APPENDIX 1



IJB Report Date: 11 October 2023

KEY HIGHLIGHTS		
• 19 out of 29 projects currently reporting Green RAG status indicating they are currently on track to achieve project aims and milestones.	Overview of RAG Status - All	
• Extensive work has been undertaken to bring the rapid response element of the out of hours nursing service in house ready to commence in autumn 2023.	Projects Red. 0 Not stated,	
•The Autism Strategy was approved at July's IJB meeting and implementation of the strategy is now underway.	Amber. 10	
Vaccination Programme: •Work has been ongoing to plan for the winter vaccination programme starting. There was also routine vaccinations ongoing over this period.		
Primary Care Mental Health Hub (Central) •Continuing to work with TRAKCARE Team to allow all mental health services across primary cand secondary care to self generate referrals and be able to move referrals between services without having to request GP to action this. The aim is for this work to be completed spring 2024	Green, 19	
Analogue to Digital continues to make progress including:		

•Work is ongoing in relation to resilience of GSM (mobile) networks, following widespread outages during June. This is being addressed at a national level, developments are underway with existing digital alarms to make SIM cards more resilient (dual core options), and more advanced SIM cards are due to be available in 2024. These SIM cards will have the ability to access multiple cores or spines which lead to the relevant networks, i.e. Vodafone, O2 etc, therefore if a core connection is lost (as happened in June), then the SIM immediately switches to a completely different core with access to all networks. Once the digital ARC becomes available, increased methods of connectivity using broadband routers etc, may also become available.

The progress within the Health Improvement Plan includes:

supporting the development of the wellbeing component of the Inverurie Place Plan; supporting Public Health colleagues in Aberdeen City and Moray in the adoption of the Aberdeenshire Wellbeing Festival model to meet their needs as part of a Grampian wide initiative from 2024

• Development of a programme of work on Vaping in collaboration with Aberdeenshire Council Education Services, including teacher and pupil surveys and consideration of the resource and training support required by schools to better support teachers, pupils and parents/guardians •Continuation of the delivery of the Confidence to Cook and HENRY food skills/healthy eating programmes; as part of the HEAL LOIP Priority support for a research project led by Aberdeen University on stigma and body image as it

relates to healthy eating and active living, the report from this work will be considered by the HEAL Strategic Planning Group

•Support for the development of a Converation Café in Edenhome Care Home

•Delivery of taster Health Issues in the Community training to Men's Shed members in South Aberdeenshire

• Fit Note - The roll out of the extension to the Fit Note project has completed. This project has been closed and moved to business as usual.

ISSUES FOR ESCALATION		
Issue	Mitigations or Improvement Actions	
Analogue to Digital	The Shared Digital Alarm Receiving Centre (ARC) solution tender, which is being run by Scotland Excel and the Digital Office has identified a preferred bidder. It is hoped however that Aberdeen City and the RCC will have the digital solution available for use by March/April 2024. Following standstill, negotiations will be necessary between Aberdeenshire and ACC in terms of contract renewal for RCC. • Openreach via all the Communication Providers, BT, Sky, Talk Talk etc, have now withdrawn from sale or availability any new 'analogue' telephone connection (PSTN). • Supply chain issues remain challenging, although we have begun to receive in greater numbers, community alarms from Legrand/Tynetec. There is still nearly a 20 week wait time on orders and approximately 500 ordered alarms are still to be dispatched to us. • The Scotland Excel Technology Enabled Care purchasing framework, which had been extended by six months from December 2022 has now expired. Our purchasing of alarms and peripherals had been via this framework. The new framework has not yet been published and is not now expected to be ready until January 2024. Negotiations with Legrand have led to them offering to continue purchasing. • The project is now at almost 25% of all installed community alarms being digitally compatible, albeit operating on analogue protocols as we do not yet have a digital alarm receiving solution at RCC. • The 58 Sheltered Housing complexes with warden-call systems Aberdeenshire Council have responsibility for have all been assessed and the necessary infrastructure works identified to enable internet connectivity for these systems in preparation for the digital switch. The necessary hardware from the manufacturer of the warden call systems however has been continually delayed and is not yet available.	
Development of Shire Mental Health Accomodation options	Due to budgetary pressures, caution is being taken over developing any new services. There is still the potential for out-of-area clients to return using their existing budgets, but unlikely enough to develop an entirely new service.	
10 projects currently reporting Amber status	Work is continuing to ensure that the Strategic Delivery Plan is reviewed and key priorities for this financial year are identified.	

