
- The matters the Committee is asked to consider;
- The actions on which the Committee is asked to advise, including whether the report is public or not public.

The agenda and associated papers will be circulated to members, a minimum of one week ahead of the meeting.

Late agenda items and reports will be sent to the Chair to determine whether they will be included at the meeting.

A formal minute of the Committee meeting will be taken. The draft minute will be included on the agenda for the next meeting of the Committee for approval. The Minute will be considered, corrected, if need be, and where they are held to be a correct record of the Meeting, they will be signed where possible, by the person presiding and given to the Committee Officer. Where the person presiding is no longer available the Minute will be signed by the current Chair.

The minutes and reports will follow an agreed template to ensure consistency with other IJB committees.

6.4 If the Chief Officer or Chief Finance Officer consider that a Report (or any part of a report) relates to an item of business which, in their option, the Meeting is likely to consider in private, the report (or part of that report) will either be marked:-

"Not for Publication" and every copy of the report (or the appropriate part of a report) will reference a description of the exempt information the Report contains, in keeping with the law; or

"Confidential" and every copy of the report (or the appropriate part of the report) will state that it contains confidential information.

Papers which contain confidential information will not be available to the general public. The types of information that are classed as exempt can be found in Part 5 of this Handbook.

6.5 The Committee may arrange additional workshops and training sessions to support its work and development of members.

The Aberdeenshire Clinical and Adult Social Work Governance Committee

Terms of Reference

Numbered all sections 1-9 and paragraphs appropriately.

2 Membership

2.1 The Clinical and Adult Social Work Governance Committee membership will be representative of the functions delegated to the Integration Joint Board by NHS Grampian and Aberdeenshire Council and will include:

- Aberdeenshire IJB members representative of: 1. NHS Grampian 2. Aberdeenshire Council 3. Public 4. Third Sector
- Aberdeenshire HSCP Chief Officer (or nominated deputy)
- Chair/Vice Chair of Aberdeenshire Clinical and Adult Social Work Governance Group
- Aberdeenshire Chief Social Work Officer
- Aberdeenshire HSCP Quality Improvement & Assurance Facilitator
- Aberdeenshire HSCP Strategic Development Officer Other Officers may be invited to attend by invitation or by arrangement with the Chair.

The Committee will follow the Integration Joint Board Standing Orders unless otherwise provided for in these Terms of Reference.

5. Quorum

5.1 Full Capacity

The meeting will be considered quorate when the Chair or Vice Chair and a minimum of 3 (three) other committee members are present. There should be a minimum of one voting member from each of the constituent authorities. No business shall be transacted unless the minimum number of Members are present. For the purposes of determining whether a meeting is quorate, Members attending by either video or tele-conference link will be determined to be in attendance.

Temporary Vacancy

In the event that there is a temporary vacancy, and the quorum is not met as above, then a minimum of 3(three) members will suffice provided that there is one voting member of each of the constituent authorities.

5.2 Voting (Full Capacity)

Refer to principles set out in the Standing Orders.

Voting (Temporary Vacancy)

In the event that Committee wish to vote on a matter and there is a temporary vacancy in the voting membership of the Clinical and Adult Social Work Governance Committee, resulting in only 3 voting members being present, the Clinical and Adult Social Work Governance Committee, after consideration of any potential risks in delaying a decision, will decide which of the following procedures to follow:-

a. If all 3(three) members are in agreement, then a decision may be confirmed; or
b. If there is any dissent in the decision:-
c. (i) The committee may take a decision by the casting of lots; or
(iii) To instruct the Chief Officer to bring back a further report with such clarification as may be appropriate to a future meeting of the Clinical and Adult Social Work Governance Committee

By way of clarification the person presiding at the meeting does not have a second or casting vote.

6. Meetings

6.1 Committee Services support for the Clinical and Adult Social Work Governance Committee will be provided by Aberdeenshire Council.

6.2 The Committee will meet quarterly, with meetings scheduled between those of the Clinical and Adult Social Work Governance Group. A calendar of meetings for each year will be agreed and distributed to Committee members. Additional meetings may be convened by the Chair whenever necessary. Meetings will be

structured around standing agenda items to ensure that all aspects of clinical and care governance are considered.

6.3 Agenda items and reports will be requested according to a pre-agreed annual timetable, to comply with agenda publication deadlines.

All papers must clearly state:

- the agenda reference
- the author
- the purpose of the paper
- the matters the Committee is asked to consider
- the actions on which the Committee is asked to advise, including whether the report is public or not public.

The agenda and associated papers will be circulated to members a minimum of one week ahead of the meeting. Late agenda items and reports will be sent to the Chair to determine whether they will be included at the meeting. A formal minute of the Committee meeting will be taken. The draft minute will be circulated to the next meeting of the Committee for approval. The minutes and reports will follow an agreed template to ensure consistency with other IJB Committees.

The Minute will be considered, corrected, if need be, and where they are held to be a correct record of the Meeting, they will be signed where possible, by the person presiding and given to the Committee Officer. Where the person presiding is no longer available the Minute will be signed by the current Chair.

6.4 If the Chief Officer or Chief Finance Officer consider that a Report (or any part of a report) relates to an item of business which, in their option, the Meeting is likely to consider in private, the report (or part of that report) will either be marked:-

“Not for Publication” and every copy of the report (or the appropriate part of a report) will reference a description of the exempt information the Report contains, in keeping with the law; or

“Confidential” and every copy of the report (or the appropriate part of the report) will state that it contains confidential information.

Papers which contain confidential information will not be available to the general public.

The types of information that are classed as exempt can be found in Part 5 of this Handbook.

Part 5 – Exempt Information

8. Any action taken or to be taken in connection with the prevention , investigation or prosecution of crime, or any advice received, information obtained or action to be taken in connection with:-

(a) any legal proceedings by or against the authority; or

(b) the determination of any matter affecting the authority, (whether in either case, proceedings have been commenced or otherwise).

9. Any information furnished to the IJB and Health and Social Care Partnership that would not be made public by either NHS Grampian or Aberdeenshire Council in accordance with their information sharing procedures.

APPENDIX 2

PART 7 – ASSURANCE FRAMEWORK

A. Scrutiny

This document forms part of the IJB's Governance Handbook and provides information and provides guidance on monitoring and reviewing performance and service delivery and undertaking scrutiny.

1. What Is Scrutiny?

1.1 Scrutiny, or challenge and review is fundamental to transparent, accountable decision making and performance improvement. Scrutiny is about assessing the impact of the Aberdeenshire Health & Social Care Partnership's strategic policy and planning on service users, staff and the performance and quality of services.

This document is complemented by the Aberdeenshire Health and Social Care Partnership's, Organisational Governance Framework which provides a comprehensive and robust approach to managing performance across the partnership.

1.2 Members' Responsibilities

Members' responsibility for scrutiny is underpinned by three principles:-

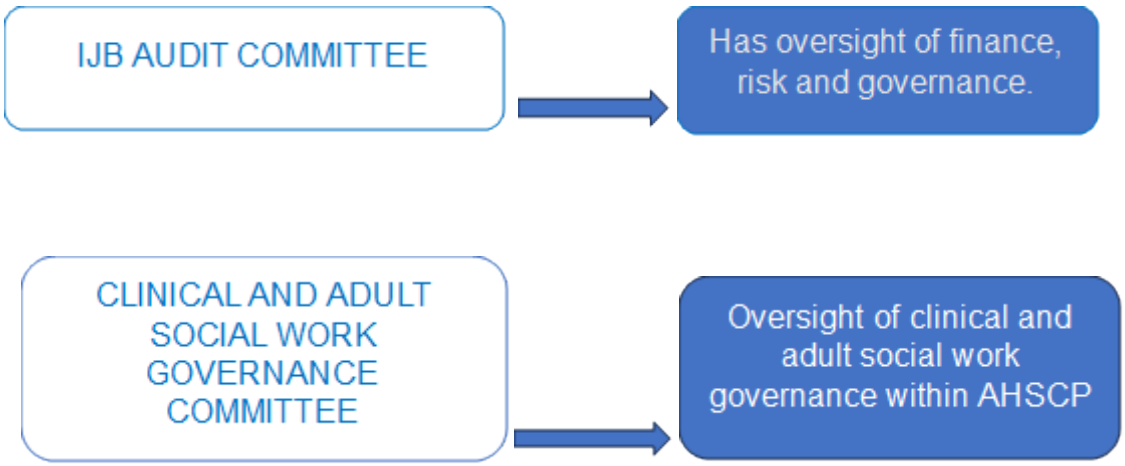
- To provide a "critical friend" challenge to decision making;
- To reflect the voice and concerns of service users and staff;
- To have a positive impact on the delivery and improvement of services;

Members will undertake both "pre-decision" and "post-decision" scrutiny.

- "Pre-decision" is where Members are scrutinising information in order to take decisions on policies and proposals
- "Post-decision" is where Members are assessing the implementation of those policies and proposals and impact on service delivery.

Governance

In the same way that scrutiny is the responsibility of each Member, each Committee has a scrutiny remit.



1.4 In Practice

Members are undertaking scrutiny continually, whether when considering performance reports, approving new policies, plans and strategies, or considering regular budget monitoring reports. Examples of formal and informal scrutiny include:

Formal

- Performance reports (including benchmarking)
- Strategies (where these carry performance-related information for monitoring)
- Policy development/approval/review
- Capital & Revenue monitoring
- Management information
- External inspection reports
- Internal/external Audit reports
- Service user consultation/feedback
- Referral from Committee

Informal

- Performance and development sessions outwith committee

1.5 Delving Deeper

There will be occasions when the IJB or it's Committees will wish to further assure themselves and may want to undertake further scrutiny. Alternatively, the IJB or it's Committees may highlight particular issues in the course of their business to explore further.

When identifying what may require further scrutiny, the IJB or it's Committees should take a forward thinking approach, looking at where positive changes can be made or where continual improvement is being made to improve outcomes.

The IJB or it's Committees can seek further assurance by utilising the four step Assurance Framework.

1.6.1 Assurance Framework

1.6.1 IJB Committees

Phase Zero:

The initial decision point for the Committee to determine whether they are sufficiently assured with a report. There is a focus on internal audit reports but scrutiny is not restricted to this and could be on any issue of concern. Where the Committee is assured, no further action is required. Where the Committee is not assured, they can consider whether they wish to move to Phase One of the Assurance Framework.

Phase One – Report:

Where the Committee are not sufficiently assured, the Committee identify the specific issues where further assurance is required and request a Report back to IJB Audit Committee within an agreed timescale on the issues identified along with actions being undertaken to resolve the issues. When requesting further scrutiny, the Committee must be clear on what the matter identified for improvement is, and what improvements are expected. These must be realistic and achievable, and capable of being measured through the use of SMART (Specific, Measurable, Achievable, Realistic and Timescale) indicators. The report will then come back to the Committee for consideration. Following consideration, the Committee will then consider whether they are sufficiently assured. There are three potential routes thereafter. One is that the Committee is assured and so no further action is required. The second option is that the Committee is assured that progress is being made and there is an action plan, however wish to monitor progress until the recommendations are signed off in the usual way or the actions are complete if the scrutiny activity is not based on audit recommendations. The third option is that the Committee is not sufficiently assured and so want to move to Phase Two of the Assurance Framework.

Phase Two – Workshop:

A workshop session where the relevant stakeholders and IJB Audit Committee members come together to explore the issues, ask detailed questions and discussion on actions being taken to resolve the issues. A report summarising the discussion will then come back to the Committee for consideration. Following consideration, the Committee will then need to consider whether they are sufficiently assured. There are again three potential routes thereafter. One is that the Committee is assured and so no further action is required. The second option is that the Committee is assured that progress is being made however wish to monitor progress until the recommendations are signed off or the actions are complete where not based on audit recommendations.

The third option is that the Committee is not sufficiently assured and so want to move to Phase Three of the Assurance Framework.

Phase Three – Referral to IJB

If the Committee is not sufficiently assured following Phase Two, the next step is to refer the matter to the IJB with a note of the concerns along with a summary of the risks and recommendations for resolution.

The IJB will then consider the matter and consider what action can be taken.

Noting that at any time the Audit Committe or Clinical and Adult Social Work Governance Committee may escalate any matter which is considered urgent to the Integration Joint Board for comment and / or direction.

1.6.2 IJB Assurance Framework

If the IJB, rather than a Committee, want to undertake scrutiny via this Assurance Framework, then Phases Zero to Two are the same. If the IJB is not sufficiently assured following Phase Two, the IJB can instigate an Investigation.

Phase Three (IJB only)

There is a formal investigation process set out below that should be followed. The IJB should identify when the investigation should take place, however if this is difficult to do when the Investigation is called for, this should be commenced within a minimum of 2 months of the decision to move to Investigation.

The IJB need to agree the scope of the Investigation and this should be based on SMART (Specific, Measurable, Achievable, Realistic and Timescale) principles.

A Lead Officer will be identified by the relevant part of the Partnership will look at preparing a background briefing, which can link to any relevant research and will identify, where appropriate, internal and external witnesses to provide evidence as part of that Investigation.

The Lead Officer will also invite witnesses to evidence gathering sessions,
and support the IJB in identifying key questions for the witnesses. The Lead Officer will instigate the investigation, ensure there are notes taken for evidence gathering sessions, provide summaries of sessions and support an Investigation Group to draft a report and their recommendation based on the evidence. This will be presented to the Senior Management Team of the HSCP to ensure oversight and engagement and then presented to the IJB.

IJB Phase 3 - Investigation Process

This section provides guidance on undertaking an investigation as specified in phase three of the scrutiny process, where it is deemed to be required.

Who

The Group undertaking the investigation (Investigation Group) could include all members of the IJB, a smaller group of Board Members only, a joint Board Member/Officer working group or joint group of Members and external partners but the decision on any action required should always be taken by the IJB. Where all members are appointed to the Investigation Group, the Chair of the will Chair the Investigation Group and in all other cases the Chair will be appointed by members of the Investigation Group.

How

The investigation could be undertaken over a period of weeks, or through a rapid improvement event. The stages described below would happen in both types of investigation, however if undertaken as a rapid improvement event, the timeline would be condensed.

Defining the Remit

As originally proposed, a topic may be quite loosely defined. If chosen for investigation, the definition of the issue must be clarified to allow a precise focus. The previous workshop session is likely to have focused and defined the area of interest. Additional information can be sought which will further define the remit of any subsequent investigation. This work is carried out by the lead officer. A terms of reference should be completed and agreed by the Investigation Group. This will define the specific scope of the investigation, identify potential experts and witnesses who it is thought may advance the investigation, and indicate potential costs which may be incurred in completing the investigation. The terms of reference statement defines the intent, as it is perceived at the start of the process, of how the investigation will proceed, but may need to be amended to allow the Investigation Group to pursue additional evidence sources, or lines of questioning which arise during the investigation timetable.

Utilising external experts

In the process of agreeing the remit of the investigation, the Investigation Group may decide to engage an external expert to be part of the review. If it is decided that such assistance would benefit the investigation, a survey will be made of appropriate experts who may be able to guide the Investigation Group. These experts are generally external, accredited professionals, or academics, with a background in the topic under discussion. They have the role of being able to provide a framework of general understanding of the issue, acting as a touchstone for assessing and responding to the information gathered during the investigation process, and also sharing their experience of the issue in its context wider than Aberdeenshire. External experts must be engaged through the appropriate processes under procurement procedures and financial regulations.

Background papers

When an investigation remit has been agreed, the lead officer should identify any information on the topic that could be considered by the Investigation Group to provide general awareness and context. This may take the form of internal spreadsheets, policy documents or committee reports, published research, or other external information.

Setting in context

When the background papers have been made available to the Investigation Group, and any contextual briefing has been provided by the external expert, the investigation process should begin with a session led by the service(s) concerned, which identifies the current situation relating to the topic under discussion. This session is intended to allow members of the Investigation Group to increase their awareness of the current status of the issue under investigation, in addition to providing a service perspective. This may not be required if the phase 2 workshop has already provided this to members' expectations.

Gathering Evidence

Evidence gathering sessions hear from witnesses, either individually, or in groups. The witnesses should have been identified in the terms of reference adopted for the investigation. Witnesses may be either external or may be drawn from staff resources.

This may include the undernoted:-

- Members and employees, at any level, asked to attend because they have particular knowledge or expertise relevant to the investigation topic,
- Representatives of the partner organisations invited to give an external viewpoint on the area being investigated. This is an important opportunity to develop relationships with partners and external organisations to increase engagement and understanding of their work.
- Representatives of service users, invited to attend to give their views on how services are meeting their needs and possible improvements,
- Officers from other bodies doing the same/academics.

All appropriate means are used to inform members of the Investigation Group of the matter under review. Investigations could involve fact-finding visits to facilities to meet service users and employees on the front line. Visits to other local authority areas, or providers of similar services may also be undertaken.

Prior to any session, the lead officer should brief witnesses appropriately. Witnesses are encouraged to provide comprehensive answers and to feel free to raise additional issues related to the topic. Notes should be taken of the session, highlighting factual, salient points of the discussion. These notes should be confirmed for factual accuracy and representation by the witness, officers and members attending the session.

Generally, evidence gathering sessions are not held in public. This is intended to allow witnesses to give comprehensive answers which may involve the disclosure of confidential information.

Preparing Recommendations

Once the Investigation Group has heard all the evidence, and drawn its conclusions and recommendations, a formal investigation report is prepared by the lead officer on behalf of the Investigation Group. This is best achieved through a `wrap-up' session, where the Investigation Group meet informally, with all witness session notes available to them, and discuss what has been learnt in the investigation. The report should highlight key points, the Investigation Group's conclusions and recommendations

Agreeing Actions

The Senior Management Team should confirm actions to be taken in response to the recommendations. The investigation report, along with the action plan should be formally reported back to the IJB.
Monitoring

When the action plan has been approved, the IJB should be provided with progress updates as part of the annual reporting exercise, or more frequently, where requested. The IJB should formally confirm when no further progress updates are required.

2. Scrutiny relationship between the IJB and it's partnership organisations

2.1 Aberdeenshire Council

The Council's Audit Committee have power to receive and provide feedback on reports from the IJB Audit Committee. The Council's Audit Committee retains the power to undertake scrutiny on any matters of service delivery that sit within the remit of the Council side of the AHSCP in terms of delivering on directions from the IJB, financial monitoring of IJB spend of Council funds is also in the Audit Committees powers.

2.2 NHS Grampian

The IJB develops and oversees arrangements for reporting assurance gained from its activities for the information of the relevant scrutiny and audit committees within NHS Grampian, as well as Aberdeenshire Council. The IJB obtains the assurance it requires from these bodies, including sharing relevant audit reports where appropriate.

2.3 Communities Committee

The Communities Committee has a remit to review the effectiveness of the Council's delivery of adult social work services on behalf of and under directions from the Aberdeenshire Integration Joint Board.

The **relationship between the IJB and it's partnership organisations** can be seen in Annexe C attached.

This diagram demonstrates the relationship between the IJB, IJB Audit Committee and the Audit Committees of the parent relationships.

Aberdeenshire Council HSCP Led Services Audit Reports are presented to the IJB Audit Committee in the first instance, and then the Council Audit Committee, with the option for feedback to be provided to the Council Audit Committee upon final receipt.

NHS Grampian Led Services Audit reports are only presented to the NHS Grampian Audit Committee in the first instance, and then summaries of relevant points are shared with the IJB Audit Committee through the Chief Finance Officer.

IJB Audit Reports are presented to the Council Audit Committee in the first instance, and then IJB Audit Committee, with the option for feedback to be provided to the IJB Audit Committee on final receipt.

These routes mean that the report is presented to the main reporting body in the final instance, along with any feedback from the relevant Audit Committee, at which point a decision can be made on any scrutiny referrals/escalation.

The Council Audit Committee would agree to only carry out scrutiny referrals for the Council HSCP Led service audits, and reports will make the route clear per report.

Any scrutiny required for IJB Audit reports would come through the IJB Audit Committee escalating to the Integration Joint Board utilising this Assurance Framework.

The NHS Grampian Audit Committee would lead on any escalation required for the NHS Grampian Led Services Audit reports.

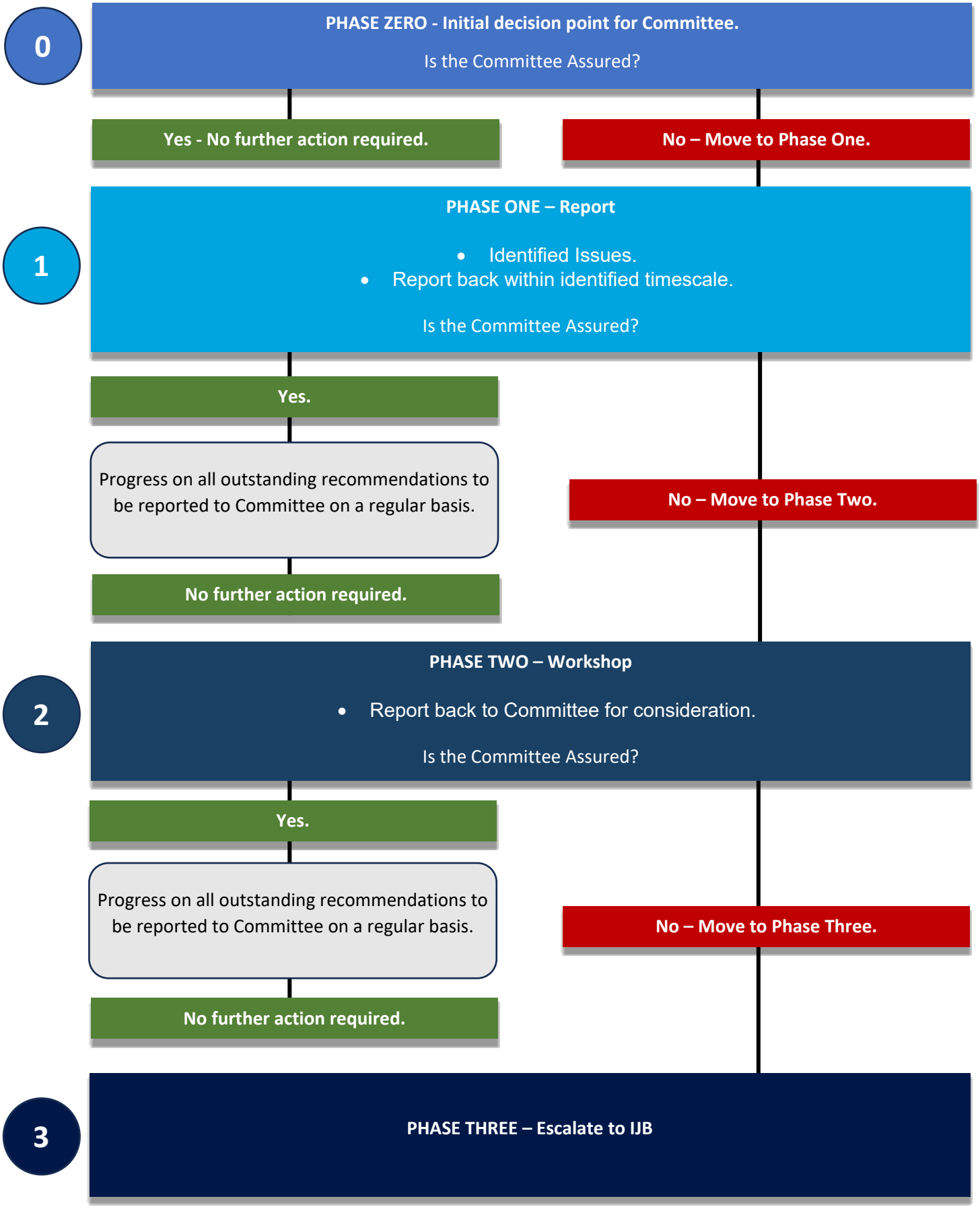
Annexe A - Assurance Framework - Committees Flowchart

Annexe B – Assurance Framework – IJB Flowchart

Annexe C – Diagram showing relationships between IJB and its Partnership Organisations

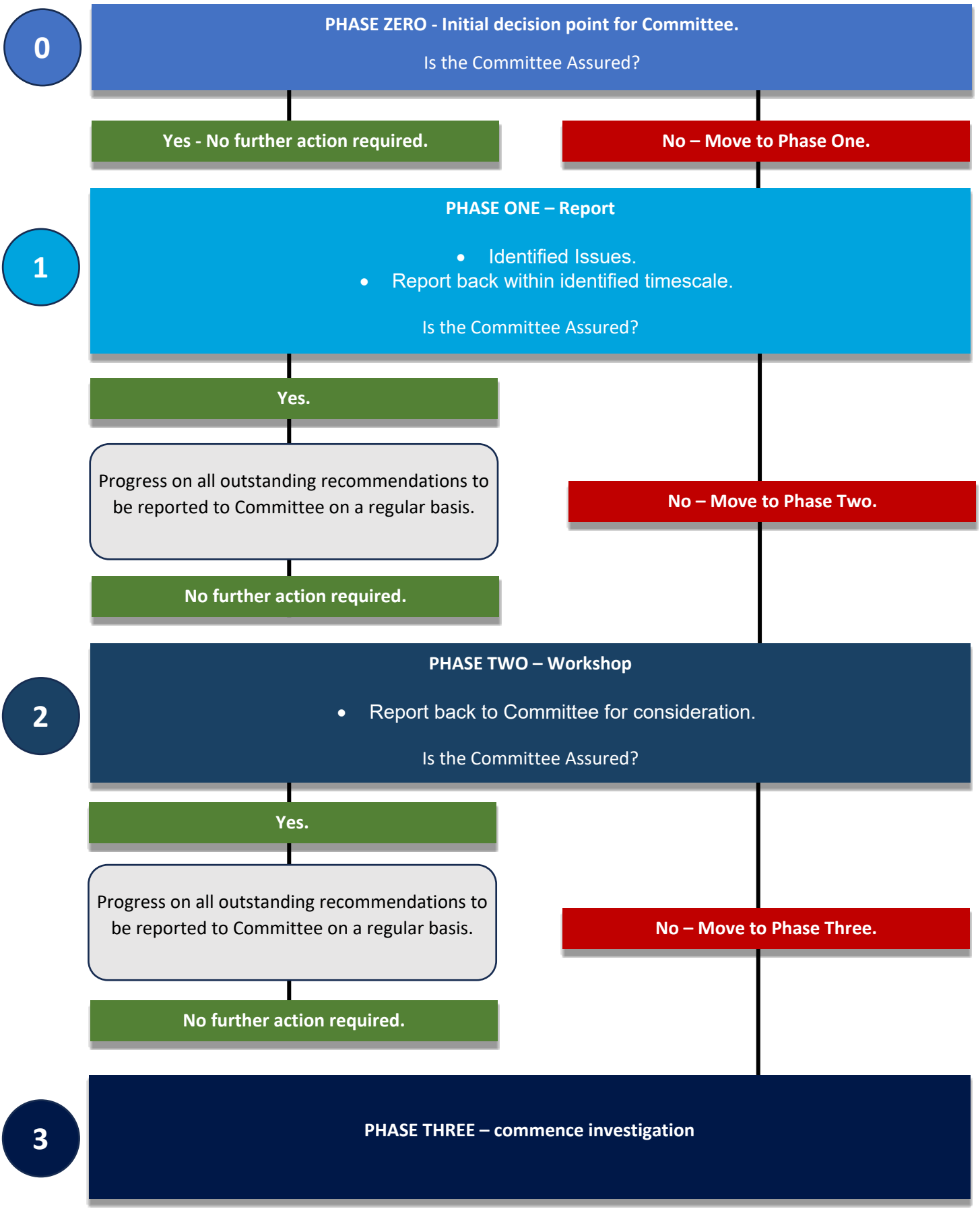
ANNEXE A

Assurance Framework Flowchart for IJB Audit Committee & CASWG Committee



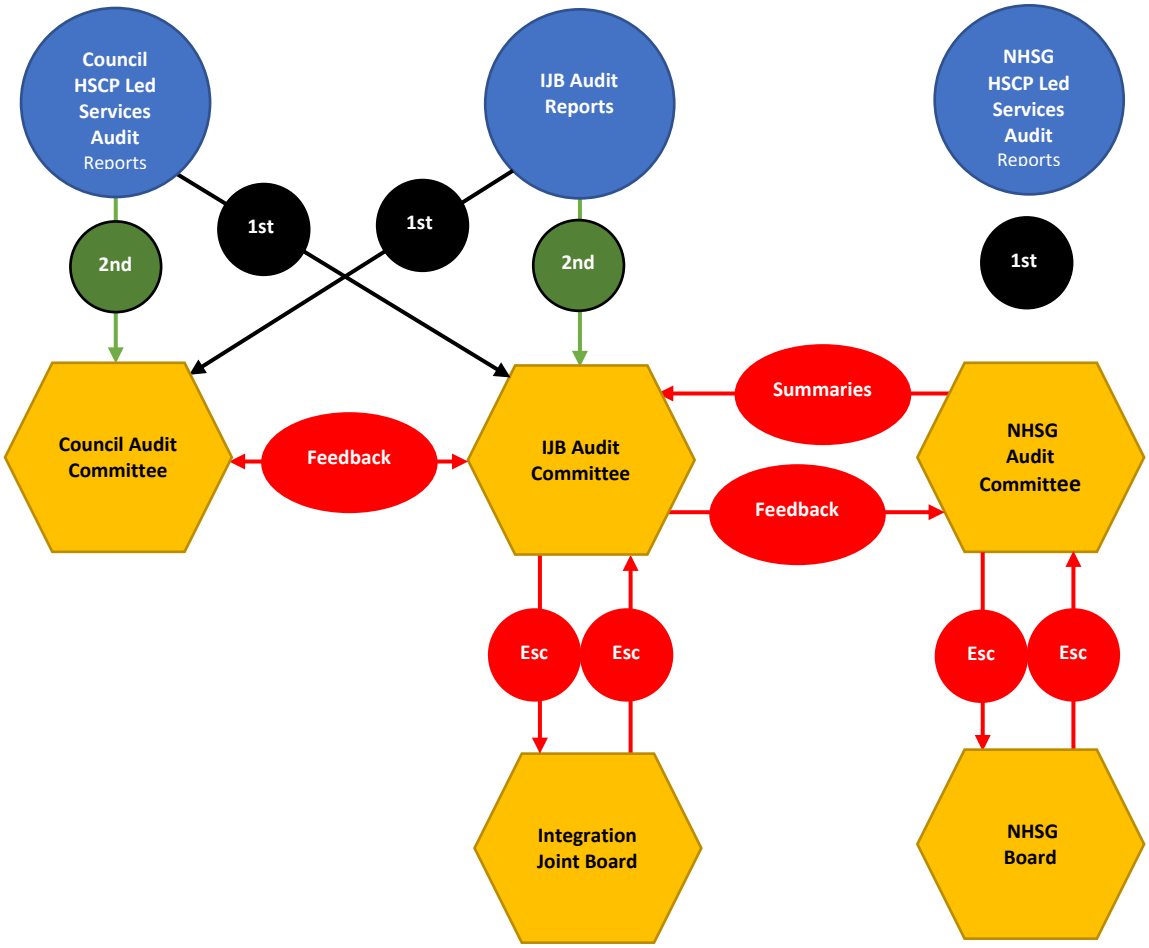
Annexe B

Assurance Framework – Aberdeenshire Integration Joint Board



Annexe C

Diagram showing Relationships between IJB and its Partnership Organisations



REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
20 MARCH 2024

NORTH EAST POPULATION HEALTH ALLIANCE

1 Recommendation

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

1.1 To note the progress made in establishing the North East Population Health Alliance (NEPHA), in particular the further development of the Strategic Partnership Agreement.

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 –informing preventative action to balance responding to illness whilst enabling wellness.

3.2 IJB Risk 6 - Service/business alignment with current and future needs – informing transformational action to meet population needs.

4 Background

4.1 Aberdeenshire, Grampian and Scotland all continue to face significant population health challenges, with stalling healthy life expectancy and widening levels of inequality, exacerbated by COVID-19. There has been increased demand on health and care services linked with this.

4.2 Public sector leaders in the North East made a collective commitment to focus on population health in a bid to reverse these current trends. The North East Population Health Alliance was formed to facilitate public health learning across and within existing partnership arrangements to explore shared challenges, test evidence based solutions and implement what works at scale and pace through respective structures and systems.

4.3 A strategic partnership agreement was prepared in 2023 to formalise this collaboration, setting out the parameters of engagement between the nine North East partners (NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland) alongside Public Health Scotland.

5 Summary

5.1 Strategic Partnership Agreement

5.1.1 During the early phase of engagement North East and Public Health Scotland Leaders explored what added value could be realised. It was agreed that a forum to share and learn about key issues, to build knowledge, share insights and use collective capacity to improve population health outcomes would have value; with the aim of influencing and shaping practice within our local systems to create step change. A set of shared principles were developed and high level themes for exploration in year one were identified, as reported to the IJB in August 2023.

5.1.2 A draft PHS / NEPHA Strategic Partnership Agreement was developed and shared with all members in June 2023 and has since been tabled for scrutiny, feedback and sign-off through the governance structures of each organisation represented in the NEPHA.

5.1.3 This draft strategic agreement was considered by Aberdeenshire IJB in August 2023. The IJB requested that the agreement should clarify that a) NEPHA is a vehicle for collaboration on the population health agenda and b) clarify the relationship between NEPHA and the existing governance structures. Once all concerns raised were clarified, it was agreed that the sign off of the final draft version of the agreement would be delegated to the Chief Officer, in consultation with the Chair and Vice Chair.

5.1.4 Feedback received from all partners has since been incorporated into the document, with the modifications set out in an addendum (see appendix 1 and 2). This has taken account and clarified the points raised by the IJB in August. The amendments include clarification that the Alliance is not a governance group, but is a vehicle to develop a learning system to support collaboration on the population health agenda. Also a new paragraph has been added to clarify that the relationship between NEPHA and extant organisational governance structures are such that:

- Priorities for population health sit within the respective decisions captured in plans and strategies of the respective governance bodies (including each IJB);
- NEPHA is a North East of Scotland network which the executives of the partner bodies can use to derive wider benefits by collaborating and learning when taking forward those priorities as established by each of the represented governance bodies; and
- The work programme of NEPHA (and so too the Strategic Agreement with PHS) therefore has a direct link to the priorities of the partners, and progress on the work programme will be shared periodically with those governance bodies.

