



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 JANUARY 2023

SUBJECT: ABERDEENSHIRE HOSTED SERVICES REPORT

**BY: LOCATION MANAGER AND CHIEF NURSE, ABERDEENSHIRE
HEALTH AND SOCIAL CARE PARTNERSHIP**

1. REASON FOR REPORT

- 1.1. To inform the Board of the current position in relation to the services where Aberdeenshire Integration Joint Board are the 'host' Integration Joint Board (IJB).

2. RECOMMENDATION

- 2.1. **It is recommended that the Moray Integration Joint Board consider and note the current position in relation to the services where Aberdeenshire Integration Joint Board are the 'host' IJB.**

3. BACKGROUND

- 3.1 Hosted Services are services which have been delegated to Integration Joint Boards (IJB's) but are operated and managed on a Grampian wide basis. Hosting arrangements describe the situation where an IJB within the Grampian Health board area hosts a service on behalf of all three IJB's (Moray, Aberdeen City and Aberdeenshire). Operational oversight and management responsibility is held by the 'host' IJB. Strategic Planning for the use of these services should be undertaken by the three IJB's for their respective population. Provision for these hosted services is included within each IJB's Integration Scheme.
- 3.2 The services currently hosted by Aberdeenshire IJB all have a budget of less than £3m. This includes:
- His Majesty's Prison and Young Offenders Institution (HMP&YOI) Grampian (£2.7m) – the health centre at HMP Grampian provides a range of health care including on-site nursing teams (Substance Use, Mental Health and Primary Care). Consultant Clinical Psychology, Allied Health Professionals, medical cover (provided by Peterhead Health Centre) and visiting specialists.
 - Forensic and Custody Healthcare Service (£1.7m) – Provision of a full range of forensic and custodial medicine services, including all paediatric and sexual assault examinations, in sites in Aberdeen, Elgin

and Fraserburgh. Since April 2022 this has also included delivery of the Sexual Assault Self-Referral Service.

- Marie Curie Nursing Service (836k) – Managed Care Service and out of hours service for Moray and Aberdeenshire HSCP's, including rapid response.
- Specialist Nursing Service for continence care/bladder and bowel health (£706k)
- Community Diabetes Specialist Nursing Team and Diabetic Eye Screening Service (£1.014m)
- Heart Failure Specialist Nursing Service (£313k)
- Chronic Oedema Service (£240k) - Specialist Therapy Service

3.3 Health and Social Care Partnership's have been tasked to develop a Service Level Agreement (SLA) for the services currently hosted by them based on the principle of Quality, Safety and Efficiency. Progress on this will be reviewed through the North East Scotland Planning Group, with the intention to submit SLA's to IJB budget setting meetings in March 2023.

3.4 The main part of this report will provide an update on healthcare provision at HMP&YOI Grampian and the Forensic and Custody Healthcare Service. Reports on the other hosted services are attached to this report from page 7 onwards.

HMP&YOI Grampian

3.5 Management responsibility for prison healthcare sits within the North Aberdeenshire locality management team and updates on key themes and issues are reported on a monthly basis through the north management team meeting. Starting in November we are also reporting monthly to the Clinical and Adult Social Work Governance Group on the risks identified on the risk register, in particular around recruitment and retention of staff. The team also report daily into the Daily Situation Update meeting and the staffing/bed huddle to ensure we have a clear picture of staffing levels across the service.

3.6 Inspections of prison health care are carried out jointly by His Majesty's Inspector of Prisons in Scotland (HMIPS) and Healthcare Improvement Scotland (HIS) using the Standards for Inspecting and Monitoring Prisons in Scotland. Outcomes of inspections and subsequent improvement plans are reported to the HSCP Clinical and Adult Social Work Governance Committee and to the Integration Joint Board where appropriate.

3.7 In the last year we have worked alongside Scottish Prison Service (SPS) colleagues to review and agree the best structure for ensuring joint oversight and reporting in relation the delivery of health care within the prison. The Governor at HMP Grampian chairs the Health Care Oversight Group and below that the Primary Care, Mental Health and Substance Use Strategic Groups meet once a month with a structure below that for operational and weekly meetings. This reporting structure ensures resolution or escalation of issues as required.

3.8 The recruitment and retention of staff (particularly prison nursing) remains a key challenge. We have been undertaking workforce planning sessions on a regular basis to work towards a staffing model that is fit for purpose and reflects the changes to prison health care and to ensure that we have a model in place that will meet the changing needs of the prison population. We will be looking to take

forward a strategic review of the prison workforce in the near future. The issues with prison health care staffing is a national issue and we continue to be part of the discussions through national forums.

3.9 In recent years there have been a number of achievements within prison health care, and listed below are a few of those:

- Progress made against improvement actions as identified by previous inspections (Controlled Drug Licence in place and funding for a pharmacy team in place)
- Development of joint oversight arrangements with SPS partners
- Staffing compliment has increased as a result of Action 15 funding to include additional psychology posts and OT posts on a permanent basis, this is to provide interventions for those prisoners presenting with lower level mental health issues. We have also secured temporary funding through Action 15 to support a pathway's for prisoners with brain injury and for older adults within the prison setting
- Funding via Aberdeenshire Alcohol and Drug Partnership to recruit 2 FTE Band 4 nurses to take on the role of Harm Reduction Workers and provide assertive outreach for those prisoners who are at risk of harm from Substance Use. We have successfully recruited into 1.5 of these posts and the other 0.5 has gone out to recruitment
- Given our challenges in recruiting nursing staff we are in the process of recruiting Band 4 Wellbeing and Enablement Workers to each of our core nursing teams. These workers will be supported through training at Robert Gordon University