IN-FOCUS - PERFORMANCE AREAS FOR IJB OVERSIGHT

Performance Area / Overview	Medication Assisted Treatment (MAT) Standards Implementation - one of the platforms for successful delivery of the National Drugs Mission to improve and save lives of people who use drugs and their loved ones. This performance update summarises Aberdeenshire HSCP progress against the first five Standards which are expected to be in place by 31/03/23 with full implementation of all ten Standards by 31/03/24.		
Period covered by report	April - June 2023	RAG Rating	
Key Objectives	1. All people accessing services have the option to start MAT from the same day of presentation.	Green	
	2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.	Green	
	3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Green	
	4. All people are offered evidence based harm reduction at the point of MAT delivery.	Green	
	5. All people will receive support to remain in treatment for as long as requested.	Green	
	6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	Amber	
	7. All people have the option of MAT shared with Primary Care.	Amber	
	8. All people have access to independent advocacy and support for housing, welfare and income needs.	Amber	
	9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	Amber	
	10. All people receive trauma informed care.	Amber	
Progress - Key Highlights	 Additional pharmacy resource from ADP budget allocation has been approved which will allow increased prescribing and technician sup Buvidal spaces. Staff have undertaken a range of harm reduction training including local needle exchange training and Scottish Drugs Forum 2-day train training as part of induction as well as refresher/upskilling training. There is a new contract with a third sector provider across Aberdeenshire who will provide innovative ways of ensuring HR equipment range of equipment with all staff trained on assessment and issue. Housing have provided a worker for regular attendance at Step In in Peterhead, Banff and Fraserburgh. Staff knowledge and understati increased and benefitted clients. Welfare rights will provide fast access to a worker who will see clients at Step In. We will test this and loo of people in service. Aberdeenshire scored well in the National Benchmarking report for Standards 1-5 Step In teams are embedding well and are seeing an increase in people dropping in to these locations. Temporary Premises in Inverurits some point in Q2. Increased outreach through monthly Days of Action have started in Fraserburgh to address the increase in harms ar Partnership working increased to provide a holistic approach to people's care, this has included increased referrals from the Drug and Al Housing and other relevant partners, increased partners' presence at Days of Action including Community Mental Health and NHS BBV c 	ing. Naloxone trainers are in place and continue to provide reaches those in need. Each 'Step In' service will have a full nding in both Housing and Drugs and Alcohol service has ok for additional funding if a post is required to meet demand the have been identified with Step In operating from these at id complexities of people requiring Drug and Alcohol support. cohol Care Team, increased professionals meeting with	

Risks / Issues	Mitigations / Actions
Risk to delivery of MAT standards in some areas due to premises availability.	Premises have been secured in Peterhead and Banff and we have leased premises in Fraserburgh. Temporary premises have been identified in Inverurie attending SMT in September to discuss future permanent options. Stonehaven do not have permanent premises yet and operating in local hospital, Viewmount and in communities - work continues with the HSCP property team to resolve these issues. We have highlighted a range of concerns but property is limited in Stonehaven
Recruitment challenges	Recruitment issues are being experienced across Scotland. We have been without required medical staff but have recruited a specialist doctor from mid November and are receiving Clinical cover from Aberdeen City doctors. We continue to increase prescribing capacity within the service through nurses attending Non Medical Prescriber training. This is going well but takes time. We continue to advertise some vacancies but with no suitable applicants.
Gathering of appropriate Experiential Feedback for each standard.	Our provisional rating is due to the lack of experiencial feedback relating to the MAT standards. This continues to be a challenge and the service will need to invest some resource to ensure this happens in the numbers required.
Data Measures and Targets Local Delivery Plan Aberdeenshire Per	Standard: Drug and Alcohol Waiting Times - 90% of people wait less than 3 weeks between referral and treatment: formance 2023-24 Quarter 1: 90.4% Quarter 2: Quarter 3: Quarter 4:

National Substance Use Treatment Target - by 1 April 2024 there will be at least 32,000 people with problem opiate drug use in community-based Opioid Substitution Therapy (OST) treatment in
Scotland (90% of all drug-related deaths in Scotland currently involve opiates). This target equates to approx. 9% increase on current baseline and a target increase of 72 (count) for Aberdeenshire
(national target increase has been applied equitably across Integration Authority areas in Scotland).
Other data measures in development to ensure meaningful reporting of progress towards delivery of MAT Standards (to include experiential information), supported by NHS Grampian Health
Intelligence and linking to the DAIsy system. [Drug and Alcohol Information System (DAIsy) is a national database holding data relating to specialist drug and alcohol retarment from services across
Scotland with the aim of monitoring treatments provided, understanding outcomes from treatment and improving future care. Specific data was supplied to the Ntaional MIST team for MAT
Standards 1-5. This provided evidence to rate us as Green against each of these standards. Further information can be found in the MAT national benchmarking report
https://www.publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat
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