5.1.5 The revised agreement and addendum have been shared with respective officers to progress appropriately through their organisational governance procedures. Unless further changes are presented NEPHA members agreed at their meeting in February, that this will be adopted.

5.2 Key Areas of Focus to Date

5.2.1 Activity in this first year has focussed on developing a learning system to facilitate collective knowledge through shared data and evidence. The main developments include:

Learning Health System – Generating Data Together/ A Human Learning System

5.2.2 Building knowledge and evidence to inform collective action is central to NEPHA's aims. This requires an in-depth understanding of our communities and the needs of disadvantaged groups including how inequalities have emerged and anticipation of future trends. Whilst there is a range of ongoing work to improve data sharing, this could be better coordinated and resourced. Getting 'smarter' around data is fundamental to achieving improvements across the North East. A detailed 'atlas of health inequalities' drawing on the collective data assets of partners is being explored and developed. A North East Portal is underway and a prototype regional geographical reporting system using PowerBi has been built using Datazone and Intermediate datazone data for all 3 LA areas.

5.2.3 NEPHA is exploring the Human Learning System approach, which is similar to a learning health system, in that it involves working with stakeholders and uses continuous learning cycles. But there is a fundamentally different frame where the focus is on improving outcomes for people as opposed to services. In Nov 23 a workshop was hosted which resulted in mutual interest from Public Health Scotland, Healthcare Improvement Scotland and Alliance partners to test the use of this approach.

Exploring Substance Misuse in the North East

5.2.4 One of first areas of work NEPHA commissioned was focussed on stigma associated with substance misuse. Two multi-agency regional workshops were hosted. The first was a stakeholder's workshop exploring substance use using the Kings Fund 'four pillar' approach. Addressing stigma was identified as the focus for future activity. The second workshop in June 2023 concentrated on capturing the lessons and truths of the lived experiences of those affected by substance use – in particular their experiences of specialist services as well as the health and social care environment as a whole and including wider determinants of health and wellbeing.

5.2.5 A 'Charter of Rights' setting out the rights people can expect when accessing services in the North East of Scotland has been the main recommendation for action. A regional short life working group led by Pam Miliken, involving the three ADPs is progressing this with the production of the draft rights charter due by July 2024.

Place and Wellbeing

5.2.6 A strong sense of 'place' is a foundation for health and wellbeing, in particular supporting deprived communities. This has been recognised in each of the 3 Grampian Community Planning Local Outcome Improvement

Plans. To build further on this sense of 'place to improve health' NEPHA sponsored activity in the form of two symposiums to build strategic understanding across the North East, to share ideas and best practice. The second event held in Nov 23, with 100 participants from third sector organisations, local authorities, NHS, academia and Public Health Scotland, focussed on nature-based activities to improve health and the environment. Participants valued having the visible presence of local and national leaders not just as demonstration of support, but also to hear the challenges and possibilities for change from a grassroots perspective. Activity to strengthen social prescribing and green health pathways at the community level and to influence regional and national activities / policies is now being taken forward by network members.

Cost of Living

5.2.7 The Director of Public Health (DPH) Annual report 2022 highlighted the rising cost of living as a key threat to population health. Sponsored by NEPHA, partners across the North East have shared their experience on what is working well, identified the gaps in local response and considered opportunities to work together for greater action / impact.

5.2.8 A policy and practice briefing was developed by the Aberdeen Health Determinants Research Collaborative providing the evidence base. This was used to guide a series of workshops in summer 2023 with representatives from a wide range of organisations including health, education, third sector, academic, sport & leisure and social care. The outputs were then considered by North East community planning partners in Nov 23 who identified areas for continued focus. These include using Anchor Institution collaborations to address issues such as physical space and volunteering, data sharing and supporting evaluation of local programmes.

Wider Public Health Workforce Development

5.2.9 Organisations within the wider public health system have a long-standing commitment to public health. Ensuring that Senior Managers within these organisations are supported and have the right tools to recognise the wider scope for, and delivery of, public health should support improved population health outcomes. NEPHA has sponsored the development and testing of a training module for senior managers to provide a broad understanding of population / public health within the context of local authority and wider functions.

Whole System Approach to Healthy Weight and Active Living

5.2.10 The obesity pandemic has taken years to develop but its death toll is way higher than recent infectious disease pandemics including COVID 19. It causes 23% of all deaths in Scotland. More than smoking.

5.2.11 Local authorities, Health & Social Care Partnerships and Community Planning Partnerships are in a uniquely influential position to work with their communities and local partners to tackle obesity. The North East Population Health

Alliance has endorsed a Grampian wide whole systems approach to promoting healthy weight and active living, building on and replicating the approach being taken in Aberdeenshire. Public health capacity is supporting this shared approach.

6 Equalities, Staffing and Financial Implications

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

6.2 An Integrated Impact Assessment is not required because this is a progress update on the establishment of the North East Population Health Alliance, in particular the strategic partnership agreement. . Where required Integrated Impact Assessments are undertaken for individual projects.

6.3 Financial and staffing outcomes and measurements will be determined on an individual project basis and scrutiny will be provided through the agreed governance structure.

Pamela Milliken
Chief Officer
Aberdeenshire Health & Social Care Partnership

Susan Webb
Director of Public Health
NHS Grampian

Report prepared by Kim Penman, Public Health Programme Manager
Date: 20th February 2024

Appendices

Appendix 1: Strategic Partnership Agreement - Public Health Scotland and the North East Population Health Alliance

Appendix 2: Addendum 1.

APPENDIX 1

[Title]

Public Health Scotland and the North East Population Health Alliance

Date: 16 June 2023

Version: DRAFT V1.5

Purpose

This strategic partnership agreement is a commitment between the North East Population Health Alliance (NEPHA) and Public Health Scotland (PHS) to work together with the objective of developing a learning system to improve population health and reduce health inequalities across the North East of Scotland.

This agreement outlines our shared vision, the value of this partnership, how we will work together and some indicative areas we will work together on. As our partnership matures, our work together will inevitably change.

Terms of agreement

The strategic partnership agreement will be effective from August 2023 and will run until August 2026 and will be reviewed annually.

National strategic context

Scotland has a robust and comprehensive national public health strategy that aims to improve the health and well-being of its population. The national strategic context for public health in Scotland is set out in several key documents, including:

1. Scotland's Public Health Priorities: This document outlines Scotland's key public health priorities, including reducing health inequalities, improving mental health and well-being, and tackling the underlying causes of ill health such as poverty, obesity, and smoking.

2. Public Health Outcomes Framework: This framework sets out the key outcomes that Scotland aims to achieve through its public health policies and interventions. These outcomes include improvements in life expectancy, reductions in premature mortality, and improvements in health-related quality of life.

3. Scotland's Health and Social Care Delivery Plan: This plan outlines the actions that the Scottish government will take to deliver its health and social care priorities, including those related to public health.

4. Scotland's Diet and Healthy Weight Delivery Plan: This plan sets out the actions that Scotland will take to improve the diet and weight of its population, including promoting healthy eating and physical activity.

5. Mental Health Strategy: This strategy outlines Scotland's approach to improving mental health and well-being, including prevention, early intervention, and treatment.

The Care and Wellbeing Portfolio is the overall strategic reform policy and delivery framework within Health and Social Care. It brings oversight and coherence to the major health and care reform programmes designed to improve population health, address health inequalities and improve health and care system sustainability.

Scotland continues to face significant population health challenges: stalling (and in some groups falling) healthy life expectancy, and widening levels of inequality, exacerbated by COVID-19. In addition, the pandemic has further increased demand on health and care services. Improving health requires improved system sustainability and, even more critically, improved outcomes in the wider factors that create health – good early years; learning, jobs; income; and supportive communities.

The Portfolio provides an opportunity to take a systematic approach to planning and delivering care and wellbeing. Portfolio objectives focus on coherence, sustainability and improved outcomes both within health and care, and across government, with the overall goal of improving population health and reducing health inequalities.

Furthermore, the recent Health Foundation report 'Leave no one behind'[i] clearly highlights that despite undoubted policy ambition, effective implementation has fallen short with inequalities persisting and growing across Scotland. Most importantly, the report recognises that change requires practical, up and downstream collaboration and action across all parts of the delivery system and from the public. More than ever this emphasises the need for collective action.

Public Health Scotland context

'A Scotland where everybody thrives' is the overarching ambition of Public Health Scotland's Strategic Plan 2022–2025, which focuses on increasing healthy life expectancy and reducing health inequalities.

The Strategic Plan sets out a clear commitment to collaborative working in recognition that no one organisation or profession can address Scotland's public health challenge. Public Health Scotland has a leadership role in, and contributes to, all of Scotland's public health priorities. Public Health Scotland will focus on three areas:

[i] https://www.health.org.uk/publications/leave-no-one-behind

- Prevent disease
- Prolong health life
- Promote health & wellbeing

The North East Population Health Alliance Context

We are fortunate to have strong partnerships across public agencies, private and third sectors and communities in the North East with many examples of good practice and innovation to address this complex agenda. However, compounded by the pandemic, some of the population health challenges we are grappling with are significant and in places worsening.

The 2022/23 DPH Annual Report sets out four key threats to population health and action we can collectively take together to break the cycle of widening of health inequalities. The report recognises the strength of our partnerships in the North East and where we are already working well together to tackle these challenges. However, with health gains stalling and health inequalities widening across the North East greater action is required.

There is no single blueprint for a local population health approach. Learning and adapting from our experiences and that of others, leaders in the North East of Scotland are looking at how we can create a system of public health learning across and within our partnership arrangements to reverse current trends. We have called this the North East Population Health Alliance in recognition of our collective responsibility. The North East Population Health Alliance currently comprises nine partners; NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland.

The North East Population Health Alliance is not intended to be a governance group, as we have governance mechanisms embedded in our system already, but a forum for ensuring that we develop a learning system that explores our challenges together, tests solutions, and 'what works' is implemented at scale and at pace. Over the next three years we plan to work with a growing and diverse membership from across different sectors, communities and determinants of health. Through bringing our collective knowledge together with data and evidence we want to shape and enable more powerful collective conversations and action to achieve our vision of thriving communities living fulfilled lives.

Vision

The vision of the North East Population Health Alliance has been established through discussions with the North East Population Health Alliance membership. The vision is to have flourishing communities, living fulfilled lives. The North East Population Health Alliance has a joint commitment that: together we will share collective responsibility for the durability of the North East. We will develop and refine this as our membership grows.

Value of collaboration

The aim of this collaboration is to share expertise and collaborate where there is added value to do so for the benefit of the people of the North East of Scotland. The NEPHA and PHS will work collaboratively to ensure that any outputs from the NEPHA are disseminated widely, to promote learning and sharing. We will collaborate to share and learn about key issues to build our knowledge, share insights and use our collective capacity to improve population health outcomes.

PHS will support the NEPHA by working with the health and care system in the North East of Scotland, the north east local authorities and other partners to collectively provide expertise, data, and evidence, as well as facilitating access to relevant networks and partners.

Partnership governance

The NEPHA is not intended to be a governance group in itself, but a forum for ensuring that a learning system is developed and implemented. The governance mechanisms already embedded within and across the system will continue to operate as they do.

The NEPHA will be open to members from different sectors, communities, and determinants of health, with the aim of promoting diversity and inclusivity.

The NEPHA will lead the development of the learning system, and will be responsible for ensuring that the NEPHA meets its objectives.

The partnership between the NEPHA and PHS will be underpinned by a set of shared principles:

I will… use my position	I will… work with the North East family
▪ Use my position, power and influence for North East wide objectives ▪ Use my networks for wider gains, constantly looking for opportunities to improve ▪ Proactively involve the community in finding solutions	▪ To promote a system mindset and to relentlessly focus on health inequalities at all levels ▪ Shift system conversations to focus on maximising wellbeing ▪ To better use and share data and allocate resources to support our ambitions
I will… help my organisation to	**I will… help sustain efforts over time**
▪ Define success as outcomes for collective health goals, not solely organisational success and minimising unintended consequences ▪ Being clear on priorities, and using knowledge and data more consistently to support better outcomes, experience and value ▪ Work more with communities through equality, diversity and inclusion	▪ By seeing ourselves as a family focused on being a healthier region, celebrating success and promoting local practice, support scale-up and sharing ▪ By helping create a collaborative system that rewards contribution to shared objectives not just organisational ones ▪ Helping flow to where it is most needed with communities, speaking up about equality, diversity and inclusion

The NEPHA and PHS will maintain the confidentiality of any information shared between them in accordance with relevant laws and regulations. The NEPHA and PHS may agree to share information with third parties, but only with the prior consent of the other party.

This agreement does not constitute a legally binding agreement between the NEPHA and PHS, but rather a statement of intent to collaborate.

The NEPHA and PHS will operate for a period of three years, at which point it will be evaluated.

Monitoring, evaluation and impact measurement

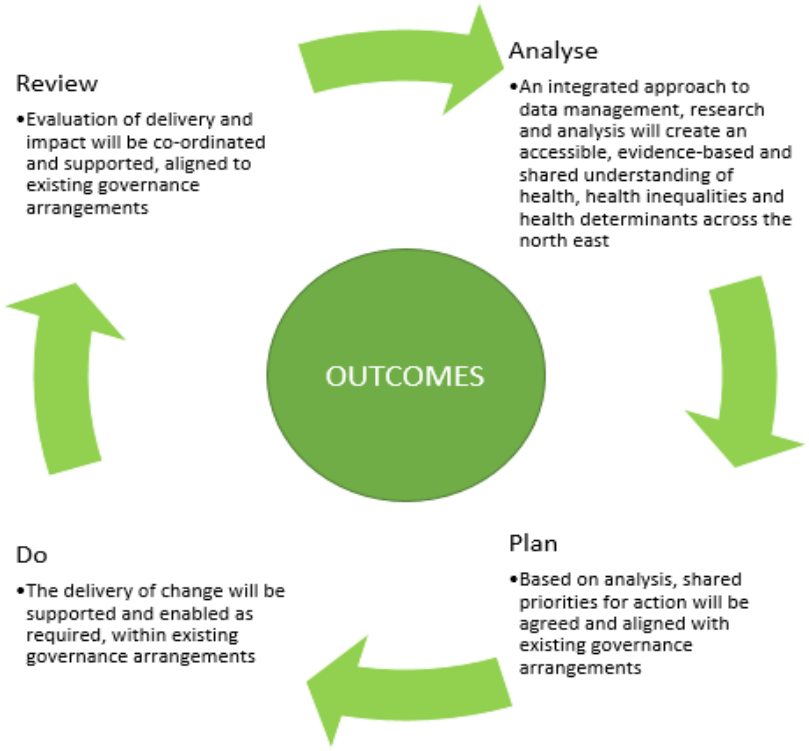
The shared objective of this MoU is to improve population health and reduce health inequalities across the North East of Scotland.

To do so will require the NEPHA and PHS to collectively create the conditions to build relationships, create, acquire and transfer knowledge, and co-design experiments/ explorations/ modifying behaviour/ changing system to reflect new knowledge and insights through shared research and evaluation.

This requires a focus on data capture / understanding the system to generate knowledge, aid decision making and turn knowledge into action to achieve better outcomes. Monitoring and evaluation, therefore, will focus on:

A. The extent to which the key elements of a learning system have been implemented through the strategic partnership considering the following questions:
   - Is this happening in the way we intended?
   - How do respective partners undertaking the work of the learning cycles account for that work?
   - How are we ensuring we are learning together?
   - To what extent is our work together aligned to our shared principles?

At the heart of learning as a management strategy is enacting a process of understanding and experimenting with complex systems to try and get those systems to produce a different pattern of results (or outcomes)[ii]. We will use learning cycles to collectively plan and organise this work, and form collective knowledge through research and evaluation which will feed into these learning cycles.



[ii] https://www.centreforpublicimpact.org/assets/pdfs/hls-practical-guide.pdf

B. The impact of the learning system on health and health inequalities

- How have health outcomes changed across the north east?
- How have health inequalities changed across the north east?
- To what extent have the prioritised actions agreed by the NEPHA been delivered and what has been the impact?

Resources

Proposed areas of joint work are described in appendix 1.

Fulfilment of the strategic partnership agreement will be dependent on the commitment of dedicated resource from both the NEPHA and PHS. This involves:

1. General principle of sharing knowledge, skills and expertise in order to enable the collective contribution against the agreed joint areas of work
2. Dedicated time from the NEPHA and PHS membership and identified staff to contribute and engage in regular Alliance meetings.
3. Establishment of a core team to develop the partnership and enable the achievement of the collective contribution against the identified joint areas of working
4. Further internal exploration of data held across the NEPHA partners and PHS is required in order to determine what and how data can be shared and utilised.
5. Capacity from NEPHA partners and PHS including data, evidence, research, evaluation, communications and marketing functions to be identified as part of a more detailed planning of joint actions. (This may include secondment opportunities across partner organisations to support skills development, knowledge sharing and transfer, and deployment of specialist skills for the purposes of achieving shared objectives.)

Appendix 1

Proposed areas of joint work

This agreement will facilitate the establishment of a forum for the NEPHA and PHS to collaborate and share knowledge to improve population health and reduce health inequalities across the North East of Scotland. Following assessment of need and understanding of activity across the system the NEPHA and PHS will agree shared priorities. The following high-level themes will be explored in year one with a view to developing more detailed objectives:

1. Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and implements what works at scale and pace.

2. Form collective knowledge, data, and evidence to shape more powerful collective conversations and action to achieve the vision of thriving communities living fulfilled lives.

3. Developing common data governance and system models to enable findable, accessible, interoperability and reusable data to support research, policy development and operational delivery such as the Persons at Risk Database (PARD) and local use of common identifiers, including CHI.

4. Collaboration on the commissioning and conduct of research on the wider determinants of health across the north east and the application of knowledge to practice locally and nationally.

5. Development of a baseline of prevention activity within the region with a view to establishing some targets for growth in activity.

6. Child poverty, the Drugs Mission and the eradication of homelessness will appear in detailed workplan because the commitment is established at a national and local level, and therefore we can maximise the tripartite collaboration on the achievement of these commitments.

Strategic partnership agreement August 2023

We agree and accept this strategic partnership agreement between:

Public Health Scotland, **<add address>**

and: The North East Population Health Alliance (comprising NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland)

Public Health Scotland

Name:	
Position:	
Signature:	
Date:	

<insert NEPHA partner organisation name>

Name:	
Position:	
Signature:	
Date:	

APPENDIX 2

ADDENDUM 1
TO
STRATEGIC PARTNERSHIP AGREEMENT – PUBLIC HEALTH SCOTLAND AND THE NORTH EAST POPULATION HEALTH ALLIANCE v1.5

The purpose of this addendum is to modify v1.5 of the Strategic Partnership Agreement 'the agreement' between Public Health Scotland and The North East Population Health Alliance. This addendum and 'the agreement' when read together shall constitute one integrated document.

1. Amendments to the Strategic Partnership Agreement:
   a. Section 'Terms of Agreement' is amended and shall read in its entirety as follows:

      "The strategic partnership agreement will be effective from the date of sign off by each organisation comprising the North East Population Health Alliance and will run for a period of 3 years and will be reviewed annually."

   b. Section 'The North East Population Health Alliance Context' paragraph 3 is amended and shall read in its entirety as follows:

      "The North East Population Health Alliance is not a governance group, as we have governance mechanisms embedded in our system already, but is a vehicle for ensuring collaboration on the population health agenda. Through this collaboration we can develop a learning system that explores our challenges, and tests solutions together."

   c. A new paragraph 5 is added to section 'The North East Population Health Alliance Context' and shall read in its entirety as follows:

      "Specifically, the relationship between NEPHA and extant organisational governance structures is such that:
      - Priorities for population health sit within the respective decisions captured in plans and strategies of the respective governance bodies (including each IJB);
      - NEPHA is a North East of Scotland network which the executives of the partner bodies can use to derive wider benefits by collaborating and learning when taking forward those priorities as established by each of the represented governance bodies; and
      - The work programme of NEPHA (and so too the Strategic Agreement with PHS) therefore has a direct link to the priorities of the partners, and progress on the work programme will be shared periodically with those governance bodies."

   d. Section 'The North East population Health Alliance Context' paragraph 6 is amended and shall read in its entirety as follows:

      "Over the next three years the NEPHA will work with a growing and diverse membership from across different sectors, communities and

determinants of health. Through bringing our collective knowledge together with data and evidence we want to shape and enable more powerful collective conversations and action to achieve our vision of thriving communities living fulfilled lives."

e. A new paragraph 3 is added to section 'Value of collaboration' and shall read in its entirety as follows:

"This collaboration represents a transformative approach to addressing population health challenges that distinguishes itself from previous efforts in several key ways:

- A commitment to a more holistic approach which can address health determinants more comprehensively by bringing together partners across the North East of Scotland.
- A shared commitment to ensuring communities are a true partner of the NEPHA and to build on each other's best practice to ensure effective and continuous community engagement to tackle inequalities.
- Ability to leverage data analytics and research capabilities to gain deeper insights into the health needs and trends across the North East of Scotland. These evidence-based insights can inform decision making and tailor interventions across all organisations.
- A long-term focus on sustainability to foster local leadership and create lasting relationships to ensure improvements stand the test of time.
- Creating a supportive environment which fosters innovation and knowledge exchange where partners can share best practice, lessons learned and success stories, learning from our respective experiences and capabilities.
- Prioritising equity as a guiding principle to actively ensure everyone has the opportunity to achieve their best possible health, regardless of background, socioeconomic status, or other factors.
- Developing methods to measure the impact of the work of the North East Population Health Alliance on population health outcomes. These metrics will be tracked and communicated transparently, providing a basis for continuous improvement."

f. Section 'Partnership governance' paragraph 2 is amended and shall read in its entirety as follows:

"The NEPHA is open to members from different sectors, communities, and determinants of health, with the aim of promoting diversity and inclusivity."

g. Section 'Monitoring, evaluation and impact measurement' paragraph 4 is amended and shall read in its entirety as follows:

"A. The extent to which the key elements of a learning system have been implemented through the strategic partnership considering the following questions:

- Is this happening in the way we intended?

- How do respective partners undertaking the work of the learning cycles account for that work?
- How are we ensuring we are learning together?
- To what extent is our work together aligned to our shared principles?
- To what extent are human stories being used to bring meaning to data?"

h. Section 'Monitoring, evaluation and impact measurement' paragraph 6 is amended and shall read in its entirety as follows:

"B. The impact of the learning system on health and health inequalities:
- How have health outcomes changed across the north east?
- How have health inequalities changed across the north east?
- To what extent has this approach changed how we engage with communities?
- To what extent have the prioritised actions agreed by the NEPHA been delivered and what has been the impact?"

i. Appendix 1 'Proposed areas of joint work' objective 1 is amended and shall read in its entirety as follows:

"Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and shares learning and best practice of what works."

j. Appendix 1 'Proposed areas of joint work' objective 3 is deleted in its entirety

k. Appendix 1 'Proposed areas of joint work objective 5 is amended and shall read in its entirety as follows:

"Child poverty, the Drugs Mission and the eradication of homelessness are key areas of focus because the commitment is established at a national and local level, and therefore we can maximise the tripartite collaboration on the achievement of these commitments.

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REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
20 MARCH 2024

NHS GRAMPIAN GENERAL PRACTICE VISION PROGRAMME

1 Recommendation

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

a) Approves the vision and objectives for General Practice in Grampian as set out in Appendix A; and

b) Instructs the Chief Officer to report back to the Integration Joint Board by end of October 2024 with a progress update on the implementation of the vision and objectives.

2 Directions

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

3 Risk

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

4 Background

4.1 The three HSCP Chief Officers held a shared objective for 23/24 to design and create a delivery plan for a Grampian Primary Care Strategy. This was in response to the challenging implementation of the 2018 General Medical Services (GMS) contract. There are a number of relevant factors, many of which are particularly relevant to Aberdeenshire and Grampian. This includes challenges around recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. All of which have an impact on the sustainability of general practice and the ability for General Practice to play a key role in preventing ill health in our communities.

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4.2 General Practice became the focus of the project due to the particular acute challenges faced by General Practice with primary care providers acting as key stakeholders in the process of determining the vision and associated objectives.

4.3 As a programme we are aware of the cost pressure relating to primary care prescribing and savings plan for 2024/25. Having sustainable general practices in the medium to longer term will facilitate continuity of patient care which will contribute to medication reviews and effective prescribing.

5 Summary

Programme Summary

5.1 A Programme Initiation Document was developed and it set out three aims:

- a shared vision for General Practice across Grampian;
- identification of the challenges to achieving that vision; and
- a set of strategic objectives to address those challenges in order to realise the vision.

5.2 In July 2023, a programme board was set up for the General Practice Vision Programme, this includes representation from NHS Grampian, the Heath and Social Care Partnerships (HSCPs), General Practice Sub Committee (GP Sub) and the Local Medical Committee (LMC).

5.3 A series of facilitated workshop sessions were organised to develop the vision and strategic objectives. The first workshop was for General Practice staff (166 attendees) whilst the second and third included wider stakeholders such as other primary care services (pharmacy, dental, ophthalmology), acute and secondary care representation; patient representation and Scottish Government representation (208 and 209 attendees respectively). These were held on:

- Wednesday 27th September 2023;
- Wednesday 8th November 2023; and
- Wednesday 22nd November 2023.

General Practice Engagement

5.4 A Service Level Agreement (SLA) between NHS Grampian and practices was agreed to ensure appropriate practice staff were able to engage in and codesign the development of a strategic direction and vision of General Practice across Grampian.

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Patient engagement

5.5 A Patient engagement plan was developed to ensure that a co-production approach was used, and patients from across the Grampian were involved in the development of the vision and strategic objectives.

5.6 A wider patient engagement survey has been circulated via multiple sources including; Locality Empowerment Groups (LEG); Patient Participation Groups (PPGs); Social Media and GP practices. A total of 1293 responses were submitted.

5.7 A patient stakeholder group to attend the facilitated stakeholder was created. The aim was to have a cross section of patients from across various communities and age ranges. There were around 25 members of the public on this group from across the Grampian areas

5.8 The patient stakeholder group attended the facilitated events on 8th and 22nd November. There was a total of 24 and 22 patient representatives at the two workshops respectively.

5.9 Feedback from the patient participation group was overall positive. The themes from the patient feedback was that there was a good mix of roles on the table, the sessions were interactive and there was time for good discussions.

Young Persons Engagement

5.10 Output of the Patient survey showed that there was limited input from young people 16 – 34. Therefore the programme planned and completed further work to reach out to this age range. This included a series of focus groups with senior high school pupils, engagement with university and college students.

5.11 Focus groups at 4 high schools were arranged to ascertain views of the younger generation in relation to ‘what matters to them’ in general practice. In addition to this a drop-in session at Aberdeen university was arrange to engage with students. A survey at these was also shared via QR code to allow for further views to be sought.

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Further Stakeholder Engagement

5.12 NHS Grampian Groups - Presentations were given to various groups across the system this includes the NHS Grampian Clinical Board NHS Grampian Pharmacotherapy Group and the Clinical Interface group to provide an overview of progress to date and emerging key themes.

5.13 MP / MSP briefing - a presentation was given to the NHS Grampian MSP / MP Briefing group, including what the current strengths and challenges are, what the summary output from the facilitated sessions was and what local and national action and support is required.

GP Vision and Objectives

5.14 In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and strategic objectives that capture the changes required to move towards a more sustainable general practice sector within the area.

5.15 The proposed Vision Statement, *'A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health,* encapsulates our commitment to fostering health and well-being within our communities. It signifies a commitment to providing comprehensive and accessible healthcare services that not only address illness but also promote preventive care and empower individuals to lead healthier lives.

5.16 The Vision is underpinned by 10 Key themes that were highlighted during the stakeholder engagement programme as a problem or challenge to achieving the Vision.

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5.17 An initial objective has been created to deliver on each of the key themes.

Table 1 outlines the 10 Objectives.

Theme	Objectives
Data	Through the Grampian Data Gathering Group, develop a programme of work to: • identify and define necessary data sets; • create data gathering processes which enables consistent and consolidated data to be collected across General Practice in a standardised way; and • develop data sharing arrangements with relevant partners where necessary.
Models of Contract	Develop a flexible approach to the delivery of the existing GMS contract, using currently available levers, following consultation with relevant stakeholders, including: • NHSG Primary care and Contracts representatives; • General Practices; • Scottish Government; • Scottish General Practitioners Committee (SGPC); • Local Medical Committee; • Advisory Committees to the Health Board; and • other relevant stakeholders. •
Keeping the population well	Develop, in consultation with community planning partners, a programme to deliver targeted and comprehensive health interventions for at risk communities to offer proactive preventative care and empower communities to participate in their own healthcare and wellbeing.
Digital	Support the development of a regional Grampian Digital plan, which includes General Practice. This will help to develop a coherent approach to the development of a prioritised set of digital solutions to ensure the wider system is best placed to meet the needs of communities within available resource.
Pathways	Review pathways to explore the opportunities, risks and challenges to these pathways. A priority-based implementation plan will be created to improve these pathways. It is anticipated that the plan will include a solution to empower service users to track progress of their situation across the pathways and offer help and advice while on the pathway. This will promote effective communication, collaboration and coordination, ensuring staff and patients are well informed about the pathways..
Multi-Disciplinary Team	Initiate and complete an evaluation and review of PCIP services that are in place across NHS Grampian. Where best practice is identified, learn from this, and facilitate its rollout to other areas if appropriate.
Continuity of Care	Create pathways that achieve continuity of care for those who will benefit most from continuity of care. In the context of flexible models of contract, identifying areas that can be used for a test of change to support practices to improved models to support meeting complex care.
Premises	Via the Primary Care Premises Group, each HSCP, in consultation with practices and relevant partners, will develop an estate plan to meet the needs of our communities. Regard will be had to buildings (where required) being well-equipped, accessible, patient-centred, conducive to partnership working, integrated with advanced and standardised technologies, and in the right place to meet the needs of the communities.
Mental Health & Wellbeing	• Improve mental health and wellbeing support for schools / young people; making use of technology for adoption and engagement • encourage better wellbeing across patient groups through, for example, supporting social prescribing and realistic medicine where appropriate; and • Identify improvements that will help ensure patients see the most appropriate person the first time to minimise delays in appropriate treatment.

Recruitment Retention & Education	Develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and wider MDT and administrative Roles to encourage the retention of talent in Grampian. Future colleagues will have the knowledge and technical and digital skills necessary to meet the vision for General Practice in Grampian. This objective will be delivered in consultation with relevant stakeholders, including: • local authorities; • colleges; • universities; • NHS Education for Scotland (NES); and • Royal College of General Practitioners (RCGP).

5.18 Contribution to National and Local Priorities

The new vision for General Practice will contribute to both local, regional and national initiatives including:

- The National Health and wellbeing outcomes;
- NHS Grampian Vision, Values and Strategic Themes;
- Aberdeen City, Aberdeenshire and Moray HSCPs; and
- Local Outcome Improvement Plans across Grampian.

Aberdeenshire Strategic Plan Context;

5.19 The Aberdeenshire HSCP vision is to *'Building on a person's abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities'*, this is underpinned by 5 Strategic priorities. The table below sets out how the General Practice vision and objective are in line with the Aberdeenshire HSCP Strategic priorities as well as the Aberdeenshire Council Priorities.

Aberdeenshire HSCP Strategic Priorities	Aberdeenshire council Priorities	NHSG GP Vision Objectives
Prevention & Early Intervention	Health and wellbeing	✓ Data ✓ Pathways ✓ Continuity of Care ✓ Keeping the Population well
Reshaping Care	Economic growth	✓ Data ✓ Premises ✓ Models of Contract, ✓ MDT ✓ Mental Health and Wellbeing
Engagement	Learning for life	✓ Recruitment retention and Education ✓ Data
Effective use of resources	Infrastructure and public assets Climate change	✓ Models of Contract ✓ MDT ✓ Mental health and Wellbeing ✓ Digital ✓ Continuity of Care ✓ Pathways ✓ Recruitment and retention & Education ✓ Data
Tackling inequalities & Public Protection	Resilient communities	✓ Data ✓ Pathways ✓ Continuity of Care ✓ Keeping the Population well

Delivery Plan

5.20 It is anticipated that implementation of the vision and objectives will be delivered via the creation of a new programme board which in turn will be supported by project subgroups. Monitoring and evaluation of the programme delivery will be through the programme board structure with full annual updates to the three integration joint boards anticipated. This would include updates against, for example, progress against the objectives, the development of new objectives to support the delivery of the vision, and the impact of the objectives as they are delivered. Aberdeenshire HSCP's contribution to the delivery of the vision will be outlined in future iterations of its Strategic Plan and associated Strategic Delivery Plan.

5.21 Key Metrics have been identified to determine if the programme has had a positive impact on the sustainability of general practice within Grampian. These include:

- Number of 2C practice within Grampian
- % of total 2C practices within NHS Grampian
- Number of GPs / GP head count
- Full time Equivalent (FTE) of GPs
- GP headcount by designation
- Practice list size
- Average number of patients per GP
- Inpatient waiting list size
- Outpatient waiting list size
- ED attendance rates
- Emergency admission rates
- General Practice Alert System (GPAS)
- Grampian Operational Pressure Escalation System (GOPES)
- Number of GP List closures
- % of List Closures
- Practices Managing List Informally
- % of practices Managing List Informally
- Number of contracts returned
- % of contracts returned
- British medical Association (BMA) staff survey

Next Steps

Lessons Learned

5.22 A lessons learned process will be carried out post approval of the new General Practice Vision and Objectives. The lessons learned process is crucial for continuous improvement and the optimisation of future projects.

Project Closure

5.23 Following on from the IJB meetings in March 2024. The programme in its current state will commence the project closure process to ensure that all

aspects of the project are completed, documented, and handed over appropriately.

5.24 As we move forward with the programme of work, we are fully committed to realising the vision and objectives outlined, with confidence in the ability to drive positive change and enhance General Practice within NHS Grampian, fostering a renewed sense of purpose and determination among all stakeholders involved.

5.25 Together we will balance financial pressure, clinical governance, patient safety and staff governance with a focus on prevention and services to some of our most deprived communities.

5.26 This programme of work provides the foundations of which the next steps of true aspirational transformational change can flourish from. It will enable partners across all sectors to be able to collectively identity the future model of what is 'the possible' and work towards implementation to create long term sustainability of general practice services for residents of Grampian.

5.27 We extend our deepest appreciation to all stakeholders for their vital contributions, commitment, and ongoing support in our collective pursuit of enhancing patient-centred care and improving health outcomes across the community and look forward to working with those with the vision for 'the possible'.

6 Equalities, Staffing and Financial Implications

6.1 An EQIA Checklist has been carried out as part of the development of the proposals set out above. It is included as Appendix B and no impact has been identified at this time.

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

Pam Milliken, Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Ali Chapman, Programme Manager (NHSG General Practice Vision Programme)
Date 15/02/2024

Appendices:

Appendix A – General Practice Vision 2024-2030
Appendix B – Equality Impact Assessment (EQIA)
Appendix C – NHS Grampian General Practice Vision & Objectives 2024-2030

APPENDIX A

General Practice Vision 2024-2030

A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health

Aberdeen City Health & Social Care Partnership
A caring partnership

Aberdeenshire Health & Social Care Partnership

HEALTH & SOCIAL CARE MORAY

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EXECUTIVE SUMMARY

1.1.1 Introduction

In response to the evolving significant sustainability challenges within General Practice in Grampian, this report was commissioned to outline a new vision and strategic objectives that will guide our future direction

This report aims to synthesise insights gathered from the broad stakeholder engagement, identify key challenges and opportunities facing General Practice, and articulate a clear vision and strategic objectives to guide us moving forward.

1.1.2 Approach

A programme management approach was used to set up the project. This included the following stages:

Project Initiation - This stage included: defining the project scope, objectives, and deliverables; and creation of a Programme Board.

Planning - this stage included creating programme documentation such as a project plan and risk register; conducting stakeholder analysis and planning stakeholder engagement, organisation of facilitated workshops. Planning stakeholder included

- Creating a Service Level Agreement (SLA) for GP practices to ensure capacity within General Practice to participate fully in the programme
- Developing a patient engagement plan to ensure that a co-production approach was used. The patient engagement plan included actions to:
  - Develop and execute a Public Engagement Survey to ascertain views from the general public
  - Create a Patient Stakeholder group to represent the wider general public at the stakeholder events

Execution - A series of facilitated workshop sessions were carried out to develop the vision and strategic objectives. The first workshop was for General Practice staff (166 attendees) whilst the second and third included wider stakeholders such as other primary care services (pharmacy, dental, ophthalmology), acute and secondary care representation; patient representation and Scottish Government representation (208 and 209 attendees respectively). These were held on:

- Wednesday 27th September
- Wednesday 8th November
- Wednesday 22nd November

Stakeholder engagement

- Public engagement survey - To understand the views of the general public on what is important to them in General Practice. This was live from 10th - 30th October 2023.
- Patient stakeholder workshop - To give an understanding of what General Practice and the Primary Care Improvement plan is, and to outline the current challenges in General Practice. The workshop also provided the

group with an understanding of views across NHS Grampian that were represented at the in person facilitated events

- Young person's engagement – this included pupil focus groups at secondary schools and drop in session at Aberdeen University to ascertain views of the younger generation in relation to 'what matters to them' in General Practice
- Further stakeholder engagement - this included an MP / MSP briefing as well as various presentations to key stakeholder groups

1.1.3 Vision Statement & Objectives

A Vision Statement has been created which captures the changes required to move towards a more sustainable General Practice sector within the area.

A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health.

Key themes

The key themes and challenges that were identified throughout the facilitated workshop process and stakeholder analysis were consolidated. Key themes identified throughout the process were identified in response to reasons for change. An objective has been created in relation to each of these:

- Data
- Models of contract
- Keeping the population well
- Digital
- Pathways
- Multi-Disciplinary Team
- Continuity of care
- Premises
- Mental health & wellbeing
- Recruitment, Retention & Education

The new vision for General Practice contributes to local, regional and national initiatives including:

- The National Health and wellbeing outcomes;
- NHS Grampian Vision, Values and Strategic Themes;
- Aberdeen City, Aberdeenshire and Moray HSCPs Vision and Priorities; and
- Local Outcome Improvement Plans across Grampian.

1.1.4 Next Steps

It is suggested that the following high-level actions are progressed to work towards the realisation of the outlined vision and objectives.

- Establish Governance Structures
- Allocate Resources
- Create and action an Implementation Plan

Monitoring and evaluation of the programme delivery will be through the programme board structure with annual updates to the three integration joint boards anticipated. This would include updates against, for example, progress against the objectives, the development of new objectives to support the delivery of the vision, and the impact of the objectives as they are delivered.

A lessons learned process will be carried out post consideration of the new General Practice Vision and Objectives. The lessons learned process is crucial for continuous improvement in the development and optimisation of future projects.

Following on from the IJB meetings in March 2024. The programme in its current state will commence the project closure process to ensure that all aspects of the project are completed, documented, and handed over appropriately into the delivery phase.

1.1.5 Conclusion

After engaging in extensive stakeholder consultation, we have successfully shaped a new vision and set of strategic objectives that reflect the collective aspirations and insights of our diverse stakeholders.

We emphasise the pivotal role of the newly outlined vision and strategic objectives in advancing the quality and accessibility of General Practice services within NHS Grampian.

2 INTRODUCTION

2.1.1 In response to the growing sustainability challenges within General Practice in Grampian, this report was commissioned to outline a new vision and strategic objectives that will guide our future direction. There are ongoing recruitment and retention issues, as well as GP practices steadily having handed back their contracts, there is a need for innovative approaches to address the changing needs of our patients.

2.1.2 This report aims to synthesise insights gathered from the broad stakeholder engagement, identify key challenges and opportunities facing General Practice, and articulate a clear vision and strategic objectives to guide us moving forward.

2.1.3 The outcomes of this work will have far-reaching implications for General Practice, the wider NHS System and patients. From enhancing the quality and accessibility of General Practice services to driving innovation and efficiency in services, the vision and objectives outlined in this report will shape the future or General Practice and the impact on the communities we serve.

2.1.4 This report outlines an analysis of the current landscape, highlighting key challenges and opportunities that have been identified through stakeholder consultation. The report sets out the new vision and strategic objectives, followed by the next steps required and considerations for monitoring and evaluation.

3 OVERVIEW & BACKGROUND

3.1 Current Status General Practice within NHS Grampian

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

General Practices in Grampian also share national pressures including:

- High patient expectations;
- Newly qualifying GP's not wishing to commit to the traditional partnership model;
- A decreasing gap in earnings between partner and salaried GP's;
- Restrictions around the work that locums can do;
- Increased premises and energy costs;
- liability for premises which are not conducive to a modern practice and which exist in a poor commercial property market impacted by the oil & gas downturn and the lasting impact of Covid-19 restrictions; and
- Agenda for Change uplift to NHS staff not been mirrored in the uplift to staff within General Practice.

The three HSCP Chief Officers held a shared objective for 23/24 to design and create a delivery plan for a Grampian Primary Care Strategy. This was in response to the challenging implementation of the 2018 General Medical Services (GMS) contract. There are a number of relevant factors, many of which are particularly relevant to Aberdeen and Grampian. This includes challenges around recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. All of which have an impact on the sustainability of general practice and the ability for General Practice to play a key role in preventing ill health in our communities.

3.2 Aims & Objectives

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

A Programme Initiation Document was developed and it set out three aims:

- a shared vision for General Practice across Grampian;
- identification of the challenges to achieving that vision; and
- a set of strategic objectives to address those challenges in order to realise the vision.

Beyond April 2024, it is anticipated that an implementation plan will be developed. This will consist of the actions necessary to deliver the objectives which in turn will help deliver the vision.

The focus on this is specifically around General Practice and not the wider Primary care, this was due to particular challenges being faced by General Practice, difficulties meeting GMS contract and other challenges. However, key primary care providers have been key stakeholders in the process of determining the vision and associated objectives.

3.3 General Practice Vision Programme Methodology

A programme management approach was used to set up the project. This included the following stages which will be outlines in further detail below:

- Project Initiation
- Planning
- Execution
- Next Steps

3.3.1 Project Initiation

This stage included: defining the project scope, objectives, and deliverables. In the initiation stage there was the creation of a Programme Board which consists of Senior Responsible officers (SRO's) from each Health and Social Care Partnership (HSCP), clinical and Primary care representation from each HSCP, NHS Grampian Primary care, Primary care Contracts (PCCT), Local Medical Committee and GP Sub Committee, NHSG Transformation team and GMED are represented.

The role of the Programme Board was to ensure the required resources were available, ensuring timely progress on actions and overseeing the development and review of the project documents such as the project plan, risk register and communications plan, the Programme Board had responsibility to oversee the development of the shared vision for primary care and to prepare recommendations for the three Integrated Joint Boards (IJBs) and NHS Board.

3.3.2 Planning

The planning stage included creating programme documentation such as a project plan and risk register; conducting stakeholder analysis and planning stakeholder engagement, organisation of facilitated workshops (including content).

3.3.2.1 Stakeholder Analysis and Engagement

There were a number of key audiences, with vested interests in the project, which required to be communicated and engaged with throughout the progress of the project. A Stakeholder Communications Plan was created which highlighted: the key audiences, their stake in the programme, what messages were required for each audience and the channel they would be engaged through.

3.3.2.2 General Practice Engagement

A Service Level Agreement (SLA) between NHS Grampian and GP practices to ensure appropriate practice staff engagement in this programme was implemented. The SLA aimed to ensure participation in events to help set the strategic direction and vision of General Practice across NHS Grampian.

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

3.3.2.3 Patient Engagement

A Patient engagement plan was developed to ensure that a co-production approach was used, and patients from across the Grampian were involved in the development of the vision and strategic objectives. By adopting a co-production approach, it was ensured that decisions affecting people are made with them, not for them.

The patient engagement plan followed the National Standards for Community Engagement. The engagement cycle detailed below is underpinned by principles of the National Standards for Community Engagement, this was followed in to demonstrate good practice. Each stage was important and applied proportionately.

Engagement Cycle

- Identify the issue
- Identify stakeholders
- Plan engagement
- Engage people potentially affected
- Evaluation
- Feedback and decision making

The patient engagement plan included:

Public engagement Survey

A wider patient engagement survey was circulated via multiple sources including; Locality Empowerment Groups; Patient Participation Groups (PPG's); Social Media and GP practices. A total of 1293 responses were submitted.

Patient Stakeholder Group

A patient stakeholder group was created. The aim was to have a cross section of patients from across various communities and age ranges, and ensure a co-production approach. Existing networks were used to identify individuals to take part. This included:

- PPG's
- IJB Membership (i.e. patient representative)
- Public Involvement Team
- Locality Empowerment Group / Community Planning Groups
- Grampian Regional Equality Council (GREC)
- Carers Representatives
- Patient survey

There were around 25 members of the public on this group from across the Grampian area. This group met on 1st of November 2023 for a facilitated workshop session. The aim of this was to:

- Provide an understanding about what General Practice is, the current challenges, an overview the Primary Care Improvement Plan (PCIP) programme and the General Practice Vision Programme.
- Reviewing the survey results from the public survey to determine the key outputs
- Provide the group with an understanding of views across NHS Grampian that can be represented at the in person facilitated events.

The patient stakeholder group attended the facilitated events on 8th and 22nd November. There were a total on 24 and 22 patient representatives at the two workshops respectively.

Feedback from the patient participation group was overall positive. The themes from the patient feedback was that there was a good mix of roles on the table, the sessions were interactive and there was time for valuable discussions.

3.3.3 Execution

Within the execution stage all the planned activities were carried out, and the project deliverables produced. There were fortnightly Programme Board meetings as well as weekly working group meetings to ensure progress of the action plan. The group identified any key risks arising and progressed stakeholder engagement.

During this phase there were 3 workshops, along with a patient stakeholder group workshop as detailed below:

3.3.3.1 Workshop 1

Closed space for General Practice to celebrate what is going well from their perspective and to explore the challenges being faced

3.3.3.2 Public engagement Survey

A wider patient engagement survey was circulated via multiple sources including; Locality Empowerment Groups (LEG); Patient Participation Groups (PPG's); Social Media and GP practices. A total of 1293 responses were submitted.

3.3.3.3 Patient Stakeholder Workshop

Provided the patient group with the current challenges in General Practice. Provided the group with an understanding of views across NHS Grampian that were then represented at the in person facilitated events.

3.3.3.4 Workshop 2

Workshop 2 brought together a larger group of stakeholders including wider primary care, Secondary Care, Scottish Ambulance Service, patients and third sector.
To allow all stakeholders to reach agreement on the baseline and consolidate the information from workshop 1 and move towards defining the vision of General Practice.

3.3.3.5 Workshop 3

The purpose of this workshop was to begin to define a vision and strategic objectives in relation to themes identified at workshop 2:

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

3.3.3.6 Young Persons Engagement

Outputs of the Patient survey showed that there was limited input from young people, 16 – 34. Therefore, the programme included work to reach this age range, which included focus groups with senior high school pupils, engagement with university and college students.

Focus groups at 4 high schools were arranged to ascertain views of the younger generation in relation to 'what matters to them' in General Practice In addition to this a drop in session at Aberdeen university was arrange to engage with students. A survey at these was also shared via QR code to allow for further views to be sought.

3.3.3.7 Further Stakeholder Engagement

NHS Grampian Groups - Presentations were given to various groups across the system to provide an overview of progress to date and emerging key themes. This included the NHS Grampian Clinical Board NHS Grampian Pharmacotherapy Group and the Clinical Interface group

MP / MSP briefing - a presentation was given to the NHS Grampian MSP / MP Briefing group, including what the current strengths and challenges are, what the summary output from the facilitated sessions was and what local and national action and support is required.

Aberdeen City HSCP Locality Empowerment groups – a presentation was given to each of the three Locality Empowerment groups to provide an overview of where this work came from, the approach taken and key emerging themes.

3.3.3.8 Workshop 4

Vision Statement and Objectives Development – this was a smaller workshop with the Programme Board.

3.3.3.9 Facilitated Workshop sessions Summary

Table 1: Execution Stage Summary provides a summary overview of the objectives, content and approach as well as they key themes for each of the workshops.

The table also includes the various stakeholder engagement, approach and key themes from this engagement.

3.3.4 Table 1: Execution Stage Summary

	Details	Key Themes / Output
Workshop 1 27th September 2023 Thainstone House, Inverurie	**Objective of Workshop One**: This workshop was designed to provide a closed space for General Practice to celebrate what is going well from their perspective and to explore the challenges being faced. Participants were provided with a variety of information in advance to aid discussions. **Content and Approach** With guidance from the Organisational Development Department of Aberdeen City HSCP the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through five activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.	The main themes discussed were: • Workload – increased aging population with comorbidities leading to higher complex demand and long waiting times for Secondary Care leading to increased demand from patients while they wait. • Premises – Insufficient space and aging infrastructure that is non-compliant with new build regulations for healthcare. • IT – Aging infrastructure that slows down the pace at which GP's can work and does not interface between systems such as with Secondary Care. • Workforce – Numerous aspects: - recruitment and retention of GP's - desire for MDT working – especially increased mental health practitioners in General Practice - variation in remuneration of practice staff and HSCP staff doing the same or similar roles leading to recruitment and retention difficulties • Service Models – Numerous aspects: - Dissatisfaction with elements of PCIP in some areas such as provision of vaccination and efficacy and efficiency of Hub and Community Treatment and Care (CTAC) model - Non-consensus around suggestion of implementing an alternative service model for urgent care (of which there are various models such as top up services when practices reach saturation, hubs like GMED but in hours) - Practice contract types Key themes for a vision are: • General Practice to be funded appropriately - primary care led NHS • Options for Models of care and an appropriate and flexible MDT with a mix of skills and clear roles • A patient centred approach with consistency of services across the area. • Effective IT systems, electronic prescribing and data • Education and defined career structure for GP's • Purpose built premises that are funded and fit for purpose • A health aware population that are educated and understand the expectations of what General Practice is and what it is not. • Effective signposting for patients so they can understand the right place, right time, right person. • Collaborative, cross system working with clear pathways - sharing of staff • Services embedded within the community, making use of community networks - community hubs

	Details	Key Themes / Output
Patient Engagement Survey Live: 16th - 30th October 2023	**Objective** To understand the views of the general public on what is important to them in General Practice To recruit members to the Patient Stakeholder Group **Content & Approach** Microsoft forms survey with questions around: What's important; What works wells; What could be improved and how we help people to understand they have a responsibility to keep themselves fit and well The survey was shared via various methods including: internally to staff, to GP Practices (including printable version) NHS Grampian daily brief, social media, and via existing networks (eg Patent Participation Groups and Locality Empowerment Groups).	1300 Responses from across Grampian The most important things in General Practice were: • Being seen by the right person first time , • Contact my practice with ease ; • Being listened to ; • Able to access same day/emergency appointments and • Book an appointment in advance The key themes that worked well in General Practice were: • Reception staff being helpful and supportive • Triaging of appointment and the ability to have an on the day appointment • Prompt responses • e-Consult being a positive in some practices • Being able to see the GP that have asked for • Good decision making by the GP • Having continuity of care, being able to see the same doctors • Being listened to Key themes around what can be improved in General Practice: • Getting through on the phone lines, and being able to make an appointment • Not being listened to • Not being able to access face to face appointment • e-Consult no longer being used in some practices • Need for more staff and more appointments • Dissatisfaction around telling receptionist reason for appointment • Unclear role of Reception Staff in relation to care navigation vs triaging Key themes around how we help people to understand they have a responsibility to keep themselves fit and well: • Education – including in schools • Media campaign, TV adverts • Social media • Signposting to appropriate services • Self help • Social Prescribing • Annual health MOT

	Details	Key Themes / Output
Patient Engagement Workshop 01 November 2023 Microsoft Teams	**Objective of Patient Stakeholder Group Workshop**: The workshop provided the group with an understanding of what General Practice and the Primary Care Improvement Plan is, and outlined the current challenges in General Practice. The workshop also provided the group with an understanding of views across NHS Grampian that were then represented at the in person facilitated events **Content and Approach:** Provided an overview on above points Discussion and questions on content	A post workshop survey showed that participants felt that: • They received a clearer understanding of the GP landscape • There were opportunities to bring up points for consideration and these points were adequately answered • The presentations were clear and easy to understand. There was good opportunity for everyone to contribute. • Seeing the statistics and the outcome from the survey helped with the following workshops
Workshop 2 08 November 2023 Thainstone centre, Inverurie	**Objective of Workshop 2**: The purpose of the workshop was enable participants from across a wider stakeholder group to get to the same baseline. Information from workshop 1 was consolidated and the group moved towards defining the vision of General Practice. **Content and Approach** With guidance from Buchan + Associates the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through five activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.	Key themes identified to determine a vision were: **Pathways –** There is a need for clear pathways and integrated systems **Data –** there is a need for data that will support service development and informing evidence based decision making **Models of contract –** There is a need for a range of diverse and adaptable models of contract that Independent General Practice providers can choose from that accommodate local needs **Premises -** There is a need for modern, well equipped premises that are accessible, patient centred and equipped with advanced technologies, enabling high quality healthcare services for all. **Keeping the population well -**There is a need for the general public to be educated about the importance of General Practice, providing resources to participate in their own healthcare, promoting preventative measures, self-care strategies and overall wellbeing. **IT & Technology** There is a need for integrated IT systems that allow for seamless patient journeys and workflows, facilitated data driven insights and empower patients to actively participate in their healthcare journey **Multi-Disciplinary Team -** There is a need for the Multi-disciplinary team (MDT) within General Practice to be adequately funded, with clear guidelines, effective training and communication and a focus on efficient use of resources and quality improvement. **Mental health -** There is a need or mental health practitioners to be embedded into General Practice to ensure integrated care and early intervention. **Education -** There is a need for comprehensive and accessible training programmes that inspire and equip individuals, to pursue careers in General Practice and other clinical roles, fostering a workforce that is rooted in their communities and committed to working where they live.

		Continuity - There is a need for General Practice to be adequately resourced to allow for continuity of care to be offered where appropriate, with GP's having the time and capacity to focus on preventative medicine and invest in Chronic Disease Management (CDM)
	Details	Key Themes / Output
Young People Engagement	**Objective** To ascertain views of the younger generation in relation to 'what matters to them' in General Practice **Content and Approach** Pupil Focus Groups at secondary schools Drop in session at Aberdeen University Survey shared via QR code	**Focus Groups:** Need for flexibility in appointment type GP's need to have the ability to maintain continuity of care for ongoing conditions Patient education – when to contact a GP & awareness of MDT and appointment system Retention of talent in area Target school pupils to promote positive message of working within own community. Focus at careers fairs / via guidance teachers on how to progressing a career in General Practice Use of TikTok and messenger for communication –Facebook not used by younger generation **Survey:** What's working well : • Positive experiences with phone consultations, quick blood tests, and effective handling of medical issues. • Easy log-in system, helpful reception, and fast appointment scheduling contribute to accessible healthcare. • Patient centred approach with empathetic and understanding interactions with medical professionals. What Could be improved : • Flexibility of appointment day & time and able to book in advance • Improved phone systems How might we help people to understand they have a responsibility to keep themselves fit and well: • Encourage early intervention in schools and ongoing health education. • Implement practical measures like access to fitness classes, regular reminders, and collaborations with local health initiatives.

	Details	Key Themes / Output
Workshop 3 22 November 2023 Thainstone centre, Inverurie	**Objective of Workshop 3** : The objective was to share draft vision statements derived from workshop 2 outputs, to feedback from stakeholders on draft vision statements and to begin to develop Strategic Objectives based on the draft vision statements. **Content and Approach** With guidance from Buchan + Associates the Working Group planned a session, endorsed by the Programme Board, which guided participants in facilitated tables of 8-10 through six activities. Facilitators were identified from the delegates with known skill set in facilitating discussions.	Analysis was conducted and a series of enablers was identified on how to deliver on the 10 vision statements (see workshop 2 section above). This included the below: • Integrated collaborative effective IT systems multi-agency with patient access & real-time data • Resources (time; funding) • Standardisation • Patient access/ empowerment • Support future planning • E-prescribing • Equitable access • Effective communication to patients and across care sectors including citizen education & engagement • Core element with practice- dependent modules (use templates) • Cost effective • Workforce flexibility • Support succession planning • Central support • Community hubs/resources • Mobile units • Maximises technology • Triage system .
Workshop 4 - Extended Programme Board 17 January 2024 Microsoft Teams	**Objective of Workshop 4** : The objective of the workshop was to: - To review and agree vision statement - To review the Objectives - To Rank the Objectives in terms of priority - Review Problem Statements and Objectives in group and identify process to achieve (what/how) and leads (who) **Content and Approach** Presentation and breakout rooms with guidance from Buchan + Associates. Facilitated sessions reviewing the objectives and what, how and who required to deliver these.	The outcome of the workshop was that there was: - Agreement to Vision – with minor amendments suggested - Agreement that 'Data' is an overarching objective that cross cuts other objectives and should be a priority - Agreement on Problem Statements – with minor amendments suggested - Agreement on objectives – with minor amendments suggested - Commitment to deliver on vision and objectives

4 NEW GP VISION AND OBJECTIVES

4.1 Introducing the new Vision and Objectives

In response to current sustainability challenges and evolving needs within the NHS Grampian area, we have articulated a new vision statement and strategic objectives that capture the changes required to move towards a more sustainable General Practice sector within the area.

The key themes and challenges that were identified throughout the facilitated workshop process and stakeholder analysis have been consolidated. A problem statement for each of the key themes has been documented and a vision and objectives have been created which aims to address these challenges, and have a positive impact on the sustainability of General Practice across NHS Grampian.

4.2 Overview of the vision statement

The Vision Statement *'A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health*, encapsulates the commitment to fostering health and well-being within our communities. It signifies the dedication to providing comprehensive and accessible healthcare services that not only address illness but also promote preventive care and empower individuals to lead healthier lives

Our vision is to provide the foundations for transforming General Practice into a sustainable service that provides the residents of Grampian with the right services in the right place by the right person. In line with the NHSG commissioned vison work with General Practices, Grampian practices will be aligned to 10 joint objectives which aim to increase sustainability of services and improve patient and staff satisfaction, patients will be empowered to stay well; when required they will have access to tailored services through clear pathways and integrated systems. This will be supported by flexible approaches, modern premises, Integrated IT Systems, data-driven decisions, and a robust education and workforce development plan.

The new vision stems from the pressing sustainability challenges facing General Practice within the Grampian region. Recognising the need for transformative action in response to resource constraints, demographic shifts, and evolving healthcare demands. The vision aims to chart a sustainable path forward for our practices. It highlights the commitment to delivering high-quality healthcare services that meet the needs of current and future generations.

At the core of the vision are 10 key objectives aimed at transforming the General Practice services across Grampian which address the sustainability challenges identified, table 2 on the next page shows each of these themes, how they relate to reasons for change and what an impact of change would be:

Table: 2 Reasons for Change, Key themes and Impact of Change

Reasons for Change	Our Key Themes to work towards Sustainability for General Practice	Impact Of Change
• No standardisation in the ways data is coded and collected across General Practice. Due to this resource allocation is not well informed	**Data:** Develop a programme of work to identify and define data sets, create data gathering processes which allow for standardised data and develop relevant data sharing agreements where necessary.	• Optimise clinical decision making, improve patient outcomes and enhance operational efficiency
• The 2018 GMS Contract is not best placed to meet patients needs in an efficient and effective manner in Grampian.	**Models of Contract:** Develop a flexible approach to the delivery of the existing GMS contract, using currently available levers to support practice sustainability.	• Improve sustainability, support financial viability, and foster stronger GP partnerships within the area.
• There are increasing and more complex demands on our health service	**Keeping the Population well**: Develop a programme to deliver targeted and comprehensive health interventions for at risk communities to offer proactive preventative care and empower communities to participate in their own healthcare and wellbeing.	• Improve population health outcomes and reduce healthcare disparities.
• The digital programme is not meeting the requirements of General Practice	**Digital :** Support the development of a digital plan for Grampian. Including the development of a prioritised set of digital solutions to ensure the wider system is best placed to meet the needs of communities.	• Streamline administrative processes, and enhance communication between general practice and patients and other areas of the system alike
• The patient pathways between GPs and secondary care are not standardised and patients are unable to track their progress on a waiting list	**Pathways:** review pathways to explore the opportunities, risks and challenges and create priority-based implementation plan to improve these pathways.	• Improve patient experience and health outcomes.
• MDTs are understaffed so unable to achieve the full breadth of service delivery.	**Multi-disciplinary team:** initiate and complete an evaluation and review of PCIP services that are in place across NHS Grampian.	• Identify opportunities for enhancing collaboration and improving patient care delivery.
• Urgent and unscheduled care provision often takes president over routine, longer term CDM, this impacts on patients long term health.	**Continuity of Care**: Through tests of change, create pathways that achieve continuity of care for those who will benefit most from continuity of care.	• Improve care coordination, and enhance patient satisfaction.
• Current premises are not fit for new ways of working which best meet the needs of our communities.	**Premises**: Produce a detailed service and estate plan detailing the requirements for our premises to support the delivery of high-quality, patient-centred healthcare services for our communities.	• Create environments that promote patient-centred care and support the well-being of our workforce.
• There is a growing need for Mental Health and Wellbeing support for our communities.	**Mental Health and Wellbeing:** Improve mental health and wellbeing support, encourage better wellbeing across patient groups and identify improvements that will ensure patients see the most appropriate person the first time, for example, supporting social prescribing and realistic medicine where appropriate	• Improve mental health outcomes, reduce stigma, and foster a culture of well-being within our community.
• There are recruitment challenges for attracting new staff to come to the Grampian region including as new and experienced for GPs.	**Recruitment, Retention & Education**: develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and wider MDT and practice management roles to encourage the retention of talent in Grampian.	• Address workforce shortages, enhance team cohesion, and ensure the sustainability of our general practice workforce

4.3 Overview of the Objectives

Delivery of the new vison for General Practice be will through the delivery of 10 objectives which are based on the key themes identified throughout the programme. The objectives were prioritised at workshop 4 and will be documented in order of priority.

These objectives represent the commitment to transforming General Practice across Grampian, fostering sustainability, resilience, and excellence in healthcare delivery for our community.

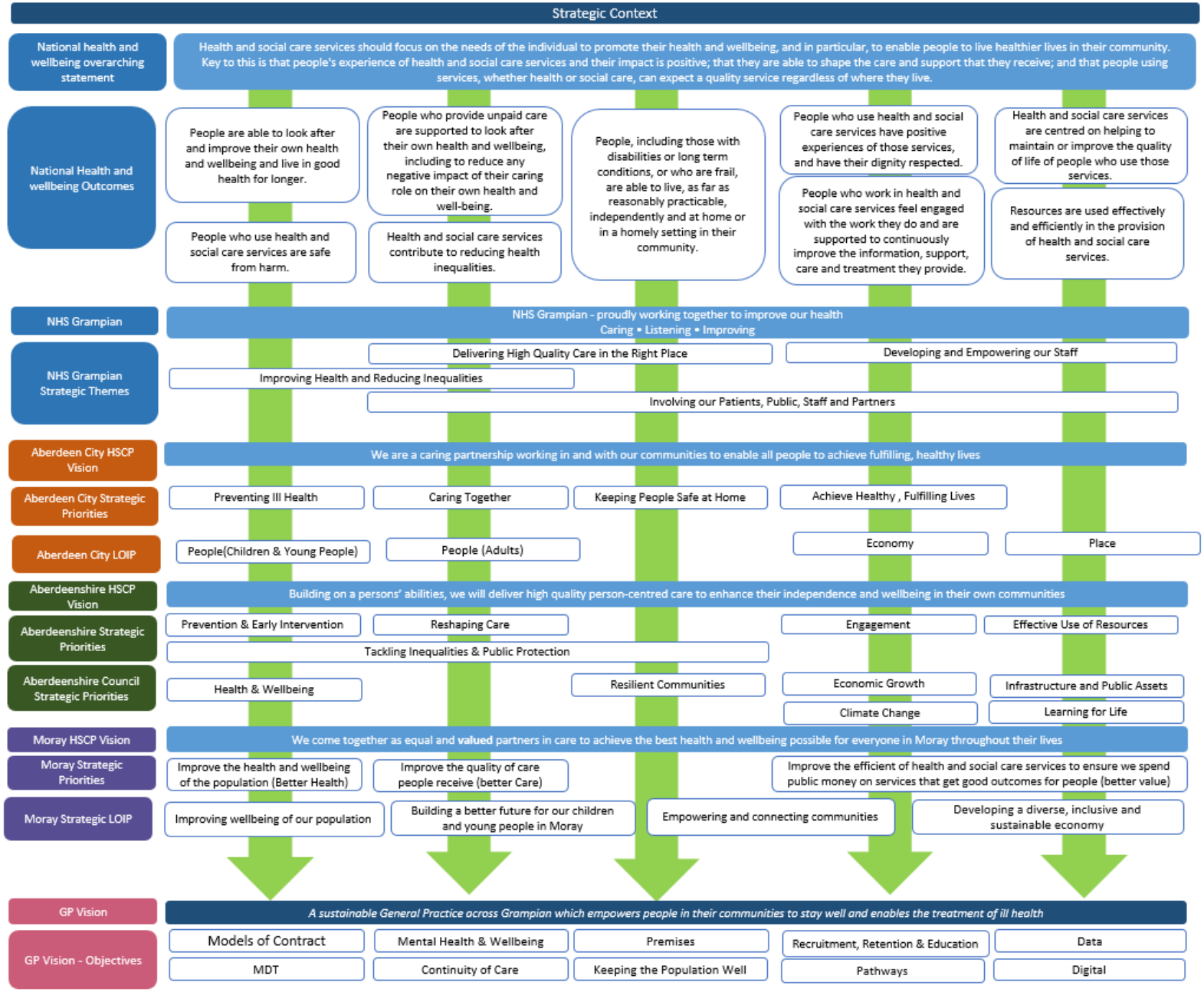
Theme	Objective	Rationale	Impact
Data	Through the Grampian Data Gathering Group, develop a programme of work to: • identify and define necessary data sets; • create data gathering processes which enables consistent and consolidated data to be collected across General Practice in a standardised way; and • develop data sharing arrangements with relevant partners where necessary. •	There is currently no standardisation in the way data is coded and collected across General Practices and shared with relevant partners to inform resource allocation to help deliver better outcomes for our communities.	By harnessing data-driven insights, we aim to optimise clinical decision-making, improve patient outcomes, and enhance operational efficiency within our practices
Models of Contract	Develop a flexible approach to the delivery of the existing GMS contract, using currently available levers, following consultation with relevant stakeholders, including: • NHSG Primary care and Contracts representatives; • General Practices; • Scottish Government; • Scottish General Practitioners Committee (SGPC); • Local Medical Committee; • Advisory Committees to the Health Board; and • other relevant stakeholders. •	There is growing evidence that the current 2018 General Medical Services (GMS) contract is not best placed to meet patients' needs in an efficient and effective manner in Grampian. There are significant ongoing difficulties with recruitment and retention and therefore sustainability across General Practice in the northeast of Scotland. There is evidence that the ambitions of the Primary Care Improvement Programme are yet to be fully realised.	By developing flexible contract frameworks, we aim to improve sustainability, support financial viability, and foster stronger GP partnerships within the area.

Keeping the population well	Develop, in consultation with community planning partners, a programme to deliver targeted and comprehensive health interventions for at risk communities to offer proactive preventative care and empower communities to participate in their own healthcare and wellbeing.	Due to the increasing and more complex demands on our health service it is becoming increasingly difficult to keep our population well, and in the current system, General Practice is looking after people who are ill rather than keeping healthy in the first place. Due to an increase in demand, many GP's are unable to dedicate time and resources to managing the effects of health inequalities or designing services that take a more proactive population based approach to the health of their patients.	By prioritising preventive care and health intervention initiatives, we aim to improve population health outcomes and reduce healthcare disparities.
Digital	Support the development of a regional Grampian Digital plan, which includes General Practice. This will help to develop a coherent approach to the development of a prioritised set of digital solutions to ensure the wider system is best placed to meet the needs of communities within available resource.	The digital programme is not meeting the requirements of General Practice or our communities. This including: inadequate resource for service design and business analysis; no uniform approach to citizen-facing digital services. There is no clear plan to integrate patient data across health and social care and there is insufficient focus on automation. There are delays in implementing agreed solutions and capacity issues in relation to data protection compliance	By supporting the development of a digital plan for Grampian, we aim to improve access to care, streamline administrative processes, and enhance communication between General Practice and patients and other areas of the system alike. Standardising technologies to make best use of resource and to improve patient experience.
Pathways	Review pathways to explore the opportunities, risks and challenges to these pathways. A priority-based implementation plan will be created to improve these pathways. It is anticipated that the plan will include a solution to empower service users to track progress of their situation across the pathways and offer help and advice while on the pathway. This will promote effective communication, collaboration and coordination, ensuring staff and patients are well informed about the pathways..	The patient pathways between General Practice and Secondary Care are not standardised, and often unclear to the patient. There is no digital way from General Practice Clinicians and patients alike to track their progress along the pathway. There is evidence that suggests that patients often repeat contact with their General Practice while on a Secondary Care waiting list for an updated position on progress, which General Practices are unable to provide.	By enhancing care pathways between acute and General Practice settings, we aim to improve patient experience and health outcomes.

Multi-Disciplinary Team	Initiate and complete an evaluation and review of PCIP services that are in place across NHS Grampian. Where best practice is identified, learn from this, and facilitate its rollout to other areas if appropriate.	There have been recruitment challenges within Grampian. This has led to MDTs often being understaffed and unable to achieve the full breadth or services that they could deliver on. This has a knock on impact on General Practice and the ability to deliver proactive health care.	By assessing existing PCIP services, we aim to identify opportunities for enhancing collaboration and improving patient care delivery.
Continuity of Care	Create pathways that achieve continuity of care for those who will benefit most from continuity of care. In the context of flexible models of contract, identifying areas that can be used for a test of change to support practices to improved models to support meeting complex care.	With an increasing and ageing population, sociodemographic factors, more complex illnesses and greater comorbidities, there is increasing demand on primary care services. Urgent and unscheduled care provision often takes president over routine, longer term chronic and complex disease management, which means there is an impact on patients long term health.	By prioritising continuity of care, we aim to improve care coordination, and enhance patient satisfaction.
Premises	Via the Primary Care Premises Group, each HSCP, in consultation with practices and relevant partners, will develop an estate plan to meet the needs of our communities. Regard will be had to buildings (where required) being well-equipped, accessible, patient-centred, conducive to partnership working, integrated with advanced and standardised technologies, and in the right place to meet the needs of the communities.	There is pressure on the sustainability of General Practice which is linked to liabilities arising from GP contractors' premises. Within the current infrastructure there is insufficient space and the internal structure of premises impedes alternative ways of working which can best meet the needs of the communities.	By addressing infrastructure needs, we aim to create environments that promote patient-centred care and support the well-being of our workforce.
Mental Health & Wellbeing	• Improve mental health and wellbeing support for schools / young people; making use of technology for adoption and engagement • encourage better wellbeing across patient groups through, for example, supporting social prescribing and realistic medicine where appropriate; and • Identify improvements that will help ensure patients see the most appropriate person the first time to minimise delays in appropriate treatment.	A number of factors have led to a growing need for mental health and wellbeing support for our communities. This contributes to an unsustainable demand on General Practitioners, an impacting on their ability to perform proactive and preventative health care.	By prioritising mental health support, we aim to improve mental health outcomes, reduce stigma, and foster a culture of well-being within our community.

Recruitment Retention & Education	Develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and wider MDT and administrative Roles to encourage the retention of talent in Grampian. Future colleagues will have the knowledge and technical and digital skills necessary to meet the vision for General Practice in Grampian. This objective will be delivered in consultation with relevant stakeholders, including: • local authorities; • colleges; • universities; • NHS Education for Scotland (NES); and • Royal College of General Practitioners (RCGP).	The total head count is falling for General practitioners. The full time equivalent (FTE) is down even further as the nature of the workforce has changed over the last few decades to more part time workers. Those working full time often have a more diverse work portfolio to provide variety of work and importantly guard against burn out. This all decreases patient facing time. There are recruitment challenges for attracting new staff to come to the Grampian region including as new and experienced for GP's.	By prioritising workforce development, we aim to address workforce shortages, enhance team cohesion, and ensure the sustainability of our General Practice workforce

4.4 How does the vision fit with other Local, Regional and National Priorities



4.4.1 How does the vision support other National and Local Priorities – detailed information

National Health and wellbeing Outcomes - There are nine national health and wellbeing outcomes which apply to integrated health and social care.

The General Practice Vision and objectives will contribute to the following national health and well-being outcomes as a direct result of the implementation of the objectives.

National Outcome	NHSG GP Vision Objectives
People are able to look after and improve their own health and wellbeing and live in good health for longer.	✓ Keeping the Population Well, ✓ Pathways ✓ Data ✓ Digital ✓ Mental Health & Wellbeing
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✓ Keeping the Population Well ✓ Pathways, ✓ Models of Contract, ✓ MDT ✓ Continuity of Care ✓ Data
Health and social care services contribute to reducing health inequalities	✓ Keeping the Population Well, ✓ Pathways, ✓ Mental Health & Wellbeing ✓ Continuity of care ✓ Data
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	✓ Recruitment, Retention & Education ✓ Data
Resources are used effectively and efficiently in the provision of health and social care services	✓ Models of Contract ✓ MDT ✓ Mental Health & Wellbeing ✓ Premises ✓ Data

4.4.2 Scottish Government – 10 National Drivers of Recovery

The Scottish Government has set out 10 National Driver of Recovery. The table below outlines how the vision and objectives will aid the implementation of the drivers of recovery.

National Driver	NHSG GP Vision Objectives
Improved access to primary and community care to enable earlier intervention	✓ Keeping the Population Well, ✓ Pathways ✓ Data ✓ Digital ✓ Mental Health & Wellbeing
Urgent &Unscheduled Care – Provide the Right Care, in the Right Place, at the right time	✓ Keeping the Population Well, ✓ Pathways ✓ Data ✓ Digital ✓ Premises
Improve the delivery of mental health support and services	✓ Mental Health & Wellbeing ✓ Digital ✓ Data
Recovering and improving the delivery of planned care	✓ Models of Contract ✓ Continuity of care ✓ MDT ✓ Mental Health and Wellbeing
Enhance planning and delivery of the approach to health inequalities	✓ Keeping the Population Well, ✓ Pathways ✓ Data ✓ Digital
Implementation of the Workforce Strategy	✓ Recruitment, Retention and Education
Optimise use of digital and data technologies in the design and delivery of health and care services	✓ Digital ✓ Data ✓ Premises

4.4.3 NHS Grampian Vison and Strategic themes

The NHS Grampian vision *'Proudly Working Together to improve our health'* is underpinned by 3 values, which are Caring, Listening and Improving.

There are 4 Strategic themes. Set out to deliver on this vision and values. These are set out in the table below along with what objectives will aid the delivery of these objectives:

NHS Grampian Strategic Theme	NHSG GP Vision Objectives
Improving Health and reducing Inequalities	✓ Keeping the population well, ✓ Pathways ✓ Mental health and wellbeing ✓ Continuity of care ✓ Data ✓ Digital
Delivering High Quality Care in the right place	✓ Continuity of care, ✓ Data ✓ Digital ✓ Premises ✓ Models of contract
Improving our patients, public, staff and partners	✓ Recruitment, retention & Education ✓ Models of contract ✓ Pathways ✓ Digital ✓ Data,
Developing and improving our staff	✓ Recruitment, retention & Education ✓ Data

4.4.4 Aberdeen City HSCP Strategic Priorities

The Aberdeen City HCP Vision is: *We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives*

This is underpinned by 4 strategic aims. Preventing Ill Health, Caring Together, Keeping the Population Safe at Home and Achieve Healthy Fulfilling Lives.

The recommendations within this report will directly assist in the delivery of the Primary care Strategic Priority to improve primary care stability by creating capacity for General Practice improving patient experience

The vision and objective will also contribute to the delivery of the Aberdeen City HSCP Strategic priorities and the Aberdeen City LOIP Key Drivers.

HSCP Strategic priorities	Aberdeen city LOIP - Key Drivers	NHSG GP Vision Objectives
Preventing Ill health	11.3 Encouraging adoption of healthier lifestyles through a whole family approach. 12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol.	✓ Keeping the population well ✓ Pathways ✓ Continuity of care ✓ Mental health and wellbeing
Caring together	4.2 Improving health and reducing child poverty inequalities	✓ Models of Contract ✓ Multidisciplinary Team ✓ Mental Health and Wellbeing ✓ Pathways ✓ Digital
Keeping people safe at home	5.1 Improving timely access to support.	✓ Digital ✓ keeping the population well ✓ Continuity of Care ✓ Pathways
Achieve healthy Fulfilling lives.	6.1 Improving education and health outcomes for care experienced children and young people.	✓ Keeping the population well ✓ Mental health and wellbeing ✓ Digital

4.4.5 Aberdeenshire HSCP Strategic Priorities

The Aberdeenshire HSCP vision is to *'Building on a person's abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities'*, this is underpinned by 5 Strategic priorities. The table below sets out how the General Practice vision and objective are in line with the Aberdeenshire HSCP Strategic priorities as well as the Aberdeenshire Council Priorities.

Aberdeenshire HSCP Strategic Priorities	Aberdeenshire council Priorities	NHSG GP Vision Objectives
Prevention & Early Intervention	Health and wellbeing	✓ Data ✓ Pathways ✓ Continuity of Care ✓ Keeping the Population well
Reshaping Care	Economic growth	✓ Data ✓ Premises ✓ Models of Contract, ✓ MDT ✓ Mental Health and Wellbeing
Engagement	Learning for life	✓ Recruitment retention and Education ✓ Data
Effective use of resources	Infrastructure and public assets Climate change	✓ Models of Contract ✓ MDT ✓ Mental health and Wellbeing ✓ Digital ✓ Continuity of Care ✓ Pathways ✓ Recruitment and retention & Education ✓ Data
Tackling inequalities & Public Protection	Resilient communities	✓ Data ✓ Pathways ✓ Continuity of Care ✓ Keeping the Population well

4.4.6 Moray HSCP Strategic Priorities

Moray HSCP vision is: '*We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives'* This is underpinned by three strategic priorities, the vision and objectives will support the delivery of these as shown in the below table.

Moray HSCP Strategic Priorities	Moray council LOIP	NHSG GP Vision Objectives
Improve the health and wellbeing of the population (Better Health)	Building a better future for our children and young people in Moray. Improving wellbeing of our population	✓ Data ✓ Pathways ✓ Keeping the Population well ✓ Models of Contract ✓ MDT ✓ Mental Health & Wellbeing ✓ Continuity of Care ✓ Digital
Improve the quality of care people receive (better Care	Empowering and connecting communities	✓ Data ✓ Digital ✓ Models of Contract ✓ MDT ✓ Mental Health & Wellbeing ✓ Continuity of Care ✓ Premises
Improve the efficient of health and social care services to ensure we spend public money on services that get good outcomes for people (better value)	Developing a diverse, inclusive and sustainable economy	✓ Data ✓ Models of Contract ✓ MDT ✓ Mental health and Wellbeing ✓ Continuity of care ✓ Premises ✓ Digital

4.5 Delivery

The programme of work will be delivered within existing resources, with resources being released from the following teams:

- NHS Grampian Primary Care Contracts Team (Contract Management)
- Aberdeen City HSCP Primary Care Team (Programme Management &PCIP lead)
- Aberdeenshire HSCP Primary Care Team (PCIP lead)
- Aberdeen City Transformation Team (Project Management & Evaluation)

With the above resources that have been identified the following priorities can commence delivery in April 2024:

- Data
- Models of Contract
- MDT (PCIP review)

In line with what resources we have there will be regular reviewed which will monitor progress and objectives will be pulled down when progress is made and resource is available.

4.6 Monitoring and Evaluation

Monitoring and evaluation of the programme delivery will be through the programme board structure with annual updates to the three integration joint boards anticipated. This would include updates against, for example, progress against the objectives, the development of new objectives to support the delivery of the vision, and the impact of the objectives as they are delivered.

By 2023, how will we know if we have made a difference?

- There will be standardised data sets, data gathering process and data sharing agreements in place to facilitate data sharing across community planning partners;
- General Practices will be able to utilise a flexible approach to the GMS Contract;
- Patients will be able to digitally track where they are on a secondary care waiting list;
- Increased use of automation in General practice to increase efficiency;
- A successful pathways test of change will be implemented improving efficiency, patient safety and wellbeing;
- A review and evaluation of PCIP within Grampian will be complete with recommendations implemented;
- A successful test of change for continuity of care will be identified and implemented; and
- A detailed services and estate plan will be included within the 2025 Primary Care Premises Plan;
- People will have access to a range of mental health and wellbeing interventions; and
- General Practice and other clinical roles vacancy rates will be reduced.

Key Metrics

The table below outlines the key metric that will be used to review the current sustainability levels within General Practice.

	Data	Models of Contract	Keeping the population well	Digital	Pathways	MDT	Continuity of care	Premises	Mental Health & Wellbeing	Recruitment, Retention & Education
Number of 2C practice within Grampian		x	x		x	x	x	x		x
% of total 2C practices within NHS Grampian		x	x		x	x	x	x		x
Number of GPs / GP head count		x	x			x	x		x	x
FTE of GPs		x	x			x	x		x	x
GP headcount by designation		x	x			x	x		x	x
Practice list size		x	x			x	x		x	
Average number of patients per GP		x	x			x	x			x
Inpatient waiting list size	x		x	x	x		x			
Outpatient waiting list size	x		x	x	x		x			
ED attendance rates	x		x	x	x		x			
Emergency admission rates	x		x	x	x		x			
Genral Practcie Alert System (GPAS)	x	x	x			x	x		x	
Grampian Operational Pressure Escalation System (GOPES)	x	x	x			x	x		x	
Number of GP List closures		x	x			x	x	x	x	x
% of List Closures		x	x			x	x	x	x	x
Practices Managing List Informally		x	x			x	x	x	x	x
% of practcies Managing List Informally		x	x			x	x	x	x	x
Number of contracts returned		x	x			x	x	x	x	x
% of contracts returned		x	x			x	x	x	x	x
BMA staff survey - Low Morale		x				x	x			x

4.7 Implementation Risks

Category	Description	Mitigation	RAG Status
Sustainability	There is a risk that if the project is not delivered, General Practice within Grampian will continue on an unsustainable basis. This will further exacerbate the challenges outlined above. As the first point of access to healthcare for 90% of the population General Practice delivers early intervention and preventative measures for the whole system and therefore the consequences will not be limited to GP services. Failure to deliver the project will increase the prospect of further increasing demand on Secondary Care services, unscheduled and urgent care (including PC & OOH), a reduction in NHS performance and poorer outcomes for Grampian's residents across the health and social care system.	The development of a project to deliver a shared vision and strategic objectives for General Practice in Grampian. Adequate funding support from the Scottish Government to build the necessary capacity to deliver this project (which is preventative in nature) to March 2024 and anticipated support to deliver the implementation plan beyond March 2024. Working with public health colleagues to ensure preventative focus of workstreams and focus interventions on need	Amber
Resource	The programme is required to be approved and then delivered within existing resources, therefore there is a risk that the programme is not delivered due to the financial pressures across Grampian and other competing priorities.	Continued highlighting of concerns and engagement with all stakeholders to understand the importance and risks of not undertaking this project Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme. As well as phasing of timelines to make workloads manageable.	High
Engagement – Public	Reputational risk due to the potential service changes being disliked by the public Potential increased complaint due to changes to services	Patient representatives as part of the Programme governance structure moving forward for co-design and engagement Patient stakeholder engagement - working with communications team and social media to make sure messages made on an ongoing basis	Amber

	There are also risks if changes are not made around patient expectations and experience – waiting times etc…	Working with LEGS and working with elected members and community councils to increase understanding for the case to change	
Engagement – Workforce	Risk that key stakeholders do not have the capacity and therefore loose interest in implementation of priorities No dedicated resource to release General Practice to implement within an already pressured system Reputational risks with General Practice if programme not implemented	Continued highlighting of concerns and engagement with all stakeholders to understand the importance and risks of not undertaking this project Consideration of current priorities and workforce that could be realigned to deliver some or all of the programme. As well as phasing of timelines to make workloads manageable.	High

5 NEXT STEPS

Based on the findings presented in this report, consideration will be given to the following high-level actions to progress towards the realisation of the outlined vision and objectives. Key actions work towards its vision and strategic objectives include:

5.1 Establish Governance Structures

- Define roles, responsibilities, and decision-making processes to ensure effective coordination and accountability.
- Ensure representation from all relevant stakeholders to promote shared ownership and commitment (including LMC / GP Sub and Patient representatives)
- Agree a set of principles and ways of working as a system to maximise shared resource for the shared purpose
    - Identify opportunities for pooling resources
    - Ensure fairness and equity in resource distribution
- Establish regular forums for communication, collaboration, and joint planning
- Establish reporting structures and provide regular updates on progress
- Agree principles for patient involvement group going forward
- Agree escalation processes
- Agreement on what priorities across system to pause to enable resource to be allocated to move work forward

5.2 Release Resources

- Release resource allocation as per 4.5 to ensure delivery of the prioritised objectives
- Clearly define roles and expectations to ensure accountability and effective coordination

5.3 Create and action an Implementation Plan

- Identify specific actions required to achieve each strategic objective outlined in the vision
- Establish realistic timelines for each action, including resource availability, dependencies between tasks, and external constraints
- Assign actions to individuals or teams identified during resource allocation.
- Make use of governance structures for monitoring progress and evaluating the effectiveness of the implementation plan.
- Communicate the implementation plan clearly and transparently to all stakeholders

5.4 Lessons learned

A lessons learned process will be carried out post approval of the new General Practice Vision and Objectives. The lessons learned process is crucial for continuous improvement and the optimisation of future projects.

The lessons learned process and report will include the following stages:

- Define Objectives and Scope
- Engage Stakeholders
- Conduct a Comprehensive Review
- Document and categorise findings
- Share Lessons across Teams and Incorporate Lessons into Future Planning
- Celebrate Successes

Initial work will commence in April 2024, and a full lessons learned report will be completed by the end of June 2024.

5.5 Project closure

Following on from the IJB meetings in March 2024. The programme in its current state will commence the project closure process to ensure that all aspects of the project are completed, documented, and handed over appropriately. The project closure will include:

- Ensure all new governance arrangements are in place to deliver on the objectives
- Ensure all project groups have been set up and provided with appropriate information to deliver on the objectives
- Complete all outstanding financial activities in relation to the GP Vision budget
- Release any resource that is no longer required
- Complete lessons learned process
- Conduct programme closure meeting

6 CONCLUSION

After engaging in extensive stakeholder consultation, we have successfully shaped a new vision and set of objectives that reflect the collective aspirations and insights of our diverse stakeholders.

A co-production approach was taken ensuring that the voice of key stakeholders was heard throughout the process. Key stakeholders included, GP's and other GP staff such as Practice Managers, representatives from other areas of primary care, Secondary Care and other services within the NHS System (i.e. property, public health, e-heath), the LMC and GP Sub, third sector and patient representation.

Delivery of the new vison for General Practice will be via by 10 objectives which are based on the following key themes identified throughout the programme:

- Data
- Models of Contract
- Keeping the Population Well
- Digital
- Pathways
- Multi-disciplinary team
- Continuity of Care
- Premises
- Mental Health and Wellbeing
- Recruitment, Retention & Education

A sustainable General Practice across Grampian which enables people in their communities to stay well through the prevention and treatment of ill health

The General Practice Vision Programme values and acknowledges the invaluable contributions of the stakeholders who contributed to this programme of work. The diverse perspectives and active participation have been instrumental in shaping the vision and strategic objectives. This exemplifies the collaborative ethos that defines the approach to healthcare delivery in the region

The new vision for General Practice is in alignment with both national and local strategies and priorities including:

- The National Health and wellbeing outcomes
- NHS Grampian Vision, Values and Strategic Themes
- Aberdeen City, Aberdeenshire and Moray HSCPs Vision and Priorities
- The 3 Local Authorities plans and Locality Improvement Plans

Consideration has be given to the creation of a new Programme Board and associated project sub groups that will lead the delivery of the objectives.

Monitoring and evaluation of the programme delivery will be through the Programme Board structure, and quarterly reporting will be made via IJB Chief Officers reports and quarterly updates to the NHSG CET. Periodic evaluations will be conducted to ensure alignment with evolving needs and changing circumstances

As we move forward with the programme of work, we are fully committed to realising the vision and objectives outlined, with confidence in the ability to drive positive

change and enhance General Practice within NHS Grampian, fostering a renewed sense of purpose and determination among all stakeholders involved.

Ongoing feedback and engagement from stakeholders is encouraged as we embark on the implementation phase, ensuring that the vision remains aligned with the evolving needs of our community.

In conclusion, we emphasise the pivotal role of the newly outlined vision and strategic objectives in advancing the quality and accessibility of General Practice services within NHS Grampian. We extend our deepest appreciation to all stakeholders for their vital contributions, commitment, and ongoing support in our collective pursuit of enhancing patient-centred care and improving health outcomes across the community.

APPENDIX 1: Glossary

Glossary

17c	A 17C contract is a locally-agreed alternative to the nationally agreed General Medical Services
17j	A 17J contract is a GP Practice run under the General Medical Services (GMS) contract
2C	NHS Board run practices
AFC	Agenda for Change: A framework that applies to all NHS staff (except doctors, dentists, and very senior managers) to ensure fair pay and conditions.
AHP	Allied Health Professional: Refers to a diverse group of healthcare professionals, excluding doctors and nurses, involved in the delivery of rehabilitation, diagnostic, technical, therapeutic, and direct patient care services.
AI	Artificial Intelligence: Refers to the simulation of human intelligence in machines programmed to think and learn like humans.
AMIA	Acute Medical Initial Assessment: The initial evaluation of patients presenting with acute medical conditions.
ANP	Advanced Nurse Practitioner: A registered nurse with advanced education and clinical training, allowing them to diagnose and manage common medical conditions.
ARI	Aberdeen Royal Infirmary
Automation	The use of technology and machinery to perform tasks with minimal human intervention.
AWI	Adults with Incapacity: Legislation in Scotland that protects the welfare and financial affairs of adults who lack capacity to make decisions for themselves.
BMA	British Medical Association: A professional association and trade union representing doctors and medical students in the United Kingdom.
Buchan + Associates	Specialist Health and Social care consultancy
Care Navigator	A professional who assists patients in navigating the healthcare system to access appropriate services and resources.
CBT	Cognitive Behavioural Therapy: A psychotherapeutic treatment that focuses on changing negative thought patterns and behaviours.
CDM	Chronic Disease Management: Strategies and interventions aimed at managing chronic health conditions to improve patient outcomes and quality of life.
CET	Chief Executive Team: The executive leadership team responsible for decision-making and strategic direction within NHS Grampian

CIG	Clinical Interface Group: A multidisciplinary group that coordinates and improves the interface between different clinical services.
CMHT	Community Mental Health Team: A team of healthcare professionals providing mental health services in the community.
Community Nursing	Nursing care provided to individuals, families, and communities in their homes or community settings.
Community Pharmacist	A pharmacist who provides pharmaceutical services and advice within a community setting.
COPD	Chronic Obstructive Pulmonary Disease: A group of progressive lung diseases, including emphysema and chronic bronchitis, characterised by airflow obstruction.
Co-Production	A collaborative approach where service users and providers work together to design and deliver services.
CPD	Continuous Professional Development: The ongoing process of learning and skill development to maintain and enhance professional competence.
CPN	Community Psychiatric Nurse: A mental health nurse specialising in providing care and support to individuals in community settings.
CPP	Community Planning Partnership: A partnership between local authorities, public sector agencies, and community representatives to plan and deliver services at the local level.
CTAC	Community Treatment and Care
D&V	Diarrhoea and Vomiting: Symptoms often associated with gastrointestinal illnesses.
Dental	Relating to oral health and dental care services.
DES	Directed Enhanced Service: Additional services provided by general practitioners (GP's) beyond the core contract with the NHS.
Developer Obligations	Financial contributions sought from a developer to mitigate the impact of their development on the community
DN	District Nurse: A nurse who provides nursing care and support to individuals in their own homes or within the community.
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation: A medical order indicating that cardiopulmonary resuscitation should not be attempted if a patient's heart stops beating.
DWP	Department of Work & Pensions: A government department responsible for welfare, pensions, and child maintenance policy in the United Kingdom.
EH	Extended Hours: Additional hours beyond standard working hours, often offered by healthcare providers to increase accessibility.

e-Health	Department within NHS Grampian to make best use of information and communication technologies (ICT) to support and improve healthcare delivery and patient outcomes.
Emis	General Practice IT System: A software system used by general practitioners (GP's) to manage patient records, appointments, and clinical information.
ES	Enhanced Services - Additional healthcare services provided by general practitioners (GP's) beyond the core contract with the NHS.
Expert Medical Generalist	A healthcare professional with broad expertise and experience in managing a wide range of medical conditions.
FCP	First Contact Physio: A physiotherapist who serves as the first point of contact for patients seeking musculoskeletal care.
FTE	Full-Time Equivalent: A measure of an employee's workload or unit of service expressed as the equivalent of a full-time worker.
FY1	Foundation Doctor - Year 1
FY2	Foundation Doctor - Year 2
Gap Analysis	A technique used to assess the disparity between current performance and desired outcomes, often used to identify areas for improvement.
GMED	Out of Hours Primary care Service
GMS	General Medical Services: A range of primary healthcare services provided by general practitioners (GP's) under contract with the NHS.
GOPES	Grampian Operational Pressure Escalation System
GP Cluster	A grouping of general practitioner (GP) practices working together to coordinate and improve healthcare services at the local level.
GPAS	General Practice Alert State: A system designed to monitor and report the resilience of General Practice across a region.
GP	General Practitioners: Healthcare professionals who provide primary medical care to patients.
GREC	Grampian Regional Equality Council: An organisation promoting equality and human rights in the Grampian region of Scotland.
HCP	Health Care Professional: Any individual involved in providing healthcare services, including doctors, nurses, therapists, and allied health professionals.
HR	Human Resources: The department responsible for managing personnel, recruitment, training, and employee relations within an organisation.
HSCP	Health and Social Care Partnership: A collaborative partnership between local authorities and health boards to integrate health and social care services.

HV	Health Visitor: A registered nurse or midwife with additional training in public health nursing, specialising in supporting families with young children.
IA	Integration Agreement: A formal agreement outlining the integration of health and social care services within a region or jurisdiction.
IG	Information Governance: Policies and practices for managing and protecting sensitive information within an organisation.
IJB	Integrated Joint Board: A governing body responsible for overseeing the integration of health and social care services.
Improvement Grants	NHS Improvement Grants for General Practice premises are available under the National Health Service
IPC	Infection Prevention Control: Measures and protocols aimed at preventing the spread of infections within healthcare settings.
LES	Local Enhanced Service: Additional services provided by general practitioners (GP's) to meet specific local healthcare needs.
Lessons Learned	Insights and knowledge gained from past experiences or projects, used to inform decision-making and improve future performance.
LMC	Local Medical Committee: Representative bodies for general practitioners (GP's) at the local level, responsible for negotiating with health authorities and representing GP interests.
Locum	A temporary healthcare professional who fills in for regular staff during their absence or when additional support is needed.
LOIP	Locality Improvement Plan: A strategic plan outlining improvement priorities and objectives within a specific geographic area or locality.
MCR	Medicines Care & Review: A service provided by pharmacists to review patients' medications and ensure safe and effective use.
MDT	Multi-Disciplinary Team: A team of healthcare professionals from different disciplines collaborating to provide comprehensive care and treatment to patients.
Mental Health Practioners	Healthcare professionals specialising in the assessment, diagnosis, and treatment of mental health conditions.
MH	Mental Health: The state of psychological well-being and functioning, encompassing emotional, cognitive, and social aspects.
MOU	Memorandum of Understanding: A formal agreement between parties outlining mutual goals, objectives, and responsibilities.
National code of practice	The Code of Practice sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GP's providing their practice premises.
NES	NES Education for Scotland

NHS	National Health Service: The publicly funded healthcare system in the United Kingdom, providing medical services free at the point of use.
OOH	Out of Hours: Healthcare services provided outside of regular working hours, often during evenings, weekends, and holidays.
Optometry	The healthcare profession concerned with examining the eyes for defects and abnormalities and prescribing corrective lenses or other treatments.
Organisational development	Strategies and initiatives aimed at enhancing organisational effectiveness, performance, and resilience.
PA's	Physician Associate: A healthcare professional who works under the supervision of a doctor to provide medical care and support to patients.
Pathway	A structured approach or plan outlining the steps and interventions involved in the diagnosis, treatment, and management of a particular health condition or patient population.
PC	Primary care
PCCT	Primary care Contracts Team: the team responsible for managing contracts and agreements between primary care providers and NHS organisations.
PCIF	Primary care Improvement Funding
PCIMT	Primary care Information Management Team
PCIP	Primary Care Improvement Plan
PCPG	Primary Care Premises Group
Pharmacotherapy	The use of medications or drugs to treat diseases, alleviate symptoms, or manage health conditions.
Pharmacy first	A service provided by community pharmacies to offer advice, treatment, and medications for minor ailments and conditions without the need for a doctor's prescription.
PLT	Protected Learning Time: Designated time for healthcare professionals to engage in continuing education, training, and professional development activities.
POA	Power of Attorney: A legal document granting someone the authority to make decisions on behalf of another person, often used in healthcare and financial matters.
POC Testing	Point of Care Testing: Diagnostic tests performed at or near the point of patient care, providing rapid results to inform immediate clinical decisions.
PPG	Patient Participation Group: A group of patients and healthcare professionals working together to improve patient care and services within a healthcare practice or organisation.

Practice manager	An administrative professional responsible for managing the operations and business aspects of a healthcare practice or clinic.
QR code	Quick Response Code: A two-dimensional barcode that stores information and can be scanned using a smartphone or other devices.
SAS	Scottish Ambulance Service: The national ambulance service in Scotland, responsible for providing emergency medical services.
Secondary Care	Specialised medical services provided by hospitals and healthcare professionals for patients requiring more complex or intensive treatment.
SGPC	Scottish General Practitioners Committee represents all general practitioners working in Scotland.
SLA	Service Level Agreement
SLWG	Short Life Working Group: A temporary group established to address specific issues or tasks within a defined timeframe.
SMART	Specific, Measurable, Attainable, Realistic, Time-Bound: Criteria used for setting objectives and goals to ensure they are clear, achievable, and trackable.
Social prescribing	A non-medical approach to healthcare that involves connecting patients with community-based resources and activities to improve their health and well-being.
SOP	Standard Operating Procedures: Established protocols and guidelines for performing routine tasks and procedures in a consistent and standardised manner.
SPOC	Single Point of Contact: A designated individual or entity responsible for handling communications and coordination for a specific issue or service.
SRO	Senior Responsible Officer: An individual with overall accountability and authority for the successful delivery of a project or initiative.
Sustainability loan	These are government interest-free loans are intended to make GP practices that own their practice premises more viable. Qualifying practices can use these sustainability loans in any way they want, provided it is 'for the purpose of the practice
Test of change	A structured approach to implementing and evaluating small-scale changes or innovations within a healthcare setting before broader implementation.
TOR	Terms of Reference: A document outlining the scope, objectives, and responsibilities of a project, committee, or working group.
TrakCare	Electronic Patient Management System: A software system used for managing patient records and clinical information within healthcare organisations.
Unscheduled care	Healthcare services provided to patients who require immediate or urgent medical attention, often outside of scheduled appointments or clinics.

UTI	Urinary Tract Infection: An infection affecting any part of the urinary system, including the kidneys, bladder, ureters, and urethra.
Vision	General Practice IT System: A software system used by general practitioners (GP's) to manage patient records, appointments, and clinical information.
VTP	Vaccination Transformation Programme: A program aimed at improving vaccination coverage and delivery within a healthcare system.
WT	Waiting Time: The length of time a patient must wait for an appointment, treatment, or service within the healthcare system.
WW	Waiting Well

APPENDIX B
Equality Impact Assessment (EQIA)
Rapid Impact Checklist

Completing this form will help decide whether the policy will further require a Full EQIA and/or integrated Impact Assessment. *Policy refers to service, function, policy, framework, strategy, new service, service redesign, and programmes.

Title	**General Practice Vision**
Directorate, service or department	Aberdeen City Primary Care Team, ACHSCP on behalf of 3 x HSCP's

Main contact of the policy*

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Department	Primary Care, ACHSCP		

Policy

Aim	In June/July 2023, the three HSCP Chief Officers were set an objective to design and create a SMART delivery plan for a Grampian Primary Care Strategy. This was in response to the challenging implementation of the 2018 GMS contract, due to a number of factors, including, recruitment and retention, the application of multi-disciplinary teams across a wide and rural geography resulting in teams being spread too thinly, and a large region with diverse populations, communities and needs. All of which have an impact on the sustainability of general practice.
Purpose	Due to the continuing pressure being faced across General Practice, the project brought together key stakeholders, teams and colleagues from across the system for the opportunity to help shape the future of General Practice.
Intended/desired outcomes	A High level strategy and vision will be created for Grampian with associated objectives and Delivery plan

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

People and Groups:

- Staff
- Patient
- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People in religious/faith groups
- People of low income
- Homeless people
- People involved in criminal justice system
- People with mental health problems
- Carers (paid or unpaid, family member)
- People affected by substance misuse or addictions

• Disabled people • Older people, children and young people • Lesbian, gay, bisexual and transgender	• Low literacy/health literacy • Living in deprived area, remote or rural area • Unemployed • Any other groups

The proposal/policy will affect

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

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

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

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

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

Protected Characteristic	Positive or Negative Impact Social and Economic, Human Rights Additional Information [Positive impact/Negative Impact/No adverse impact has been identified. Briefly explain the impact, including any social, economic or human rights]
Age (early years, children, young people, middle years, older people)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Disability (physical disability, learning disability, neurological, sensory loss, mental health, long term conditions)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Gender (male, female)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known

Gender Reassignment (people who have proposed, started, in the process or completed a process to change their sex)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Marriage or Civil Partnership (people who are married, unmarried or in civil partnership)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Pregnancy or Maternity (pregnant and/or on maternity leave, including breastfeeding)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Race (minority ethnic people, racial groups, national origins, gypsies/travellers, refugees, asylum seekers, migrant workers)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Religion or Belief (different religions or beliefs, including non-belief)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Sexual Orientation (e.g. lesbian, gay, bisexual, heterosexual)	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known

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

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

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

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

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

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

Part 6. Rapid Impact Checklist: Summary Sheet

Positive Impacts (Note the groups affected)	Negative Impacts (Note the groups affected)
At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known	At this stage no adverse impact has been identified, the EQIA will be revisited once the further detail of the delivery plan is known
Additional Information and Evidence Required	
n/a	
Recommendations	
At this time this policy does not adversely impact any of the protected characteristics. It is recommended each project group re-visits the HIIA to ensure any service change is considered on a case by case basis.	
From the outcome of Parts 1-5, have negative impacts been identified for groups with protected characteristics or other groups? Has a full EQIA process been recommended? If not, why not?	
No. As above will be revisited on case by case basis for each service re-design.	

Part 7. Is this policy* a strategic decision? ☒ Yes ☐ No

If **No, go to Part 9**.

If **Yes, go to Part 8**. A policy* that has a potential to impact on health and widen health inequalities must have "due regard" for the Fairer Scotland Duty. A policy that is a "strategic decision" must take into account how they can **reduce inequalities of outcome caused by socio-economic disadvantage**. See page 15 of the FSD Guidance for the definition of 'strategic decision.'

The Fairer Scotland Duty places a legal responsibility on public bodies to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage. The Duty applies at strategic level, which normally include decisions around setting priorities and targets, allocating resources and commissioning services. To assess if your policy is a strategic decision, please refer to: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)

Part 8. Fairer Scotland Duty. What likely will this policy have on people experiencing different kinds of social disadvantage?

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

Part 9. Does the policy need to consider the impact on other areas?

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

Part 10. Children and Young People (Scotland) Act (2014)

The Child Rights and Wellbeing Impact Assessment (CRWIA) is a process which you can identify, research, research and record the anticipated impact of any proposed policy on children's human rights and wellbeing.

Check the CRWIA Screening Sheet – this asks you to consider:

- What aspects will affect children and young people up to 18 year
- What likely impact will be
- Which groups of children and young people will be ore affected

Children's Rights & Wellbeing Impact Assessment (CRWIA) - Children's Rights and Wellbeing Impact Assessment guidance - gov.scot (www.gov.scot)

Part 11. Has your assessment been able to demonstrate the following and why?

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

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

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

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

Explain decision

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

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

Part 12. Has the policy document been checked by a Level 1 EQIA assessor?

☒ Yes ☐ No

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

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

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

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

Recommendations ☐ Rapid EQIA ☐ Full EQIA ☐ Fairer Scotland Duty	
Name	
Job Title	
Email	
Date	

APPENDIX C

NHS Grampian General Practice Vision & Objectives 2024 – 2030

Reasons for Change

- No standardisation in the ways data is coded and collected across General Practice. Due to this resource allocation is not well informed
- The 2018 GMS Contract is not best placed to meet patients needs in an efficient and effective manner in Grampian.
- There are increasing and more complex demands on our health service
- The digital programme is not meeting the requirements of General Practice
- The patient pathways between GPs and secondary care are not standardised and patients are unable to track their progress on a waiting list
- MDTs are understaffed so unable to achieve the full breadth of service delivery.
- Urgent and unscheduled care provision often takes president over routine, longer term CDM, this impacts on patients long term health.
- There is insufficient space and the internal structure of premises is not fit for new ways of working.
- There is a growing need for Mental Health and Wellbeing support for our communities.
- There are recruitment challenges for attracting new staff to come to the Grampian region including as new and experienced for GPs.

Our Key Themes to work towards Sustainability for General Practice

Data: Develop a programme of work to identify and define data sets, create data gathering processes which allow for standardised data and develop relevant data sharing agreements where necessary.

Models of Contract: Develop a flexible approach to the delivery of the existing GMS contract, using currently available levers to support practice sustainability.

Keeping the Population well: Develop a programme to deliver targeted and comprehensive health interventions for at risk communities to offer proactive preventative care and empower communities to participate in their own healthcare and wellbeing.

Digital : Develop a resourced digital plan for General Practice in Grampian. Including a prioritised set of digital solutions in Grampian to meet the needs of communities within available resource.

Pathways: review pathways to explore the opportunities, risks and challenges and create priority-based implementation plan to improve these pathways.

Multi-disciplinary team: initiate and complete an evaluation and review of PCIP services that are in place across NHS Grampian.

Continuity of Care: Through tests of change, create pathways that achieve continuity of care for those who will benefit most from continuity of care.

Premises: Produce a detailed service and estate plan detailing the requirements for General Practice premises to support the delivery of high-quality, patient-centred healthcare services.

Mental Health and Wellbeing: Improve mental health and wellbeing support, encourage better wellbeing across patient groups and identify improvements that will ensure patients see the most appropriate person the first time, for example, supporting social prescribing and realistic medicine where appropriate

Recruitment, Retention & Education: develop and implement comprehensive training initiatives that will inspire individuals to enter careers in General Practice and wider MDT Roles to encourage the retention of talent in Grampian.

Impact Of Change

- Optimise clinical decision making, improve patient outcomes and enhance operational efficiency
- Improve sustainability, support financial viability, and foster stronger GP partnerships within the area.
- Improve population health outcomes and reduce healthcare disparities.
- Streamline administrative processes, and enhance communication between general practice and patients and other areas of the system alike
- Improve patient experience and health outcomes.
- Identify opportunities for enhancing collaboration and improving patient care delivery.
- Improve care coordination, and enhance patient satisfaction.
- Create environments that promote patient-centred care and support the well-being of our workforce.
- Improve mental health outcomes, reduce stigma, and foster a culture of well-being within our community.
- Address workforce shortages, enhance team cohesion, and ensure the sustainability of our general practice workforce

How will we know if we have made a difference ?

- There will be standardised data sets, data gathering process and data sharing agreements in place to facilitate data sharing across community planning partners;
- General Practices will be able to utilise a flexible approach to the GMS Contract;
- Patients will be able to digitally track where they are on a secondary care waiting list;
- Increased use of automation in General practice to increase efficiency;
- A successful pathways test of change will be implemented improving efficiency, patient safety and wellbeing;
- A review and evaluation of PCIP within Grampian will be complete with recommendations implemented;
- A successful test of change for continuity of care will be identified and implemented; and
- A detailed services and estate plan will be included within the 2025 Primary Care Premises Plan;
- People will have access to a range of mental health and wellbeing interventions; and
- General Practice and other clinical roles vacancy rates will be reduced.

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REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
20 MARCH 2024

ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP - WORKFORCE PLAN 2022-2025 – 2023/2024 UPDATE

1 Recommendation

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

1.1 Receives the first 2024 progress update on the Aberdeenshire Health and Social Care Partnership Workforce Plan 2022-25 (Appendix 2).
1.2 Note the progress made during the last 6 months on the delivery of the Workforce Plan since the June 2023 update and the proposed actions for the new financial year.
1.3 Note the work to refresh the baseline data to monitor the Workforce Plan going forward (Appendix 1).

2 Directions

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

3 Risk

3.1 There is an overarching IJB risk (3) for Workforce capacity, recruitment, training development & staff empowerment, plus a Strategic Delivery Plan risk relating to staff health and wellbeing. The Workforce Plan is the prime mechanism for mitigating these two risks.

In addition a number of service specific workforce risks have been recorded which the actions in the Workforce Plan are seeking to mitigate. The work of the three workforce sub-groups and short life working groups are our prime mechanisms for mitigating these workforce risks.

4 Background

4.1 In October 2022, the Aberdeenshire Health and Social Care Partnership Workforce Plan 2022-25 was published at the request of Scottish Government and initial work to commence implementation of the Plan began.

4.2 This work included the recruitment of a fixed term post of Workforce Transformation Programme Manager in April 2023 and a Digital Project Manager to support the delivery and co-ordination of the Plan and some of the key Plan actions.

4.3 The first Workforce Plan Update was reported to IJB in July 2023. This report forms our second update, outlines progress and is informed by a second refresh of the initial baseline data on which the Plan was based in 2022.

5 Summary

5.1 This report includes the full update (Appendix 2) as an attachment. The update details the progress made since the June 2023 update of the approved Workforce Plan across the seventeen actions, together with an indication of activity for the new financial year and beyond.

5.2 The activity planned for the new financial year and beyond will continue to be driven forward at pace by the Workforce Transformation Programme Manager. The three thematic sub-groups reporting to the Workforce and Training Groups (Recruitment, Staff Health and Wellbeing and Training, Development and Succession Planning) continue to implement their detailed Action Plans, which were reported to IJB in December 2023. In addition, the Health and Care Staffing Act Short Life Working Group, formed in November 2023, is progressing with plans to prepare and improve existing practice to enable us to comply with the duties under the Health and Care (Staffing) (Scotland) Act 2019. Other short life working groups are delivering actions on the Adult Social Care International Recruitment, Prison Review and Bladder and Bowel Review.

5.3 This report also includes refreshed data indicators in Appendix 1 that allow us to track and measure our impact against the Plan actions and outcomes. This document is the second refresh of what comparable data exists across Aberdeenshire Council and NHS Grampian, the bulk of which we are able to refresh every six months currently through the agreement of the various data source owners in both organisations. It is hoped that during the latter part of 2024/25 the two organisations may be able to supply this data on a quarterly basis or through Power BI, which will help in terms of the frequency of monitoring and evaluation of our impact. The document includes a summary of key challenges and the common issues across both employing organisations.

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

6 Equalities, Staffing and Financial Implications

6.1 An Integrated Impact Assessment (IIA) was carried out as part of the development of the Workforce and Training Plan 2022-25 and shared previously with the IJB.

6.2 This is a progress update report and at this moment in time, there are no staffing and financial implications which have not already been captured within existing strategic projects or service reviews.

6.3 As mentioned in paragraph 5.2, we appointed a Workforce Transformation Programme Manager to a two-year fixed term post in April 2023 together with a Digital Project Manager.

Philippa Jensen Interim Strategy & Transformation Manager
Aberdeenshire Health and Social Care Partnership

Report prepared by Chris Coldwell, Workforce Transformation Programme Manager
Date: 23 February 2024

List Appendices:

Appendix 1 Workforce Data, January 2024
Appendix 2 Aberdeenshire Workforce Update January 2024

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January 2024 Refresh

Appendix – Workforce Plan 2022-25

Current Workforce Data

Aberdeenshire Council Staff

Headcounts Feb 2023, Feb 2022 and Oct 23

Team	2023	2022	Oct 2023
Health & Social Care Central	698	664	726
Health & Social Care North	1022	982	1,085
Health & Social Care South	766	709	796
Strategy & Business Services	137	132	136
Total	2623	2487	2,743

Full time fixed and permanent Feb 2023, Feb 2022 and Oct 2023

Team	Feb 2023	2022	Oct 2023
Health & Social Care Central	117	110	128
Health & Social Care North	249	239	271
Health & Social Care South	146	135	141
Strategy & Business Services	87	90	87
Total	599	574	627

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Part time fixed, permanent and relief Feb 2023, 2022 and Oct 2023

Team	Feb 2023	2022	Oct 2023
Health & Social Care Central	623	617	640
Health & Social Care North	868	850	907
Health & Social Care South	676	623	703
Strategy & Business Services	52	47	50
Total	2219	2137	2,300

***Note The total headcount is lower than the total full and part-time contract counts, since some staff hold more than one contract.**

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Age Profile Feb 2023 and 2022

	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Totals
Health & Social Care Central	13	30	35	56	63	58	99	120	101	90	33	698
Health & Social Care North	12	42	80	102	103	115	109	139	156	116	48	1022
Health & Social Care South	8	37	53	61	65	82	99	140	106	88	27	766
Strategy & Business Services	0	4	5	8	13	18	20	21	24	15	9	137
Totals Feb 2023	33	113	173	227	244	273	327	420	387	309	117	2623
Totals 2022	41	120	173	215	257	315	363	444	437	435*		2,800

***2022 figures are for 60+**

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Age Profile Oct 2023

	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Totals
Health & Social Care Central	16	27	42	60	68	60	99	122	107	95	32	728
Health & Social Care North	13	42	76	108	109	122	112	167	167	116	54	1,086
Health & Social Care South	12	49	60	71	67	87	88	134	115	86	26	795
Strategy & Business Services	1	4	3	9	10	19	19	23	25	13	10	136
Totals Oct 2023	**42**	**122**	**181**	**248**	**254**	**288**	**318**	**446**	**414**	**310**	**122**	**2,745**
Totals Feb 2023	**33**	**113**	**173**	**227**	**244**	**273**	**327**	**420**	**387**	**309**	**117**	**2623**

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Gender Apr 2023

Age Group	Female	Male
<20	30	6
20-29	274	23
30-39	437	47
40-49	546	52
50-59	757	70
60-64	279	23
65+	106	18
Total 2023	2,429	239
Total 2022	2,567	233

Gender Oct 2023 by grade and headcount*

Health & Social Care (HSC)	Female	Male	Totals
BA Craftsmen + 5%	**0**	**2**	**2**
Balhousie Activities	**1**	**0**	**1**
Balhousie Admin	**2**	**1**	**3**
Balhousie Care Assistant	**21**	**0**	**21**
Balhousie Deputy Manager	**1**	**0**	**1**
Balhousie Domestic/Kitchen Assistant	**8**	**1**	**9**

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Balhousie Handyman	**0**	**1**	**1**
Balhousie Team Leader	**6**	**0**	**6**
CO - Chief Officer (NCJA)	**1**	**1**	**2**
CO - Head of Service - Std	**1**	**1**	**2**
LG Admin D	**92**	**6**	**98**
LG Admin E	**29**	**1**	**30**
LG Admin F	**39**	**2**	**41**
LG Admin G	**8**	**2**	**10**
LG Admin H	**14**	**1**	**15**
LG Admin I	**1**	**0**	**1**
LG Admin J	**0**	**1**	**1**
LG Care B	**1**	**0**	**1**
LG Care C	**7**	**1**	**8**
LG Care D	**10**	**2**	**12**
LG Care E	**1,326**	**65**	**1,391**
LG Care F	**77**	**9**	**86**
LG Care G	**205**	**22**	**227**
LG Care H	**138**	**22**	**160**
LG Care I	**146**	**10**	**156**
LG Care J	**6**	**2**	**8**
LG Practitioner H	**3**	**0**	**3**
LG Practitioner I	**7**	**3**	**10**
LG Practitioner J	**6**	**0**	**6**
LG Practitioner K	**215**	**15**	**230**

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LG Senior Practitioner L	**69**	**10**	**79**
LG Service Manager P	**16**	**2**	**18**
LG Support Leader K	**7**	**2**	**9**
LG Support Leader L	**8**	**1**	**9**
LG Team Leader M	**54**	**15**	**69**
LG Tech Op C	**157**	**31**	**188**
LG Tech Op E	**37**	**0**	**37**
LG Tech Op F	**18**	**4**	**22**
LG Technician G	**6**	**11**	**17**
LG Technician H	**5**	**0**	**5**
LG Technician I	**6**	**2**	**8**
LG Technician J	**3**	**1**	**4**
Totals	**2,757**	**250**	**3,007**

***This is following the IJB request to show gender by grade at the July 2023 Board meeting**

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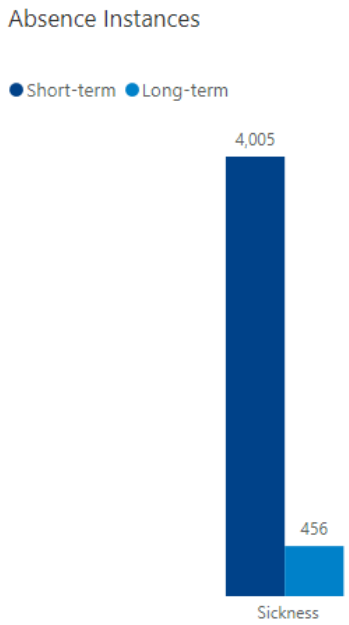
Sickness absence 2022/23



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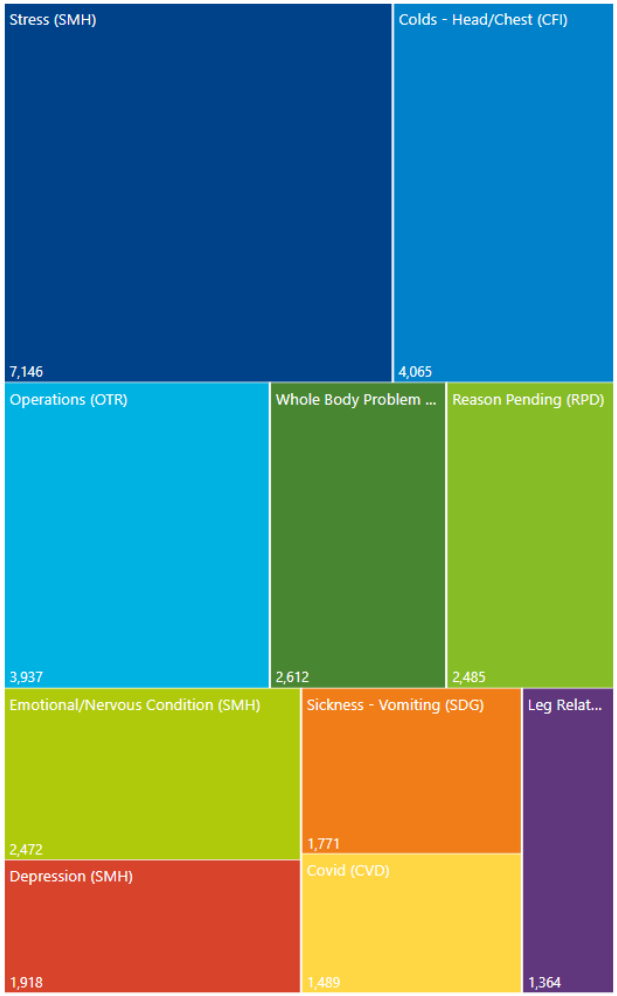
Days Lost by Reason (top 10 where applicable)



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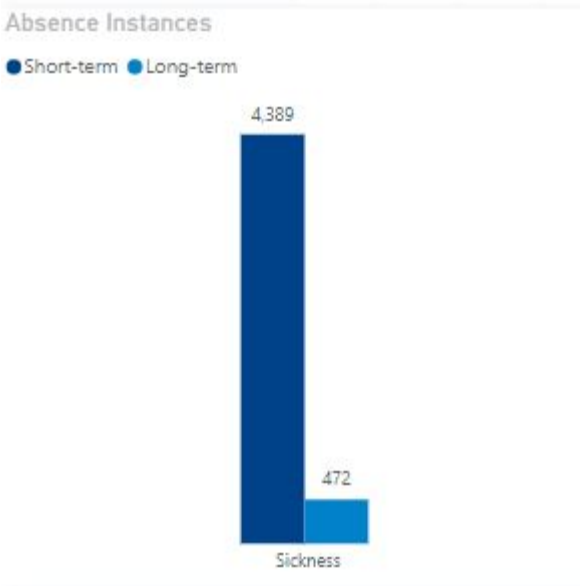
Sickness absence –2023

Number of days lost to sickness



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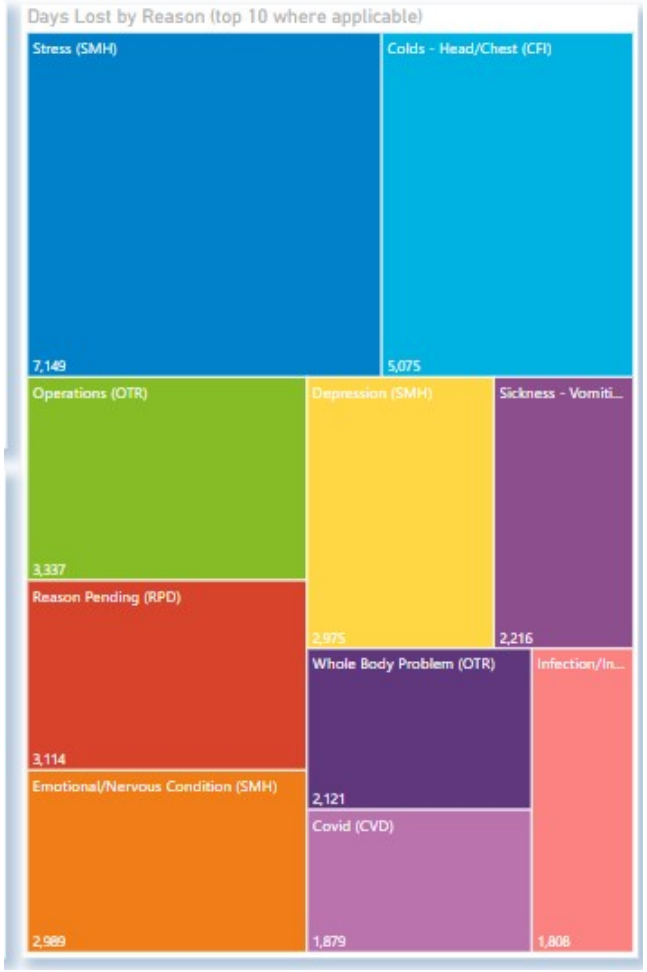

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Employee Assistance Programme February 2023

For our Health and Social Care staff in Aberdeenshire Council, 83% of presenting issues to the Council's Employee Assistance Programme are for a combination of stress, depression, anxiety and work-related stress. These issues are also the second largest reasons for occupational health referrals within our council staff and only marginally less than musculoskeletal as the top reason for referral.

Wellbeing Survey in October 2023

This Aberdeenshire Council Wellbeing Survey sought to determine how employee's rated their wellbeing. The table below shows the results for Health and Social Care staff responding:

Breakdown of Responses:	
	HSCP Staff
In Crisis	7 (1.1%)
Struggling	63 (10%)

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Surviving	299 (47.7%)
Thriving	234 (37.3%)
Excelling	18 (2.8%)
Total Responses	626
Head Count (HC)	2701

Starters, leavers and turnover 2022/23, 2021/22 and factored 2023/24

Service	Job Holders at period start	Job Holders at period end	Average Job Holders	Leavers in period	Turnover (%)
Health & Social Care 2022/23	2440	2474	2457	531	21.6
Health & Social Care 2021/22	-	-	-	418	17
Health & Social Care 2023/24*	2,533	2,464	2,499	223	17.9

***results factored up to 2023/24**

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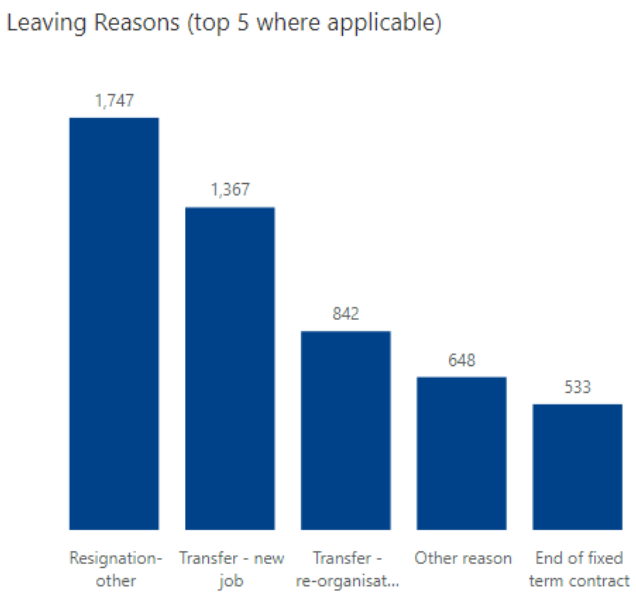
Reasons for leaving 2017-22



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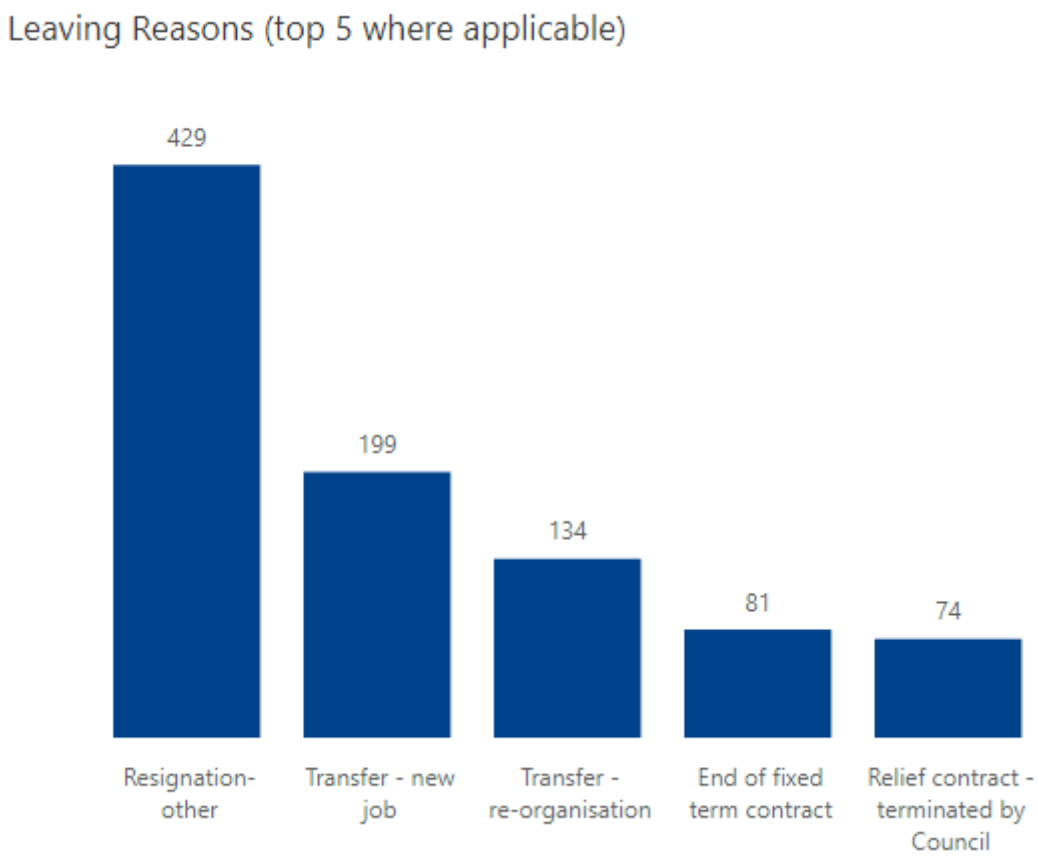
Reasons for leaving 2023



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Initial data has been secured from Aberdeenshire Council from exit intervierws of Partnership staff detailing the reasons for leaving.

This data needs more analysis and is work in progress by the Council due to the low proportion of leavers who have a completed an exit interview. The proportion completing one has however grown from 6.2% to 15.7% between 2022 and 2023. The principal reasons given for leaving are retirement and career development. More analysis will be done to present the other reasons given at the next data refresh for IJB.

Training 2023

Training courses on Aldo comparable with NHS Grampian TURAS*	% completion	Notes
Infection Prevention & Control	37	947 within last 12 months
Fire Safety	54	1382 since 2015
Equality & Diversity	55	1426 within last 5 years which NHS recommends as a suitable cycle for refresh
Child Protection	23	593 since 2015
Moving & Handling	81	2096 since 2015

***Data is only available for Aberdeenshire Council on the total number of Aldo course completions since 2015, so these figures must be treated with caution in view of the fact that they don't factor in turnover**

Work is still proceeding with the Aldo and Analytics Teams to try and link employee data on mandatory training requirements with completions on Aldo. Although it must be noted that a large proportion of health and social care courses at the Council are not through Aldo.

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Vacancies filled and average number of working days to fill a post

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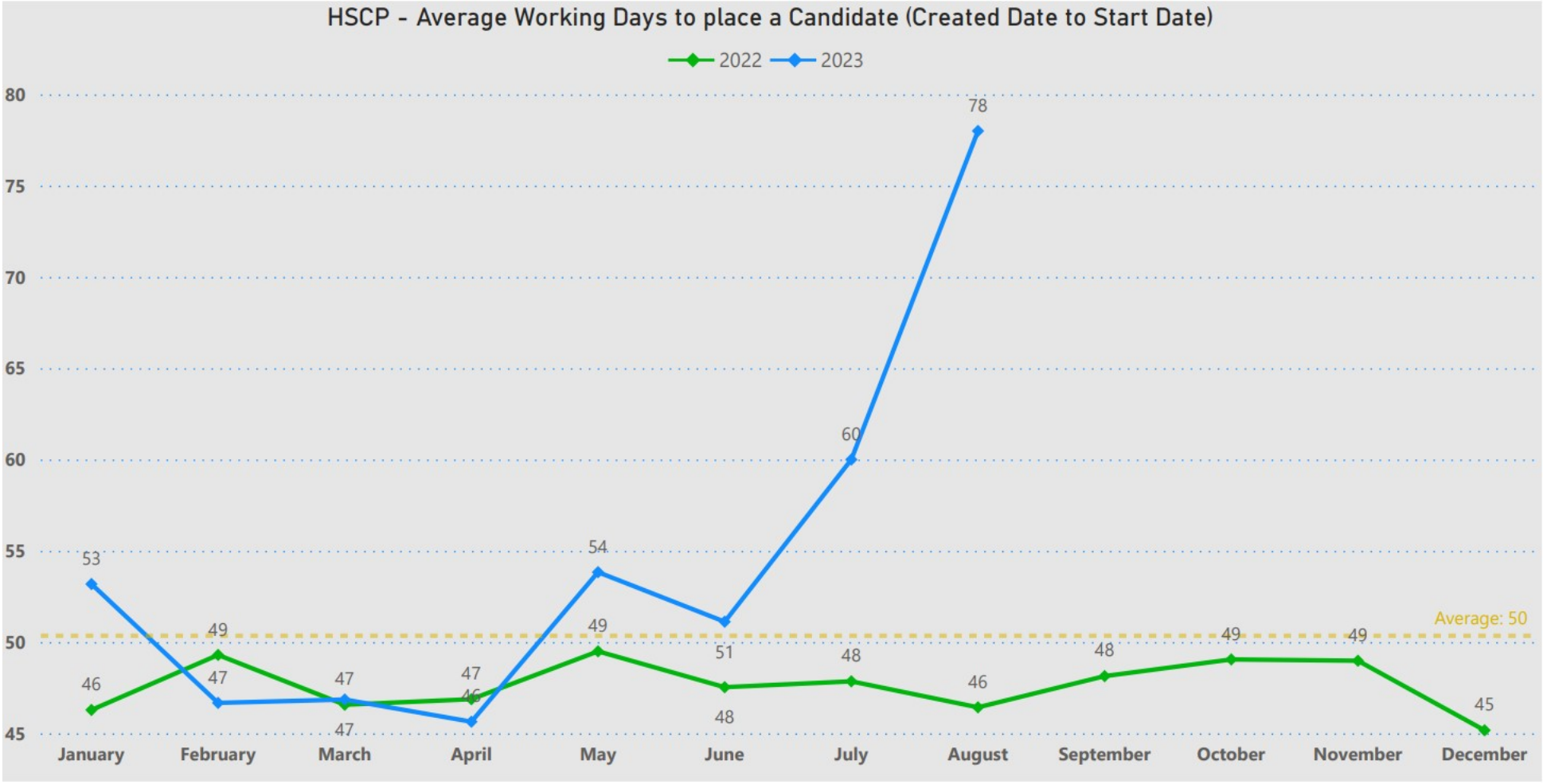

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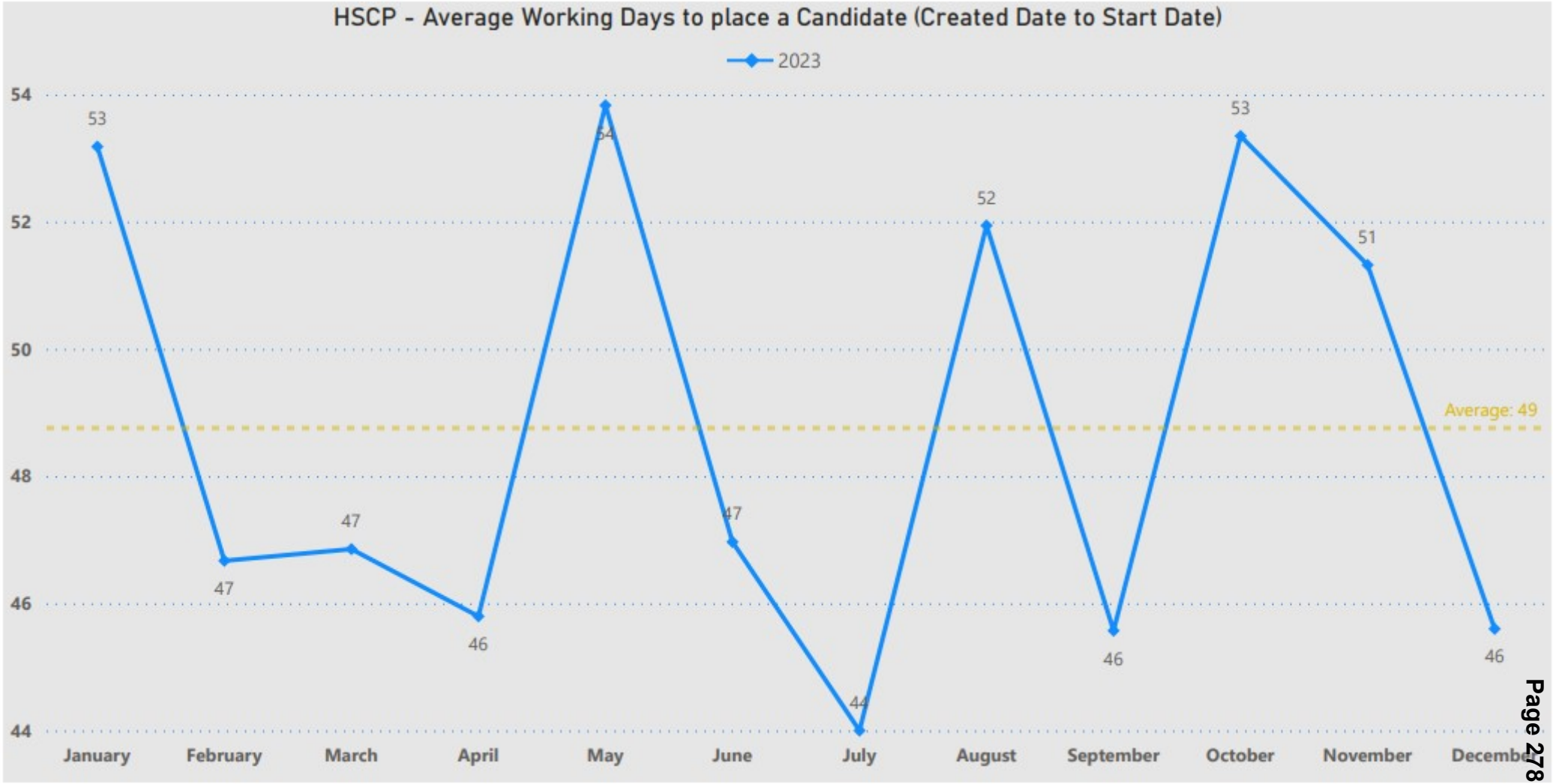

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APPENDIX 1

Vacancies filled

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2022	106	101	114	78	99	83	67	82	88	99	100	65	1082
2023	121	95	82	59	95	58	90	51	70	89	53	40	903

Although the 16% less vacancies were filled in 2023 compared with 2022, this is still 22% higher than the total number of vacancies filled in 2021.

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APPENDIX 1

NHS Grampian staff

Headcount 2022/23, 2021/22 and September 2023

Business area	2022/2023	2021/22	September 2023
Aberdeenshire Health & Social Care Partnership Total	1690	1647	1714
Aberdeenshire Central	292	-	293
Aberdeenshire Community Treatment & Care	60	-	62
Aberdeenshire Hosted Services	83	-	84
Aberdeenshire IJB Management	3	-	3
Aberdeenshire North	398	-	427
Aberdeenshire South	582	-	577
Business & Strategy	38	-	36
Aberdeenshire Mental Health	234	-	200

Whole time Part time 2022/2023

	%	%	%	%
	Permanent whole time	Fixed term whole time	Fixed term whole time	Fixed term part-time
Aberdeenshire Health & Social Care Partnership 2023	35.1	59.3	2.3	3.2
Aberdeenshire Health & Social Care Partnership 2022*		35.03		64.97

*2022 percentages are for whole time and part time as a whole

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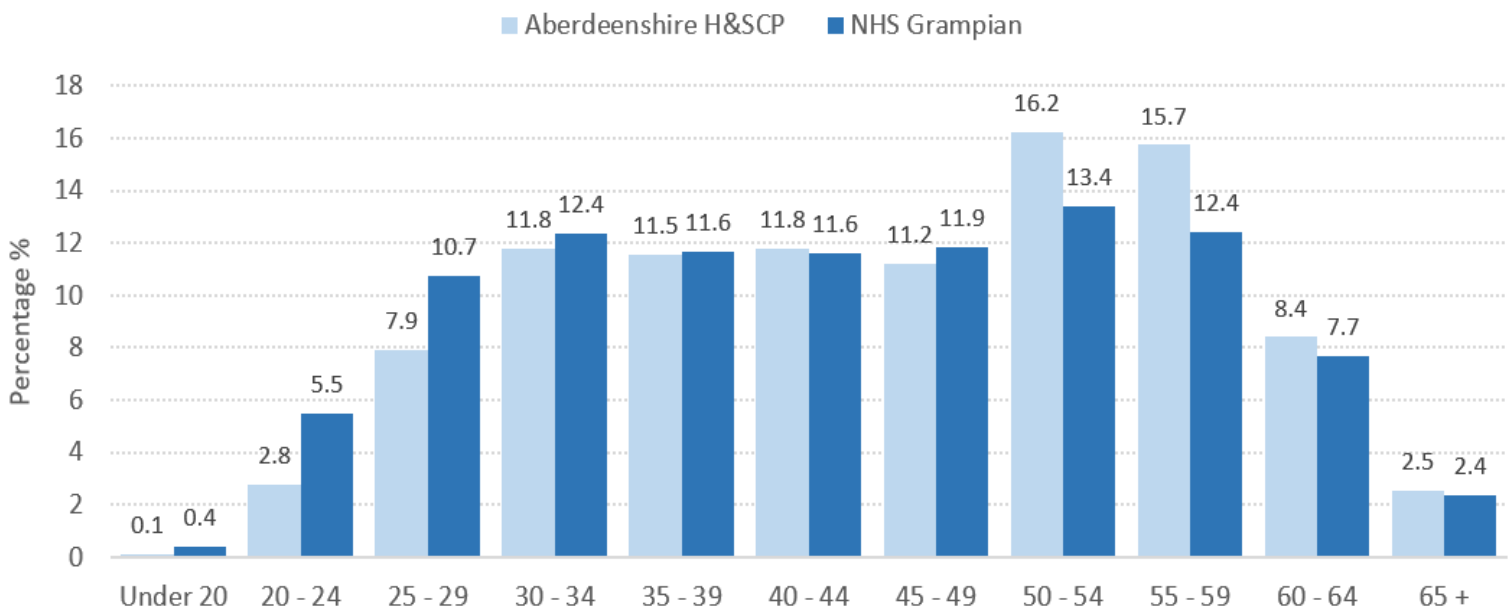
APPENDIX 1

Age profile 2022/2023



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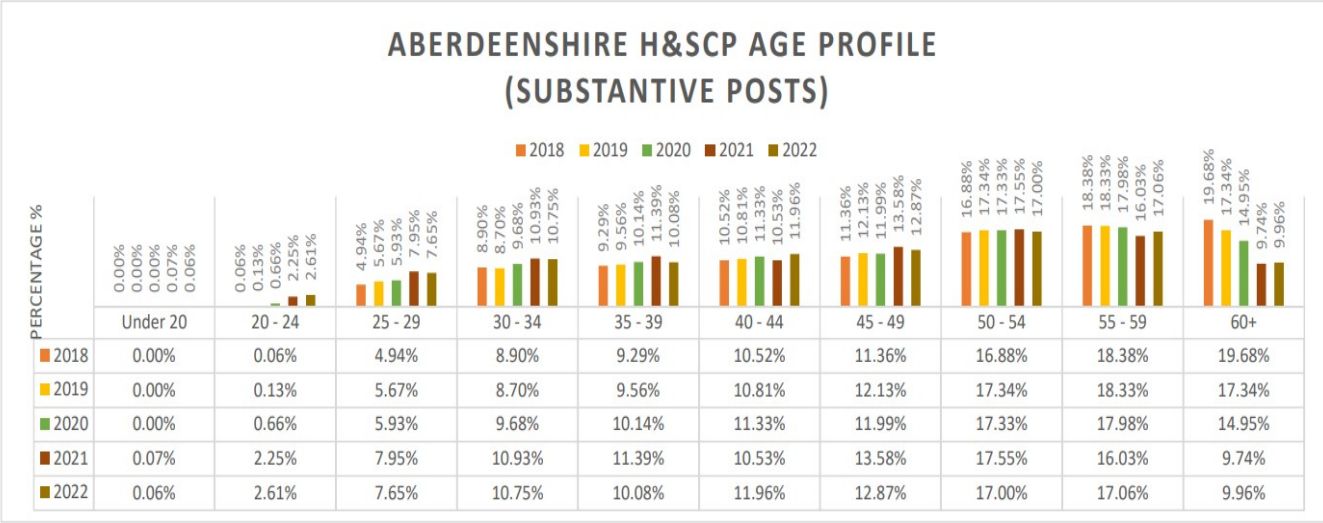
Age profile 2018-22



	Under 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+
2018	0.00%	0.06%	4.94%	8.90%	9.29%	10.52%	11.36%	16.88%	18.38%	19.68%
2019	0.00%	0.13%	5.67%	8.70%	9.56%	10.81%	12.13%	17.34%	18.33%	17.34%
2020	0.00%	0.66%	5.93%	9.68%	10.14%	11.33%	11.99%	17.33%	17.98%	14.95%
2021	0.07%	2.25%	7.95%	10.93%	11.39%	10.53%	13.58%	17.55%	16.03%	9.74%
2022	0.06%	2.61%	7.65%	10.75%	10.08%	11.96%	12.87%	17.00%	17.06%	9.96%

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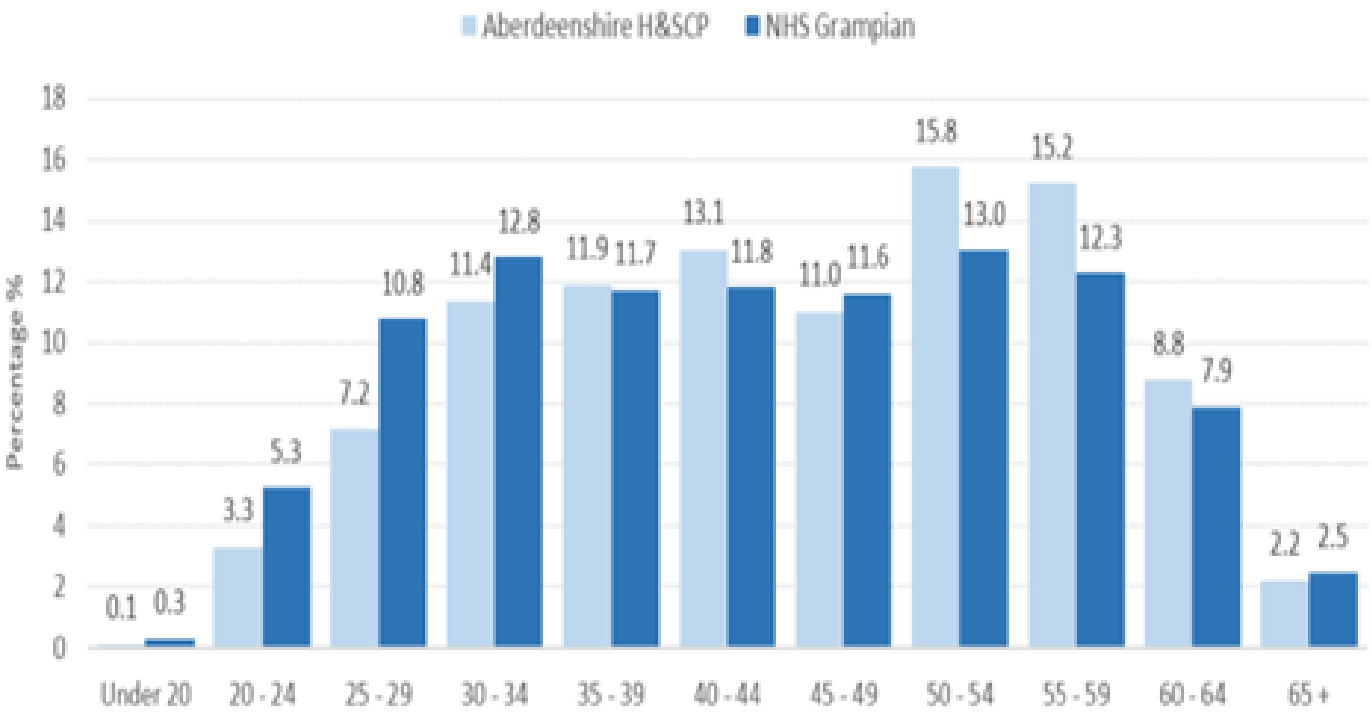
APPENDIX 1

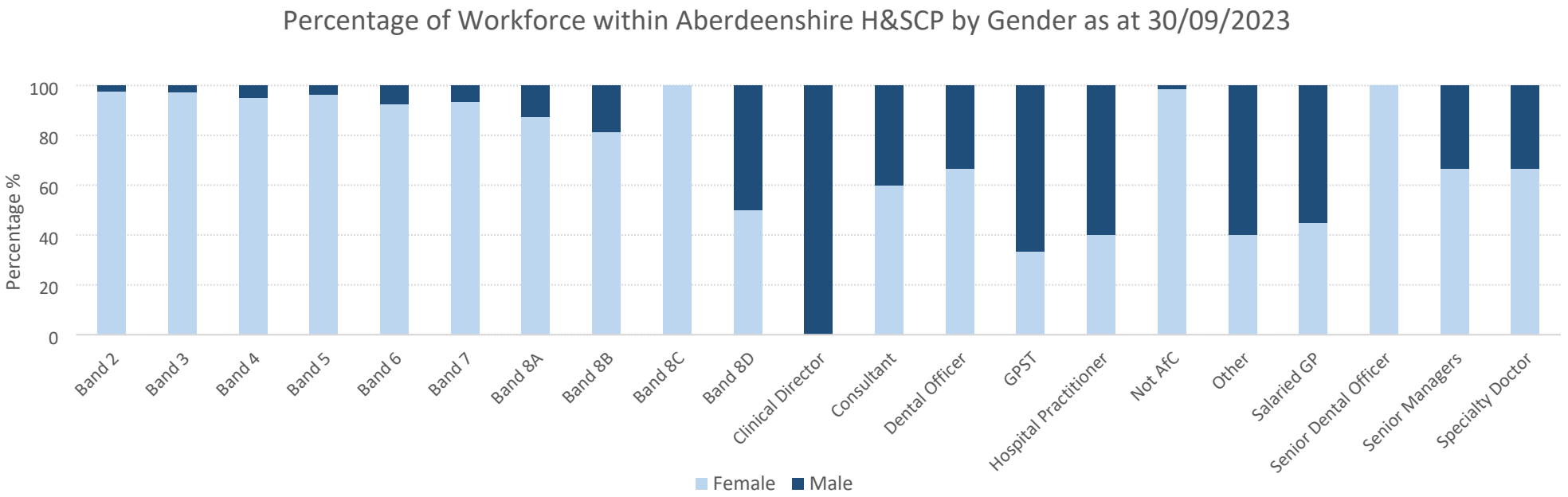
Age Profile October 2023



Aberdeenshire Health & Social Care Partnership

APPENDIX 1

Gender by grade – October 2023



Sickness absence – 2022/23 and 2021/22

2022/23	Long term rate	Short term rate
Aberdeenshire Central	4.79	2.02
Aberdeenshire Community Treatment & Care	3.41	0.55
Aberdeenshire Hosted Services	3.10	1.33

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Aberdeenshire North	2.06	2.59
Aberdeenshire South	3.70	1.86
Business & Strategy	-	1.07
Aberdeenshire Mental Health	3.11	1.08
Aberdeenshire H&SCP average	3.23	1.89
NHS Grampian	2.73	2.41
Aberdeenshire H&SCP 2021/22	3.65*	

***2021/22 percentage is for overall sickness absence rate**

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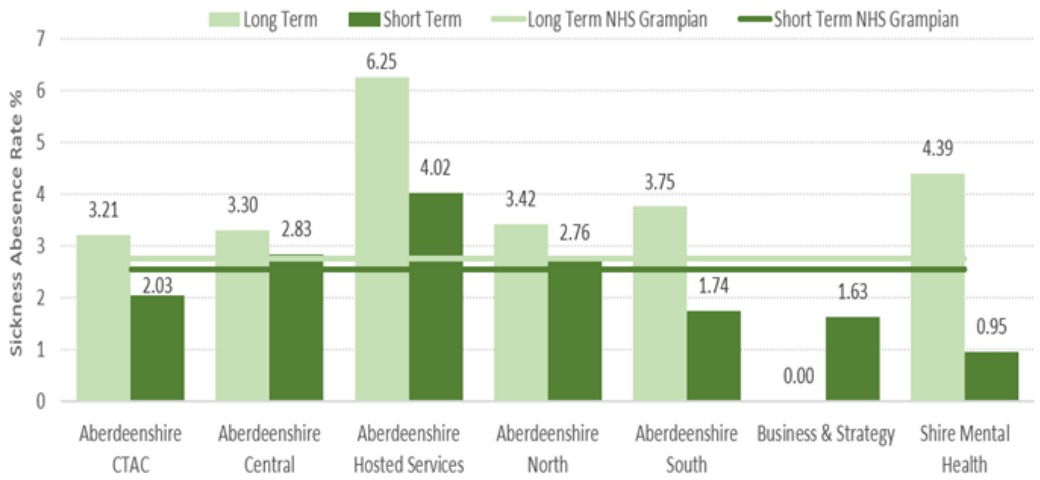
Sickness absence – October 2023



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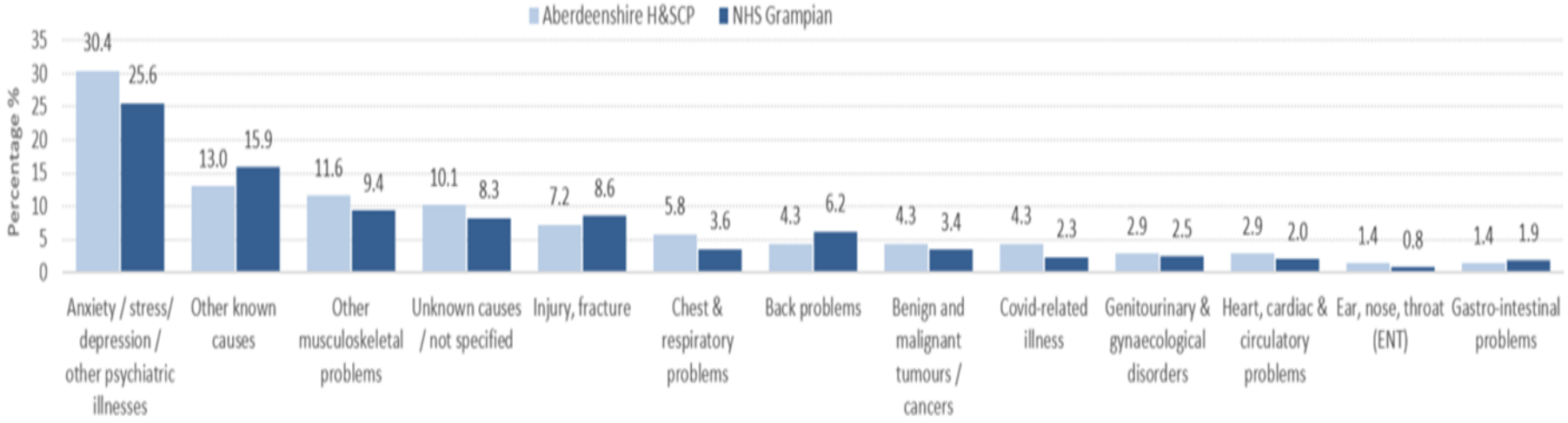
Long term absence reasons



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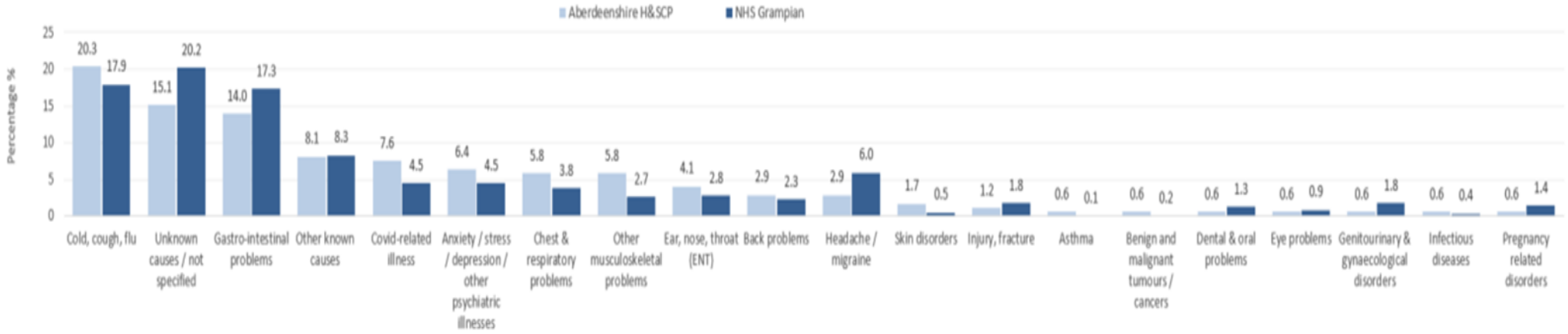
APPENDIX 1

Short term absence reasons 2022/23



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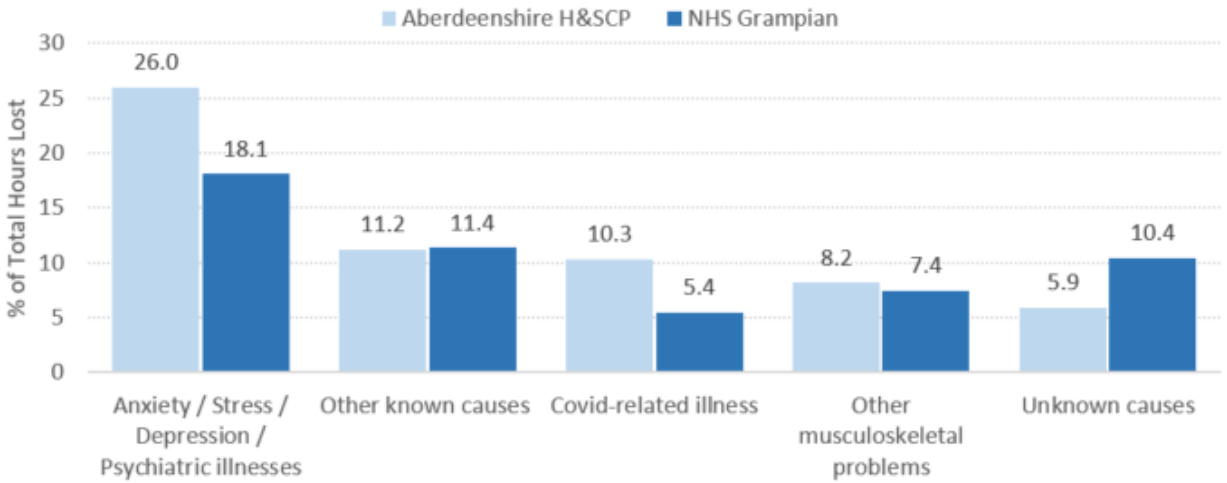
APPENDIX 1

Top 5 sickness absence reasons – October 2023



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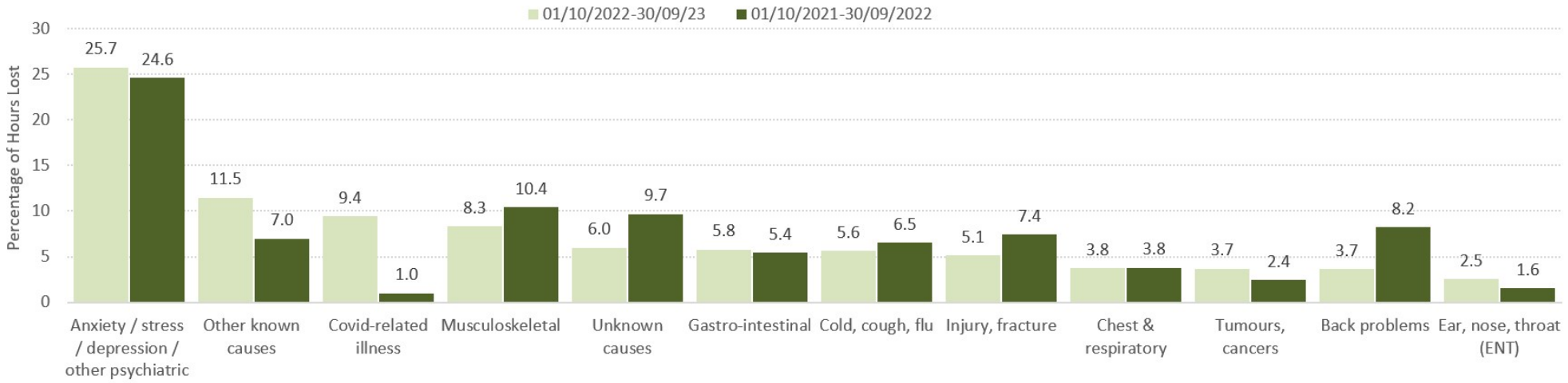

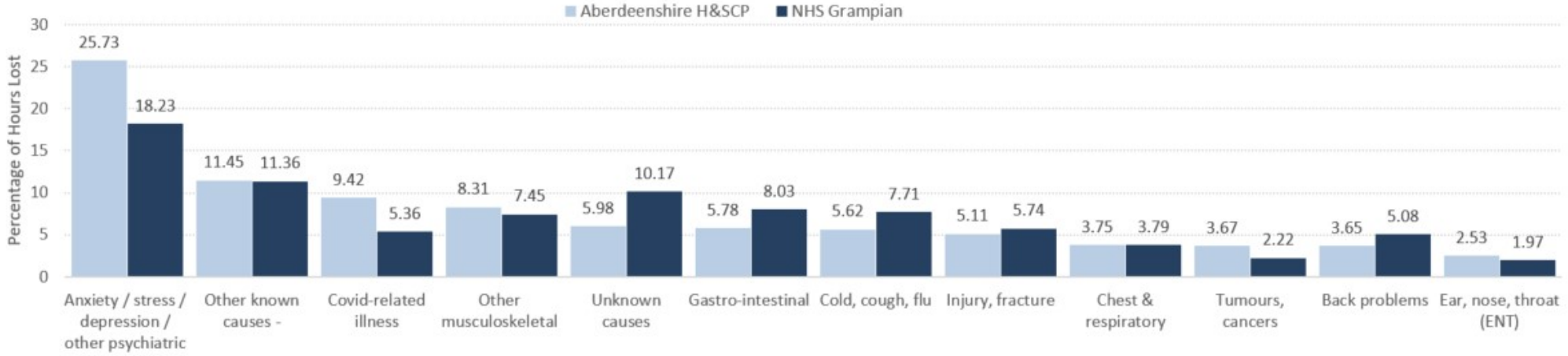

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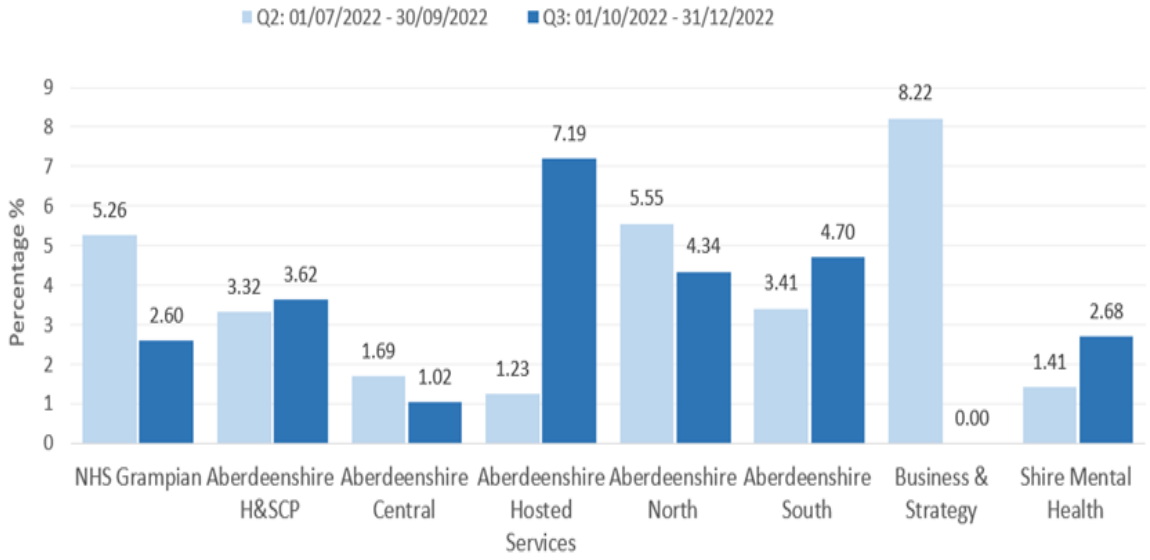
APPENDIX 1

Turnover and leavers reasons for leaving

Quarter 2 and Quarter 3 2022/23



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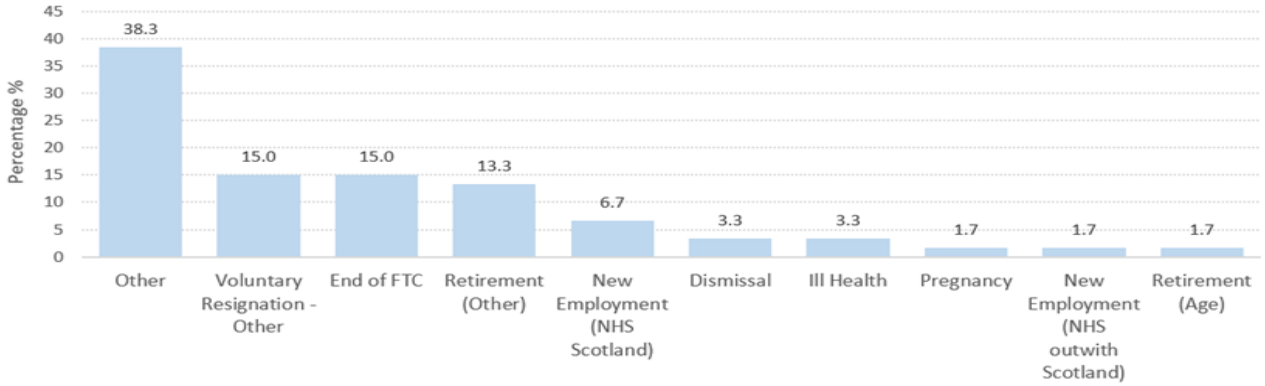
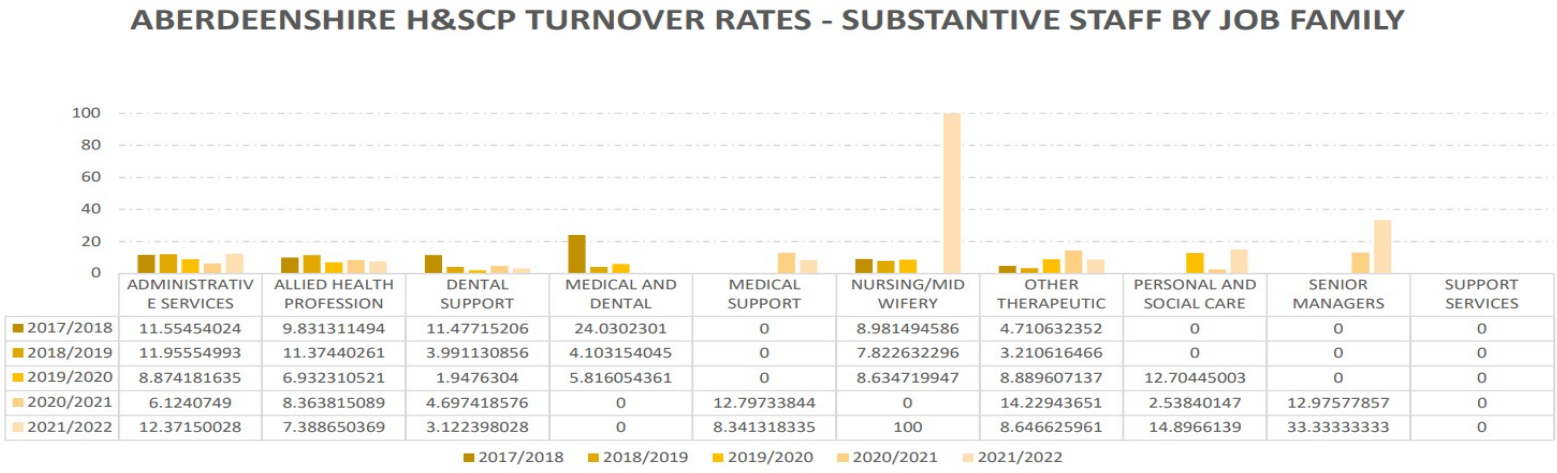


Turnover 2017/8-2021/22



	ADMINISTRATIVE SERVICES	ALLIED HEALTH PROFESSION	DENTAL SUPPORT	MEDICAL AND DENTAL	MEDICAL SUPPORT	NURSING/MIDWIFERY	OTHER THERAPEUTIC	PERSONAL AND SOCIAL CARE	SENIOR MANAGERS	SUPPORT SERVICES
2017/2018	11.55454024	9.831311494	11.47715206	24.0302301	0	8.981494586	4.710632352	0	0	0
2018/2019	11.95554993	11.37440261	3.991130856	4.103154045	0	7.822632296	3.210616466	0	0	0
2019/2020	8.874181635	6.932310521	1.9476304	5.816054361	0	8.634719947	8.889607137	12.70445003	0	0
2020/2021	6.1240749	8.363815089	4.697418576	0	12.79733844	0	14.22943651	2.53840147	12.97577857	0
2021/2022	12.37150028	7.388650369	3.122398028	0	8.341318335	100	8.646625961	14.8966139	33.33333333	0

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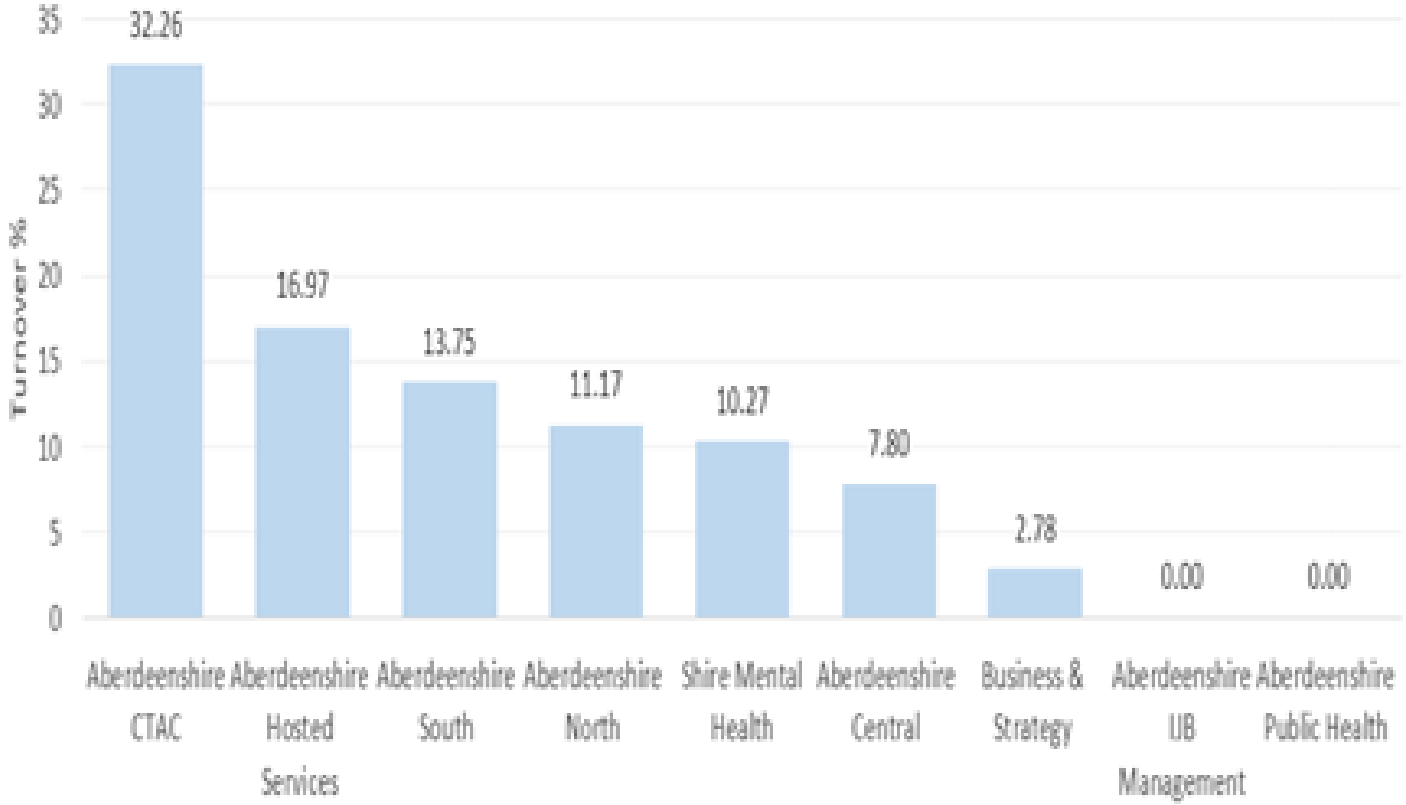
Turnover – October 2022- October 2023



The NHS Grampian turnover over the same period was 12.2 with the Shire wide turnover being 12.16%.