Forensic and Custody Healthcare

3.10 Operational Management sits within the North Aberdeenshire locality management and report in through the daily situation update. There is also attendance at monthly national meetings with Police Scotland and other custody healthcare colleagues to ensure consistency of practice across Scotland

3.11 The main custody healthcare site is at Kittybrewster Custody Suite where there is 24-hour nursing and forensic medical cover. There are a further two custody suites in Aberdeenshire (Fraserburgh and Elgin). Teams at Elgin and Fraserburgh were given additional resource to provide nurse cover for these sites. In Fraserburgh staff from the Minor Injury Unit provide the cover and in Elgin there have recently been appointed a team of custody nurse practitioners who are based at the Dr Gray's Emergency Department. Both sites link into Kittybrewster if Forensic Medical cover is required. With regards the model at Elgin, Aberdeenshire Health and Social Care Partnership and Moray Health and Social Care Partnership have worked together in the last year to ensure there is a robust staffing model in place for delivery of custody healthcare services in Elgin as the previous model based with GMED presented significant challenges for both services.

3.12 A Nurse Manager post is currently being introduced on a temporary basis with dedicated time to focus on Custody Healthcare. This will allow the provision of the governance and assurance from a nursing perspective and provide that link across all the custody sites to ensure consistency of practice across Grampian.

- 3.13 In addition to all custody medical services the team also deliver the Sexual Assault Response Coordination Service (SARC's). Until April this year this was for police referrals only but the implantation of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) (Act) 2021 on 1 April 2022 also extended this to survivors who choose to self-refer for an examination. The service is required as part of this work to attend quarterly performance meetings with the Scottish Government to review and monitor performance around the SARC and implementation of the legislation.
- 3.14 The setting up of the self-referral pathway has been a significant achievement for the service. This legislation means that survivors of sexual assault can choose to self-refer without contacting the police. This allows for a forensic medical examination to take place and evidence gathered to allow the survivor the choice of when or if they want to proceed with a prosecution. Most importantly it allows survivors to access healthcare following an assault and we are working with colleagues in the Sexual Health Service to ensure we have the appropriate throughcare pathways in place so that survivors can access the necessary health and support services.
- 3.15 The service is not without it's challenges and is currently experiencing gaps in the Forensic Medical Examiner (FME) rota due to an FME leaving and another reducing hours as part of a phased retirement. This has resulted in the use of agency to ensure 24/7 coverage for forensic services. The Service is currently working with HR to move the current FME group onto a salaried contract and this piece of work is near completion with a final agreement to be reached on a job plan. Historically the FME role has been difficult to fill but it is hoped that the move to a salaried form of payment will improve recruitment.
- 3.16 The next 6-12 months will be focused on the continued implementation of the SARC service in line with the HIS Standards and ensuring that there are the correct skill mix of staff to be able to deliver this service and to ensure that there is no impact on the delivery of custody healthcare as a result.
- 3.17 Please see additional updates as per **APPENDIX 1** on the following services:
- Marie Curing Nursing Service
 - Bowel and Specialist Service
 - Diabetes Specialist Nursing and Diabetic Eye Screening
 - Heart Failure Specialist Nursing
 - Chronic Oedema Service (COS)

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 As highlighted in the report the main challenges for prison healthcare and custody healthcare are around the workforce and ensuring that we have a sustainable workforce model for both services. We have already taken steps to address this by looking at a strategic review for the workforce at HMP&YOI Grampian and there is work ongoing to look at staffing for custody healthcare to include covering the SARC service.

4.2 It is also acknowledged that there have been considerable challenges in terms of the delivery of the Marie Curie Service and this will be addressed by the service review currently being undertaken.

4.3 Key matters to note from the other hosted services are:

- Bladder and Bowel – as noted in the update there is an overspend on this service and currently this is sitting with the Chief Financial Officers to address.
- Diabetic Specialist Nursing – There have also been workforce challenges with this service, this is due to an increase in caseload, and also movement in the workforce due to retirements.
- Diabetic Eye Screening – The team have successfully recruited additional screening staff and this has made a significant impact on the backlog of cases.
- Heart Failure Specialist Nursing Service – This service has also experienced workforce challenges due to reduced staffing because of maternity leave/long term sickness and increasing referrals workload.
- Chronic Oedema Service – staff within this service were successfully redeployed and have adapted to new ways of working such as the use of technology which has allowed them to keep waiting times to a minimum.

5. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2023”

This report sets out the principles that will support the delivery of the above plans, highlighting its challenges.

(b) Policy and Legal

There are no policy or legal implications as a result of this report.

(c) Financial implications

There are no financial implications as a result of this report.

(d) Risk Implications and Mitigation

All risks associated to this service are managed via Aberdeenshire Health and Social Care Partnership Risk Register and Clinical and Adult Social Work Governance Group.

(e) Staffing Implications

There are no staffing implications as a result of this report.

(f) Property

There are no property implications as a result of this report.

(g) Equalities/Socio Economic Impact

There are no equality or socio economic impacts as a result of this report.

(h) Climate Change and Biodiversity Impacts

There are no climate change or biodiversity impacts as a result of this report.

(i) Directions

There are no directions as a result of this report.

(j) Consultations

No other parties require to be consulted.

6. CONCLUSION

- 6.1. This report is to provide information to Moray IJB on the position of the Grampian wide services which are hosted by Aberdeenshire IJB and will be presented to all 3 IJB's.**

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Background Papers: N/A

Ref: