

## **REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 24 AUGUST 2022**

### **ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) ANNUAL PERFORMANCE REPORT – 2021-2022**

#### **1 Recommendation**

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

**1.1 Approve the Aberdeenshire HSCP 2021-2022 Annual Performance Report.**

**1.2 Agree for the Annual Performance Report to be shared with Aberdeenshire Council and NHS Grampian.**

#### **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. There is a risk of failing to modernise services to improve outcomes.

IJB risk 8 Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time.

3.2 Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

#### **4 Background**

4.1 Under Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 all Integration Authorities must produce an annual performance report providing an overview of their performance in planning and carrying out the integration functions for which they are responsible. The content of the annual performance report is informed by national guidance/requirements including an assessment of performance against the National Core Integration Indicators and delivery of the National Health and Wellbeing Outcomes.

4.2 Integration Authorities require to publish their annual performance reports no later than 4 months after the end of each reporting year (end of July). This year the Scottish Government has moved legislation to extend the



Coronavirus (Scotland) Act 2020 through to 30th September 2022. This has allowed Integration Joint Boards (IJBs) to extend the date of publication of their annual reports to November, using the same mechanisms as the last two years, as laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3.

## 5 Summary

- 5.1 The annual performance report covers the period of 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022. The structure of the report aims to demonstrate how the HSCP has delivered against our five agreed local strategic priorities as well as the National Health and Wellbeing Outcomes.
- 5.2 A summary of performance against the National Core Integration indicators are included, augmented by local performance data where available. For reasons of data completeness, data for 2021-22 are not yet available for publication by Public Health Scotland (PHS) for some of the national indicators. Where this applies, and based on PHS advice, the data provided are for the 2021 calendar year.
- 5.3 The HSCP's performance and progress has continued to be significantly impacted by the ongoing challenges presented by the Covid-19 pandemic and system-wide pressures on health and social care services. Particular focus is given to the progress made against the key workstreams identified under the HSCP's strategic delivery plan as agreed in 2020 whilst acknowledging where the pace of implementation has been impacted or delayed.
- 5.4 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

## 6 Equalities, Staffing and Financial Implications

- 6.1 An integrated impact assessment has been carried out as part of the development of the proposals set out above. No impacts have been identified as this is a report on performance/activities of the HSCP over the most recent financial year. There will be no differential impact, as a result of the report, on people with protected characteristics.
- 6.2 There are no specific staffing or financial implications arising from this report.

**Pam Milliken**  
**Chief Officer**  
**Aberdeenshire Health and Social Care Partnership**

Report prepared by Angela MacLeod, Programme Manager  
Date: 01 August 2022



Aberdeenshire Health and Social Care Partnership

## **Annual Performance Report 2021 – 2022**

Draft V003  
12 August 2022

**Thank you to all colleagues who have contributed to the production of this report.**

The current and previous annual performance reports for Aberdeenshire Health and Social Care Partnership (HSCP) can be accessed via the following website:

<https://www.aberdeenshire.gov.uk/social-care-and-health/ahscp/publications/>

This site also provides access to all the key strategies and publications of the HSCP mentioned throughout this report.

Please contact us via email: [AberdeenshireHSCP@aberdeenshire.gov.uk](mailto:AberdeenshireHSCP@aberdeenshire.gov.uk) if you require:

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

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## Foreword

On behalf of the Aberdeenshire Integration Joint Board, we are pleased to present the annual performance report for Aberdeenshire Health and Social Care Partnership (HSCP) for 2021-2022.

This is the sixth annual performance report for Aberdeenshire HSCP since its formal establishment in 2016. In what has been another extremely challenging year for health and social care services, we are extremely grateful for the continued dedication and hard work of staff, colleagues and partners in delivering quality care and support to the people and communities of Aberdeenshire.

This report seeks to demonstrate where we have been able to make progress against our strategic priorities, whilst acknowledging the challenges that have continued to place significant pressure on operational service delivery and, at times, impacted on the pace and progress of service redesign and transformation initiatives. Notwithstanding the unprecedented impact of the Covid-19 pandemic, the wider landscape for health and social care service delivery continues to evolve with significant change and opportunity ahead, most notably with the publication of the [National Care Service consultation](#)<sup>i</sup> in the last year. The HSCP's commitment to its original vision, the delivery of an integrated and sustainable health and social care service and improved outcomes for the people of Aberdeenshire, nevertheless remains unchanged.

As the HSCP embarks on its new strategic delivery plan for 2022-2023 onwards, a key challenge will be in supporting the resilience of the system as we continue to see health and social care services responding to exceptional levels of demand, an increasing complexity of need in terms of the care and support we provide for people, and challenges in recruitment and retention across many services. Supporting our workforce's wellbeing, growth and development will continue to be a central focus as will our close collaboration with partners across the NHS, Council, Third Sector and with communities, to deliver the best possible health and social care outcomes for people across Aberdeenshire.



**Rhona Atkinson**  
**Chair, Aberdeenshire  
IJB**



**Councillor Anne Stirling**  
**Vice-Chair,  
Aberdeenshire IJB**



**Pamela Milliken**  
**Chief Officer,  
Aberdeenshire HSCP**

## Introduction

### Purpose

This report provides an assessment of the performance of the Aberdeenshire Health and Social Care Partnership (HSCP) during the reporting year of 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022, in relation to the planning and delivery of the integrated health and social care services it is responsible for, as required by Section 42 of [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#).<sup>ii</sup>

The report aims to demonstrate the progress made by the HSCP towards delivery of the nine [National Health and Wellbeing Outcomes](#)<sup>iii</sup>. These outcomes provide the strategic framework for all HSCPs in Scotland with a clear focus on improving the quality and experience of services for people and communities through the delivery of integrated health and social care services.

### Context

Since March 2020 community health and social care services have faced unprecedented challenges as a result of the Covid-19 pandemic. Subsequent waves of raised levels of Covid-19 infection have presented considerable uncertainty and change for health and social care delivery throughout 2021-2022.

The HSCP has continued to work within the wider Grampian health and care system to support public safety and to maintain critical health and care services. This has ultimately impacted on normal levels of performance across the whole health and care system, already under significant pressure due to demography, population health need and workforce pressures. We have seen community and primary care services responding to much higher levels of demand leading to challenges around access and higher levels of unmet need, particularly during the 2021/2022 winter period and exacerbated by the impact of three severe storms in Aberdeenshire.

The continuing system pressures and demands have also inevitably impacted on the pace of implementation of the HSCP's strategic delivery plan. As the health and care system moves out of emergency measures, the HSCP has commenced work on the next iteration of its strategic delivery plan, to confirm its priority transformational and improvement workstreams for the remaining 2 years of the HSCP's strategic plan. In so doing there is a need for a balanced and measured approach ensuring the resilience and preparedness of the HSCP to respond to increased demands and pressures whilst progressing transformational change activities.

## Overview of the Aberdeenshire Health and Social Care Partnership

**Aberdeenshire HSCP Vision** Building on a person’s abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities.

Aberdeenshire Health and Social Care Partnership (HSCP) was formally established in April 2016. It is responsible for the integrated planning and delivery of a wide range of health and social care services for adults, including services for older people where they may often have different and additional needs from the general adult population. The HSCP has a workforce of over 4,000 staff and an annual budget of over £374 million (2021-22).

The work of the HSCP is governed by the Aberdeenshire Integration Joint Board (IJB). [Membership of the IJB](#) includes Aberdeenshire Council elected members, NHS Board members, public and carer representatives, the Third Sector and trade union partners, ensuring the views of all key stakeholder groups are represented.

The strategic direction, vision and priorities of the IJB are set out in its [Strategic Plan 2020-25](#)<sup>iv</sup>. The Strategic Plan describes how the HSCP will work with its partners to improve the health of local people and provide care and support when needed, towards delivery of the National Health and Wellbeing Outcomes, with a focus on the five strategic priorities outlined below:





The HSCP represents the operational arm of the organisation with responsibility for the management of its staff, services and resources in order to improve outcomes for people who use health and social care services in line with the direction set by the IJB through its strategic plan. The range of services that Aberdeenshire HSCP is responsible for is illustrated below.

### Aberdeenshire HSCP Services

Adult care home provision	Adult support and protection	Care and support for adults with physical and learning disabilities	Care at home
Carer support service	Community based Allied Health Professions	Community hospitals	Community Mental Health and Learning Disability Services
Community Nursing (District Nursing, Health Visiting, School Nursing)	Criminal Justice Social Work	Forensic Medical Examiner and custody health care services (hosted service)	Health care services to HMP and YOI Grampian (hosted service)
Joint Equipment Service (aids and adaptations)	Marie Curie managed care service and out of hours (rapid response) service (hosted service)	Primary care (GPs, Pharmacy, Optometry and Public Dental Service)	Public Health / Health improvement services
Sensory impairment services	Specialist nursing services (hosted services)	Substance misuse services	Very Sheltered Housing, Residential and Respite Services

These services are organised around natural communities to ensure they can be as responsive as possible to local population need. Services are managed and delivered through locality based multi-disciplinary teams that sit within the 3 areas of North, Central and South Aberdeenshire.

The HSCP also has responsibility for a number of 'Hosted Services' which are operated and managed by Aberdeenshire IJB on behalf of all 3 IJBs in the NHS Grampian Board area.

The HSCP retains responsibility for some aspects of children's health services (health visiting, school nursing and some Allied Health Professional services), transitions planning, and services provided to adults who are parents/carers, as an active partner in the delivery of the Aberdeenshire Children's Services Plan.

Aberdeenshire HSCP has a Third Sector Interface (TSI) with Aberdeenshire Voluntary Action (AVA) who provide the main conduit between the HSCP and the Third Sector. This recognises the vital role of the Third Sector in the provision of services and supporting engagement with communities in the planning and delivery of local services.

## Aberdeenshire HSCP Strategic Priorities – Summary of 2021-2022

A high-level overview of the key areas of progress of the Aberdeenshire HSCP against its strategic priorities during 2021-2022 is provided below. Further detail is provided throughout the remainder of this report.

### Engagement

- Community engagement progressed with Strategic Needs Assessment in Inch
- Service user engagement undertaken as part of Learning Disability Day Services Review
- Allocation of funding to staff teams for wellbeing activities
- Commencement of Autism Strategy development engagement

### Prevention and Early Intervention

- Range of community-based health improvement activities undertaken in collaboration with partners
- Primary Care Improvement Plan – sustainability work to enhance multi-disciplinary team working including the Community Link Worker service
- Continued delivery of Vaccination Transformation Programme
- Support to significant increase in unpaid adult carers including use of Self-Directed Support budget options to meet client outcomes

### Reshaping Care

- Collaborative system-wide working with NHS, Council and Third Sector partners in response to pandemic/winter demands including frailty pathway
- Completion of Community Hospital Inpatient Review project
- Completion of project to develop and commission new Support at Home contractual framework
- Progress against delivery plans for our local Mental Health, Learning Disability and Dementia Strategies
- Increase in mental health capacity in local services/settings through Action 15 and winter pressures funding

### Tackling Inequalities and Public Protection

- Progress in mainstreaming HSCP's equalities outcomes
- Continued participation on multi-agency basis in all aspects of public protection
- Implementation of ARIES outreach resource and Days of Action partnership response supporting people identified at high risk of harm

### Effective Use of Resources

- Effective management of financial position during 2021-2022
- Continued development and enhancement of governance arrangements supporting the IJB
- Achieving the same or better performance than Scotland position for 14 of the 19 national core integration indicators

## Engagement

As set out in the Aberdeenshire HSCP Strategic Plan, the key principles underpinning our strategic priority of engagement are that:

- We will be clear and transparent in our decision making
- We will listen to and be responsive to what individuals and our communities say
- We will be open, honest and transparent when communicating with individuals and our communities and continue to engage with our staff.



This aligns with delivery of National Health and Wellbeing Outcomes 3 and 8:

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**Outcome 3** People who use health and social care services have positive experiences of those services, and have their dignity respected.

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**Outcome 8** 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.

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The HSCP has sought to utilise various methods to engage and communicate with our key stakeholders throughout the pandemic, ensuring adherence to restrictions whilst optimising mechanisms for people to engage in different ways wherever possible. In recent months significant pieces of engagement have been undertaken at both an Aberdeenshire-wide level (such as the commencement of the Aberdeenshire Autism Strategy development) and more specific engagement activities with communities or service users, described in further detail below. The HSCP has utilised the Aberdeenshire Council-developed Engagement HQ platform, an online web portal for consultation and engagement activities enabling people to share their ideas and influence decisions whilst also being able to follow the progress of projects as they develop and how people's views have informed this.

In the next year the HSCP will be participating in a self-evaluation process supported by Health Improvement Scotland to assess the effectiveness of our community engagement and participation approaches, to understand how we are delivering against our statutory duty in relation to community engagement, and to identify areas for improvement. This will be key to delivery of the HSCP's strategic priority on Engagement and will inform the development of the HSCP's engagement and participation strategy to strengthen our approaches to involve people with lived experience.

## Community and service user engagement

### Strategic Needs Assessment

In May 2021 the HSCP commenced work to develop a new service plan for the delivery of health and social care services for the residents of Inch and surrounding areas. A Strategic Needs Assessment (SNA) was completed examining the current and future health and social care needs of the population, which then informed and guided the development of options for future health and social care services.

Community engagement was an important part in the development of the SNA enabling residents to actively participate and play a key role in shaping service delivery that is effective, sustainable and 'fit for the future'. The engagement activities were designed using the COSLA (Convention Of Scottish Local Authorities) and Scottish Government '[Planning with People](#)' guidance<sup>v</sup> and employed the good practice principles laid out in the [National Standards for Community Engagement](#).<sup>vi</sup>

The SNA engagement was divided into three phases:

1. **Registration of interest** (online and postal) - To raise awareness in the community of the opportunity to be involved and encourage people and groups to register and participate in the engagement.
2. **Survey** (online and postal) - The survey gathered information on a person's experience and opinions of current health and social care services, and views on future health and social care needs.
3. **Focus Groups** (on-line and in person) - Focus groups were held to build on the survey responses and further explore people's views, opinions and experiences.

A survey was also developed to gain the views of community groups and organisations capturing their perspective on; what works well in respect of health and social care services in the area, what could be improved upon, and their priorities for health and social care.

The option appraisal process following the SNA publication was guided by the Health Improvement Scotland community engagement team. Again, it was key to have stakeholder involvement to inform the development of the options, and a group including representatives from the community, clinical leadership and management was created.

The stakeholder group attended a number of workshops which looked at service delivery options and considered the non-financial benefits of different models. Through discussion the stakeholder group identified a list of options, agreed the criteria the options should



be scored against, and then applied the criteria to each option which ranked them in order of preference. Stakeholders were encouraged at each stage to seek the views of the people they represented and feed these back into the discussions. The next step for the project is to consult with the public on the options to be taken forward, to take place in autumn 2022. Aberdeenshire IJB has also approved the implementation of a strategic needs assessment for the Deeside area this year following a similar approach.

## Learning Disability Day Services Review – Service User Involvement Case Study

### Aim

During our review of our Day Opportunities provision for people with learning disabilities, we were keen to find out the views of those who use our service, especially given the changes in Day Opportunities brought about by the pandemic.

### What We Did

Easy-read versions of the questionnaire were developed with assistance from the Speech and Language Therapy service. These questionnaires were available to access both digitally and in paper-based format.


### Results/ Outcomes

243 questionnaires (easy read and standard) were completed. 107 people with learning disabilities completed the questionnaire with the remaining completed by either a carer or family member. The vast majority of the easy read questionnaires (93%) were completed by someone with learning disabilities.

### Comments /Feedback


Positive feedback gathered from service users and professionals on the use of these easy-read questionnaires strengthen our belief that all information produced by the HSCP should have accessible options. Feedback from Day Service staff and our Commissioned services advised that participants with Learning Disabilities liked the fact that there was accessible information and were happy that the questionnaires were simple and easy to understand.

### LD Day Services Questionnaire - Easy Read



The graphic features two house-shaped icons. The left icon is labeled 'Day Centre' and shows a group of people in a social setting. The right icon is labeled 'Workplace' and shows people in a professional setting.

We want to know what you think about the Learning Disability Day Services.



The graphic shows two women, one in a pink jacket and one in a black top, looking at a tablet together.

We want to ask you some questions.  
This will help us to make plans for the Day Services in Aberdeenshire.

## Staff engagement

Throughout the pandemic the HSCP has been acutely aware of the enormous ask that has been placed on staff. Ensuring we keep staff safe and support their wellbeing has therefore been a critical concern, particularly in the last year where the system moved from an anticipated process of recovery during 2021 to one of a continued need to respond to the pressures of both the direct and collateral impacts of Covid-19 and an extremely challenging winter period.

Providing staff with the opportunity to feed back on their experiences is essential to continuous organisational learning and improvement. One such mechanism is provided by the iMatter staff experience continuous improvement programme. This has been implemented across NHS Boards nationally and enables the organisation to gather views from staff, including all health and social care teams, about their experiences of working within both their particular team and wider organisation. The Programme was paused in 2020 in recognition of the changing priorities in responding to the Covid-19 pandemic but repeated in August 2021.

A total of 2,403 staff in Aberdeenshire (of 4027 recipients) completed the survey representing a 60% response rate. Aberdeenshire had an overall Employee Engagement Index (EEI) score of 77. This compares with a national response rate of 56% and EEI score of 75.

A full summary of Aberdeenshire results from the inception of the iMatter survey is provided in Appendix 1. Results from the national survey indicate considerable consistency across the geographic Board areas, with most seeing a decline in their EEI score by 1 or 2 points between the 2019 and 2021 surveys. There is also comparability in the indicators achieving the lowest scores, including visibility of senior managers/Board members, and staff's views on how involved they feel in decision-making (wording changes for two questions are however identified as causing significant and inconsistent movements in results). The national report of the iMatter survey results in 2021<sup>vii</sup> can be accessed [here](#).

iMatter also allows analysis of organisations' performance against Staff Governance standards, considering both how effectively staff are managed and also how staff feel they are managed. The results below illustrate Aberdeenshire HSCP's performance against these standards. Again these results reflect the overall national position where the highest proportion of scores – indicated as green – were for the indicators relating to staff feeling 'well informed' and 'being treated fairly and consistently, with dignity and respect', and the lowest scores were for 'involvement in decisions' and 'appropriately trained and developed'.





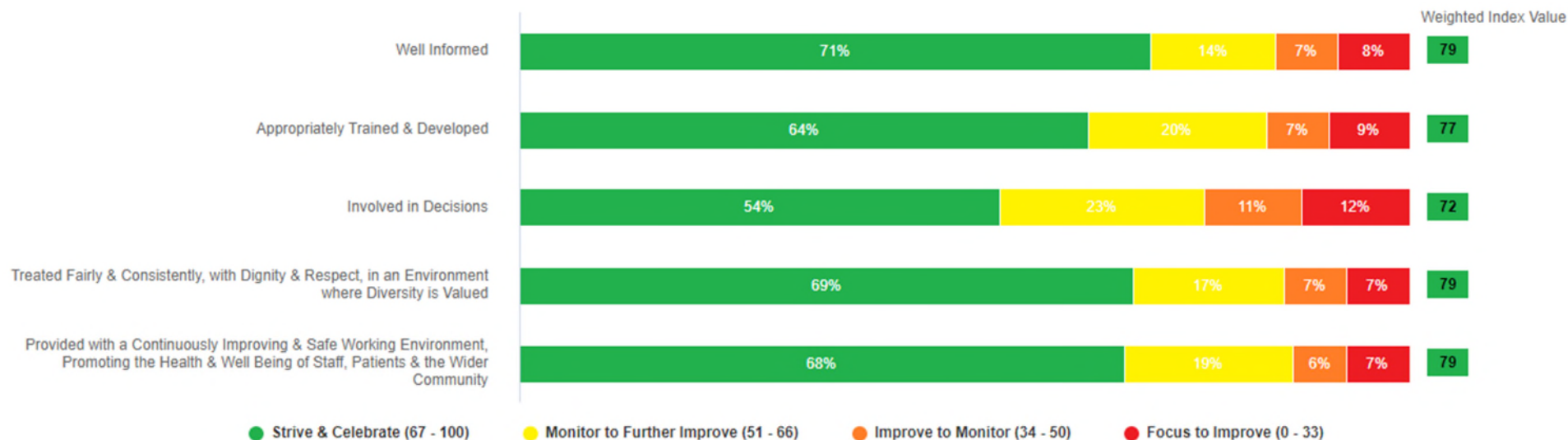


Figure 1 – Staff Governance Standards – Strand Scores (Aberdeenshire HSCP)

At the time of writing the iMatter process is being repeated following which action plans are developed to support teams in identifying areas of focus for the year ahead. At an organisational level the HSCP will continue to make efforts to respond to the areas identified as requiring improvement. This will be informed by the recent ‘Culture Matters’ survey of Nursing and Midwifery staff undertaken in Spring of 2022. Work is underway to analyse and respond to the results, recognising the demands on all teams across health and social care.