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APPENDIX 1

We Care 2023 survey

A survey by We Care of NHS Grampian staff in 2023 found indications that staff are not making significant used of We Care and that the pressure of work is impacting on quality of life:

- Whilst 71% were aware of We Care only 27% of staff had accessed We Care resources with a lack of time and/or a lack of protected time being cited as the prime reasons for this
- 30% of respondents said that they rarely or never took breaks due to being too busy
- 70% of respondents sometimes/most of the time or always were too tired after work to enjoy the things they liked to do at home
- 68% of respondents reported that they had at some point in the last three months worked when they felt too poorly to really be doing so

Aberdeenshire Health & Social Care Partnership

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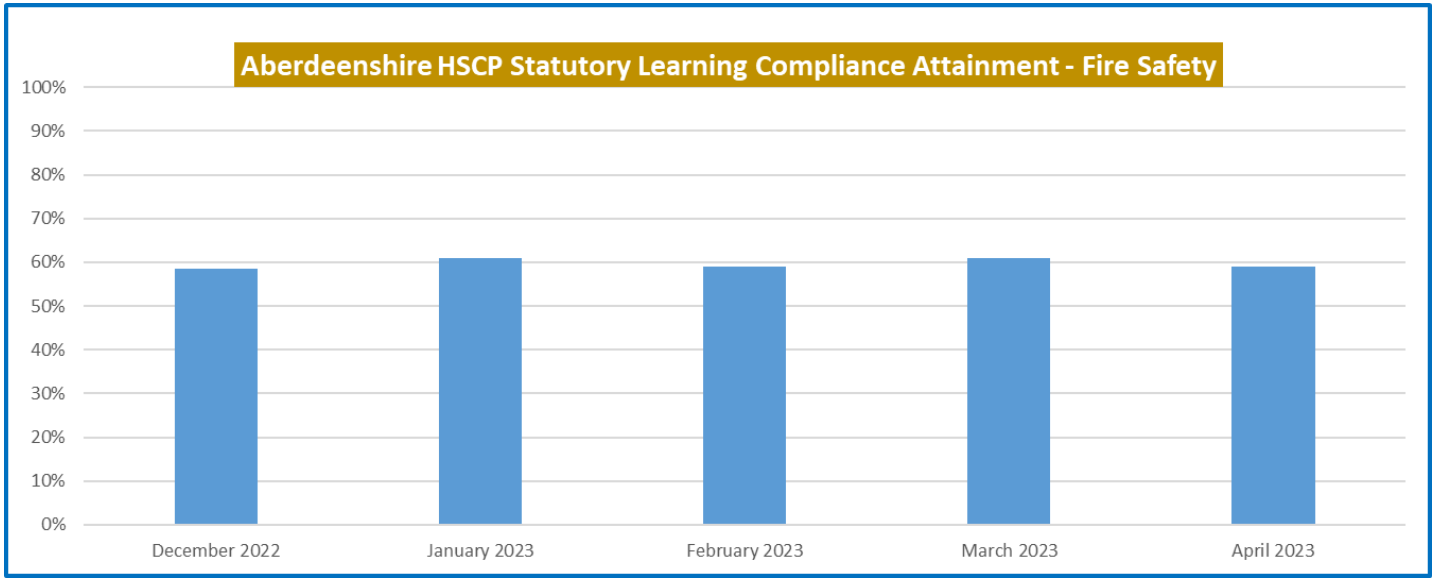
Training 2022/23

Statutory training



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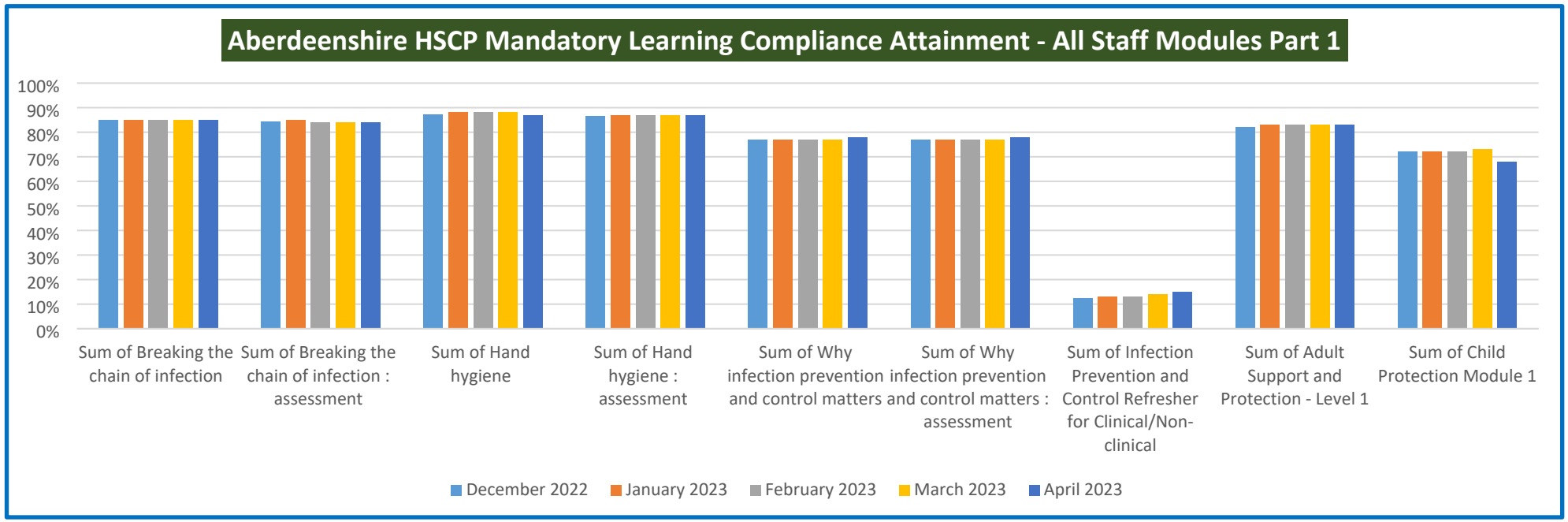
Mandatory training



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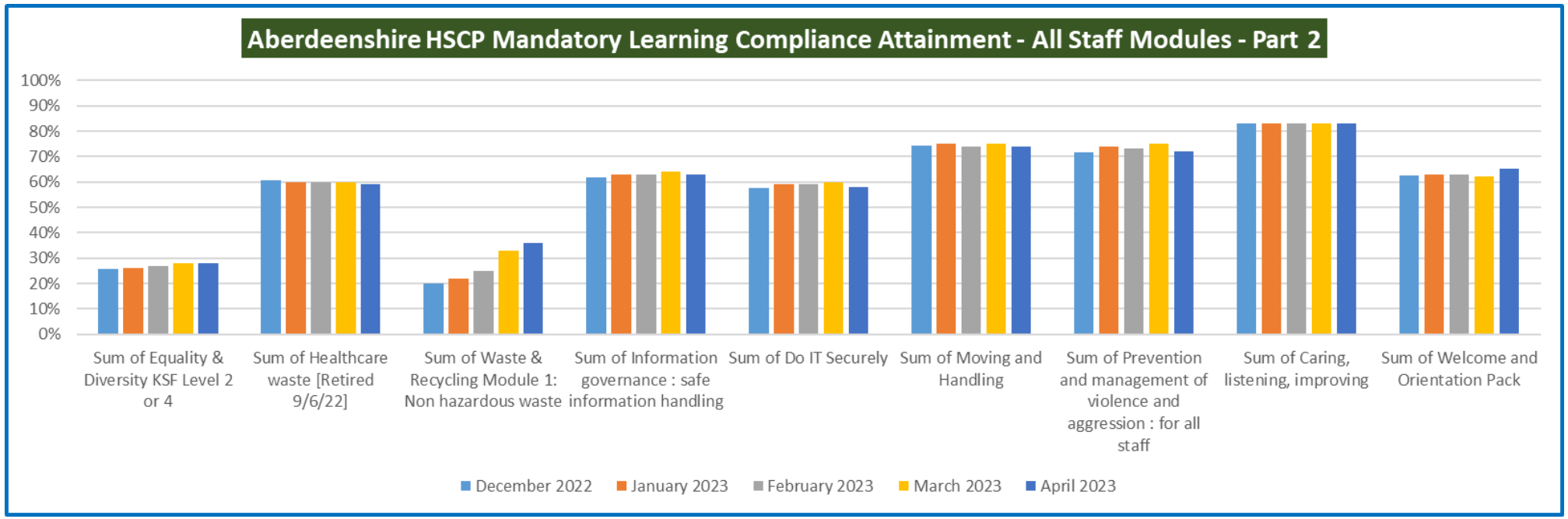

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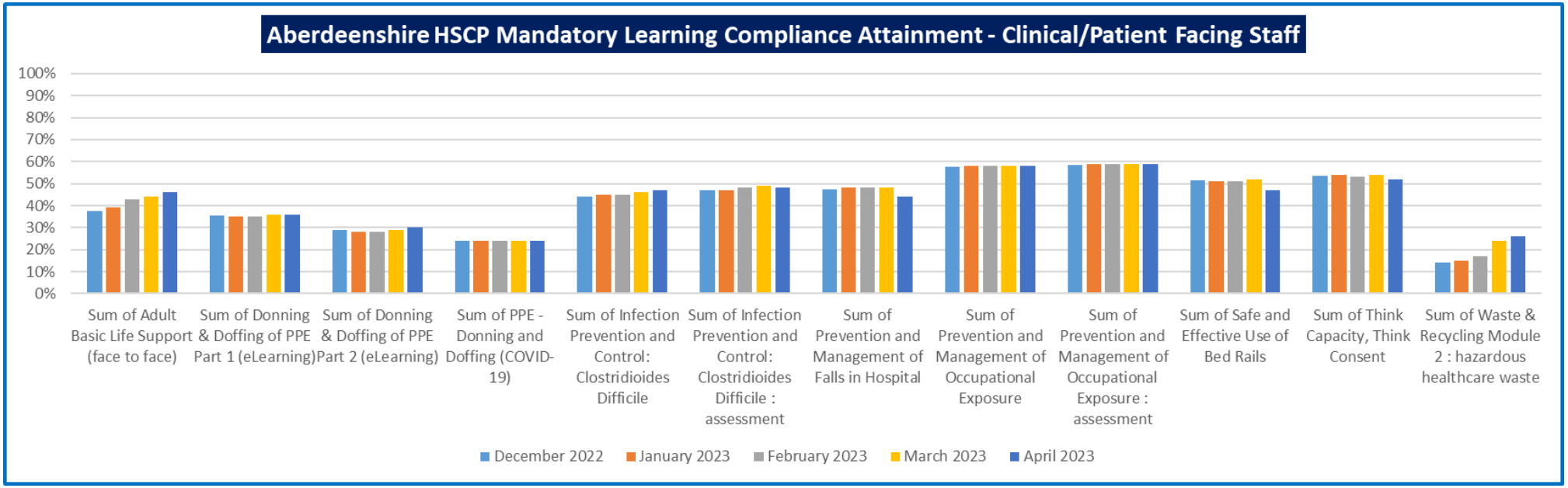


Aberdeenshire Health & Social Care Partnership

APPENDIX 1

Training – October 2023

MANDATORY MODULES (COMPLIANCE 60%)	NHS Grampian	Ab'shire H&SCP
Adult Support and Protection - Level 1	75%	84%
Breaking the Chain of Infection	80%	86%
Breakin the Chain of Infection - Assessment	79%	85%
Caring, Listening, Improving	79%	84%
Child Protection Module 1	65%	72%
Do IT Securely	61%	65%
Equality & Diversity KSF Levels 2 & 4	24%	29%
Hand Hygiene	84%	88%
Hand Hygiene - Assessment	85%	88%
Healthcare Waste (Retired 9/6/22)	52%	58%
Infection Prevention and Control Clinical and Non-Clinical Refresher	22%	21%
Information Governance: Safe Information Handling	63%	66%
Moving & Handling	64%	64%
Prevention and Management of Violence and Aggression	69%	71%
Waste & Recycling Module 1: Non-Hazardous Waste	48%	46%
Welcome and Orientation Pack	63%	66%
Why Infection Prevention and Control Matters	74%	79%
Why Infection Prevention and Control Matters - Asssessment	75%	79%
STATUTORY MODULES (COMPLIANCE 70%)		
Fire Safety	64%	65%

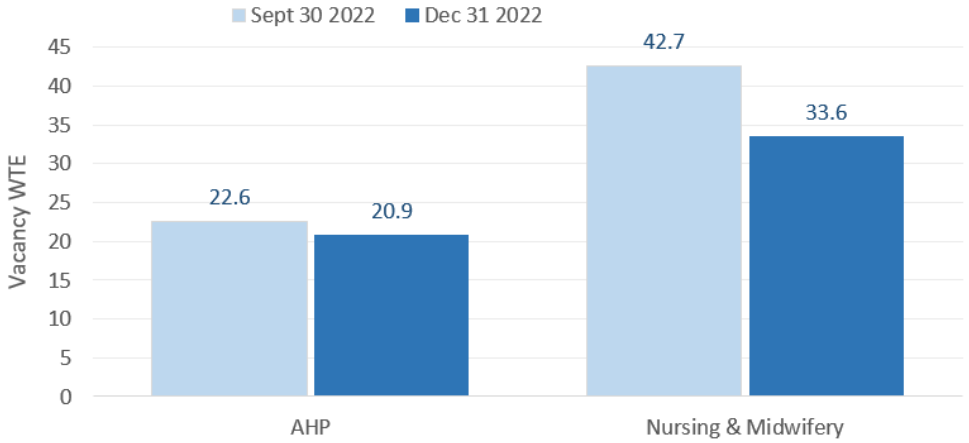
CLINICAL/PATIENT FACING MODULES (COMPLIANCE 60	Ab'Shire H&SCP
Adult Basic Life Support	52%
Donning & Doffing of PPE (Part 1)	40%
Donning & Doffing of PPE (Part 2)	34%
Infection Prevention and Control: Clostridiodes Difficile	46%
Infection Prevention and Control: Clostridiodes Difficile: Assessment	49%
Prevention and Management of Falls in Hospital	46%
Prevention and Management of Occupational Exposure	59%
Prevention and Management of Occupational Exposure: Assessment	60%
Safe and Effective Use of Bed Rails	50%
Think Capacity, Think Consent	56%
Waste & Recycling Module 2: Hazardous Healthcare Waste	32%

Aberdeenshire Health & Social Care Partnership

APPENDIX 1

Vacancies

Aberdeenshire H&SCP vacancies by job family 1/07/22 to 31/12/22



Aberdeenshire H&SCP vacancies by job family – October 2022-October 2023

Job family	Numbers of vacancies
Nursing & midwifery	483
AHP	126
Administrative services	109
Other therapeutic	61
Medical & dental	43
Others	19

Nursing vacancies between May 2023 and November 2023 ranged from 51.4 WTE in May to 48.4 in November with a low of 43.5 in October 2023.

Aberdeenshire Health & Social Care Partnership

APPENDIX 1

Comparisons across Aberdeenshire Council and NHS staff and key challenges

The first update of the baseline Workforce Plan data in June 2023 identified four key challenges for the work of the Workforce Plan thematic groups. These were:

1. The need to attract a younger workforce
2. Responding to the challenges presented by an ageing workforce
3. The high turnover of staff
4. The health and wellbeing of our staff
5. Challenges in filling key posts

On all these indicators, the Shire workforce was performing worse than the equivalent figures for NHS Grampian and Aberdeenshire Council as a whole.

The data refreshed in the last quarter of 2023 shows some improvement in terms of attracting a younger workforce as is shown by the graph below, especially for the Aberdeenshire Council H&SCP workforce which saw a 0.7% increase in the proportion of below employed younger than 30 years old. The corresponding figure for NHS Grampian Partnership staff saw a 0.3% increase. This is especially promising given the proportion of people in the 18-44 age group fell by 6% between 2016 and 2021 and is likely to still be reducing.

The proportion of staff age 50 years and over meanwhile has remained static for the Aberdeenshire Council H&SCP workforce with a small reduction for the NHS Grampian H&SCP workforce.

It is considered that this slightly improving picture has been assisted by the Workforce Plan action to start attending and increasing the focus of advertising and recruiting on social media and at community events and festivals. Current plans to further increase this activity at the locality level should further support this trend.

In terms of recruitment we filled 16% less posts than in 2022 and the average number of days to fill a post remained static at 49 days after a growth during the last data refresh. We expect that the creation of the volunteer Locality Recruitment Champions and the new Recruitment Process Flow for Line Managers will further improve performance during the next six month period.

Aberdeenshire Health & Social Care Partnership

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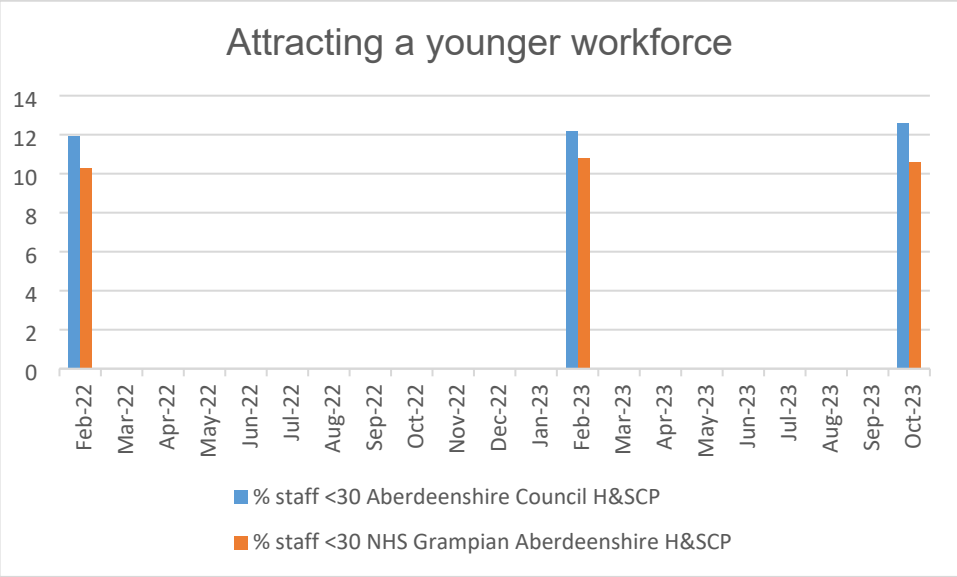

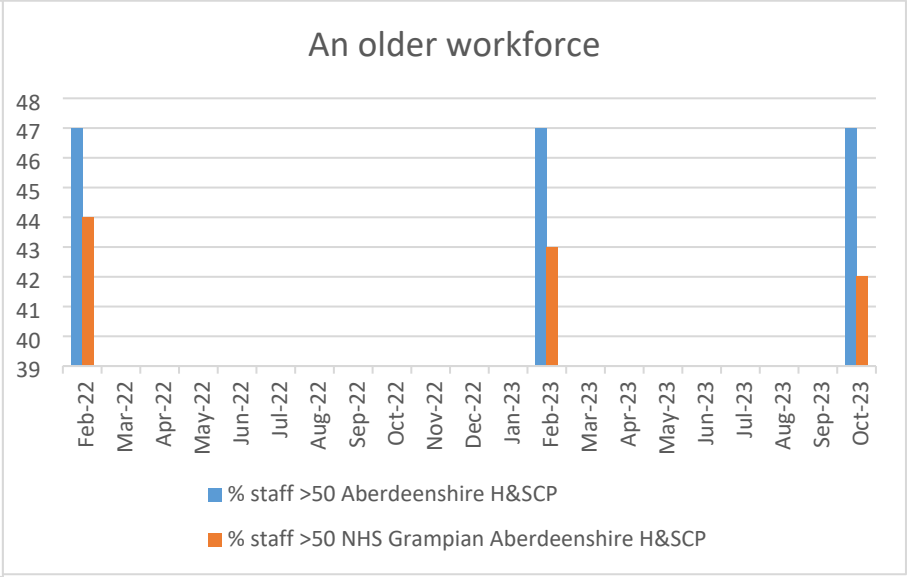

Similarly the staff turnover rate has improved for staff employed by both organisations, but especially for the Aberdeenshire Council, which saw a 3.7% reduction between February and October. Staff turnover within the group of staff employed by NHS Grampian also reduced by 2%. Efforts to re-brand the Partnership as an employer where health and wellbeing is central to our culture and to improve training, development and support through the Workforce Plan should enable us to consolidate this improving trend and help to reduce the high attrition of our workforce, which was evident at the Workforce Plan baseline.

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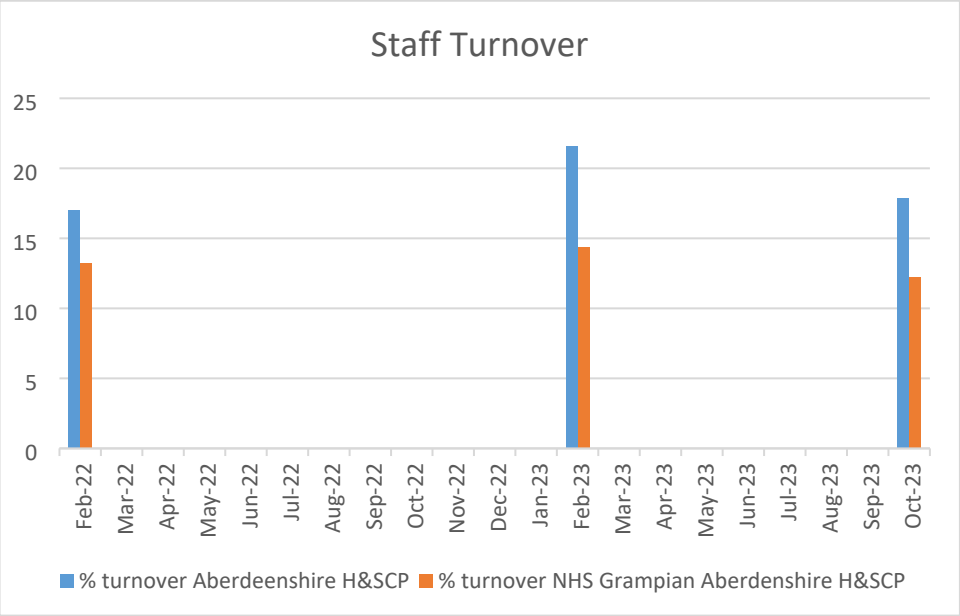

The one challenge which has worsened since the first refresh is the health and wellbeing of our staff. Sickness rates have increased amongst staff employed by both organisations and the proportion of sickness attributed to stress, anxiety or depression has also increased amongst staff employed by both organisations. Indeed the proportion of days lost to stress and depression is over 7% higher for Partnership NHS Grampian staff than the same measure is for NHSG Grampian staff as a whole. Due to a need to identify more specific actions for staff health and wellbeing, the work of the Staff Health and Wellbeing Theme Group has only just commenced in January 2024. But it is expected that the actions proposed in the Staff Health and Wellbeing Action Plan will begin to improve what remains as a deteriorating challenge for the Partnership. This workforce update suggests this Action Plan should have increased focus and priority in the light of the data refresh.

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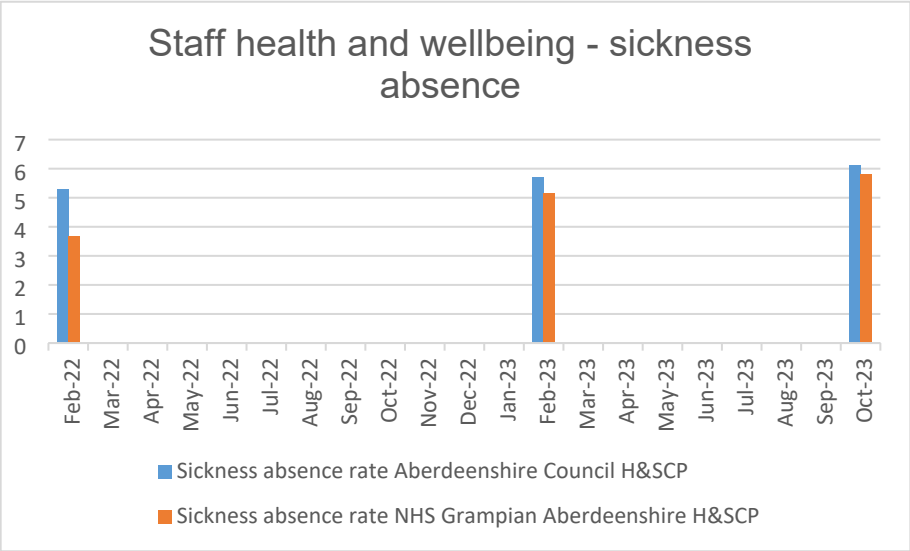
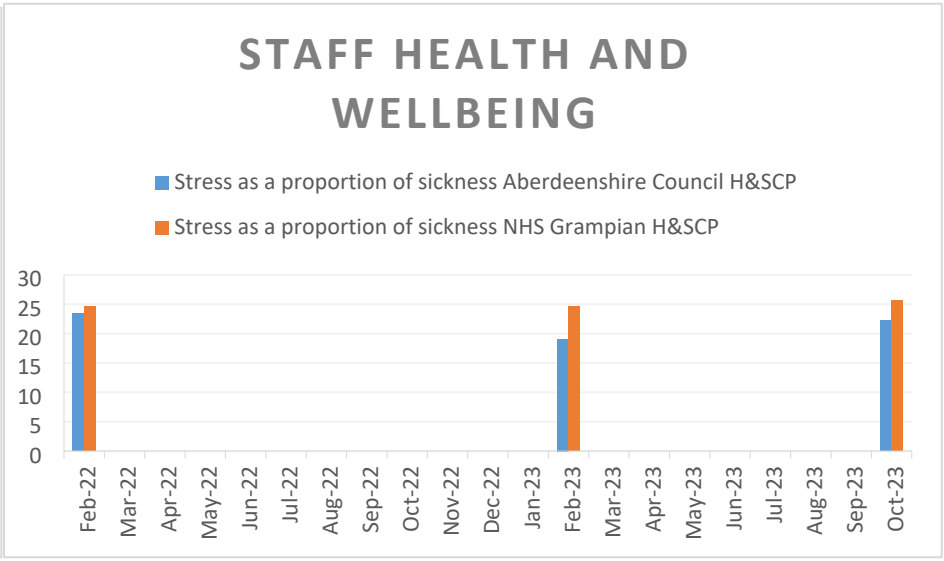




In terms of training, whilst we do not have comparable data on compliance of statutory and mandatory training completions for H&SCP staff employed by Aberdeenshire Council, the data from NHS Grampian reveals some improvement in compliance especially for the statutory fire safety module and the Shire is generally performing better than NHS Grampian as a whole. Fire safety is however 5% short of the NHSG target even for the Shire and whilst mandatory course compliance is generally above the Board targets for the Shire, equality and diversity is especially poor.

APPENDIX 2

ABERDEENSHIRE WORKFORCE UPDATE JANUARY 2024

02/01/2024

Aberdeenshire Health & Social Care Partnership Workforce Plan 2023-2025

The Aberdeenshire Health and Social Care Partnership is progressing the implementation of the National Workforce Strategy for Health and Social Care in Scotland[1]. Our published Aberdeenshire Health & Social Care Partnership Workforce Plan 2022-2025[2], October 2022, describes the drivers for change, associated workforce actions, risks and challenges expected over the next three years that form the focus of the Plan. The priority actions align to the five pillars of the workforce journey: Plan, Attract, Train, Employ and Nurture. We continue to focus on developing a sustainable workforce, driving increased recruitment using innovative and different solutions, with ongoing programmes of work in relation to staff health and wellbeing, preparing for the deployment of new technology solutions, which will deliver more effective staff utilisation whilst also easing the burden on the workforce. We will also increase our use of workforce data to support more evidence-based decision making by gathering comparative data from both of our employing organisations and updating this on a quarterly basis going forward.

This January 2024 Update is the second progress report on the implementation of the Workforce Plan, describing our work to date and identifying our key actions that are being informed by regularly updated workforce data.

Key Data Headline Challenges 2024

As set out in our first Workforce Plan Update in June 2023, we reviewed the first biannual refreshed data measures across both Aberdeenshire Council and NHS Grampian (who both employ our Health and Social Care staff) back in May 2023. That first update of the baseline Workforce Plan data in June 2023 identified five key challenges for the work of the new Workforce Plan thematic groups. These were:

[1] National Workforce Strategy for Health and Social Care in Scotland (www.gov.scot)
[2] Aberdeenshire Health and Social Care Partnership Workforce Plan 2022 - 2025

1. The need to attract a younger workforce
2. Responding to the challenges presented by an ageing workforce
3. The high turnover of staff
4. The health and wellbeing of our staff
5. Challenges in filling key posts

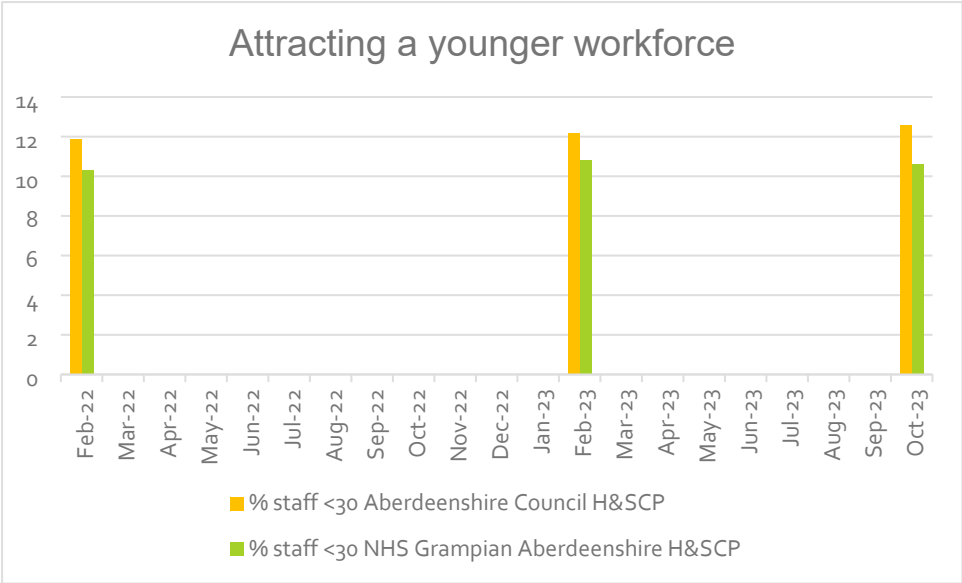
On all these indicators, the Shire workforce was performing worse than the equivalent figures for NHS Grampian and Aberdeenshire Council as a whole.

The data refreshed in the last quarter of 2023 for our second Workforce Plan Update shows some improvement in terms of attracting a younger workforce as is shown by the graph below, especially for the Aberdeenshire Council H&SCP workforce which saw a 0.7% increase in the proportion of below employed younger than 30 years old. The corresponding figure for NHS Grampian Partnership staff saw a 0.3% increase. This is especially promising given the proportion of people in the 18-44 age group fell by 6% between 2016 and 2021 and is likely to still be reducing.

The proportion of staff aged 50 years and over meanwhile has remained static for the Aberdeenshire Council H&SCP workforce with a small reduction for the NHS Grampian H&SCP workforce.

It is considered that this slightly improving picture has been assisted by the Workforce Plan action to start attending and increasing the focus of advertising and recruiting on social media and at community events and festivals. Current plans to further increase this activity at the locality level should further support this trend as we go forward in to 2024/25.

In terms of recruitment we filled 23% fewer posts than in 2022 and the average number of days to fill a post grew from an average of 49 to 52 days. We expect that the creation of the volunteer Locality Recruitment Champions and the new Recruitment Process Flow for Line Managers will help improve performance during the next six month period.


Attracting a younger workforce
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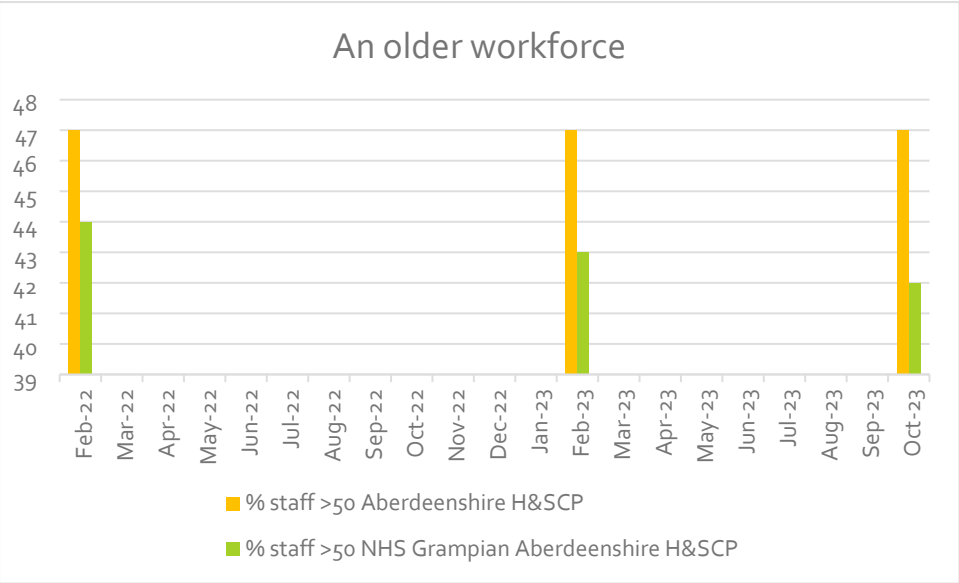
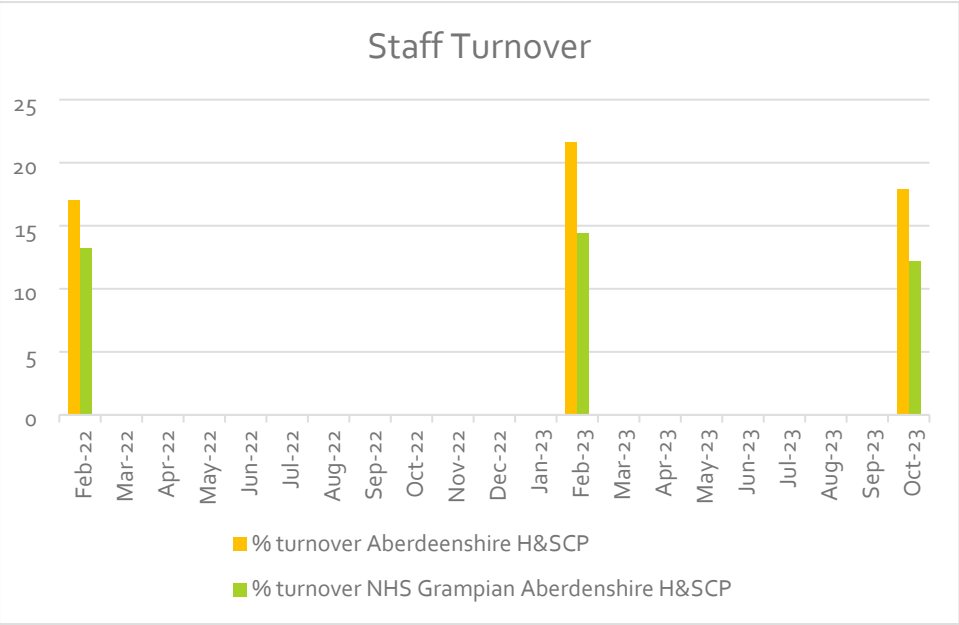
% staff <30 Aberdeenshire Council H&SCP
% staff <30 NHS Grampian Aberdeenshire H&SCP



Similarly the staff turnover rate has improved for staff employed by both organisations, but especially for the Aberdeenshire Council, which saw a 3.7% reduction between February and October. Staff turnover within the group of staff employed by NHS Grampian also reduced by 2%. Efforts to re-brand the Partnership as an employer where health and wellbeing is central to our culture and to improve training, development and support through the Workforce Plan should enable us to consolidate this improving trend and help to reduce the high attrition of our workforce, which was very evident both at the Workforce Plan baseline and in our first update in June 2023. We also hope to be able to monitor the reasons given for leaving through exit interviews at the next update with data from both the Council and NHS Grampian.



The challenge which has worsened since the first refresh is the health and wellbeing of our staff.

Sickness rates have increased amongst staff employed by both organisations and the proportion of sickness attributed to stress, anxiety or depression has increased for all Partnership staff. Both the sickness rate and the proportion of staff sickness attributable to stress, anxiety and depression for Partnership NHS Grampian staff are significantly higher than the equivalent figures for NHS Grampian as a whole.

The Council's Wellbeing Survey in October 2023 sought to determine how employee's rated their wellbeing. The table below shows the results for Health and Social Care staff responding:

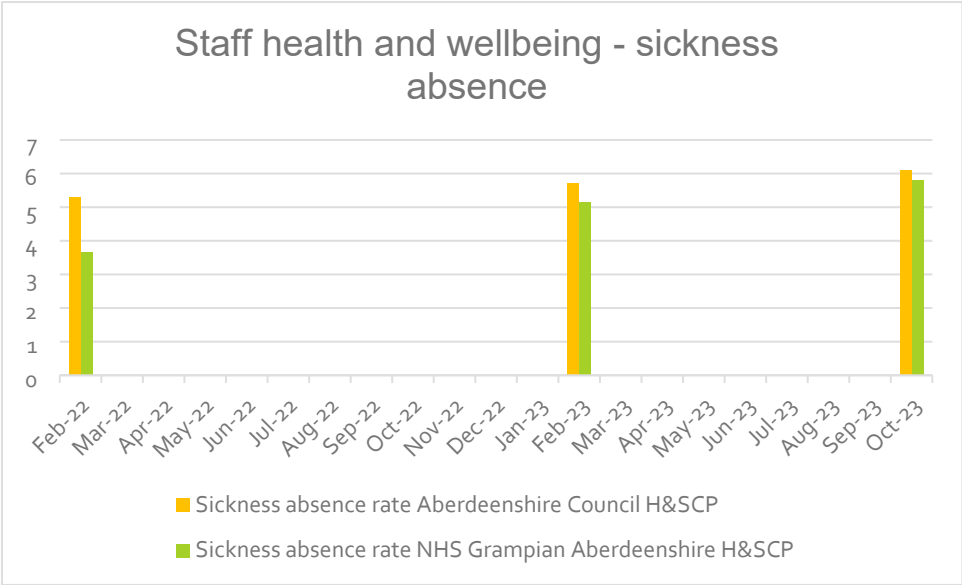
Breakdown of Responses:	
	HSCP Staff
In Crisis	7 (1.1%)
Struggling	63 (10%)

Surviving	299 (47.7%)
Thriving	234 (37.3%)
Excelling	18 (2.8%)
Total Responses	626
Head Count (HC)	2701

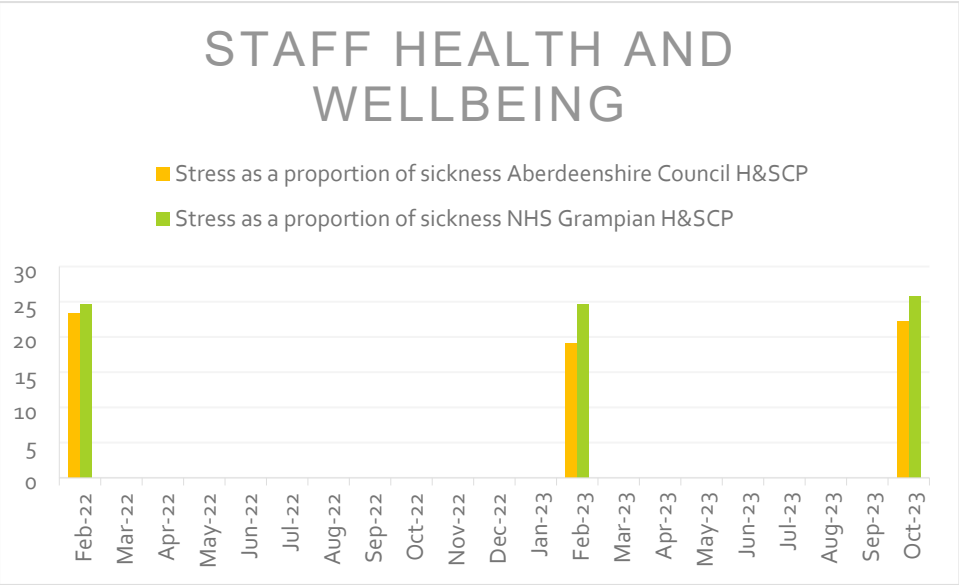
Similarly a survey by We Care of NHS Grampian staff in 2023 found indications that staff are not making significant used of We Care and that the pressure of work is impacting on quality of life:

- Whilst 71% were aware of We Care only 27% of staff had accessed We Care resources with a lack of time and/or a lack of protected time being cited as the prime reasons for this
- 30% of respondents said that they rarely or never took breaks due to being too busy
- 70% of respondents sometimes/most of the time or always were too tired after work to enjoy the things they liked to do at home
- 68% of respondents reported that they had at some point in the last three months worked when they felt too poorly to really be doing so

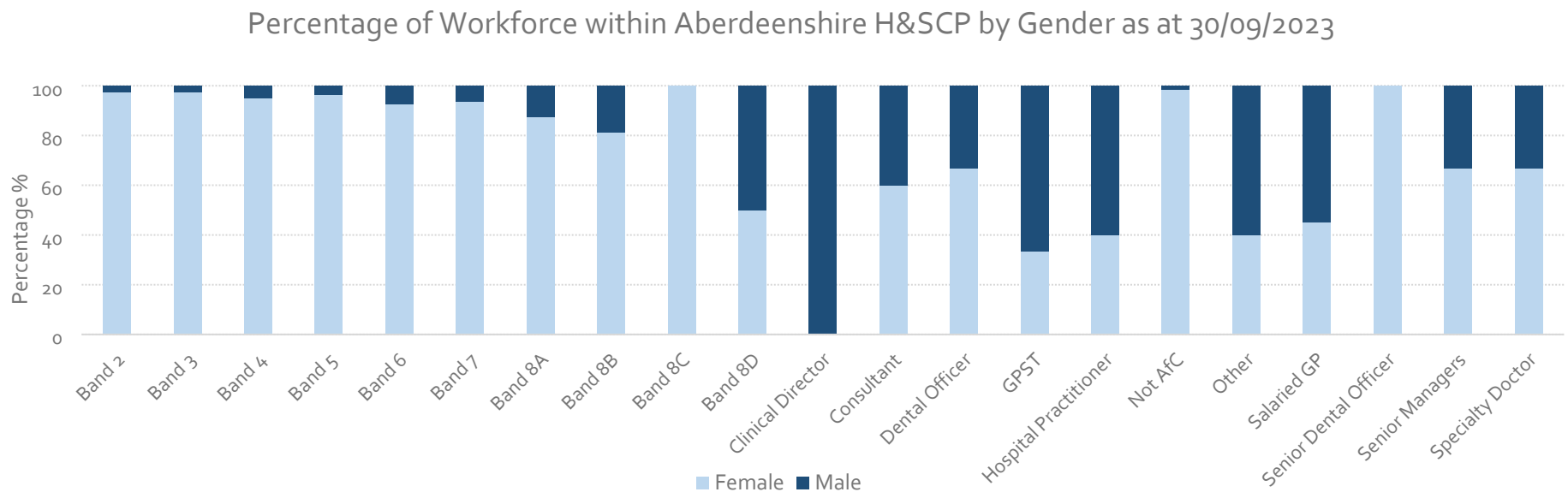
Due to a need to identify more specific actions for staff health and wellbeing, the work of the Staff Health and Wellbeing Theme Group has only just commenced in January 2024. But it is expected that the actions proposed in the Staff Health and Wellbeing Action Plan will begin to improve what remains as a deteriorating challenge for the Partnership. Nationally this is a similar picture and indeed rates of anxiety are over 50% higher than pre-Covid-19 Pandemic levels [3]



3 https://championhealth.co.uk/insights/anxiety-statistics/



Following discussion at our Integrated Joint Board in July 2023, where the first Workforce Plan Update was considered and reviewed by Board Members, we have additionally reviewed workforce data by gender and grade across both organisations. Whilst there are significant gender variations within individual professional groups (Nursing and midwifery, Allied Health Professionals and Care being predominantly female), there is limited correlation between gender and grading.



Whilst we do not yet have access to comparable data on training compliance from Aberdeenshire Council as work is still underway to link Aldo course completions with role profile training requirements, evidence from the NHS Grampian data suggests some improvement in training compliance, with fire safety up from 58% to 65% although this is still 5% short of the Board's target compliance, but better than NHS Grampian as a whole at 64%. In terms of mandatory courses, while compliance is low generally for equality and diversity, Aberdeenshire is performing better on training compliance than NHS Grampian as a whole.

MANDATORY MODULES (COMPLIANCE 60%)	NHS Grampian	Ab'shire H&SCP
Adult Support and Protection - Level 1	75%	84%
Breaking the Chain of Infection	80%	86%
Breakin the Chain of Infection - Assessment	79%	85%
Caring, Listening, Improving	79%	84%
Child Protection Module 1	65%	72%
Do IT Securely	61%	65%
Equality & Diversity KSF Levels 2 & 4	24%	29%
Hand Hygiene	84%	88%
Hand Hygiene - Assessment	85%	88%
Healthcare Waste (Retired 9/6/22)	52%	58%
Infection Prevention and Control Clinical and Non-Clinical Refresher	22%	21%
Information Governance: Safe Information Handling	63%	66%
Moving & Handling	64%	64%
Prevention and Management of Violence and Aggression	69%	71%
Waste & Recycling Module 1: Non-Hazardous Waste	48%	46%
Welcome and Orientation Pack	63%	66%
Why Infection Prevention and Control Matters	74%	79%
Why Infection Prevention and Control Matters - Asssessment	75%	79%
STATUTORY MODULES (COMPLIANCE 70%)		
Fire Safety	64%	65%

CLINICAL/PATIENT FACING MODULES (COMPLIANCE 60	Ab'Shire H&SCP
Adult Basic Life Support	52%
Donning & Doffing of PPE (Part 1)	40%
Donning & Doffing of PPE (Part 2)	34%
Infection Prevention and Control: Clostridiodes Difficile	46%
Infection Prevention and Control: Clostridiodes Difficile: Assessment	49%
Prevention and Management of Falls in Hospital	46%
Prevention and Management of Occupational Exposure	59%
Prevention and Management of Occupational Exposure: Assessment	60%
Safe and Effective Use of Bed Rails	50%
Think Capacity, Think Consent	56%
Waste & Recycling Module 2: Hazardous Healthcare Waste	32%

Workforce action plans, governance and monitoring

Our Workforce Delivery Plan identified seventeen priority actions and our progress since our June 2023 Update on these is outlined below. In order to embed collaboration and joint working to mitigate the risks of silo working, going forward we have allocated each action to a series of new Sub-groups that will report to our Workforce and Training Group as shown in the diagram below

This governance structure will ensure our work is co-ordinated across the Partnership, integrated to other transformational programmes and closely aligned with our Medium Term Financial Plan as well as enable us to drive a more proactive delivery with our actions, reaching out to engage a wider range of specialisms and partners.

The three Sub-groups commenced meeting in June/July 2023 and had produced Action Plans by September-November 2023. By the end of 2023, work was underway to implement priority actions across all three of these Sub-groups. We also have a number of Short Life Working Groups established for the following discrete projects and in some cases related to one of the Sub-groups:

- Prison Team Review
- Events Group reporting to the Recruitment Sub-group
- Health and Care Staffing Act 2019
- International Recruitment Project reporting to the Recruitment Group

Each sub-group is responsible for producing, agreeing and presenting a Highlight Report on a quarterly basis to the Workforce and Training Group for scrutiny. The overarching Highlight Report for the Workforce and Training Group is then reported on a quarterly basis to the Strategic Planning Group for scrutiny. This reinforces a culture of positive progress, momentum and assurance. The Integrated Joint Board also oversees the quarterly reporting process for additional Board level scrutiny.

Progress on Key Workforce Plan Actions

Recruit hard to fill posts

We have made excellent progress with this action. Through a combination of attending a varied range of events and proactive marketing of posts we have achieved the following progress against our Workforce Plan targets set in 2022:

	Nursing posts to be filled	**Home care posts to be filled**
Initial Plan target	52	180
Outcome achieved up to May 2023	90	196
Additional outcome achieved June to December 2023	46.71	

During the last 12 months we have attended nine major events with our Partnership recruitment stand across Aberdeenshire plus smaller school events. These included three major events, which alone generated 64 additional job applications through our process monitoring of this activity, with discussions and reach of 3,498 visitors. In addition, we know from new Aberdeenshire Council Human Resources monitoring of the impact of our attendance at events that 74 job applicants to the H&SCP saw the job in question at an event.

Team Shire at the Banchory Show – 2023

Team Shire at the University of Aberdeen Careers Fair - 2023

2024 and beyond

We recruited to our fixed term two year Workforce Transformation Programme Manager post at the end of January and the postholder commenced in post in Mid-April 2023 and work is underway to support the implementation of the Recruitment Group Action Plan, building on the first year's good progress. This Action Plan has a focus on attending increased local events and outreach activities that will help us to build a new audience for our vacancies that attract a wider range of people to work for us that better reflect the local community which we serve. We

are also monitoring and evaluating the benefits that these events bring in terms of the additional numbers of people applying and getting to interview through to, where we can track this, a vacancy outcome.

In addition, we are about to commence inviting interest from among our teams to establish a network of volunteer locality recruitment champions, whose role in 2024/25 will be to help us match local people to local vacancies by building partnerships and networks with local community organisations, venues and organisations across the localities in Aberdeenshire.

In August 2023, we learned that our Expression of Interest to be an Adult Social Care Pilot had been successful, although unfortunately there was no grant funding available as initially advised in the expression of interest guidance to support the additional costs of this. However, we are looking to use savings on agency costs on vacant posts to fund the additional costs of international recruitment, although the visa changes recently proposed by the UK Government will increase the risks of this action and delay the implementation of this key opportunity. We hope to commence delivering this work in 2024/25 subject to no further visa changes for Health and Care staff and SMT approval. Currently these teams have 130 vacancies, which acts as a considerable pressure on the business both in terms of a lack of resources but also as a financial drain as each agency worker costs us between £6 and £7 an hour more than a salaried position.

We are also working to improve our internal recruitment processes and on boarding to speed up the recruitment process through the use of a Recruitment Process Flow to clarify and ensure awareness of the procedure for recruiting to integrated posts.

Recruit to posts which have received additional funding
We have secured 30 WTE Health Care Support Workers (HCSW) at band 3 – 4 via additional funding that was given via the Scottish Government to develop the roles of Health Care Support Workers. We have been able to progress very well with this and we are now in the process of recruiting Associate Practice Educators to support the education and development of these staff.

Care Team support and recruitment
To attract staff to positions in Home Care and Care Homes, we began operating a voucher incentive scheme in 2023, which has had some success.

In addition, to improve the attractiveness of care as a profession we filled three of ultimately six Care Team Support Officer posts with two proposed in each Aberdeenshire area. The role of these posts is to support staff with quality assurance and training, offering an alternative route for carers interested in development other than line management as well as improving staff support, health and wellbeing.

Undertake 6 step planning with teams

The Workforce Transformation Programme Manager commenced the rollout of 6 steps planning with our Health and Social Care teams in June of 2023 and this rollout has now seen the completion of the Joint Equipment Service and Bladder and Bowel Service reviews. These initial reviews are now in implementation having identified efficiency savings to support improved service delivery to patients. In addition, two further reviews are underway for the Prison Team and the Older Adults Mental Health Team. This process has informed the identification of review timescales, lessons learned and positive case studies and processes to inform and refine the ongoing roll out plan for the rest of the Partnership.

The initial work has demonstrated the following:

- The value and importance of staff engagement throughout to utilise the skills and experience of staff to shape solutions as well as improve staff satisfaction and wellbeing by removing uncertainty and a feeling of lack of control that can hamper transformational change management
- That there are opportunities to realise efficiency savings to improve conditions for our workforce as well as the quality of care for patients
- The need to follow up each review with project and programme management support for an initial period to ensure business as usual teams have the support, focus and skills to implement the larger and more project based actions within the 6 steps review Workforce Plans that are developed. Otherwise, these risk not being implemented or having a diluted effect, which will mean the benefits are not realised.

6 Steps Review staff engagement session for the Ellon Team at the Kirk Centre

Develop an integrated training needs analysis

The Training, Development and Succession Sub-group has been formed and reports to the Workforce and Training Group. This group is supported by the Workforce Transformation Programme Manager and will, amongst other key actions, develop an integrated training needs analysis for the Partnership.

This analysis will include addressing the shortfall in compliance of existing statutory and mandatory training across the Partnership. Data from NHS Grampian indicates that there is a need to address Fire Safety and Equality and Diversity as a priority through this new group, plus ways to measure compliance for Council Partnership staff on a comparable basis have to be identified. The group will also look at how to support third sector partners to benefit from HSCP training provision to improve their ability to deliver staff development and training requirements and improve sector resilience.

Develop a staff development and succession planning framework
This action will also form part of the Training, Development and Succession Group's work. A key challenge for us going forward is to improve staff development and succession planning to enable us to retain existing staff, grow our own local talent and plan for the retirement of our older members of staff.

Part of this work will be to ensure all staff of both organisations have an agreed, current Personal Development and Training Plan in place, although comparable data on the proportion of staff with completed plans is not held centrally within the Council.

Continue to provide ongoing staff health and wellbeing support
Building on the existing Staff Health and Wellbeing work, this sub-group will take forward an action plan for health and wellbeing and seek to make the NHS and Aberdeenshire Council the Health and Social Care employers of choice to address our recruitment and retention challenges as well as the significant issues of stress and depression faced by many of our staff as referred to above. For our Health and Social Care staff in Aberdeenshire Council, 83% of presenting issues to the Council's Employee Assistance Programme are for a combination of stress, depression, anxiety and work-related stress. These issues are also the second largest reasons for occupational health referrals within our council staff and only marginally less than musculoskeletal as the top reason for referral.

Part of the work of this group will be to explore how we support staff to work more flexibly as well as improve on the engagement of our teams in our transformation journey as a Partnership. For example, iMatter indicates that only 57% of HSCP staff feel involved in decision-making.

The Group Action Plan aims to address our challenges of staff burnout, turnover and wellbeing.

In 2024/25, our priorities through this group are to improve the culture of the Partnership, with staff wellbeing being focussed at the heart of our approach to staff and team management as well as influencing how we deliver our workforce projects and actions. Recently our Chief Officer has taken up the role of Partnership Wellbeing Champion to provide senior leadership of this cultural change for the Partnership. This will focus on encouraging staff to take breaks and leave to avoid burn out and ill-health as well as ensuring staff and teams feel valued, included and listened to.

The Staff Health and Wellbeing Group will also have a staff wellbeing overview of all of our Workforce Plan projects to ensure that staff are engaged at the outset, listened to and are encouraged and supported to help us shape workforce transformation as opposed to having this done to them. This will bring the additional benefits of utilising the skills and knowledge of our greatest asset, which is our staff, and increase

motivation and engagement in decision-making from the current baseline perception whereby only just over half of staff feel they can shape decisions. Our Wellbeing Wednesday Communications started in January 2024.

In 2024/25 we will support teams to identify service based Wellbeing Champions, which is a voluntary role to champion wellbeing at a service or team level to promote and help staff navigate through the wellbeing activities and opportunities available through We Care and Aberdeenshire Council.

In addition we will launch a new Line Manager Induction Checklist, which will embed wellbeing conversations in to team meetings, one to one meetings and performance conversations so staff feel they can talk about their wellbeing safely and openly without judgement to ensure early support and intervention before staff reach crisis point and absence results. The Checklist will also seek to embed a mentor/buddy system in to our teams to further support staff.

Technology and innovation

In April 2023, we recruited our Digital Project Manager, who is delivering this key action that will improve the efficiency of our staff teams, support self-care and early intervention to reduce the demand on our services. This action sits within our Training Development and Succession Group to ensure alignment with other skills and staff development actions and will take forward our response to the Scottish Government's Digital Health and Care Strategy to optimise the use of digital and data technologies in the design and delivery of health and care services to improve patient access and care.

Technology Enabled Care – TEC Room/Demonstration Resources: This project will develop a training room which can be used to demonstrate existing Telecare options and, over time, showcase a range of additional TEC / smart home options which can be purchased independently. The aim is to demystify digital solutions for staff, service users and their families and demonstrate how technology can benefit individuals through a "show and tell" approach. Online guidance and signposting will also be developed.

A **Digital Champions** model will be developed within the AHSCP, building on existing Digital Champions networks within Aberdeenshire Council and NHS Grampian, and a pre-existing Technology Enabled Care knowledge sharing group. The aim will be to improve digital skills and knowledge across the Partnership utilising peer to peer support across staff teams to help less confident members of staff adopt and become confident with new technology, whilst also improving their skills and confidence and helping to address and mitigate any potential dis-benefits associated with this action. This project responds to one of the comments of Scottish Government on our Workforce Plan since it allows us to be more aware and cognisant of the impact of new technology on our staff and staff roles, ensuring we maximise the benefits of

new technology solutions to permit staff to become more efficient and agile, improving skills and confidence, but ensuring through effective change management that we mitigate the potential for uncertainty and lack of support to less technologically literate team members.

Other key digital projects include:

Connect Me is the national branding for a variety of services or options which may be offered as a means for an individual to interact and communicate with their healthcare professionals. This is a national programme, with specific projects being coordinated at a pan-Grampian level by NHS Grampian. The Partnership will expand our participation in these projects, for example the further rollout of Near Me video calls to group sessions.

ECLIPSE Implementation – The implementation of a new social care case management system is a key digital project which is being managed by the HSCP Systems & Information team. Staff training and change management support is a key component of this project, which is likely to be completed by 2025.

Microsoft Cross-Organisation Collaboration is a national programme which will greatly enhance the ability of AHSCP teams to work collaboratively across partner organisations' Microsoft 365 environments. Following implementation of Phase 1, colleagues are now able to share calendar availability between Council and NHSG accounts. Phase 2 involves trialling document sharing and a new Microsoft 365 Skills hub developed by NHS Education for Scotland. Whilst we have been unable to participate in the document sharing trial, Aberdeenshire Council will be participating in the Microsoft Skills hub which provides a curated online resource covering a range of Microsoft 365 applications and examples of how they can be used. This is now live for (Aberdeenshire Council) Digital Champions and will be rolled out to all Council employees in the first half of 2024. NHSG colleagues will benefit from the full, national implementation thereafter.

Insch Strategic Need Assessment
Building on staff engagement in 2021/22 to develop ideas and solutions for planning and implementing a sustainable model of care in the Insch area, the Friends of Insch Hospital are working on a Feasibility Study, supported by an external consultant, to look at the potential for a community asset transfer.

Frailty Pathway/Hospital @Home
We have been undertaking further scoping work to deliver this action. Having overcome continued challenges to recruit medical staff with progressing the option of seconding staff to Aberdeenshire to undertake a test of change, we now face issues around the sustainability of future funding for this workstream.

We have secured Scottish Government support for the test of change in the last quarter of 2023/24, but it is unlikely that this will be capable of being mainstreamed as funding is not recurrent.

Going forward we will re-configure and extend the Frailty Working Group with the intention of influencing the deployment of resources in other areas.

Primary Care Improvement Plan
Due to challenges around finance, recruitment and accommodation it was not possible to deliver the Memorandum of Understanding 2 (MoU 2) by March 2023.

Owing to an unsuccessful bid to Scottish Government for increased funding to support test sites to look at alternative delivery models, we are looking at service redesign within the existing financial envelope.

2c Practice review
Following tender stage three practices (An Coarann, Saltoun/Fraserburgh and Central Buchan) will live from 2 February 2024 and a further two former 2c practices (Fyvie and Oldmeldrum) to go live from 1 May 2024 thus implementing our Sustainability Plan for the 2c practices.

The Sustainability Plan assumes a move away from a reliance on Agency GP Locum staff.

In December 2023 the HSCP took over the Braemar GP Practice, but have managed to avoid the use of GP locums and appoint two salaried GPs.

Nursing review
Work remains on going with the nursing review. No changes to nursing posts have been developed at this time due to service models still being developed for the Community Hub and Hospital @ Home projects. Nursing vacancies have improved on a monthly basis with the vacancies falling from 9.8 WTE in Health Visiting /School Nursing in May to 7.3 in November 2023 and from 18.8 WTE to 10.9 across Community Hospitals. The exception is the Prison Nursing Team, where vacancies have increased from 9.2 WTE to 12.9. It is for this reason that we have prioritised the Prison Team for a 6 steps review to address the issue of high turnover.

We have ended the Marie Curie out of hour's contract for community nursing and it is now delivered jointly with Moray H&SCP. Staff were transferred from Marie Curie to support services from three bases of Peterhead, Inverurie and Elgin with an additional Band 6 nurse to triage patients and deploy resources more effectively. This has been well received by patients with good feedback.

We are ensuring that we have the correct professional leadership in post to support the unique and diverse range of nursing posts across Aberdeenshire. We now have a Mental Health Lead Nurse and a Custody and Prison Lead Nurse to ensure that staff have the correct professional support and leadership to enable them to perform their roles well and deliver high quality and safe care. We have also agreed to support 2 WTE Associate Practice Educators to develop the needs of the HCSW workforce across Aberdeenshire. Locally we are also working with managers to support retire and return posts where appropriate for the service.

Allied Health Professional review

Work is well underway on the 6 steps reviews for the five skill areas of AHPs within Grampian and going forward we expect to complete Workforce Plans in draft by the end of 2023/24. Paediatric speech and language therapy is less of a recruitment issue currently with a current emphasis on developing a Grampian wide solution for recruitment and retention for podiatry.

Deeside and Upper Donside review

With this project, which has now been completed, we held a staff workshop with a representative sample of people from across the H&SCP spectrum in June 2023 to look at developing new solutions to the retention and recruitment of hard to fill posts. An Action Plan was developed, which is now being implemented. An option for a community-led service model is being explored to provide care at home services in Ballater and Torphins, working with Braemar Care and Aberdeenshire Voluntary Action. Currently community groups are considering whether this proposition could be taken forward following workshop sessions in 2023.

Embedding of Immunisation Programme

The funding for the permanent workforce is insufficient to meet the immunisation workload demand throughout the year. We are working on developing an agile workforce to cover two different work streams eventually combining budgets for the Primary Care Improvement Plan (PCIP) – Immunisations and CTAC.

The uncertainty of the COVID aspect of the funding is not conducive to having a permanently funded workforce, this remains challenging as PCIP funding does not cover what is required for non-COVID work. We are therefore developing a workforce that can work between two services, combining experience and availability.

Across both work-streams this would look like this for the remainder of 2023/24:

Band 7 x 4.94 WTE

Band 6 x 12.66 WTE

Band 5 x 43.13 WTE

Band 3 x 45.48 WTE

Band 2 x 24.55 WTE

Intervention and Prevention
During 2023 we hosted an Aberdeen University student who was able to support the work of the team through their involvement in a piece of work on health improvement and transport. It is hoped that these placements will support Health Improvement as a career path and may go some way to enhancing our recruitment options for Community Health Improvement Officers at Band 4 level.

We have appointed to the Health and Wellbeing Lead post on an interim basis until June 2024.

HMP Grampian – Health and Care Team
Since securing approval to a Project Mandate in the summer, we have commenced a review of our Prison Team to identify options and approaches to reduce the current high level of staff vacancy and reliance on agency staff. Staff engagement commenced just before Christmas and we expect to conclude the review in early 2024/25 and to implement the preferred option.

6. Actions and Risks to 2025

6.1 Progress on Workforce Plan Actions to 2022-2025

The Aberdeenshire Health and Social Care Partnership will continue to monitor and progress actions over the next 12 months as described in the Workforce Plan 2022-2025. The above sections provide a detailed summary of the progress made in respect of key areas during the first year of the three year plan, and areas requiring specific attention will be reflected in our Medium Term Finance Plan updates and Annual Strategic Delivery Plan updates.

6.2 Risks

The Workforce Transformation Programme Manager has full overview of all the project actions in order to fully and proactively support and track the work of the governance sub-groups to ensure alignment and the identification and realisation of benefits. He also develops and maintain a detailed RAID (Risks, Assumption, Issues and Dependencies) log for the Plan going forward to manage risks, issues and dependencies and to ensure clarity over any assumptions that have been made.

Initial work indicates the following key risks:

1. There is a risk that our actions to mitigate the impact of our ageing workforce are not as successful as they need to be due to the high levels of potential retirements within this age group
2. There is a risk that we do not succeed in reversing the low numbers of young people in our workforce fast enough to compensate for the above
3. There is a risk that staff feel they are not sufficiently engaged in our decision making continuing to impact on turnover
4. There is a risk that staff reviews and transformational change will impact upon staff morale and increase wellbeing challenges that we already face
5. There is a risk that our health and wellbeing actions do not reduce the high proportion of stress/depression within sickness levels

6. There is a risk that the certainty of Scottish Government funding levels going forward impacts on business as usual and workforce stability
7. There is a risk that the increasing levels of agency staff reduces team cohesion and encourages more permanent staff to leave and seek agency roles
8. There is a risk that our Digital projects will impact on staff wellbeing and pressures particularly for less IT literate staff
9. There is a risk that business as usual may not have the resources to deliver all of the actions concurrently
10. There is a risk that communications between the various delivery groups are not managed effectively leading to competing work and actions not being joined up

6.3 Implications and mitigation

Risk mitigation for the above is managed by the Workforce Transformation Programme Manager on behalf of the Workforce and Training Group and reported through the quarterly thematic group Highlight Reports from the Datix system.

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