Throughout the year wellbeing support and resources available through both the Council and NHS have continued to be promoted to all staff. In the last year, through specific Scottish Government funding for primary, community, social care and third sector, the HSCP Staff Health and Wellbeing Group has overseen the process of allocating this funding for teams to support their wellbeing. A total of 27 applications were received in the first round in September 2021 and a further 64 applications in October. Some examples of the requests supported were team building activities and wellbeing evidence-based interventions for example, yoga, mindfulness, and reflexology.

A specific initiative led by the Care Home Oversight group working with [Horseback UK](#) commenced in early 2021 and has continued to support care home staff and most recently with wider Partnership Managers to develop their resilience around the global pandemic. The feedback from participants from the pilot course, as well as the first cohort of 20 care home managers and assistant managers, was very positive. All delegates were interviewed 8 weeks after completing the course and reported sustained improvement in their own mental health and coping mechanisms in relation to the demands of their job as well as a knock-on effect into their own personal lives.

## Prevention and Early Intervention

The HSCP's focus on prevention and early intervention recognises the key role of communities, the third sector and wider partners in realising the potential to promote good health and provide opportunities for people to be active, to be involved and to connect with others. This is fundamental to all of the HSCP's 'condition specific' strategies and plans but in particular is driven through the HSCP's Health Improvement Delivery Plan. In so doing the HSCP's ambitions are that:

- We will support people to live healthy lifestyles
- We will support people to self-manage long term conditions
- We will work to help people avoid preventable conditions.

This aligns with National Health and Wellbeing Outcomes 1 and 6:



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**Outcome 1** People are able to look after and improve their own health and wellbeing and live in good health for longer

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**Outcome 6** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

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## Aberdeenshire Health Improvement Delivery Plan

The Aberdeenshire Health Improvement Delivery Plan for 2021 - 2023 focuses on four priority areas, aligned with national and Grampian Public Health priorities:

- Improving mental health and wellbeing
- Healthy eating, being active and healthy weight
- Reducing the impact of poverty and inequalities
- Building community capacity for health improvement.



The delivery plan outlines the principal actions that will take place at an Aberdeenshire level in relation to each of the above priorities, as well as highlighting activity that will take place within specific localities. Key actions are progressed in collaboration with our communities and partners across health and social care, local government and the third sector. In light of the adverse impact of the Covid-19 pandemic on health and wellbeing, including the potential to further widen the health inequalities gap, alongside limited capacity within the Public Health Team due to staff redeployment to support the pandemic response, activity was prioritised under the first 3 key priorities during 2021-2022. Key achievements are summarised below.

### **Improving mental health and wellbeing**

- The Public Health Team facilitated the delivery of the annual Aberdeenshire Wellbeing Festival in support of Mental Health Week, a week-long programme of community-based activities developed to support people to be active, to connect, to learn, to volunteer and recognise the important role they play in supporting individual and community wellbeing.
- Delivery of the online 'Mind Yer Mind' campaign with the aim of ensuring people are supported to look after their health and wellbeing and live well by accessing advice and support that is relevant to their needs, supported by the creation of e-book resources and recruitment of Mental Health and Wellbeing Ambassadors.

### **Healthy eating, being active and healthy weight**

- The Public Health Team led the development and implementation of a system wide Community Planning Partnership plan focusing on 'healthy eating active living' (HEAL); in collaboration with Community Learning and Development colleagues this included a public engagement programme in late 2021 to co-produce a series of HEAL actions for Aberdeenshire. The public engagement programme to date has consisted of 8 'pop up' stalls in streets/community venues in Banff, Mintlaw, Udny, Alford, Stonehaven, Banchory and Garioch locations. Eight groups were engaged face to face or online to include carers, people in recovery from alcohol/drug issues, older people, parents of young children, young people, people with disabilities/mental health problems, and ESOL (English for Speakers of Other Language) learners. 147 people have contributed to the public engagement process to date. The project Strategic Planning Group will identify a range of HEAL actions to address gaps identified in existing HEAL activity in 2022/23.
- The HSCP allocated funding (approved for an initial 18 months) for Live Life Aberdeenshire to develop and sustain an Aberdeenshire wide support pathway for people with Long Term Conditions to help them look after their own health and wellbeing; further details provided below.

## Live Life Aberdeenshire – Live Life Well Referral Programme

### Background

In September 2021 Live Life Aberdeenshire (LLA) established a Long Term Health Conditions (LTHC) programme, with funding from Aberdeenshire HSCP, to provide physical activity opportunities for those in our community who are older, recovering from an illness or living with a long-term health condition.

The programme has been developed building on previous funding streams from Aberdeenshire Council/Live Life Aberdeenshire, Macmillan Cancer Support, Parkinson's UK, Paths for All, SeaFit and Respiratory and Diabetes funding from NHS Grampian.

The programme aims to provide opportunities for everyone to be active and offers a range of different options to allow people to find something which suits their needs.



### Process

Residents of Aberdeenshire can either self-refer or be referred by a health care professional. Options, support, advice and encouragement to begin is offered to the client. In addition to establishing opportunities to be more physically active, the client will be offered various signposting opportunities to different activities in their local community.

A 12 week free of charge programme is offered to allow for health behaviour change to be embedded. This is provided both face to face and online depending on the circumstances of the individual. Following this the participants are supported to find opportunities in their local communities to stay active.

Monitoring and evaluation of the programme takes place at the baseline, 12 weeks and 52 weeks. The EQ5D tool monitors mobility, self-care, usual activities, pain and anxiety depression as well as measuring overall health status. The IPAQ questionnaire monitors physical activity levels. LLA also collate various quantitative data in terms of referrals, participation, diagnosis and other demographics.

### Outcomes

There were 354 new referrals to May 2022. Most people supported had either musculo-skeletal issues or respiratory diagnosis.

IPAQ results are positive with people generally being active for longer periods of time and on more days of the week after the 12 week programme. EQ5D questionnaires show vast improvements in all areas in particular in anxiety and depression and on general health scores.

Challenges have been encountered in terms of lower than anticipated referrals from health care professionals, lower than anticipated adherence to programme, ensuring geographical spread across Aberdeenshire, and engagement of male participants in the programme.

The programme continues across Aberdeenshire to provide support for those with long term health conditions to make continuous improvements to their lifestyle and positively influence their health and wellbeing. LLA are working closely with NHS Grampian Community Dietetics service and Public Health to support people to achieve a healthy weight and manage their diabetes. This includes testing a support programme that compliments NHS Grampian's Healthy Helpings Programme – offering weekly physical activity and peer support opportunities.

- As illustrated above collaborative working with partners has been key to the HSCP's work in prevention and early intervention and an example of where integrated approaches can deliver improved outcomes. The HSCP has also benefited from a community arts project commissioned by Live Life Aberdeenshire during 2021/22 in Dawson Court, a very sheltered housing complex in Turriff. LLA commissioned a textile artist, Frieda Strachan, and film maker, Jason Sinclair, to support tenants to create a textile representation of a rural landscape while capturing the use of Doric. A key aim was to reduce social isolation following the pandemic and to support building relationships between tenants and staff. Feedback from staff and tenants was positive and the project has now been shortlisted for a Scottish Social Services Award in the Rural Ways of Working Category. Further information is available here: <https://bit.ly/3bmGU5E>
- To continue to build community food skills capacity and support those living on a low income and/or who are vulnerable a review was conducted of the provision of food skills training in Aberdeenshire and virtual food skills opportunities offered to connect people. The South Public Health Team, working with a range of partners, established an online network in order to bring together the key food access providers in the South to share expertise, good practice and support, building on existing networks established during Covid. Rurality and distance were identified by partners as a barrier to Food Access; the online network allowed this barrier to be overcome and also enabled partners to step up Food Access support during Storm Arwen, supporting the community welfare centres with food and provisions. The online network has continued to function. Face to face meetings are also being planned, along with a food access workshop in 2022 to share learning, best practice and plans for the future.

### Reducing the impact of poverty and inequalities

- The Public Health Team supported Aberdeenshire Council Education and Children's Services to improve the availability of Free Period Products in schools and community settings within the context of The Period Products (Free Provision) (Scotland) Act 2021. This work is designed to improve the health and wellbeing of families living in/at risk of poverty by ensuring access to appropriate products/services while preserving dignity. An online service was established in response to the COVID-19 pandemic. Four Pharmacy pilots are currently ongoing; engagement with Grampian Women's Aid has taken place to raise awareness of the project and a consultation is in development. Aberdeenshire collection points have also been incorporated on the 'Hey Girls' app.
- To improve access to local information and advice services for those experiencing a range of challenges relating to money the 'Just in Time' leaflet was developed to signpost individuals/families to local help and support. This was distributed to a wide range of settings and audiences throughout Buchan and promoted on the Public Health Team's North Facebook page. A briefing/awareness session was also held for 12 local partners in Buchan.

## Minimising the impact of poverty and inequalities – Public Health Team case studies

### Background

A key priority of the Aberdeenshire Health Improvement Delivery Plan is minimising the impact of poverty and inequalities.

Previous research has highlighted the additional adverse impacts of the Covid-19 pandemic on health and wellbeing including the potential to further widen the health inequalities gap. In addition the rising costs of living has increased reliance on emergency food aid or subsidised support.

Work was undertaken to develop and implement a range of multiagency responses to local issues associated with poverty and inequalities.

### Process

**Winter Warmers Campaign:** Worked in collaboration with Peterhead Fire and Rescue to gather public donations and deliver requested adult winter items to individuals and families in Central Buchan requiring help due to financial difficulties.

**Buchan Food Map:** Worked in partnership with a range of local groups and organisations to develop Buchan Food Map to raise awareness of available help to those requiring food locally.

**Cost of Living Workshop:** With other partners, consulted with service users on the offer of a workshop focusing on reducing food costs. A face to face workshop was developed and delivered covering cooking on a budget, utilising cupboard ingredients as well as providing the opportunity to cook using our grocery list recipes.

**Worrying about Money Awareness Session:** In partnership with Aberdeenshire Council and AVA, developed awareness sessions to introduce participants to Aberdeenshire Worrying about Money leaflet referred to as a 'cash first' solution as well as providing guidance on its usage through delivery of a brief conversation.

### Outcomes

**Winter Warmers Campaign:** The campaign ran for 5 weeks and was promoted via Facebook and information shared with professionals working in the area. A total of 22 referrals were received and responded to within the Central Buchan area.

**Buchan Food Map:** 500 paper copies of the map were distributed to over 40 identified professionals/venues across Buchan. 10 members of staff (partners) attended the online awareness session. Electronic copies of the map was shared with 182 professionals.

**Cost of Living Workshop:** Workshop was produced and tested. 6 participants who would like to attend future food skill sessions were identified. Knowledge and learning on reducing food costs has been shared and participants expressed how they could adapt this to everyday living.

**Worrying about Money Awareness Session:** 4 sessions delivered throughout 2022 to over 40 participants. A number of participants have highlighted an increased knowledge in local help, identified ways of using leaflet with clients as well as gaining greater insight into poverty/impacts.

#### Winter Warmers Campaign Professional Feedback:

"A welcome response to a gap in help within Central Buchan"

"Adults are not only needing clothes they need help with energy, food, items for the house"

#### Buchan Food Map Professional and Public Feedback:

"I recently had a baby and it was very helpful"

"Very beneficial for signposting" "Handy to have to hand out to clients"

## Primary Care Improvement Plan

The Primary Care Improvement Plan (PCIP) sets out Aberdeenshire's approach to delivery of the 2018 GMS Contract, centred on 6 separate workstreams a key focus of which includes expansion of the multi-disciplinary workforce within Primary Care. There are 30 GP practices across Aberdeenshire. Many practices have experienced and continue to face significant challenges in delivering patient services due to rising demand as we work through and beyond the pandemic, including the recruitment of clinicians. Primary care sustainability has therefore been a key strand of the HSCP's strategic delivery plan over the last year.

There is continuing progress in many practices to broaden out the disciplines within practice teams to create better resilience, including Advanced Nurse Practitioners, Pharmacists and Allied Health Professionals, however there are also challenges recruiting to these posts due to demand. As practices face changes in circumstances, mainly due to lack of GPs to enable services to be delivered safely, some practices have merged. In the last 6 years there are 5 less practices as a result of mergers. The number of Section 2c practices (i.e. practices which are run by the HSCP rather than independent contractors) is also rising within Aberdeenshire.

Through its Primary Care Sustainability workstream the HSCP has taken a number of actions including the appointment of a Sustainability Lead GP; working across all three of the HSCP's 2c practices to maximize resources, systems and processes; developing practice visit criteria/tools to identify practices that may be struggling and what support can be offered; communication and engagement with communities to keep them informed of challenges and the requirement for different ways of working; and progressing the 6 PCIP work streams across all practices to enhance the multi-disciplinary teams. As an example, the HSCP has been developing an in-house Community Link Worker Service to be based in primary care and supporting people with their mental wellbeing, to connect patients with community resources and services so they can take action on the wider social and /or lifestyle factors that are impacting on their mental health and wellbeing. The service will be fully operational from the beginning of April 2022.

### GP Practice Nurse Clinical Placements - Case Study Story

The An-Coarann Medical Practice in Portsoy has become one of the first GP Medical Practices in Aberdeenshire to begin taking Robert Gordon University Nursing students for clinical placements. Evidence demonstrates that students are more likely to apply for a position if they have had a positive student placement experience in the area. The Practice Nurses have undertaken specialist training to become registered Practice Supervisors and Assessors, enabling them to work directly with students with support from a dedicated NHS Grampian Practice Education Facilitator. Students on placement will spend time with each of the Practice Nurses learning their roles and assisting with the care of patients. Students will facilitate their own learning and will identify key areas for their own development in line with university and NMC requirements.



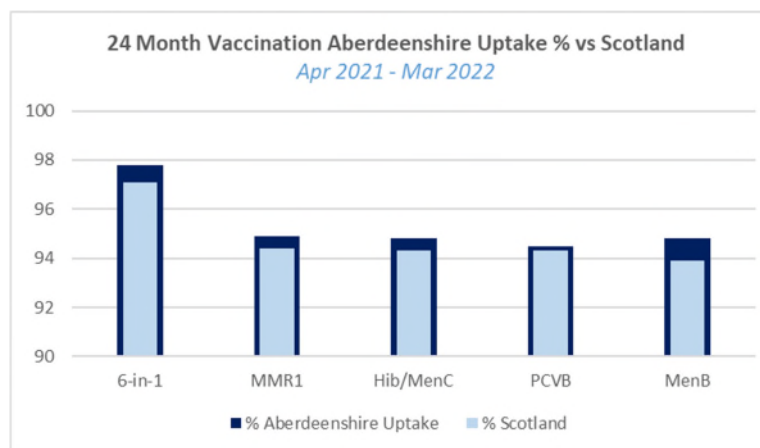
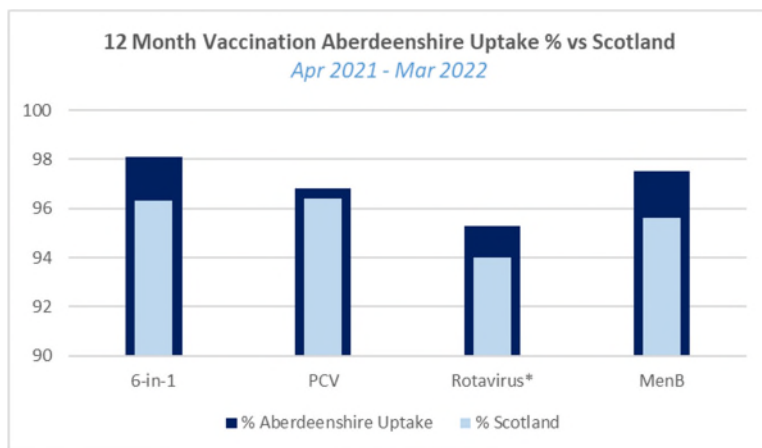


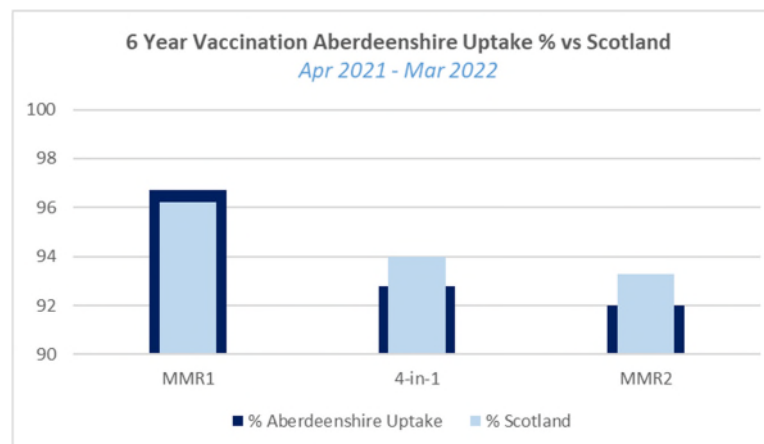
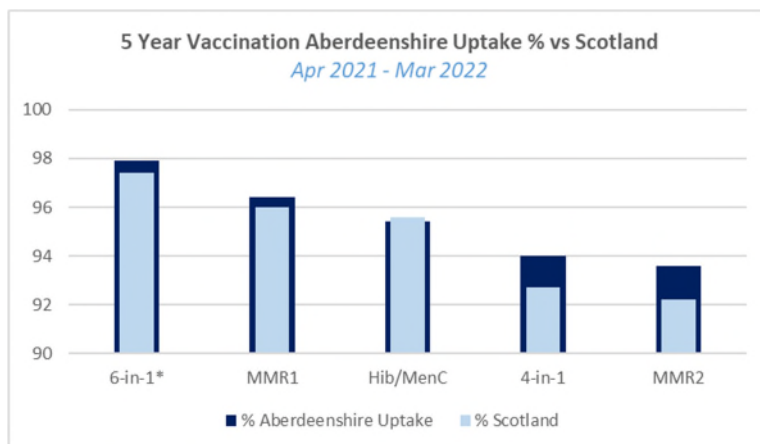
## Vaccination Transformation Programme

This programme is part of the Primary Care Improvement Plan (PCIP), supporting delivery of the 2018 GMS Contract, and has been one of the HSCP’s key transformational workstreams under its strategic delivery plan. This involves the progressive move away from the previous vaccination model (delivered by staff employed by and aligned to GP practices) to one based on clinical and quality support from Public Health within NHS Grampian and delivered through dedicated community HSCP immunisation teams.

Services have been redesigned to allow all pre-school, adult and travel vaccination to be delivered through a co-ordinated Grampian-wide vaccination service (to date having transferred all maternity and childhood immunisations, and travel vaccinations via community pharmacy). Work has also been undertaken with Council partners on the identification of seven long-term vaccination sites across Aberdeenshire in Macduff, Fraserburgh, Peterhead, Inverurie, Huntly, Banchory and Stonehaven. This has been challenging but necessary to ensure we can provide suitable and locally accessible accommodation which makes best use of available resources and helps maintain Aberdeenshire’s successful vaccination rates. The HSCP has been cognisant of local communities’ views and needs where this has required us to re-provision existing sites for alternative use, which was of particular concern in the Stonehaven area. Efforts remain ongoing with local partners to support access to alternative accommodation and resources.

Childhood immunisations completed during the reporting period show that the majority of immunisations across the age groups in Aberdeenshire were higher than the overall Scottish uptake. Aberdeenshire uptake is higher than the overall Scotland figure across all vaccinations for the 12- and 24-month ages and all but one at 5 years. However only 1 out of 3 vaccination by 6 years old has a higher uptake than the overall Scotland figure.



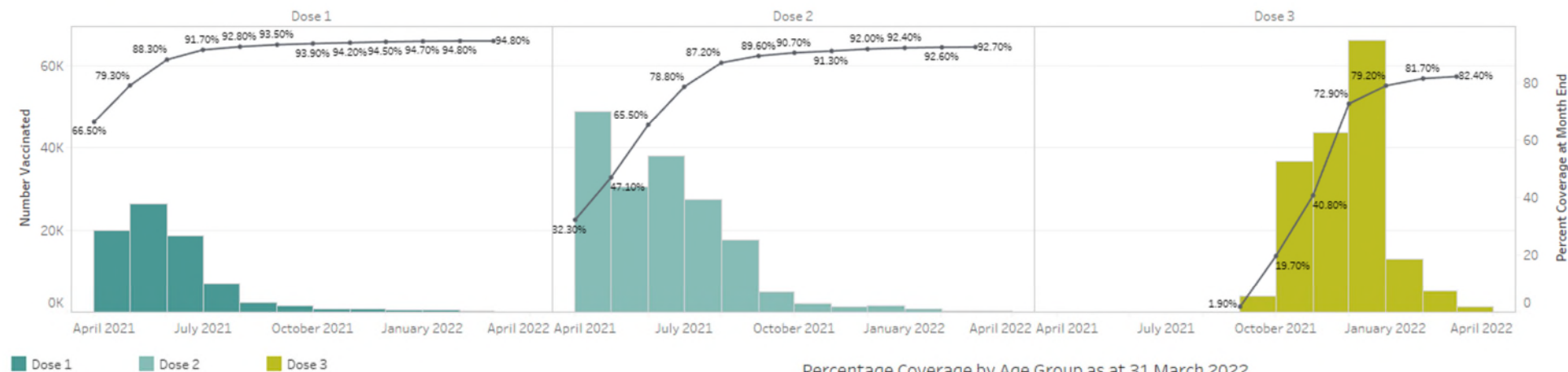


In Aberdeenshire, 8348 immunisations were delivered to the under 12-month age group. The 24-month age group had an uptake of 11,266 immunisations completed. The up to 5 years age group had 12,958 immunisations in total and the up to 6 years of age group had 7,939 immunisations completed.

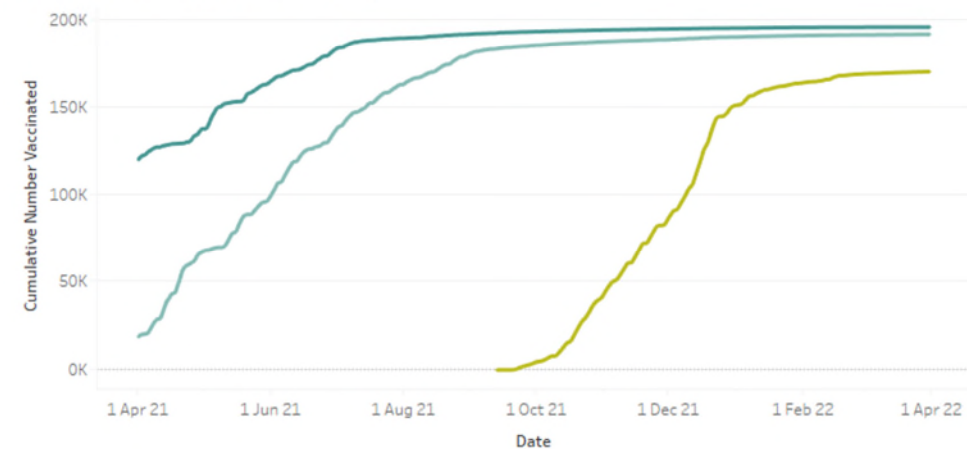
The Covid-19 mass vaccination programme is separate to the PCIP vaccination programme but has been another major undertaking for the HSCP in the last two years. First, second and booster doses of vaccines were offered to all eligible population groups in line with the agreed national programme. Work was undertaken to encourage uptake particularly in ‘cold spot’ areas for example by running drop-in clinics. The graphics below illustrate the progress across age groups and numbers vaccinated across Aberdeenshire in the reporting year.

During the pandemic a temporary workforce were recruited at pace for a fixed length of time up to March 2022 employing, at its peak, a total of 88 Whole Time Equivalent (WTE) vaccinators. Since March 2022, the recruitment and training of the permanent workforce has been progressed in order to meet the ongoing demands of the Vaccination Transformation Programme. There is now a permanent workforce of 55 WTE permanent vaccinators for a population of over 250,000, delivering all routine and non-routine vaccinations including pre-school, school and adult vaccinations as well as the continued Covid 19 booster programme as directed by the Joint Committee on Vaccination and Immunisation (JCVI). They are community-based (for example in centres, schools) and attend housebound patients.

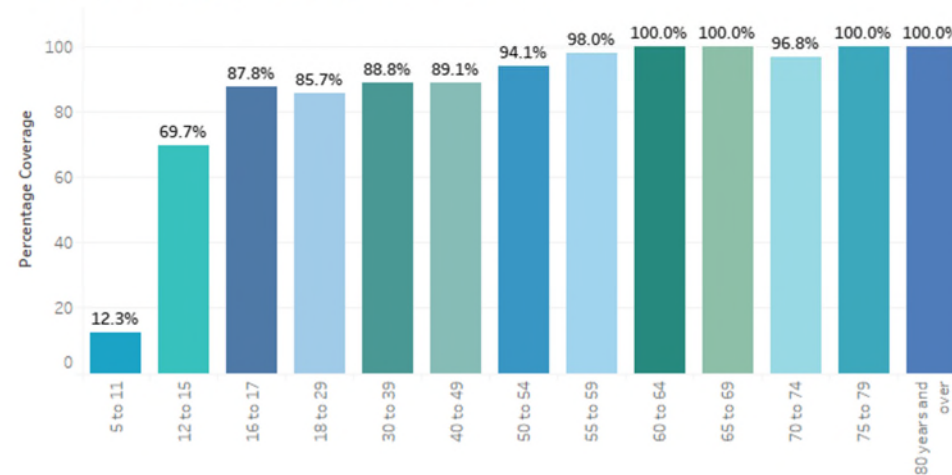
Number of People Vaccinated Monthly and Percentage Coverage (18+)



Cumulative Number Vaccinated (18+)



Percentage Coverage by Age Group as at 31 March 2022



The HSCP is implementing preparations for the extended 'Flu immunisation programme from September 2022 for all over 50s, pre-school and school teachers, health and social care staff, prison residents/staff and care home residents. A key challenge is to ensure preparedness for Autumn Covid boosters and any future mass vaccination plan which may be instigated at very short notice.



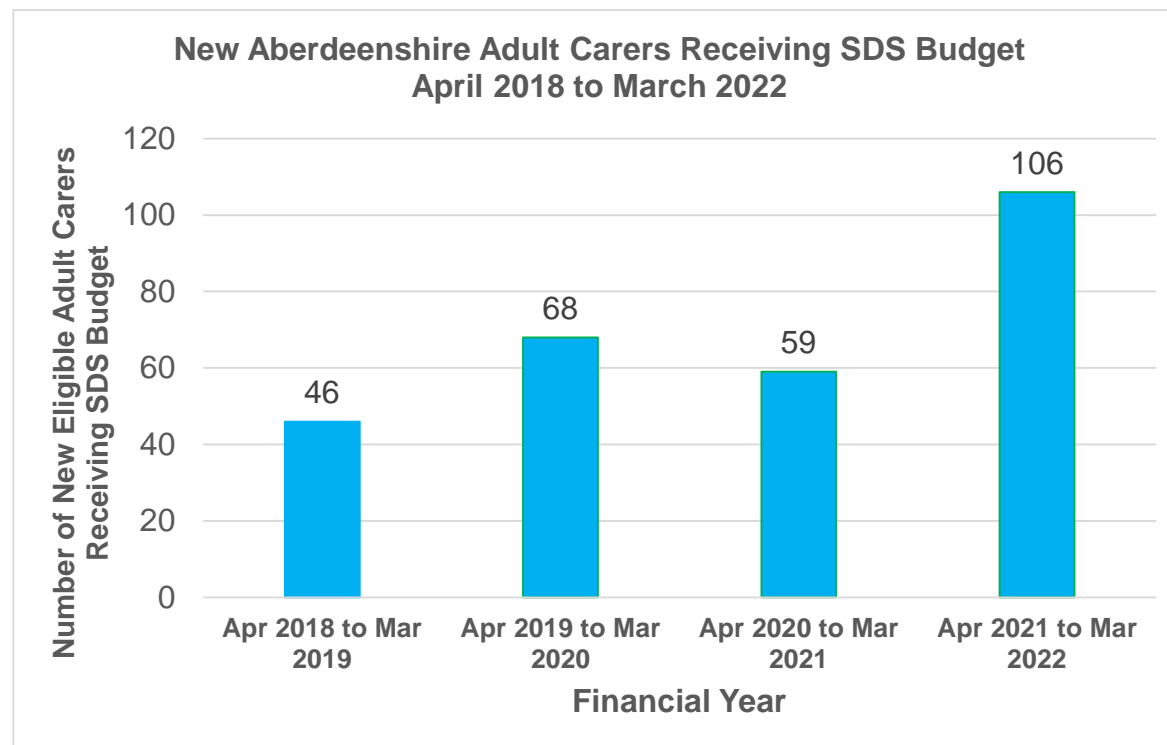
## Supporting Unpaid Carers

Engaging and working with unpaid carers has continued to be a priority for the HSCP during 2021-2022 with many carers continuing to have increased caring responsibilities as we move towards living with Covid.

The HSCP commissions a carers support service from Quarriers which provides support to young and adult carers. Since implementation of the Carers (Scotland) Act 2016 in April 2018, we continue to see increases in the number of unpaid carers registering with Quarriers Carer Support Service and those eligible for a Self-Directed Support (SDS) budget. By having three permanent Carer Practitioners from HSCP supporting unpaid carers in Aberdeenshire to plan the use of their individual budget, this has provided a consistent approach to the provision of support to carers across the area.

During 2021-2022, Carer Practitioners supported a huge increase in the number of unpaid adult carers, with 106 new SDS budgets being set up for carers during this period, as shown in the graph below. This means a total of 242 carers were in receipt of a SDS budget as at 31 March 2022. This increase can be attributed to a greater awareness amongst carers, resulting in an increase in the number of referrals to both Quarriers and the Carer Practitioner team.

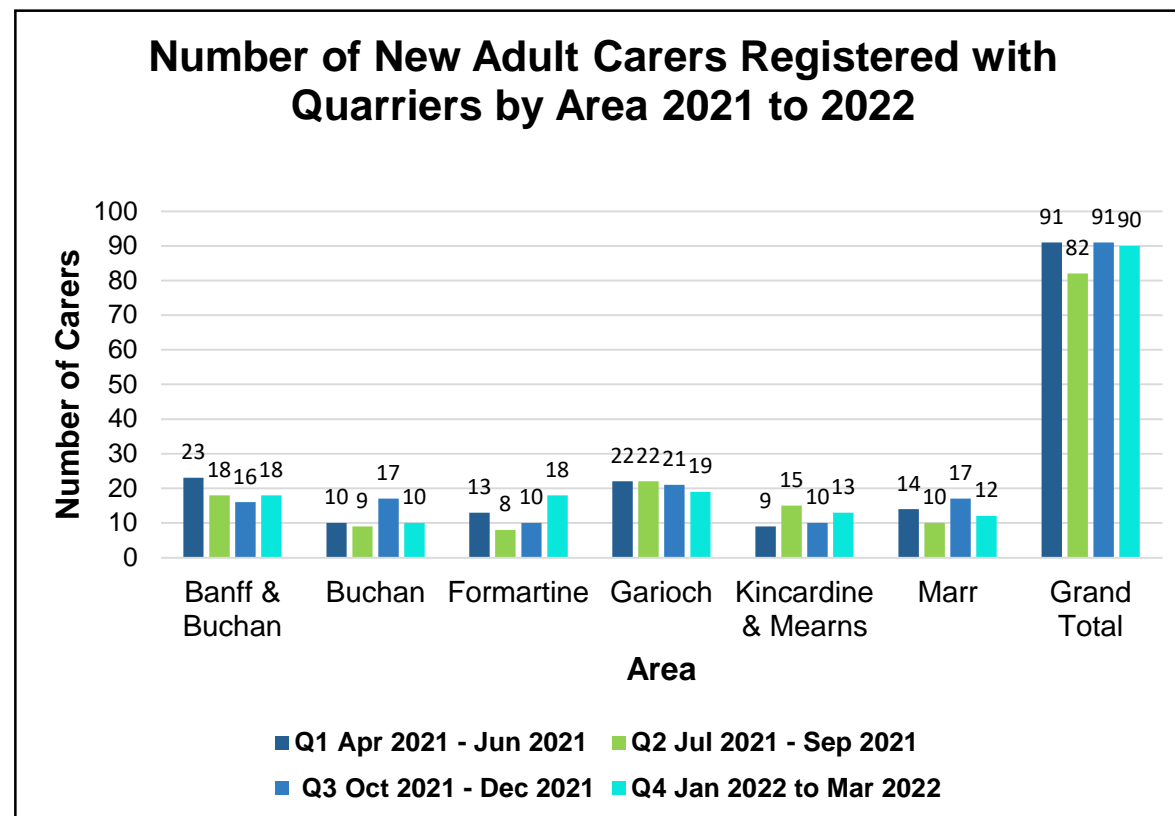
Carer Practitioners support eligible carers to make an informed decision on which of the four options of SDS to use. Carers are encouraged to use their SDS budget creatively to meet their identified outcomes. During Covid restrictions many carers used their SDS budgets to purchase support they could use at home. Examples of these included home gym equipment, massage equipment, aromatherapy oils, digital devices, streaming services and garden equipment which supported carers to access breaks from caring.



The graph opposite shows the number of new adult carers registered with Quarriers Aberdeenshire Carer Support Service during 2021-2022. The figures show a continuation of the increased number of referrals from 2021. This increase could be attributed in part to the roll out of the Covid vaccine for carers and an increase in enquiries to the service.

In addition to the service provided by Quarriers, Advocacy North-East and PAMIS also continue to provide support to adult carers.

During 2021-2022 the HSCP were part of a pilot project to improve the involvement of unpaid carers in the hospital discharge of the person they care for, as required by the Carers Act. The pilot involved three hospital wards across Grampian; GP Ward, Chalmers Hospital in Banff, Scolty Ward, Glen O' Dee Hospital in Banchory and Stephen Hospital in Dufftown with the aim to gather evidence of whether carers feel as involved as they could be in the hospital discharge process.



Surveys for staff, patients and carers at these wards were carried out prior to the pilot starting and will be carried out at the end, to measure the impact of the pilot. The pilot launched in September 2021 and was originally planned for six months. Given the restrictions in hospital visiting and other Covid related challenges in that time, it was not possible to gain an accurate picture of the difference the pilot made to carer involvement in hospital discharge. This will be revisited throughout 2022.

Looking forward to 2022 to 2023, we will continue to monitor the impact of the Carers (Scotland) Act 2016, including our support for unpaid carers, through Quarriers, Self-Directed Support budgets, short breaks and more traditional respite and day care options. Both the HSCP Carers Team and Quarriers remain involved in national work around carers and will continue to progress this locally for Aberdeenshire.

## Reshaping Care

Aberdeenshire HSCP's Reshaping Care programme of redesign has focused on work to improve the quality and outcomes of care particularly for older people through the development of a variety of interlinked support packages, enabling people to stay at home or in a homely environment for as long as possible and establishing models of care which are fit for the future. The HSCP's principles underpinning this strategic priority are:

- We will support people to remain in a homely environment
- We will ensure that people can access the right support when they need it
- We will support people to live healthy and independent lives.

These support many of the National Health and Wellbeing Outcomes but in particular outcome 2:

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**Outcome 2** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

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### Winter response and social care sustainability

In response to the significant pressures on the healthcare system throughout the initial waves of the Covid-19 pandemic and anticipated major challenges of the winter 2021/22 period, Aberdeenshire HSCP was actively involved in the NHS Board level operational preparations and response, with the aim of managing the expected range of service pressures, supporting system leadership to collaborate and balance support and resource across the whole system to improve capacity and flow. The HSCP saw sustained and significant demands across all of our community and primary care services during this period, requiring an agile and responsive approach to ensure we could continue to safely deliver critical services to the most vulnerable people in our communities (impacted further by the arrival of Storms Arwen, Malik and Corrie in December and January).

Ultimately, across all care at home services and care homes operated and managed by the HSCP, and those within the private sector, the increased demand on staff has been considerable, with particular pressure on care at home capacity. The HSCP's Oversight and Assurance Groups have continued to meet regularly, made up of professionals from both social care and health care as well as members of NHS Grampian's health protection team, to identify and respond to levels of demand and staffing pressure in these areas of service, and to support the continued safe and effective delivery of care to clients and residents.

In the last year the HSCP's care home assurance team has expanded to include such posts as a Care Home Dementia Team Lead Nurse. A Tissue Viability Nurse has also been appointed providing assessment support and guidance to staff caring for residents with skin integrity concerns. Such roles have directly supported residents within their own homes, whilst also supporting education and upskilling of staff. The model of assurance visits has evolved to the team providing support to care homes on specific areas involving a monthly topics approach. Areas covered include Anticipatory Care Planning, Activities, Continence, Food, Fluid and Nutrition, Palliative Care, Falls, Infection Prevention and Control, Medication and Stress and Distress. Any areas identified for improvement are discussed with the home and training, signposting to best practice and support provided.

The HSCP has worked collaboratively with Moray and Aberdeen City HSCPs on a recruitment campaign with the aim of where possible recruiting individuals who are new to working in health and social care. The campaign seeks to highlight the very real positives of working with people in need of care and support. Initially, the recruitment drive has focused on social care staff, especially homecare staff, as well as some of the roles in social care that are traditionally harder to recruit to. Alongside this the HSCP has implemented a range of actions to help mitigate some of the demand on social care, for example by increasing Care Management and Allied Health Professional capacity, enhancing rehabilitation and enablement and providing additional staffing based directly within Aberdeen Royal Infirmary.

Reflecting the invaluable support and efforts of partners throughout the pandemic, Aberdeenshire Council established a Winter Care Emergency Relief initiative for Council staff to join an emergency response pool to assist some of Aberdeenshire's most vulnerable residents within the HSCP's eight Care Homes and six Very Sheltered Housing Complexes. In addition, the HSCP has continued to work closely with our Third Sector Interface, Aberdeenshire Voluntary Action (AVA), providing funding to recruit and support volunteers for a six-month period to support the winter pressures experienced in social care in particular Care Homes and Very Sheltered Housing, with AVA providing the onboarding and ongoing support for volunteers and engaging with our care settings to deploy volunteers.

The challenges for social care nonetheless remain significant. Moving forward in 2022/23, the HSCP is implementing a Social Care Sustainability Programme to drive the transformational and improvement work required across adult social care with a particular focus on workforce sustainability. This work will remain cognisant of and responsive to wider national drivers, in line with the recommendations of the Independent Review of Adult Social Care and developments with the proposed National Care Service.

## Digital technology

The use of digital technologies to support and improve access continues to be a key priority of the HSCP. The significant expansion of digital solutions such as Near Me video consulting and e-consult over the last 2 years of the pandemic has been essential to supporting continued safe access to health and social care services whilst also creating opportunities to enhance supported self-management where appropriate. For example, Physiotherapy services have run virtual pulmonary rehab classes for patients from across Aberdeenshire when unable to hold face to face classes.

The HSCP remains cognisant that this accelerated roll out has the potential to create inequity where sections of the population may be disadvantaged in terms of access to and use of services, impacted by issues such as rural inaccessibility, costs associated with IT connectivity, equipment, confidence in use of technology, or where a digital option is simply not viable or appropriate for certain client groups. In response to the digital inequalities previously highlighted to the IJB, officers have worked with colleagues in the Council's Economic Development team to establish a Digital Inclusion workstream for Aberdeenshire Council's Digital Strategy Board. The Board approved this approach in November 2021 and a group was established with representation from Council Services and the HSCP in January 2022, to collectively take forward actions on digital inclusion.

The HSCP is seeking to recruit to a Digital Project Manager post in 2022-2023 which will augment the existing Project Manager post in place for the Analogue to Digital (A2D) Transition project. The A2D project is at a critical stage as telecoms providers switch over to digital services, requiring all of our call alarms and telecare to be replaced in 3000 households, sheltered and very sheltered housing complexes.

## Home First – Aberdeenshire Frailty Pathway (Hospital at Home)

The Aberdeenshire Frailty Pathway Delivery Group has continued to lead work to develop a phased implementation of the Hospital at Home model with an initial focus on creating an 'Early Supported Discharge (Hospital at Home) Pathway'.<sup>viii</sup> This internationally recognised model delivers a range of ordinarily hospital-based interventions, including diagnostics, within people's own homes with additional support provided leading to admission avoidance and improved outcomes for patients.

Good progress has been made in the development of the pathway and supporting processes based on an integrated model between health and social care staff focused on improving the flow of patients through the Frailty Pathway. This has involved various aspects of

redesign including within acute services and with our neighbouring partnerships of Aberdeen City and Moray. This process has taken longer to progress than anticipated at the onset of the redesign, particularly during a pandemic, however, this has been necessary to ensure robust and safe processes are in place. Significant progress has also been made in recruitment to the multi-disciplinary community team. The role and input of Consultant Geriatricians is critical but presently significantly impacted by staffing shortages which leads to them being very stretched across community and acute services. This has impacted on the HSCP's ability to be a fully functioning Hospital at Home model based on the national definition.

The 'Just Checking' system has been implemented for appropriate patients to create a clear chart of daily living activity that can support the patient's independence at home and provide our AHPs with data that can support goal-setting for the patient, an example of which is described below. A performance and evaluation framework has been agreed to monitor and evaluate the model including patient and staff experience surveys alongside quantitative measures such as patient readmission rates.

### Hospital at Home / Supported Discharge - Case Study Story

#### Background

91-year-old patient admitted as an emergency to hospital following collapse and respiratory arrest requiring CPR at home. Prior to admission the patient was living on their own in sheltered housing with community alarm, mobile with 4 wheeled walker and independent with all activities of daily living.

Through a referral to the Aberdeenshire Supported Discharge team by ARI, the patient was assessed as requiring support and enablement care from ARCH 4 times a day. The identified therapy goals from ARI were to increase the patient's mobility with rollator zimmer frame, and to increase independence and confidence with showering, personal care and meal preparation in order to reduce dependence on care staff.

#### Process

Following discharge from ARI, a multi-disciplinary assessment was carried out by the Hospital at Home/Supported Discharge team within the patient's home, and specific Just Checking goals were identified to increase mobility with rollator zimmer frame and increase independence with kitchen tasks.

With patient consent, Just Checking sensors and accelerators were installed in the patient's home to help monitor their progress with therapy goals

Using the online account set up for the H@H-SSD team, members could log in at any time to review the data being collected by the sensors placed within the patient's home. An individual patient report was also compiled by Just Checking which interprets and summarises the chart data against identified patient goals.

#### Outcomes

Over the 2-week period, staff were able to monitor, encourage and engage with this patient in order for them to achieve these goals.

Along with the team being able to monitor progress, in this case having the equipment in place was a motivator for the patient who was very enthusiastic around their own progress and was eager to know that the team had seen this through the Just Checking equipment.

Ultimately the patient achieved their goals and as a result was able to reduce their care package.



## Community Hospital Inpatient Review

The aim of the Community Hospital Inpatient Review Group was to guide and oversee improvements across the Aberdeenshire community hospital network; to ensure efficient use of resource to meet inpatient requirements for our communities. The project was one of a number of complex and interdependent pieces of work relating to future community and community hospital service provision within Aberdeenshire as part of its strategic delivery plan. As community hospitals are part of the wider healthcare and social care service, it was recognised that there were links with other priority workstreams, including Minor Injury Services, the Frailty Pathway redesign and hospital at home model, community nursing and out of hours redesign, Inch and Deeside Strategic Needs Assessments and the Aberdeenshire-wide review of outpatient services.

The Community Hospital Inpatient Review Group focused on the inpatient bed capacity requirements over the course of the pandemic, recognising the linkages with wider developments to reshape community health and care services which seek to better manage surge and flow and improve overall patient experience and outcomes. Changes which required to be made in response to the Covid-19 pandemic to ensure the safe and sustainable delivery of services resulted in a reduction of bed capacity across Aberdeenshire with the implementation of compliance against national standards - single bed and bed spacing requirements as per [CEL 27 \(2010\)](#).<sup>ix</sup> This was in response to achieving rigorous standards of infection, prevention and control measures, to ensure the safety of patients and staff by mitigating the risk of nosocomial infection (infection transmitted within the healthcare facility).

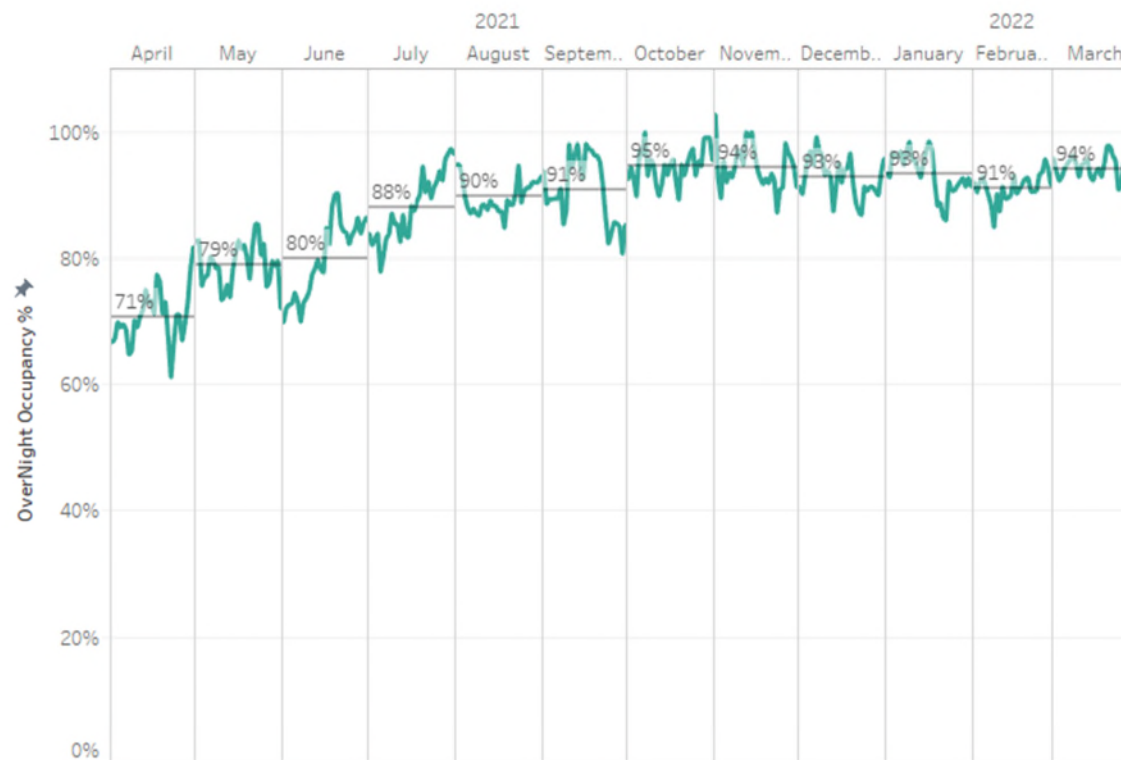
Over the course of the winter 2021-2022, due to the Omicron variant, and normal winter pressures, there was significant demand on the system, with an increase in the number of people requiring acute and community hospital care, as well as an increase in the complexity of many patients' needs. The Group supported work to improve patient flow from acute hospitals to community hospitals, where patients would benefit most from rehabilitation and enablement care in a local setting. Under guidance and leadership from the Group, all community hospitals in Aberdeenshire moved to operate as a network to ensure inpatient beds were used appropriately to meet Aberdeenshire's population needs, with a focus on admitting as locally as possible but at times supporting admission of 'out of area' patients, when appropriate and safe to do so, and in discussion with the patient and family. Arrangements were also made by the lead nurses for 'surge' bed capacity; these would be a small number of community hospital beds which could be opened in exceptional circumstances, where pressures across the Grampian healthcare system were so significant. Decision making would be on a case by case basis, following risk assessments, having regard to safe staffing and a suitable environment to support this.

Staffing surveys led by HSCP lead nurse colleagues were completed, which were used as a tool to determining the safe and sustainable staffing model required across our inpatient wards, taking into consideration issues around Registered General Nurse (RGN) staff ratio requirements and the relative geographical remoteness of the community hospitals. This work will be of significant value with the upcoming introduction of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#)<sup>x</sup>, commonly referred to as the 'Safe Staffing Legislation'.

Data indicates that community hospital beds have been and continue to be extremely well utilised. Average occupancy across all wards has increased significantly from last year's position, with the occupancy increasing steadily from May through to September after an 8% point jump from April to May. (NB: Opposite graph shows average occupancy across all wards, with the figure each month given as the average value of this across the month. Extract taken from live unvalidated data for illustration only.)

Aberdeenshire HSCP has played a crucial role in supporting the acute sector to manage demand and capacity, and the improvements in patient flow to the community hospitals are evidence of this. The HSCP has engaged three senior nurses as Flow Co-ordinators, working in the Aberdeen Royal Infirmary (ARI) Discharge Hub 7 days a week, to focus on Aberdeenshire patients who are ready to leave secondary care. This means people will receive the right care in the right place, and it is anticipated that the extra resource invested in the hub will support a reduction in delayed discharges and reduce the average length of stay of Aberdeenshire patients in secondary care.

With the inpatient bed numbers in the community hospitals now remaining relatively stable, ongoing operational improvements are being taken forward by local teams with support from the Aberdeenshire lead nurses, who have the expert knowledge, skill and leadership to bring about change. This includes implementing Criteria Led Discharge where the whole multi-disciplinary team, including care managers, will meet to discuss the best care for a patient, and support this to be put in place as quickly as possible so they can move on from hospital in a timely way. This also enables planned discharges to be managed over 7 days a week, rather than just between Monday to Friday, which was traditionally the process.



Note: General Wards include the following - Chalmers, Fraserburgh Philorth, Peterhead Summers, Inverurie Donbank, Turiff, Kincardine Ardruthie, Aboyne, Glen O Dee Morven, Jubilee Rothieden



## Remobilisation of Combined Delivery Model Minor Injury Service

As reported in our annual performance report last year, during the early stages of the Covid-19 pandemic, a decision was made by Aberdeenshire HSCP to temporarily close some of the sites that deliver our Minor Injury Service to consolidate staffing, support the pandemic response (including vaccination work) and help protect our Community Hospitals from spread of the virus. Sites which previously operated a 'combined delivery model' (where the minor injury service was supported by staff that worked on the ward) were temporarily closed and remained so for the duration of the pandemic. Peterhead, Huntly and Fraserburgh Minor Injury Units (MIUs) remained open throughout the pandemic operating 24 hours a day, seven days a week.



A review of Minor Injury Units across Aberdeenshire had previously commenced in 2018 however the significant changes in how people accessed urgent care services during the pandemic means that it is no longer possible to evaluate the previous delivery model. In the rapid reconfiguration of primary and community care services one of the biggest changes has been the introduction of a local 'Flow Navigation Hub' which brings with it better opportunities for people to get the right care in the right place at the right time, creating a 'single point of access' for urgent care through NHS 24 for early clinical decision making and triage.

Anyone in need of a minor injury service or, out of hours, a minor illness service must now call NHS 24 on 111. All calls related to minor injuries in Aberdeenshire are then passed on to one of our operational units who contact the caller and then assess and triage the call. Once that triage process is complete the caller will be offered the most appropriate care or re-directed to another service, for instance an Optometrist for eye complaints. Self-care advice may be given or if the person requires further attention an appointment will be offered at the nearest or most appropriate site. Near Me video appointments may also be used.

This means that we are better able to schedule our minor injury service, direct people to the most appropriate site (for instance should they require X-ray) and cuts down considerably patient waiting times. The teams have embraced this approach and in November 2021 the flow navigation system was rolled out to Banff covering all of our larger units in Aberdeenshire.

Following IJB approval, work is underway to roll out this model to our other sites in Aboyne, Stonehaven and Turriff. The HSCP has established an Oversight Group including representation from the GMED service, Scottish Ambulance Service, Universities, and the Minor Injury Unit at ARI. Work is underway on scoping current and potential future gaps in training and staffing to support staff back into the assessment and treatment of minor injuries again. By supporting an integrated working approach and the development of modern nursing models the aim is to ensure that all sites can offer sustainable services fit for the future.

## Commissioning and Procurement – Support at Home Framework

The Aberdeenshire HSCP Commissioning and Procurement Group leads on monitoring of the HSCP's commissioning and procurement plan with the aim of ensuring work on specific contracts is completed within required timescales and aligned with the priority workstreams within the strategic delivery plan. Working closely with the Commercial and Procurement Shared Service a number of project groups have been established in the last year to lead on the delivery of service reviews and recommissioning of services supported by wide stakeholder involvement and engagement, to ensure these services remain fit for purpose in terms of affordability, sustainability, and meeting service user outcomes in line with the strategic direction of the HSCP's strategic plan and service specific strategies.

One of the most significant and complex pieces of commissioning work during 2021-22 was to develop and agree a single contractual framework (to the value of over £160m) for Support at Home Services. These services are 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. The single framework seeks to promote:

- Flexible and responsive contractual arrangements
- A move from time and task to outcome-focused commissioning
- Safe, effective and sustainable commissioning
- Prevention and early intervention agenda
- Reshaping care objectives
- Engagement and collaboration
- Effective use of resources that supports resilience in the sector

Following a competitive tendering exercise, from 1<sup>st</sup> April 2022 both low-level visiting support at home services and accommodation-based support at home services for adults with moderate, substantial and critical levels of need will be commissioned from a single framework for services registered to provide support with care at home and/or housing support, with 31 providers having been awarded contracts.

The move to outcome focussed and collaborative commissioning reflects a key recommendation from the [Independent Review of Adult Social Care](#)<sup>xi</sup> on the need for change and improvement in commissioning and procurement approaches to a more collaborative, ethical and outcomes-focused commissioning framework for adult social care services and supports. A steering group has now been established to oversee the mobilisation and maximise usage of the Support at Home Framework across Aberdeenshire and to promote a culture of outcomes-focused commissioning.

## Out of Area Social Care Placements

In February 2022, the Scottish Government published the [‘Coming Home Implementation’](#) report<sup>xii</sup> to support Health and Social Care Partnerships to find alternatives to out-of-area placements and to eradicate delayed discharges for people with learning disabilities. This set out a clear way forward to targeting a reduction in out-of-area residential placements and inappropriate hospital stays by March 2024, with £20 million allocated to support authorities in addressing these issues.

Complex care needs are described in the ‘Coming Home Implementation’ Report as care required around people with learning disabilities to live independently who additionally: are also autistic; have a mental health diagnosis; have a forensic need, and /or who are described as demonstrating challenging behaviour. A national Dynamic Support Register is to be set up to provide visibility to this group of people both at a strategic and national level and allow local monitoring of progress to reduce inappropriate placements and enhance support when people are at the most risk. The Register will apply to anyone currently: admitted to hospital-based assessment and treatment units; living in an unsuitable/ inappropriate out-of-area placement; at risk of placement breakdown or where the current living situation is becoming unsustainable.

In 2021 Aberdeenshire HSCP identified 77 out-of-area social care placements at a significant cost to the HSCP. As part of the local Learning Disability and Mental Health strategic workstreams, monitoring of these expensive out-of-area placements is ongoing. Reviews identified a number of appropriate out of area placements where adults prefer to remain out of area (in intentional village communities or in resources close to family connections) and are not assessed as requiring to return to Aberdeenshire.

A significant number of placements (37) are in Aberdeen City and this location close to Aberdeenshire and within the NHS Grampian area continues to be appropriate. The HSCP’s out of areas placements continue to be actively monitored as part of the workstreams supporting the implementation of our local Learning Disability and Mental Health strategies. Wherever appropriate opportunities exist to bring a service user back within HSCP jurisdiction, that decision is made via multi-agency working.

Moving forward and as part of the HSCP’s Out of Area/Complex Care project, all Aberdeenshire HSCP out-of-area placements will be reviewed to inform the Dynamic Support Register and articulate the nature of individual needs and care requirements locally. Analysis will also identify individuals locally who are currently at risk of hospital admission. This project will explore the use of HSCP multi-disciplinary short-term intervention teams alongside existing positive behaviour strategy work to enhance supports for people at risk.

## Dementia Strategy Delivery Plan

Making Connections' Aberdeenshire HSCP's Dementia Strategy for 2020-2030 was approved by the Aberdeenshire IJB in December 2020. Due to the pandemic a later than planned and much softer launch of the strategy took place in June 2021 and a delivery plan for 2021-22 was developed to support implementation of the strategy. It centres on 6 key priorities underpinning the overall aim of improving the quality of life for those people living with dementia and those who support people living with dementia in Aberdeenshire: Being well informed; Getting a diagnosis of Dementia; Knowing who to turn to; Living well with dementia; Developing health and social care support for people living with Dementia; and Caring for carers.

The Aberdeenshire Dementia Outcomes Reference Group has responsibility for monitoring the ongoing delivery plan. In the last year the group has delivered training to enhance awareness of dementia and ensure staff and partner agencies are equipped with knowledge in how to best support those living with dementia and their unpaid carers. This training has included being a part of the national launch of the Herbert Protocol to safely locate missing people who have dementia. 15 sessions were provided with Tommy Whitelaw, a carer for his mother who was living with dementia, who talks frankly about his experiences and allows those attending to spend time reflecting on their important role within health and social care.

The provision of post diagnostic support through the commissioned Alzheimer Scotland Link Worker service continues to be monitored. There have been some difficulties with staffing; plans are under way to recruit, with some temporary support being offered. The pandemic has presented continuing challenges for the diagnosing of dementia and offering the appropriate ongoing support. Group Work restarted in virtual format in late summer 2021 and a rolling programme has been set up for 2022. Participant feedback indicates they have found these useful and informative. Further connections were made with participants meeting informally for peer support. The Scottish Government have committed additional funding for post diagnostic support and the HSCP is considering how to increase post diagnostic link workers capacity.

Following successful workshops, a steering group, working in partnership with Aberdeen City HSCP, has been established to look at how we best support those people living with dementia at an early onset. It is recognised that people within this cohort may have differing challenges (for example managing a job, childcare commitments), to those who have been diagnosed later in life. This steering group concentrates on three main themes: Tackling the stigma the person and their family/unpaid carer might feel; Education of the wider public and professionals and; Reviewing the journey within the HSCP that a person with early onset dementia should expect. A training session was provided for around 104 staff including HSCP staff, wider NHS staff, colleagues from Housing and third sector providers. This was recorded and produced into eLearning for other staff to benefit from this. As part of the monies identified from Scottish Government the HSCP is implementing plans to appoint a post diagnostic support link worker to support people with a younger diagnosis of dementia with the three key areas identified.

## Mental Health Strategy Delivery Plan

The Aberdeenshire HSCP Adult Mental Health and Wellbeing Strategy 2019 to 2024 set out our priorities for mental health and wellbeing for all adults living in Aberdeenshire who currently access mental health services, as well as those who may need support in the future. Those priorities are:

- Prevention and Self-Management: People are supported to maintain and improve their mental health
- Access: People have access to the right treatment, care and support at the right time
- Person Centred: We deliver person-centred, recovery focussed services, that promote choice and control
- Mental Health Inequalities: We reduce the negative effects of mental health inequalities

The work of delivering the 12 projects contained in the Mental Health Strategy Delivery Plan is overseen by the Mental Health Strategic Action Group (SAG) comprising representation from a number of key areas across mental health services, including social work, health, third sector, police and community planning partners. Whilst progress has again been impacted by the operational demands of the pandemic, 7 of the 12 projects are now completed and it is the SAG's ambition to work towards completion of the last 5 before the Scottish Government's refreshed Mental Health Strategy is released. Key achievements in the last year are summarised below.

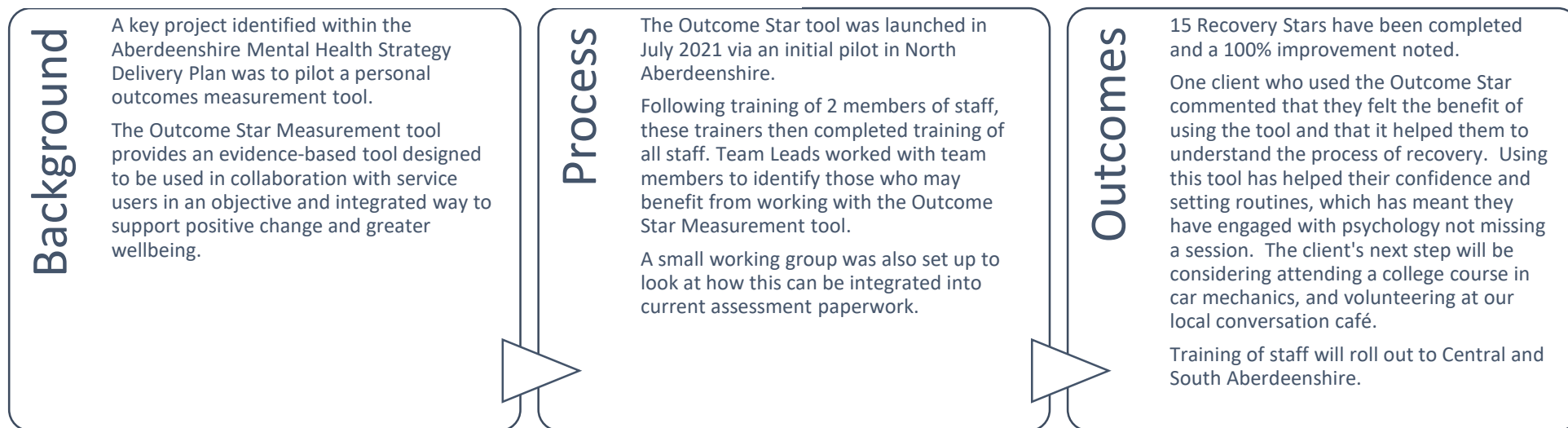
- **Increase in the number of mental health workers in primary care, HMP Grampian and Custody Centre Suites as part of Action 15 of the Scottish Government's Mental Health Strategy.** This has included development of the HSCP's in-house Mental Health and Wellbeing Improvement Service (Community Link Workers) over the last year, becoming fully operational from April 2022 with the link workers to be based in primary care to support people with their mental wellbeing and receiving referrals from GPs and other Mental Health professionals. Within the Fraserburgh Custody Centre the Crisis Intervention Service went live in July 2021 transitioning to the stage where the service is now offered 5 days a week. The Action 15 working group continue to develop proposals for funding with a focus on building resilience within new services and adding to the capability and capacity of existing services.
- **Early intervention and prevention initiatives for mental wellbeing.** The HSCP has been able to target additional two years funding to support the roll out of services to offer Distress Brief Intervention (DBI) via Penumbra, with the aim that this will bolster other measures taken to boost personal and community resilience and aim to reduce people's anxieties at the immediate point of need. In addition one-year funding to SAMH will be utilised to enhance Aberdeenshire's response to suicide prevention, targeting local areas and reviewing the specific needs of local communities. This will dovetail into existing initiatives to continue to raise the profile of suicide prevention resources across the region, for example the Aberdeenshire Suicide Prevention Community Engagement

Officer employed and working closely with Community Mental Health Teams, and the delivery of ASIST (Applied Suicide Intervention Skills Training) across Aberdeenshire, offering places to people in our local communities who can make a difference.

- **Development of ways to engage and involve individuals.** Online virtual “Chat for Change” workshops and co-production approaches have been developed involving people with lived experience and the Scottish Recovery Network. 3 workshops took place in June 2021 to engage people in strategy work following on from an online February 2021 event. Working with the HSCP Public Health team the Aberdeenshire Wellbeing Festival in its 6th year took place in May 2021 in support of Mental Health Week. This was predominantly delivered online but included some outdoor activities with around 90 events held.
- **Development of self-management groups across Aberdeenshire.** SAMH have continued to provide the Living Life to the Full online Cognitive Behavioural Therapy programme throughout Aberdeenshire. In June 2021 the digital platform Togetherall was launched providing online mental health support for people aged 16 and over for evenings and weekends as a one-year pilot.

“The Mental Health and Wellbeing Festival 2021 has given me the opportunity to try new things without feeling intimidated. I have really enjoyed the Cultivate groups ran by SAMH both in terms of physically being there and the online sessions that have just started. I think they both work really well and the support that I've received from the group leaders has definitely contributed significantly to my recovery from illness”.

### Outcome Star - Case Study





## Learning Disability Strategy Delivery Plan

Delivering on the aims and objectives as set out in Aberdeenshire's Learning Disability Strategy 'Be All You Can Be' 2020-2025, the Learning Disability Strategic Delivery Plan outlines 14 projects designed to make Aberdeenshire a happier, healthier and more inclusive place for people with learning disabilities. These projects are each linked to one of our strategic themes:

- Feeling Well
- Feeling Involved
- Feeling Valued
- Feeling Supported

The plan is overseen by the Learning Disability Strategic Delivery Group, including representation from a number of key areas across learning disability services, including education, children's services, social work, health and the third sector, as well as our Providers Forum and Self Advocacy Groups enabling commissioned partners and service users to influence the strategic direction.

Key achievements in the last year and details of ongoing work are described below.

- **Health Inequalities** – Significant progress has been made on this workstream aimed at addressing the health needs of people with a learning disability. A number of best practice guides and accessible information was produced to support people with a learning disability, their carers and families during the first Covid wave and ongoing since. A palliative and end of life care pathway has now been completed with discussions ongoing with palliative care nurses on how to support people with a learning disability. Personal health passports are in the process of development to assist in communication about care needs, alongside work with Scottish Government to roll out Annual Health Checks in Grampian. Each team continue to implement the HEF (Health Equalities Framework) within their area, an outcome measure which aims to support and inform care and treatment and improve health inequalities.
- **Day Services** – The Covid pandemic meant that the way in which we deliver Day Services had to be radically changed due to safety concerns, aligning with our review of Day Opportunities to ensure that they are sustainable, cost-effective and building on the IDEA principles of enhanced community integration. The HSCP undertook an extensive engagement exercise with service users, families, carers and staff to gather views on our existing services in each of our three areas and as a result, new models were proposed where there was less reliance on our day centre buildings, empowering our third sector providers in each area and making a bigger push to have those who attend Day Services be part of the wider community. South Aberdeenshire have pioneered this new model of delivering Day Opportunities with particular focus on initiatives such as Shopping Buddies and Books on Legs to enhance community integration and outreach.

- **Self-Advocacy/Engagement** – Within Learning Disability services we place significant emphasis on our links with Service Users and Self-Advocacy Groups which play a large role in ensuring that our service users are at the heart of decision making. Work is ongoing to strengthen these links between the Strategic Delivery Group and all our stakeholders. A suite of engagement techniques is under development, making use of Engagement HQ which was used to great effect during the engagement for the Day Services review.

There are a number of other workstreams also ongoing which directly link to the Strategic Delivery Plan. These include the development of Learning Disability Virtual Community Wards, ensuring our Employability Service is more outcome focussed and strengthening our links with Housing colleagues to ensure a fair and transparent housing allocations process for supported accommodation.

## **Aberdeenshire Autism Strategy for Children, Young People and Adults**

In partnership with autistic people, partner organisations, Education and Children's Services (ECS), over the last year the HSCP has implemented strategy development work to determine clear strategic priorities and actions for autism services across Aberdeenshire. The aims of this are to:

- Enable a more focused approach to identifying and responding to the needs of autistic people across Aberdeenshire.
- Facilitate a collaborative approach at key developmental stages across the life span (childhood, adolescence, adulthood and older age).
- Enhance the ability to report to the Integration Joint Board and Education and Children's Services Committee in a more outcomes focused manner in all matters related to autism.

The Autism Strategy Planning Group was formed in June 2021. The purpose of the Planning Group is to *coordinate the development of Aberdeenshire's Autism Strategy including engagement and communication*. The group is made up of colleagues from the HSCP, Education and Children's Services (ECS), NHS, representation from the third sector group Autism Understanding Scotland, parent/carers, diagnosed autistic adults and an individual who self identifies as neurodivergent.

A key aim for the development of this strategy is that it is '*co-produced*' and '*co-designed*' by autistic and non-autistic individuals. The creation of this strategy has included autistic individuals, parents, carers, members of the autistic community and representatives from charitable organisations. The third sector organisation, Autism Network Scotland, was commissioned to provide specialist autism engagement and development support. The HSCP is also actively using the online platform Engagement HQ as a landing page for all engagement activity.



In September 2021 and then again in February 2022, via the use of social media, we asked people to express their interest in participating in Working Groups, to discuss what should be in Aberdeenshire's next Autism Strategy. Responses were received from autistic individuals, those who self-identify as autistic individuals, non-autistic individuals, professionals from various sectors, representatives from voluntary organisations, parents/carers and members of the autistic community.

At the time of writing these discussion groups are ongoing with the aim being to have a draft strategy prepared for consultation by Autumn 2022.

Home / Community Engagement and Participation Hub / A New Aberdeenshire Autism Strategy for Children, Young People and Adults

## A New Aberdeenshire Autism Strategy for Children, Young People and Adults

### Introduction

Welcome to the project page for Aberdeenshire's new autism strategy.

## Tackling Inequalities and Public Protection

The HSCP's progress against this strategic priority is centred on achieving the following:

- We will work to keep vulnerable people safe
- We will ensure everybody is able to access the service or treatment that they need
- We will work to remove barriers to accessing services
- We will work with partners to ensure that Aberdeenshire is a safe and happy place to live for everyone.

This aligns with National Health and Wellbeing Outcomes 5 and 7:

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Outcome 5 Health and social care services contribute to reducing health inequalities

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Outcome 7 People using health and social care services are safe from harm

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### Mainstreaming Equalities

Under The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 each HSCP is required to publish a set of Equality Outcomes. The four equality outcomes approved by the Aberdeenshire IJB are:

1. We will enable people to have improved health and wellbeing as a result of access to person-centred, holistic services.
2. People will be supported to look after their health and wellbeing and live well by accessing advice and support that is relevant to their needs.
3. Through meaningful engagement, our health and social care services will understand and reflect the needs of their diverse service users.
4. We will enable effective communication between patients/service users and staff to ensure person-centred care is provided.

In last year's report we noted the evidence-gathering exercise undertaken by our Equalities Champions Network to identify how the pandemic has impacted on people using health and social care services and how staff/teams have worked to minimise any detrimental

impact on service users. Digital exclusion was one of the main issues flagged. Subsequent to this in the last year the HSCP has played a key role in establishing a Digital Inclusion Workstream for Aberdeenshire Council's Digital Strategy Board.

Other areas of progress made to mainstream our approach to equalities include:

- Review and re-establishment of our Strategic Planning Group (SPG) with responsibility to ensure due regard is given to people protected by the Equality Act and Fairer Scotland Duty, when implementing the strategic delivery plan initiatives, by embedding equalities in all Strategic Delivery Plan reporting.
- Development of a Volunteer Stakeholder Members policy including update to the expenses policy to cover replacement care costs, for consideration by the IJB, with the aim of reducing barriers to active participation by Stakeholder members.
- Delivery of workshops on Equalities and Fairer Scotland Duties for IJB and SPG members.
- Adoption of the Council's Integrated Impact Assessment online tool for use across the HSCP.

Throughout our annual report we hope to evidence many other examples of work undertaken across different areas of service to address inequalities. Further detail and case studies are provided in the HSCP's Equalities Mainstreaming and Outcomes Report 2020 – 2022.

## Public Protection

Public Protection is a term used to encompass the many different strategic approaches and responses to keeping children and adults safe in our communities and involves working with both victims and perpetrators. The main areas of public protection are Adult Support and Protection, Child Protection, Domestic Abuse, MAPPA, Alcohol and Drug Partnership and Suicide Prevention.

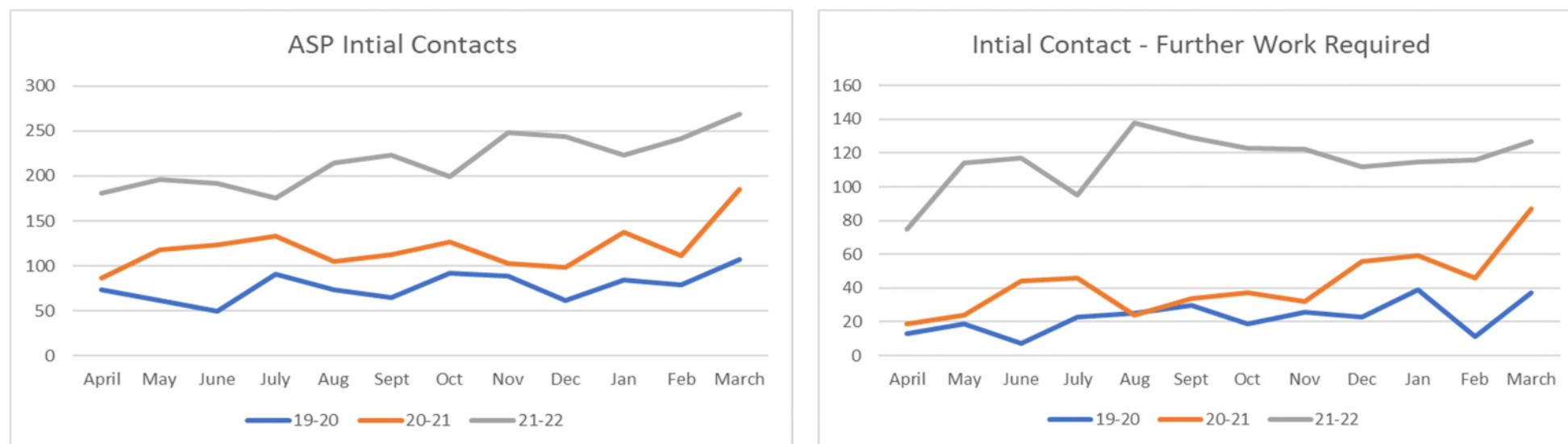
Public Protection activity and oversight is undertaken on a multi-agency basis. HSCP remains a committed partner in all aspects of public protection. Throughout the last year public protection has remained a priority. HSCP teams have continued to work to ensure that people, particularly our most vulnerable residents, are kept safe from harm, and that risks to individuals or groups are identified and managed appropriately. The effects of the pandemic nevertheless continued to impact on areas of public protection.

### Adult Support and Protection (ASP)

Adult Support and Protection (ASP) work in Aberdeenshire is overseen by the multi-agency Aberdeenshire Adult Protection Committee (APC). The HSCP is consistently represented and engaged in the work of the Adult Protection Committee and its subgroups.

In 2021 the APC continued to progress improvement identified in its [Action Plan for 2020-22](#). Good progress has been made in all areas of this action plan despite the impact of the pandemic on services and our communities.

Aberdeenshire Council through Social Work is the lead agency for Adult Support and Protection. The Adult Protection Network acts as a single point of contact for all Adult Support and Protection concerns. During this reporting period all services and organisations were impacted by the continuing effects of Covid-19. This year continued to see significant increase in ASP referrals and those being taken forward under ASP. The graphs below illustrate the impact on numbers of initial contacts to the Adult Protection Network and those identified as requiring further ASP input.



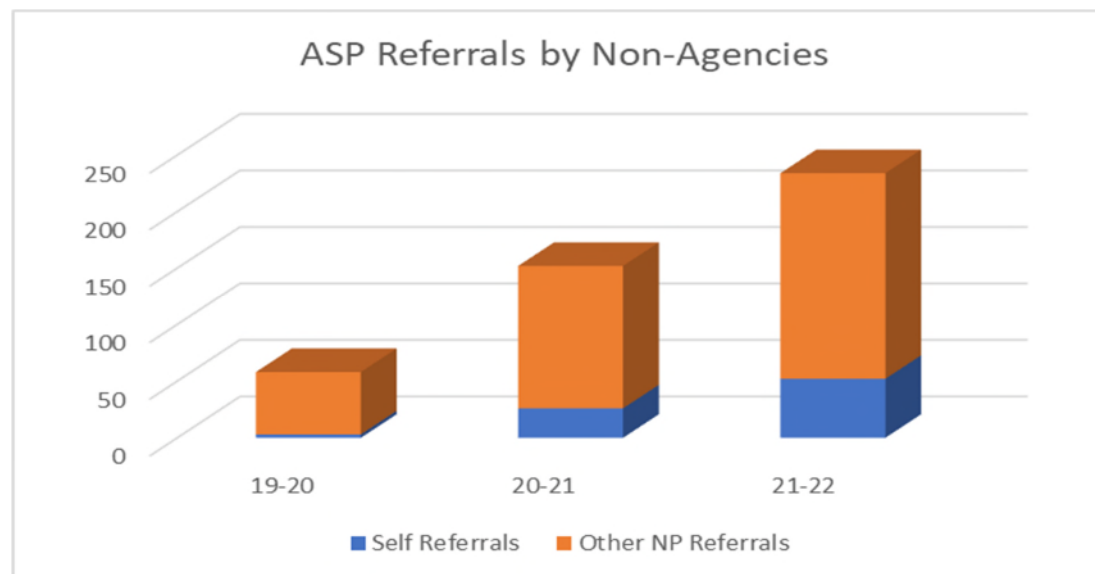
This increase in activity is further reflected in ASP activity data on numbers of Initial Referral Discussions, Case Conferences and ASP reviews. Despite this increase in activity, operationally ASP remained a key priority, and all services to support and protect adults at risk of harm continued. This continuation of service was achieved through additional staffing (provided through Covid 19 funding) and diverting resources to manage immediate risks. There is significant evidence that in Aberdeenshire there are safe responses to protecting adults and that agencies work well together to do this effectively. Adults at risk of harm are supported using person centred principles where they are encouraged and supported to be involved in the ASP Assessment and protection planning.

Other key achievements during the last year include:

- **Appointment of a Nurse Specialist for ASP.** The HSCP recruited to this post in June 2021. The introduction of this role was specifically required to enable health staff to consistently contribute to ASP Initial Referral Discussions (IRDs). Following the introduction of this post, health attendance at IRDs increased from 48% to 79%.
- **Service user involvement and engagement.** The Aberdeenshire Adult Protection Committee (APC) has undertaken several improvements to ensure robust methods for gathering feedback from adults, carers and families subject to adult support and protection processes. During the last year 11 adults at risk and 3 carers have responded using our formal feedback process. This process was developed jointly by Aberdeenshire Adult Protection Network (APN) and Advocacy North-East (ANE) and was based on the [Making Safeguarding Personal Outcomes Framework](#).

The development of an [engagement platform](#) in 2021 for the Adult Protection Committee enables a process for gaining informal feedback from all stakeholders, including those with a lived experience.

Through improved engagement with Aberdeenshire residents and promotion of Adult Support and Protection Services there has been a significant increase in referrals from individual residents in Aberdeenshire (members of the public, family, friends, and neighbours). The graph opposite shows the increase in ASP referrals from non-professionals including residents who believe they are at risk.



## Domestic Abuse

Strategy and Action Planning for domestic abuse sits with the Aberdeenshire Violence Against Women Partnership (VAWP). HSCP actively engages with VAWP and its subgroups through consistent attendance at meetings and contribute to the development and

implementation of the VAWP Action Plan. In 2021 HSCP and Aberdeenshire Council Housing agreed to jointly fund a commissioned service that would support women and girls affected by gender-based violence. The tender has recently been awarded and the service should commence in October 2022.

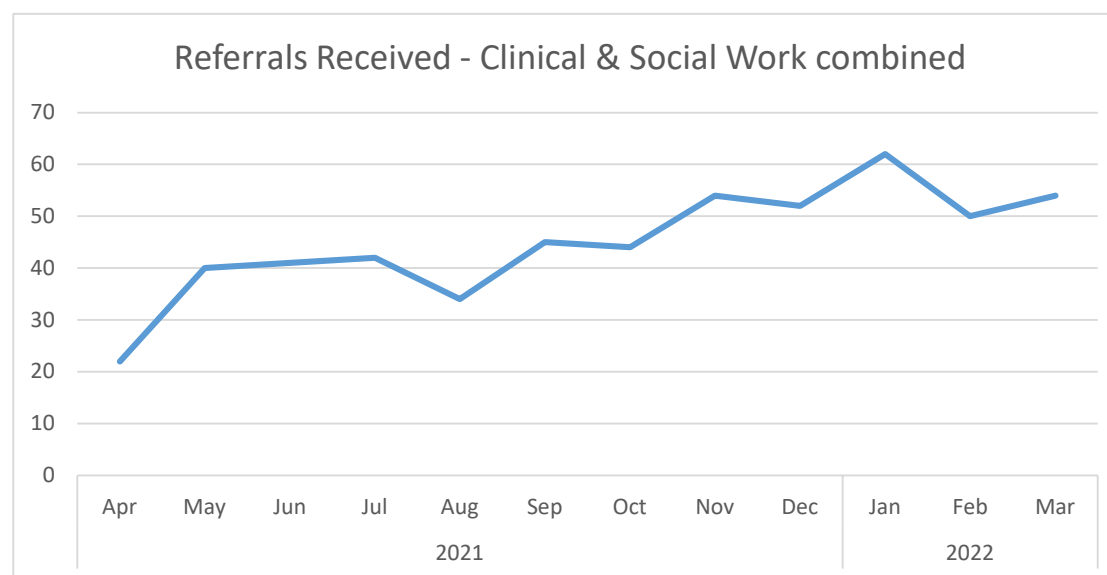
HSCP continue to run a single point of contact (DASPOC) for all domestic abuse enquiries/referrals for people who do not have children under the age of 16. The DASPOC is delivered through the Aberdeenshire Adult Protection Network (APN). Operational Process Guidance and training was developed to enable staff to consistently provide support to people affected by domestic abuse. Prior to the introduction of the Nurse Specialist for ASP in June 2021 all support for domestic abuse was provided through the health visitors. The Nurse Specialist role has now developed to allow consistent health support to multi-agency risk assessment conference (MARAC) meetings, where children are not present in a family.

### Alcohol and Drug Partnership

Alcohol and drug services remained extremely busy during 2021-2022 and saw an increase in referrals of as much as 50% in some parts of the service compared to the previous year's figures. Alongside the additional numbers of people requiring support we have seen a marked increase in the levels of complexities people are experiencing. Much of this is related to the COVID situation with people experiencing increased periods of isolation and lack of support from day-to-day services normally available in communities.

We have continued to remain open and have prioritised seeing people at risk by phone and face to face where safe to do so. We are also seeing an increase in the numbers of referral sources into our services.

The service is measured against a national Waiting Times target of three weeks to start with the service. Unfortunately, this target was not met in Quarter 4 of 2021-2022. Discussions around increased demand and need for increased resources have taken place with Scottish Government, and increased funding made available.

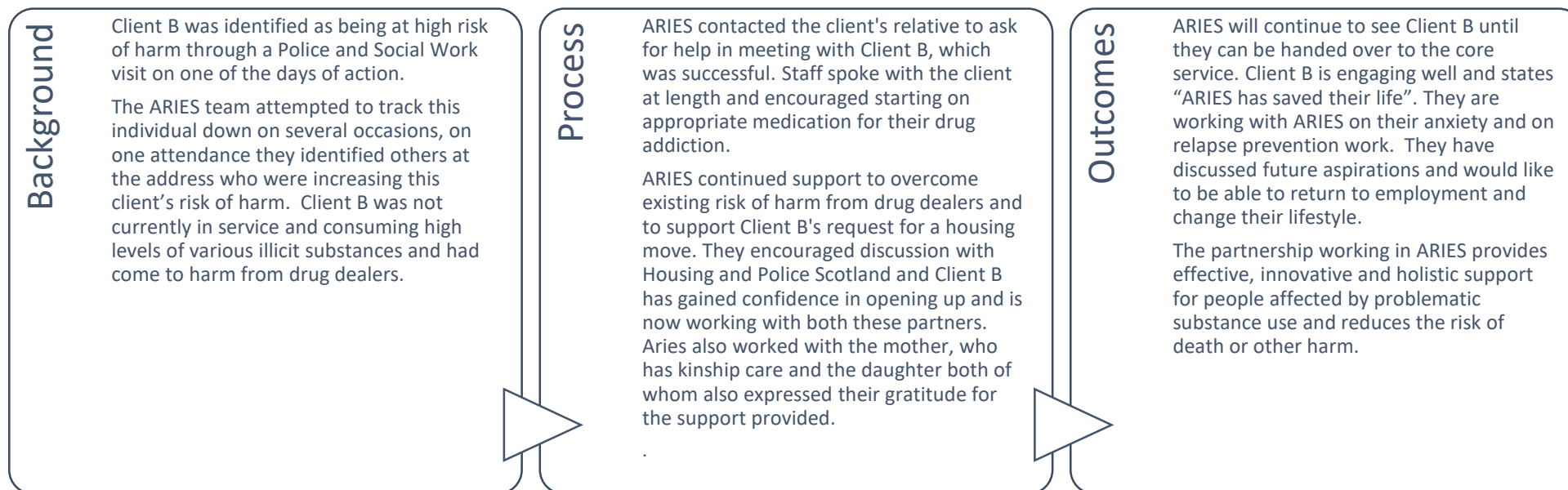




A key performance target for the service moving forward will come from the 10 new Medication Assisted Treatment (MAT) standards announced by Scottish Government<sup>xiii</sup> to support the consistent delivery of safe, accessible, high-quality drug treatment nationally. The first 5 of these treatment standards must be fully implemented by the end of March 2023. This will involve service redesign including increased resource and development of drop Access Points across Aberdeenshire. Two other projects have been established in the last year in order to address the number of drug-related deaths and support people identified at high risk of harm:

- **ARIES** is an outreach resource to respond to non-fatal overdoses and to those people who have been seen by partners as being at high risk due to substance use. The service will see people in their own homes, usually within 48 hours of the event, and provide support to engage with appropriate services as well as supporting family members where required. This has been evaluated very successfully and as a result the team will expand in 2022-2023 to support the increased risks we are seeing across Aberdeenshire.
- **Days of Action** is a partnership response to address drug dealing and harms in communities. Our service work with Police Scotland, Children and Families, Housing and Community Safety to visit people identified in their own homes. Feedback has been positive both from partners and those visited, and the project will continue to develop next year.

### ARIES - Case Study Story



## Days of Action – Professional Feedback

**“It would be hugely beneficial (in my opinion) for partners/managers to get together prior to a DOA and determine which team is to visit which individual.”**

“I thought it was a great 2 days of joint working and great to see the empathy police showed toward some of the clients during warrants. I had interactions with CSMS, CJSW and police during the two days resulting in more positive outcomes for the clients. Hopefully this will be the way moving forward.”

“Partnership working is always good practice and I think the DOA are an excellent example of this.”

“Good bit of teamwork and very worthwhile, takes a lot of organising and we need to up our game on communication in the planning stage to make sure we all know what is happening from all angles and to make sure we have all things in hand in the lead up to the DOA's. We are flexible and still learning so we can only get better.”

“Very productive and successful day, I would encourage more of these days.”

“Feedback from clients involved in drug search warrants was positive and thought offering drug supports at that time was a good thing.”

## Effective Use of Resources

The HSCP aims to get the best value for every pound spent, and to change the balance of service provision from hospital and residential based care to community-based services, prevention and self-care. These aims need to be achieved alongside demographic pressures of a rising population of older people with more complex needs.

The HSCP's ambitions in relation to the strategic priority of ensuring the effective use of resources are:

- We will work to ensure that we have the right amount of staff with the right skills
- We will focus our resources where they are most needed
- We will manage our reducing budget against increasing need.

This aligns with delivery of National Health and Wellbeing Outcomes 4 and 9:



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**Outcome 4** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

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**Outcome 9** Resources are used effectively and efficiently in the provision of health and social care services

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This section describes how the HSCP has continued to work towards delivery of these outcomes in relation to financial performance, operational performance, workforce, and audit and governance.

Underpinning this, the HSCP must fulfil the duty of **Best Value**. This describes the arrangements put in place to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In making those arrangements and securing that balance, the HSCP has a duty to have regard to economy, efficiency, effectiveness, equal opportunities requirements and to contribute to the achievement of sustainable development. The HSCP has in place a clear strategy to support the delivery of best value over the medium term and this is reflected in our medium-term financial strategy.

## Financial Performance

### Performance during 2021-2022

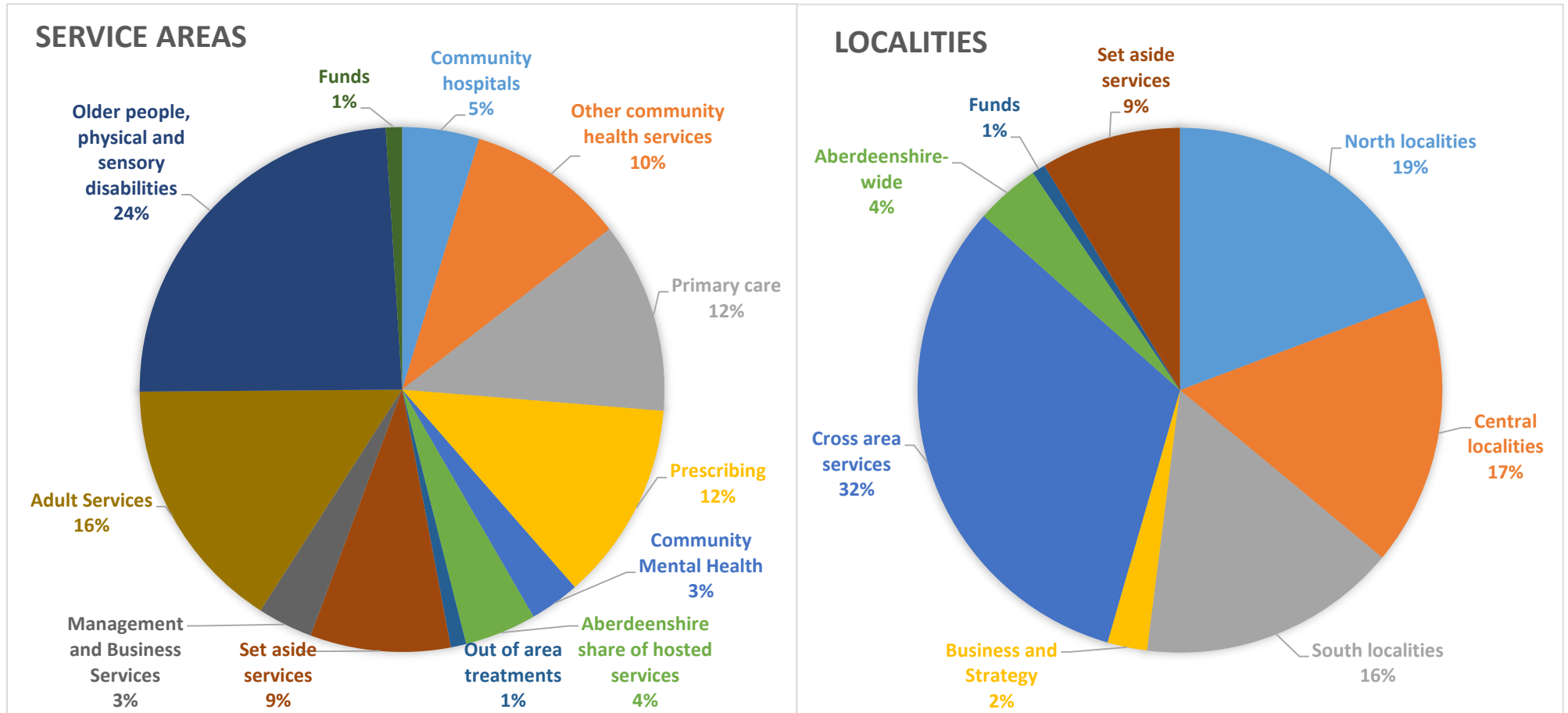
In line with the previous reporting year, 2021-2022 was a challenging year in financial terms due to the continuing impact of the Covid 19 pandemic on our services. The delivery of many services continued to be changed in response to Covid (e.g. the Covid vaccination programme) whilst other services continued to be paused or operated at reduced capacity for parts of the year.

Many more services were delivered in a virtual way and more staff delivered services whilst based at home. For the year as a whole Aberdeenshire HSCP invested resources of approximately £400 million to provide high quality health and social care services to the population of Aberdeenshire. This is equivalent to just over £1.0 million each day being spent on health and social care services, or about £3.80 a day for each Aberdeenshire resident.

The funding is provided by our partner bodies (NHS Grampian and Aberdeenshire Council) but how the funding is actually used is decided by the HSCP. The financial position for 2021-2022 was in line with 2020-2021 where an underspend was recorded. In 2018-2019 and 2019-2020 the HSCP had recorded overspends against budget. The underspend was due to a number of factors which continued into financial year 2021-2022. These included underspends on some social care services due to them being paused or operating at reduced capacity, continued savings on community hospital costs due to reduced capacity and savings on travel, transport and training related expenditure.

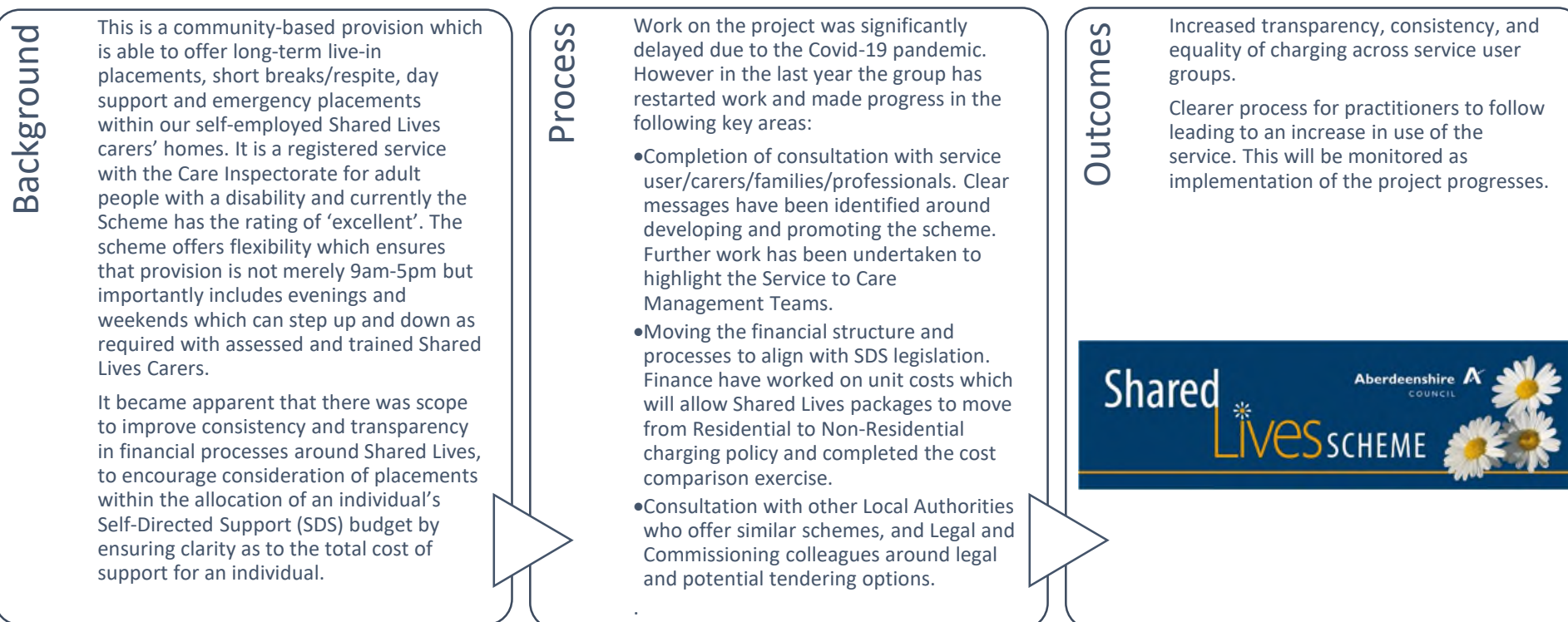
In overall terms the HSCP recorded an underspend of £28.5 million against the operating budget (7% of total budget). The Scottish Government also provided additional funding to meet the extra costs of the HSCP response to the Covid 19 pandemic and to assist with Winter Pressures facing the HSCP. The majority of this funding has been earmarked in reserves and carried forward to financial year 2022-2023.

The following charts illustrate the proportion of spend allocated to each service area and also by locality during 2021-2022. The detailed breakdown of expenditure by localities and service area over the last 5 years is provided in Appendix 2.



An example of work undertaken by the HSCP in the past year to ensure continued effective and optimal use of resources to the benefit of people who use our services is the Shared Lives scheme.

## Shared Lives Project - Case Study



## Financial Outlook for 2022-2023 and Beyond

Aberdeenshire HSCP agreed the revenue budget for 2022-2023 in March 2022. The budget sets out how resources will be spent across health and social care services for the year and reflects the funding contributions agreed with NHS Grampian and Aberdeenshire Council. 2022-2023 is again likely to not be a typical year in financial terms, as efforts continue to deal with the legacy impact of Covid on our services whilst at the same time many services begin to remobilise and operate at more normal capacity levels. Account will also need to be taken of the demand that has built up in some services areas as a result of lower activity during 2020 to date. Some additional



costs of Covid (such as the need for Personal Protective Equipment (PPE)) are likely to continue with uncertainty surrounding funding to meet these costs.

In financial terms the HSCP will need to balance the plans to remobilise services whilst avoiding developing the type of financial pressures which have been experienced in previous years. Account will also need to be taken of:

- How best to invest additional funding confirmed by the Scottish Government in areas such as mental health services, drug deaths prevention and primary care.
- The emerging recommendations from the national review of Adult Social Care services and the creation of a National Care Service.
- The normal financial risks around items such as pay awards, drug costs and workforce challenges.

The HSCP continues to operate in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. Delivery of effective and lasting transformation of health and social care services is central to the vision of the HSCP. The HSCP's Strategic Plan 2020 - 2025 outlines its ambitions over the medium term and the transformation programme which supports delivery, in conjunction with the HSCPs Medium Term Financial Strategy 2022-2027.

## Effective Use of Physical Resources

### Joint Equipment Service

The Aberdeenshire Joint Equipment Service (JES), located in Inverurie, has been in operation since 2010 and plays a crucial role in supporting people (both children and adults) at home by providing an integrated and responsive community equipment service. This includes a range of occupational therapy, nursing and physiotherapy equipment as well as community alarms, telecare, communication aids, housing adaptations and bariatric equipment. As more people are being cared for at home or discharged quicker from hospital settings, demand on the service has increased considerably and the scope of the service continues to expand rapidly.

Each year new ranges of equipment are being supplied by the JES and as a result a second large store is being secured, allowing the release of 5 smaller units. During the last year the JES has also worked with physiotherapy colleagues to take on the provision and recycling of all walking aids and also short-term wheelchair loans. An occupational therapy assistant has been based at the store to increase links with practitioners which has helped to narrow down equipment selection requests. Aids to communication will soon be based at the store along with a range of health equipment.

The HSCP successfully secured £50,000 funding for a second year from the Scottish Government to employ a project lead to take forward the transition of analogue to digital telecare. This will include the forthcoming replacement of community alarms to nearly 4,500 Aberdeenshire residents and in sheltered housing.

Ensuring the effective and ongoing supply of Personal Protective Equipment (PPE) throughout the pandemic has been a critical task for the HSCP in keeping staff, patients and clients safe and preventing the transmission of infection. Increased supply means that staff are able to secure stock through traditional ordering therefore demand on the service is low. The Memorandum of Understanding with National Supplies Scotland ceases at the end of September. As a result the remaining elements of the PPE and lateral flow service have been incorporated into the JES.

## Workforce Planning

Since April 2016 Aberdeenshire HSCP has worked in an integrated system with staff employed by the NHS and the local authority. In 2021-2022 this represented a headcount of 1647 NHS staff and 2800 Social Care staff – an increase of 296 staff since 2019. The HSCP also includes staff who are not directly employed in the third and independent sectors. In addition, key stakeholders include primary care services (General Practice, Optometry, Pharmacy and Dentistry) and support services such as HR, finance, property/estates, staff side representatives and others.

As the HSCP recovers from the impacts of Covid-19, services and delivery which had been reduced or suspended to enable staff to be flexibly deployed to support pressures in other critical service areas have returned to operation. Staff working in vaccination sites are looking at flexible responses to immunization peaks and to assist with the continuity of safe care, and to support key functions within the whole system. Many HSCP staff have, since the outbreak of the Covid-19 pandemic, had to adjust to working from home on a full-time basis as all non-essential buildings-based activities had ceased. This approach is currently being reviewed and hybrid working will enable a tailored approach to face to face and home working to suit service and individual needs.

As previously described, supporting staff's physical and psychological wellbeing has been a priority for the HSCP, recognising that this is crucial to maintaining a fit and effective workforce to meet the needs of the service at all times. The Staff Health and Wellbeing Group has shared a wide range of activities and support options with staff through the last year.

Providing a workforce to deliver in a post Covid 19 environment is proving exceptionally challenging with a range of unfilled vacancies across a wide range of staff groups but particularly in home care and nursing. With 46% of our workforce aged over 50 years old there is

a need to focus on succession planning as we move forward. More flexible approaches to recruitment and retention have been taken forward in recent months as described previously in this report, including a Grampian-wide social care recruitment campaign.

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## Give care a go and find out just how rewarding it is

**When Amanda McRae started working in social care nearly 20 years ago, as a social care assistant, she could never have anticipated being in her present role as care home manager at Edenholme Care Home in Stonehaven.**

"Honestly, if I'd had a crystal ball telling me that I'd be running a care home through a pandemic I might have run a mile," laughs Amanda.

"I'd originally started my nursing training and soon realised that wasn't for me, though there were some elements I enjoyed, like getting to know people and being part of their lives. I still wanted to be involved in care even if I wasn't nursing."

"My mum worked in a care home, there was a vacancy and I thought I'd give it a go."

She loved the work instantly and views it as a lifestyle, not a job. "I love a Monday morning, driving to work and looking forward to seeing everyone," she says.

"Of course we have some challenging days, but I love knowing I can put a smile on a resident's face - they're like a second family to me. I feel so privileged to be part of someone's life at this stage and delivering quality care is so important to me, no matter how complex their care needs."

Amanda feels there's a place for a wide range of personalities within social care, especially since much of the training is done on the job and staff learn together. It is everyone's different qualities and skills coming together that deliver a good service. "Care services are constantly developing and we're always looking for motivated staff to be part of that," explains Amanda.


"One of the biggest changes I've seen in my 20 years in care is just how person-centred the care we deliver is now. We have classes and activities, with lots going on to keep people engaged and interested."




"It's good for staff, as there is continuous personal development and lots of opportunities to progress a career, just like I did. I also love seeing things go back to normal. I'm a blogger, so pinning my arms to my sides during the pandemic was hard."

"I'd tell anyone interested in working in care to give it a go and find out just how rewarding it is."

And now's the perfect time, as a whole host of job opportunities are available in health and social care locally. This includes cooks, home carers, social care assistants, domestic assistants, health care support workers, nurses and AHPs.

Visit [www.grampiancares.co.uk](http://www.grampiancares.co.uk) to find out more about the jobs on offer and register your interest.



**Aberdeenshire COUNCIL**       

Over the last year the HSCP has been working on the development of its Draft Workforce Plan for 2022 to 2025 to be finalized and published by the end of October 2022. Effort will be placed around learning and gaining detail about our workforce by engaging with our staff and analysing their needs and responses, with commitments and actions in relation to our Workforce and actions to be reflected in the plan. This is led by the HSCP's Workforce and Training Group made up of representation from across the HSCP and including Trade Union and partnership representatives.

## Governance

### Integration Joint Board

The Aberdeenshire Integration Joint Board (IJB) is responsible for the strategic planning and delivery of adult health and social care services within Aberdeenshire. Members of the IJB for the period 1st April 2021 to 31st March 2022 are included in Appendix 3.

During 2021-22 much of the IJB's focus continued to be on the HSCP's response to the ongoing challenges presented by the pandemic for health and social care services in Aberdeenshire, whilst ensuring due scrutiny and oversight of governance matters including those delegated to its supporting committee structure as described further below. Key items of business for the IJB during 2021-22 included:

#### **Governance**

- Regular monitoring of the HSCP's financial performance reported at each meeting
- Review of annual performance and progress reports from services including Alcohol and Drug Partnership, Chief Social Work Officer and Community Justice
- Approval of the updated IJB Governance Handbook (including Standing Orders, Scheme of Delegation and Financial Regulations) and the HSCP's Organisational Governance Framework as part of ongoing work to consolidate arrangements and ensure clarity and transparency as to the organisational management structures and decision-making processes across the HSCP
- Adoption of the new Model Code of Conduct for Members of Devolved Public Bodies
- Development of a replacement care and expenses policy for Volunteer Stakeholders on the IJB and strategic groups
- Inclusion of IJBs as Category 1 Responders under the Civil Contingencies Act 2004
- Consideration of requirements arising from National Whistleblowing Standards and agreement to local governance arrangements.

#### ***HSCP Strategic and Operational Priority Business***

- Oversight of the HSCP's winter preparedness and planning arrangements including response to winter storms and, towards the end of the financial year, scrutiny of the HSCP's approach to moving away from delivering services under emergency measures and development of the HSCP's new Strategic Delivery Plan
- Consideration of the HSCP's progress against its Equalities Outcomes from 2020-2022, including the Scottish Government's review of the Public Sector Equality Duty
- Approval for the implementation of strategic needs assessments for the communities and surrounding areas of Inch and Deeside to develop options for future health and social care services

- Approval to remobilize the Aberdeenshire minor injury service based on a combined delivery model with the outstanding actions from the previous Minor Injury Unit Review having been superseded by the response to the pandemic
- Consideration of primary care sustainability issues and challenges across all independent contractor services and actions being taken through the Primary Care Improvement Plan
- Support for the continued close partnership working with third sector providers in meeting health and social care outcomes for people across Aberdeenshire – this included approving the award of £960,000 in grant funding over the 3-year period from 2022/23 to 2024/25 to a number of organisations providing a broad range of services and support to people across Aberdeenshire; and to Aberdeenshire Voluntary Action to continue its vital role as our Third Sector Interface.

### ***Local and National Priorities***

- Continuing input to wider local strategies and planning processes such as the NHS Grampian Plan for the Future, Grampian-wide Framework for Mental Health and Learning Disabilities, evaluation of the Grampian Operation Home First Portfolio, and the Aberdeenshire Tackling Poverty and Inequalities Strategic Partnership Group.
- Through both development sessions and formal meetings, active dialogue and consideration of the National Care Service consultation and impact and implications for Aberdeenshire.

### **Audit Committee**

IJB scrutiny is delegated to Audit Committee, which is a joint committee with representation from Aberdeenshire Councillors and NHS Board members. The purpose of the Committee is to assist the IJB to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the IJB that appropriate systems of internal control are in place to ensure that: business is conducted in accordance with the law and proper standards; public money is safeguarded and properly accounted for; Financial Statements are prepared timeously and give a true and fair view of the financial position of the IJB for the period in question; and reasonable steps are taken to prevent and detect fraud and other irregularities.

The IJB Audit Committee's programme of work during 2021-2022 included:

- The Internal Audit Annual Report for the 2020-2021 year and approval of the Internal Audit Plan for the period 2022-2025
- The Annual Accounts of the IJB for 2020-2021 and the External Auditor's Report on the Annual Accounts for 2020-2021
- External Auditors Plan for 2021-2022
- Annual Governance Statement and Internal Control Environment report for 2020-2021.
- National reports on Local Government and the NHS in Scotland

- Updates from NHS Grampian and other IJB Audit Committees
- A review of the Strategic Risk Register
- Establishment of a Risk Assurance Group to ensure robust governance of non-clinical aspects of the IJB and HSCP risk registers relating to strategic, financial and estate matters.

## Strategic Planning Group

In the last year the HSCP has continued improvement work to support the growth and development of its Strategic Planning Group (SPG). A revised Terms of Reference for the SPG was approved by the IJB which highlighted an enhanced role for group in relation to:

- Mainstreaming of equalities and delivery of actions to achieve the HSCP's equalities outcomes, ensuring due regard is given to people protected by the Equality Act and Fairer Scotland Duty, when implementing the strategic delivery plan initiatives
- Ensuring any potential impacts from national and local strategy/policy developments are identified at the earliest possible stage to inform HSCP strategic planning processes - the SPG has contributed to ongoing dialogue in the development of the NHS Grampian Plan for the Future, and the National Care Service consultation.
- Promoting an evidence-led, outcomes-based approach to strategic planning, where required directing work to be undertaken on strategic needs assessments to ensure an ongoing responsive approach to planning for current and future need.

As part of its ongoing development SPG members participated in two sessions facilitated by the iHub team from Healthcare Improvement Scotland in December 2021 and March 2022 covering the principles of good practice in strategic planning, collaboration, community led approaches to health and social care, and community engagement. These sessions have been used to identify learning and key actions to inform how we support ongoing development of the group in line with its remit and responsibilities.

The SPG plays a central role in ensuring governance and oversight of the HSCP's strategic delivery plan in particular progress against the transformational workstreams. Project updates have been presented to the SPG on each of these workstreams during the year and update/assurance reports provided to the IJB thereafter as to progress against these projects.

The continuing operational demands of the pandemic led to a brief pause to strategic work in early 2022. Following its resumption the pace of implementation against some workstreams has inevitably been impacted and the SPG has been consulted in initial discussions to review and agree the key priorities for the HSCP's new strategic delivery plan moving forward. A key task is to ensure alignment between the strategic delivery plan and our Medium-Term Finance Strategy, Workforce and Commissioning and Procurement plans, as the key levers through which the HSCP's strategic plan and priorities will be achieved.



## Clinical and Adult Social Work Governance

The Clinical and Adult Social Work Governance (CASWG) framework within the HSCP is the process by which accountability for the quality of health and social care is monitored and assured. Over the past year the committee has made improvements in its reporting processes and governance mechanisms, developing a pathway for the escalation of operational pressures on the system, and created a schedule supporting focused discussions on different governance topics. The committee provide assurance to the IJB that appropriate clinical and adult social work governance mechanisms are in place and functioning effectively throughout the organisation. Four main areas of work which the committee seek assurance on include:

- Risk Management
- Inspections and Public Protection
- Effectiveness of Assurance Groups
- Management and learning from potential and actual negative events in clinical and care settings

Inspection reports include requirements, recommendations or issues arising from the inspections on which the Committee seek assurance that effective action is taken. There are three main Inspection Agencies which operate inspection programmes in Health and Social Care settings: the Care Inspectorate, Healthcare Improvement Scotland and the Mental Welfare Commission. Areas where the HSCP have received inspection feedback and actioned over the last 12 months are summarised below.

### ***Ashcroft Ward, Bennachie View Care Home and Village, Inverurie – announced inspection***

Ashcroft ward is a 10 bedded specialist dementia assessment ward which was visited by the Mental Welfare Commission (MWC) on 1<sup>st</sup> February 2022. The inspectors had discussions with patients where possible depending on the stage of their illness and sought further information from the detailed nursing assessments in the patients' file. It was observed that patients had good physical health care checks and monitoring, and the ward had access to a GP who attended the ward twice a week. The Multidisciplinary Team meetings held weekly facilitated discussions with a range of professionals involved in the patient's care, and the meeting minutes recorded the actions and outcomes. Recommendations were made relating to medication and documentation which are being actioned.

### ***Central Aberdeenshire Care at Home Inspection report***

The Care Inspectorate carried out a virtual inspection of our Central Aberdeenshire Care at Home service during the week of 17<sup>th</sup> January 2022. The inspector examined support plans and audits, and also spoke with clients, families, frontline staff and the wider team. Two themes were inspected: Care and Support and COVID Infection Prevention and Control (IPC), with the service being graded a 5 (very good) and 4 (good) respectively. The inspector was impressed by the level of detail in support plans and clients reported that they knew their Carers. The inspector thought the training programme for staff was good. She also felt that staff could demonstrate donning and doffing of required PPE to a high standard. The inspector acknowledged that the home care manager for the area has a

development plan which will now be reviewed to take the areas for improvement into account. Areas which we can improve on include expanding on what people can do for themselves in support plans, ensuring that the timescales for spot checks on staff practise is shortened and auditing staff knowledge on IPC measures.

Full details of all inspections of Aberdeenshire services can be accessed via the [Care Inspectorate website](#).

### ***Children's Joint Inspection – Inspection Readiness***

A Joint Inspection of Children's Services by the Care Inspectorate is now several years overdue owing to delays caused by the COVID - 19 pandemic, and it is anticipated that an inspection is imminent. A Multi-Agency Inspection Working Group (MAIWG) has been in place for the past few years in preparation for the inspection, and within the HSCP an Inspection Group has been developed and is delivering on an action plan to guide preparation for the inspection. There have been a number of partnership events held to support staff in their preparation, alongside this teams have been working with staff to ensure the relevant Child Protection Training has been undertaken, completing record audits and regular mandatory case supervision. A new Specialist Nurse in Child Protection, and a Specialist Child Protection School Nurse have been recruited and these posts will take a supporting role in the inspection.

### ***Healthcare Improvement Scotland (HIS) Inspection Readiness***

Health Improvement Scotland have issued their Scrutiny plan for 2022-2023 and the HSCP is considering what this means for our diverse services including hospitals, Mental Health Units, Prison and Custody services. Going forward the HSCP will require to ensure that teams are 'inspection ready' and have the support they need to be prepared in advance. We have recently reset and refreshed the HSCP Healthcare Environment Inspection (HEI) group to support this work and have a broad membership from clinical areas to Care Homes and Facilities and Estates to ensure that we are acting on information from data, audits and visits.

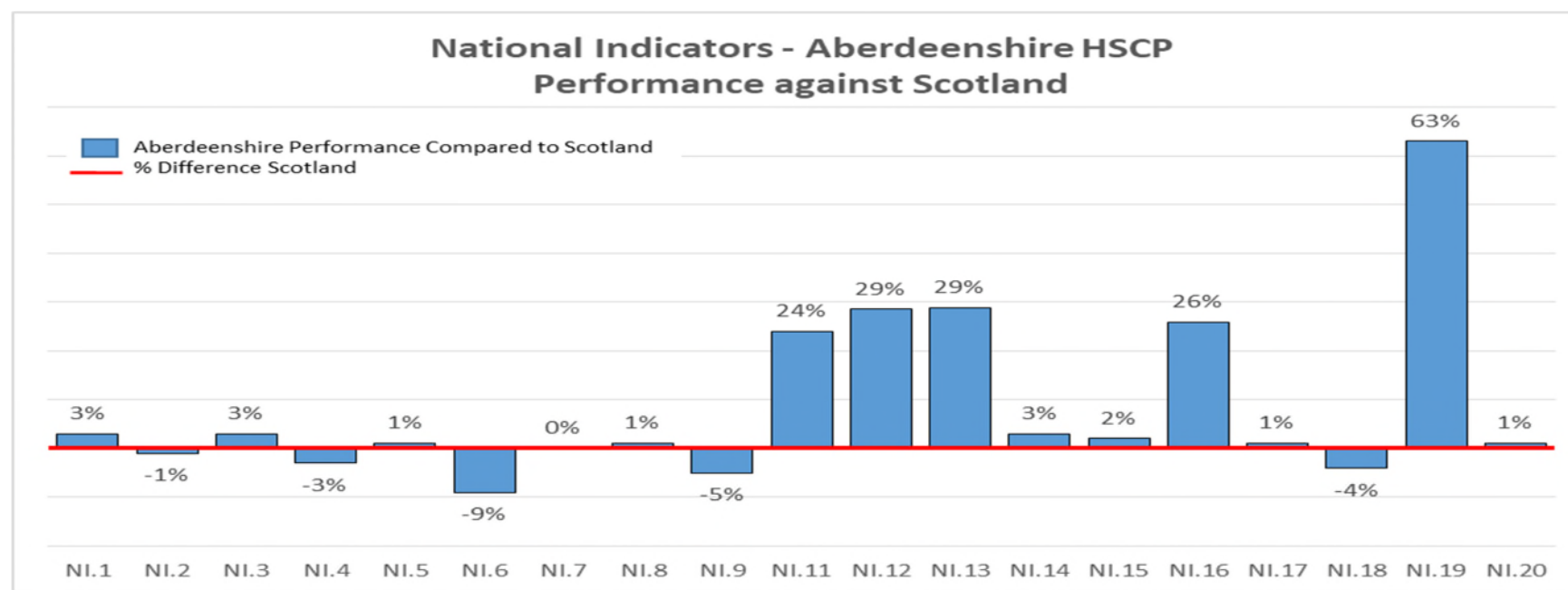
### ***GOPES – Grampian Operational Pressures Escalation System***

As previously described the NHS Grampian Operational Pressure Escalation System (G-OPES) was developed as part of Operation Iris, NHS Grampian's organisational approach to managing the significant and complex pressures across the health and care system over the winter period. Aberdeenshire HSCP undertook work on its own G-OPES framework for each of our critical services, describing the various levels of escalation and the associated local actions and operational responses to be taken. Since November 2021 the HSCP has assessed and agreed its daily G-OPES level based on professional judgement utilizing staffing reports and other information shared by senior and operational management through daily update meetings. Weekly updates have been provided to the CASWG throughout this period outlining the overall Aberdeenshire G-OPES level and the mitigating actions/controls being taken by the HSCP in response. The report also identifies any particular services reporting at G-OPES level 4, associated risks, actions and controls in place, providing a robust mechanism for monitoring the levels of pressure on the system and a clear pathway for escalation.

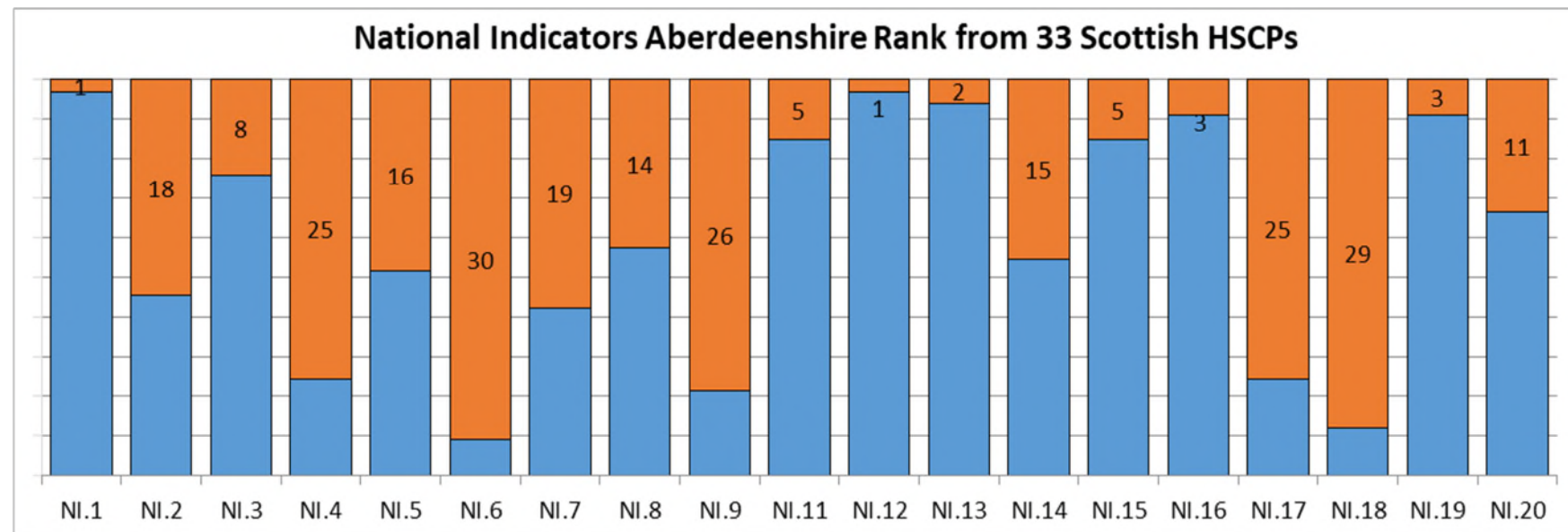
## Performance

All HSCPs in Scotland are measured against a National Core Suite of Integration Indicators with the aim of ensuring a consistent measurement approach across all HSCPs using national data sources. All HSCPs must also report against a set of six indicators monitored by the Ministerial Strategic Group for Health and Community Care (MSG), which together are seen to provide a measure of how HSCPs are making progress towards the key objectives of integration.

Appendix 4 provides Aberdeenshire HSCP’s performance against the National Core Suite of Integration Indicators based on most recent data available from Public Health Scotland. Indicators are grouped into two types of measures: outcome indicators based on survey feedback; and indicators derived from organisational/system data. The chart below compares Aberdeenshire’s performance against Scotland. The red line shows the Scotland position and the bars show for each indicator the percentage Aberdeenshire HSCP’s performance differs from Scotland’s performance for the current reporting period. Positive bars show where Aberdeenshire HSCP is performing better than Scotland and negative bars show where Aberdeenshire HSCP performance is worse than Scotland.



Aberdeenshire HSCP's performance for each indicator ranked against all 33\* HSCPs in Scotland is shown below (\*NB: there are only 32 HSCPs however Clackmannanshire and Stirling are included individually as well as combined). A lower number demonstrates a better position against the rest of Scotland.



**Notes:**

All figures presented are annual figures. These may change slightly with each quarterly update that is released as data becomes more complete with each refresh. 2021 calendar year data is used for indicators NI.12 to NI.16 and NI.18 based on PHS advice as data is more complete. Indicators 1-9 are updated to 2021/22. NI.11 is currently updated to 2020 - this will be updated to 2021 in July 2022. Indicator NI.20 will remain at 2019/20 as boards were unable to update cost books for 2020/21 due to differences in service delivery during the pandemic.

Appendix 5 provides Aberdeenshire’s performance against all indicators over the last 5 years where data are available. Key points to note from the national benchmarking data available to HSCPs are summarised below:

- For the current reporting period Aberdeenshire HSCP performed the same or better than Scotland for 14 of the 19 national indicators, with 5 performing worse than Scotland. This is a reduction from the last reporting period where there were 16 indicators performing the same or better than Scotland and an increase on those performing worse than Scotland. (NB: Of the 23 national indicators only 19 have data available for reporting.) The indicators where Aberdeenshire’s performance is worse than Scotland are:

NI.2 –Percentage of adults supported at home who agreed that they are supported to live as independently as possible  
NI.4 – Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated  
NI.6 – Percentage of people with positive experience of the care provided by their GP practice  
NI.9 – Percentage of adults supported at home who agreed they felt safe  
NI.18 - Percentage of adults with intensive care needs receiving care at home

- Aberdeenshire sits in the top 10 partnerships for 8 of the 19 reported indicators and continues to record the lowest rate of emergency admissions in Scotland (NI.12) and in the most recent period the highest percentage of adults able to look after their health very well or quite well (NI.1).
- Comparing current performance to previous periods, Aberdeenshire’s performance has improved or stayed the same for 4 of the 19 reported indicators. Of the 15 indicators where performance is worse than the last period, 11 are within 10% of the previous period.
- Indicators NI.1 to NI.9 are derived from the Health and Care Experience Survey (formerly the GP and Local NHS Services Patient Experience Survey) which has been run by the Scottish Government every two years to gather information relating to people's experiences of accessing and using their GP practice, Out of Hours Services, social care and caring responsibilities and related support. The data provide an important resource and benchmark for HSCPs in understanding and informing areas for improvement in the experiences of people who access health and social care services. The results of the most recent survey for 2021/22 were published on 10th May 2022 and are available online: <https://www.gov.scot/publications/health-care-experience-survey-2021-22-national-results/> For Aberdeenshire:
  - ▶ The Aberdeenshire response rate was 33% compared to the Scottish average rate of 24%.
  - ▶ Positive ratings dropped on average by 11%.
  - ▶ The largest average drop in positive ratings was seen for Treatment and Advice, Out of Hours Healthcare and Care, Support and Help with Everyday Living.
  - ▶ There were minor improvements in 3 measures.
  - ▶ Aberdeenshire had higher positive ratings than the Scottish average for 5 measures. In 2020, Aberdeenshire scored higher positive ratings than Scotland in over 30 measures.

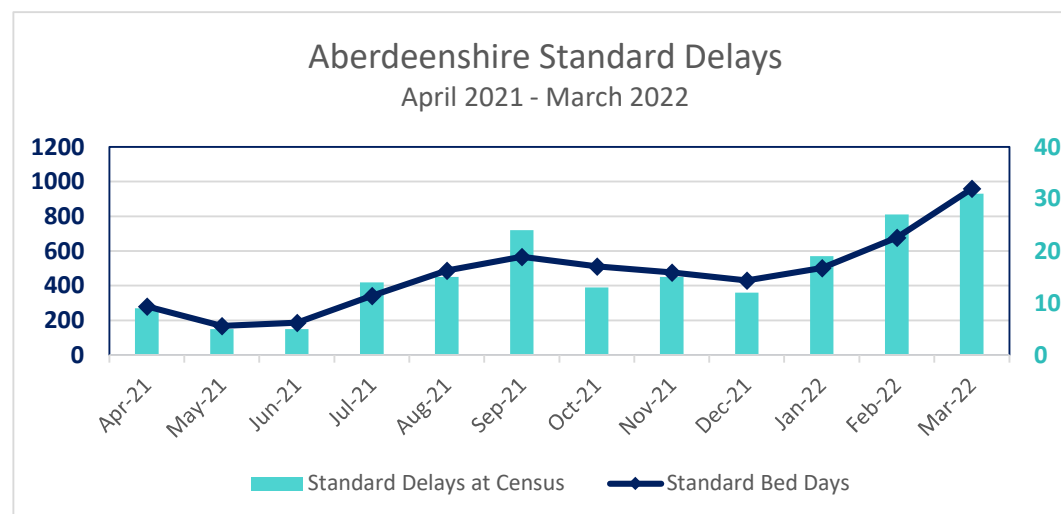
## Analysis

The above results present a less positive picture for the HSCP in comparison to previous years' performance. It is relevant to note that the HSCP started from a high baseline position and continues to perform the same or better than Scotland for the majority of the national indicators. In relation to the HACE survey results, when making comparisons to previous years, it is also important to note the period within which the survey was undertaken and the impacts from the pandemic on access to services and appointments. As previously noted, community and primary care services have been responding to much higher levels of demand throughout the pandemic leading to challenges around access and higher levels of unmet need, particularly during the 2021/2022 winter period.

Examples of both local quantitative and qualitative information have been provided throughout this report to evidence the broader improvement and maintenance of service provision throughout the pandemic. Over the last year HSCP management have received daily information updates on key local performance metrics providing an indication of demand and pressures on the system, alongside monthly performance data to monitor longer-term trends and areas for improvement.

Data illustrate continuing pressure in the community with delayed discharges and associated bed days trending upwards during the last year. Indicators of social care unmet need also indicate an increasing trend. At the same time the HSCP is able to evidence where the system is maximising capacity to support patient flow for example the significant and sustained increase in average occupancy across all of our community hospital wards.

Senior and operational managers maintain daily oversight and are working closely with teams to implement various actions to support system flow and maximise capacity in particular to address current major challenges within care at home capacity in both in-house and commissioned services.



The HSCP remains acutely aware of the need to maintain awareness and understanding of the experience of people who use our services, carers, families, staff and our communities. The approach being taken throughout our strategic delivery plan project implementation is to ensure a clarity of aims, benefits and outcomes against which we can measure and evidence progress. Supported by our commitment to engaging with people who use our services and our communities in the process of planning and delivering services and involving people in decisions about their own health and care, this will be key to helping drive improvement.



## Appendix 1: Aberdeenshire HSCP iMatter Components and Average Responses 2017 – 2021

iMatter Questions	Staff Experience Employee Engagement Components	Average Response			
		2017	2018	2019	2021
My direct line manager is sufficiently approachable	Visible and consistent leadership	89	88	88	88
I am clear about my duties and responsibilities	Role Clarity	88	88	87	86
I feel my direct line manager cares about my health and well-being	Assessing risk and monitoring work stress and workload	87	86	86	86
I have confidence and trust in my direct line manager	Confidence and trust in management	86	85	85	85
I would recommend my team as a good one to be a part of	Additional Question	85	85	85	85
I am treated with dignity and respect as an individual	Valued as an individual	85	86	85	84
I am treated fairly and consistently	Consistent application of employment policies and procedures	84	85	84	83
My team works well together	Effective team working	83	83	83	83
I understand how my role contributes to the goals of my organisation	Sense of vision, purpose and values	84	84	83	83
My work gives me a sense of achievement	Job satisfaction	84	84	84	83
I get the information I need to do my job well	Clear, appropriate and timeously communication	82	82	82	81
I have sufficient support to do my job well	Access to time and resources	81	81	81	80
I would be happy for a friend or relative to access services within my organisation	Additional Question	81	81	81	80
I am confident performance is managed well within my team	Performance management	80	81	81	79
I would recommend my organisation as a Good place to work	Additional Question	78	78	78	78
I am confident my ideas and suggestions are listened to	Listened to and acted upon	79	79	78	77
I feel involved in decisions relating to my team	Empowered to influence	79	79	79	77
I feel appreciated for the work I do	Recognition and reward	77	78	78	77
I get enough helpful feedback on how well I do my work	Performance development and review	77	77	77	76
I feel my organisation cares about my health and wellbeing	Health and well being support	75	76	75	75
I am given the time and resources to support my learning growth	Learning & growth	76	77	77	74
I am confident my ideas and suggestion are acted upon	Listened to and acted upon	75	75	75	74
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours and supportive relationships	75	75	74	74
I feel involved in decisions relating to my job	Empowered to influence	75	75	74	72
I am confident performance is managed well within my organisation	Performance management	69	70	68	67
I have confidence and trust in Board members who are responsible for my organisation	Confidence and trust in management	68	69	66	64
I feel that board members who are responsible for my organisation are sufficiently visible	Visible and consistent leadership	66	65	63	58
I feel sufficiently involved in decisions relating to my organisation	Partnership working	62	63	61	58

67 - 100 Strive & Celebrate    51 - 66 Monitor to Further Improve    34 - 50 Improve to Monitor    0 - 33 Focus to Improve

## Appendix 2: Aberdeenshire HSCP Expenditure 2016-17 to 2021-22

### Aberdeenshire HSCP expenditure by service area 2016/17 to 2021/22

	2016/17		2017/18		2018/19		2019/20		2020/21		2021/22	
	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%
Community hospitals	18.46	6.1	18.64	6.1	17.66	5.6	18.25	5.4	17.21	4.8	17.76	4.8
Other community health services	25.34	8.4	24.47	8.0	27.16	8.6	30.96	9.2	33.59	9.4	36.60	9.4
Primary care	36.69	12.2	37.04	12.1	38.60	12.2	41.38	12.3	42.84	11.9	44.03	11.9
Prescribing	43.77	14.5	45.07	14.7	43.99	13.9	44.62	13.2	44.22	12.3	45.90	12.3
Community Mental Health	7.43	2.5	7.71	2.5	7.82	2.5	8.76	2.6	10.75	3.0	11.49	3.0
Aberdeenshire share of hosted services	12.37	4.1	13.56	4.4	14.03	4.4	15.64	4.6	14.82	4.1	16.55	4.1
Out of area treatments	1.79	0.6	1.91	0.6	2.39	0.8	2.60	0.8	3.46	1.0	3.58	1.0
Set aside services	26.67	8.8	24.53	8.0	28.52	9.0	30.39	9.0	31.30	8.7	32.35	8.7
Management and Business Services	5.27	1.7	6.63	2.2	6.02	1.9	6.01	1.8	18.03	5.0	12.75	5.0
Adult Services	44.66	14.8	51.68	16.9	51.75	16.3	56.63	16.8	57.26	16.0	59.13	16.0
Older people, physical and sensory disabilities	75.32	24.9	73.62	24.0	77.50	24.5	82.24	24.4	84.03	23.4	90.25	23.4
Funds	4.17	1.4	1.82	0.6	1.40	0.4	0.00	0.0	1.08	0.3	3.72	0.3
	<b>301.94</b>	<b>100.0</b>	<b>306.67</b>	<b>100.0</b>	<b>316.85</b>	<b>100.0</b>	<b>337.47</b>	<b>100.0</b>	<b>358.57</b>	<b>100.0</b>	<b>374.10</b>	<b>100.0</b>

### Aberdeenshire HSCP expenditure by locality and Partnership area 2016/17 to 2021/22

	2016/17		2017/18		2018/19		2019/20		2020/21		2021/22	
	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%
North localities	Data not available for 2016/17		62.29	20.3	62.07	19.6	66.2	19.6	66.04	18.4	72.02	18.4
Central localities			53.51	17.4	55.92	17.7	59.7	17.7	60.96	17.0	62.66	17.0
South localities			43.28	14.1	46.00	14.5	52.4	15.5	53.64	15.0	59.90	15.0
Business and Strategy			8.83	2.9	9.03	2.8	8.2	2.4	9.45	2.6	9.15	2.6
Cross area services			105.29	34.3	106.83	33.7	115.9	34.3	115.12	32.1	120.12	32.1
Aberdeenshire-wide			7.12	2.3	7.06	2.2	4.7	1.4	20.99	5.9	14.83	5.9
Funds			1.82	0.6	1.40	0.4	0.0	0.0	1.08	0.3	3.08	0.3
Set aside services			24.53	8.0	28.52	9.0	30.4	9.0	31.30	8.7	32.35	8.7
			<b>306.67</b>	<b>100.0</b>	<b>316.85</b>	<b>100.0</b>	<b>337.47</b>	<b>100.0</b>	<b>358.57</b>	<b>100.0</b>	<b>374.10</b>	<b>100.0</b>

Main areas within budget 2021/22	£
Allied health professionals	257,000
Community hospitals	346,000
District nursing	226,000
Health visiting	205,000
Other direct patient care	467,000
Headquarters	1,088,000
Adult services - community care	242,000
Adult services - day care	934,000
Adult services - mental health	1,569,000
Physical disabilities - Joint Equipment Service	605,000
Specialist services and strategy	493,000
Older people - day care	276,000
Alcohol and Drug Partnership funding	1,267,000
Discharge without delay funding	202,000
Health care support worker funding	497,000
Interface care funding	294,000
Primary Care Improvement Fund	2,322,000
Mental Health Action 15	549,000
Mental Health Facilities Improvement funding	632,000
Nurse Funding including Scottish Care Home funding	328,000
Shire Out of Hours Funding including Winter Pressure allocation	210,000
GP Premises Funding	295,000
Covid-19	18,372,000
Psychological Therapies funding (Recovery Fund)	347,000
Winter Pressure (Multi-Disciplinary Team) funding	848,000

Main areas over budget 2021/22	£
Health centres management	459,000
Prescribing	715,000
Community mental health	745,000
Older people - care management	2,764,000
Older people - home care	218,000
Older people - residential care	517,000

### Appendix 3: Aberdeenshire IJB members, 1 April 2021 to 31 March 2022

#### Voting Members

Name	Organisation
Amy Anderson	NHS Grampian
Rhona Atkinson (Chair)	NHS Grampian
Joyce Duncan	NHS Grampian
CLlr William Howatson	Aberdeenshire Council
CLlr David Keating (from 03 11 2021)	Aberdeenshire Council
Rachael Little	NHS Grampian
CLlr Glen Reynolds	Aberdeenshire Council
CLlr Anne Ross (resigned 08 10 2021)	Aberdeenshire Council
CLlr Dennis Robertson	Aberdeenshire Council
CLlr Anne Stirling	Aberdeenshire Council
Susan Webb	NHS Grampian

#### Non-Voting Members

Name	Position
Angie Wood (until 30 04 2021)	Interim Chief Officer
Pamela Milliken (from 01 05 2021)	Chief Officer
Alan Sharp (until 30 09 2021)	Chief Finance Officer
Chris Smith (from 01 10 2021)	Chief Finance and Business Officer
Iain Ramsay (until 24 06 2021)	Chief Social Work Officer
Leigh Jolly (from 24 06 2021)	Chief Social Work Officer
Dr Stuart Reary	Primary Care Advisor
Jenny McNicol	Nursing Lead Advisor
Dr Malcolm Metcalfe	Medical Practitioner – Secondary Care Adviser

#### Stakeholder Representatives Non-Voting Members

Name	Position
Inez Kirk	Trade Union representative
Martin McKay	Trade Union representative
David Hekelaar	Third Sector representative
Sue Kinsey	Third Sector representative
Angie Mutch	Service User representative
Fiona Culbert	Carer representative
George Mitchell (resigned 10 08 2021)	Carer representative

## Appendix 4: Aberdeenshire Core Suite of National Integration Indicators – Annual Performance

### Aberdeenshire Core Suite of National Integration Indicators - Annual Performance

Data Source: Public Health Scotland (PHS)  
Last Refreshed: June 2022

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated biennially. Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly. Data for indicators 10, 21, 22 and 23 are not yet available.

Indicator	Title	Aberdeenshire		Scotland	RAG
		Previous score* 2019/20	Current score 2021/22	Current score 2021/22	
NI - 1	Percentage of adults able to look after their health very well or quite well	95% (5307)	94% (4142)	91%	G
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	86% (313)	78% (226)	79%	A
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79% (313)	74% (231)	71%	G
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	76% (313)	63% (234)	66%	A
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	85% (324)	76% (260)	75%	G
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	76% (4532)	58% (3184)	67%	R
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	84% (314)	78% (227)	78%	G
NI - 8	Total combined % carers who feel supported to continue in their caring role	37% (535)	31% (506)	30%	G
NI - 9	Percentage of adults supported at home who agreed they felt safe	81% (311)	75% (237)	80%	R
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	




Indicator	Title	Aberdeenshire		Scotland	RAG
		Previous score	Current score	Current Score	
NI - 11	Premature mortality rate per 100,000 persons ( <i>European age-standardised mortality rate per 100,000 for people aged under 75</i> )	340 <sup>2019</sup>	348 <sup>2020</sup>	457	G
NI - 12	Emergency admission rate (per 100,000 population)	7,792 <sup>2020/21</sup>	8,315 <sup>2021</sup>	11,635	G
NI - 13	Emergency bed day rate (per 100,000 population)	69,303 <sup>2020/21</sup>	77,865 <sup>2021</sup>	109,429	G
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	120 <sup>2020/21</sup>	106 <sup>2021</sup>	110	G
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	92% <sup>2020/21</sup>	92% <sup>2021</sup>	90%	G
NI - 16	Falls rate per 1,000 population aged 65+	16 <sup>2020/21</sup>	17 <sup>2021</sup>	23	G
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	91% <sup>2020/21</sup>	77% <sup>2021/22</sup>	76%	G
NI - 18	Percentage of adults with intensive care needs receiving care at home	58% <sup>2020</sup>	61% <sup>2021</sup>	65%	A
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	208 <sup>2020/21</sup>	281 <sup>2021/22</sup>	761	G
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23% <sup>2019/20</sup>	23% <sup>2019/20</sup>	24%	G
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	

\* Please note results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to figures in previous years due to changes in survey wording and methodology

\* Current score uses calendar and not financial year for indicators 12 to 16 as recommended by PHS as data is more complete

\*\* PHS recommend that Integration Authorities do not report any time period for indicator 20 beyond 2019/20 within their 2021/22 APRs. This is because NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic

#### RAG scoring based on the following criteria

-  If Current position is the same or better than Scotland then "Green"
-  If Current position is worse than Scotland but within 5% then "Amber"
-  If Current position is worse than Scotland by more than 5% then "Red"

## Appendix 5: Core Suite of National Integration Indicators – Aberdeenshire HSCP Performance Trend from 2016/17 to 2021/22

Core Suite of National Integration Indicators Performance Trend from 2016/17 to 2021/22 (as at June 2022 data release)								
Indicator	Title	Reporting Period					Trendline	
		2013/14	2015/16	2017/18	2019/20	2021/22		
NI-1	Percentage of adults able to look after their health very well or quite well	96%	96%	95%	95%	94%		
NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85%	84%	85%	86%	78%		
NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	84%	79%	84%	79%	74%		
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	75%	70%	76%	63%		
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	87%	81%	83%	85%	76%		
NI-6	Percentage of people with positive experience of care at their GP practice	83%	83%	81%	76%	58%		
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	85%	85%	83%	84%	78%		
NI-8	Percentage of carers who feel supported to continue in their caring role	42%	40%	37%	37%	31%		
NI-9	Percentage of adults supported at home who agreed they felt safe	84%	82%	87%	81%	75%		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	
NI-11	Premature mortality rate per 100,000 persons	331	334	342	340	348	Not yet available	
NI-12	Emergency admission rate (per 100,000 population)	8473	8595	8827	8987	7792	8315	
NI-13	Emergency bed day rate (per 100,000 population)	91403	87740	88638	87119	69303	77865	
NI-14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	85	92	98	96	120	106	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	89%	90%	90%	90%	92%	92%	
NI-16	Falls rate per 1,000 population aged 65+	16	14	15	16	16	17	
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	88%	87%	86%	88%	91%	77%	
NI-18	Percentage of adults with intensive care needs receiving care at home	53%	55%	57%	53%	58%	61%	
NI-19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	677	596	614	522	204	281	
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	22%	22%	23%	NA	NA	
* For most recent year 2021/22, data for calendar year 2021 is given due to financial year data being incomplete								
** Data provided is always for calendar year								
***PHS recommend that Integration Authorities do not report any time period for indicator 20 beyond 2019/20 within their 2021/22 APRs. This is because NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic								
<b>RAG scoring based on the following criteria</b>								
		If position is the same or better than Scotland then "Green"						
		If position is worse than Scotland but within 5% then "Amber"						
		If position is worse than Scotland by more than 5% then "Red"						



## Appendix 6: Aberdeenshire HSCP Performance against Ministerial Strategic Group (MSG) Indicators

The table below shows Aberdeenshire performance against the MSG indicators for the last seven reporting years, against locally set objectives. The impact of the Covid-19 pandemic can be seen in the data for indicators 1-4 during 2020/21.

MSG Indicator	Reporting Period							2021/22 Target	Performance comparing 2021/22 and baseline year
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22		
1a Number of emergency admissions 18+	16,714	16,579	16,862	17,415	17,828	15,228	16,462	Maintain 2015/16 Levels	1.5% below target
2a Number of unscheduled hospital bed days; acute specialties 18+	144,766	148,763	147,429	144,517	144,936	113,465	124,890	Maintain 2015/16 Levels	14% below target
2b Number of unscheduled hospital bed days; Mental Health specialties 18+	34,620	35,551	32,295	35,393	32,362	26,114	28,494	Maintain 2015/16 Levels	18% below target
3a A&E Attendances 18+	18,984	19,616	20,255	21,324	22,135	16,979	19,630	Maintain 2015/16 Levels	3.4% above target
4 Delayed Discharge bed Days (all reasons)	28,293	18,176	16,334	17,221	16,381	6,395	8,435	Maintain 2017/18 Levels	48% below target
5a Percentage of last 6 months of life spent in Community (all ages)	89.3%	89.5%	90.2%	90.2%	90.0%	91.9%	91.6%	Maintain 2015/16 Levels	3% above target
5b Number of days during last 6 months of life spent in the community (all ages)	367,183	370,288	394,597	366,566	396,685	428,002	410,957	Maintain 2015/16 Levels	12% above target
6 Balance of Care: Percentage of population 65+ living at home (supported and unsupported)	95.8%	96.0%	96.3%	96.3%	96.4%	96.8%	NA	Maintain 2015/16 Levels	1% above target (2020/21 data)

Data Source: Public Health Scotland Integration Performance Indicators June 2022

### Notes:

- The table above shows performance against the MSG indicators for the last seven reporting years. 2015/16 has been set as the baseline year against which five of the six performance objectives for 2021/22 have been set. This was the reporting year in which Public Health Scotland commenced providing monthly data in relation to these objectives to HSCPs. For delayed discharge bed days the year 2017/18 has been set as the baseline. Due to substantial improvements in data quality and improvement work to reduce delayed discharges since 2014/15, the reporting year 2017/18 was considered a more appropriate baseline to measure progress against.
- Data for 2021/22 for indicators 1a, 2a, 2b, 5a and 5b remains provisional and may be subject to change and be affected by data completeness issues.
- 2020/21 figures for indicator 6 only released in June 2022.

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## References

- <sup>i</sup> Scottish Government (2021) 'A National Care Service for Scotland – Consultation'. Source: <https://www.gov.scot/publications/national-care-service-scotland-consultation/documents/>
- <sup>ii</sup> Public Bodies (Joint Working) (Scotland) Act 2014. Source: <https://www.legislation.gov.uk/asp/2014/9/enacted>
- <sup>iii</sup> Scottish Government (2015) 'National Health and Wellbeing Outcomes - A framework for improving the planning and delivery of integrated health and social care services'. Source: [National health and wellbeing outcomes framework - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-health-and-wellbeing-outcomes-framework/documents/)
- <sup>iv</sup> Aberdeenshire Health and Social Care Partnership (2020) Strategic Plan 2020-25. Source: [Hhttps://www.aberdeenshire.gov.uk/social-care-and-health/ahscp/health-and-social-care-strategies-plans-and-reports/](https://www.aberdeenshire.gov.uk/social-care-and-health/ahscp/health-and-social-care-strategies-plans-and-reports/)
- <sup>v</sup> Scottish Government and COSLA (2021) 'Planning with People - Community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland'. Source: <https://www.gov.scot/publications/planning-people/>
- <sup>vi</sup> 'National Standards for Community Engagement' Source: <https://www.voicescotland.org.uk/national-standards>
- <sup>vii</sup> Scottish Government (2021) 'Health & Social Care Staff Experience Report 2021'. Source: <https://www.imatter.scot/media/1981/health-social-care-staff-experience-report-2021.pdf>
- <sup>viii</sup> Healthcare Improvement Scotland (2020) 'Hospital at Home; Guiding Principles for Service Development' January 2020. Source: <https://ihub.scot/media/6928/2020205-hospital-at-home-guiding-principles.pdf>
- <sup>ix</sup> Scottish Government (2010) Provision of Single Room Accommodation and Bed Spacing, CEL 27 (2010). Source: [https://www.sehd.scot.nhs.uk/mels/CEL2010\\_27.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2010_27.pdf)
- <sup>x</sup> Health and Care (Staffing) (Scotland) Act 2019. Source: <https://www.legislation.gov.uk/asp/2019/6/enacted>

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<sup>xi</sup> Scottish Government (2021) Independent Review of Adult Social Care. Source: <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

<sup>xii</sup> Scottish Government (2022) 'Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge'. Source: <https://www.gov.scot/publications/coming-home-implementation-report-working-group-complex-care-delayed-discharge/>

<sup>xiii</sup> Scottish Government (2021) 'Medication Assisted Treatment (MAT) standards: access, choice, support'. Source: <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>